

Refugee Mental Health Orientation Training

Refugee Mental Health Orientation Training for Refugee Resettlement Service Providers, developed and implemented by Virginia Commonwealth University (VCU) School of Social Work (SSW) and in collaboration with The Women's Initiative, Charlottesville, and Refugee Community Leaders Council (RCLC) in Richmond, VA, was delivered on May 16th and 17th (9am – 5pm) at Virginia Tech University's Richmond Center in Henrico County with assistance of VT University and DBHDS.

The training intended to develop the following competencies in refugee resettlement service providers:

- Develop an understanding of trauma and its impact on individuals and communities
- Cultivate deeper awareness of common refugee experiences in the context of trauma prior to migration, during migration, and after resettlement
- Better understand how culture impacts the experience and expression of traumatic stress within refugee communities
- Increase cross-cultural awareness, sensitivity, and skill at supporting the resiliency of refugees managing psychosocial distress
- Better understand the importance of healing partnership to better respond to the needs of refugee communities
- Learn about secondary trauma and develop skills that promote wellness among helping professionals

The training consisted of eight sessions (12 hours) covering various topics on refugee trauma, mental health symptoms, cultural understanding of trauma, stress coping, communication skills, community empowerment and self-care (See Table 1 for details).

Table 1. Training Agenda

DAY1 (MAY 16)	
8:30 – 9am	Check-in
9 - 10:15 am	Session 1: Introduction <ul style="list-style-type: none"> • Introduction of participants & trainers • Introduction of training • Index card questions
10:15 - 10:30am	Break
10:30 - 12pm	Session 2: Refugee Experiences and Impact of Trauma <ul style="list-style-type: none"> • Refugee experiences • What is trauma? • Impact of trauma on brain • Trauma as a public health issue • Different types of trauma • Broad scope of trauma impacts
12 – 1:15pm	Lunch
1:15 – 2:45pm	Session 3: Cultural Expression of Trauma <ul style="list-style-type: none"> • Expression of trauma in body • Invisible Trauma: unprocessed or untreated trauma • Cultural lens • Cultural interpretation of mental health issues • Acculturation & cultural bereavement
2:45 – 3pm	Break
3 – 4:20pm	Session 4: Trauma Stories

	<ul style="list-style-type: none"> • Relaxation Exercise • Trauma stories: small group exercise
4:20 – 4:30pm	Short Break
4:30 – 5pm	Reflection & Wrap-Up <ul style="list-style-type: none"> • Reflection • Wrap-up
DAY2 (MAY 17)	
8:30 – 9am	Check-in
9 - 10:15 am	Session 5: Building Resilience in Individuals <ul style="list-style-type: none"> • Trauma Recovery • Communication skills
10:15 - 10:30am	Break
10:30 - 12pm	Session 6: Building Resilience in Community <ul style="list-style-type: none"> • Role Play • Empowering the refugee community
12 – 1:15pm	Lunch
1:15 – 2:45pm	Session 7: Trauma-Informed & Culture-Informed Services for Newcomers: Healing Partnership <ul style="list-style-type: none"> • Multi-tiered model of refugee mental health & psychosocial support • Tier 4: GAP (DMAS) • Tier 3: Trauma-focused interventions (S.C.A.N.) • Tier 2: Community-based interventions

	<ul style="list-style-type: none"> • Tier 1: Trauma-informed resettlement services
2:45 – 3pm	Break
3 – 4:20pm	Session 8: Helping Others & Caring for Oneself <ul style="list-style-type: none"> • Self-Care • Discussions • Relaxation Exercise
4:20 – 4:30pm	Short Break
4:30 – 5pm	Reflection & Closure <ul style="list-style-type: none"> • Reflection & Evaluation • Closure

Evaluation of Training

A total of twenty five trainees registered and participated in the training for both days. The majority of participants were case managers and health liaisons of refugee resettlement agencies in various locations including Arlington, Charlottesville, Fredericksburg, Harrisonburg, Newport News, and Richmond. Nineteen among them completed an evaluation survey after the conclusion of the second day of training. Evaluation questionnaires consisted of ten quantitative questions and five qualitative (open-ended) questions. The questions included clarity usefulness, relevance, time management, and applicability of training. Each quantitative question was assessed on 5 point Likert scale (1=strongly disagree & 5= strongly agree). Questions are as below:

1. The training competencies were clearly defined.
2. Participation and interaction were encouraged.
3. The topics covered were relevant to me.
4. The content was organized and easy to follow.
5. The materials distributed were helpful.

6. This training experience will be useful in my work.
7. I learned something new and interesting from this training.
8. I'd recommend this training to my coworkers.
9. The time allotted for the training was sufficient.
10. I am going to use some of the skills and knowledge I learned from this training in my work.

The training was highly regarded by participants particularly in the areas of applicability, usefulness, and recommendation to coworkers, although the time allotted for this training was perceived insufficient by a few participants (three disagreed and one neutral).

Table 2. Descriptive Statistics of Evaluation Questions (Quantitative)

	N	Mean	Std. Deviation
The training competencies were clearly defined	19	4.47	.612
Participation and interaction were encouraged	19	4.68	.582
The topics covered were relevant to me	18	4.39	.608
The content was organized and easy to follow	19	4.53	.612
The materials distributed were helpful	19	4.63	.496
This training experience will be useful in my work	19	4.68	.582
I learned something new and interesting from this training	19	4.68	.582
I'd recommend this training to my coworkers	19	4.79	.419
The time allotted for this training was sufficient	19	4.00	1.054
I am going to use some of the skills and knowledge I learned from this training in my work	19	4.79	.419

For in-depth understanding of how the training was perceived by participants, five qualitative questions were followed by the quantitative questions. The open-ended questions include:

11. What did you like most about this training?

- 12. What aspects of the training could be improved?
- 13. How do you hope to change your practice as a result of this training?
- 14. What additional trainings would you like to have in the future?
- 15. Please share other comments or expand on previous responses here:

The responses were very positive overall with the majority reporting group exercises and role plays as being useful in improving their understanding and competencies. . Increased sensitivity to clients’ needs, covert or explicit, and culturally competent communication skills were highly reported as well. More time and group activities were pointed out as an area of improvement and further training on various topics was recommended. The areas of future training include, but are not limited to community outreach, partnership building, strengths-based approach, mental health in depth, human trafficking, and so forth. Table 3 shows summarized responses with a few quotes per each question.

Table 3. Qualitative Responses to Evaluation Questions

Question	Theme	Codes	Quotes
1) What did you like most about this training?	Improved Competencies for Client Care Increased Awareness around Mental Health & Trauma	<ul style="list-style-type: none"> - Practical information - Better client practice - Communication - Relaxation/Self-Care techniques - Trauma experiences - Creating partnership - Mental health approaches/understanding mental health - Interactive exercises - Inter-office communication - Enjoyed stories and interacting with colleagues - Role play was helpful - Information about interpreter services 	<p>“I like the diversity of the facilitators (in terms of experience and background). I also thought the neurology/science of the brain was very informative/interesting/important to know.”</p> <p>“The content was very relevant and well-presented. I also really enjoyed interacting with colleagues and community leaders. I loved hearing the stories of the refugee leaders.”</p> <p>“Easy to understand and I loved the interactive exercises.”</p> <p>“I learned a lot of new information and that will help me to work better with my clients.”</p>
2) What aspects of the	Practical application of	<ul style="list-style-type: none"> - Group activities - Stories from experiences - Discussion 	<p>“More active interaction and participation. I know there is so</p>

<p>training could be improved?</p>	<p>client and colleague communication and intervention skills</p> <p>Practical aspects of training structure</p>	<ul style="list-style-type: none"> - More time - Role playing - More room for participants to discuss work related issues - Lecture heavy - Information about providers in areas - Information about cultural barriers to care - Dealing with unexpected reactions - Information spread out over more days - Refugee demographics - How to respond to colleague burnout - None or Nothing to improve - Healthier snacks (low carb/sugar) esp. after learning about impact of body on mind 	<p>much content and sometimes it got a bit lecture-heavy.”</p> <p>“Time, more discussion and group work on each context.”</p> <p>“I would like more specific details about the cultures we serve and their views on mental health/their most common traumas. More specific info on linguistically/culturally mental health providers in each geographic area.”</p> <p>“Perhaps more practical exercises such as practice with conversing with clients regarding trauma.”</p> <p>“More time or days.”</p>
<p>3) How do you hope to change your practice as a result of this training?</p>	<p>Improved professional self and work relationships</p>	<ul style="list-style-type: none"> - Daily work - Professionalism - Better communication with clients/communication barriers - Self-care - Improved ability to Discuss mental health - Improve office environment - Sensitivity to client issues 	<p>“More sensitive to behavioral issues in client because of how they may be reacting to past trauma”</p> <p>“I hope to be more understanding and always meet clients where they are”</p> <p>“I can’t wait to share this information at my office.”</p> <p>“Change and improve case management, communication, awareness, etc. in regards to service delivery. Better understanding of refugee populations in VA not only refugees resettled nationwide.”</p>

<p>4) What additional trainings would you like to have in the future?</p>	<p>Community Building & Outreach</p> <p>Agency-based practice</p> <p>Cultural Competency</p> <p>Mental health in depth</p>	<ul style="list-style-type: none"> - Agency best practices - Human trafficking - Cultural barriers and adaption - More information on mental health - Mental health best practices - More facilitators from different areas of practice - Establishing community partnerships - Trauma, PTSD - Self Care - Strength based approaches - Warm-up sessions 	<p>“More on community connections and building support groups. Community outreach is very difficult in some places”</p> <p>“I think anything mental health related is not only informative but relevant.”</p> <p>“Best practices among agencies.”</p>
<p>5) Please share other comments or expand on previous responses.</p>		<ul style="list-style-type: none"> - Thanks for presentation - Facilitators “brilliant” - Opportunity to learn - More time to ensure issues discussed in depth - Very educational - More training of refugee services - Room was very cold - Engagement with gender roles - Importance of culturally sensitive practices 	<p>“I am grateful for the opportunity to be at the trainings and felt it was very educational”</p> <p>“I appreciate very much the training. I am very happy I came.”</p> <p>“The Siberia room!”</p> <p>“More work is needed to make the refugee resettlement program trauma informed and involve departments of human services as well.”</p>

Implications and Recommendations

As the first known training of its kind, the Refugee Mental Health Orientation Training for refugee resettlement service providers was highly successful and well regarded by participants. The training team, consisting of academics, clinical practitioners, community agencies and refugee leaders, assisted participants in intercultural awareness and sensitivity. The diverse knowledge and background of each trainer was well incorporated into presentation and skill-based exercises. Interaction not only between trainers and participants but also among trainees helped facilitate active group discussion for collective knowledge and thus active learning. The evaluation showed that all respondents reported that they are going to use the skills and

knowledges they gained from this training and would recommend this training to their co-workers (4 agreed and 15 strongly agreed).

In spite of the great success, however, the training has a couple areas of improvement. The primary challenge was time. There are many content areas to be covered and required in order to build competencies for the level of impact on current practice. The time issue was also compounded by the fact that expectations for the training were still broad and comprehensive. Many anticipated the competencies for overall case management although they were beyond the scope of this training. It is also recommended to have more time to practice learned techniques and skill-building exercises. In addition, it will be useful to offer future training on best practices of refugee resettlement services and resources on expanded topics/cases (ex. human trafficking, child abuse/neglect, and domestic violence).

Based on the valuable inputs and feedback from participants, the training contents will keep its basic outline and structure that shows effectiveness, while condensing lecture-based contents and expanding role plays and interaction with community leaders. It will be beneficial to refugee resettlement agencies and the community to expand this training to broader audience and regions.

Appendices

- Training Flyer
- Introduction of Trainers
- Trauma Stories (Handout)
- Training Evaluation Form
- Training Materials (pdf file)



MAY 16 – 17 9AM – 5PM

**TRAUMA-INFORMED SERVICES
FOR NEWCOMERS**

Refugee Mental Health Orientation for Resettlement Service Providers

**Trainers: Hyojin Im, Ph.D., VCU School of Social Work
Leigh Frelich, LCSW & Ingrid Ramos, LPC,
The Women's Initiative**

Training at: VT Richmond Center, Room 333, 2810, Parham Rd., Henrico

Introduction of Trainers



HYOJIN IM, PH.D., MSW, MA, ASSISTANT PROFESSOR, VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF SOCIAL WORK

Dr. Im has extensive experience working with diverse refugee communities in various settings, both domestic and international. Working with the Center for Victims of Torture (CVT), both the headquarter and the foreign treatment center in Kenya, she participated in “Healing in Partnership”, a project that develops and implements culturally grounded screening for trauma-related mental health symptoms and builds capacity of local communities for mental health referrals and trauma healing for refugees in Minnesota. She also provided training and psychoeducation to local staff as well as refugee workers in Dadaab refugee camp, local clinics in Nairobi, Kenya, and UNHCR office in Malaysia. Supported by USAID, she developed a Trauma-Informed Psycho-Education (TIPE) program for refugee youth at risk, in which she provided training of trainer to community leaders, who later trained 250 vulnerable refugee youth in Kenya. Translating the TIPE model of community-based psychosocial intervention for use in the context of the U.S., she developed Trauma-Informed Cross-Cultural Psychoeducational Training (TI-CCP) modules and Community Health Workshop curriculum for the state of Virginia, while providing a systematic, multi-tiered model to guide mental health services for refugees resettled in Virginia. As a social work scholar and faculty member of VCU, she has been conducting a series of community-based participatory research projects to promote refugee mental health and social capital development through trauma-informed and culture-informed approaches. (Email: him@vcu.edu)



LEIGH FREILICH, LCSW, THERAPIST & SOCIAL SUPPORT COORDINATOR, THE WOMEN'S INITIATIVE

Leigh is a Licensed Clinical Social Worker who received her graduate degree from Virginia Commonwealth University in 2008. She brings nearly a decade of experience as a social worker in the Charlottesville community with clinical experience serving refugee and immigrant populations, low-income women and families, and LGBTQ+ individuals. A strong commitment to human rights, social justice, and equality anchor her work. Leigh utilizes an eclectic approach that incorporates the evidence-based practices of EMDR, Motivational Interviewing, and CBT, and she operates from a strengths-based, person-centered, trauma-informed approach that values and affirms the ways in which multiple aspects of identity intersect to confer privilege and oppression. She enjoys making art and collaborating with others to do good things in our community. (Email: lfreilich@thewomensinitiative.org)



INGRID RAMOS, LPC, BIENESTAR COORDINATOR & THERAPIST, THE WOMEN'S INITIATIVE

Ingrid has a master's degree in professional counseling from Liberty University and a Bachelor's degree in Psychology from the *Universidad Tecnologica de Santiago*. Her past work includes experience as Latino Services Program Coordinator at the Charlottesville League of Therapists where she worked with children, individuals and families. She is passionate about her work with Hispanics and women's issues. Ingrid has experience working with issues of depression, anxiety, and trauma. Ingrid is trained in trauma-informed modality such as EMDR and currently she is undergoing Somatic Experiencing training. At the Women's Initiative she enjoys individual work with women, couples therapy, and group therapy for Latina women. (Email: iramos@thewomensinitiative.org)

Trauma Story A (Handout)

Tom and Hibo are a married couple who had met in a refugee camp. Together they have three children, ages 9 years, 12 years, and 16 years old. Before this point in time, Tom and Hibo have had two different stories that have brought them together in the camp.

Tom lived in a small farming village with his father, mother, and two brothers. One day when Tom was 14 years old, he arrived home from school to find that his family's home had been burnt down, as had most of the rest of the village. Tom found his mother and younger brother dead among the remains of the house. Tom heard from a community member that a militia group had arrived and done the attack. He was also told that those who survived had fled to jungle and elsewhere. Tom had no choice but to flee on foot. While hiding in jungle with other survivors, he heard that there was a refugee camp across the border, but that was about a three-week hike away. He decided to walk to the camp although he had no money, food or water to travel with. He experienced many different problems such as seeing murders, starvation, captivation and physical abuse, and more, just on his way to the refugee camp. Eventually he made it to the camp, which ended up taking over six months because of the challenges he faced during the journey.

Hibo was 12 years old when she was forced to flee her town. She was living in a small business town when her home was attacked by an armed group. Hibo had the opportunity to hide in a grain bin before the attackers made it into the house. Unfortunately, Hibo's parents were unable to hide or escape and were caught by the militia inside the home. From her hiding place, Hibo watched as her parents were terribly assaulted and killed by members of the militia. A neighbor found her and helped her escape. Hibo and the neighbor were hiding in another town where the armed group was unable to reach. Hibo worked for a local restaurant without payment and she found out later that she was sold as free labor by her neighbor she trusted. She decided to run away and headed to a refugee camp that she heard from another worker at the restaurant. Without much means, it was a difficulty journey. While on the road, she witnessed other village members being attacked, murdered, and raped as they made their way to the camp.

Tom and Hibo arrived to the refugee camp within the same month. Each lived with other members of their own hometown. Eventually, Tom and Hibo moved in together and formed a family. Hibo was pregnant with their first child. The food rations for the family were very small, so Hibo found supplemental income by making clothes and then selling them in the local market. Tom used to find a job in the local market, but it became more difficult because the local community often exploited him and other refugee workers. The couple continued to live and would go on to have two more children. As time progressed, life in the camp became more crowded and harsher. To cope with the lifestyle, Tom had turned to substance abuse. Additionally, as a means of supporting his addiction, Tom would take the money that Hibo had earned to purchase the drugs. The family was continuing to struggle with everyday life when they finally received a letter that their application for resettlement was approved.

Trauma Story B (Handout)

Tom and Hibo are parents of three children, ages 9 years, 12 years, and 16 years old. They were recently resettled in Virginia after spending many long hard years in a refugee camp.

Tom and Hibo were very nice people, but sometimes it was very difficult for resettlement staff to work with this family. Hibo did not communicate well with her caseworker. She never answered his phone calls, but she often calls to a young female intern, who picked up the Tom/Hibo family from the airport, to ask for small favors. Hibo also cried very easily during meetings: even when nothing serious came up, she would cry and made the office staff perplexed. She missed appointments very often. She was very forgetful and did not remember details, including important due dates and paperwork. She had seemed to lose a significant amount of weight since her arrival in Virginia.

Hibo's husband, Tom, was a nice man, but he sometimes acted very peculiar and unpredictable. One day, he yelled at one of the caseworkers and almost punched the wall during a meeting in the office. He apologized, but he continued to show anger and frustration afterwards. He always brought a bag with him to meetings and would hold it tightly in his hands. No one knew what was in the bag. He was always guarded and acted as if someone may try to steal the bag. One of the caseworkers, who is from the same country of origin, heard a rumor from another community member that Tom is often drunk at night and there are frequently loud noises coming from inside his house. Tom was known to walk around his apartment complex in the middle of night, checking buildings and other houses, which would often frighten neighbors and make them feel uncomfortable. Their 16 year old son was hanging out with some kids who were dismissed from school. Their 12-year-old son came home from school with bruises on his arm or back. Hibo is a loving mother, but she did not seem to know much about her children's school life.

Training Evaluation Form

Instructions: Please indicate your level of agreement with the statements listed below in #1-10.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. The training competencies were clearly defined.	<input type="radio"/>				
17. Participation and interaction were encouraged.	<input type="radio"/>				
18. The topics covered were relevant to me.	<input type="radio"/>				
19. The content was organized and easy to follow.	<input type="radio"/>				
20. The materials distributed were helpful.	<input type="radio"/>				
21. This training experience will be useful in my work.	<input type="radio"/>				
22. I learned something new and interesting from this training.	<input type="radio"/>				
23. I'd recommend this training to my coworkers.	<input type="radio"/>				
24. The time allotted for the training was sufficient.	<input type="radio"/>				
25. I am going to use some of the skills and knowledge I learned from this training in my work.	<input type="radio"/>				

(More questions on back)

26. What did you like most about this training?

27. What aspects of the training could be improved?

28. How do you hope to change your practice as a result of this training?

29. What additional trainings would you like to have in the future?

30. Please share other comments or expand on previous responses here:

Thank you for your feedback!