



U.S. Programs Tools for Resettlement and Integration Practitioners



Best Practices for Promoting Wellness and Supporting
Refugee Populations

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IRC USP

From Harm to Home | [Rescue.org/ResettlementResources](https://www.rescue.org/resettlementresources)

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Introduction

This toolkit is designed to support efforts to help refugees orient, adjust, and thrive in their new communities. It includes specific focuses on cultural orientation, health and wellness, women and girls, and youth and families. The collected resources can be used by humanitarian agencies, social service providers, educators, civil service organizations, and other stakeholders. Selected materials are included for use in training direct practitioners as well as people designing and managing programs and services.

The materials in this toolkit are designed to:

- Provide resources to support refugees' initial cultural orientation
- Increase practitioners' awareness and knowledge of specific factors to consider for health and wellness programming for refugee populations
- Highlight examples of successful strategies for supporting and improving refugees' wellbeing through health education and psychosocial interventions
- Provide tools for screening for mental health and gender-based violence concerns and prepare service providers to respond appropriately
- Support staff to address physical and mental health concerns from a trauma-informed, culturally-sensitive perspective
- Share targeted interventions for specific groups like women and girls and families and youth

Background

The mission of the IRC is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future. The IRC serves people forced to flee from war, conflict, and natural disaster and the host communities that support them, as well as those who remain within their homes and communities.

The IRC has provided resettlement and integration services to refugees in the United States (U.S.) since World War II. As one of the nine resettlement agencies to have a cooperative agreement with the State Department's Bureau of Population, Refugees, and Migration, the IRC has resettled refugees through the U.S. Refugee Admissions Program since it began in 1980. With decades of resettlement experience, this guide was created as a way to share IRC's expertise and tools with other service providers.

IRC provides services to a wide range of vulnerable populations. For simplicity in this toolkit, the term 'refugee' is used to refer to all populations that may benefit from the resources. These individuals may also be referenced as "clients" or "beneficiaries."

How to Use This Toolkit

This toolkit includes a mixture of best practice descriptions, guidelines, samples, presentations, training activities, worksheets, etc. These materials were developed for varying contexts and audiences, and are being shared without substantial modification from their original form. Therefore, care must be taken to adapt resources to a local context before use.

The materials have been organized into multiple sub-topic areas:

1. [Foundational Principles](#)
2. [Cultural Orientation](#)
3. [Medical Case Management & Health Education](#)
4. [Responding to the Mental Health and Psychosocial Impacts of Conflict and Displacement](#)

5. [Targeted Support for Women, Youth, and Families](#)

To support the varying needs throughout different offices and different contexts, the resources within this toolkit are designed to be used independently or in collaboration with the other materials. If using these materials, please make sure to properly credit the IRC. IRC staff should check with their supervisors or program leads to confirm they are using the most recent versions as resources are continually improved upon within the IRC.

This symbol indicates a hyperlink: . Click on the text next to it to link directly to the full tool. These resources and others are publicly available at [Rescue.org/ResettlementResources](https://www.rescue.org/resettlement-resources).

Acknowledgements

Materials in this toolkit were created by:

- The IRC in Atlanta
- The IRC in Baltimore
- The IRC in New York
- The IRC in Oakland
- The IRC in Phoenix
- The IRC in San Diego
- The IRC in Seattle
- The IRC in Silver Spring
- The IRC in Tucson
- US Programs Headquarters

Cover Photo: IRC's New Roots farm raising event at the Pauma Valley farm. Somali Bantu spokeswoman Sitey Mbere expressing her joy in farming during the New Roots Farm Raising event in San Diego. Sandy Huffaker/The IRC.

Foundational Principles

Culturally Competent Services

Culture can be defined as a product of group values, norms, and expectations as well as individual innovations and life histories. Culture is a fluid concept; it is both a process and a 'thing' that encompasses various areas of one's life, such as religion, language, attitudes, world views, and community expectations. Culture can often dictate group behaviors and places in society. For example, in many cultures, age and gender influence power and authority and therefore influence the role one assumes in a society. While one may know of many cultural practices, norms, and world views from working with refugees, one's own cultural identity, or one's experiences with certain cultures, it is important to avoid overgeneralizations of cultures.¹

Cultural humility, which is defined as being 'other-oriented,' refers to one's ability to allow and help clients in forming and explaining their cultural identity. An example of cultural humility includes ensuring that prior experiences working with a group of clients does not overshadow exploring and learning about that group's culture with a new client from the same group. Culturally humble case managers maintain a 'respectful openness' when working with clients and approach cultural understanding from a stance of curious naivety.²

In working from the perspective of cultural humility, it is important to explore the interplay of culture and physical and mental health with clients. Case managers can work with the client to explore normal and abnormal behaviors in their culture so interpretations of their behaviors are not only respectful, but are also congruent with how they interpret their behaviors and those of the people in their lives. This includes learning about the client's cultural explanations of the causes and consequences of illnesses, names and categories of illnesses, attitudes towards care-taking for the ill, and community responses to ill individuals.³

Do No Harm

A guiding goal in this work is to support and benefit refugee populations without causing additional harm. When conflicts occur in the professional realm, one must attempt to resolve those conflicts in a responsible, professional manner that avoids or minimizes harm to the client and/or professional relationship. Practitioners should be attentive to the positive and the unintended negative consequences of the ways work is completed; for example, reducing the opportunity for retraumatization by allowing the client to set the pace of his or her disclosure of the traumatic history. Additionally, staff should be aware of the possible effect of one's own mental and physical health on one's ability to complete professional duties.⁴

Community-Based

Programs should strive towards being designed, implemented and adapted based on the needs, priorities, aspirations, motivations, and capacity of local stakeholders – both individual clients, and the

¹ Guarnaccia, P., & Rodriguez, O. (1996). Concepts of culture and their roles in the development of culturally competent mental health services. *Hispanic journal of behavioral services*, 18(4), 419-443.

² Hook, J., Davis, D., Owen, J., Worthington Jr., E., & Utsey, S. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of counseling psychology*. Advance online publication.

³ Ibid.

⁴ American Psychological Association. (2010). *Ethical Principles of Psychology and Code of Conduct*. Retrieved from <http://www.apa.org/ethics/code/principles.pdf>

institutions of state and civil society which legitimately address issues that face refugees and immigrants and their host communities.

Equity in Care and Access

Health programming seeks to support the long-term integration of well-being of all clients by ensuring that resources are distributed fairly among clients; this includes, but is not limited to, equity across gender, age and ethnicity.

Cultural Orientation

Cultural orientation programs support refugees to learn local customs and practices, to navigate systems, and to begin integrating into their new community. This process can be lengthy and take many forms depending on local contexts and services. The tools and samples highlighted throughout this section can be used as a starting point for developing or strengthening programs that seek to equip refugees with the information they need to navigate their new surroundings.

Considerations for cultural orientation programs

- What programs are required by national, state, or local governments? For example, for people accessing the U.S. Refugee Admissions Program, the U.S. State Department's Bureau of Population, Refugees, and Migration (PRM) outlines clear learning objectives for both [overseas](#) and [domestic](#) cultural orientation.
- Are there government or civil service organizations in the area offering this type of service? (Note they may be serving other types of immigrant groups, such as migrants, students, visitors, etc.)
- How can host communities share information and experiences with newcomers?
- Do cultural orientation and adjustment programs have appropriate language interpretation as needed?

Cultural Orientation in the United States (U.S.)

All refugees entering through the U.S. Refugee Admissions Program typically receive cultural orientation overseas prior to arrival. Within the first 90 days in the U.S., refugees are required to receive contextualized orientation specific to their resettlement area and general orientation on American culture. As outlined in the Reception & Placement Cooperative Agreement, this orientation must cover the following topics:

- Role of the Resettlement Agency
 - ✓ The local resettlement agency is not a government agency
 - ✓ Services and support are limited and variable
 - ✓ Refugees are responsible for their own successful resettlement in partnership with the agency
- Refugee Status
 - ✓ Rights and responsibilities
 - ✓ Importance of applying for permanent residency and citizenship
 - ✓ Immigration consequences of breaking the law
 - ✓ Family reunification

- English
 - ✓ Learning to speak English is crucial for children and adults
 - ✓ There are many ways to learn English
 - ✓ People learn at different rates
- Public Assistance
 - ✓ Available but limited in amount and scope
 - ✓ Various programs exist depending on locality
 - ✓ Participation in programs may come with some requirements
 - ✓ Resettlement agency will assist with enrollment
- U.S. Laws
 - ✓ The U.S. is governed by the rule of law
 - ✓ Laws govern public behavior and family life
- Your New Community
 - ✓ Community services support residents
 - ✓ Resettlement agency will assist with the introduction to the community
- Employment
 - ✓ Early employment and job retention for men and women are essential to achieving self-sufficiency
 - ✓ Individuals play a central role in obtaining employment
 - ✓ The initial job may not be in a refugee's preferred profession
 - ✓ General characteristics of U.S. work culture
 - ✓ Employee rights and responsibilities
- Health
 - ✓ Required health screenings and immunizations
 - ✓ The health insurance system varies by state
 - ✓ Importance of preventative health
 - ✓ U.S. health practices and norms
 - ✓ Mental health resources
- Budgeting and Personal Finance
 - ✓ Refugees are responsible for managing their personal finances
 - ✓ Introduction to the U.S. banking system
 - ✓ The obligation to pay taxes

- Housing
 - ✓ Housing arrangements vary but will be decent, safe, and sanitary
 - ✓ Safe use of household facilities
 - ✓ Rights and responsibilities of renting
- Hygiene
 - ✓ Norms for personal and public hygiene
- Safety
 - ✓ Attention to personal and family safety
 - ✓ Role of the police
 - ✓ Preparation for emergencies
- Cultural Adjustment
 - ✓ Social norms and laws
 - ✓ Philosophy of self-sufficiency and self-advocacy
 - ✓ Impact of resettlement on family roles and dynamics
 - ✓ Phases of adjustment
 - ✓ Coping strategies and seeking assistance
 - ✓ Parenting practices
- Education
 - ✓ Legal and customary norms
 - ✓ Adults and teenagers should weigh value of formal education against the need to work
- Transportation
 - ✓ Public transportation options
 - ✓ Benefits and responsibilities of driving

The full curriculum and other resources related to cultural orientation can be found at <https://coresourceexchange.org>. Available materials include fact sheets, podcasts, animated videos, lesson plans, training tools, etc. Refugee-facing resources can be found at <https://corenav.org>.

Sample resources include:

- [U.S. Reception and Placement Overview Video](#)
- [Housing Fact Sheets](#)
- [First Amendment Lesson Plan](#)
- And many more! See additional highlighted resources on the next page.

Helpful Tools & Other Resources



[Online Cultural Orientation Certification Course](#)

Online Learning Module, Multiple modules

This online course includes an overview of the refugee journey, cultural orientation defined, and working effectively with interpreters.



[Cultural Orientation Assessment Handbook](#) and [Written Assessment](#)

2 Documents

A description of the cultural orientation assessment and associated learning objectives.



[Navigating Your Community Client](#)

Word Document, 36 pages

Sample reference tools to be given to clients.



[Cultural Orientation Specific Topic Materials](#)

PDFs, Recorded PowerPoint Presentations, Videos and Podcasts

This website includes information on topics such as housing, health, education, and more. Though not customizable and U.S.-specific, these may serve as good examples for ways to share information.



[Resettlement Agency Fact Sheet General Version](#) and [IRC Version](#)

PDF and Word Document, 2 pages each

Sample reference documents to be given to clients.



[Equality in Cultural Orientation](#)

PowerPoint Presentation, 16 slides

A presentation that can be used when talking with clients about equality issues.



[Cultural Orientation One-on-One Toolkit](#)

Zipped Folder, Multiple Documents

A flipbook covering all CO topics, designed to be used with clients in a one-on-one setting and with templates for easy adaptation depending on site specifics. Materials include instructions for use, a sample PDF, and editable materials on each topic.

Medical Case Management & Health Education

Understanding health issues, treatment plans, and medical systems can be challenging for anyone, but as newcomers in unfamiliar countries, refugees face additional cultural, linguistic, and accessibility barriers. The tools in this section were collected to support clients' understanding of healthcare systems, help connect them to appropriate resources, and provide screenings and lesson plans for clients to achieve better health outcomes.

Medical case management is the planning and coordination of appropriate healthcare services for clients. From scheduling appointments to coordinating transportation, ensuring interpretation services, managing assessments, and coordinating care plans, medical case managers orchestrate care between a client and his or her healthcare providers, family and IRC staff. Many clients face difficulties with culture and language when attending medical appointments, and individuals supporting refugees' health can discuss exam processes, answer the client's questions (while directing all medical questions to health providers), and ensure that a client has appropriate interpretation services available for the appointment.

Health education programs focus on individual and community physical and mental health promotion and prevention, outreach and refugee-specific training to medical providers, targeted assistance for pre- and post-natal clients, food security and nutrition.

Helpful Tools & Other Resources



[Personal Medical Information Booklet](#)

Word Document, 7 pages

A tool to use with clients to help them track all their health and medical information.



[Health Resource Mapping](#)

PowerPoint Presentation, 43 slides

A simple but comprehensive guide to identifying local medical providers. Though the focus is on Baltimore and mental health, this strategy could be easily adapted to serve other purposes.



[ICM Client/Family Care Plan -- Health](#)

Excel document, 4 pages

Sample health-focused assessment and service plan.



[Medical Appointment Reminders](#)

Word document, 1 page

Simple appointment reminder sheets to be given to clients.



[Food Secure Resettlement Toolkit](#)

Word document, 12 pages

A survey tool to use with clients to ensure they have sufficient access to culturally appropriate food, with sample implementation instructions.



[Community Health Promotion Facilitation Guide Part II](#)

PDF, 98 pages

An overview of a community health education model with lesson plans and accompanying materials for 4 main topic areas: nutrition, the U.S. healthcare system, adjusting to the U.S., and family dynamics.



[The IRC in NY's Health Education Program](#)

Zippered folder, multiple documents

One office's adaptation of a health education model and a sample evaluation tool.

Responding to the Mental Health and Psychosocial Impacts of Conflict and Displacement⁵

Key Terms

Stress is defined as a “state of mental or emotional strain or tension resulting from adverse or very demanding circumstances.”⁶ Stress is typically triggered by a stressor that may range in intensity from mild to moderate to severe.

Trauma is defined as a “deeply distressing or disturbing experience.”⁷ Trauma involves an event or experience that involves severe stressors and usually involves a loss or a major change and also “affects every aspect of human functioning, from the biological to the social,”⁸ overwhelming an ordinary system of care that gives people a sense of control, connection, and meaning in the world.⁹

Complex trauma refers to a series of traumatic events that occur repeatedly and cumulatively, over a period of time. Complex trauma is, by nature, extended over a length of time during which the individual is entrapped and conditioned to expect and acclimate to the trauma. Examples of situations in which complex trauma occurs are ongoing armed conflict, extended displacement, trafficking, torture, domestic violence, and child abuse.

A Brief Background

Forced migration and displacement may place psychological and social stress on individuals, families and communities. Many refugees are at high risk for developing mental health problems, given the variety of stress factors in their lives. The state of being displaced means something is lost—an identity, a relationship, a family, a community. Many refugees are at high risk for developing mental health problems, given the variety of stress factors in their lives. These experiences of grief and loss may affect one's psychological well-being and/or increase their vulnerability to mental health morbidity.¹⁰

⁵ International Rescue Committee. (2015). US programs mental health and wellness manual: a practical introduction to mental health in USP.

⁶ Stress. (n.d.) In *Oxford Dictionaries online*. Retrieved from http://www.oxforddictionaries.com/us/definition/american_english/stress

⁷ Trauma. (n.d.) In *Oxford Dictionaries online*. Retrieved from http://www.oxforddictionaries.com/us/definition/american_english/trauma

⁸ Mueller, R., & Okawa, J. (n.d.). Potential mental health issues for refugees. In National Alliance for Multicultural Mental Health (Ed.), *Lessons from the Field: Issues and resources in refugee mental health*, 27-35.

⁹ Herman, J. L. (1992). *Trauma and recovery*. New York: BasicBooks.

¹⁰ UNHCR. (2013). Operational guidance mental health and psychosocial support programming for refugee operations. Geneva, Switzerland: UNHCR.

There are some experiences that refugees may have that can lead to trauma and increased mental health problems, including:¹¹

- Imprisonment and/or isolation from friends and family
- Rape and sexual assault
- Combat against civilians including bombings, mass destruction, explosions, and public executions
- Loss of property
- Death or separation from loved ones
- Displacement and resettlement, including “culture shock” and disappointment with life in the new country

Under the umbrella of health and wellness, IRC’s mental health programming helps clients to normalize their experiences and reactions to stress. The IRC works to support refugee populations by highlighting their resiliency through strengths-based approaches; more information about this approach can be found in the toolkit, “Enhancing Service Delivery and Case Management for Refugees.” The IRC also helps to provide a connection to other individuals, working to promote healing and reconnection.

To help refugees and other vulnerable immigrant populations in the process of healing, many offices provide recreational and/or creative activities, behavioral health services, well-being promotion through community health promoters, and social activities for clients. IRC recognizes that mental health and psychosocial support must be integrated within a larger social and cultural context. As such, affected individuals and communities should be included in planning for appropriate psychosocial interventions in order to ensure comprehensive service delivery.

The Triple Trauma Paradigm¹²

Developed in the early 1990s, the Triple Trauma Paradigm is widely used to describe the unique stressors refugees and immigrants fleeing violence or persecution face during their three phased journey to safety.¹³ The Triple Trauma Paradigm encompasses the three phases refugees go through to reach safety; the first, ‘pre-flight’ occurs in the home country as refugees experience persecution, violence, fear and an absence of safety and control. Once refugees have fled their home countries, they enter the ‘flight’ phase which is characterized by extreme uncertainty, great levels of stress, and the potential for re-victimization. Contrary to what one would expect, the final phase of the triple trauma paradigm during which resettlement occurs, ‘post-flight’ is not characterized by a complete absence of stressors, but rather a whole new set of stressors related to adjustment, loss, confusion, and culture shock. The table on the next page lists some of the common feelings, experiences, and fears in each of the three phases.

¹¹International Rescue Committee. (2015). IRC caseworker’s kiosk: a practitioner’s guide to resettlement.

¹² National Capacity Building Project. (2005). Healing the hurt. Minneapolis: Center for Victims of Torture.

¹³ Hunt, D. (n.d.). Refugee adaptation in the resettlement process. In National Alliance for Multicultural Mental Health (Ed.), Lessons from the Field: Issues and resources in refugee mental health, 17-26.



Pre-Flight

- Harassment/threats
- Fear of unexpected arrest
- Loss of job/livelihood
- Loss of home/possessions
- Disruption of studies, life dreams
- Repeated relocation
- Living in hiding
- Societal chaos & breakdown
- Prohibition of traditional practices
- Lack of medical care
- Separation from family
- Malnutrition
- Need for secrecy, silence
- Distrust
- Being followed or monitored
- Imprisonment
- Torture
- Witnessing or experiencing violence
- Disappearances/deaths
- Gender-based violence



Flight

- Fear of being caught or returned
- Living in hiding
- Detention at borders/checkpoints
- Loss of home/possessions
- Loss of job/schooling
- Illness
- Robbery
- Exploitation, bribes, falsification
- Physical assault, rape or injury
- Witnessing violence
- Lack of medical care
- Separation from family
- Malnutrition
- Crowded, unsanitary conditions
- Long waits in refugee camps
- Uncertainty about future
- Women & girls less likely to have access to rights



Post-Flight

- Low social and economic status
- Lack of legal status
- Language barriers
- Transportation, service barriers
- Loss of identity, roles
- Bad news from home
- Unmet expectations
- Unemployment or underemployment
- Discrimination
- Inadequate, dangerous housing
- Repeated relocation
- Social and cultural isolation
- Family separation or reunification
- Unresolved losses or disappearances
- Conflict: internal, marital, generational, community
- Unrealistic expectations from home
- Shock of new climate, geography
- Symptoms worsen
- Single parent resettlement

Phases of Adjustment¹⁴

The third phase of the triple trauma paradigm, 'post-flight' is further expanded through the phases of adjustment. While the phases of adjustment are portrayed in a linear fashion, an individual can cycle and move through the various stages in non-linear forms, as they experience life events, outside stressors, and changes in their world views.

Phase I: Arrival. This phase is often referred to as the 'honeymoon' phase and is the phase during which refugees experience the greatest amount of hope, excitement, and satisfaction with their situation.

Phase II: Reality. This phase is often referred to as 'culture-shock' and is the phase during which refugees become acutely aware of the challenges they face in their new lives. Refugees will often feel resentment, anger, and frustration due to their unmet expectations of ease and comfort in their new homes. This phase is characterized by increased stress due to the added difficulty of coping with the shock.

At this point in the adjustment process, refugees can go in one of two directions, denoted on the graph (below) as 'positive' and 'negative' adjustment:

Positive Adjustment Trajectory

¹⁴ Hunt, D. (n.d.). Refugee adaptation in the resettlement process. In National Alliance for Multicultural Mental Health (Ed.), *Lessons from the Field: Issues and resources in refugee mental health*, 17-26.

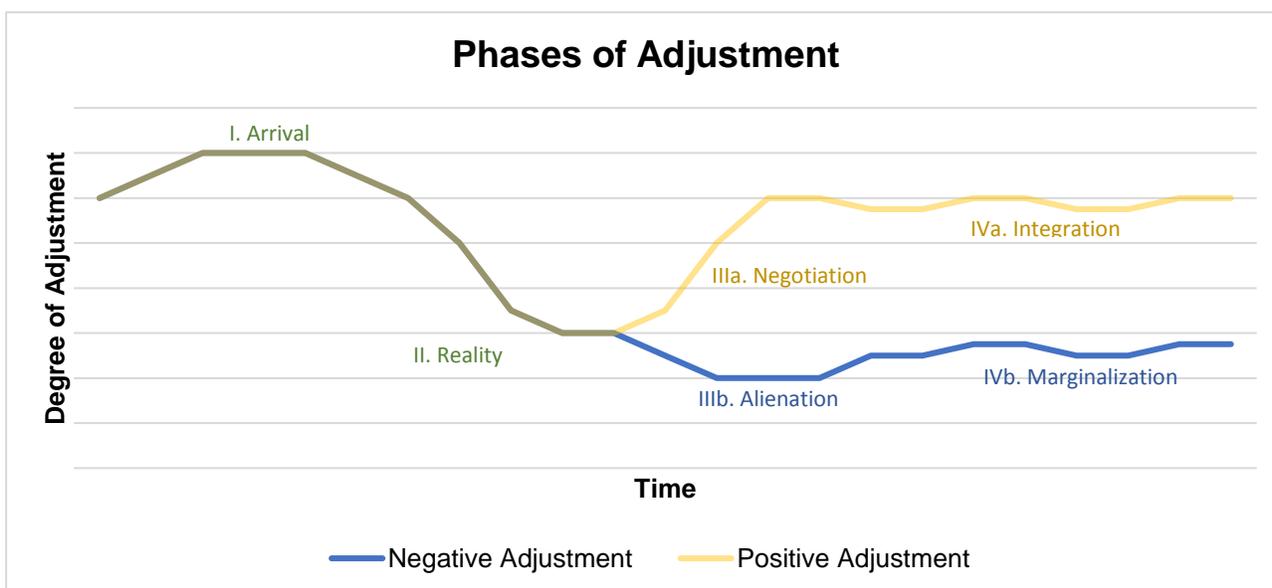
Phase IIIa: Negotiation. This phase is characterized by refugees coming to terms with their situation, regaining hope, and beginning to heal from their past experiences.

Phase IVa: Integration. This phase is characterized by a healthy achievement of acculturation. The refugee is self-sufficient, has a strong support system and is active in his or her community.

Negative Adjustment Trajectory

Phase IIIb: Alienation. This phase is characterized by isolation, sadness, and a preoccupation with those elements of one's past life that were lost (social standing, loved ones, sense of culture/community, etc.).

Phase IVb: Marginalization. This phase is characterized by unemployment, dependence, legal struggles, the assumption of negative roles, and social support/family breakdown.



More information on mental health and wellness in refugee populations can be found in the [“US Programs Mental Health and Wellness Manual.”](#)

Challenges through Life Stages

Some challenges are common to many refugees in the U.S., regardless of their age, as outlined in the description of challenges post-flight as part of the [Triple Trauma Paradigm](#). However, there are some stressors and challenges that are associated with one of three life stages.¹⁵ Refugees in different life stages experience unique sets of challenges during the resettlement process.

The table on the next page lists some of the challenges that are unique to each age group's experience during resettlement. It should be noted that the designation of being an “elder”, “teenager” or “adult” is not bound by age in many cultures; for this reason, an elder can be as young as 30 years old and an adult as young as 10. Be sure to discuss with the client his or her perception of age.

¹⁵ Hunt, D. (n.d.). Refugee adaptation in the resettlement process. In National Alliance for Multicultural Mental Health (Ed.), *Lessons from the Field: Issues and resources in refugee mental health*, 17-26.

Stressors through Age Groups ^{16 17}		
Youth (0-17)	Adults (18-50)	Elders (50 and beyond)
<ul style="list-style-type: none"> • Intergenerational value conflict • Role reversal/ambiguity/child as interpreter for family • Inadequate educational preparation/cognitive limitations • Peer pressure • Pressure to excel in school • Family conflict/inadequate parental figures • Surrogate family issues • Rejection by family or sponsor 	<ul style="list-style-type: none"> • Gender role shifts • Lower social status in new country • Pressure to work • Language acquisition • Family role shifts • Intergenerational value conflict • Need to take care of elders and youth • Pressure to hold family together 	<ul style="list-style-type: none"> • Retirement as a concept • Abruptness of retirement • Loss of independence • Loss of support system • Personal meaning of life • Coping with death • More losses and fewer gains than their younger counterparts • Difficult language acquisition • Status shift • Pressure to contribute financially

Mental Health & Refugee Populations: General Resources

Helpful Tools & Other Resources



[The U.S. Programs Mental Health and Wellness Manual*](#)

PDF, 111 pages

A comprehensive resource and excellent guide for practitioners supporting refugee populations. The chart on the next page outlines the topic areas for easy reference.



[Focus on Mental Health](#)

PowerPoint Presentation, 32 slides

A presentation developed by the IRC US Programs Headquarters and Pathways to Wellness to provide an overview of mental health in refugee populations, common barriers to treatment, and how to talk about mental health concepts with refugees.



[Recognizing Strengths in Refugee Populations](#)

PowerPoint Presentation, 36 slides

A presentation on recognizing resiliencies and practicing supportive communication.



[US Programs Syrian Psychosocial Support Groups Final Report](#)

PDF, 4 pages

A report outlining the findings of a pilot to screen Syrians for mental health concerns and provide psychosocial support through group counseling.

¹⁶ Mueller, R., & Okawa, J. (n.d.). Potential mental health issues for refugees. In National Alliance for Multicultural Mental Health (Ed.), *Lessons from the Field: Issues and resources in refugee mental health*, 27-35.

¹⁷ Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with the mental health of refugees and internally displaced persons. *JAMA*, 294(5), 602-612.

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[Trauma and Case Management](#)

PowerPoint Presentation, 32 slides

A presentation about the effect of trauma and chronic stress on both staff and clients, followed by an overview of basic techniques of support through case management.



[Trauma Informed Care and De-escalation](#)

PowerPoint Presentation, 10 slides

A description of how trauma can trigger clients, with an overview of de-escalation techniques.

Mental Health Screenings & Referrals

The Refugee Health Screener-15 (RHS-15) is an evidence-based tool created by Pathways to Wellness and used by many offices throughout U.S. programs. Designed for use by both medical professionals and non-clinicians, its purpose is to screen refugee populations for mental distress and help practitioners identify when someone may benefit from targeted mental health support.¹⁸ It has been translated into the following languages:

- ✓ Amharic
- ✓ Arabic
- ✓ Burmese
- ✓ Cuban Spanish
- ✓ English
- ✓ Farsi
- ✓ Karen
- ✓ Nepali
- ✓ Russian
- ✓ Somali
- ✓ Swahili
- ✓ Tigrinya

The translated tools and associated administration script is available for use by outside organizations who complete a utilization request and agreement form; more information can be found here:

<https://form.jotform.com/80645261854157>.

Helpful Tools & Other Resources



[U.S. Programs Mental Health Referral Guidelines](#)

Word Document, 2 pages

A review of considerations to find the best fit for making a referral.



[Health Screening Consent Form](#)

Word Document, 1 page

A sample client consent form.



[Refugee Health Screener-15 Training Presentation](#)

PDF, 25 slides

An introduction to the screening process.



[The IRC in Salt Lake City's RHS-15 Administration Script](#)

Word Document, 6 pages

A sample of one office's guidelines for administering the Refugee Health Screener-15.

¹⁸ Pathways to Wellness: Integrating Refugee Health and Well-Being. (2011). Refugee Health Screener-15.



[Implementation Guide for the Refugee Health Screener-15 and Bridge to Safety](#)

Word Document, 26 pages

A sample of one office's plan and process for implementing the aforementioned screenings.

Mental Health Support through Groups and Class Settings

Some of the materials in this section utilize Pathways to Wellness's Community Adjustment Support Group Curriculum, available for use by outside organizations who complete a request. More information can be found here: <https://form.jotform.com/81023431684148>.

Helpful Tools & Other Resources



[IRC Support Group Training](#)

PDF, 24 pages

An overview of group facilitation skills and dynamics as well as an introduction to the Pathways to Wellness Community Adjustment Support Group Curriculum.



[Responding to Disclosures of Violence in a Group Setting](#)

Word Document, 1 pages

An explanation of best practices.



[Developing Group Facilitation Skills](#)

PDF, 21 slides

An overview of group facilitation skills and group dynamics.



[Psychosocial Support Curriculum](#)

PDF, 16 pages

An alternate sample of one office's curriculum with lesson plans.

Health and Wellness: Local considerations

Healthcare systems

- How do people access the healthcare system in the local community?
- How are appointments scheduled?
- Are there different types of appointments (i.e. 'sick patient appointments' versus 'well patient appointments')?
- What is the process for seeing specialists?

Language access

- What are the laws or regulations in place—if any—to ensure the provision of interpretation and translation services in medical settings?
- Who pays for interpretation and/or translation services?
- Do interpreters receive specialized training about the specific medical areas they are asked to interpret for? If not, who can develop and implement such a training?

Health insurance

- What types of government programs provide free or low-cost healthcare?
- What are the eligibility requirements and the application processes?
- What types of costs are covered/not covered? What payments are expected, if any?

Cultural considerations

- What are the *host country* cultural norms and expectations surrounding health and wellness?
- What are the *newcomers'* cultural norms and expectations surrounding health and wellness?
- What attitudes do people have when interacting with the medical system?
- What cultural norms exist regarding expectations of healthcare providers (gender, religious affiliation, traditional healers vs. Western medical experts, etc.)?
- What are the unspoken rules or standards that guide people's interactions with health systems?

Community mapping

- What organizations are providing medical services in the local community?
- What types of health-related services are community-based organizations providing?
- Are there potential opportunities for collaboration or cross-training?

Government officials

- Who serves as the government representative for refugee health access or eligibility issues in your community? For example, in the U.S., each state where refugees are resettled has both a State Refugee Coordinator and a State Refugee Health Coordinator. The latter is responsible for supporting the timely delivery of refugee health screenings as outlined in the Cooperative Agreement for the Department of State's Bureau for Population, Refugees, and Migration (PRM). City or county governments may also designate an individual to similar roles.

Remember: Trained interpreters should always be used for all discussions related to health concerns to ensure client privacy, confidentiality, and accuracy in interpretation. It is recommended that all interpreters for health-related conversations complete specific training in the specialty areas they will interpret for (i.e. primary care, reproductive health, oncology, mental health, etc.). This training is necessary for interpreters to become familiar with the particular terminology and concepts of a specific field, and to fluently articulate the material in both the host country language and the language to be

Targeted Support for Women, Youth, and Families

Overview

Specific populations within the refugee community may benefit from targeted support beyond the basic resettlement services available to everyone. This increased assistance can be to address an individual's particular needs and/or to combat systematic barriers particular groups face as a consequence of their gender, age, sexual orientation, physical or mental abilities, immigration status, etc. This section is not meant to be a comprehensive overview of all services or interventions in US Programs to vulnerable populations; rather, it considers the specific needs of two large sub-groups that make up a vast amount of refugees in the world: women and girls and families and youth.

Women and Girls

Women and girls face the burden of sexual and domestic violence in their countries of origin, during armed conflict, during flight and displacement, and as they seek refuge and protection. Affecting at least one in three women worldwide, violence takes immediate tolls on women's physical and mental health and, for refugees, it can also have long-term consequences that limit their prospects. The psychological, physical, and social impacts of domestic violence and sexual assault can slow the integration process and prevent women refugees from achieving self-sufficiency and stability.

IRC's vision is that women and girls are safe, healthy, educated, economically well and have the power to contribute to a society where they are valued, have equal access to opportunity, and live free from violence.

Improved outcomes for refugee women and girls are achieved through three main program areas:

- Violence against women
- Women's empowerment activities
- Gender equality

Violence Against Women

For women who are survivors of domestic and sexual violence, access to needed support and services can make the difference between a life lived with dignity and one lived in fear. To better meet the needs of refugee women survivors of gender-based violence in the U.S., the IRC developed the Bridge to Safety project (B2S), which aims to create safe spaces for women to disclose experiences of violence to IRC staff. This is achieved by equipping staff with the skills and tools to respond to disclosures with effective follow-up support and by connecting survivors to appropriate specialized services through strong and

meaningful local partnerships. The B2S project was evaluated in 2015 and was found to be effective at strengthening early identification and support services for refugee survivors of gender-based violence.

Local considerations

Service Delivery

- How are service providers trained on serving this population? Do they follow survivor-centered principles and case management strategies?
- What mechanisms are in place to ensure survivors' confidentiality and protection?
- What mechanisms are in place to ensure staff supervision and safety?

Legal

- What laws exist to protect survivors of gender-based violence (if any)?
- How does the legal system/law enforcement react to gender-based violence? Do they support the survivor?
- How does the legal system/law enforcement respond to immigrant survivors? Do they provide trained interpreters to ensure meaningful language access?
- What are the legal and immigration consequences of committing acts of gender-based violence?
- How and when are refugee men and women taught about the laws on gender-based violence in the host country, and the consequences of breaking the laws?

Cultural

- What are the *host country* cultural norms, attitudes, and legal regulations in regards to gender-based violence?
- What are the *newcomers'* cultural norms, attitudes, and legal regulations in regards to gender-based violence?
- How was gender-based violence dealt with in the home country, if at all?
- What might be cultural barriers to addressing domestic violence or sexual assault?

Language access

- What are the laws or regulations in place—if any—to ensure the provision of adequate interpretation and translation services in accessing survivor support services?
- Who pays for interpretation and/or translation services?
- Do interpreters receive specialized training about domestic violence terminology and dynamics? If not, who can develop and implement such a training?
- Where and how can survivors access legal representation for free or low cost?

Community mapping

- What organizations or local coalitions are serving survivors of gender-based violence? What types of services do they offer?
- Are there potential opportunities for collaboration or cross-training?
- What are ways to partner with ethnic community leaders to de-stigmatize talking about domestic violence and educate the community on the laws in the host country?

Helpful Tools & Other Resources**[Domestic Violence Response Protocol](#)** *Word Document, 2 pages*

A short reference guide for how to handle domestic violence situations.

**[Violence Against Women: What We Know and What We Believe](#)** *PowerPoint Presentation, 33 slides*

An overview of the causes and consequences of gender-based violence, related dynamics, and staff response.

**[Domestic Violence & Intensive Case Management](#)** and **[Survivor-Centered Service Delivery](#)** *PowerPoint Presentations, 22 & 24 slides*

An overview of survivor-centered case management, service and safety planning, and confidentiality.

**[Bridge to Safety Project Framework](#)** *PDF, 1 page*

A logic model for an intervention to prevent and respond to violence against women.

**[Bridge to Safety Project External Slidedeck](#)** *PowerPoint Presentation, 9 slides*

A brief overview of the project.

**[Bridge to Safety Project Evaluation Brief](#)** and **[Full Report](#)** *PDFs, 5 & 44 pages*

The evaluation of the initial project and evidence supporting the Bridge to Safety intervention.

**[Domestic Violence and Sexual Assault Screening Tools](#)** *PDF and Word Documents, varying lengths*

Includes tools in Arabic, Burmese, English, French, Spanish, Swahili, and Tigrinya; note that the original direct screening is translated but the newer B2S one is not yet available in multiple languages.

**[Survivor Assessment](#)**, **[Service Plan](#)**, and **[Safety Plan](#)** *Word Documents, 3-5 pages*

Tools to support survivor-centered case management.

**[Boundaries, Staff Safety, and Self-care](#)** *PowerPoint Presentation, 22 slides*

An overview of selected topic areas to support staff who serve survivors.

Women's Empowerment Activities

Throughout the IRC's global experience, it has been a proven practice to provide safe spaces where women can find hope, connection, and support in each other. A small handful of USP offices currently facilitate refugee women's support groups. These groups have been sources of support and connectedness for refugee women who may feel isolated, lonely, and alone.

Some USP offices offer specific cultural orientation classes just for women, or workshops for women to learn more about different topics, such as reproductive health, family planning, engaging with their children's schools, etc.

Offices have also developed various economic empowerment interventions for women, ranging from women's only job readiness training to mixed-gender economic empowerment programs that take into account the specific barriers women face. Some USP offices offer women's groups focused on skill building, connection, and other activities such as volunteering, job training, and conducting outreach in their communities. These group activities not only support individual refugee and immigrant women but also families, communities and networks to address issues critical in helping resettled women and girls rebuild the fabric of connectedness.

Helpful Tools & Other Resources



[Women in Action Sample Student Syllabus](#)

Word Document, 2 pages

An example of a women's empowerment project and course outline.



[Women in Action Lesson Plan—Overcoming Barriers to Employment](#)

Word Document, 2 pages

A sample lesson plan to support women's integration into the workforce.



[Women in Action Project Survey in Arabic and English](#)

Word Documents, 7 pages

A sample tool for assessing women's needs and strengths pre and post-intervention.



[Vision Not Victim Program Description](#), [Outreach Flyer](#), and [Presentation](#)

Multiple documents

These documents describe an initiative to support girls to achieve their goals. Originally developed in IRC's international programs, the project was adapted to fit the U.S. context and is currently in pilot phase at the IRC in Oakland.

Gender Equality

Through a diverse portfolio of programs aimed at five core outcomes—health, safety, economic-wellbeing, education, and power—the IRC creates opportunities for clients to thrive in their new country. While these programs serve both female and male clients, female clients tend to face gender-specific barriers that necessitate tailored support. Typically, female clients arrive with lower levels of English and less formal educational background than male clients. Many of these women and girls come from countries where systematic gender inequalities have blocked access to rights and opportunities in education, health, employment, and decision-making. In situations of displacement, these risks—particularly discrimination and gender-based violence—can be exacerbated. In recognizing these barriers, programs and operations should strategically plan to meet the specific needs of women and girls.

Helpful Tools & Other Resources



[Gender Analysis Worksheet](#)

Word Document, 2 pages

A sample tool to be used as part of a gender analysis assessment.



[Gender Equality in Reception & Placement Survey](#)

PDF, 11 pages

A sample tool to be used to capture staff's views on gender equality in programming.



[Reception & Placement Gender Equality Toolkit](#)

Word Document, 12 pages

A sample tool to be used as a self-assessment, can easily be adapted.



[Gender Equality Good Practices in Reception & Placement](#)

PDF, 5 pages

Highlights gender equality practices in programming from some of the IRC's US offices.

Youth and Families

Minor children represent over 50% of the world's refugees, displaced persons and conflict victims, and are among the most vulnerable groups within refugee populations. Minor children are often the victims of trauma, violence, starvation or malnutrition, and disease. In addition, these children may arrive in the care of relatives other than their immediate family, or separated from family and friends completely. Refugee children and youth often require special care and individual attention.

To support the specific needs of families and youth, this section includes the following topic areas:

- Case management and service delivery to minors
- Safety
- Education

Case Management and Service Delivery to Minors

Helpful Tools & Other Resources



[Caseworker's Kiosk: Minors](#)

PDF, 23 pages

Although specific to the requirements of the U.S. Reception and Placement program, this document outlines considerations for case management services to minors and best practices for evaluating the suitability of youth placement.



[Building Rapport with Children and Youth Presentation](#)

PowerPoint Presentation, 24 slides

A presentation on best practices to support children and youth.



[Separated Minor Case Compliance](#)

Online Learning Module, 20 minutes

Though specific to the U.S. Reception & Placement program, this course outlines the essential elements of managing minor casework effectively and compliantly and includes tips for conducting household interviews. Please click [here](#) to register for the online module.



[Minor Case Management](#)

PowerPoint Presentation, 34 slides

An overview of required activities and documentation for specific services for the U.S. Reception & Placement program, demonstrating and discussing best practices.



[Minor Service Plan Guidance](#)

Word Document, 7 pages

Describes the elements that should be included in a service plan for minors and two samples.



[Minor Forms Instructions](#) ; [Worksheet for Minor Suitability & Sample](#) ; [Worksheet for 90 Day Evaluation & Sample](#)

Word Documents, varying lengths

Although very specific to the requirements of the U.S. Reception and Placement program, these documents describe one method for evaluating placement suitability for minors.

Safety

Local considerations

Legal

- What laws exist to protect children from abuse and neglect?
- What are the laws defining the age of consent for people to have sex or get married?
- How are crimes against minors reported, and who is required to report them?
- How and when are refugee parents or future parents taught about the host country laws to protect children?

Cultural

- What are the *host country* cultural norms, attitudes, and legal regulations in regards to child abuse and neglect?
- What are the *newcomers'* cultural norms, attitudes, and legal regulations in regards to child abuse and neglect; disciplining children; rites of passage, etc.?
- What might be cultural barriers to addressing child abuse and neglect?

Language access

- What are the laws or regulations in place—if any—to ensure the provision of interpretation and translation services in accessing services?
- Who pays for interpretation and/or translation services?
- Do interpreters receive specialized training about the cultural expectations of children and parents in their host community? If not, who can develop and implement such a training?
- Are people who are serving as interpreters considered mandatory reporters?

Community mapping

- What organizations or local coalitions are serving child survivors of abuse and neglect? What types of services do they offer?
- What relationships do they have with refugee resettlement and integration service providers?
- Are there potential opportunities for collaboration or cross-training?
- What are ways to partner with ethnic community leaders to educate the community on the laws in the host country?

Helpful Tools & Other Resources



[Serving Vulnerable Youth](#)

PowerPoint Presentation, 41 slides

An overview of screening and reporting for minor abuse and neglect. Also includes a short section on asset mapping to support minors through community partners.



[New York Mandatory Reporting Fact Sheet](#)

Word Document, 2 pages

Sample of local requirements to report suspected abuse or neglect.



[Safety Plan for Minors](#)

Word Document, 2 pages

A tool for outlining the plan to support minors' safety.

Education

Local considerations:

Legal

- Does the law require that children attend school through a certain age?
- What are the consequences if children do not attend school?
- How and when are refugee parents or future parents taught about the host country laws regarding schooling of children?

Schooling

- What is the enrollment process for getting youth enrolled in schools?
- To what extent can parents choose which school their child attends? Are there different types of schools that refugee youth can attend, for example charter schools?
- What services are available through the school system to support the child and the family, and how are these services explained to families so that they are aware of them and can access them? (For example, free/reduced lunch, social workers, medical providers, clothing assistance, tutoring, afterschool programs, etc.)
- Which schools, if any, offer specialized assistance for children who are not native speakers of the host country language?
- For older youth who may not be eligible to attend traditional school, what types of programs or services exist to help them further their education?

Cultural

- What are the *host country* cultural norms, attitudes, and legal regulations in regards to primary and secondary education?
- What are the *newcomers'* cultural norms, attitudes, and legal regulations in regards to primary and secondary education?
- What type of relationship did parents have with teachers in their home country? What type of relationship did students have with teachers?

Language access

- What are the laws or regulations in place—if any--to ensure the provision of interpretation and translation services in accessing educational services?
- Who pays for interpretation and/or translation services?
- Do interpreters receive specialized training about the education system and cultural considerations? If not, who can develop and implement such a training?

Community mapping

- What organizations or local coalitions exist to support youth's academic success? What types of services do they offer?
- Are there potential opportunities for collaboration or cross-training?

Helpful Tools & Other Resources



[Cultural Orientation: Education Sample 1, Sample 2, and Sample 3](#)

PowerPoint Presentations, 33/40/124 slides

These presentations provide an overview of the U.S. education system and the rights and responsibilities of both parents and children. The second sample is in both English and Arabic.



[The IRC in Seattle's Youth Programs](#)

Word Document, 4 pages

A sample description of one office's youth programs.



[Ensuring Educational Success for Immigrant Youth Affected by Crisis](#)

Word Document, 2 pages

A fact sheet describing the refugee youth experience and potential interventions to support their wellbeing and educational success.



[Supporting Refugee Student Populations Webinar Series:](#)

- [An Introduction to Refugees in Arizona: Resettlement Process and Educational Services](#)
- [Refugee Backgrounders and Culture Profiles](#)
- [Barriers Faced by Resettled Refugees](#)
- [The Importance of Student Well-being](#)
- [Building Social and Emotional Skills](#)
- [Best Practices in Educating Refugee Students](#)

Recorded Webinars, approximately 60 minutes each

These webinars were developed jointly by the IRC in Phoenix and the Arizona Department of Education to enhance educators' understanding of refugee youth and to foster constructive dialogue between resettlement agencies and teachers.



[Parenting Curriculum](#)

Word Document, 18 pages

A sample course outline and lesson plans for introducing refugee parents to US systems and supporting positive parenting techniques.



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