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CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Working With Refugees: Culturally and Linguistically Appropriate Interventions

Yacob Tekie, PhD
University of Pennsylvania

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1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Yacob Tekie, PhD

Yacob Tekie, PhD, is a licensed counseling psychologist and coordinator of the Let's Talk program at the University of Pennsylvania student counseling center, where he completed his pre-doctoral internship and postdoctoral fellowship. He earned his doctorate and Master of Arts degree in counseling psychology from the University of Tennessee Knoxville. Also, he teaches counseling courses as adjunct professor at the UPenn Graduate School of Education. Dr. Tekie specializes in refugee mental health, trauma, and asylum evaluation. He is certified in Prolonged Exposure Therapy and Cognitive Processing Therapy. He presented several workshops, including on issues related refugee trauma, racial trauma, interpersonal violence, and suicide prevention, both nationally and internationally. In addition to his current roles, he maintains a private clinical practice and consultation in Philadelphia, PA.

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Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose

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Learning Objectives

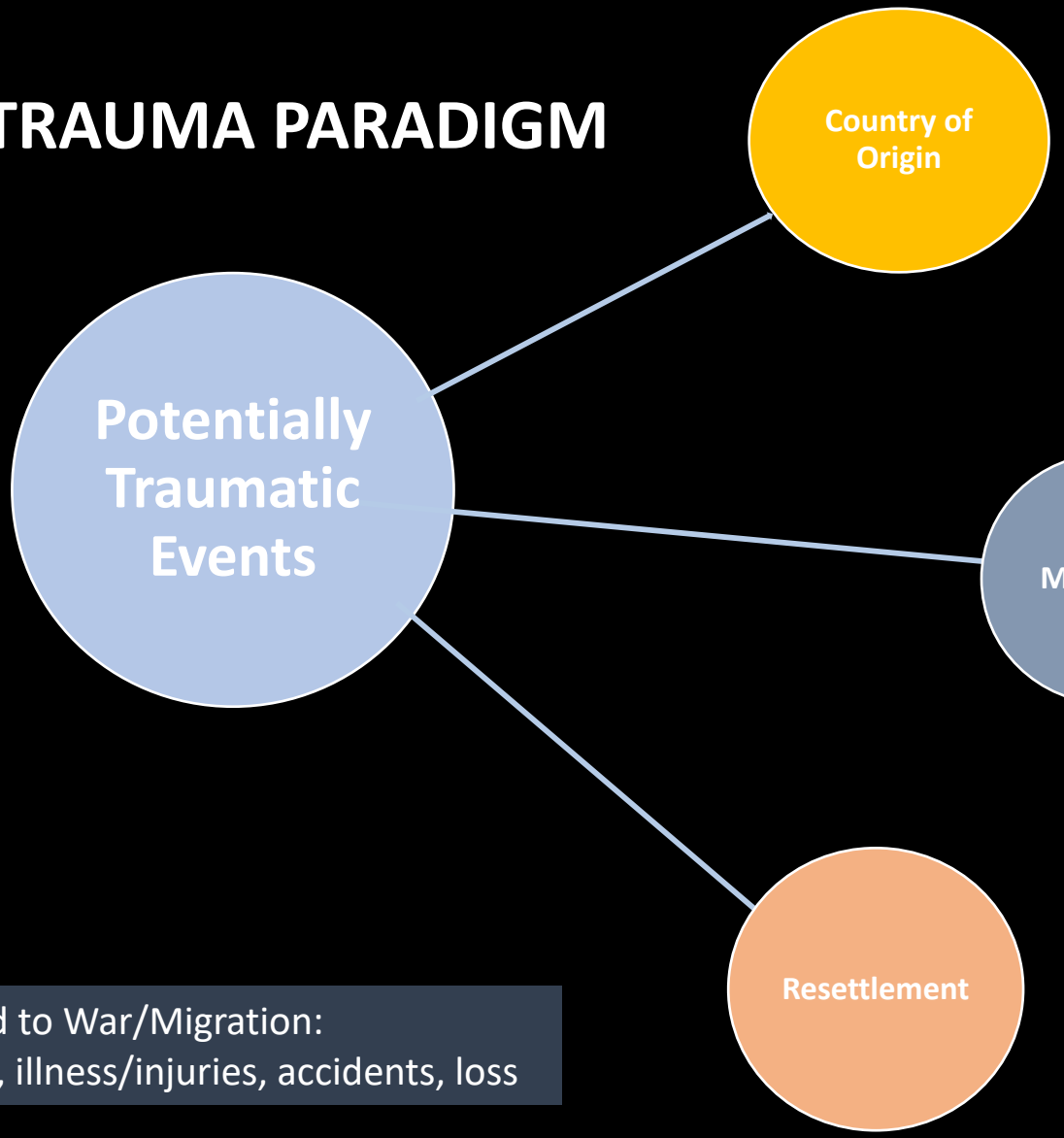
1. Describe the Triple Trauma Paradigm: pre-migration, migration, and post migration journeys.
2. Discuss barriers to mental health care and how to enable collaborative care.
3. Identify culturally competent and effective response strategies.
4. Demonstrate evidence-based interventions and best practices to work with refugee trauma survivors.

Overview

- More than 89 million refugees and asylum seekers displaced worldwide Among them are nearly 27.1 million refugees, around half of whom are under the age of 18.
  - 53.2 million internally displaced people
  - 4.6 million asylum seekers
  - 83% hosted in low- and middle-income countries
  - 72% hosted in neighboring countries
- 69% originated from just five countries, Syria (6.8m), Venezuela (4.6m), Afghanistan (2.7m), South Sudan (2.4m) and Myanmar(1.2m)
- At a time when 1 in every 88 people on earth has been forced to flee

(UNHCR, 2021)

TRIPLE TRAUMA PARADIGM



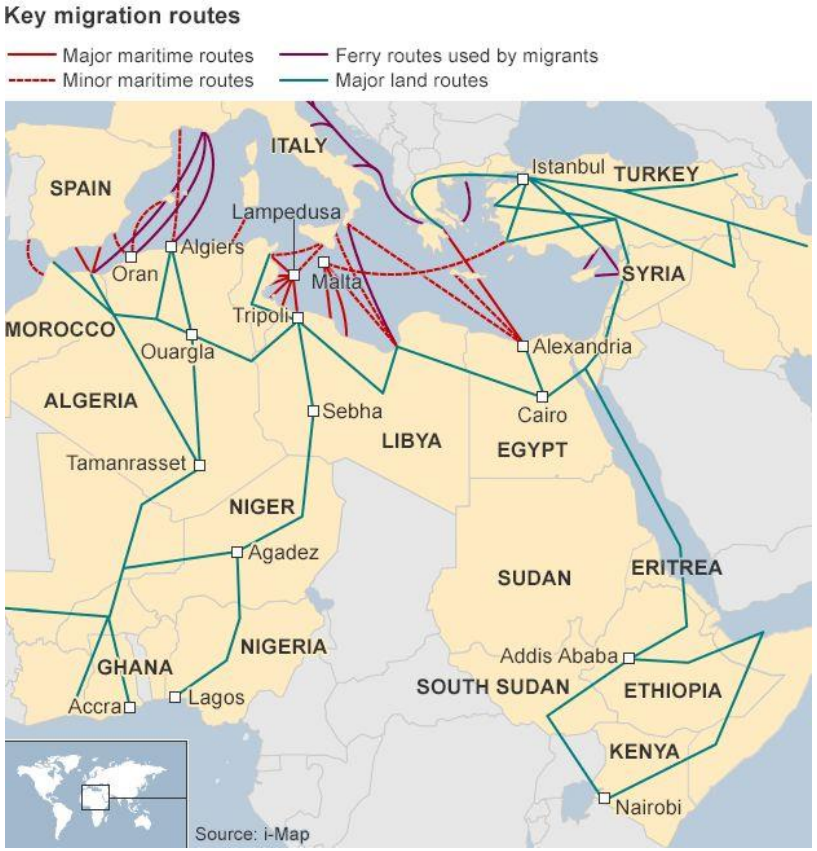
- War/conflict/oppression
- Forced labor
- Discrimination/Racism
- Torture
- Gender based violence
- Illness
- Religious persecution

- Dangerous journeys
- Human trafficking risk
- Legal status process
- Questions of safety
- Unknown future
- Discrimination/Racism

- Family separation
- Discrimination/Racism
- Unmet needs
- Lack of choice/control
- News of home

Trauma Unrelated to War/Migration:
-childhood abuse, illness/injuries, accidents, loss

Migration Routes



BBC News, 2015; Moloney, 2017)

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Barriers to Mental Healthcare

- Refugee and immigrant children access services less than nonimmigrant children
- An estimated 92% of immigrants and refugees deemed in need of mental health services never receive them
- Poor access to services is likely the result of multiple barriers
- Common barriers reported, include:
  - Distrust of authority and/or systems
  - Stigma of mental health services
  - Linguistic and cultural barriers
  - Primacy and prioritization of resettlement stressors

(Ellis, Miller, Baldwin & Abdi, 2011)

Culturally Competent and Effective Response Strategies

- **Self-awareness and respect for cultural diversity**
  - Reflecting on your own culture
  - Respect and value cultural differences
- **Building knowledge of refugee cultures, home countries, histories and experiences**
  - Skills, strengths, and talents
  - Experiences and journeys
  - Systemic factors
  - Cultural practices

(Ballard-Kang, 2017; Derr, 2016; Govere, & Govere, 2016; Handtke, Schilgen, & Mösko, 2019; Rowe & Paterson, 2009)

- **Engaging respectfully**
  - Fostering trust and safety
  - Flexible and responsive
  - Communication skills
- **Clear Commitment to Cultural Competence and Diversity**
- **Integrate culturally and linguistically appropriate services**
  - Use professional interpreters
  - Train staff and interpreters
  - Adapted cross-cultural assessment tools and resources
- **Engage and Partner with Refugee Communities**

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Evidence-Based Interventions and Best Practices

- Daunting array of traumatic experiences and stressors encountered by many refugee during the three phases of triple trauma has been strongly linked to mental health problems.
- Post-war rates in refugee youth range from 19 to 54 % for PTSD and from 3 to 30 % for depression.
- Current stressors relate more strongly to depressive symptoms, whereas past trauma relates more strongly to PTSD symptoms
- Broad and complex array of cultural, economic, and interpersonal stressors often arise as the consequence of a complex confluence of multiple stressful life events and circumstances rather than a single traumatic event
- **"Three-legged stool"** (1) the best possible research
  (2) client characteristics (including culture, history, and life circumstances), and preferences
  (3) clinical expertise

(APA, 2006; Domenico, Aleksandra & Stefan, 2014; Spring, 2007)

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Evidence-Based Practices

1. The best possible research

- Trauma-focused treatment approaches

Eight broad components required to treat posttraumatic states effectively. These include:

(1) Empathically-attuned therapeutic relationship

(2) Psychoeducation

(3) Stress reduction or affect regulation training

(4) Cognitive interventions

(5) Develop a coherent narrative about the traumatic event

(6) Memory processing

(7) Processing relational issues

(8) Activities that increase self-awareness and self-acceptance

- Narrative Exposure Therapy, the International Family, Adult, and Child Enhancement Services, Trauma Systems Therapy, Cognitive Behavioral Therapy

(Isakson, Legerski & Layne, 2015)

Evidence-Based Practices

2. Client Characteristics, Culture, and Preference

- Adoption of a socioecological perspective that integrates individual, family, peer, school, community, cultural, and societal considerations and components
- To understanding the specific circumstances of past traumatic events, it is essential to understand current resettlement stressors, secondary adversities, and trauma and loss reminders that may negatively impact current health and functioning
- Knowledge and competencies in the roles of spiritual and religious beliefs and practices, gender roles, expected familial responsibilities, developmental expectations of youth, rules of treatment engagement, understanding of illness and its treatment and feelings toward and trust of healthcare providers
- Multi-disciplinary team composed of caregivers, psychiatrists, primary care providers, case managers, teachers, refugee resettlement agencies, and refugee community and religious leaders.

(Isakson, Legerski & Layne, 2015; McFarlane & Kaplan, 2012)

Evidence-Based Practices

3. Clinical Expertise

- Understanding the Impact of Trauma
- Treatment Planning
- Therapeutic Relationship
- Cultural Competence
- Culturally and linguistically Appropriate Clinical Services
- Practitioner Awareness

(Echeverri, Le Roy, Worku, & Ventevogel, 2018; Isakson, Legerski & Layne, 2015; Slobodin & De Jong, 2015)

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Q&A With Dr. Tekie

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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