Opening Doors to Opportunity for Refugees
Addressing Toxic Stress and Child and Family Well-Being for Refugee Children and Adults

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Setting the Stage

Toxic Stress

What is it?
How does it affect children?
What negative child and eventual adult outcomes are associated with toxic stress exposure?

Stressor: A stressor is an experience or action that causes an individual to experience stress – it is subjective.

Stress: Stress is an individual’s response to a stressor; it can be physiological, mental, or emotional and is NOT ALWAYS bad.
**STRESS IN CHILDHOOD**
Three Types

Stress is a mental, physical, or biochemical response to a perceived threat or demand. Stress is a natural and inevitable part of childhood. But the type of stress can make a difference in the impact on a child’s brain and body, as well as potential effects that can last a lifetime.

**POSITIVE STRESS**
Normal, typical childhood experiences

- Child care drop off and pick up
- Playground injuries
- Losing a game
- No buffering support necessary
- Temporary, mild elevation in stress hormones
- Brief increase in heart rate and blood pressure
- Increased resiliency and confidence
- Coping skills development

**TOLERABLE STRESS**
More complicated, scary, challenging, and long-lasting

- Natural or manmade tragedy
- Parents’ divorce
- Poverty
- Death of a loved one
- Caring adult buffers stress
- More severe, continuing cardiovascular and hormonal response
- Adaptation and recovery likely, but potential for lasting physical or emotional damage

**TOXIC STRESS**
Severe, long-lasting, uncontrollable, and/or frequent stress

- Physical, sexual, or mental abuse
- Neglect
- Exposure to violence
- Severe economic hardship
- No adult buffers child from stress
- Prolonged activation of stress response system
- Disrupted development of brain circuits
- Immune system depression
- Possible lifelong changes, such as:
  - Heart disease
  - Alcoholism
  - Memory, learning, multitasking difficulties
  - Anxiety/depression
  - Cancer

Sources:
http://developingchild.harvard.edu/resource/reports_and_working_papers/working_papers/wp3
Addressing Health Disparities in the Mental Health of Refugee Children through Community Based Participatory Research: A Study in Two Communities

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[Logo of Harvard University] [Logo of National Institutes of Health]
Learning Objectives

- The refugee experience: implications for family functioning and child mental health
- Discuss importance of CBPR research with refugee communities
- Understand the application of shared data to addressing issues of policy and community concern
CBPR WITH REFUGEE COMMUNITIES
Community-Based Participatory Research (CBPR)

- Engages researchers and community members in equitable partnership; deconstruct power differentials (Minkler, 2010; Leung et al., 2004)

- Community members engaged in all aspects of research (Wallerstein & Duran, 2006)

- Well suited for research on and elimination of health disparities

- Shared access to study data and tools; all team members become representatives of the research
CBPR and mental health

- Limited application so far in mental health, particularly with refugees
- Promising approach, given stigma around mental health
- Understanding local context and language (i.e. around mental health problems) can improve community engagement and inform intervention development (Betancourt et al, 2010)
Refugee barriers to care

- Reluctance to seek out services
  - Stigma around mental health
  - Lack of resources
- Families overwhelmed by their own migration experiences
  - Services access is very poor; especially for children—families may not be able to recognize needs
  - Unaware of what services are available
- Limited referral networks from schools, pediatrics etc.
  
(Fazel et al., 2012; Edberg et al., 2010)
THE REFUGEE EXPERIENCE
Refugee children and mental health

- Globally, there are 15.4 million refugees; a third of these are children and youth (UNHCR, 2013)
- US admits about 70,000 refugees each year.
- Exposed to violence, loss (as well as acculturative and resettlement stressors) that increase risk of poor mental health outcomes.
- Depression (3-30%), PTSD (20-57%) - compared to 12% and 5% in general US population
- Children in US have poor access to mental health services; situation exacerbated in refugees (Betancourt et al., 2012; de Anstiss et al., 2009)
Stages of Displacement

**RISK FACTORS**
- Exposure to violence
- Traumatic loss
- Disruption to schooling
- Displacement
- Camps/detention
- Separation from caregivers
- Migration & Loss
- Acculturation
- Economic insecurity

**PROTECTIVE FACTORS**
- Individual factors
- Family functioning
- Access to education
- Attachment figures
- Community ties
- Ideological & religious context

*(Lustig et al, 2004)*
SOMALI BANTU REFUGEE COMMUNITY
Somali Bantu have a history of slavery in Somalia – Likely from Mozambique, Tanzania, Rwanda, and other African Nations

Limited access to education, healthcare in Somalia; jobs limited to farming

1991 Civil war erupted affecting all in Somalia

Instability continues to date;

Prolonged brutal fighting, disruption of basic food production and services

Massive population displacement; Dependence on UNHCR rations

Somali Bantu in very insecure areas of the camps; Lootings from across the border at night

No access to Kenyan society, citizenship, jobs, limited education; slow resettlement of both Somali Majority and Somali Bantu to host countries
Somali Bantu Refugees in the US

- Somalis are largest single group of resettled African refugees in U.S. history
- In 2004, an estimated 12,000 Somali Bantu were resettled in 50 communities across 38 states
- Resettlement in the Boston area began in February 2004 with two families; now over 400 in the greater Boston area
BHUTANESE REFUGEE COMMUNITY
Bhutan- geographically and politically isolated kingdom

Ethnic cleansing initiated by government in early 90’s evicting over 100,000 ethnic Nepalese (Lhotshampas)

Settled in eastern part of Nepal in Refugee camps
Bhutanese Refugees in the US

- Stigma around mental health in Bhutanese culture
- Exacerbating mental health problems once resettled in the US
- Increasing rate of suicide among Bhutanese in the US (21.5 per 100,000), higher than national average.
Research Partnership

- **History**
  - 2004, Lynn, MA Public Schools
  - Work on how to better support Somali Bantu refugee children in public schools
  - Evolving community partnership took time

- **Result**
  - Distinct collaboration to meet both community and research goals
Chelsea Collaborative and Shanbaro Community Association
Aim of Partnership

- Understand the community situation and its priorities
- Assessing the nature of problems and causes before developing solutions
- Improve communication through learning community language, concepts, and beliefs
- To improve screening and assessment; assist in planning interventions & programs
Value of Partnership

- Investing in refugee community
  - Employment, skill building, advocacy for services
- Refugee community has ownership of research and data – greater chance of sustainability
- Insider knowledge leads to higher quality of research
The larger community learns about the Somali Bantu Research Project
Boston Bantu Girls
MIXED METHODS AND CROSS-CULTURAL MENTAL HEALTH
“Ethnographic studies demonstrate convincingly that concepts of emotions, self, and body, and general illness categories differ so significantly in different cultures that it can be said that each culture’s beliefs about normal and abnormal behavior are distinctive”

(Kleinman 1988, p.49)
1. Select or create questionnaire/select standard measure to adapt
   • Usually developed outside the local culture/situation
2. Translate into local language (no validity tests)
3. Individual interviews with survey
4. Determine need based on frequency of responses
5. Choice of problem and therefore intervention is based on quantitative results
6. Repeat individual surveys before and after intervention to assess program impact
Problems with Relying on Western Measures in Cross-Cultural Research

- **Cultural validity**: How closely concepts in a questionnaire match local concepts; Western/outside concepts may not apply locally

- **Unknown local concepts**: Are there important local issues/concepts unknown to us? How to include questions we don't know we should be asking?

- **Translation problems**: Who translates? Translation-back translation methods inadequate, can result in semantic equivalence but real-world insignificance

- **RISK**: Evaluations don’t accurately measure impact
A Model for Designing and Evaluating Mental Health Services in Diverse Cultural Settings

Qualitative data informs assessment and intervention

Identify important mental health constructs relevant to the context (qualitative inquiry)

Use qualitative data to select, adapt, and create mental health measures and interventions; conduct validity study

Implement culturally relevant intervention; evaluate with rigorous design

Apply lessons learned to new settings and intervention adaptations
APPLYING THE MIXED METHODS PROCESS WITH REFUGEE COMMUNITIES IN BOSTON
Addressing Health Disparities in the Mental Health of Refugee Children and Adolescents Through Community-Based Participatory Research: A Study in 2 Communities

Theresa S. Betancourt, ScD, MA, Rochelle Frounfelker, MPH, MSSW, Tej Mishra, MPH, Aweis Hussein, and Rita Falzarano, BA

There are disparities in the mental health of refugee children and adolescents resettled in the United States compared with youths in the general US population. For instance, the prevalence of posttraumatic stress disorder and depression among resettled refugee children is estimated to be as high as 54% and 30%, respectively, compared with an estimated 5% (posttraumatic stress disorder) and 11% (depression) of youths with these disorders in the general population. In addition to specific psychiatric disorders, refugee youths experience overall greater psychological distress than those in the general population. Youghs in the general US population are

Objectives. We sought to understand the problems, strengths, and help-seeking behaviors of Somali Bantu and Bhutanese refugees and determine local expressions of mental health problems among youths in both communities.

Methods. We used qualitative research methods to develop community needs assessments and identify local terms for child mental health problems among Somali Bantu and Bhutanese refugees in Greater Boston and Springfield, Massachusetts, between 2011 and 2014. A total of 56 Somali Bantu and 93 Bhutanese refugees participated in free list and key informant interviews.

Results. Financial and language barriers impeded the abilities of families to assist youths who were struggling academically and socially. Participants identified resources both within and outside the refugee community to help with these problems. Both communities identified areas of distress corresponding to Western concepts of conduct disorders, depression, and anxiety.

Conclusions. There are numerous challenges faced by Somali Bantu and Bhutanese youths, as well as strengths and resources that promote resilience. Future steps include using culturally informed methods for identifying those in need of mental health support.
Research Aims

- **Objectives.** To understand the problems, strengths, and help-seeking behaviors of Somali Bantu and Bhutanese refugees

- Determine **local expressions of mental health problems among youth** in both communities

- **Methods.** Qualitative research methods were used to develop **community needs assessments** and identify **local terms for child mental health problems** among Somali Bantu and Bhutanese refugees.

- **N=56 Somali Bantu** and **93 Bhutanese refugees** in free list and key informant interviews

- Assist in planning interventions & in later evaluation of impact
Free List Exercise

- Respondents are asked a question designed to elicit responses in the form of a list.
- Responses & short description recorded verbatim in the respondent’s own language.
- Trained local interviewers.
- Topic: Problems facing refugee children in the community.
Key Informant Interviews

- Prolonged, semi-structured interviews with local knowledgeable people
- Investigate selected free list issues in detail (nature, causes)
- What helps a child with these problems? (individual, family, community factors)?
- What do children and their parents do to get help with these problems? (help seeking)
### TABLE 2—Problems and Protective Resources Among Somali Bantu and Bhutanese Refugees Living in the Greater Boston and Springfield, MA, Area Between 2011 and 2014

<table>
<thead>
<tr>
<th>Variables</th>
<th>Youths, No. (%)</th>
<th>Adults, No. (%)</th>
<th>Total, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Somali Bantu</strong></td>
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<td></td>
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<tr>
<td>Problem</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Financial problems</td>
<td>10 (50)</td>
<td>11 (55)</td>
<td>21 (53)</td>
</tr>
<tr>
<td>Kids losing their religious education; no madrassa</td>
<td>10 (50)</td>
<td>6 (30)</td>
<td>16 (40)</td>
</tr>
<tr>
<td>Trouble with homework</td>
<td>7 (35)</td>
<td>9 (45)</td>
<td>16 (40)</td>
</tr>
<tr>
<td>Language difficulties for parents</td>
<td>8 (40)</td>
<td>6 (30)</td>
<td>14 (35)</td>
</tr>
<tr>
<td>Problems with housing</td>
<td>7 (35)</td>
<td>7 (35)</td>
<td>14 (35)</td>
</tr>
<tr>
<td>Children don’t listen to parents, have bad friends</td>
<td>10 (50)</td>
<td>4 (20)</td>
<td>14 (35)</td>
</tr>
<tr>
<td>School work difficult; worried won’t graduate</td>
<td>5 (25)</td>
<td>7 (35)</td>
<td>12 (30)</td>
</tr>
<tr>
<td>Need a job; lack of jobs; don’t know how to get a job</td>
<td>5 (25)</td>
<td>5 (25)</td>
<td>10 (25)</td>
</tr>
<tr>
<td>Language difficulties for children</td>
<td>4 (20)</td>
<td>6 (30)</td>
<td>10 (25)</td>
</tr>
<tr>
<td>Young and old need education; no place to study</td>
<td>1 (5)</td>
<td>8 (40)</td>
<td>9 (23)</td>
</tr>
<tr>
<td>No one to watch kids or taking care of children</td>
<td>2 (10)</td>
<td>7 (35)</td>
<td>9 (23)</td>
</tr>
<tr>
<td>Protective resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somali Bantu community organization or other local community organizations</td>
<td>6 (30)</td>
<td>10 (50)</td>
<td>16 (40)</td>
</tr>
<tr>
<td>Maay Maay translators</td>
<td>5 (25)</td>
<td>10 (50)</td>
<td>15 (38)</td>
</tr>
<tr>
<td>Somali Bantu community support and strength</td>
<td>9 (45)</td>
<td>4 (20)</td>
<td>13 (33)</td>
</tr>
<tr>
<td>Friends</td>
<td>1 (5)</td>
<td>9 (45)</td>
<td>10 (25)</td>
</tr>
<tr>
<td>Call others in the community with good English to translate and help with paperwork</td>
<td>7 (35)</td>
<td>2 (10)</td>
<td>9 (23)</td>
</tr>
<tr>
<td>Government benefits, welfare, food stamps, housing subsidies</td>
<td>2 (10)</td>
<td>6 (30)</td>
<td>8 (20)</td>
</tr>
<tr>
<td>Problem</td>
<td>Bhutanese Community Members</td>
<td>Parents or Family—Advise Children, Help with School Work</td>
<td>Refugee or Immigrant Service Organizations</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Language difficulties</td>
<td>24 (80)</td>
<td>27 (84)</td>
<td>51 (82)</td>
</tr>
<tr>
<td>Financial problems</td>
<td>8 (27)</td>
<td>13 (41)</td>
<td>21 (34)</td>
</tr>
<tr>
<td>Bullying or teasing</td>
<td>12 (40)</td>
<td>6 (19)</td>
<td>18 (29)</td>
</tr>
<tr>
<td>Difficulty with homework</td>
<td>9 (30)</td>
<td>6 (19)</td>
<td>15 (24)</td>
</tr>
<tr>
<td>Distance to school or no school bus</td>
<td>7 (23)</td>
<td>7 (22)</td>
<td>14 (23)</td>
</tr>
<tr>
<td>Lack of friends</td>
<td>4 (13)</td>
<td>7 (21)</td>
<td>11 (18)</td>
</tr>
<tr>
<td>Fighting</td>
<td>6 (20)</td>
<td>4 (13)</td>
<td>10 (16)</td>
</tr>
<tr>
<td>Fear or scared</td>
<td>7 (23)</td>
<td>3 (9)</td>
<td>10 (16)</td>
</tr>
<tr>
<td>Loneliness</td>
<td>3 (10)</td>
<td>5 (16)</td>
<td>8 (13)</td>
</tr>
<tr>
<td>Depressed or sad</td>
<td>3 (10)</td>
<td>5 (16)</td>
<td>8 (13)</td>
</tr>
</tbody>
</table>

Note. EBT = electronic benefit transfer; SSI = Supplemental Security Income.
<table>
<thead>
<tr>
<th>Syndrome Term</th>
<th>Maay Maay</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aasiwaalldin</strong></td>
<td><strong>Sharaf laawe</strong></td>
<td>Disrespectful</td>
</tr>
<tr>
<td>(conduct problems)</td>
<td><strong>Edeb laan</strong></td>
<td>Lack of “asluup” (respect)</td>
</tr>
<tr>
<td></td>
<td><strong>Dheref</strong></td>
<td>Easily angered</td>
</tr>
<tr>
<td></td>
<td><strong>Makoorof</strong></td>
<td>Disagrees, argues, talks back to parents</td>
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<tr>
<td></td>
<td><strong>Karawai</strong></td>
<td>Does not obey parents</td>
</tr>
<tr>
<td></td>
<td><strong>Ded-mekaalmeyay</strong></td>
<td>Does not assist others</td>
</tr>
<tr>
<td></td>
<td><strong>Rabshoole</strong></td>
<td>Has conflict with peers</td>
</tr>
<tr>
<td></td>
<td><strong>Dhega adeeg</strong></td>
<td>Poor follow through</td>
</tr>
<tr>
<td></td>
<td><strong>Dantis gorod</strong></td>
<td>Self-centered</td>
</tr>
<tr>
<td></td>
<td><strong>Shaqa diid/Hool beel</strong></td>
<td>Does not like to work; does not engage with education</td>
</tr>
<tr>
<td></td>
<td><strong>Mas’uul dare</strong></td>
<td>Does not take responsibility for actions</td>
</tr>
<tr>
<td></td>
<td><strong>Kerway</strong></td>
<td>“Making trouble” or bullying other children</td>
</tr>
<tr>
<td></td>
<td><strong>Gardaresti</strong></td>
<td>Engages in fighting</td>
</tr>
<tr>
<td></td>
<td><strong>Daroegiste</strong></td>
<td>Engages in negative behaviors (e.g., drinking alcohol, gambling, joining gangs)</td>
</tr>
<tr>
<td><strong>Wel wel (worry)</strong></td>
<td><strong>Was was</strong></td>
<td>Worries about current and future life stressors</td>
</tr>
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<td></td>
<td><strong>Absi</strong></td>
<td>Fear</td>
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<td></td>
<td><strong>Fulemimo</strong></td>
<td>Overly scared about things</td>
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<tr>
<td></td>
<td><strong>Dhug-la’aan</strong></td>
<td>Poor attention</td>
</tr>
<tr>
<td></td>
<td><strong>Damlin</strong></td>
<td>Forgetful</td>
</tr>
<tr>
<td></td>
<td><strong>Siseeg</strong></td>
<td>Poor follow through</td>
</tr>
<tr>
<td></td>
<td><strong>Tärman</strong></td>
<td>Engages in quiet, isolative behavior</td>
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<tr>
<td></td>
<td><strong>is shuujin</strong></td>
<td>Weight loss</td>
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<tr>
<td></td>
<td><strong>Mathy dhuury</strong></td>
<td>Headaches</td>
</tr>
<tr>
<td></td>
<td><strong>Indhu-dhuuru</strong></td>
<td>Visual disturbances</td>
</tr>
<tr>
<td><strong>Dheref (anger)</strong></td>
<td><strong>Amal</strong></td>
<td>Quick to anger</td>
</tr>
<tr>
<td></td>
<td><strong>Murug</strong></td>
<td>Feel as though they are under pressure</td>
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<tr>
<td></td>
<td><strong>Amal low</strong></td>
<td>Easily upset by small issues</td>
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<td></td>
<td><strong>Kifle</strong></td>
<td>Defensive (get angry when you joke with them)</td>
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<tr>
<td></td>
<td><strong>Kerway</strong></td>
<td>“Making trouble”</td>
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<tr>
<td></td>
<td><strong>isitit</strong></td>
<td>Anger without reason</td>
</tr>
<tr>
<td></td>
<td><strong>Hanaang</strong></td>
<td>Anger</td>
</tr>
<tr>
<td><strong>Takoor (persistent sadness)</strong></td>
<td><strong>Takoor</strong></td>
<td>Sadness</td>
</tr>
<tr>
<td></td>
<td><strong>Ma’abos</strong></td>
<td>Low mood, always unhappy</td>
</tr>
<tr>
<td></td>
<td><strong>Täre/joogow maqane</strong></td>
<td>Being absent; your mind is elsewhere; not paying attention</td>
</tr>
<tr>
<td></td>
<td><strong>Shaleen daak</strong></td>
<td>Not comfortable with friends</td>
</tr>
<tr>
<td></td>
<td><strong>Qurb rabshoole</strong></td>
<td>Thinking too much about their problems</td>
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<tr>
<td></td>
<td><strong>Rabshoole</strong></td>
<td>Difficulty getting along with others</td>
</tr>
<tr>
<td></td>
<td><strong>Damlin</strong></td>
<td>Difficulty learning</td>
</tr>
<tr>
<td>Syndrome Term</td>
<td>Nepali</td>
<td>Descriptor</td>
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<td>---------------</td>
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<tr>
<td><strong>Badmaas</strong></td>
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<td></td>
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<tr>
<td>(conduct problems)</td>
<td></td>
<td></td>
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<tr>
<td>Naterne</td>
<td></td>
<td>Disobedient</td>
</tr>
<tr>
<td><em>Jhagadama saamel hune</em></td>
<td></td>
<td>Involved in fighting (fights, quarrels)</td>
</tr>
<tr>
<td><em>Naramro bhasa/sabda bolne</em></td>
<td></td>
<td>Use bad language, words</td>
</tr>
<tr>
<td><em>Lagu padarthako sewan</em></td>
<td></td>
<td>Use of addictive substances</td>
</tr>
<tr>
<td><em>Dada-giri/chot (pyuraune)</em></td>
<td></td>
<td>Bullying, wound verbally</td>
</tr>
<tr>
<td>Fatah</td>
<td></td>
<td>Scoundrel, delinquent (vandalism, disobedient)</td>
</tr>
<tr>
<td>Rish/rishaune</td>
<td></td>
<td>Anger, angry</td>
</tr>
<tr>
<td><em>School ma aniyamit</em></td>
<td></td>
<td>Irregular school attendance</td>
</tr>
<tr>
<td>Arulai kutne</td>
<td></td>
<td>Beats others</td>
</tr>
<tr>
<td>Jharkine</td>
<td></td>
<td>Irritable</td>
</tr>
<tr>
<td><em>Rakhi khane/piune</em></td>
<td></td>
<td>Drinks alcohol</td>
</tr>
<tr>
<td>Churot/ganja khane</td>
<td></td>
<td>Smoking</td>
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<tr>
<td>Ghamanda</td>
<td></td>
<td>Arrogant</td>
</tr>
<tr>
<td>Awara</td>
<td></td>
<td>Roams aimlessly</td>
</tr>
<tr>
<td><em>Padhaima kamjor</em></td>
<td></td>
<td>Weak in studies</td>
</tr>
<tr>
<td>(Aruko)jijat nagarne</td>
<td></td>
<td>Lack of respect (for others)</td>
</tr>
<tr>
<td><strong>Chinteet</strong></td>
<td></td>
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<tr>
<td>(worry)</td>
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<tr>
<td>Chintajanak/chinta</td>
<td></td>
<td>Worry</td>
</tr>
<tr>
<td>Rish</td>
<td></td>
<td>Anger</td>
</tr>
<tr>
<td>Khulera nabolne</td>
<td></td>
<td>Does not talk openly</td>
</tr>
<tr>
<td>Darr</td>
<td></td>
<td>Afraid</td>
</tr>
<tr>
<td>Traseet</td>
<td></td>
<td>Scared</td>
</tr>
<tr>
<td>Ekohorine</td>
<td></td>
<td>Fixates</td>
</tr>
<tr>
<td><em>Aatmahatyako soch rakhne/aaailai hani puryaune</em></td>
<td></td>
<td>Keeps suicidal thoughts; poses harm to oneself</td>
</tr>
<tr>
<td><strong>Dookhit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(persistent sadness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dookhit</td>
<td></td>
<td>Sad</td>
</tr>
<tr>
<td>Dukhi/dookhit</td>
<td></td>
<td>Sad</td>
</tr>
<tr>
<td><em>Jharkine/bolina jharko manne</em></td>
<td></td>
<td>Irritable</td>
</tr>
<tr>
<td>Eklopan</td>
<td></td>
<td>Loneliness</td>
</tr>
<tr>
<td>Ekohorine/tolaune</td>
<td></td>
<td>Fixate (numination)</td>
</tr>
</tbody>
</table>
A family-based preventive mental health intervention for use with children and families with a refugee life experience
Refugee family affected by past war trauma, resettlement, acculturative stressors

Risk Factors
- Limited access to services
- Misinformation about trauma
- Poor family communication
- Social and economic stress

Core Intervention Components
- Navigating formal and informal supports
- Trauma psychoeducation
- Establish the Family Narrative
- Problem-solving & Parenting skills

Outcomes
- Improved parent-child relationships and diminished risk of mental health problems in children

FSI-R Conceptual Model
<table>
<thead>
<tr>
<th>1-2</th>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Responsive Parenting &amp; Caregiving</td>
</tr>
<tr>
<td>4</td>
<td>Engagement with the US Education System</td>
</tr>
<tr>
<td>5</td>
<td>Children &amp; Family Relationships</td>
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<td>6-7</td>
<td>Communicating with Children and Caregivers</td>
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<td>8</td>
<td>Uniting the Family</td>
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<td>9</td>
<td>Promoting Health, Wellbeing &amp; Safety</td>
</tr>
<tr>
<td>10</td>
<td>Bringing it All Together</td>
</tr>
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**1-2** | **Introduction** |
---|---|
- Introduce intervention goals |
- Create & discuss “Family Narrative” |
- Establish trusting relationship |
- Understand family’s circumstances |

**3** | **Responsive Parenting & Caregiving** |
---|---|
- Identify ways to build positive parent-child relationships |
- Build positive parenting skills |

**4** | **Engagement with the US Education System** |
---|---|
- Discuss engagement in education system |
- Identify strategies to talk to children about school and health promotion |

**5** | **Children & Family Relationships** |
---|---|
- Create and discuss the “Family Narrative” from child’s point of view |
- Build communication skills for family meeting |

**6-7** | **Communicating with Children and Caregivers** |
---|---|
- Identify strategies for building communication skills, stronger families and ways to respond well to hard questions |
- Prepare for Family Meeting |

**8** | **Uniting the Family** |
---|---|
- Prepare agenda for family meeting |
- Create shared understanding of family strengths and challenges |

**9** | **Promoting Health, Wellbeing & Safety** |
---|---|
- Identify strategies for wellness |
- Learn self-regulation and stress reduction skills to promote resilience |

**10** | **Bringing it All Together** |
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- Create a plan to apply what was learned going forward |

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**10** | **Bringing it All Together** |
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- Create a plan to apply what was learned going forward |
- Empower family to practice and implement new strategies and skills |
FSI Refugee Pilot

- FSI pilot wrapping up with high satisfaction

- Tremendous **opportunity** as the community health worker-delivered interventions expand under the Affordable Care Act (ACA)

- **Research questions:**
  - what are the institutional, training and supervision needs to deliver via local refugee CHWs
  - impact on **parenting, family functioning and mental health** in families with school-age children 7-17 years of age
Tremendous disparities in mental health of refugee children

CBPR is a promising approach for engaging refugee communities in research from the beginning.

Working with partners, it is vital to also attend to primary concerns of the community.

Shared data and mutual exchange can assist in development of acceptable, feasible and ultimately more sustainable interventions.
Thank you!
References

References


References

References


References

- Refugee Resettlement Watch http://refugeeresettlementwatch.wordpress.com/tag/bhutanese-refugees/
- UNHCR, 2012, The state of the world’s refugees,
- Lopes-Cardozo B et al,2012, An investigation into Suicides among Bhutanese Refugees in the US,
Poll Question
Addressing Toxic Stress and Family Well-Being
Our Clients

- Refugees
- Immigrants
- TANF Participants
- 80% Live In Providence
- 95% Members of minority groups
- 70% Unemployed
- 74% Women
Our Services

- Refugee Resettlement
- Case Management
- Interpreting & Translation
- Immigration & Citizenship Legal Services
- Employment Training & Placement Services
- Adult Education & Career Academy
- Family Literacy
Refugee Programs

- Resettle ~170 Refugees; primarily from:
  - Iraq
  - Somalia
  - Democratic Republic of the Congo (DRC)
  - Colombia
  - Burma
  - Eritrea
  - Burundi

- $1.366 million Budget
Refugee Adult Programming

- Reception & Placement
- Cultural Orientation
- Health Assessment & Follow up
- Mental Health Assessment & 90 day Follow up
- English Language Learning
- Pre-Employment Training
- Employment Placement Assistance
- Employment Retention Support
Supports

- Intake Assessment
- Individual Service Plan Development
- Case Management
- Interpreting & Translating Services
- Immigration Legal Services
- Citizenship Services
- Housing & Basic Needs Services
- Childcare, Transportation & Work Supports
- Work Appropriate Attire
Refugee Family Programming

- School Orientation & Liaison Services
- In-school Newcomer Academies
- In-home Tutoring for Refugee Youth
- Refugee Youth Summer Learning Camp
- Refugee Youth Support Group
- Family Literacy Program
- Leadership Development & Service Learning
Partnerships

- **Providence Public Schools**
  - Approximately 24,000 students in district
  - Total Active ELLs - 5,604 - 23% of students
  - Average 84% free & reduced lunch

- **Brown University Swearer Center (BRYTE)**
  - Provides 130 Tutors for Refugee youth
  - Summer Camp for 100 Refugee youth

- **Full Service Community School Partners:**
  - YMCA for site management & out of school time
  - Family Services for Care Coordination
  - Capital Good Fund for Financial Empowerment
Why Engage Parents?

- Student achievement
- Student behavior
- Benefits for the parents
- Benefits for children’s teachers
- Benefits for school quality
Parent Engagement

1. Identify parent & community needs/priorities
2. Create opportunities for parents to participate, volunteer, and take on leadership opportunities in the school & community
3. Form a personal connection with every family
Parent Education

- **Adult Education**
  - ESOL, ABE,
  - Family Literacy

- **Parent Time**
  - Financial Education
  - Technology
  - Parenting Education
  - Community Education

- **Parent and Child Together Time**
  - In school or at home models
Out of School Time

- **BRYTE One on One Tutoring/Mentoring**
  - 3-5 hours each week at home
  - Ongoing relationship for up to 4 years

- **In-School BRYTE Summer Learning Camp**
  - Holistic family approach
  - District Teachers, Nurse & Social Worker
  - Brown Student Camp Counselors
  - Adult Literacy Classes on site

- **YMCA in school program**
  - Access to full range of services through community school model
Leadership Development

- Family Mentoring
- Family Service Learning
- Parent Leadership Council
- BRTYE Leadership Institute
Lessons Learned

- Parent Education
- Parent Engagement
- Parent Leadership
- Budget
- Staffing
- Change over time

Who are they?
What are their needs and goals?

Identifying Schools
Identifying Parents
Sustainability and Growth
The Three P’s

- What do they need?
- What do you offer?
- Budget
- Staffing
- Change over time
- Parent Education
- Parent Engagement
- Parent Leadership
FAMILY EMPOWERMENT (RIFE) PROGRAM
RIFE INTRO

• Funded through Office of Family Assistance

• Federal Grant called “Healthy Marriages”
  • “The Healthy Marriage Program funds organizations that combine marriage and relationship education efforts with a robust effort to address participation barriers and the economic stability needs of their participants.”

• Currently in 5th year; have responded to new RFP for funding after September.
Demographics

Client Education Status

Employment Status

Majority of our clients are:
- Poorly educated
- Unemployed
- With no income sources

Income At Enrollment

- No Income
- $1-$4,999
- $5,000-$9,999
- $10K-$19,000
- $20K-$29,000
- $30K-$59,000
Refugee and Immigrant Family Empowerment Program (RIFE)

Demographics

Year 3 N=619

Marital Status

- 51% Married
- 33% Single/Never Married
- 8% Widowed
- 4% Divorced
- 4% Committed Relationship

Average Family Size

5.2

Clients from 36 countries

Speaking 34 languages
PROGRAM MODEL

ELIGIBILITY: Foreign Born, in Portland area.

→ Culturally and linguistically specific workshops are offered to members of the community.
→ After the workshop, a potential client (family and/or individual) needing more support meets with a Family Engagement Specialist (FES) for screening.
→ FES determines eligibility, and may complete an intake (only about 1/3 of workshop participants are enrolled in case management in a given year).

Clients could be a good fit for our program if they say things like…
My children don’t listen to me
I don’t feel respected in this country
I work all the time but don’t know where the money goes.
My children know how to read but won’t help me read the mail....
I’m afraid my wife and daughters will become Americanized.
I’m tired and wish my husband would help with the dishes and children.
WORKSHOP SERIES

- Building Strong Families (12-hour Workshop)
- Effective Parenting (12-hour Workshop)
- Money Matters (6-hour Workshop)
- Empowering Youth (6-hour Workshop)

FAMILY EMPOWERMENT (RIFE) PROGRAM
Our Employment Services

Employment Services and Job Placement

We equip families to overcome poverty by placing clients in jobs and teaching them job search and retention skills

Networking with employers
- Place clients with different employers
- Place clients in training programs
- Hold employer hiring events at IRCO

Preparation for Employment
- Assist clients through interviews
- Prepare resumes and applications

Job Placement
- Clients are placed in F/T and P/T jobs
- Case management and advocacy after placement
Our Partners Help Us Connect Families to the Larger Community

Community Partnerships and Volunteers

We increase equity and empower social and emotional development by linking families with community resources.

Community volunteers and service organizations offer opportunities to integrate, learn, play, and heal.

- Portland Children’s Museum
- Portland Police Bureau
- Multnomah & Washington County Library Systems
- Outgrowing Hunger
- Girls Inc. of the Pacific Northwest
- Summer Camp Program
Wrap Around Case Management

• Focus on increasing healthy communication skills between all family members
• Develop resiliency and stress management skills
• Increase access to resources and build financial stability
• Grow positive relationships and heal from trauma
• Increase peace and equity in homes
• Teach self sufficiency skills

FAMILY EMPOWERMENT (RIFE) PROGRAM
### Building Family Capabilities through Case Management

<table>
<thead>
<tr>
<th>Problem</th>
<th>Case Plan Goals</th>
<th>Outcome</th>
</tr>
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<td>• Financial Literacy Education, connect clients with banking services</td>
<td>• Parental involvement with children’s schools bridging family to the community at large</td>
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<td>• Minimal parental involvement in educational system</td>
<td>• Develop capacity for parents to get involved in children’s education through advocacy</td>
<td>• Families receive much-needed services; communities receive education on emotional health</td>
</tr>
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<td>• Stigma around behavioral and emotional needs</td>
<td>• Connect family to more specialized resources such as individual and family therapy</td>
<td>• Parental employment, reduced reliance on state support</td>
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<td>• Unemployment</td>
<td>• Job placement and vocational education services</td>
<td>• Reduced stress and increased stability as basic needs are met</td>
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<tr>
<td>• Struggles navigating bureaucratic systems including health care</td>
<td>• Coaching clients to navigate system, respond to notices, make appointments, etc.</td>
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**Problem**

- Conflict and arguments between parents
- Parental stress resulting in parent – child conflict
- No budget or understanding of US banking system
- Minimal parental involvement in educational system
- Stigma around behavioral and emotional needs
- Unemployment
- Struggles navigating bureaucratic systems including health care

**Case Plan Goals**

- Learn communication and conflict skills
- Facilitate family discussions between parents and children
- Financial Literacy Education, connect clients with banking services
- Develop capacity for parents to get involved in children’s education through advocacy
- Connect family to more specialized resources such as individual and family therapy
- Job placement and vocational education services
- Coaching clients to navigate system, respond to notices, make appointments, etc.

**Outcome**

- Reduced conflict between parents and increase in positive relationship modeling
- Increased parenting skills and bonding, reduced likelihood of system involvement
- Parental involvement with children’s schools bridging family to the community at large
- Families receive much-needed services; communities receive education on emotional health
- Parental employment, reduced reliance on state support
- Reduced stress and increased stability as basic needs are met
WHAT MAKES A DIFFERENCE IS....

Cultural Competency
Trauma Informed Service Delivery
Building Trust
Empowering Individuals and Families
CULTURAL COMPETENCY

• IRCO, and consequently RIFE, trains and hires staff from the communities we serve

• Most services are delivered in clients’ own languages, eliminating language barriers and reducing stress in clients seeking help

• The process of engagement is facilitated by bi-cultural staff who are able to connect with clients in the dimension of their experience as a refugee/immigrant AND are able to respect their clients’ personal stories and journeys

• The process of cultural competency development is on-going
TRAUMA INFORMED

• Every engagement/interaction that RIFE staff have with clients is informed by the impact of the trauma story of that particular client/family/community

• Staff is respectful and sensitive to clients’ individual and collective trauma stories: Do No Harm Policy- we don’t ask a question if we are not prepared for the answer

• New information is given in increments with enough time set aside to absorb; practice is allowed

• Validation of refugee experience as being challenging is the basis for a trusting relationship with CM

• We normalize our clients’ responses as the best they can do under the circumstances

• Educate/train staff on issues of interconnection of own experiences/trauma/toxic stress with those of our clients’.
WE BUILD AND EARN THE COMMUNITIES’ TRUST
BY:

• Meeting the client and the family where they are
• Attending to their identified need: fill out paperwork/attend meetings at DHS/connect them to resources in the community
• Consistent contact with clients in office/home/community
• Creating structure each meeting: predictability
• Transparency: clarification of each intervention and why we do it
• Focus on safety (physical and emotional) by helping them prioritize and structure their needs.
WE EMPOWER BY:

• Asking questions of community leaders about the needs of that particular community

• Educating the families and the community about various systems (legal, social, medical, educational).

• Organize community events with healing purposes (vigils).

• Organize community events bridging local agencies and entities to the refugee communities (police force events, library events, museum events).

• Teach self-sufficiency skills to the individuals and families we are working with.

• Help client advocate for self, while case manager walks along them.
CHALLENGES WE CONTINUE TO FACE.....

• Our clients and communities come from strenuous circumstances that have produced chronic and complex toxic stress

• Foundational problems (e.g. toxic stress, communication breakdown in family, etc) on case plan often delivered indirectly while addressing constant “symptomatic” challenges

• Ongoing challenges with understanding and discerning what is a crisis in a person’s/family’s life

• Ongoing challenges to maintain a consistent helping relationship with clients/families that engage through crisis situations only

• Ongoing challenges with unreliable funding, and negotiation between clients’ needs and funder’s requirements

• Ongoing challenges with educating the system at large about refugee and immigrant communities needs (educational, health care, criminal and judicial).
In Conclusion....

- IRCO and RIFE strive to enrich each person’s life (client and staff alike) through relationship and community building.

- We recognize that our communities are resilient and want to do better when given opportunities, and we help build on those strengths.

- We become the bridge that different communities need to connect to the society at large.
Q & A