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ALAMEDA COUNTY BHCS
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INNOVATION GRANT PROGRAM

International Rescue Committee of Northern California

Refugee Wellbeing Project

ALAMEDA COUNTY
Behavioral Health Care Services

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

International Rescue Committee of Northern California

Refugee Wellbeing Project

OUR STORY

The International Rescue Committee (IRC) Center for Wellbeing (CWB) provides trauma- and culturally-informed mental health support for refugees and asylum seekers recovering from histories of extensive trauma and loss in conflict and post-conflict regions of the developing world. In addition to linguistically accessible psychological care for families and individuals, the CWB provides clinic- and home-based case management to help clients access the community resources they need to adjust to their new lives. Resettled refugees have had little or no access to mental health care before arriving in the United States, and are unfamiliar with the idea of psychological support. Emotional needs are often accompanied by stigma in their cultural contexts, and the CWB provides sensitive care, with an understanding of the global environments clients come from.

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Program Design

Refugee Wellness Navigators
International Rescue Committee
Center for Wellbeing

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Abstract

Refugees, asylum seekers, asylees[1], and Special Immigrant Visa [2] holders (SIVs) flee their home countries for a variety of reasons including war, violence, religious persecution, and/or political opinion (UNHCR, 1951). Such issues often tear apart communities and severely compromise the health and wellness of those who are forced to flee as well as the communities they leave behind. This often results in poor health outcomes, mental health issues, social isolation, and restricted healthcare access (Miller & Rasco, 2004; Wagner et al., 2013; Procter, 2005). Evidence for poor refugee mental health outcomes is clear; over 1000 articles explore the mental health effects of the refugee experience and reveal a high prevalence of PTSD and depression (Miller & Rasco, 2004; Gerritsen et al., 2006; Shannon, Wieling, McCleary, & Becher, 2014).

The Refugee Wellness Navigator (RWN) program aims to build healthy communities where refugees, asylum seekers, and SIVs are resettled through a focus on improving community health and wellness. The RWN program has the following goals: (1) Reduce isolation of socially isolated refugee adults through home-based peer outreach, (2) Improve self-esteem of socially isolated refugee adults, and (3) Improve quality of life of socially isolated refugee adults. This will be achieved via training interpreters as community Navigators through an 8 week Wellness Training, home-based visits for refugee clients, and ongoing support for Navigators. The Navigators will participate in an 8 week Wellness Training which will include topics such as emotional wellbeing and understanding trauma. The trained Navigators will then engage in home-based outreach and intervention to refugee adults in Alameda County which will include both case management components as well as psycho-social support.

Peer-led interventions for addressing mental health needs have shown to be effective in a variety of other settings (Singla et al., 2014; Wong, Wong & Fung, 2010). In addition, similar community navigator programs have been used for other populations, such as those with cancer

[1] Individuals who have successfully been through the asylum seeking process and have been granted refugee
[2] Individuals and their families who have worked with the U.S. government in Afghanistan or Iraq and due to their employment, have faced ongoing and serious threat and can no longer safely reside in their country of origin (Special Immigrant Visas for Afghans, n.d).

or postpartum depression, and have shown to be effective, particularly with face to face interaction (Dignan et al., 2005; Luque et al., 2011; Singla et al., 2014). The RWN program is innovative as it trains refugees to be community Navigators and through this method, strives to maintain a high level of cultural sensitivity and draw from community strengths (Measham et al., 2014).

Organizational Background: International Rescue Committee

The International Rescue Committee (IRC) "responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives" (International Rescue Committee, n.d.). The IRC was founded in 1933 at the suggestion of Albert Einstein. The IRC currently works in 40 different countries and in 22 cities within the United States (*Ibid*). Internationally, the IRC and its partner organizations work to provide services in primary and reproductive health, improve access to clean drinking water, provide educational opportunities, counsel vulnerable people, and lead skills training workshops. Within the domestic offices, the IRC has aided in resettling 8,700 newly arrived refugees in 2013 alone (Our Impact, n.d). Resettlement has provided critical services such as employment, housing, cultural orientation, and immigration and has helped to promote self-sufficiency and integration (*Ibid*).

The Oakland IRC's Center for Wellbeing (CWB) aims to reduce health disparities among the East Bay refugee, asylee, asylum seeking, and Special Immigrant Visa (SIV) holder populations by expanding access to culturally and linguistically competent health, mental health, and case management services. The objectives of the CWB are to: (1) ensure newly arrived refugees obtain access to health care, (2) provide mental health care to refugee, asylee, asylum seeking and SIV clients referred by the resettlement team and partners, and (3) provide intensive case management for children and adults with serious health needs. The CWB team consists of mental health professionals, case workers, interns, and interpreters who work to provide linguistically and culturally competent mental health assessments, psychotherapy, psychiatric consultations and referrals for case management. The CWB serves, on average, 25-30 clients per month.

The CWB receives referrals from the IRC Resettlement Department as well as various other IRC departments and outside community agencies, such as the Alameda Department of Public Health. In addition, CWB staff provide all incoming IRC clients with a CWB introduction to health and wellness services. During this introduction, staff implement a mental health screening tool with new clients, the Refugee Health Screener-15 (RHS-15) (See

Appendix 5, Refugee Health Screener-15). The RHS-15 is a validated measure to assess anxiety, depression and PTSD symptoms designed specifically for the refugee population (Hollifield et al., 2013). For clients who score positive and are willing to receive mental health services, CWB staff will schedule an intake interview. Intake interviews are coordinated with the client's schedule as well as availability of on-site interpreters and includes completion of a detailed psychosocial assessment. The assessment includes the Hopkins Symptom Checklist-25, which assesses for symptoms of anxiety and depression, and the PTSD Checklist, which measures PTSD symptom severity.

The CWB has a variety of community partners. Examples of community partners include: (1) Highland Hospital Human Rights Clinic, a medical clinic with culturally informed services and staff, (2) East Bay Sanctuary Covenant, a legal organization that works with asylum seeking clients, (3) Laos Family Community Development, a CBO which aids clients with job search skills and job procurement, (4) East Bay Refugee Forum, a collaborative of organizations that meets monthly to discuss refugee community matters, and (5) Community Health for Asian Americans, which provides behavioral health services.

Program Goals and Objectives

The RWN program is guided by the following goals and objectives:

Goal 1: Reduce isolation of socially isolated refugee adults through home-based peer outreach

Goal 2: Improve self-esteem of socially isolated refugee adults

Goal 3: Improve quality of life of socially isolated refugee adults

Goal 4: Increase community awareness of refugee health and wellness needs

Process Objectives
1.1 By December 2014, distribute 20 RWN program flyers to recruit Navigators via existing IRC interpreter email list
1.2 By December 2014, select 8-10 Navigators for the RWN program through program applications and interviews
1.3 By December 2014, develop 1 Wellness Training curriculum to train Navigators about refugee health and wellness
1.4 By March 2015, facilitate 1 Wellness Training for at least 8 Navigators using the newly developed training curriculum

1.5 By March 2015, IRC staff identify at least 10 socially isolated refugee adults within Alameda County
1.6 By September 2015, Navigators conduct at least 30 home-based visits to socially isolated refugee clients within Alameda County
1.7 By August 2015, at least 10 clients participate in pre-post RHS-15 survey packet
1.8 By August 2015, IRC CWB staff facilitate at least 1 focus group with Navigators to discuss program
1.9 By October 2015, IRC CWB staff facilitate field test for at least 5 representatives from community organizations including providers, family members, or consumers
Outcome Objectives
2.1 By April 2015, at least 15% of Navigators report an increase in health and wellness knowledge and skills following Wellness Training curriculum
2.2 By April 2015, at least 15% of Navigators report an increase in comfort level of discussing their own mental health and emotional wellbeing
2.3 By April 2015, at least 80% of Navigators report Wellness Training to be good or excellent
2.4 By October 2015, at least 40% of clients report an increase in having someone to turn to for support
2.5 By October 2015, at least 40% of clients report an increase in their knowledge of accessing community resources and support
2.6 By October 2015, at least 20% of clients report a decrease in isolation
2.7 By October 2015, at least 20% of clients report an increase in self-esteem
2.8 By October 2015, at least 20% of clients report an increase in quality of life
2.9 By October 2015, at least 20% of clients report a decrease in RHS-15 scores
2.10 By October 2015, at least 80% of participants at the field test agree that the RWN program is useful for addressing refugee health and wellness issues

Discussion of Objectives:

The outcome objectives identified for this project were based on results from various community navigator programs, many of which have been used for cancer awareness. For outcome objectives 2.1 and 2.2, the 15% expected increase is based on a previous community navigator training for cancer patients. In Luque et al.'s (2001) *promotoras* training for cervical cancer awareness, those who completed the training showed a 13.6% increase in cervical cancer knowledge from average pre- and post- test results. As of 2014, no navigator programs designed specifically to address refugee mental health needs were found via a literature review of academic databases.

Dignan et al. (2005) utilized the community navigator method for breast cancer screening. In this randomized control study, they found that compared to the control group, the navigator intervention increased mammography screening by 42%. Similarly, in Kelly et al.'s (2014) pilot test of navigators for encouraging individuals with serious mental illness to seek primary care rather than visiting the emergency room, a 38.9% decrease of emergency room visits was observed in the navigator intervention group as compared with the control. These findings were used to guide the percentage goals of objectives 2.4 and 2.5.

In Percac-Lima et al.'s (2013) *Decreasing Disparities in Breast Cancer Screening in Refugee Women Using Culturally Tailored Patient Navigation,* researchers found that use of navigators increased mammography rates by 17.1%. This finding was used to guide the outcome objectives 2.6 -2.9.

In Miller & Vaughn (2015) *Achieving a Shared Vision for Girls' Health in a Low-Income Community*, the community based participatory research study included a community forum to discuss community health and mechanisms for health action, of which 98% of the participants reported that the forum was useful and beneficial. These results were used to guide the outcome objective 2.10.

Program Design

Theoretical Framework

The RWN program design and evaluation is based on the following public health theoretical frameworks of behavior change: (1) Health Belief Model, (2) Social-Ecological Model, and (3) Social Capital Theory.

1) The Health Belief Model (HBM) states that behavior is a culmination of the following factors: perceived susceptibility, the degree of risk for a particular problem; perceived severity, the degree of severity of consequences; perceived benefits, the potential positive outcomes; perceived barriers, the potential negative outcomes; cues to action, the external event to motivate action; and self-efficacy, the belief in one's ability to take action (Edberg, M., 2007). An individual will engage in a behavior if he/she is at risk, the consequences of the health problem are severe, there is a benefit to engage in the behavior, barriers to engagement are low, there is an external motivator and the individual has the belief that he or she can engage in the behavior change.

The RWN program incorporates the HBM at multiple phases of client outreach and intervention. Clients may perceive susceptibility and severity to their health and wellness through Navigator normalization of resettlement challenges via initial home visit and description of RWN program. Clients may perceive benefits of the RWN program to include increased social contact, community involvement, and health and resource knowledge. Perceived barriers will be low as clients will not have to pay for the RWN visits and ease of access is facilitated through convenient home visits. Cues to action will include frequent and ongoing outreach at community events and to clients homes. Lastly, self-efficacy will be encouraged through Navigator role modeling; client self-efficacy may increase through interaction with Navigators who are themselves refugees and have overcome the challenges of resettlement in Alameda County.

2) The Social-Ecological Model offers a multilevel approach focused on prevention at the individual, relationship, organizational, community, and society levels in order to create a sustainable method for behavior change (Gregson et al., 2001; The Social-Ecological Model: A Framework for Prevention, 2014). This model recognizes the complexities of the interrelationships within and between each of the levels. The Social-Ecological model argues that for prevention strategies to be effective and sustainable, a continuum of activities must occur which address multiple levels of the model (*Ibid*).

The RWN program acknowledges the interplay and complexities of the individual and the environment; the refugee clients may experience drastic change at multiple levels. For instance, a refugee's concept of his or her individual identity may alter significantly during the resettlement process and drastic changes likely will occur at the relationship, community and societal levels. The RWN program addresses each of the Socio-Ecological Model's levels. For instance, individual health promotion strategies occur during client home visits and relationships are addressed through the Navigator and client interactions. Organizational and community level refugee health and wellness are targeted via the Navigators' ongoing work as well as community field testing.

3) Social Capital Theory "facilitates certain actions of the individuals who are within the structure to pursue shared objectives […] and is expressed by networks, norms, and trust that allow participants to act together more efficiently" (Krueter, M.& Lezin, N., 2002, p. 233). The core components of social capital theory, trust and reciprocity, can develop over time through ongoing person to person interactions (p.234). In addition, the nature of social capital growth is

exponential, as one uses social capital, social capital is produced (*Ibid*).

The RWN program relies upon the underlying components of Social Capital Theory, trust and cooperation, in the Navigator-client relationships. Trust will be facilitated through ongoing Navigator home visits with clients and cooperation will grow throughout ongoing Navigator meetings.

In addition, the following principles of Community Organizing including, empowerment, critical consciousness, community capacity and participation and relevance, inform the RWN program plan and evaluation (Minkler, 2012).

Empowerment is considered a social action process by which individuals, communities, and organizations "gain mastery over their lives in the context of changing their social environment to improve equity and quality of life" (Wallerstein, 2002, p. 72). This allows "individuals and communities to take control over their lives and environments" (Minkler, 2012, p. 37). Empowerment can be accomplished when community members begin to participate in creating change in their community (Peterson, Lowe, Hughey, Zimmerman, & Speer, 2006). During the Wellness Training, Navigators will likely experience an increase in empowerment through engagement with fellow community members. In addition, clients, with an increase in knowledge and social capital, will likely show an increase in empowerment.

Critical consciousness or the action based on reflection through dialogue, is achieved when community members are engaged in a discourse that links root causes of the problem to action (Minkler, 2012, p. 45). The RWN program raises critical consciousness through the Wellness Training. This training will offer a safe space to discuss refugee health needs, while creating action oriented solutions.

Community capacity is "the characteristic of communities that affect their ability to identify, mobilize, and address social and public health problems" (Goodman et al.,1999, p. 259). Community capacity may be enhanced in a variety of ways including participation, leadership, resources, reflection, access to power and rich social networks (*Ibid)*. The RWN program fosters community capacity through leadership opportunities, community participation, and the expansion of social networks within Alameda County's refugee community. Social networks will be formed between the Navigators themselves and also between Navigators and clients. Furthermore, Navigators may spread information gained in the Wellness Training throughout their extended communities.

Participation and relevance is a concept based on the idea that "community organizing should 'start where the people are' and engage community members as equals" (Minkler, 2012, p. 45). The RWN program was founded on the principle of being a community-based program, driven by a diverse population of Navigators and an equally diverse pool of refugee clients. The RWN program addresses the health and wellness needs of the refugee community through active community engagement and participation at all stages of development and implementation.

Needs Assessment

The development of the RWN program stemmed from discussion with IRC resettlement staff, CWB staff as well as community partners. From these discussions, it became evident that there was no existing program tailored specifically to meet the emotional wellbeing and mental health needs of Alameda County's refugee population within their homes. There was a clear necessity for a home-based, culturally humble, mental health program to address the county's refugee population's diverse emotional support needs. The following literature review discusses current research in regard to refugee mental health and informs the RWN program's innovative nature.

Literature Review

A refugee is someone who, by "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, or membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or, owing to such fear, is unwilling to avail himself of the protection of that country" (UNHCR, 1951). Asylum seekers are those who meet the definition of a refugee, are already in the U.S., and wish to seek asylum (Refugees & Asylum, 2011). Asylees are those have successfully been through the asylum seeking process and have been granted refugee status in the U.S (*Ibid*). Special Immigrant Visa (SIV) holders are individuals and their families who have worked with the U.S. government in Afghanistan or Iraq and due to their employment, have faced ongoing and serious threat and can no longer safely reside in their country of origin (Special Immigrant Visas for Afghans, n.d). While the experience of each of these groups differs, and the individual experience is unique, the remainder of this program design and evaluation plan will refer to the clients served by the RWN program as refugees. A unifying characteristic between refugees, asylees, asylum seekers, and SIVs is fear for one's safety due to persecution. Thus, this heterogeneous group of individuals will be referred to as refugees for the sake of simplicity, without intention to detract from the individual experience.

The violence that forces refugees to flee their home countries has detrimental effects on the community. Miller and Rasco (2004) note the "destructive impact of political violence on the social fabric of communities" which may cause the development of fear, distrust and hostility at the community level (p. 13). In addition, organized violence disrupts community life on many levels, including medical systems, education and economy (Durà-Vilà et al., 2012; UNHCR, 2006). This becomes apparent when a medical or educational system is destroyed and/or scarcity of resources leads to privation (*Ibid*). Furthermore, Pederson (2002) examines the linkage between political violence and poor health outcomes and trauma at the community level. He notes that political violence leads to significant changes within the community such as powerlessness and erosion of social capital (*Ibid*, p. 181).

Furthermore, the family unit and individual, as constructs of the community, are affected by violence and displacement. This often results in poor health outcomes, mental health issues, social isolation, and restricted healthcare access (Goodkind et al,, 2014; Miller & Rasco, 2004; Wagner et al., 2013; Procter, 2005). Evidence for poor refugee mental health outcomes is clear; over 1000 articles explore the mental health effects of the refugee experience and reveal a high prevalence of Posttraumatic Stress Disorder (PTSD) and depression (Miller & Rasco, 2004; Gerritsen et al., 2006; Shannon, Wieling, McCleary, & Becher, 2014). Studies of Sierra Leonian and Central American refugees revealed PTSD prevalence of 49% and 68% respectively (Mollica et al., 1992; Michultka, Blanchard, & Kalous, 1998). Depression is also common within the resettled refugee population; in a study of 993 Cambodian refugees, 55% met Diagnostic and Statistical Manual of Mental Disorders (DSM) classification for major depressive disorder (Mollica et al., 1993). Mental health is affected years later as the symptoms of PTSD are persistent even after years of resettlement and relative safety. For instance, Kinzie et al. (1986), noted that in a study of 46 Cambodian refugees, 50% of study participants met DSM criteria for PTSD 4 years after departure from Cambodia. During the follow up study 3 years later, the researchers found that the prevalence of PTSD remained constant (Kinzie et al., 1989). In addition, Mcsharry and Kinney (1992) found that even after 12-14 years of being resettled in the U.S., refugees showed a 43% prevalence of PTSD.

The refugee resettlement process is often characterized by psychological distress including sadness, frustration, and anxiety (Alemi, James, Cruz, Zepeda & Racadio, 2013). Wong, Wong & Fung (2010) elaborate that, "As individuals go through the transition of settlement, they are often faced with increased stress related to the demands of adjusting to a new way of living including: loss of family and social networks, loss of employment and

socioeconomic status, changes in roles and intergenerational conflicts, difficulties in social integration and barriers in accessing health and social care" (p. 108). These stressors are often exacerbated for refugee women who often hold the responsibility of caring for family members *(Ibid)* and children (Measham et al., 2014).

Refugees experience an array of stressors related to acculturation including changing family roles and a shift to an individualistic society (Yakushko, Watson, & Thompson, 2008). This transition may result in increased social isolation which is of significant concern within the resettled refugee population (Stewart, 2008). Sulaiman-Hill & Thompson (2012) note that within the study population of Afghan and Kurdish refugees, social isolation remains a prominent issue even after 20 years post resettlement. In addition, it has been found that social support and mental health are directly related and that "declines in social support account for a large share of victim's subsequent declines in mental health" (Early Intervention, 2003, p. 100). In contrast, refugees that rely on their ethnic communities for social support may show more positive ways of coping with stressors (Yakushko, Watson, & Thompson, 2008).

Addressing the mental health needs of the refugee population calls for a novel approach. In Miller and Rasco's (2004) *The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation*, the authors urge a paradigm shift away from the traditional medical model which does not meet the needs of the refugee community. They argue that the Western medical model fails to address the mental health needs of the refugee community in the following ways: (1) lack of access to professional mental health services (2) a lack of culturally appropriate services, and (3) limited capacity of clinic based services to address displacement related stressors (p. 3). The RWN program accounts for these limitations and strives to overcome the restrictions of the Western medical model in order to meet the health and wellness needs of Alameda County's refugee community. The RWN program addresses these three limitations by improving access via home-based visits, provision of culturally appropriate services through trained peers, and transition from clinic based services to community based care.

IRC's CWB aims to incorporate refugee history of trauma into the development of the RWN program. Recognition of the unique refugee health and wellness needs will be incorporated into the RWN Wellness Training, client home visits, and ongoing evaluation. This program aims to maintain cultural humility as well as emphasize social support and health promotion in order to improve refugee and overall community wellbeing (Slobodin & Jong,

2014). The RWN program models existing community navigator programs such as Luque et al.'s (2011) use of community *promotoras* for cervical cancer education or Singla et al.'s (2014) use of peer delivered depression awareness for new mothers; these navigator programs have shown to be effective for the target populations in which the interventions aim to serve. The RWN program is innovative in its unique design of training refugees as Navigators and pairing them with refugee clients from similar cultural backgrounds.

Program Strategies

The RWN logic model outlines programmatic strategies. The following section discusses the logic model in detail and explains the flow of program components as related to expected outcomes (See Appendix 1, Logic Model). For program timeframe, see Appendix 2, Work Plan.

Inputs:

The Navigators will receive payment for their participation in the program; Navigators will receive $15.00 per Wellness Training session and $20 per home visit as well as the cost of transport to client homes. The Wellness Training hosted at the IRC's CWB will require meeting space, food for participants, and training materials such as handouts. The Wellness Training curriculum will be developed by IRC CWB's Program Manager and graduate student interns who are experienced in health and wellness education. Additional inputs include office space, and supplies, such as a color printer for recruitment flyers.

Activities:

Activities include recruitment for the Navigators. This entails telephone calls, emails, and distribution of flyers to IRC's existing interpreters. These flyers will also be placed in the waiting area of the IRC's office in order to recruit individuals who may not be in the existing IRC interpreter network. In addition, flyers will be distributed to community partner agencies to reach a wider range of potential applicants. Furthermore, identification of refugee clients who may have health and wellness needs will occur simultaneously with Navigator recruitment. Recruitment of refugee clients suitable for home-based Navigator visits will take place via the following methods: (1) referral from IRC staff members and interns who are familiar with resettled refugee community members, (2) referral from Navigators who know of refugees within their community who may benefit from Navigator visits, and (3) Refugee Health Screener-15 (RHS-15) which will be used to screen for levels of distress for all incoming refugee clients resettled through IRC (Hollifield et al., 2013).

Outputs:

Outputs include the implementation of the 8 week Wellness Training for the Navigators. Each 2 hour training will take place one time per week for 8 weeks. Outputs also include the initial Navigator outreach to refugee adult clients and ongoing home-based visits.

Short Term Outcomes:

Short-term outcomes will likely include Navigators experiencing an increase in health and wellness knowledge after the Wellness Training as well as increased community engagement and critical consciousness. An additional outcome that may occur as a result of Navigator home-based visits with clients, is an increase in the client's number of social interactions with other community members as well as an increase in the ability of clients to cope with their health and wellness needs. Lastly, clients may also increase their knowledge of community resources and health services as a result of the Navigator visits.

Long Term Outcomes:

Long term outcomes may include Navigator increase in collective efficacy and empowerment as well as community capacity. Furthermore, reduction of client feelings of isolation will likely occur due to ongoing Navigator social support. In addition, it is hypothesized that clients will have an increase in self-esteem, self- efficacy, and quality of life as a result of increased abilities to cope with their health and wellness needs coupled with knowledge of and linkage to community resources.

Self-Efficacy of Behavior Change: Self-efficacy is one's "personal judgments of one's capabilities to organize and execute courses of action to attain designated goals" (Zimmerman, 2000, p. 83). Self-efficacy affects people's choice of activities, how much effort is expended, and how long persistence occurs in the face of obstacles (Bandura, 1977). It is expected that through ongoing Navigator home visits, client self-efficacy will increase. This will occur as clients have an increased understanding of how to cope with their health and wellness needs as well as increased knowledge of community resources. Also, guiding the RWN program is the understanding that a wide range of interventions, not typically defined as health and social care, can assist in improving refugee psychosocial issues; for instance, linkage to English language courses may improve self-efficacy, especially in the refugee population (Ingleby & Watters, 2005). The RWN program is innovative in its incorporation of methods and activities unique to the resettled refugee population.

Impacts:

Beyond the short and long term outcomes described, the RWN program aims to address the broad issues of refugee mental health and community wellness. The goals of improving refugee mental health and increasing refugee community wellness are beyond the measurable scope of this program; however, these impacts serve as the underlying motivation for the RWN program and guide the logic model framework.

BHCS stakeholders:

The RWN program involves clients and consumers of mental health services throughout the program design and implementation. Due to the nature of the program design, client family members are frequently involved in the Navigator home visits. For instance, one Navigator described the following anecdote:

> "A Navigator's home visit offered a "sense of security for the woman (client) as well as a lesson for the family, they say 'wow' in America they care for everyone equally."

Thus, the Navigator's home visits became an important part of the family's adjustment to a new community and the Navigator's equal respect for all family members, regardless of mental health needs, provided an example of role modeling for the rest of the family. Additionally, clients report that family members became involved in the Navigator home visits when concerns expanded beyond the individual client. For example, a Navigator might begin home visits to address a client's mental health needs, but could also assist the family with education or housing questions or concerns.

Through the RWN program, additional BHCS stakeholders are involved via connection with community providers. For instance, through collaboration with Navigators and IRC staff, clients are often linked to community resources and social services. For instance, one Navigator reports that the "practical work we (Navigators) are going to do for clients is very important for instance, my client has trouble speaking English […] I will help find a resource so she can reach her language goals or for example problems with rent, Medi-cal or with children's school." In doing so, BHCS providers are frequently involved in the RWN program.

In addition, the RWN program aims to align with BHCS values including: access, consumer and family empowerment, best practices, health and wellness, cultural responsiveness,

and social inclusiveness. Access is addressed via the program design in which Navigators conduct home-based visits with refugee clients. Home-based visits facilitate access as refugee clients have minimal barriers in meeting with Navigators. For instance, clients do not have to pay for transport or arrange for childcare in order to attend a meeting, rather Navigators will meet clients in a location of their choosing and at a time of their convenience. Consumer and family empowerment is addressed via the RWN program's use of individually tailored services. For instance, Navigator home visits were dynamic and responsive to client needs which allows for the client to shape the process and outcomes of the Navigator home-based visits. In this manner, client empowerment is supported (see also, Empowerment p. 9). Best practices were incorporated into the Wellness Training planning and implementation (see Literature Review, p. 10). The Wellness Training utilizes current research and relevant training manuals incorporates best practices from the field of refugee health. Health and wellness is the core focus of the RWN program and was intentionally incorporated throughout the program design, implementation and evaluation. Improving refugee health and wellness outcomes was the focus of the Wellness Training and was frequently discussed during Navigator follow up meetings which allowed for ongoing reflection about client health and wellness needs. Furthermore, the RWN program supports social inclusion through its use of refugee Navigators from very diverse backgrounds. In addition, Navigators are honored for their lived experiences as resettled refugees. Navigators' opinions were valued and their feedback was continually incorporated into programmatic improvement. The RWN program includes both refugees who have been recently resettled (clients) and training refugees who have been in the community for longer periods of time (Navigators). Additionally, the RWN program was open to refugees of varied linguistic and cultural background.

Cultural Responsiveness

The RWN program is culturally responsive through its use of Navigators who are refugees themselves. The program design pairs Navigators who share a similar cultural and linguistic background with a refugee client. In addition, the client's understanding of wellness, which is both individually and culturally specific, is respected. The RWN program utilizes a cultural humility lens in all aspects of program design, implementation, and evaluation. Through use of Navigators who are refugees themselves, maintaining a learner's stance, and recognizing that the Navigators may have experienced similar challenges and barriers as the clients they

serve, the RWN program strives to maximize cultural responsiveness to Alameda County's diverse refugee community.

Community Outreach & Engagement

The IRC's CWB is a well-established program that has utilized an existing pool of refugee community members for translation and interpretation needs. The community interpreters, who were trained as Navigators, are refugees themselves and live and/or work within Alameda County. The Navigators will serve as an entry point into the community via their existing networks and cultural understanding of the local context.

RWN Program Components

Table 1 below displays the RWN program components and methods for interpreters (hereby referred to as Navigators) and socially isolated refugee adults (hereby referred to as clients). Each component will be described in detail below.

Table 1: Program Intervention Components

Navigators	**Methods**
1. Interpreter rationale	Existing IRC interpreter list
2. Outreach and recruitment	Flyers, email, phone calls, application and interviews
3. Refugee Wellness Navigator training	Training curriculum
4. Outreach to clients	Phone calls
5. Ongoing support to clients	Home visits
6. Navigator Evaluation of Program	Pre-post tests before and after Wellness Training, satisfaction survey after training, midline focus group
Clients	**Methods**
7. Screening	Refugee Health Screener- 15 (RHS-15)
8. Ongoing Health and Wellness Support	RWN Home Visits
Community	**Methods**
10. Community Input	Field Test

Navigators:

1. *Interpreter Rationale*

The IRC CWB currently utilizes an existing network of reliable and qualified interpreters for its interpretation needs. Languages spoken by interpreters include: Amharic,

Arabic, Burmese, Karen, Dari, Farsi, Nepali, Pashto, Somali, kiSwahili, Tamil and Tigrinya. This group of interpreters has been identified as having the cultural knowledge and understanding of the refugee experience as they are refugees themselves. The Navigators were selected from the existing pool of interpreters who have the social, emotional, and professional capacity to address the needs of refugee adults in their respective communities. It is hypothesized that due to a similar cultural background, interpreters will be able to easily facilitate engagement with other refugee adults. A diverse group of interpreters, with various language and cultural backgrounds will be selected and trained as Navigators. The Navigators' language groups will parallel the client language needs. For instance, if there are many Dari speaking clients identified, there will be a higher proportion of Dari speaking interpreters recruited for the RWN program.

2. Outreach and Recruitment

Outreach for Navigators took place through a variety of methods including distribution of flyers, phone calls, and emails. Flyers were posted at the IRC general office as well as in the CWB (See Appendix 3, Navigator Flyer). The flyers contained information about the RWN program and recruited for individuals that fit the criteria, but may not be part of the IRC's existing interpreter network. In addition, the RWN Program Manager conducted outreach phone calls and sent recruitment emails to existing interpreters to gauge interest in the RWN program. Interested individuals were sent a brief application and were asked to attend a short interview with the RWN Program Manager (See Appendix 4, Navigator Application). After Navigators were selected, a Doodle poll was used to determine ideal times for the Wellness Training to be held.

3. Refugee Wellness Navigator Training

A group of 9 Navigators were selected. The Navigators were asked to attend an 8 week training session that meets once per week, for two hour sessions. The Wellness Training contained information about the following topics: (1) Introduction & Orientation to the RWN program, (2) Adapting to a new home: experience of resettlement & exile, (3) Refugee experiences: flight, transitions, and life in the camps, (4) Mental health & emotional wellbeing, (5) Understanding trauma & its impact on refugee communities, (6) The mind-body connection & assessing client wellbeing, RHS-15, (7) Preparation for refugee community outreach and home visits and, (8) Closure and next steps. These trainings included role plays, case

presentations, discussion, and games to interactively teach programmatic content. (See Wellness Training Manual for facilitator agendas and supplemental materials).

4. Outreach to clients

At the conclusion of the 8 week Wellness Training, Navigators began outreach to clients. Navigators performed outreach through an initial phone call to introduce themselves and the RWN program as well as planned for a home visit.

5. Ongoing support to clients

Navigators began home visits to socially isolated refugee clients. Depending on the client's needs and availability, home visits were either weekly or biweekly. Home visits could include social support, psycho-education, wellness activities and linkage to resources. The home visits were tailored to meet client's needs with the overall aim to improve client wellness while decreasing social isolation. The Navigator home visits lasted up to six months.

6. Evaluation of Program

The Navigators were asked to evaluate the RWN program on an ongoing basis through surveys and a focus group. Brief satisfaction surveys were distributed after the Wellness Training (See Appendix 6, Wellness Training Satisfaction Survey). In addition, a short pre-post test was distributed at the first and last session of the Wellness Training to gauge Navigators' change in health and wellness knowledge (See Appendix 7, RWN Pre-post Test). In addition, the Navigators contributed to programmatic evaluation and improvement via a midline focus group. This focus group asked questions about the RWN program in order to gain information about successes, challenges, and suggestions for improvement (See Appendix 8, Navigator Focus Group Protocol).

Clients:

7. Screening

Screening and recruitment of clients suitable for home-based Navigator visits occurred through the following methods including: 1) referral from IRC staff members and interns who are familiar with resettled refugee community members, (2) referral from Navigators who know of refugees within their community who may benefit from Navigator visits, and (3) Refugee Health Screener-15 (RHS-15) which was used to screen for symptoms of anxiety and depression for all incoming refugee clients resettled through IRC (See Appendix 5, RHS-15).

If the client scores positive, the client was referred to the CWB for therapy and support services. If the client declines in-office services, the client may be a good candidate for Navigator home-based wellness support.

8. Ongoing Social Support

The clients will have social contact with Navigators via weekly or biweekly home visits with the aims of reducing isolation and improving wellness. The home visits between the Navigator and client facilitated a supportive relationship as well as provided the opportunity to share health and wellness knowledge. Under the Navigator's guidance, clients engaged in wellness activities. Cultural background and personal preference was taken into account when Navigators planned home visit activities and interventions.

9. Client Evaluation of Program

The RWN program was evaluated from the client perspective through a pre-post administration of the RHS-15 survey packet. In addition to the RHS-15, the survey packet included a brief questionnaire that gathered information about levels of social isolation, self esteem, quality of life, and access to community resources.

10. Community Input

In order to ascertain community partner input, a field test took place at the end of the program implementation period. A discussion with community partners who work with immigrant and refugee clients in the Bay Area was held in order to elicit varied community opinions and facilitate program related feedback. The discussion with providers and consumers included representatives from the following organizations: East Bay Refugee Forum, Center for Empowering Refugees and Immigrants, and Community Health for Asian Americans. (See Appendix 9, Field Test Providers Protocol). Staff capacity limitations prevented a second field test with only consumers and family members. A recommendation for future programs would be to include a second field test with only consumers and family members. The rational for two separate field tests, one with providers and one with consumers and family members, is to create a comfortable space where honest opinions can be shared.

Evaluation Design

The evaluation of the RWN program is a non-experimental, longitudinal design. In an ideal setting, the evaluation would utilize an experimental design with a control group, random assignment and pre-post tests. However, due to limited resources and ethical implications of evaluating a vulnerable refugee population, the evaluation will be non-

experimental. **Table 2** shows the various groups that will participate in the evaluation process, including Navigators, clients, and community members.

Table 2:

1. Navigator	Method	2. Client	Method	3. Community	Method
Health and Wellness knowledge	Pre-post test Wellness Training	Mental health and wellbeing	Pre-post RHS-15 survey packet	Program strengths/ weaknesses	Field Test
Program strengths/ weaknesses	Midline Focus Group				

The RWN program evaluation will assess three groups: Navigator, refugee client, and community, each discussed in detail below. This multi-level approach allows for data triangulation to best ascertain programmatic information regarding areas of weakness, which can be targeted for improvement as well as identify areas of strength, which can be expanded. Due to a limited evaluation budget and ethical considerations, the evaluation plan uses a non-experimental design; this includes Navigator pre-post tests, client surveys, Navigator focus group, and a community field test.

Evaluation Questions

Given the RWN program objectives, the evaluation seeks to address the following questions:

1) How well does the RWN training curriculum increase Navigator knowledge of mental health needs? (Outcome)
2) Is there an adequate number of Wellness Trainings offered to Navigators? (Process)
3) Is there an adequate number of home-based visits to meet the needs of socially isolated refugee adults? (Process)
4) To what extent do clients report an increase in interaction with other community members as a result of the Navigator intervention? (Outcome)
5) To what extent do clients report a decrease in social isolation as a result of the Navigator intervention? (Outcome)
6) To what extent do clients report an increase in self-esteem as a result of the Navigator intervention? (Outcome)
7) To what extent do clients report an increase in quality of life as a result of the Navigator intervention? (Outcome)
8) To what extent do community members and partner organizations view the RWN program to be useful? (Outcome)

Rationale for Evaluation Design:

For the RWN intervention, the optimal evaluation design would utilize an experimental design, including a matched control group, random assignment and pre-post tests. This evaluation design would showcase the effects of the RWN program within the community compared to a community without the RWN program. Such a design would highlight the RWN program effect on refugee social isolation, quality of life, and self-esteem as well as impact on a community level. However, due to limited finances and organizational capacity of the IRC's CWB, as well as the difficulties in finding a matched community control group, this evaluation design is not realistic at this time. Instead, the evaluation will utilize a mixed-methods, non-experimental design to gather both quantitative and qualitative data.

To assess the Navigators' change in mental health knowledge and skills following the Wellness Training curriculum, a pre-post test design will be used (See Appendix 7, RWN Pre-post Test). The pre-test will provide baseline data about Navigator level of health and wellness knowledge and skills prior to the Wellness Training curriculum. Comparison to the post-test, administered at the final Wellness Training, will allow for assessment of change in Navigator knowledge and skills attributable to participation in the training curriculum.

In order to measure client change, a pre- and post- survey packet will be completed. This survey packet will include the RHS -15, a validated measure of depression and PTSD symptoms, as well as an additional client survey to gauge feelings of social isolation, self-esteem, quality of life, and access to community resources. This survey packet will be administered by the Navigator at the onset of home visits with the client in order to collect baseline data about client's health and wellness. The survey packet will again be administered at the conclusion of the Navigator home visit sessions and data will be compared in order to assess change. Quantitative data gathered from the surveys will be anonymous and stored in an IRC protected database.

Qualitative data will be collected during a Navigator midline focus group (Dunn, 2002). IRC staff and/or CWB graduate student interns will conduct the focus group rather than the CWB Program Manager in order to minimize social desirability bias (Fisher, 1993); if the focus group were to be conducted by the Program Manager, Navigators may feel pressured to respond to programmatic questions in a positive way.

Qualitative data collected from Navigator midline focus group will provide valuable

information for the outcome evaluation as well as programmatic improvements. Due to the innovative and dynamic nature of this program, the qualitative data gathered via midline focus will be critical for ongoing program improvement. In order to maximize usefulness, the Navigator focus group will be held midway through the Navigator home-based visits in order to incorporate feedback and strengthen the program before its conclusion in October 2015.

Community opinion will be measured via qualitative data collection via the field test. The field test will be used as a venue to discuss the RWN program from the perspective of providers and community members from organizations within Alameda County. During the field test, qualitative questions will be used to guide discussion in assessing RWN program strengths, weaknesses, and impacts within the community. (See Appendix 9, Field Test Protocol).

Evaluation Results

Wellness Training Evaluation Results

The Wellness Training was evaluated by the Navigator participants via an anonymous survey distributed at the conclusion of the 8 week training. Overall, Navigators enjoyed the training with all of the participants stating the Wellness Training was good or excellent. Furthermore, 88% of Navigators strongly agreed that the training met their expectations, 75% strongly agreed the presentations and activities were useful and relevant, and 75% strongly agreed participation and interactions were encouraged. In addition, 100% strongly agreed that facilitators were knowledgeable about the subject matter and 100% strongly agreed that the quality of facilitation was good.

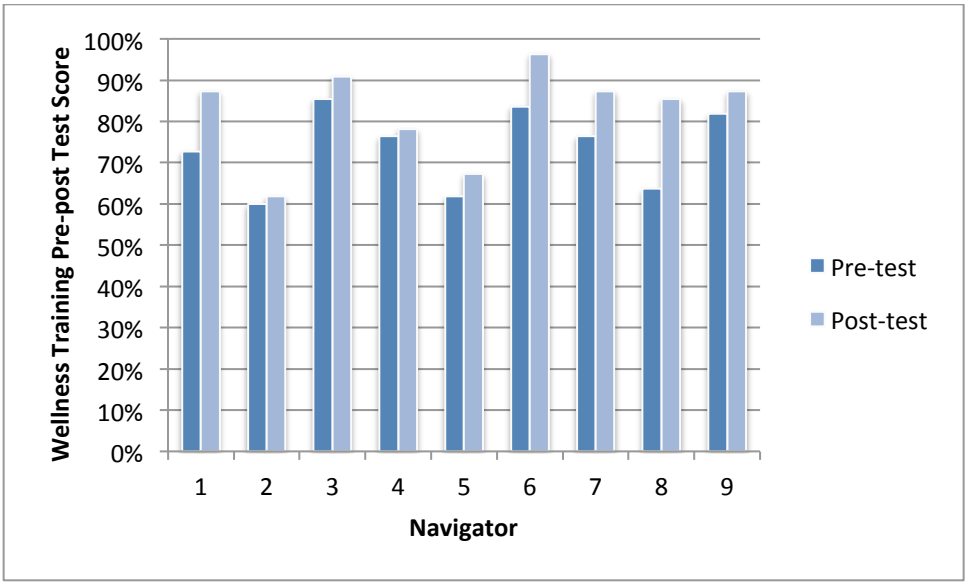
Qualitative responses from the satisfaction survey included Navigator opinions that the Wellness Training was "informative and enjoyable," that it encouraged "team work and relaxation" and that it "was great to have activities that explained trauma." Navigators suggested that the project be expanded and that the Wellness Training class could be longer.

Navigators suggested via the midline focus group that future Wellness Trainings include a more extensive orientation to the overarching organization, in this case IRC. With a more detailed knowledge of IRC, Navigators would be better equipped to explain resettlement issues from an organizational standpoint. In addition, while Navigators enjoyed the themes of self care and the discussion of life in camps, there were multiple requests for additional role plays to better prepare for client home visits. Thus, in future cycles, it is suggested to incorporate more role plays throughout the Wellness Training.

Program Impact and Effectiveness

The two primary populations served by this project were the Navigators and the refugee clients who received home-based wellness visits. Navigator qualitative responses to RWN program impact are captured in a program survey and focus group responses previously discussed (see Wellness Training Evaluation Results, p. 23). Additionally, the Navigators participated in a pre-post test of the Wellness Training to gauge change in health and wellness knowledge. Of the 9 Navigators who participated in the Wellness Training, all showed an increase in post-test scores as compared to pre-test scores. The average pre-test score was 73.5% which increased to 82.4% after the Wellness Training and the median pre-test of 76.4% increased to 87.3% on the Navigator post-test. As Chart 1 shows below, all of the Navigator scores improved when comparing pre-post tests for the Wellness Training. This shows that all Navigators gained health and wellness knowledge, likely attributable to the 8 week Wellness Training.

Chart 1: Navigator Wellness Training pre-post test comparison



Each of the Navigators served one or two clients for a total of fourteen refugee clients. The refugee clients were evaluated via a pre-post RHS-15 survey packet (See Appendix 5, RHS-15 & Client Wellbeing Survey). The intention of these materials were to show client change in wellness pre and post Navigator home visits. However, it was not feasible to calculate simple descriptive statistics of client change due to the low number of client responses received. If more refugee clients were involved in the program who were representative of Alameda County's entire refugee population, it would be useful to run t-tests to determine statistical significance of

pre-post RHS-15 survey packet differences. Of the fourteen total clients, only six pre RHS-15 packets were collected at the start of home visits and five collected at the conclusion of the program. In addition, survey packets were submitted with varied levels of completion. Due to the incomplete nature of the RHS-15 and Client Wellbeing Survey, it is not useful to calculate descriptive statistics of client change in health, wellness, and social isolation. Despite continual reminder from IRC CWB staff, it proved to be challenging for Navigators to implement the RHS-15 survey packets. Some possible explanations for this challenge could be Navigator focus on client immediate needs, misunderstanding of RHS-15 survey packet use, feeling intrusive when asking personal questions to a refugee client, inconvenient RHS-15 survey length and Navigator current stress levels and/or history of trauma.

While the RHS-15 is a validated measure of wellness created specifically for the refugee population, it was challenging for Navigators to implement with clients. Thus, for client quantitative measures in future versions of the RWN program, it is recommended to design a simple survey for measuring client change pre and post Navigator home visits. For instance, in future iterations of the RWN program, Navigators could solely utilize the Client Wellbeing Survey to measure client change in wellness. The Client Wellbeing Survey could be edited to include simpler and more straightforward language which would encourage ease of use. A simplified version of this survey would be useful in showing change in client feelings of isolation and perceived levels of social support.

An additional challenge was attrition of clients and Navigators. While nine Navigators participated in the Wellness Training, one Navigator ceased participation of client home visits due to personal reasons. Additionally, connecting with refugee clients was sometimes challenging due to work schedules, childcare, and home responsibilities, thus limiting the frequency of which home visits occurred.

Program Replication & Recommendations

Through program implementation and evaluation, many lessons were learned. Should this program be replicated in IRC or within another program location, the following are program recommendations. The below table shows recommended staffing for future iterations of the RWN program:

Table 3:

Job Title	FTE	Responsibilities	Qualifications
Case Manager	**1.0**	**Client case management, Wellness Training facilitation**	**MSW**
Clinical Program Manager	**.5**	**Clinical supervision**	**LCSW or PsyD**
Graduate student or volunteer	**.75**	**Assistance with Wellness Training, client case management, Navigator administrative duties**	

Through the field test with community members, it was suggested that a full time social worker be employed to address refugee client practical needs, especially for the clients who are no longer receiving resettlement services via IRC. Additionally, it is recommended to have a resettlement case manager at all RWN meetings in order to the increase communication and collaboration internally within IRC. Currently, the RWN program was primarily maintained by IRC CWB staff with minimal communication from other IRC departments. A suggestion for future programs is to have an IRC resettlement case manager participation at all stages of RWN program implementation and evaluation.

Beyond the program staffing recommendations, it is important to highlight the necessity of close ties and collaborative work with resettlement case workers. Within the IRC structure, it was critical to collaborate closely with the resettlement team for case management related needs. Beyond internal relationship building, collaboration with community partners and social service agencies was critical to program success. For instance, one Navigator stated about a refugee client that, "I made (my client) an appointment with a psychiatrist and after the visit she was told to bring her husband in her next visit, but she missed her appointment due to not having a ride." This example displays the importance of case management support in assisting refugee clients with practical needs. It is also important that program staff have knowledge of and collaborative relationships with community partners.

Additional programmatic recommendations include office space for meetings as well as private rooms to attend to client case management needs. Access to a computer, printer, and scanner is necessary for the Wellness Training. Additionally, while this RWN program was implemented with training interpreters as Navigators, in which all participants spoke fluent English, a different model may require use of interpreters for program meetings.

An additional recommendation from the focus group and field test is to have Navigator follow up meetings on a more frequent basis. This program cycle utilized a monthly optional meeting and a monthly mandatory meeting to convene Navigators and CWB program staff. A higher frequency of follow up meetings would allow for more contact and opportunities for discussion regarding client needs. For instance, some of the case management components of home visits required extensive time to discuss, thus a recommendation for future program cycles would be to expand the frequency of Navigator follow up meetings to once a week with one hour allotted for case management needs and another additional hour for clinical emotional support.

In line with the previous recommendation, it is advised that future program implementations have, at a minimum, one full time case manager and a part time (.5 FTE) licensed clinical supervisor. This will allow for both client case management and clinical needs to be addressed. In addition, if the program is to be replicated for a refugee population, it is recommended that all RWN staff have experience working with refugees who may have experienced trauma.

Wellness Training Recommendations

Through the field test, it was also recommended that future implementations of the RWN program stress the importance of trust building when working with refugee clients in their homes. For instance, one consumer advised that for clients, "we have to trust the agency first and then can have an understanding of what is offered to (clients) through the agency." One method to establish trust and credibility could be to have the first Navigator client meeting take place at the IRC to display the program's professionalism and alignment with overall resettlement efforts. For in home first visits, it was recommended that there be a practical service that Navigators could offer to refugee clients to gain their trust. Field test participants commended the home visit approach as this allows for "a lot of information about a family to be gathered that way." Thus, it is recommended that future RWN programs maintain use of home visits for refugee clients when possible.

Additionally, community leaders recommended that in future Wellness Trainings, Navigators have more training and discussion opportunities about the fact that they may not be able to connect with families; for instance, some families may be very dissimilar, despite a shared cultural background, and may not want Navigator services. Addressing the distrust refugees clients may have as well as the potential of client rejection of home-based services should be incorporated into future trainings.

Field test participants also suggested that a longer Wellness Training occur so that more specific cultural tailoring to refugee client needs could take place. For instance, with a longer training, real life experiences of working with refugee clients could be used as dialectical examples useful for Navigator learning and training. Furthermore, field test participants recommended that additional time should be spent during the Wellness Training to work with Navigators in setting boundaries with clients. Due to the vulnerable nature of some refugee clients, it was suggested that a more thorough training about professional boundaries take place in order to protect Navigators and decrease chances of burnout.

Additionally, it is suggested that more training regarding use of the RHS 15 and/or Client Wellbeing Survey be included in future programs. In future iterations of the Wellness Training, more time should be dedicated to role plays and repeated revisiting of the RHS-15 and client survey. This would allow for simplicity in use of the screening tool as well as increase tool fidelity.

Conclusion

The RWN program is innovative in its design which trains community navigators, who are refugees themselves, to conduct home-based visits to address refugee client health and wellness needs. Through Navigator, client, and community member feedback, this program design captures opportunities for growth in future program cycles. The RWN program has been successful in training Navigators about wellness and has been commended for its novel and dynamic design. Furthermore, through this program, Navigators have built trusting relationships with their refugee clients. For instance, one Navigator states that, “recently [the client] feels better. Whenever she has any problem or concern, [she] just calls me.” The RWN program’s emphasis on early intervention and utilization of refugee peer support is innovative; this program’s focus on refugee peer support is useful in mitigating future challenges associated with resettlement as well as has great potential to improve client mental health and wellness outcomes.

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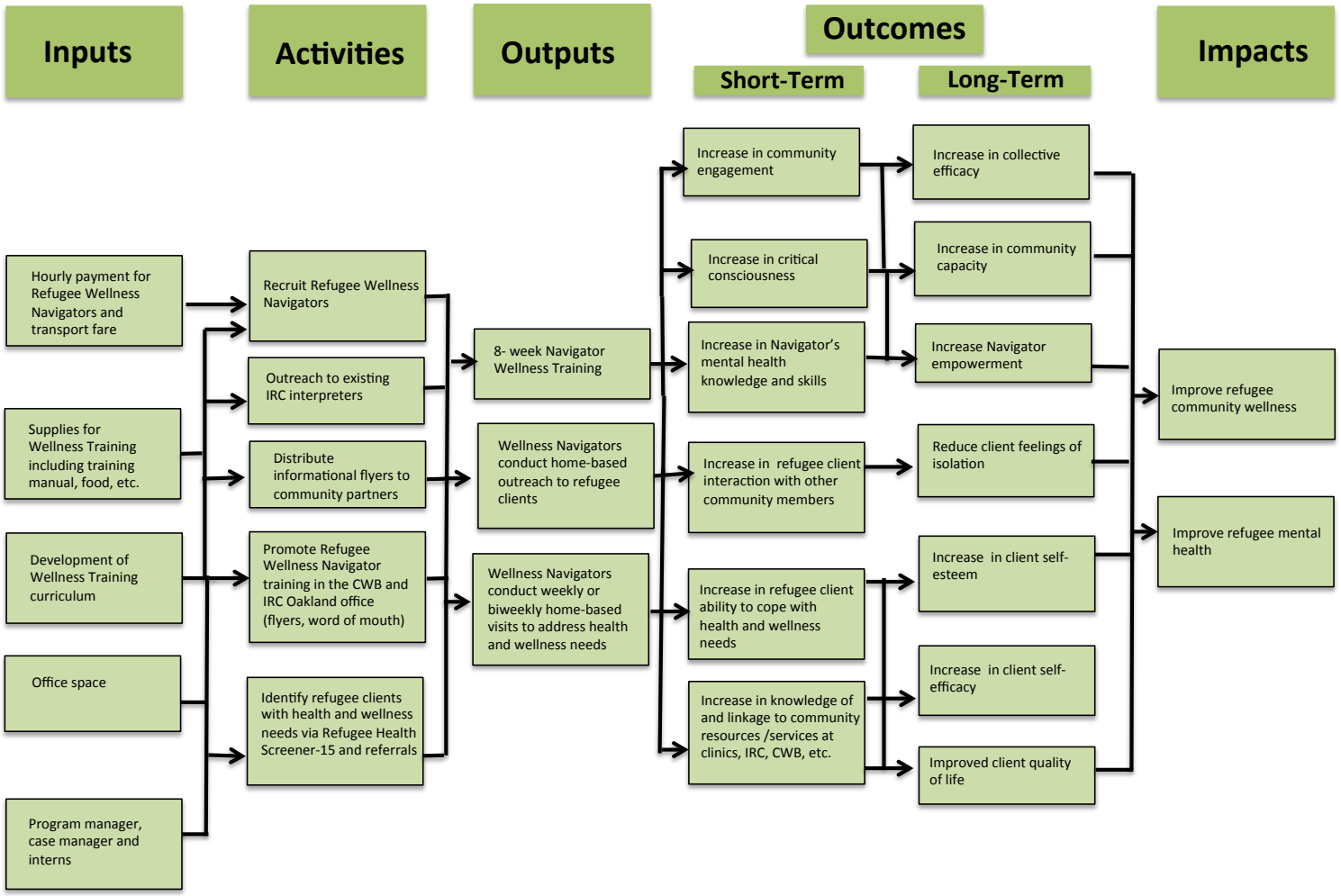
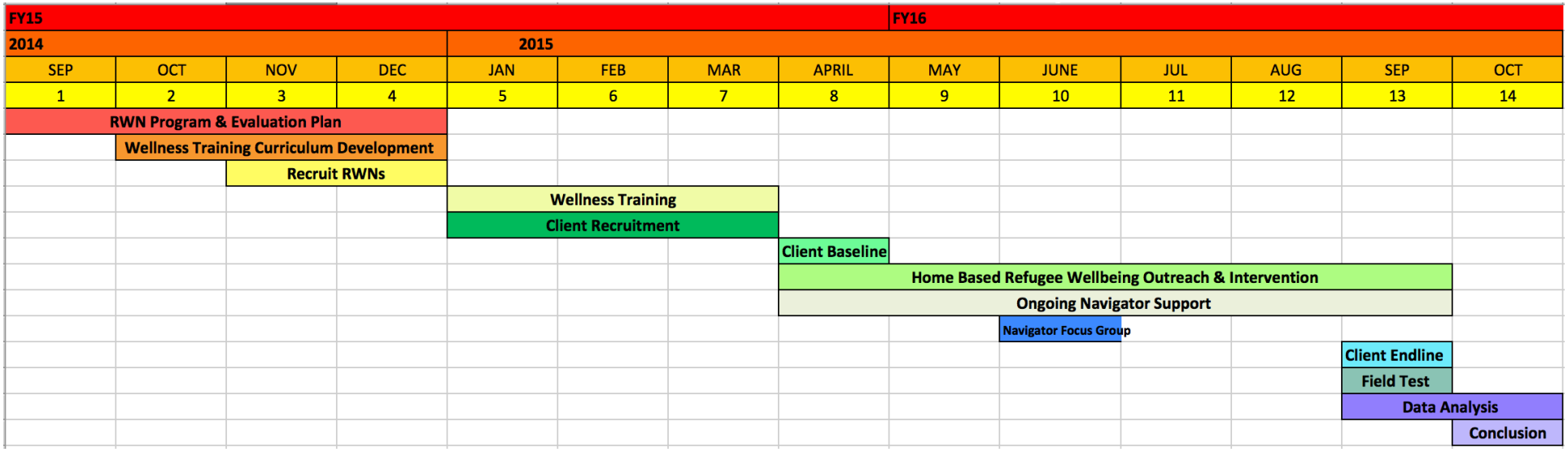
Appendix 1: Logic Model



Appendix 2: Program Work Plan

The below timeline shows the CWB's work plan for the planning, implementation, evaluation, and conclusion of the Refugee Wellness Navigator program.



Appendix 3: Navigator Flyer

Refugee Wellness Navigator Project

Interested in helping improve refugee wellbeing?

The International Rescue Committee's Center for Wellbeing introduces the Refugee Wellness Navigator Project. The program will provide an 8-10 week mental health awareness training in preparation for home-based outreach.

Wellness Navigators will receive $15 per training session and wellbeing home visit, with an opportunity to improve refugee wellbeing within their communities.

For information please contact Annika Sridharan, MSW, Psy.D
Center for Wellbeing Clinical Manager
Annika.Sridharan@rescue.org • (510) 852-8931

International Rescue Committee Oakland
Center for Wellbeing

INTERNATIONAL RESCUE COMMITTEE

Appendix 4: Navigator Application

Thank you for your interest in the IRC's Center for Wellbeing Refugee Wellness Navigator program. This program will begin in early 2015 and will include home-based refugee community outreach to improve mental health and overall wellness for socially isolated refugee adults. As a Navigator, you will have the opportunity to attend weekly 2-hour trainings over the course of 8-10 weeks between January and March 2015. These trainings will provide you with the opportunity to gain knowledge pertaining to refugee community health and wellness. After the trainings, you will have the opportunity to conduct home-based outreach and intervention to socially isolated refugee adults within the community. Please answer the following Refugee Wellness Navigator application questions.

Name:_____ Date of Arrival to U.S: _____

Preferred method of communication: ___Phone ___Email ___Text

We are looking for Navigators who are refugees or asylees themselves. Please check one of the following boxes:

☐ Refugee ☐ Asylee ☐ Other:_____

1. Why are you interested in being part of the Refugee Wellness Navigator program? Please explain:

_____
_____
_____
_____

2. What do you hope to contribute to your community? Please explain:

_____
_____
_____
_____

3. Please describe any previous work experience:

_____
_____
_____
_____

4. If not captured in question 3 above, describe any previous experience with mental health and wellness. This can be professional, volunteer, interpreter services, etc.

_____
_____
_____
_____

Please mark your highest level of education completed:

☐ None

☐ Primary school

☐ Secondary school

☐ Trade school

☐ College

☐ Graduate school

☐ Other: _____

In general, what is your availability for trainings and for home visits? Please mark each box with a X if you are generally free during this time. Please mark all possible times.

Day	Morning (9am-noon)	Afternoon (noon-3pm)	Late afternoon (3pm-6pm)	Evening (6pm-9pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Thank you for completing the IRC Center for Wellbeing Refugee Wellness Navigator program application.

Appendix 5: Refugee Health Screener- 15 & Client Wellbeing Survey

PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15)

English Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

Developed by the *Pathways to Wellness* project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The *Pathways* Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

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ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

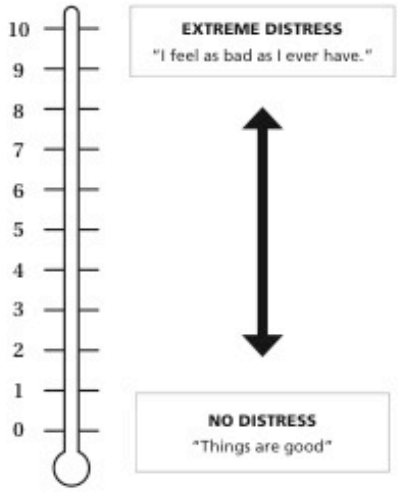
PATHWAYS TO WELLNESS

14. Circle the one best response below. Do you feel that you are:

Able to handle (cope with) anything	**0**
Able to handle (cope with) most things	**1**
Able to handle (cope with) some things, but not able to cope with other things	**2**
Unable to cope with most things	**3**
Unable to cope with anything	**4**

Add Total Score of items 1–14 ☐

15. Distress Thermometer



Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ❶ ITEMS 1–14 IS ≥12 OR ❷ DISTRESS THERMOMETER IS ≥5

CHECK ONE: ☐ **POSITIVE** ☐ **NEGATIVE** ☐ SELF-ADMINISTERED ☐ NOT SELF-ADMINISTERED

International Rescue Committee Center for Wellbeing Refugee Wellness Navigator: Client Wellbeing Survey

Direction for Navigators: After administration of the RHS-15, please read the following questions to the clients, and mark their answers accordingly.

For the following statements, please indicate the answer which best corresponds to how you have been feeling during the past week:

Indicate to client that these responses are the same as the small cup measures in the RHS-15, and show these to them if necessary.

	0 Not at all	**1 A little**	**2 Moderately**	**3 Quite a bit**	**4 Extremely**
1.Overall, I have been feeling well.					
2.I have felt isolated and alone.					
3.I have someone to turn to for support.					
4.I do not know how to access resources or support.					
5.I have felt comfortable with myself, and have had confidence in my abilities.					
6.I have felt disappointed in myself and discouraged.					

Appendix 6: RWN Satisfaction Survey

Instructions:

IRC CWB would like your feedback about the Wellness Training and about what you learned. Please answer the questions in the format provided below.

1) Please rate the degree to which you agree with the corresponding statements about the RWN Wellness Training

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Wellness Training met my expectations.	○	○	○	○	○
The presentations and activities were useful and relevant.	○	○	○	○	○
The content was organized and easy to follow.	○	○	○	○	○
The materials distributed were pertinent and useful.	○	○	○	○	○
The facilitators were knowledgeable about the subject matter.	○	○	○	○	○
The quality of facilitation was good.	○	○	○	○	○
Participation and interaction were encouraged.	○	○	○	○	○
Adequate time was provided for questions and discussion.	○	○	○	○	○
I felt satisfied with the opportunities for participation.	○	○	○	○	○

2) How would you rate the Wellness Training overall?

Very Poor	Poor	Average	Good	Excellent
○	○	○	○	○

3. What did you like best about the Wellness Training?

4. What did you like least about the Wellness Training?

5. What did you learn in the Wellness Training that you hope to share with others?

6. What recommendations do you have for future Wellness Trainings?

7. Other comments?

Appendix 7: RWN Pre-post Test

Name: _____ **Date:**_____

For the following statements, please mark the box that best matches how you feel:

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
1. I am comfortable talking about mental health					
2. I am likely to reach out to those in my community who may have mental health needs					
3. I understand how people in the U.S. think about mental health					
4. I have an overall understanding of what mental health is					
5. I am comfortable talking about my own emotional wellbeing					

6. Which of the following **are** common experiences for refugees during initial resettlement and adjustment:

a) missing a sense of belonging and identity
b) feeling overwhelmed
c) ability to use one's skills from home
d) feeling relieved and hopeful
e) increased sense of self-confidence
f) having more time to spend with others
g) ambivalence about the host country
h) feeling isolated

7. Which of the following **are not** common responses to traumatic experiences:

a) fear
b) reduced hope for the future
c) wanting to hear other peoples' stories of trauma
d) physiological reactions such as fast heartbeat
e) insomnia
f) increased energy
g) difficulty trusting others
h) improved concentration

8. Which of the following **is** a symptom of Depression (circle one):

a) re-experiencing aspects of past trauma

b) reduced interest in daily activities
c) being hyper-vigilant
d) having nightmares

9. Which of the following **is not** a symptom of Posttraumatic Stress Disorder (circle one):

a) feeling emotionally detached or numb
b) feeling jumpy and easily startled
c) feeling more attached to others
d) avoiding reminders of past events

10. Which of the following **are** common challenges to refugees seeking and receiving support for emotional wellbeing:

a) language barriers
b) limited availability of culturally-informed services
c) refugees usually do not have a need for emotional support
d) lack of transportation and childcare
e) refugees are not interested in these services
f) fear of revealing traumatic experiences
g) stigma regarding mental health needs
h) refugees usually have sufficient community support

11. Which of the following **are true** with regard to Refugee Wellbeing Navigator community outreach and support:

a) navigators will easily understand clients' cultures
b) clients may expect a great deal from navigators
c) navigators can assist clients with all their needs
d) clients may not trust navigators
e) navigators need to have clear boundaries
f) clients prefer to speak with someone from their own culture
g) client confidentiality is of utmost importance
h) navigators may struggle to set limits with clients

12. The mind and body are connected. **List 5** physical signs of emotional stress:

1. 4.

2. 5.

3.

13. Describe how you understand the concept of confidentiality:

14. Describe how you understand the concept of interpersonal boundaries:

Appendix 8: RWN Navigator Focus Group Protocol

Date:_____ **Facilitator: _____**

RWN Program Background: Thank you all for coming. We are here today because we want to learn about your experience with the IRC CWB's Refugee Wellness Navigator Program. We want to know what you think is working well and what you think could be improved. Your responses will help us to identify the most effective and useful program practices so that it may be shared with and taught to others throughout Alameda County.

This group is intended to be a safe space. There are no right or wrong answers. Your participation is voluntary —you are free to withdraw your participation from this focus group at any time. What you say is confidential — we will not attribute your name or any identifiable characteristics to anything you say. Also, what you say today will not affect any services you receive or your employment at IRC– the questions are constructed to maximize anonymity. Please feel free to answer honestly.

As the facilitator, I will work to create a space where you have the opportunity to share your thoughts and ideas. We work with a few guidelines to help us do that:

- Silence your cell phones — please turn off the ringer and any alarms
- There are no "wrong" or "right" opinions, please share your opinions honestly and respectfully
- Engage in the conversation
- Listen to understand
- Be curious about others' opinions
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said

If you have any questions at any time, feel free to ask. The entire session should take about an hour. Thank you for your participation!

Training

First, we will discuss the 8-week RWN training.

1) In the RWN training we did a variety of activities and topic presentations including role plays, discussion, case studies, and games about the themes listed here:
   a) Which activities and topics did you like the most? Why?
   b) Which activities and topics did you like the least? Why?

2) At the end of the training, did you feel prepared to conduct home visits and interact with refugee clients? Please explain. Probe: sufficient mental health and wellness knowledge gained through training?

3) How can the RWN training be improved in the future? Please provide suggestions. Probe: location of meetings, time commitments, payment

Clients:

4) To what extent do you believe that clients benefit from home visits? Please provide concrete examples. Probe: reduce stigma, increase knowledge, reduce client social isolation

5) How do think your home visits with clients reduce their social isolation?
   a) How do your home visits affect client self esteem?
   b) How do your home visits affect client quality of life?

6) What challenges have you faced during client home visits? How can these be improved in the future?

Follow up meetings:

7) Do you feel that you receive a sufficient level of support and guidance from IRC staff to address client needs? Please explain.

8) How can follow up meetings and supervision for Navigators be improved in the future?

Outcomes and Impact

9) Has participating in the RWN program affected your own knowledge of refugee mental health and your own wellbeing?

10) What other impacts, if any, do you think that the RWN program has had for clients and yourself? Probe: cross cultural encounters, applicable job skills, self confidence, acknowledging shared experiences, etc.

Overall Satisfaction

11) Overall, to what degree are you satisfied with the RWN program and why?

12) Do you have any other comments or thoughts about the RWN program before we conclude our discussion?

Conclusion: Thank you for your participation. Your input is very much appreciated.

INSTRUCTIONS FOR FOCUS GROUP FACILITATOR:

After each focus group, please write down your summary thoughts pertaining to the focus group. Please structure your summary thoughts under the following topics:

- Major points of discussion / Themes
- Notable participant dynamics
- Successful aspects of the focus group (i.e. facilitation strategies used, logistics, participants makeup, etc.)
- Points of improvement (i.e. facilitation strategies used, logistics, participants makeup, etc.)

Appendix 9: RWN Field Test Protocol

Date_____ **Facilitator: _____**

RWN Program Background: Thank you all for coming. We are here today because we want to learn your opinions about the IRC CWB's Refugee Wellness Navigator Program. We want to know what you think works well in this community and what you think could be improved. Your responses will help us to identify the most effective and useful program practices so that it may be shared with and taught to others throughout Alameda County.

This group is intended to be a safe space. There are no right or wrong answers. Your participation is voluntary —you are free to withdraw your participation from this focus group at any time. What you say is confidential — we will not attribute your name or any identifiable characteristics to anything you say. Please feel free to answer honestly.

As the facilitator, I will work to create a space where you have the opportunity to share your thoughts and ideas. We work with a few guidelines to help us do that:

- Silence your cell phones — please turn off the ringer and any alarms
- There are no "wrong" or "right" opinions, please share your opinions honestly and respectfully
- Engage in the conversation
- Listen to understand
- Be curious about others' opinions
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said

If you have any questions at any time, feel free to ask. The entire session should take about an hour. Thank you for your participation!

As a reminder, we sent out the below program summary (see Appendix 10). Please take a moment to reread the details of the RWN program as this will be the basis of our discussion.

Training

First, we will discuss the 8 week RWN Wellness Training.

13) In the RWN training we did a variety of activities and topic presentations including role plays, discussion, case studies, and games about the themes listed here: Introduction to RWN program; experiences of resettlement & exile; flight, transitions & life in camps; mind-body connection & self care; mental health across cultures & assessment; understanding trauma & loss; preparation for home visits; documentation & planning for follow up meetings

    a) What other topics do you think we should include? Which should we not include?

b) Which activities and methods of instructions do you think work best for teaching this type of material?

14) How can the RWN training be improved in the future? Please provide suggestions. Probe: location of meetings, time commitments, payment

Clients:

15) To what extent do you believe that clients benefit from home visits with Navigators who are refugees themselves? Probe: reduce stigma, increase knowledge, reduce client social isolation

16) Given the context of the RWN program, how could the program better serve refugee clients? Probe: more wrap-around services, linkage to additional community resources

Follow up meetings:

17) How can follow up meetings and supervision for Navigators be improved in the future?

Outcomes and Impact

18) What impacts, if any, do you think that the RWN program has had for clients, Navigators, and community members? Probe: cross cultural encounters, applicable job skills, self confidence, acknowledging shared experiences, etc.

Overall Satisfaction

19) Overall, to what degree do you believe the RWN program is valuable and why?

20) Do you have any other comments or suggestions about the RWN program before we conclude our discussion?

Conclusion: Thank you for your participation. Your input is very much appreciated.

INSTRUCTIONS FOR FOCUS GROUP FACILITATOR:

After each focus group, please write down your summary thoughts pertaining to the focus group. Please structure your summary thoughts under the following topics:

- Major points of discussion / Themes
- Notable participant dynamics
- Successful aspects of the focus group (i.e. facilitation strategies used, logistics, participants makeup, etc.)
- Points of improvement (i.e. facilitation strategies used, logistics, participants makeup, etc.)

Appendix 10: RWN Program Summary

Refugees, asylum seekers, asylees[3], and Special Immigrant Visa[4] holders (SIVs) flee their home countries for a variety of reasons including war, violence, religious persecution, and/or political opinion (UNHCR, 1951). Such issues often tear apart communities and severely compromise the health and wellness of those who are forced to flee as well as the communities they leave behind. This often results in poor health outcomes, mental health issues, social isolation, and restricted healthcare access (Miller & Rasco, 2004; Wagner et al., 2013; Procter, 2005). Evidence for poor refugee mental health outcomes is clear; over 1000 articles explore the mental health effects of the refugee experience and reveal a high prevalence of PTSD and depression (Miller & Rasco, 2004; Gerritsen et al., 2006; Shannon, Wieling, McCleary, & Becher, 2014).

The Refugee Wellness Navigator (RWN) program aims to build healthy communities where refugees, asylum seekers, and SIVs are resettled through a focus on improving community health and wellness. The RWN program has the following goals: (1) Reduce isolation of socially isolated refugee adults through home-based peer outreach, (2) Improve self-esteem of socially isolated refugee adults, and (3) Improve quality of life of socially isolated refugee adults. This will be achieved via training interpreters as community Navigators via an 8 week Wellness Training, home-based visits for refugee clients, and ongoing support for Navigators. The Navigators will participate in an 8- week Wellness Training which will include topics such as emotional wellbeing and understanding trauma. The trained Navigators will then engage in home-based outreach and intervention to refugee adults which will include both case management components as well as psycho-social support.

Peer-led interventions for addressing mental health needs have shown to be effective in a variety of other settings (Singla et al., 2014; Wong, Wong & Fung, 2010). In addition, similar community navigator programs have been used for other populations, such as those with cancer or

[3] Individuals who have successfully been through the asylum seeking process and have been granted refugee status in the U.S (Refugees & Asylum, 2011).

[4] Individuals and their families who have worked with the U.S. government in Afghanistan or Iraq and due to theiremployment, have faced ongoing and serious threat and can no longer safely reside in their country of origin (Special Immigrant Visas for Afghans, n.d).

postpartum depression, and have shown to be effective (Luque et al., 2011; Singla et al., 2014). The RWN program is innovative in its use of refugees as community Navigators and through this method, strives to maintain a high level of cultural sensitivity and draw from community strengths (Measham et al., 2014).

Wellness Training

The IRC CWB currently utilizes an existing network of reliable and qualified interpreters for its interpretation needs. Languages spoken by interpreters include: Amharic, Arabic, Burmese, Karen, Dari, Farsi, Nepali, Pashto, Somali, kiSwahili, Tamil and Tigrinya. This group of interpreters has been identified as having the cultural knowledge and understanding of the refugee experience as they are refugees themselves. A group of nine Navigators were selected to be part of the RWN program from IRC's existing interpreter pool and represent Ethiopia, Eritrea, Iran, Afghanistan, Sri Lanka and Somalia. The Navigators were asked to attend an 8 week training session that met once per week, for two hour sessions. The Wellness Training contained information about the following topics (1) Introduction & Orientation to the RWN program, (2) Adapting to a new home: experience of resettlement & exile, (3) Refugee experiences: flight, transitions, and life in the camps, (4) Mental health & emotional wellbeing, (5) Understanding trauma & its impact on refugee communities, (6) The mind-body connection & assessing client wellbeing, RHS-15, (7) Preparation for refugee community outreach and home visits and, (8) Closure and next steps. These trainings included role playing, case presentations, discussion, and games to interactively teach programmatic content.

Home Visits for Refugee Clients

Client Outreach: At the conclusion of the 8 week Wellness Training, Navigators began outreach to clients. Navigators performed outreach through an initial phone call to introduce themselves and the RWN program as well as plan for home visits. Navigators were provided scripts for the initial phone call and practiced introducing themselves through role plays during the Wellness Training.

Ongoing home visits and support: Navigators began home visits to socially isolated refugee clients. Depending on the client's needs and availability, home visits were either weekly or biweekly. Home visits included social support, psycho-education, wellness activities and/ or linkage to resources. The home visits were tailored to meet client's needs with the overall aim to improve client wellness while

decreasing social isolation. The home visits between the Navigator and client aimed to facilitate a supportive relationship as well as provide the opportunity to share health and wellness knowledge. Under the Navigator's guidance, clients engaged in wellness activities focused on building client self esteem and reducing social isolation. The Navigator home visits lasted up to six months.

Ongoing support for Navigators

The Navigators received ongoing support from IRC Center for Wellbeing staff to address client needs. During monthly follow up meetings, Navigators attended a group session to discuss client home visits as well as learn from one another's client interactions. These follow up meetings were led by the Center for Wellbeing Clinical Program Manager and a MSW/MPH graduate student. Discussions during the follow up meetings included client case management needs such as housing situations, social services and continued benefit support (Medi-cal, CalFresh), as well as clinical support for client emotional needs. Navigators could also contact IRC staff via email or phone calls in between monthly meetings for client related issues.

Program evaluation

The RWN program evaluation assessed three groups: Navigator, refugee client, and community. This multi-level approach allows for data triangulation to best ascertain programmatic information regarding areas of weakness, which can be targeted for improvement as well as identify areas of strength, which can be expanded. Due to a limited evaluation budget and ethical considerations, the evaluation plan uses a non-experimental design; this includes Navigator prepost Wellness Training tests, Navigator satisfaction surveys, Navigator focus group, client RHS-15 survey packet and community field testing.

Navigator evaluation: The Navigators were asked to evaluate the RWN program on an ongoing basis through surveys and a midline focus groups. Brief satisfaction surveys were distributed after the Wellness Training. In addition, a short pre-post test was distributed at the first and last session of the Wellness Training to gauge Navigators' change in health and wellness knowledge. In addition, the Navigators contributed to programmatic evaluation and improvement via a midline focus group. This focus group asked questions about the RWN program in order to gain information about successes, challenges, and suggestions for improvement.

Client Evaluation: Clients will be evaluated through a pre-post administration of the RHS-15 survey packet. In addition to the RHS-15, a validated measure of refugee wellness, the survey packet will include a brief survey that gathers information about feelings of social isolation and self-esteem as well as access to community resources.

Community field testing: Community members from local organizations will be asked to participate in a focus group discussion in order to ascertain feedback about the RWN program design, implementation, and evaluation as well as gather suggestions for programmatic improvement. Consumer and family members of community organizations as well as providers will be invited to the field test.

Wellness Training Manual

Refugee Wellness Navigators

International Rescue Committee

Center for Wellbeing

October 2015

Contact information: Jenny Nakata MSW, MPH

Nakata.jennifer@gmail.com

Facilitator Agendas

Session 1: Introduction to RWN program

Time	Activity	Resources	Facilitator
10 min	**Participant Arrival:** • Sign in • Pick up participant binder	name tags, markers, sign-in sheet, binder with materials, agenda	
15 min	**Get to know you ice breaker** • Facilitators introduce themselves • Participants introduce themselves: Name, country of origin, length of time in U.S, favorite food and/or 1 surprising thing when arriving to US • Note any commonalities between participants		
45 min	**Introduction to RWN program** • Chair activity: one person tries to lift chair, then two, then three, etc. Goal is to show collaboration, communication, and teamwork in addressing mental health Discuss activity and how it relates to mental health and wellness: we need to collaborate and help each other in order to find balance, lighten our burdens, and gain stability. • Goals of the program 1. Training about basic mental health and emotional wellbeing among refugee communities, and how to conduct community-based outreach and support. 2. Mutual learning and support for participants themselves, who may have gone through similar experiences as clients. • At the same time, awareness that navigators have sometimes themselves gone through similar experiences to clients they will visit, whether in home country, during flight, in camps, or during resettlement and adjustment to new environment. This project is meant to provide support and possibly learning and sharing for navigators themselves. • Navigators answer one thing they are hoping for through participation	poster paper, markers, program timeline drawn on poster paper	

	in the program **Roles and responsibilities of Navigators:** • outreach • home visits • ongoing support • transport and $		
10 min	Break	Snacks, napkins	
15 min	**Group norms of the Wellness training:** • Create ground rules for the training including: 1. Confidentiality – within group, and regarding clients 2. Room for different views, tolerance of disagreements 3. Regular attendance. Can miss one session if have to, but best efforts to attend all. Certificate with 7-8 attendances. 4. Arrive on time 5. Notify if late or unable to attend, at least one hour before start of session. 6. One person speaks at a time, balance time allowed for everyone to speak 7. Active participation is strongly encouraged. Ask questions, share ideas and experiences.	poster paper, markers	
15 min	**RWN pre-test administration**	pretest, pens	
10 min	**Closing and next steps:** • Summarize today's training • Next meeting time, reminder to bring binders & name tags or leave at CWB **Closing activity:** Each participant states one thing that stands out from today's training		

Session 2: Resettlement

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • sign in	name tags, markers, sign-in sheet, binder with materials, agenda	
15 min	**Name game/ ice breaker** • Participants stand in a circle, throw ball of yarn, say names of people prior to you, create web • Debrief activity- how does this activity relate to wellbeing?	Ball of yarn	
45 min	**Phases of Refugee Adjustment** • Honeymoon = hope and excitement, also worry and stress, little time to reflect • Reality = realization that much harder than expected, overwhelmed, disoriented, often first year • Adjustment = becomes more familiar, less overwhelming, begin to be able to do more things, feel more stable and secure. Begin to find things they like. • Integration = find mix of home and new country/culture, new identity, sense of belonging • Where are you now? o Put post it on graph depending on where you fit now • Discussion: o How have you learned to cope with changes in your life? o During the first weeks or month in the U.S, how did you feel? How did this change over time? o How do we feel and think when we experience cultural adjustment? o How can we help ourselves towards cultural adjustment? • Reiterate that phases not linear, and events in life can shift back and forth. Ambivalence can remain for a long time, it is normal to sometimes want to be back him, have doubts about being here	Pg 12 of Oromo Workbook- phases of refugee adjustment, post-its	
5 min	**Break**	Snacks, water, cups,	

		napkins	
15 min	**Resettlement Question Game** • Ask questions re: resettlement • RWN place themselves along the continuum of agree-disagree • Debrief: o How does this activity relate to feelings about resettlement?	List of refugee questions, signs for strongly agree, agree, neutral, disagree, disagree	

	Feelings about resettlement
	• Good/bad aspects of resettlement handout -fill out as individuals
	• Group discussion of activity
	  o How did you know you were adjusting/ adapting?
	  o What are some ways to help others towards adjustment?
		Good/ bad handout from Pathways to Wellness Training	

10 min	**Closing and next steps:** • Summarize today's training • Each participant states one thing that stands out from today's training • Each participant takes 3 min to write in their journals	Journals	

Session 3: Refugee experiences: flight, transitions & life in the camps

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • Sign in • Photo release form	pens, sign- in sheet, binder with materials, agenda, photo release forms	
10 min	**Check in:** • Participant brief check in • Reflect on last week's class. Any questions?		
25 min	**Review** • Review phases of resettlement outline • Debrief: o How did you know you were adjusting?	Resettlement chart from week 2	
45 min	**Flight, transition, life in camps** • Discussion of flight, trauma, and transition • Review triple trauma paradigm • Participants may share personal experiences if they feel comfortable • Pre-flight => flight => post-flight => transition => resettlement => exile • As the challenges of resettlement and exile are gradually worked through, refugees begin to settle in, and healing & recovery can increasingly take place Adaptation => stabilization => integration => building of new life => Strengthening connections & relationships => (re) establishing sense of belonging & meaning in life => creating hope for the future • Pre-flight => flight => post-flight • Encourage sharing and discussion, making connections among navigators • Connect these difficult experiences to their emotional, physical, relational & social impacts for refugees, refugee families, and refugee	Triple Trauma Paradigm handout	

	communities • Reconnect back to stressors of resettlement and life in exile, and highlight how much these are compounded by everything which has come before • Normalize the emotional strain, and significant impact these compounded challenges have on peoples', families' and communities' sense of stability and wellbeing as they strive to adjust and build their lives • Connect to what they will be doing on home visits with clients		
5 min	**Journaling activity** • Allow Navigators to personally reflect in journals	Journals	
5 min	**Break**	Snacks, water, cups, napkins	
15 min	**Question Activity** • Participants stand in a circle, facilitator asks questions, and participants step forward if it applies to them. Note: this is a silent activity o Debrief activity	Questions activity	
10 min	**Closing and next steps:** • Summarize today's training • Each participant states one thing that stands out from today's training		

Session 4: The Mind Body Connection & Self Care

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • Sign in	pens, sign- in sheet, binder, agenda	
10 min	**Check in:** • Participant brief check in • Reflect on last week's class. Any questions?		
20 min	**The mind body connection** • What does the mind body connection mean to you? • What are some examples when you have seen the mind and body be connected? (list answers on poster paper)	Poster paper, markers, Pg 29-30 of Pathways to Wellness, Pathways Handout 4	
30 min	**Body Mapping Activity** • Introduce body mapping activity • Navigators do body mapping activity • Navigators may share their body map if they feel comfortable	Paper, pens, colored pencils	
5 min	**Break**	Snacks, water, cups, napkins	
10 min	**Breathing Activity** • Introduce diaphragmatic breathing- this may be a tool they use with clients • Navigators participate in deep breathing • Reflection- what did you notice changed after this activity?	Pg. 31 of Pathways to Wellness Breathing Activity	
30 min	**Wellness Plan** • Introduce Wellness Plan and show example • Navigators create their own Wellness Plan • **Discussion:** • When could a Wellness Plan be useful to you or a client?	Pathways Handout 7 pg. 47 Wellness Plan	
10 min	**Closing and next steps:** • Summarize today's training • Each participant states one thing that stands out from today's training		

Session 5 : Perspectives on mental health across cultures & assessing emotional wellbeing with the RHS-15

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • sign in	pens, sign- in sheet, binder, agenda	
10 min	**Check in:** • Participant brief check in • Reflect on last week's class. Any questions?		
40 min	**Perspectives on Mental Health Across Cultures** Mental Health perspectives in US vs other cultures • Begin asking participants to say what 'mental health' means to them, and in their cultural context • Does it have negative connotation, is it associated with stigma and shame? • How does your culture view people who are having difficulty, emotional distress? What is attributed to them? • In many parts of the world, people may be treated very badly if seen as having emotional problems. Have you seen this? What is mental health? • A spectrum of 'health' from very good to very poor. For example occasional back pain vs. debilitating arthritis. Sense of sadness at life changes and loss vs. incontrollable crying, hopelessness, and wishes to die. • Great stigma and shame associated with expressing emotional distress, as if something is 'wrong' with the person, they are weak, or somehow defective. What is Emotional Wellbeing? • Emotional wellbeing refers to degree of internal wellbeing vs. degree of internal distress • Not fixed, fluctuates quite a bit depending on external events, physical health, as well as hormones, biological changes in brain and body. • For most refugees having experienced trauma, losses, and resettlement		

	(refer to our previous discussions), there is a range of normal expectable emotional/mental reactions, that most people will experience at least to some degree. Some important things to consider are the following: a) How many kinds of distress is the person feeling? b) For how long is that distress being experienced? c) How intense is the distress d) How much is the distress interfering with the person's life (ie. relationships with others, daily functioning, physical health, work and school, etc.) • People can benefit from support even for the natural expectable responses to life stresses. • Need not have become severe in order to warrant mental health/wellbeing interventions. Can also be preventative, so does not get worse over time.		
5 min	**Break**	Snacks, water, cups, napkins	
20 min	**Case study activity** • Break into pairs, distribute case study and have pairs read through and discuss the following questions: o What do you think is happening here? o What could the doctor say that would help Zahra understand? o What would you say to Zahra, if she told you this story? o Does this scenario seem like something you have heard or seen before?	Pathways handout 3 Case Study Zahra	
30 min	**Assessing Emotional Wellbeing** • How do you assess emotional wellbeing? • Discussion of looking at mental health in the following ways: o What is happening? o How long has it been going on? o How is it impacting the person's daily life?	RHS-15 (see Appendix 5)	

	○ Is it affecting the person's safety or the safety of someone else? • Intro to RHS-15 • What do you think of the RHS? Does it work well with your cultural background? • Before next week, review RHS and practice it on yourself		
10 min	**Closing and next steps:** • Summarize today's training • Each participant states one thing that stands out from today's training		

Session 6 : Understanding Trauma and Loss and their impact on refugees & communities

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • Sign in	pens, sign- in sheet, binder, agenda	
5 min	**Check in:** • Participant brief check in • Reflect on last week's class. Any questions?		
15 min	**RHS- discussion** • Explain RHS, why we use it, what it is useful for • Thoughts on RHS-15? • When you looked through your language, did any questions or concerns arise? What was it like to practice RHS-15?		
40 min	**Trauma impact on refugees and refugee communities** • Internal, emotional, psychological impact of refugee experiences, trauma and losses: These experiences can affect how people feel on the inside, how we think about ourselves and others, and how we interact with the world. a) What is a trauma? Ask group A life-threatening experience involving intense fear, helplessness or horror. Often the person is overwhelmed. Can be threat to oneself and/or threat to others one witnesses. b) What is torture? Ask group The intentional use of intolerable emotional and/or physical pain by someone in a position of power. Used to intimidate, terrorize, control, punish and silence a person or entire community. Intent is to destroy spirit and identity of persons or communities. Based on discrimination of any kind, including political, ethnic, religious, sexual orientation, etc. c) What is war trauma? Ask group Can include torture, but does not always. Always includes collective trauma in environment, intense fear for safety of self and loved ones, insecurity, and losses.		

	Depression and PTSD symptoms group discussion: If group has not mentioned, include the following effects: Terror, silence, self-censorship, betrayal, shame, humiliation, mistrust, destruction of family and communal ties, social fragmentation, increased violence between people, denial, apathy, loss of hope, isolation, discrimination increases in communities, anger and rage, helplessness and loss of control over life, disorientation and confusion, impact on couple and parental relationships, guilt, destruction of identity and self-esteem, loss of trust in humanity, fear of others' disapproval or aggression, difficulty trusting own perceptions, thoughts and feelings, disempowerment and powerlessness. • Depression and Post-traumatic stress: most common psychological distress • Explain the fight, flight, freeze reactions of all mammals to danger.		
5 min	**Break**	Snacks, cups, plates, etc	
40 min	**Home Visit Role Play** • Act out client initial phone call & introduce RWN program • First meeting at client's house • Introduction to RHS-15 • Navigators, in pairs, role play introducing themselves, first meeting, and introducing RHS-15.	Role Play props, if needed	
10 min	**Closing and next steps:** • Summarize today's training • Each participant states one thing that stands out from today's training	Rooted tree script from Oromo Guide	

Session 7 : Preparation for Home Visits

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • Sign in	pens, sign- in sheet, binder, agenda	
5 min	**Check in:** • Participant brief check in • Reflect on last week's class. Any questions?		
20 min	**Confidentiality/ Boundaries Discussion** • Discuss confidentiality • Challenges with boundaries when working with someone from same culture • For example: o Types of information to be shared o Physical closeness/distance o Territory/access to space o Emotional space/personal disclosure	Boundaries/ Confidentiality handout, *"Recognizing and Managing Boundary Issues in Case Management"*	
35 min	**Home visit introductions** • Role play initial meeting between client and Navigator • Distribute checklists • Questions? • Navigators practice introducing self and program in pairs • Come together as large group and discuss	Checklist for phone call and initial home visit	
5 min	**Break**	Snacks, cups, plates, etc	
10 min	**Client Distribution List** • Handout client list • Before next week each person should call their clients and set up a meeting for two weeks out	Refugee client list	
20 min	**Home Visit Log** • Explain IRC home visit log, progress notes, and transport vouchers • Questions?	Home Visit log, progress notes, and transport vouchers	
15 min	**Next Steps discussion**		

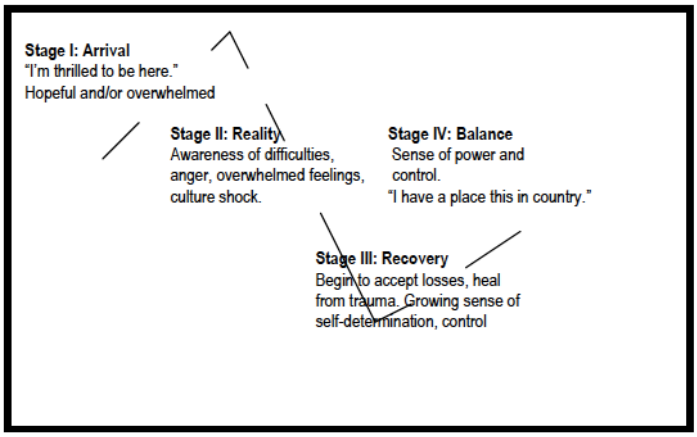
	• Continuing meetings after RWN training ends • Final week celebration		
5 min	**Closing** • Each person states one highlight from today's training • If time allows, closing activity where each person thinks of one question and writes on slip of paper. All questions go into bowl and each person picks one and answers the question themselves	Strips of paper, pens, bowl	

Session 8: Closure of Training and Planning for Next Steps

Time	Activity	Resources	Facilitator
5 min	**Participant Arrival:** • sign in	pens, sign- in sheet, binder, agenda	
5 min	**Check in:** • participant brief check in • Note about today's meeting- a lot of info to get through • Reflect on last week's class about confidentiality and boundaries. Any questions?		
10 min	**Consent & Confidentiality Forms** • Discuss IRC client consent form • Discuss and have navigators sign confidentiality form	Client consent form and Navigator confidentiality agreement	
20 min	**Transport log and Home Visit log** • Describe home visit log and go through example • Explain progress notes and go through example • Questions?	Home visit log, progress notes	
10 min	**Google Voice & Genius Scan** • Go through Google voice set-up handout • Describe genius scan and use for sending home visit logs if no scanner is available	Google Voice handout, Genius scan app to show	
25 min	**RWN introductions & clients** • Describe general questions that Navigators might be asked at first meeting • Questions?		
15 min	**Post Test** • Administer RWN post test	Post test, pens	
5 min	**Closing & Celebration** • Certificate distribution • Time for food and fun!	RWN Certificates	

Supplemental Materials
Week 2

Phases of Refugee Adjustment Handout



Time in Country
Adapted from: International Organization for Migration (1997). Cultural Orientation Africa

I. **Arrival.** This phase is characterized by feelings of relief, hope, and elation. During this phase an individual may feel very happy to have left a dangerous situation back home and may look forward to the prospects of rebuilding one's life.

II. **Reality.** Many war refugees experience some difficulty adjusting to American society. The long journey did not end with arrival on American shores. Individuals are now often identified as members of a minority group or "underclass." Individuals are not appreciated for their skills and life experiences. Practices in the new culture may seem unhealthy and strange.

III. **Recovery.** Refugees begin to adapt to the new culture. They blend the past culture with elements of the new culture. Healing from losses and past trauma begins and they achieve a sense of control over their lives. It is important to note that a small number of individuals do not adapt readily and become further isolated or marginalized.

IV. **Balance.** The present reality becomes acceptable and the individual has a sense of belonging in the new country. One still feels strong ties to place of origin but lives well in the current situation by engaging in meaningful relationships and fulfilling activities.

Resettlement activity:

Directions: Facilitator read each statement aloud, participants stand by the sign/designated area that best fits their answer- strongly agree, agree, neutral, disagree, strongly disagree, debrief activity as a group: What were some similarities you observed? What was surprising?

- I enjoy American food
- I miss my home country
- I have less time to spend with my family
- I found a job easily when I arrived in the US
- I had difficulty adjusting to the US
- The pace of life in the US is too fast
- I am proud of the country I came from
- I sometimes feel isolated in the US
- I miss the sense of community from my home country
- I have experienced harassment in the US

HANDOUT 2: FEELINGS ABOUT RESETTLEMENT

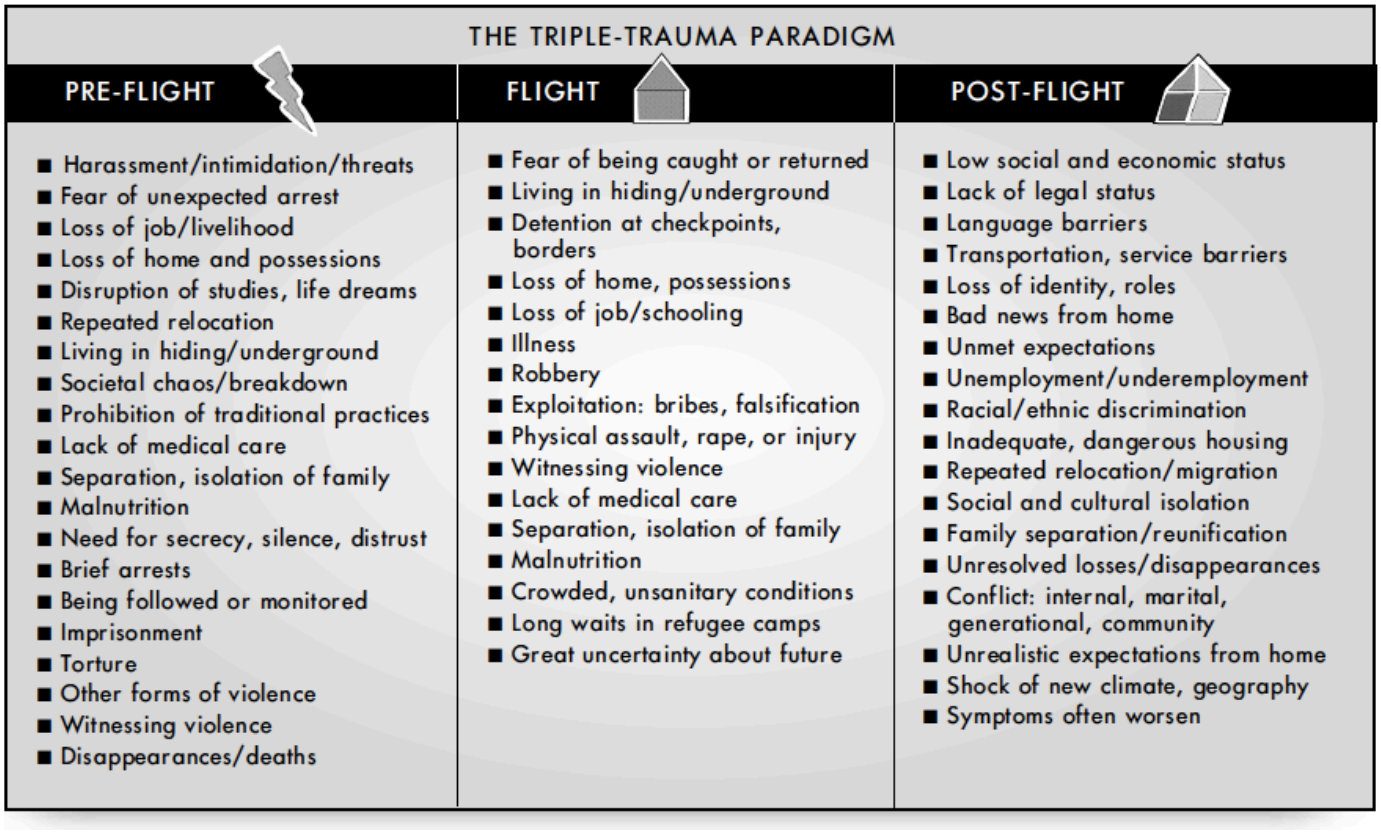
Make a list of the good things about coming to the United States.

Make a list of the bad things about coming to the United States.

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 42.

Week 3

Triple Trauma Paradigm Handout



Working with Torture Survivors, Core Competencies. (2005). In *Healing the Hurt: A Guide for Developing Services for Torture Survivors* (p. 23). Minneapolis: Center for Victims of Torture.

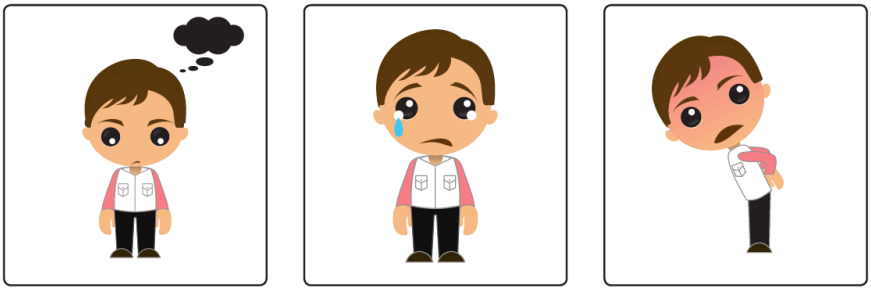
Questions activity:

Directions: Participants stand in semi-circle. Step forward if questions apply to them. This is a silent activity. Make time to debrief after activity and discuss reactions.

- I miss the food in my home country
- I am happy here in the US
- There are good and bad things about every country and culture
- If my country was safe, I would go back
- Sometimes, I feel isolated in the U.S.
- I have felt shocked with aspects of American culture
- I feel American
- I miss the sense of community from my culture
- I have experienced discrimination or prejudice in the U.S.
- At some point in my home country, I have felt fearful for my life
- I have experienced difficulty at some point in the resettlement process

Week 4

Mind Body Connection Handout



Thought:
"What if I can't pay my rent?"

Feeling:
Worry

Body Response:
Muscles tense and acid is released into the stomach. This may cause headaches, backaches, upset stomach, etc.

PATHWAYS TO WELLNESS

The following can be physical signs of stress:

- Back pain
- Change in appetite
- Constipation or diarrhea
- General aches and pains
- Headaches
- High blood pressure
- Trouble sleeping

If people have a very violent or traumatic event, like experiencing a bombing, seeing someone killed, getting attacked, the way the body responds is even MORE dramatic. The body prepares itself to fight-or-flee. In other words, the body gets ready to run or attack.

To do this, the body secretes chemicals called hormones (such as epinephrine, formerly known as adrenaline), which produces changes in the body. Here are some of the possible changes:

- The heart and breathing speed up.
- The chest becomes tight.
- Muscles tighten up, making someone feel that they need to urinate or have a bowel movement.
- Blood rushes away from the hands and the feet and those parts of the body become numb.
- Because of blood rushing away, people sometimes feel dizzy.

When something triggers the traumatic memories – EVEN IF THEY HAPPENED A LONG TIME AGO – the body might still react in the same way. This can cause people to feel very afraid, feel like they are going to faint, or even feel like they are having a heart attack.

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 29-30.

HANDOUT 4: MIND AND BODY CONNECTION

There is a Mind/Body Connection!

THE BODY'S STRESS RESPONSE

Stress is a normal physical response to events that make you feel threatened or upset your sense of safety or balance. When you sense danger – *whether it's real or imagined* – the body begins an automatic process known as the "fight-or-flight" reaction. This is also known as the stress response.

During the stress response, your nervous system responds by releasing a flood of hormones. These hormones prepare the body for action. Your heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and your senses become sharper. These physical changes prepare you to either fight or flee from the danger.

In fact, the stress response is the body's way of protecting you. In real situations of danger, it helps you stay focused, energetic and alert. In emergency situations, the stress response can save your life – giving you extra strength to defend yourself, or helping you to slam on the brakes to avoid an accident.

However, if the stress response is happening outside of dangerous situations and is happening often, it can cause damage to your health, your mood, and your relationships.

The body can't tell what's really dangerous and what is not. Whether it is painful memories, stress over being unemployed, or an argument with a friend, your body reacts in the same way as if you were facing a dangerous situation. Your heart will pound, your breathing will become shallow, your chest will tighten, your muscles will tense and your blood pressure will rise.

If you have a lot of painful memories, nightmares, responsibilities, and/or worries, your stress response may be "on" most of the time. The more you activate your stress response, the easier it becomes to activate it and the harder it becomes to shut it off. This makes for a vicious cycle.

If your stress response is 'on' for long periods of time, it can lead to serious health problems. It can raise blood pressure, suppress the immune system, increase the risk of heart attack and stroke, contribute to infertility, and speed up the aging process. Long-term stress can make you more vulnerable to anxiety and depression.

Many health problems are caused or made worse by stress:

- Heart issues
- Digestive issues
- Pain of any kind
- Sleep problems
- Skin conditions like eczema or psoriasis
- Blood pressure
- Diabetes

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 44.

EXERCISE 5C RELAXATION BREATHING EXERCISE

In order to reduce the physical impact of stress on our bodies, we can work to relax our minds, bodies, and our feelings. Relaxation exercises are good ways for us to do this.

The goal of a relaxation exercise is to calm the body and the mind. This will help people feel more in control, think more clearly, and activate healing within the body. Try to take about 15 minutes daily to practice relaxation exercises to help "quiet" your mind. You can then do shorter relaxation exercises at stressful times.

Facilitation of Relaxation Breathing Practice

The facilitator will ask participants to try and get comfortable. Dim the lights if you are able. Participants may close their eyes. Go through the following instructions VERY slowly, pausing after each one.

- Be aware of your current breathing. Pay attention to your breath.
- Focus on your breath while you place one hand on your chest, the other over your navel (belly button) very lightly. Imagine there is a balloon in your belly. As you take a slow, deep breath, focus on making the balloon in your belly bigger. You will notice that your belly gets bigger than your chest. Breathe out naturally.
- Try to breathe slowly and deeply. Imagine breathing in fresh air and breathing out stress. With every long, slow breath out, you should feel more relaxed.
- Think of your body. Where are the places of stress? Find those places in your mind. Imagine them relaxing. Imagine breathing directly into those places and having them soften and relax.

(Pause for about 5 minutes while people quietly breathe.)

When you feel ready, slowly open your eyes. Slowly let your breathing return to normal.

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 31.

HANDOUT 7: WELLNESS PLAN

When I feel sad, I can:

When I feel lonely, I can:

When I feel homesick, I can:

When I feel angry, I can:

What can I do for friends and family who might feel the same things?

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 47.

Week 5

HANDOUT 3: CASE STUDY 1 (STORY ABOUT ZAHRA)

Zahra is a 33-year-old refugee woman. She has 3 children under the age of 10 and a full-time job. Her husband sometimes drinks too much alcohol and spends their grocery money on alcohol and other things. She often feels overwhelmed and frustrated by her job, her children's needs, and her husband's unreliability. Lately she has been having terrible headaches. She has gone to her doctor 3 or 4 times and the doctor has not been able to find anything wrong. Several times in the doctor's office, she broke down in tears. The last time she went to the doctor, the doctor suggested that the cause of the headaches might be "mental" and that Zahra go see a counselor. Zahra felt both offended and abandoned by her doctor, whom she feels will not offer her the help that she needs to get rid of her headaches.

What the doctor meant to say:

"You seem to be sad and overwhelmed. This often causes headaches, or makes headaches worse. Since I cannot find anything physically wrong with you, maybe it would help if you talked to someone about how you are feeling. This often helps people with sadness and worry, and I think it might help your headaches."

What Zahra heard:

"I think this is all in your head. I don't even think you have headaches. You might be crazy and should get some help for that. I cannot help you."

DISCUSSION QUESTIONS:

What do you think is happening here?

What could the doctor say that would help Zahra understand?

If Zahra told you this story, what would you say to her?

Does this scenario seem like something you have heard or seen in your community?

Pathways to Wellness Community Adjustment Support Group Training Manual and Curriculum. (2013). Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle and King County and Michael Hollifield, MD of Pacific Institute for Research and Evaluation. Seattle, Washington: Pathways to Wellness: Integrating Refugee Health and Well-being. 43.

Activity

Progressive Muscle Relaxation Script 2: The Rooted Tree

Please stand up with your feet firmly planted on the floor. Close your eyes. Slowly and calmly, breathe in and breathe out. Focus on your breath as you fill your lungs deeply. Watch your breath as it passes it out through your nose. Breathe in, breathe out. In, out. If you feel your mind wander, just gently bring attention back to your breath. In and out. You are alive. You are here.

Start to imagine that you are a tree and that from your feet are roots that are reaching down, down, down. They are strong enough to reach down through the floor and now are digging into the earth. They are going deeper into the earth into a place that is rich with energy and life-giving water. As you breathe, feel yourself breathe in the life energy from deep within the earth.

Feel the sun on your face, and the gentle breath of life on your skin. Breathe in good, breathe in peace. As you breathe out, breathe out your pain, your tiredness. As you breathe in, let the rich earth's energy soothe you and calm your breath. You are a tree growing towards the sky with strength. Your branches are being fed with the goodness of the soil and the sun, and they are growing wide.

You are a wide tree with deep roots and you stand tall even as the winds grow strong. You feel yourself whipped around when the weather becomes fierce, but you remain well-connected. Feel it whipping as you stand firm.

Now calming again, slowly breathe in, breathe out your life energy. Feel refreshed and strong. Prepare to open your eyes and come back into this world. Even though you are no longer a tree, tell yourself that you will try to keep yourself rooted, even when you are at home, and for the rest of the evening.

When you are ready, open your eyes.

Education and Support Group for Oromo Trauma and Torture Survivors, *A Manual for Facilitators*, The Center for Victims of Torture, 2012. Pg. 44.

Week 7

Boundaries Handout

Examples of questions around boundaries:

- Contact time in different contexts
- Types of information to be shared
- Physical closeness/distance
- Territory/access to space
- Emotional space/personal disclosure

Why are boundaries important for clients?

- Provide safe, predictable relational environment.
- Help clients with sense of separateness, encourage autonomy and balanced dependency
- Clear and consistent limits can provide reassurance when clients' internal and external lives are chaotic.
- Our provision of external boundaries can help clients develop stronger internal and interpersonal boundaries in their own lives
- Provides safety in inherently unequal relationship where worker has more power.

Why are boundaries important for workers?

- Help provide role clarity, what are and are not responsible for
- Help prevent role overload and burnout
- Similarly as for clients, our maintenance of consistent external/interpersonal boundaries help us keep solid internal/emotional boundaries so can continue the work!
- Structure and limits help manage difficulty and chaos of the work over the long term.

Signs to pay attention to around boundaries

- Dual relationships, risk for confidentiality breach, conflicts of interest
- Fluid work/home boundaries
- Intrusion into client's territory
- Excessive self-disclosure
- Excessive socializing
- Sense of 'friendship' with clients
- Excessive curiosity about clients' lives
- Sharing information about client outside agreed upon circle
- Lending, trading or buying/selling items to client
- Accepting inappropriate gifts or giving gifts
- Exceptional behaviors with certain clients/doing more for them, thinking more about them
- Strong positive or negative feelings for a client/avoidance of certain clients/ insufficient attention to them
- Touch or physical comfort of a client
- Feelings of strong affection for or attraction to a client

Guidelines for setting good boundaries

- Set clear boundaries around role from the beginning of work
- Clarify role, limits and boundaries with clients over time
- Continuously remember importance of clients' confidentiality and privacy
- **Be aware of our own personal needs, and whether they are impacting interactions with clients**
- Learn about boundary norms in clients' cultural groups
- Utilize peer consultation and supervision as much as possible around these delicate questions, that we all struggle with in this work ☺

From "Recognizing and Managing Boundary Issues in Case Management", 2000, Joseph Walsh, PhD, LCSW

Initial RWN Phone Call Introduction Check List

- ☐ Introduce yourself in a culturally appropriate manner. Include your name, country of origin, and refugee background (if applicable).
- ☐ Briefly describe the RWN program. You may say something similar to: "I am part of a new program at the IRC's Center for Wellbeing, Refugee Wellness Navigators, which pairs refugee Navigators such as myself with clients in the community. We will be doing home visits to check in on refugee clients and see how you are doing."
- ☐ Ask for permission to do a home visit and let client know you will explain in more detail about the RWN program.
- ☐ Schedule approximately 1 hour home visit accordingly with your schedule and theirs.
- ☐ Leave the client with your phone number and ask them to call you if their schedule changes.
- ☐ Call the day before the meeting to confirm with the client.

Navigator Initial Home Visit Checklist

- ☐ Introduce yourself in a culturally appropriate manner. Include your name, country of origin, and refugee background (if applicable) and thank client for meeting with you.
- ☐ Describe the RWN program. You may say something similar to: "I am part of a new program at the IRC's Center for Wellbeing, Refugee Wellness Navigators, which pairs refugee Navigators such as myself with clients in the community. We will be doing home visits to check in on refugee clients. We know that the resettlement process is often challenging and stressful. We can talk about some of these challenges. Also, home visits might include some education about wellbeing."
- ☐ Ask if client has questions for you about the program or anything else
- ☐ Allow client time to talk about things that may be of importance to him/her/them
- ☐ Schedule approximately 1 hour home visit for the following week for a time and place that works with your schedule and theirs
- ☐ Confirm that the client has your phone number and ask them to call you if their schedule changes.
- ☐ Call the day before the meeting to confirm with the client.

BHCS
ALAMEDA COUNTY
Behavioral Health Care Services

MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

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