

Refugee Families: Ethical, Clinical, and Training Practices

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Laurie L. Charlés
Alisa S. Beaver
Gonzalo M. Bacigalupe
University of Massachusetts Boston*

www.familytherapy.umb.edu

<http://refugeefamilies.wikispaces.com/>

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Learning Objectives

- (1) Identifying core aspects of refugee families assessment & intervention
- (2) Exploring person of the therapist and cultural competency criteria in work with this population
- (3) Utilizing a resilience framework to guide ethical interventions with refugee families

Refugees & Asylum Seekers

Individuals and families who have fled their country because of a well founded fear of persecution for reasons of:

- *Race*
- *Religion*
- *Membership in a particular social group*
- *Political opinion*
- *Nationality*



(Photo: Florence Wilson, Liberian refugee Oakland, California, 2007 UNHCR World Refugee Day Photo Contest Winner). UNHCR

Recognizing Refugees & Torture Survivors

- Country of origin
- Immigration status (refugee, asylee, asylum seeker)
- Politically active in their country
- Member of a minority group
- Fear of deportation and re-displacement
- Family members remain in country of origin



NEW YORK—Refugees aboard a ship in New York Harbor, 1951.

© Dennis Stock / Magnum Photos

Coming to the United States

- Fleeing Country of Origin
- Coming as a Refugee
- Coming as an Asylum Seeker



Photo: Roberto "Bear" Guerra for the IRC.

A Somali Bantu family of ten arrives at Boston's Logan Airport. They are greeted by their caseworker and their eldest son, who arrived in 2004.

Refugee Stages (*"Refugee Career"*)

Berry, (1991), and Prendes-Intel, (2001)

Pre-departure

Flight

First Asylum

Claimant

Settlement

Adaptation

Global Context of Forced Migration

- Internal conflicts the most prevalent type of conflict resulting in displacement (Marshall and Gurr, 2003 in Ingleby, 2005)
- Internally displaced persons outnumber refugees who leave their home countries

Global Context of Forced Migration

- 35.5 million refugees at the end of 2003
- 23.6 million of these Internally Displaced
- 11.9 million became international refugees (USCR, 2004).

Factors affecting ability to flee

- *Access to transportation*
- *Government policy of host countries (1951 Geneva Convention on Refugees attempted to set policy, but adoption varies)*
- *Individual/family resources*
- *State of Conflict/Safety*



Consultation Room used by Mental Health Team working with those displaced by war; Boguila Hospital, Central African Republic.
Picture by Laurie L. Charles, 2008

Most countries accepting refugees are non-Western countries

- *Total for US, Canada, Australia and New Zealand is only 3%*

- *Europe 7%*

- *Non-Western Continents accepting refugees:*

Middle East 37%

Africa 27%

*Southern &
Central Asia 16%*

“Refugees to the West a select group...

able to plan, pay for and undertake a hazardous and uncertain enterprise”

(Ingleby, 2005)

The Refugee Experience

Please take a moment and list 10 things that are near and dear to you. This list might include the people in your life, school or work, ideals and beliefs, culture or material possessions.

Learning Objective #1:

- *Identifying core aspects of refugee families assessment & intervention*



Art by Grace Huang, Amermann Elementary School, Northville, Michigan UNHCR World Refugee Poster Winner . UNHCR

Trauma Assumptions

- Refugees assumed to have trauma
- DSM PTSD
 - Life threatening event(s)
 - hyper-arousal
 - intrusive thoughts/imagery
 - avoidant thoughts/behavior
- Assumed therapeutic goals: Processing, working through, mourning, etc.
- Alternative PTSD Construct
 - Judith Herman's Complex PTSD
 - Emphasis on relationship, safety, coping along with mourning

Rethinking Trauma Paradigms

(Ingleby, 2005)

- *“PTSD concept” pathologizes a normal response to extreme events*
- *DSM PTSD dx presupposes discrete traumatic events, not long series of experiences often experienced by refugees*
- *Exposure to events is not a reliable predictor of symptoms – other factors influence sequelae*
- *Confusion of cause and effect*
- *Confusion of event and situation; PTSD ignores context*

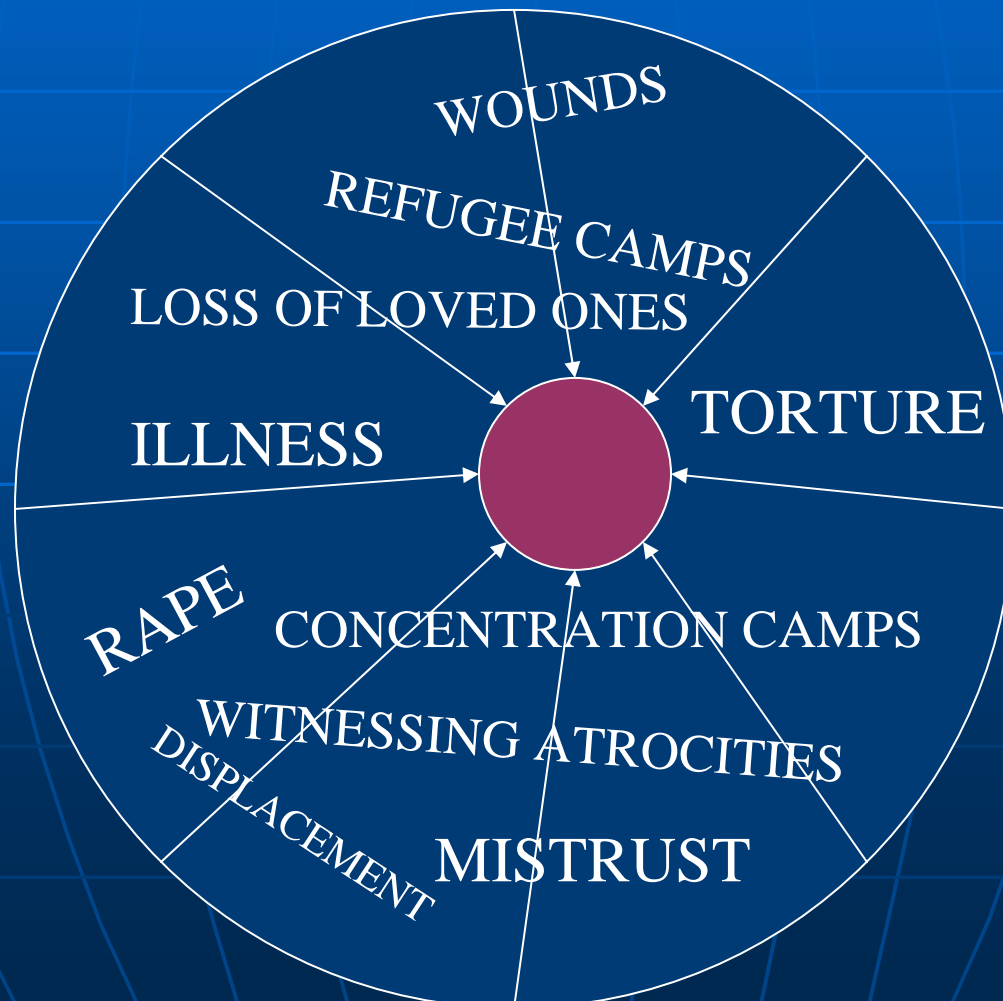
Trauma history assumptions should not (necessarily) dictate therapeutic goals

- *Refugees may want/need more attention to more immediate concerns (housing, work, school, reunification) (Summerfield, 2002, Hays, 2007).*
- *Culture may value “active forgetting” over “processing trauma” (Summerfield, 1999, Angel et al, 2001, Ingleby, 2005)*

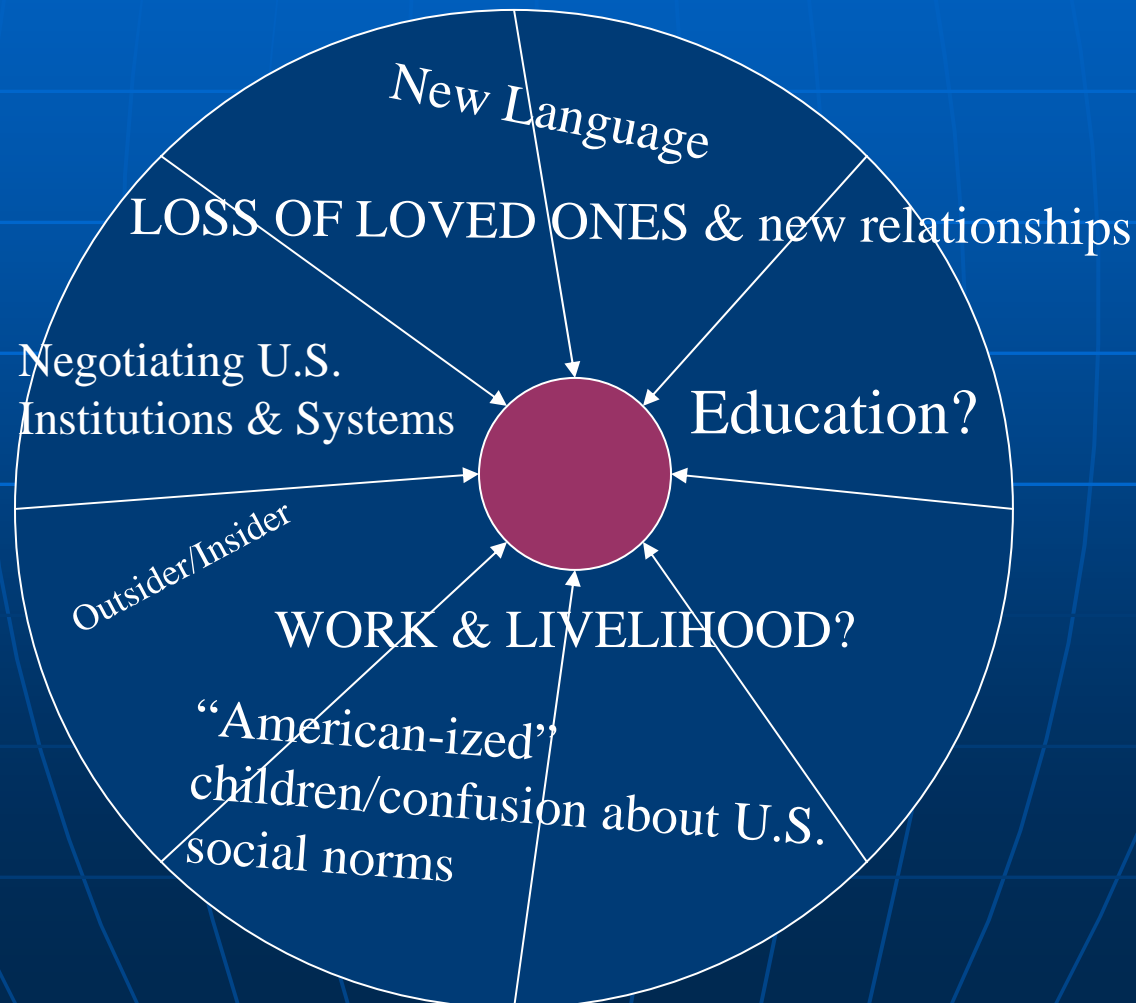
Sense of Family and Community Before Torture / War



Sense of Family and Community Reduced by Torture / War



Sense of Family and Community Re-Constituted Post-Migration



Experiential Exercise: Packing Your Suitcase

You are a journalist in the country of L who runs a newspaper where controversial political pieces are published. A fellow journalist "disappears" and during the next few months you receive several threatening calls, and your name appears in a government publication listing suspected subversives. One night you arrive home to an anonymous letter threatening your life. You decide you must flee and seek political asylum elsewhere.

Packing Your Suitcase

You have 2 minutes to pack your bags. You may take only what is in your house at the moment and what you can carry with you. You don't want to obviously look like someone leaving the country. You may choose 8 categories of things to bring (e.g. clothing).

Factors that Affect Utilization of Services By Survivors

- Lack of knowledge of resources available
- Limited access to insurance and lack of financial resources
- Lack of bilingual providers / interpreters
- Lack of culturally competent providers
- Lack of literature written in native language
- Mistrust of Western health system
- Stigma of mental illness
- Shame

ORGANIZING A SYSTEMIC STANCE

- Develop your working knowledge of the life experiences and resettlement issues of refugees, asylum seekers and asylees before, during, and after conflicts/violence
- Enhance your understanding of a refugee survivor's life before the trauma and uprooting, including knowledge of past resources, strengths, roles, status, and other core aspects of identity and meaning.

ORGANIZING A SYSTEMIC STANCE: Sources for learning more about the history of a people

- Oral & Written histories
- Country reports from governmental or (I) NGO or human rights organizations
- Accounts from cultural anthropology and sociology
- The arts (drama, poetry, memoirs, visual arts)
- Web sites maintained by political or social justice organizations within the country as well as outside

ASSESSMENT INFORMATION:

Important Things to Learn About the Family

- What was the family's previous social, economic, educational or political status?
- What are some of their beliefs, practices, rituals, ceremonies, or significant achievements or milestones?
- What are the family, social, and community roles?
- What can you learn about pre-migration functioning? What was the highest functioning level in home country?
- Who *was* this family before they were displaced?

ASSESSMENT INFORMATION, con't.:

Important Things to Learn About the Family

- How was daily life lived?
- What became of their homes? What are their ties to the land?
- What are other aspects of the family's status or resources?
- What are the family's beliefs and practices relevant to
 - Health
 - Healing
 - Suffering
 - Sickness
 - Loss
 - Grief
 - Mourning
 - Joy
 - Well being
 - Peace?

Learning Objective #2: *Exploring person of the therapist and cultural competency criteria in work with the refugee population*



Photo by Gonzalo Bacigalupe, 2008

Cultural Competency-An Ethical Imperative

Attitudes – appreciation of multiple cultural perspectives; awareness of/safeguards against ethnocentricity; openness; collaborative curiosity; all counseling as multi-cultural

Knowledge – cultural practices/ information; cultural practices/information/intersection of identities, contexts, privileges, & oppressions

Skills – breadth, flexibility in clinical skills; shifting frameworks

Knowledge: Re-evaluating Therapeutic frameworks

Culturally specific interventions

meditation

religious rituals/practice

community art/action (AIDS quilt)

Use/Modification of Western interventions

12 step principles re-written from a particular
cultural perspective

Narrative therapy and story-telling

Cultural Competency and Self of the Therapist

Experiential exercises, Journals,
Discussion re:

Empathy

Loss

Resilience

Strengths

Values/World View

Varieties of cultural practice

Cultural Competency and Self of the Therapist, cont'd.

Inter-disciplinary approach to learning/teaching:

- *Self-Reflection*
- *Field Experiences*
- *Interviews*
- *Film, Literature, Memoirs*
- *Class Facilitation*

Cultural Competency and Self of the Therapist, cont'd.

- Cultural competency, like 'collaborative supervision' or 'joining' refers to categories of behavior that occur only in relationship with an audience. *L. Charles, 2007, Qualitative Inquiry*
 - It is a performance achieved in the moment-to-moment interaction (Gale, 2007, JMFT) between one's self and others

Performing Culturally Competent Work with Refugees

- Re-think the language you use to describe therapy
- Try using language & metaphors provided by client, even if it means giving up your favorites
- Find ways to question your cultural assumptions at every stage of the work

Learning Objective #3 *Utilizing a resilience framework to guide ethical interventions with refugee families*

- What principles and tools are emerging as useful in the work with refugee families?
- *Advancing a collaborative relational clinical approach: The IIB and UMB Project*



*IVORY COAST—Liberian refugees, 1995.
© Leonard Freed / Magnum Photos*

Working Model Principles

Collaborative work

- The patient as a content expert
 - Conversation process is continuously negotiated
 - Intra-institutional and inter-institutional trust relations
- Conversations are the therapeutic tool
 1. Language as constitutive rather than representing
 2. The assessment and intervention are iterative processes

Working Model Principles

Therapy is not always the preferred route

Therapists facilitate assessment by working with family to see what their needs are: Utility

The power of the story

Witnessing: Documentation of testimony

The story-making context is core (the telling occurs in context)

Working Model Tools

Co-therapy and team work

Learning tool

Heighten accountability

Develops shared language

Supports and sustain therapist's
listening of traumatic stories

Working Model Tools

- "Case management" & advocacy are complementary practices
- Outreach work
 - Safety
 - Confidentiality
 - Trust
- Appreciative inquiry
 - Inquiry into assets
 - Envisioning a future
 - Accessing resources

Negotiating the First Interview

- What do federal and state agencies expect?
What do institutions believe is core?
- The intake as an opportunity for engagement
- Appointments are a cultural artifact: An opportunity to design it anew
- What forms encourage a family to attend the first session?
- Videotape: Distinguishing it from torture and surveillance
- Documenting: balancing accountability and confidentiality

Immigration and refugee experiences intersect

■ Distinct dimensions

- Unique historical narratives (family, community)
- Less frequent experiences of severe trauma at a community level
- Unique resources available to refugees
- Potential for more individual family experiences, rather than whole community experience

■ Parallel dimensions

- Process of negotiating new language, culture
- Choices of how to balance/maintain historical and future language/culture
- Challenge of prejudice/racism from the new culture

Negotiating Larger Systems

Dilemmas in schools negotiating the special education system:

- Avoiding inappropriate diagnoses and obtaining needed services
- Culturally competent assessment of learning and cognitive ability
- Activating resources and avoiding conflict among administrators, teachers, advocates, families, etc.
- Negotiating obstacles of within group diversity - when the interpreter/teacher is seen as the enemy
- Advocacy and Community Action

Negotiating Larger Systems: Schools - a case example

Ali is a 13 year old student whose family are refugees from Somalia, but who was born, along with his brothers and sister in a camp in Kenya. He learned to recite parts of the Qur'an, and knows the English alphabet, but has never been instructed in any written language. He's had some interpersonal difficulties related to different expectations about male/female relations in school. His teachers suggest to the educational advocate to refer him for evaluation for Special Education. His school has a Somali para-professional who is Christian, from a different tribe and socio-economic status.

Questions to Think About:

1. What might your role be as a helper to Ali and his family?
2. To qualify for Special Education Ali must have a disability – does he? How will you assist Ali's family to navigate the educational systems?
3. What systems within schools allow for development of services to a group, rather than an individual?



Collaborative Therapy: A Table of Relationships
Photo By Gonzalo Bacigalupe

Contact Information

- Laurie L. Charles: laurie.lopez_charles@umb.edu
- Alisa S. Beaver: alisa.beaver@umb.edu
- Gonzalo M. Bacigalupe: gonzalo.bacigalupe@umb.edu

University of Massachusetts Boston
M.S. in Family Therapy Program
Dept. of Counseling & School Psychology
100 Morrissey Blvd
Boston, MA 02125

www.familytherapy.umb.edu

<http://refugeefamilies.wikispaces.com/>