BOSTON COLLEGE
School of Social Work
RESEARCH PROGRAM ON CHILDREN AND ADVERSITY

Family-Based Mental Health Promotion in Resettled Refugee Children: The Promise of Community Based Participatory Research

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Trinity College Centre for Forced Migration Studies inaugural University of Sanctuary lecture 26 September 2022

Presentation Overview

- Background on RPCA and Conceptual Drivers
- Family Strengthening Intervention for Refugees (FSI-R)
- Community Based Participatory Research
- Research to Date & Afghan Pilot in Maine
- New Directions

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Research Program on Children and Adversity (RPCA)

- Identify factors contributing to **risk** and **resilience** in children, families, and communities facing adversity globally
  - Focus on **capacities**, not just deficits
- Contribute to developing an evidence base on intervention strategies:
  - Help **close the implementation gap**
  - Support development of **high quality and effective programs** and **policies in low resource settings,** including those **in High Income Countries**

Current Research

- **Children Affected by Communal Violence/Armed Conflict**
  - **Chechen IDPs, Ethiopia-Eritrea border, N Uganda, Sierra Leone (R01HD073349, U19MH109989, R01MH128928-01)**
    - Longitudinal study of war-affected youth (3 waves of data collected 2002-2008 (*Child Development, 2010; JAACAP, 2010; Social Science & Medicine, 2009*)
    - Randomized controlled trial published in *JAACAP* in 2014
    - 5th wave of data on the Intergenerational Impact and Social/Biological mechanisms driving the impact of War in Sierra Leone beginning in Summer of 2022
- **Children Affected by HIV/AIDS, ECD Home Visiting for Extreme Poverty**
  - **Rwanda (R34MH084679, World Bank/USAID/Elma/LEGO/Echidna/OAK)**
    - Evaluation of an evidence-based Family Strengthening Intervention for families affected by HIV (*AIDS Care, Pediatrics*)
    - Pilot and current scale-up of the *Sugira Muryango* early childhood development home-visiting intervention and investigation of the longitudinal and spillover affects on siblings
- **Promoting Resilience and Healthy Parent-Child Relationships in Families with a Refugee Life Experience (NIMHD R24MD008057, R01MD010613) and Afghan Family Strengthening Initiative (WK Kellog Foundation)**
  - CBPR study of a Family Strengthening Intervention for Refugees (Somali Bantu and Bhutanese refugees) and adaptation to Afghan families

We are Facing the Largest Humanitarian Crisis Since World War II

Photo: Human Rights Watch

Globally, at the end of 2020:

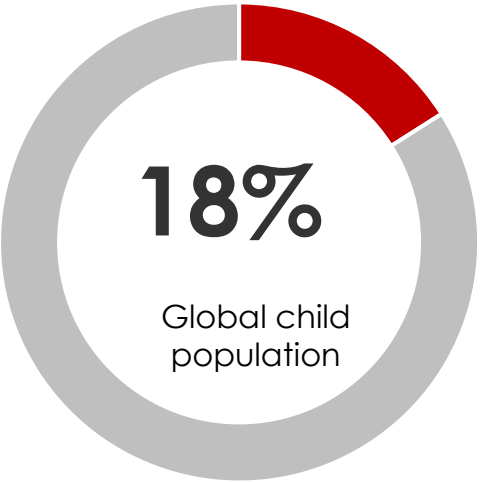
- **1 in 6** children live in a conflict zone
- **82.5 million** forcibly displaced people
- **48.0 million** internally displaced people
- **26.4 million** refugees
- **40%** were under 18 years old

The number of children living in conflict zones rose by **74%** over the last decade. **This is the highest amount in 20 years.**

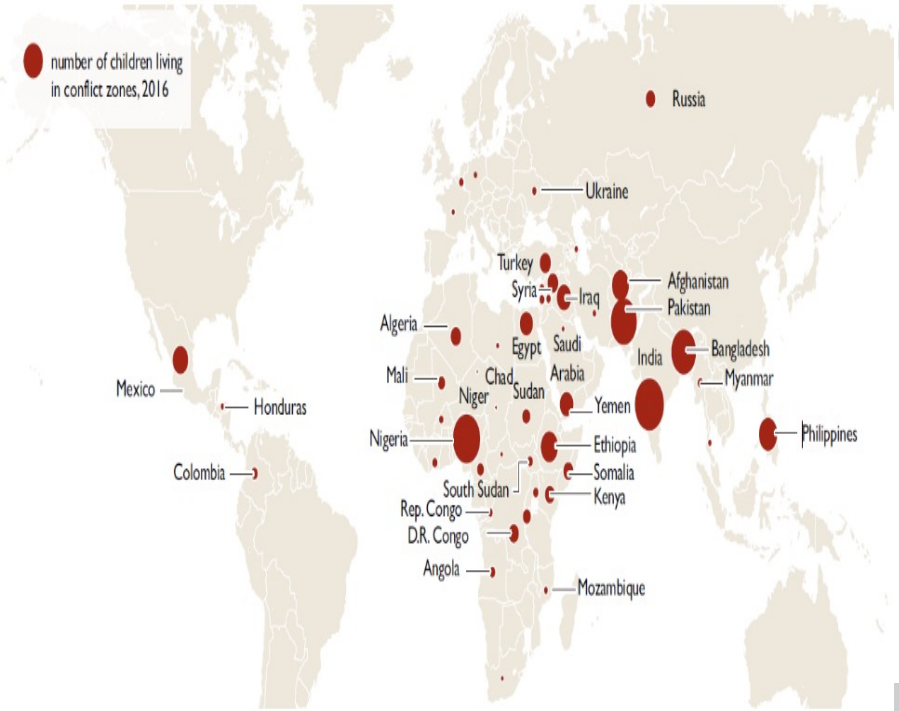
For example, UNICEF estimates that almost **2 out of every 3 children** in Ukraine have been displaced by the conflict.

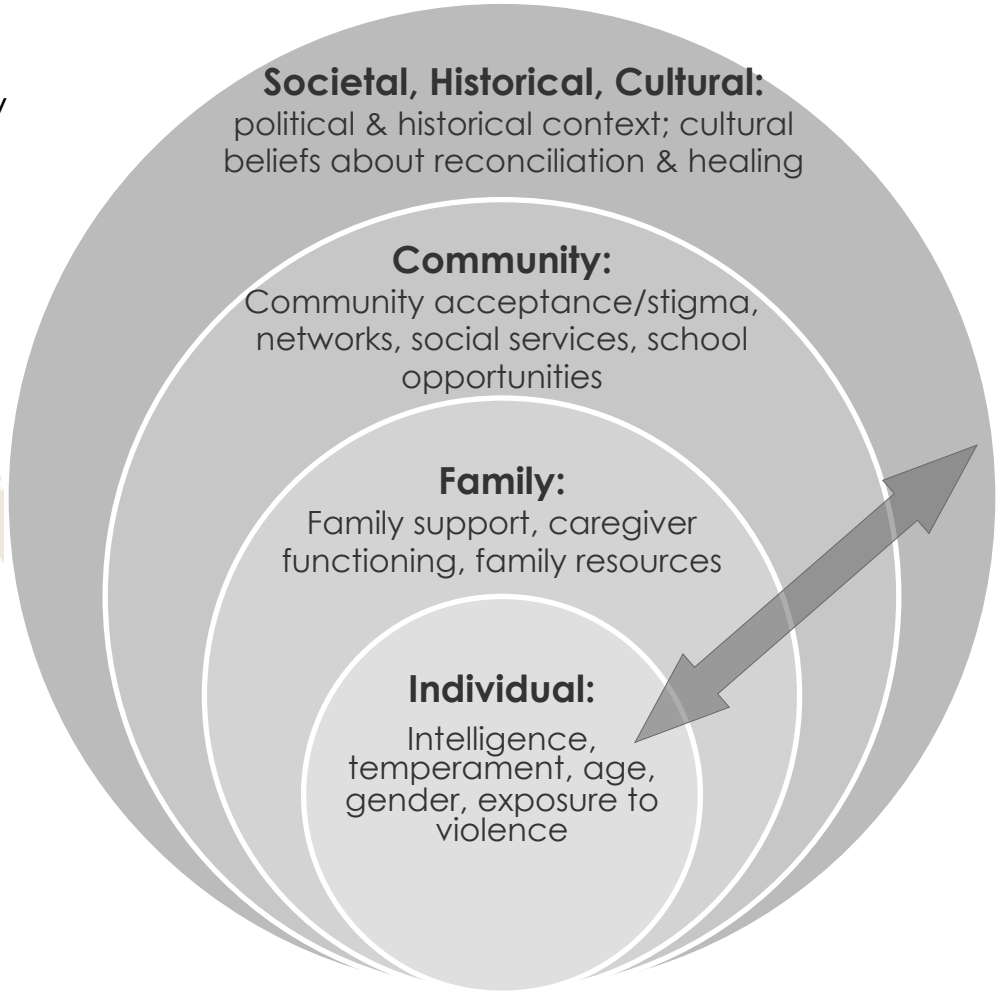
(UNHCR, 2020; UNICEF, 2020; UNICEF, 2022) Kamøy, K., Podieg, P., & Salarkia, K. (2021). Stop the War on Children: A crisis of recruitment. Save the Children International. https://resourcecentre.savethechildren.net/document/stop-the-war-on-children-a-crisis-of-recruitment/?_ga=2.47163236.270432786.1649281291-2102989482.1649281291

Children Living in Conflict Zones



452 million
Living in conflict by 2020





Intensity, Duration & Meaning of Violence
after Developmental Ecological Model of Bronfenbrenner, 1979; Betancourt & Kahn, 2008

Refugee children and mental health:

- Traumatic events, separation and loss increase risk of **poor mental health** in refugee children and families
- **Depression** (10-33%), **PTSD** (19-53%) is much higher than general population (6-9% depression and 2-9% PTSD)
  (Kien et al. 2018; Bronstein and Montgomery, 2011)
- **Children in the US have poor access to mental health services**; situation **exacerbated in refugees**
  (Betancourt et al., 2012; de Anstiss et al., 2009)

- **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, pediatric clinics, health centers, etc.
- **New challenges to accessing care due to COVID-19 implications**

(Fazel et al., 2012; Edberg et al., 2010)

Community-Based Participatory Research (CBPR)

*"**Collaborative** approach to research that equitably involves all partners in the research process and **recognizes the unique strengths that each brings**. CBPR begins with a research topic of importance to the community, has the aim of **combining knowledge with action and achieving social change** to **improve health outcomes and eliminate health disparities**."*

WK Kellogg Foundation Community Health Scholars Program

First Partnership Groups

- **Early Collaborators**: U.S. Refugee populations: Somali Bantu and Bhutanese Lhotshampas in New England
- **Commonalities**: long history in refugee camps prior to resettlement
- **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
- **Mental health concerns**: Increasing rate of suicide among Bhutanese in the US (21.5 per 100,000), higher than national average (13 per 100,000)

Program History

2004-2008

Partnered with Lynn public schools to address the emotional & behavioral needs of school-aged refugee youth.

2008-2013

Conducted a mixed methods needs assessment of Somali Bantu children in Greater Boston area, partnering with the Chelsea Collaborative
Funding: NIMH

2013-2018

CBPR Collaboration to develop and pilot test the FSI-R, adapted from work with Dr. William Beardslee at Boston Children's Hospital, Jewish Family Services, The Chelsea Collaborative, and The Refugee and Immigrant Assistant Center

2017-2022

CBPR Collaboration & Hybrid Implementation Effectiveness Trial of FSI-R in New England with Jewish Family Services and Maine Immigrant and Refugee Services
Funding: NIMHD

2019-PRESENT

Leveraging technology to adapt the FSI-R paper manual into a digital application
Funding: Boston College

CBPR and Mental Health

- **Limited use** of CBPR so far in mental health research or with refugee communities
- 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)

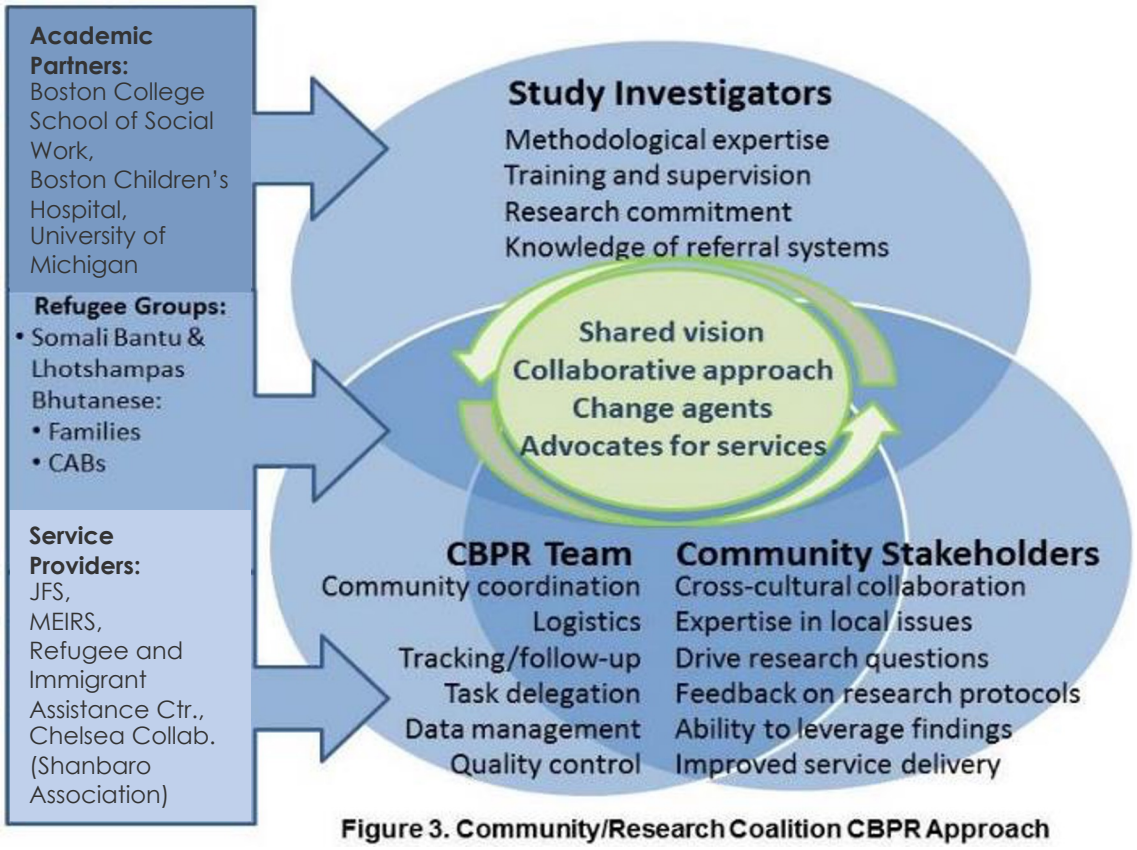
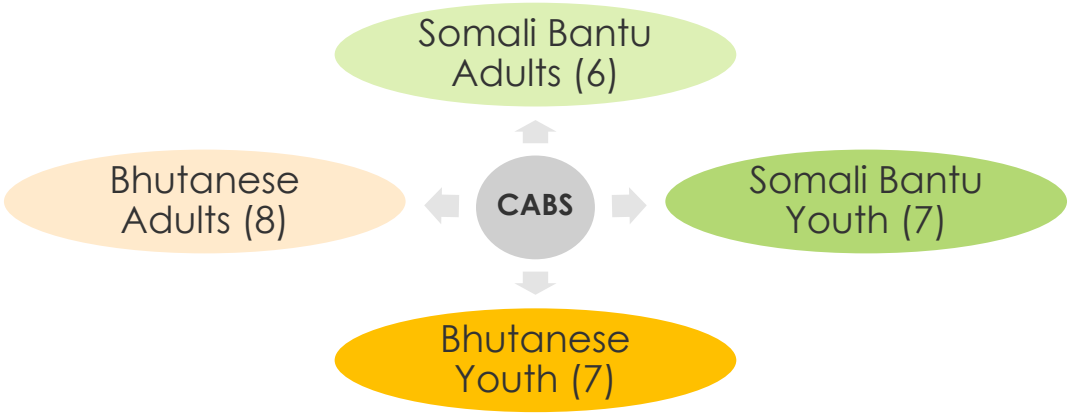


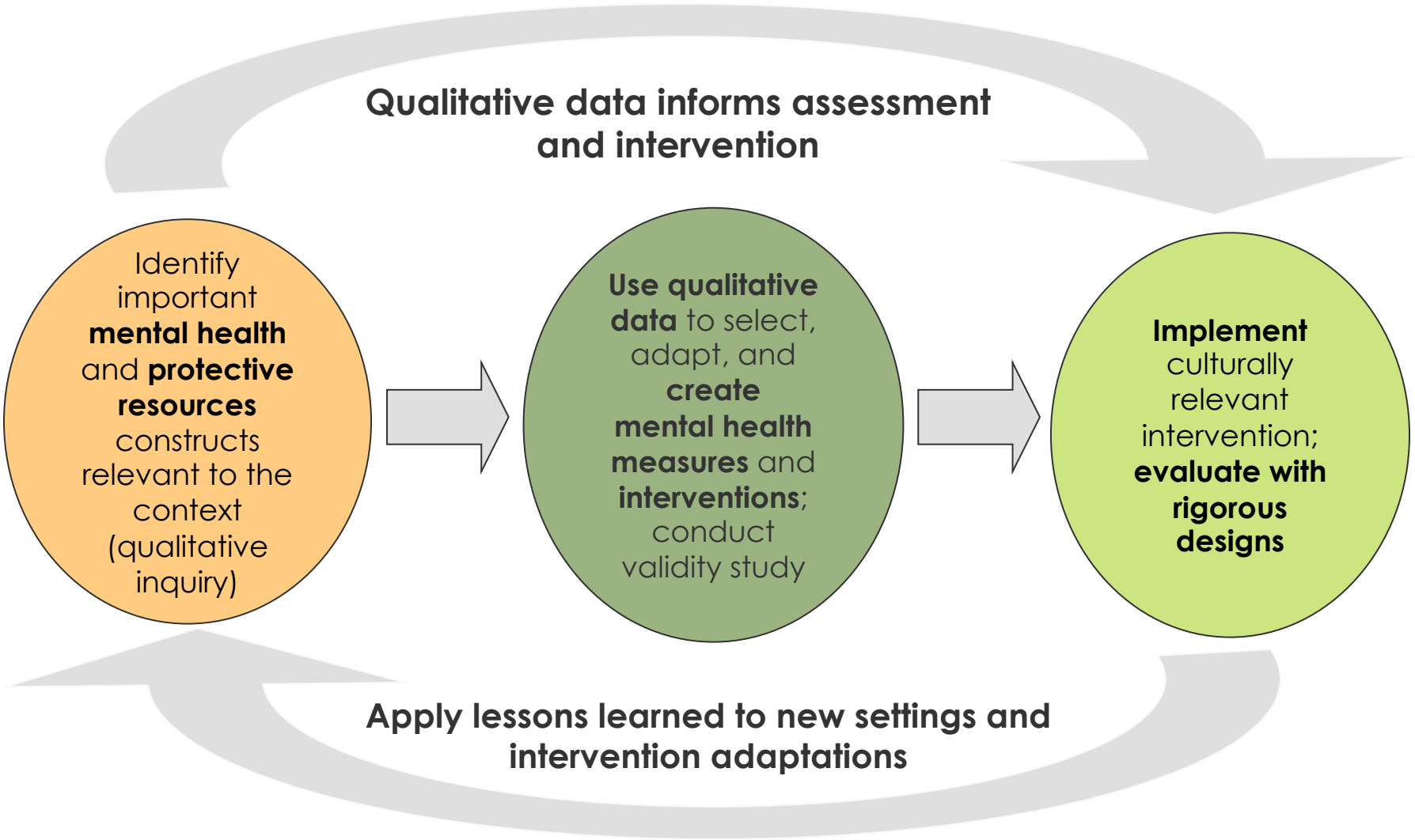
Figure 3. Community/Research Coalition CBPR Approach

Our CBPR Approach: "*For Us By Us*"

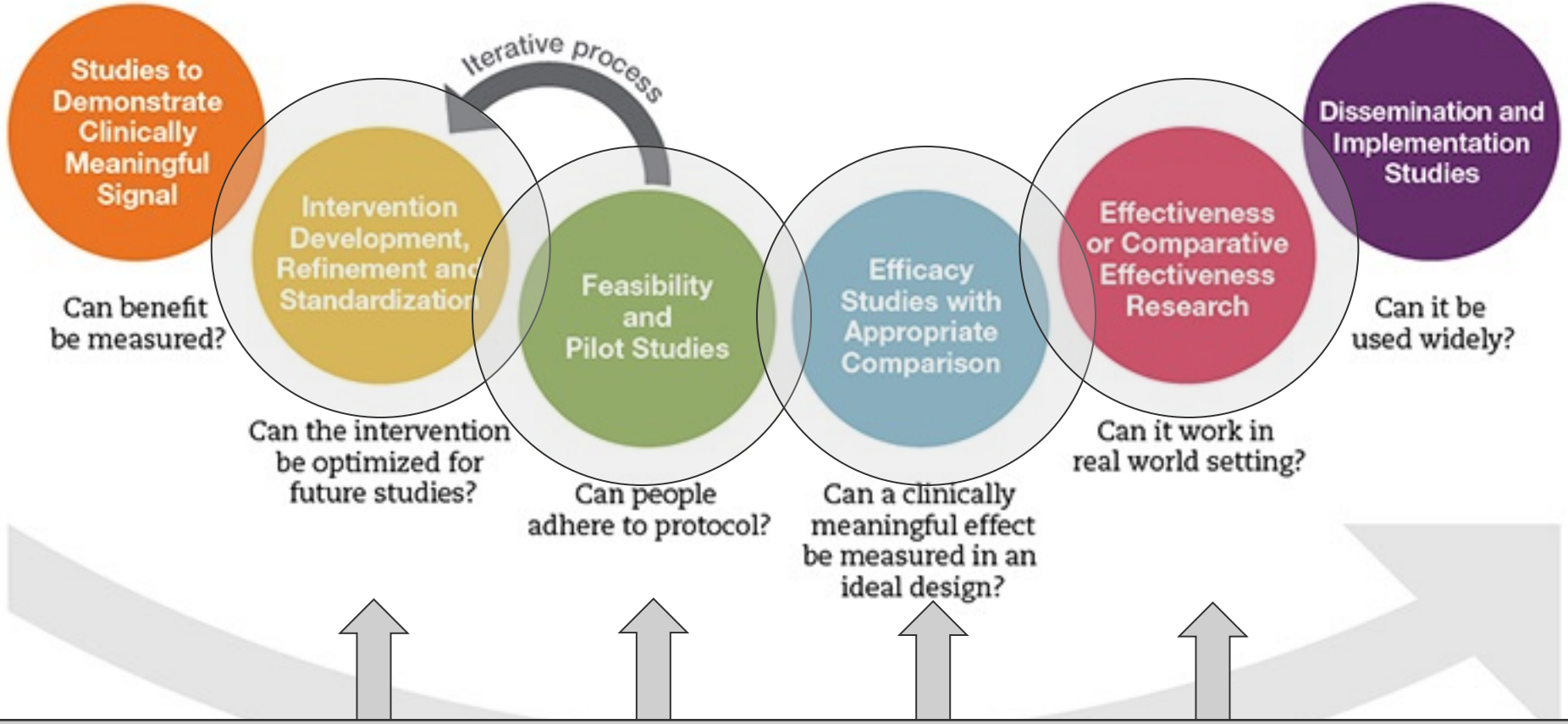
- Hire CHWs and research assistants from the communities—train **non-specialists**
- Host community outreach events to engage community members
- Build and utilize **Community Advisory Boards (CABs)** at every step:
  - Quarterly meetings
  - Liaison between researchers and the community
  - Advise on needs, culture, etc.



A Model for Designing and Evaluating Mental Health Services in Diverse Cultural Settings



Considering Implementation Science earlier



Designing for Implementation https://nccih.nih.gov/grants/mindbody/framework

- Who's going to deliver it?-→ **Deployment Focused!**
- Fit with ultimate patient population→ **Acceptability/Feasibility**
- Testing **STRATEGIES** to improve training, support/supervision, adherence
- What are factors that **mediate and moderate impact? Quality?**
- **Hybrid designs** (blend effectiveness AND implementation at the same time)

Addressing Health Disparities in the Mental Health of Refugee Children and Adolescents Through Community-Based Participatory Research: A Study in 2 Communities

American Journal of Public Health (AJPH) 2015

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

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

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%,[1] respectively, compared with an estimated 5% (posttraumatic stress disorder) and 11% (depression) of youths with these disorders in the general population.[2] In addition to specific psychiatric disorders, refugee youths experience overall greater psychological distress than those in the general population.[3]

FAMILY STRENGTHENING INTERVENTION FOR REFUGEES

A family-based preventive mental health intervention for use with children and families with a refugee life experience

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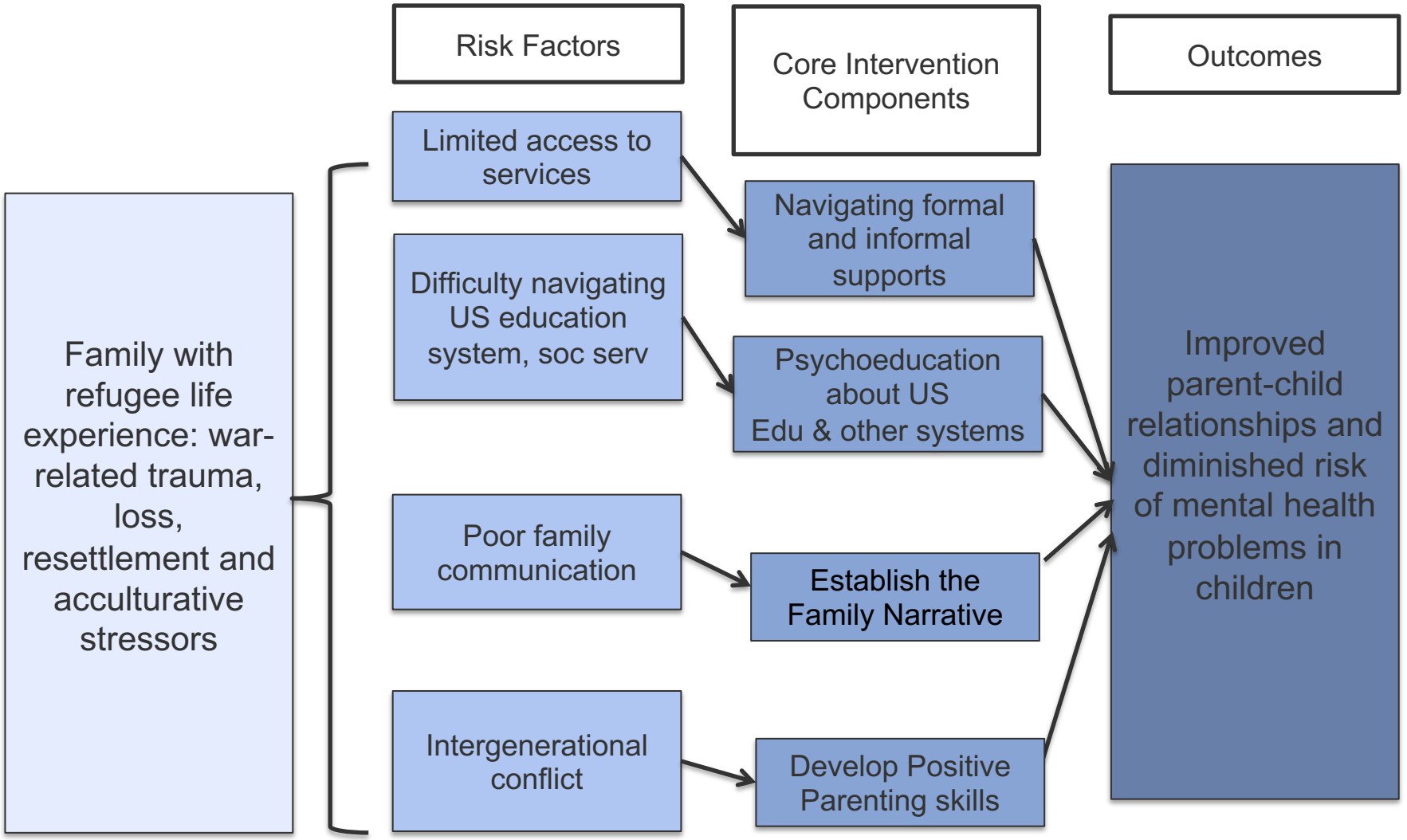
The FSI-R: An adaptation of the Family-Based Preventive Intervention (Family TALK)

- **Evidence-based intervention** (National Registry of Effective Programs & Practices) originally developed for offspring of depressed caregivers by Dr. William Beardslee
- Designed to be administered by a **wide range of providers**
- As a **family-based** preventive model, it focuses on identifying and **enhancing resilience** and **communication** in families who are managing stressors due to parental illness→ adapt to refugee experience of families
- Had shown effects in reducing depression among children in HIV-affected families in Rwanda
- FSI-R was developed to adapt to the Ever-changing refugee resettlement dynamics; **delivered by peer non-specialists**

Theory of Change in the Family-Strengthening Intervention for Refugees (FSI-R)

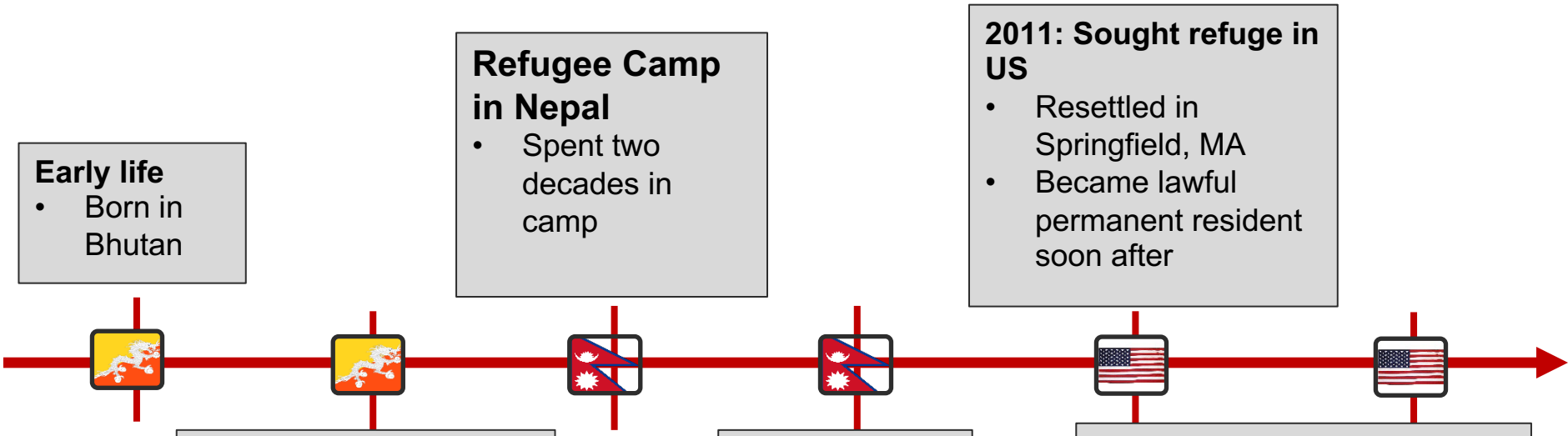


FSI-R Module Characteristics

- Brief, **strengths-based** approach
- Recognize and build on existing family strengths to enhance **resilience**
  - Protective resources = "**active ingredients**" for preventing mental health problems
- **Manualized** protocol
  - Includes detailed set of materials Manual and Workbook
- **Weekly** meetings between family and interventionist
- Separate sessions for **children and adults**
- Two major concepts: **Family Narrative and Family Meeting**

1 – 2	Introduction; Family Narrative
3	**Children and Family Relationships**
4	**Responsive parenting and caregiving**
5	**Engagement with the US education system**
6	**Promoting Health, Wellbeing, and Safety**
7 – 8	**Communicating with Children and Caregivers**
9	**Uniting the Family**
10	**Bringing It All Together**

Example Bhutanese refugee family Narrative



Early life
- Born in Bhutan

Marriage
- Married in early 20s
- Husband remarried after first wife's passing

Refugee Camp in Nepal
- Spent two decades in camp

Children
- Has three kids, born in Nepal

2011: Sought refuge in US
- Resettled in Springfield, MA
- Became lawful permanent resident soon after

Present: Life in the US
- Struggle with death of family members
- **Positive developments**: Children enrolled in school and participating in sports
- Preparing to pass citizenship test

The Family Strengthening Intervention:

Bhutanese: Springfield, Massachusetts
Somali Bantu: Lewiston, Maine

National Institute on Minority Health and Health Disparities

- Community Based Participatory Research (CBPR)
- **Co-developed a home visiting family-based preventive intervention** with Somali Bantu and Bhutanese refugees in New England
  - 10 modules, engages caregivers and youth
- **Pilot Study** (N= **80 families with children ages 7-17**) to test feasibility and acceptability
- Hybrid Type II **Effectiveness-Implementation Study** (N= **107 families**); Process evaluation, fidelity monitoring

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Original article

Family-Based Mental Health Promotion for Somali Bantu and Bhutanese Refugees: Feasibility and Acceptability Trial

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Article history: Received May 10, 2019; Accepted August 20, 2019
Keywords: Refugees; Family functioning; Youth mental health; Prevention; Intervention

ABSTRACT

Purpose: There are disparities in mental health of refugee youth compared with the general U.S. population. We conducted a pilot feasibility and acceptability trial of the home-visiting Family Strengthening Intervention for refugees (FSI-R) using a community-based participatory research approach. The FSI-R aims to promote youth mental health and family relationships. We hypothesized that FSI-R families would have better psychosocial outcomes and family functioning post-intervention compared with care-as-usual (CAU) families. We hypothesized that FSI-R would be

IMPLICATIONS AND CONTRIBUTION

This study used a community-based participatory research approach to engage communities in the delivery and testing of

Pilot Preliminary Results

FSI-R Evaluations

PILOT 1: Feasibility and Acceptability Pilot

- CBPR, trained CHWs
- Pre-post test
- 80 families:

40 Somali Bantu (n=102 children, 58% female; n=43 caregivers, 79% female)

40 Bhutanese (n=53 children, 55% female; n=67 caregivers, 54% female)

- Randomized design

Key Findings: Child Outcomes

- FSI-R Children reported **less traumatic stress** reactions (β=-0.42; *p*=0.03)

- FSI-R caregivers reported **fewer child depression symptoms** (β=-0.34; *p*=0.001)

- Bhutanese FSI-R caregivers reported **fewer conduct problems** in children (β=-0.92; *p*=0.01)

- Somali Bantu **CAU caregivers reported improved child conduct** compared to FSI-R children (β=-1.48; *p*<0.001)

Family outcomes

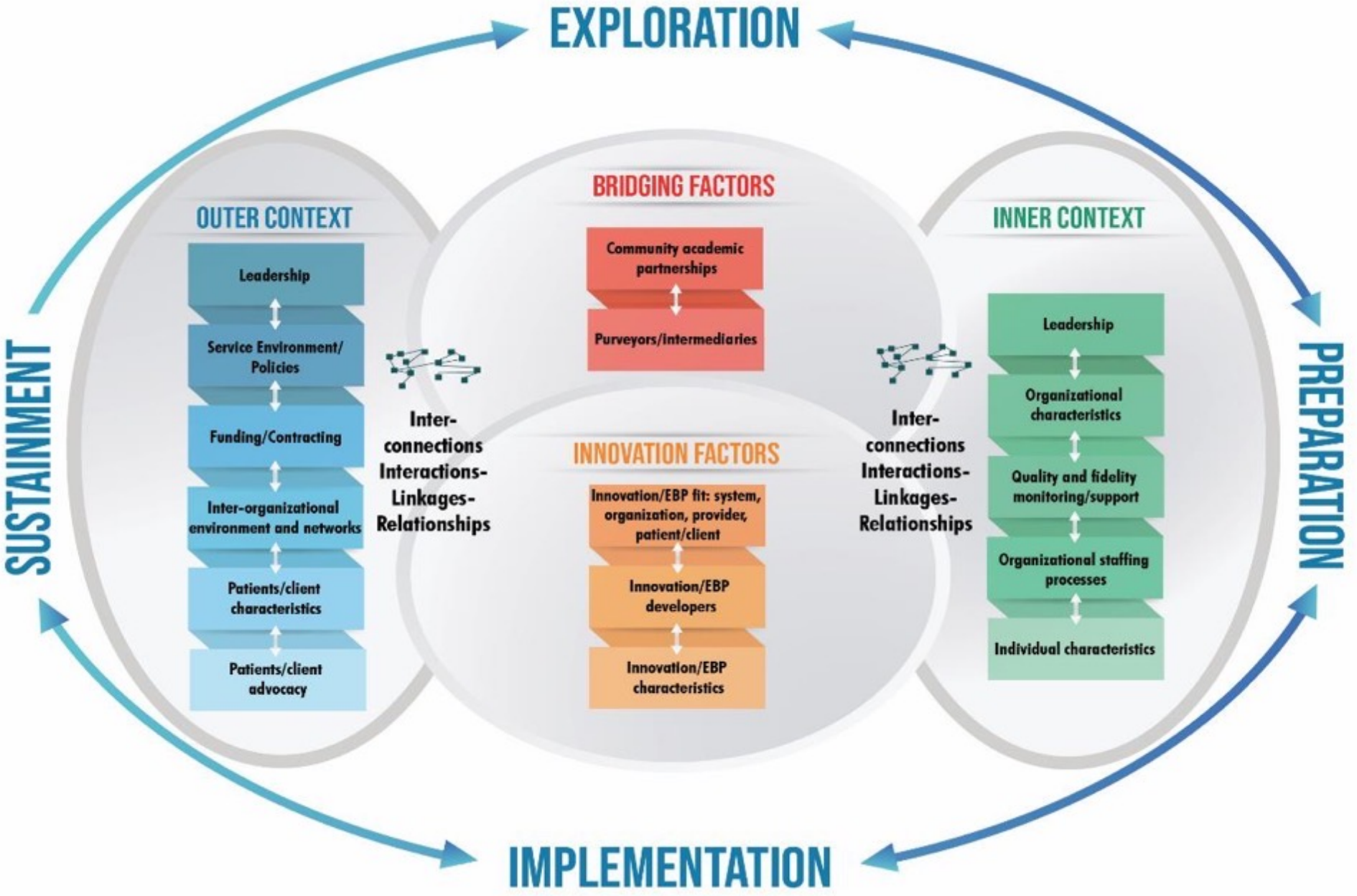
- Bhutanese FSI-R children reported **reduced family arguing** (β= -1.32; p=0.04).

Feasibility and Acceptability

- **Feasibility**: Retention rate = 82.5%
- **Acceptability**: High reports of satisfaction = 81.5% with FSI-R overall

NIMHD R01: Hybrid Type II Effectiveness-Implementation Study of FSI-R

- **Enrolled** 107 families (half Bhutanese and half Somali Bantu)
- **Assessed** 3 time-points: pre and post-test, 6 month follow up
- **Randomized** half to control group, half to family based prevention (FSI-R)
- **Engaged** Community advisory boards
- **Implemented** FSI-R using CBPR
- **Tested Strategies for Quality Improvement** two different agency configurations (i.e. existing community health workers, staff dedicated only to FSI-R



Moullin, J. C., Dickson, K. S., Stadnick, N. A., Rabin, B., & Aarons, G. A. (2019). Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Science*, *14*(1), 1.

Plan-Do-Study-Act Cycle in FSI-R

Benefits of PDSA cycles

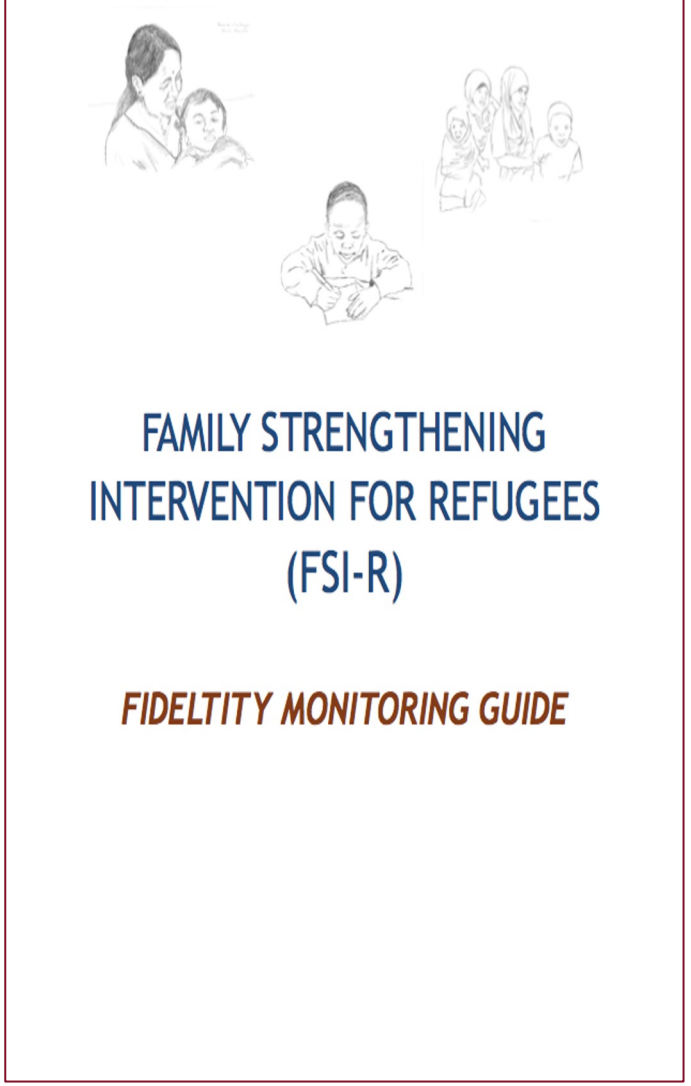
- Quality improvement
- Evidence-based decision making
- Encourage a culture of problem solving and tracking solutions over time

<u>Some themes addressed:</u>
engagement of families at height of COVID-19 pandemic, **alcohol problems** in Bhutanese, **limited navigation** of **afterschool** and **summer programs**

Moen & Norman (2010)

Fidelity Monitoring Steps

- 2 Expert supervisors from each community used "**Fidelity Monitoring GuideBook**"
- **Seed Team Experts** Reviewed **Audio-tapes** to gain insight into community health worker level of FSI-R competence, strengths and also identify areas for growth– (useful info for booster training)
- **Weekly Supervision on site** with each interventionist to review core content (can be done in groups)
- **Weekly Super Supervision (Group)** with each community→ Constructive Feedback, PDSA cycles of problem solving

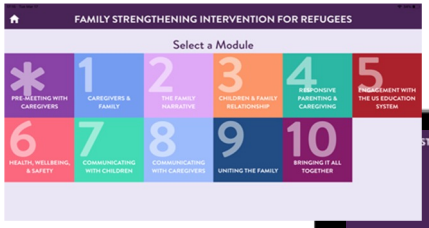


Effectiveness Study had to adapt to COVID-19

- **Remote data collection**, enrollment, intervention delivery
- New **COVID-19 impact assessment scale**
- **Adapting FSI module content for COVID-19** challenges and mental and physical wellbeing
- **Community outreach + education via Facebook Live events for Bhutanese, What's App for Somali Bantu**

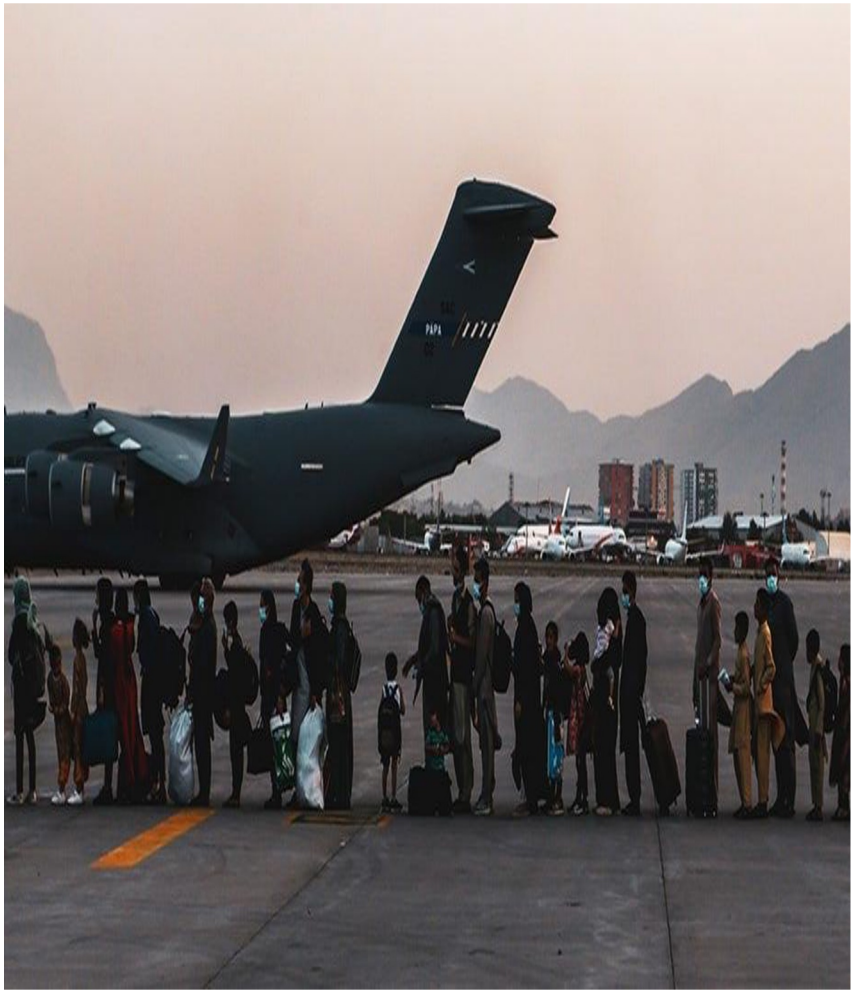
Digital Tools can Support Peer Delivery, Nimble Adaptation, Greater Reach and Engagement

- **BC Technology** Development Grant in collaboration with **BCSSW Center for Social Innovation**; **BC Computer Science** and **Engineering** Depts and **VP for Design and Innovation**
- **User interface/User experience Testing**
- First developed **Interventionist tool**; Now creating **family-facing tablet-based app (**Using **co-design techniques)**
- Opportunity for **community co-creation** and **engagement** including **user experience and user interface testing**
- **Afghan App development underway**



Pivoting to Afghan Resettlement

- **Special Interest Visa Holders (SIV) and humanitarian parolee population** evacuated to military sites across the US and globally when the Afghan government fell to the Taliban in Aug 2021; more than **120,000** evacuated
- The **US has resettled over 67,000 Afghans since the crisis in Aug 2021**
- Among current Afghan evacuees, **40% are minor-aged children and adolescents**
- **Assessment** and contextual information gathering conducted at **Ft. McCoy, WI**
- **Pilot of FSI-R for Afghans underway in Maine**

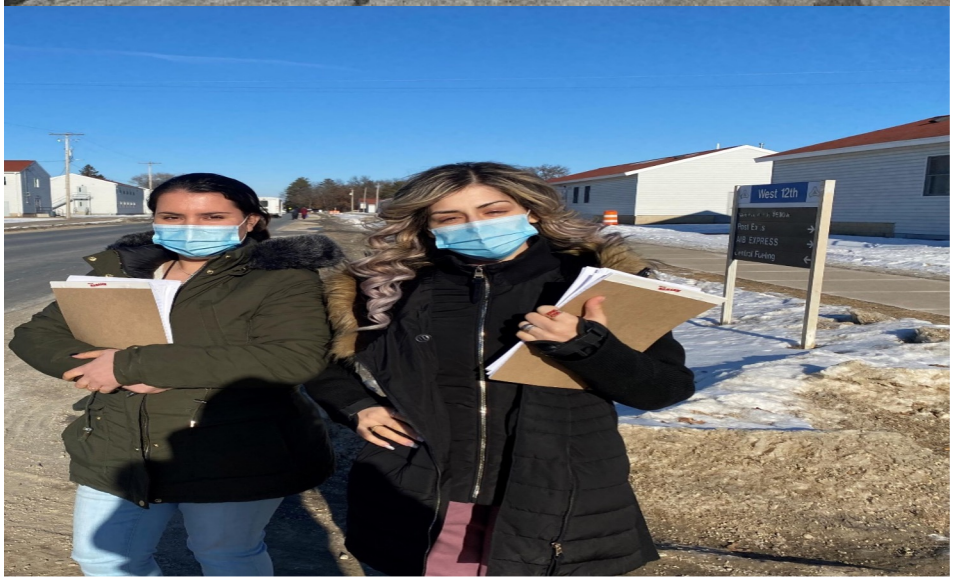


(Parker, 2021, September; Maizland, 2021, September; Montoya-Galvez, 2021, August; Montoya-Galvez, 2021, September)

Needs Assessment: Ft. McCoy, WI

Qualitative methods of **free listing** and **key informant interviews** to identify priority problems, needs and strengths and culturally-specific mental health terminology at Ft. McCoy Wisconsin
(USCRI collaboration)

- *What are the **problems of children** around here? Attention to problems of thinking, feeling and relationships*
- *What do **families do to support** children with these kind of problems?*
- *What **formal services** do families need to support children with these problems?*



Cultural Adaptation of FSI-R

- **Formed committee comprising Afghan refugee program advisor**, previous Bhutanese and Somali Bantu FSI-R interventionists and cultural advisors and other project team members

- **Met weekly over a period of 4 months** to critically review and make suggestions for adapting the curriculum, participant workbook and intervention resources

- Modifications made to **reflect cultural norms**, **family and community dynamics** and **priority needs** of families (i.e. changes in vignettes, metaphors, more attention to prevention of family based violence)

Pilot of Afghan FSI-R (currently underway)

- Pilot evaluation of the model for **feasibility**, **acceptability** funded by WK Kellogg Foundation

- Somali Bantu partners at **Maine Immigrant and Refugee Services (MEIRS)** helping to train new Afghan non-specialists

- 30 resettled Afghan families
- 6 Afghan interventionists
- 6 Afghan Research Assistants (RAs)
- 2 Somali Bantu experts assisting in and quality improvement support

- Establishing youth and adult community advisory boards

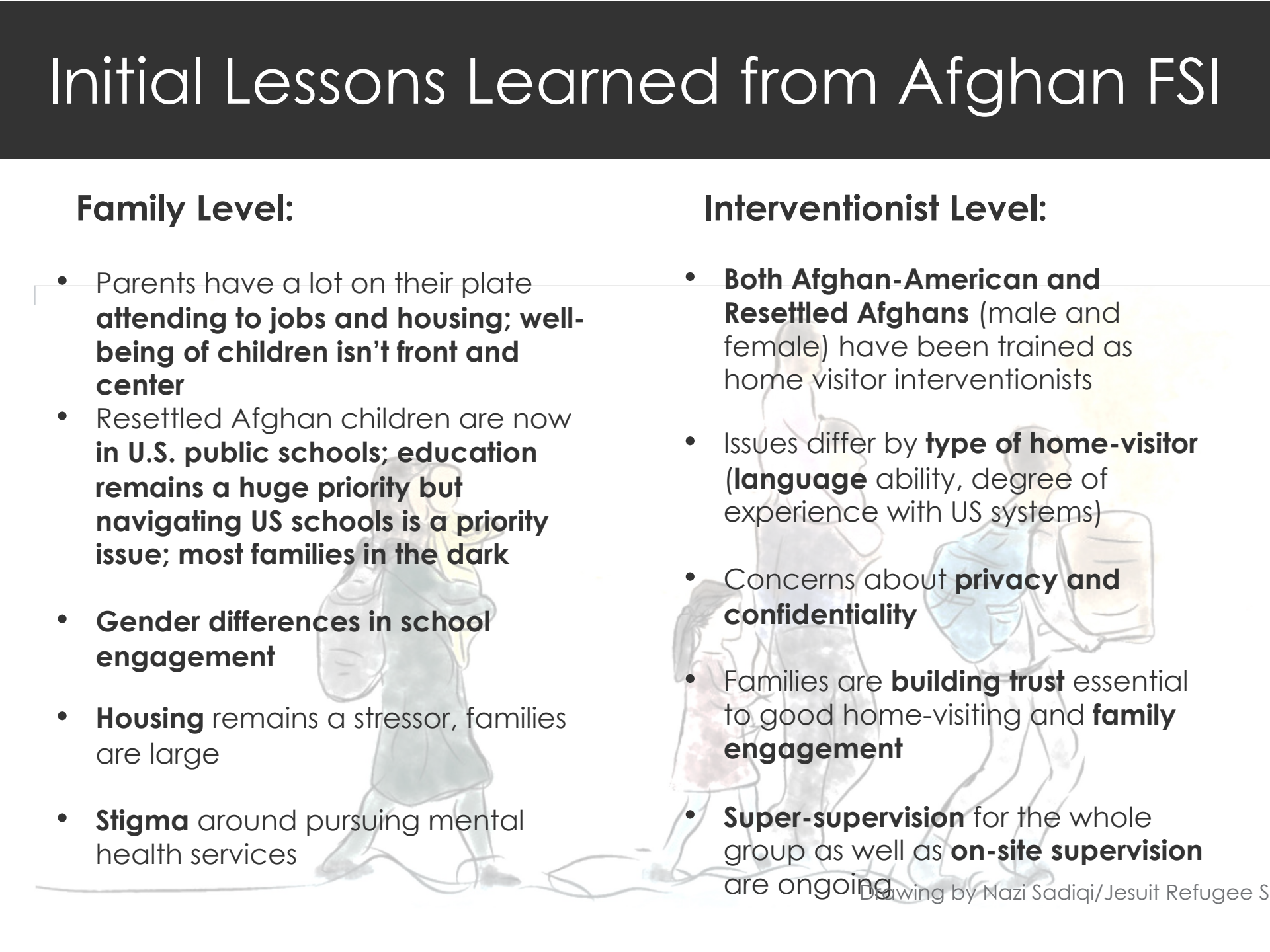
Initial Lessons Learned from Afghan FSI

Family Level:

- Parents have a lot on their plate **attending to jobs and housing; well-being of children isn't front and center**
- Resettled Afghan children are now **in U.S. public schools; education remains a huge priority but navigating US schools is a priority issue; most families in the dark**
- **Gender differences in school engagement**
- **Housing** remains a stressor, families are large
- **Stigma** around pursuing mental health services

Interventionist Level:

- **Both Afghan-American and Resettled Afghans** (male and female) have been trained as home visitor interventionists
- Issues differ by **type of home-visitor** (**language** ability, degree of experience with US systems)
- Concerns about **privacy and confidentiality**
- Families are **building trust** essential to good home-visiting and **family engagement**
- **Super-supervision** for the whole group as well as **on-site supervision** are ongoing



Drawing by Nazi Sadiqi/Jesuit Refugee S

Project Phases

Phase	Project Activities
Phase 1: Assessing Child and Family Needs	Family based assessments at Safe Havens to assess child needs & strengths. Cultural adaptation of the FSI-R to reflect Afghan culture and needs
Phase 2: Pilot Testing	Work with partners to assess feasibility and acceptability of the culturally adapted FSI-R model (in Maine) Recruit, train, supervise Afghan interventionists & deliver FSI-R to Afghan families; Refine FSI-R for Afghans
Phase 3: Develop State Partnerships -- Multi-State Community of Practice	Provide ongoing support and quality improvement to support scale out; Seed Team of Expert trainers, help establish CABs in all regions of practice
Phase 4: Expanding Access to Diverse Refugee Communities	Problem solve to increase access to FSI-R and evidence-based family mental health promotion services for culturally diverse refugee communities from many backgrounds; Facilitate spread of practice via further CBPR adaptations and use of digital tools

Concluding Thoughts

- **CBPR** is a powerful approach for work with resettling families and communities to promote **dignity**, **hope** and **good science**
- **Family Based Prevention** deserves more attention in the mental health of children and adolescents with a refugee life experience
- **Collaborative research and community engagement** are critical to strong implementation; CBPR innovations allow for flexibility as new situations arise in refugee resettlement (**pivots** are inevitable!)
- **Implementation Science** approaches have a huge role to play in **extending reach, quality and sustainment of evidence-based services** of all types

Bhutanese community outreach event, July 2019

Thank you!

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