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Anxiety Treatment Resources

The Devil is Busy with Me: Refugee Mental Health in the Schools

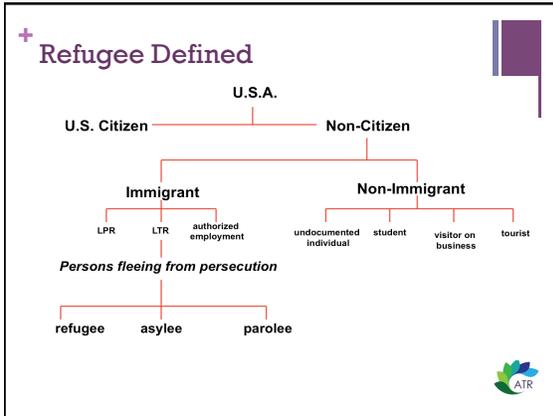
+ Overview

- Who is a refugee?
- What are mental and physical health and wellness concerns specific to refugees?
- What are the barriers to evaluating and supporting refugees effectively in school settings?
- What are some evidence-based, practical tools and strategies that can be used to provide culturally sensitive support for refugee students and families?



+ Who is a Refugee?





+ Refugee Defined

- Foreign-born resident who:
 - is not a United States citizen
 - cannot return to his or her country of origin because of a well-founded fear of persecution due to:
 - race
 - religion
 - nationality
 - political opinion
 - membership in a particular social group





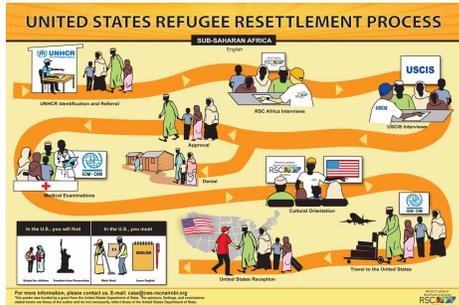
+ Refugee Camp



Melkadida Somali Refugee Camp; 41,000 refugees



+ Resettlement Process



+ Local Voluntary Resettlement Agencies (“Volags”)

- Catholic Charities
- International Institute of Minnesota
- Lutheran Social Services of Minnesota
- Minnesota Council of Churches
- Arrive Ministries (World Relief)
- Jewish Family Services

Six hallmarks of successful integration:

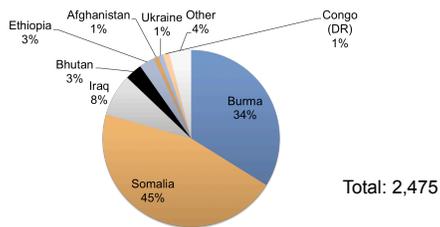
- Stable housing
- Current/up-to-date immigration status
- A safe living environment
- Involvement in community services and programs
- Ability to function independently
- Employment for adults.

+ Refugees in Minnesota

- MN: extra nice
 - More refugees per capita than any other state in the US
 - 47% of foreign born population in MN entered as refugees
 - MN has been a leader in welcoming "secondary refugee arrivals", or refugees who are resettled in one state and move to another
 - For every one refugee that leaves MN for another state, 3 come to MN to build a home



+ Primary Refugee Arrivals in MN, 2014



+ What are mental and physical health concerns specific to refugees?



+ Health Concerns for Refugees

Immediate

- Infectious Disease
- Nutritional Deficits
- Immunizations
- Access to care
- Interpreters
- Costs
- Mental Health

Long Term

- Chronic Disease
- Access to care
- Interpreters
- Costs
- Mental Health



+ Refugee Mental Health

- At risk for:
 - Depression
 - Anxiety
 - Suicide
 - Behavior problems
 - Developmental Delays
 - Aggression
 - PTSD



(Pottie et al, 2011; Image: Junior D. Kannah, AF)



- NOT at higher risk for:
 - Child maltreatment

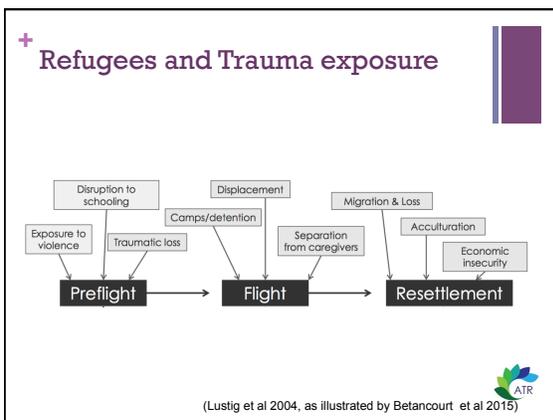
- What do **boys** do when they want to be mean (not nice) to another **boy**?

- What do **boys** do when they want to be mean (not nice) to another **girl**?

- What do **girls** do when they want to be mean (not nice) to another **girl**?

- What do **girls** do when they want to be mean (not nice) to another **boy**?

- Boys -> Boys
 - "tell them to take drugs"
 - "they set up corrals"
 - "don't share, dress unsmart"
- Boys -> Girls
 - "tell other people bad words about the girl"
 - "give the girl HIV"
 - "make her pregnant and have to drop out of school"
 - "rape the girl"
- Girls -> Girls
 - "buy expensive clothes to promote jealousy"
 - "killing using sharp objects"
 - "breaking friendship"
 - "biting/fight/assault"
- Girls-> Boys
 - "abuse them"
 - "fighting/hitting,"
 - "destroy their property"
 - "sometimes killing by burning the house in village"



- + Refugee Mental Health: Current Lit**
- Risk Factors
 - Exposure to violence
 - Poor Family Functioning/Communication
 - Poor Parent Mental Health
 - Physical or Developmental Disorders
 - Age and sex
 - Limited education access upon resettlement
 - Being unaccompanied upon entry
 - Low SES
 - Low Social Support/Community Integration
- Fazel et al, 2012

+ What are the barriers to evaluating and supporting refugees effectively in school settings?



+ Refugee Mental Health: Barriers

■ Language



+ Refugee Mental Health: Barriers

■ Language
■ Interactional sociolinguistics



+ Example: DRC customs

- Greeting
 - Shake hands with the right hand
 - To show respect or status, hold right forearm with left hand while shaking hands
- Eye contact
 - Women and children may look down or away to show respect
 - Raising eyebrows can be a way of acknowledging another person's comment, or calling them over
- Gestures
 - It is rude to point at a person with your index finger
 - To point, hold hand and arm out with palm facing upward
 - To call a person over, hold your arm out with palm turned down and bringing fingers toward you ("scratching motion")
- Punctuality
 - Meeting times are seen as flexible



+ Refugee Mental Health: Barriers

- Language
- Interactional sociolinguistics
- Differing parenting practices



+ Refugee Mental Health: Barriers

- Language
- Interactional sociolinguistics
- Differing parenting practices
- Norms and stigma around mental health



<http://www.robinhammond.co.uk/condemned-mental-health-in-african-countries-in-crisis/>



+ Refugee Mental Health: Barriers

- Language
- Interactional sociolinguistics
- Differing parenting practices
- Norms and stigma around mental health
- Beliefs about causes of psychosocial difficulties



+ Refugee Mental Health: Barriers

- Language
- Interactional sociolinguistics
- Differing parenting practices
- Norms and stigma around mental health
- Beliefs about causes of psychosocial difficulties
- Logistics, financial barriers, conception of time

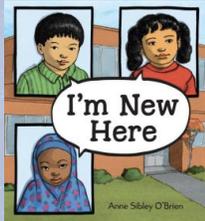


+ MacNevin 2012: PD on refugee students, per teacher request...

- How to work with students who have experienced trauma
 - Common symptoms and keys to intervention
- How to better include students from refugee backgrounds in the classroom
 - Socially
 - Academically
- Information regarding students' educational background
 - Length of time in refugee camp
 - Education prior to displacement and during refugee camp period
 - Curriculum content of country of origin



+ What are tools and strategies that can be used to provide culturally sensitive support for refugee students and families?



Handwriting lines for student response.

+ Strategies for Success

- Use supports/interventions within the scope of EBP that balance fidelity and fit
- Use culturally sensitive assessment
- Focus on targeted outreach and programming
- Create a welcoming school environment
- Educate about cultural norms, beliefs and ed. history



Handwriting lines for student response.

+ Tools and Strategies: Education

Start by reading a cultural dossier:

<http://www.culturecareconnection.org/>

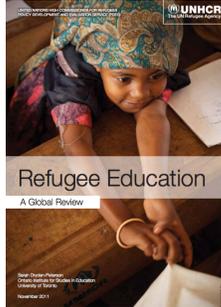


Handwriting lines for student response.

+ Tools and Strategies: Education

- Gather info on prior:
 - education
 - Roles that teachers served at former schools
 - Norms for parent-teacher and student-teacher interactions
- For a summary of the current state of refugee education:

<http://www.unhcr.org/4fe317589.pdf>



+ Tools and Strategies: Environment

- Translate whenever possible/necessary
 - Invest in translation services for forms
 - Signs in multiple languages (for the fun stuff too!)
 - Bilingual Parent Handbooks



+ Tools and Strategies: Environment

- Harness the power of the first impression
 - Warm office staff familiar with cultural norms of the family's country of origin
 - Consider inviting families to observe a class
 - "Welcome" videos



+ Leeds Welcomes Refugees

Leeds Welcomes Refugees - School Life | UK welcomes Syrian Refugees #REFUGEEWELCOME

+ Tools and Strategies: Outreach

- **Make contact**
 - Administrators who personally reach out
 - Regular teacher notes home (about good stuff too!)
 - Provide solutions for logistical concerns
 - Timing and location of meetings, transportation, child care
- **Collaborate with community leaders and VOLAGS**
 - Invite cultural leaders to help facilitate events/registration
- **Offer targeted orientation sessions**
 - for parents *and* kids
 - <https://www.pbs.org/newshour/show/nyc-program-helps-refugee-kids-prepare-school>
- **Consider home visits**

+ Tools and Strategies: Assessment

- **For behavioral observations, think like an Anthropologist**
 - consider cultural norms and sociolinguistic patterns
 - *Eye contact*
 - *Emotion expression*
 - *What "late" means*
 - *Raising hands*
 - *Aggressive behavior*

+ Tools and Strategies: Assessment

- For testing, consider cultural validity of measures

- Use of translation
 - And **back-translation**

- Ask interpreter what your words might mean



- Resettlement history /trauma*
*(at your own risk)



+ Tools and Strategies: Assessment

- For emotional and behavioral concerns, start with a narrative approach

- Monitor for general expressions of ill-health in physical/spiritual terms

- “I have a pain in my heart”
- “the devil is busy with me”
- “my head feels heavy”
- “I feel weak”
- “I am not fine at all”
- “I no longer have the will”



+ RHS-15

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Circle the number that best describes how often you have experienced each symptom in the past 12 months. (0 = Never, 1 = Sometimes, 2 = Often, 3 = Always)

SYMPTOM	0	1	2	3
1. Nervous, tense, jittery	0	1	2	3
2. Trouble sleeping or the need of sleep	0	1	2	3
3. Too much thinking or the heavy thoughts	0	1	2	3
4. Feeling hopeless	0	1	2	3
5. Easily scared for no reason	0	1	2	3
6. Fatigue, weakness, or exhaustion	0	1	2	3
7. Nervousness or shakiness hands	0	1	2	3
8. Feeling useless, can't do anything	0	1	2	3
9. Trouble eating	0	1	2	3

10. Add the scores of all items to get the total score. The total score will range from 0 to 30. A score of 15 or higher indicates a need for further assessment.

REFUGEE HEALTH SCREENER (RHS-15)

14. Overall, how would you describe your health? (0 = Excellent, 1 = Good, 2 = Fair, 3 = Poor, 4 = Very Poor)

15. How would you describe your mental health? (0 = Excellent, 1 = Good, 2 = Fair, 3 = Poor, 4 = Very Poor)

Distress Thermometer

0 = No distress
10 = Severe distress

ADD TOTAL SCORE OF ITEMS 1-14

SCORING

1. If Total Score is 0-14: **SCREEN NEGATIVE**

2. If Total Score is 15-30: **SCREEN POSITIVE**



+ Minnesota Screeners Project

- In the past month, have you had many **bad dreams or nightmares** that remind you of things that happened in your country or refugee camp?
- In the past month, have you felt **very sad**?
- In the past month, have you been **thinking too much about the past** [OR: about the things that happened in the village/camp], even if you did not want to?
- In the past month, have you **avoided situations** that remind you of the past?
- Prompt: Do you turn off the radio or TV if the program is disturbing?
- Do any of these problems make it **difficult** to do what you need to do on a daily basis?
- Prompt: Are you able to take care of yourself and your family?



+ Tools and Strategies: Supports/ Interventions

STANDARD
PROTOCOL



Fidelity versus Fit





+ Are culturally adapted EBIs justifiable?

Engagement

- A: Awareness of treatment availability
- B: Entry into treatment
- C: Participation in treatment activities
- D: Completion of treatment

Outcomes

Action theory

- V: Evidence-based treatment
- X: Unique adaptive element
- Y: Unique mediator (migration stress)

Conceptual theory

- W: Common mediator (discriminative stigmatization)
- Z: Unique outcome (immigration distress)
- Y: Unique outcome (depression)

Yes, if there is:

- Ineffective clinical engagement
- Unique risk or resilience factors
- Unique symptoms of a common disorder
- Nonsignificant intervention efficacy for a subcultural group

(Castro et al, 2010; Lau, 2006)



Are culturally adapted EBIs justifiable?

Yes, if there is:

- Ineffective clinical engagement
- Unique risk or resilience factors
- Unique symptoms of a common disorder
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ATR

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ATR

+ Are culturally adapted EBIs justifiable?

Attenuated effect sizes

Yes, if there is:

- Ineffective clinical engagement
- Unique risk or resilience factors
- Unique symptoms of a common disorder
- Nonsignificant intervention efficacy for a subcultural group

+ Tools and Strategies: Supports/ Interventions

- Psychoeducation is essential (even more than usual)
 - Link between somatic symptoms and mood, anxiety, trauma
- Consider trauma-informed supports, regardless of diagnosis
 - Train staff in trauma-sensitive responses to behavior issues
 - extensive rapport building
 - Narrative focused approaches such as **TF-CBT and NET** are currently best supported trauma interventions for refugee children (Tyrer and Fazel, 2014)

+ Tools and Strategies: Supports/ Interventions

- Monitor for shifting family power dynamics
 - Children as translators/cultural bridges
- Focus on skills training and functional impairment
 - For kids *and* for parents
 - For emotion regulation/social skills as well as acculturation
 - Similarities/differences approach
 - Skills books

RAISING CHILDREN IN A NEW COUNTRY: An Illustrated Handbook

+ Skills books



Sleeping and Waking

Younger children usually need more sleep than teenagers. In general:
 Children under age 3 need 10-12 hours of sleep a night.
 School-age children need 9-10 hours of sleep a night.
 Teens need 8-9 hours of sleep each night.

The night before school, some parents and children find it helpful to lay out the clothes and books they will need for school the next day.

Bridging Refugee Youth and Children's Services



+ Skills books



Going to School

All girls and boys in the U.S., including disabled children, are required by law to go to school.

Children must arrive at school on time. Children who ride the bus to school should be at the bus stop five minutes before the bus is scheduled to come.

If children are late or absent from school, parents should call the school to explain. Ask for an interpreter, if needed. Never use a child as an interpreter.

Bridging Refugee Youth and Children's Services



+ Video Resources

- Administration for Children and Families: Office of Refugee Resettlement
 - https://www.youtube.com/user/usgovACF/playlists?sort=dd&view=50&shelf_id=11
- Cultural Orientation Resource Center-"Welcome to the United States"
 - <https://www.youtube.com/user/COResourceCenter/featured>
- Sample Welcome video: LEEDS UK welcome video
 - <https://www.youtube.com/watch?v=BMypSIMP5SQ>
- Parent education videos

Bridging Refugee Youth and Children's Services



+ Somali Parent Ed: Autism

■ <https://www.youtube.com/watch?v=xBAmfskuMps>



Parent Education for Somali Americans: Autism



+ Additional Resources

http://osfce.mpls.k12.mn.us/new_families_center_student_placement
 - New Families Center, MPS student placement

www.culturecareconnection.org
 - Developed by Stratis Health, specific to MN

<http://www.culturalorientation.net/>
 - Resources on cultural orientation and adjustment in multiple languages

www.health.state.mn.us/refugee
 - MDH Refugee Health Program

<http://www.acf.hhs.gov/programs/orr/resource/state-of-minnesota-programs-and-services-by-locality>
 - Office of Refugee Resettlement: MN Services and Contacts

<http://www.cvt.org/resources/torture-survivors>
 - Center for Victims of Torture: Resources



+ Items in "Resources" file shared online

<p>Screeners</p> <p>1- RHS 15 screener</p>	<p>Resources for Schools</p> <p>6- Supporting Refugee Children and Youth- Tips for Educators</p>
<p>Resources for Parents</p> <p>2- BYRCS Raising Children Handbook</p> <p>3- IRC Educational Handbook for Refugee Parents</p> <p>4- Tips: Help your child manage traumatic events</p> <p>5- Immigrant and Refugee MPS FAQ about recent policy changes and undocumented youth</p>	<p>7- Involving Refugee Parents in Child Education</p> <p>8- Immigrant/Refugee Children Fact Sheet, GWU Center for Health in Schools</p>



+ Items in "Resources" file shared online

Research

- 9- UNHCR 2011: Refugee Education: A Global Review
- 10- Tyrer & Fazel 2014: School and Community-Based Interventions for Refugee and Asylum Seeking Children, a Systematic Review
- 11- NCTSN 2005: MH interventions for Refugee Children in Resettlement, White paper
- 12- Fazel et al 2013: Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors
- 13- Kroening et al 2016: Developmental Screening of Refugees: A Qualitative Study



+ Questions?



+ Thanks!



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