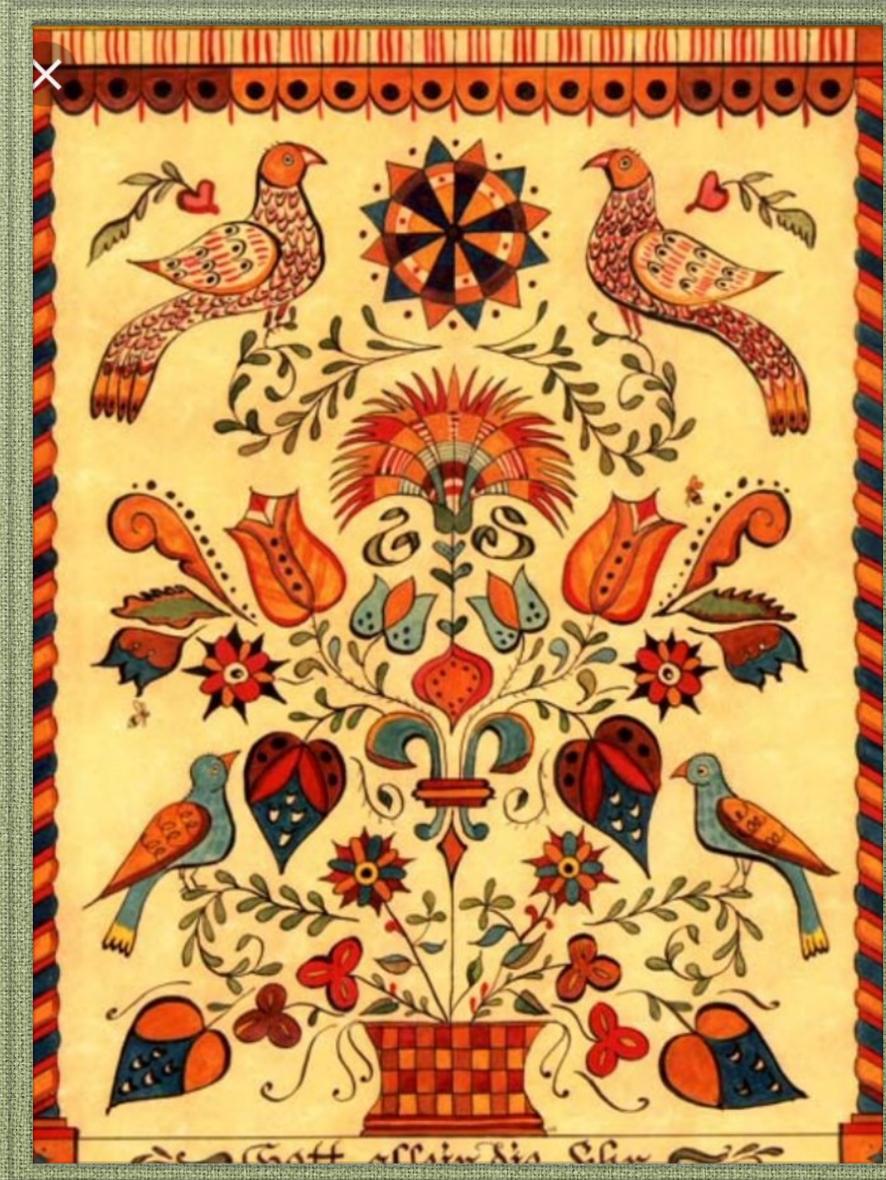


Refugee Mental Health

An Overview

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THE REFUGEE EXPERIENCE

- TRAUMA
- FLIGHT
- LOSS



Created by Susan Heffner Rhema LCSW, ABD

The Refugee Journey

(Berry, Kim, Minde & Mok, 1987; Drachman, 1992)

FLIGHT TRAUMA

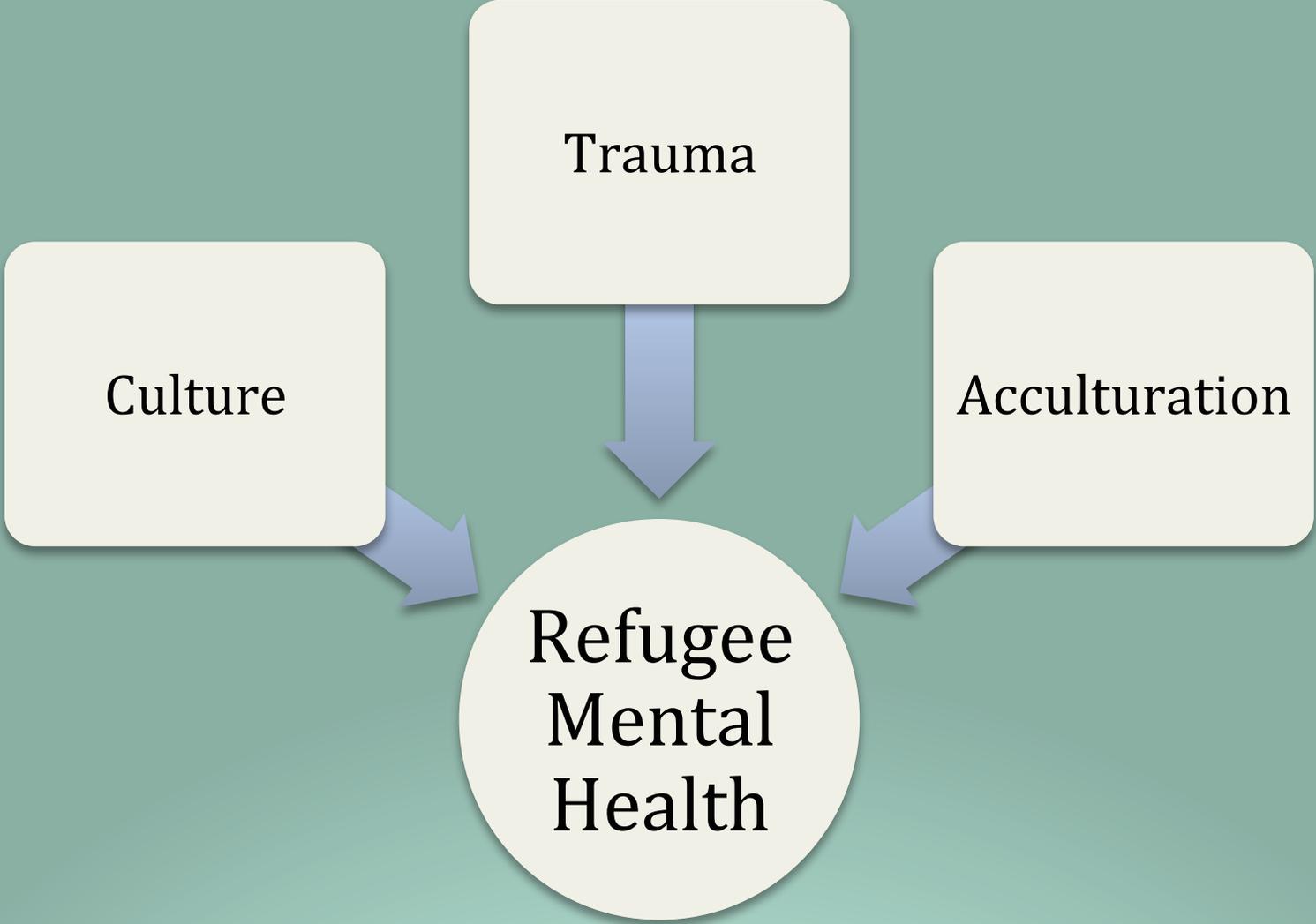
- Violence, War and war-like events
- Flight
- Confusion
- Harassment
- Fear
- Detainment
- Hiding
- Isolation
- Loss of resources
- Social turmoil
- Persecution
- Torture

MIGRATION FLIGHT

- Uncertainty
- Psychological distress
- Fear of capture
- Living in secrecy
- Loss of community, culture and language
- Education disruption
- Crime, Physical Harm
- Poor medical care
- Camp life, crowded living conditions
- Survival of the Fittest
- Poor nutrition

RESETTLEMENT LOSS

- Grief
- Loss of Hopes, Expectations
- Loss of social and economic status
- Language Barriers
- Unemployment/ Underemployment
- Discrimination
- Family separation
- Acculturative Stress
- Poor social support
- Search for Identity



Trauma

Culture

Acculturation

Refugee
Mental
Health

MASLOW's Hierarchy with Refugees

Self-actualization

personal growth and fulfilment

Achievable when all other building blocks are redeveloped and the refugee “can give to others”.

Esteem needs

achievement, status, responsibility, reputation

A critical goal for all refugees that must be developed within the context of a new identity in the US. This can be supported through reestablishing and valuing of past capacities or new capacities being developed.

Belongingness and Love needs

family, affection, relationships, work group, etc.

Depending upon the conflict that lead to refugee flight, social belonging has been fractured, families disconnected, and trust diminished by trauma, rebuilding requires rebuilding of this system or new system.

Safety needs

protection, security, order, law, limits, stability, etc.

Often refugees have limited sense of safety and the challenge in resettlement becomes how to reinstate trust and rebuild through experiences that are safe and create new connection.

Biological and Physiological needs

basic life needs - air, food, drink, shelter, warmth, sex, sleep, etc.

Due to the persistent threats during the stages of the refugee experience many refugees have spent a great deal of their lives in this stage and can continue to do so or get stuck as they are confronted by acculturation stress and daily life that is all unfamiliar.

Refugee Migration Adaptation

The process through which a person reorganizes their internal perspectives and their external capacity in order to manage in a new sociocultural context (Ryan, Dooley & Benson, 2008).



ACCULTURATIVE TRANSITION PROCESS

REFUGEE GRIEF and ADJUSTMENT CURVE

EXPERIENCE OF LOSS AND GRIEF

SHOCK

Confusion
Numbness
Dispair
Guilt

Unknown
Fearful
"Not in My Head"
"Fish out of Water"

Insecurity
Frustration
Desperation
Loneliness
Fear
Despair
Guilty
Nervous
Discouraged
Powerlessness
No Confidence
Demoralizing

Hard work

Recognition of New
Possibilities

Confront the Losses
Engage the NEW

Exchanging Values
and Behaviors

INTEGRATION

Ability to manage
personal choices

Sense of future and
reasonable goals

Emotional self
management

Healthy connections in
both communities

Ability to do for Others

CONFRONTING THE LOSS

ANGER and DEPRESSION

MUST CONFRONT AND EXPRESS A VARIETY
OF NORMAL EMOTIONS. THIS PROCESS
CAN INCLUDE DEEP SADNESS AND
SIGNIFICANT ANGER

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Impact of Acculturation

Role Changes

- Parental loss of power
- Loss of professional status
- Young adults and females take on head of household
- Loss of communal decision making and support

Learning Demands

- Language
- Employment
- Normative behaviors
- New laws and rules, ie. parenting
- Reduced functioning, reduced efficacy

Social psychological demands

- Individualism
- Building new connections
- Engagement of new cultural norms
- Loss of homeogenic social structure
- Social isolation

Cultural Proficiency

- ❖ Knowledge of specific cultural practices, perspectives, or beliefs.
- ❖ Knowledge of geography, languages, and ethnic/people groups.

Culture Specific Influences

- ❖ Roles, Family, Gender, Authority
- ❖ Practices and Taboos-Childbirth
- ❖ Interpersonal expression-Formalities, Pain,
- ❖ Physical expression/contact-eye contact, touch, modesty

Stages of Cultural Competency

cultural destructiveness- condescending, destructive

“They are all terrorists”

cultural incapacity- bias, devaluing

“Those people just need to

“They just come and use all our services”

cultural blindness- assimilation

“I just do not see color”

cultural pre-competence- token knowledge, exploratory, (use of metonymy)

All Karen people from Burma are beautiful and gentle”

“Somali’s think it is Ok to beat their children”

“I tried Ugali and it was good”

cultural competency- engaged, celebratory

“I sat and practiced English at the Iroquois Library, with a man from Iran and learned many things about his politically active family and why he had to escape from there after his father was assassinated.”

“I ask clients about their cultural perspective and try to learn about everyone’s values and norms.”

cultural proficiency- integral practices, responsive to varying needs

“I can speak Ki-Swahili and understand the tribal conflicts that arise in East Africa.”

“I work to integrate culturally aware practices into my workplace by using an interpreter in the correct manner.”

Reference

Cross T, Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

- Articulated understanding of the impact of culture and worldview perspectives on a persons sense of self, beliefs, place in the world and capacity to heal.
- Capacity to hold one's own cultural lens in side view while openly exploring the cultural lens of another.
- Exposure to difference that discomforts and accesses vulnerability.
- Experience with difference that creates states of humility.

Cultural Competency

HEALTH PERSPECTIVES

	WESTERN	NON-WESTERN
HEALTH BELIEFS	<u>BIOMEDICAL</u> Scientific cause of disease Cause and Effect	<u>PERSONALISTIC</u> Supernatural cause of disease Deities, Ghosts, Witchcraft <u>NATURALISTIC</u> Elemental cause of disease Wind, air, water, temperature Harmony of body functions
NATURE	<u>MECHANISTIC</u> Physical cause of disease Objective causes Trust in medication, machines	<u>SPIRITUAL</u> Subjective Intuitive Religious Magical
MIND/ BODY	<u>DUALISTIC</u> Body and Mind distinct	<u>HOLISTIC</u> Mind and Body interrelated

Trauma Informed Skills

- Genuine Openness: a facilitative capacity, a desire for deepening in relationship with those we work with
- Humility: low need for control
- Vulnerability: recognition of fears, acceptance of emotions, tolerance for pain.
- Self-monitoring: recognition and management of one's own trauma response
- Resonance: recognition of dissonance, capacity to psycho-educate about the trauma response

Expressions of Distress

The trauma brain response is the same in all humans. However, the psychological development of our belief and behavior related to the trauma are born of our cultural values and taught normative behaviors.

Examples: “I cannot be angry.”

“I need to know why they did this.”

“I am without feet.”

“There is wind in my chest.”

“I have angered the spirits of my past.”



QUESTIONS

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