



HIAS Mental Health and Psychosocial Support Curriculum

Implementation Guidelines

Support Group Implementation Guidelines

Introduction

The purpose of these Implementation Guidelines is to offer guidance and suggestions for organizations in the planning, implementation and preparation of the curriculum. This document should be used alongside the **HIAS Mental Health and Psychosocial Support (MHPSS) Curriculum** and the **HIAS Training and Resource Annex** during planning stages for MHPSS support groups.

Organizations can apply the guidance below in its entirety or use certain portions based on their needs. The target audience for the Implementation Guidelines is anyone interested in implementing support groups, including supervisory and management staff, community leaders, clinical and non-clinical providers or others.

This section includes 5 core sections for organizations and providers:

1. **Early Planning:** Conducting Service Mapping of MHPSS Resources; Conducting Listening Sessions; Addressing Safety Needs
2. **Participant Planning:** Identifying, Recruiting, and Retaining Group Participants; Preparing for Referrals
3. **Facilitator Planning:** Identifying and Training Group Facilitators
4. **Group Planning:** Planning for Remote or In-Person Implementation; Maintaining Flexibility; Maintaining Consistent Meeting Times
5. **Sustainability Planning:** Creating Learning Systems; Systematizing Feedback; Discussing Sustainability Mechanisms
6. **Materials and Tools Needed:** Suggestions on gathering materials and tools for participants in advance of implementation.

Note about timelines for planning stages: During HIAS' internal implementation, HIAS began planning three months prior to the start of the first support group session to allow time for full preparation and participant recruitment. The planning timeline will depend on the organization and resources available. HIAS recommends that readers review all sections of this document, then develop a customized planning timeline to build capacity, respond to newcomer communities, and determine local needs.

Please reach out to mhps@hias.org to offer reflections on how this resource was used or to request additional information on mental health and psychosocial support programming in HIAS' U.S. network.

Early Planning

Conduct Service Mapping of MHPSS Resources

Many refugees and forced migrants may be unfamiliar with resources available to support their emotional health and wellbeing. As an early stage step of your planning, map and record any culturally and linguistically appropriate behavioral health providers that are already operating in your community, as well as community and ethnic-community based organizations. For specialized services, determine the level of accessibility, including which providers offer telehealth services, whether Medicaid or private insurance is accepted, and other factors, such as language and transportation access. This comprehensive list may include specialty mental health providers, survivors of torture programming, other resettlement organizations providing community group services, community-based organizations providing culturally specific care, and ethnic-community based organizations that provide community self-help and other types of social connection support.

Please see the accompanying **Training and Resource Annex** for additional materials provided by HIAS. The **Landscape Analysis Tool** provided is designed to assess and record both specialty and community-based resources in your community.

Conduct Listening Sessions

Conduct a virtual or in-person community listening session with members of the local newcomer community, which allows you to:

1. Understand and integrate current community needs into the MHPSS Groups
2. Gain an accurate picture of the community's level of understanding of mental health concepts, perceptions regarding accessibility of mental health resources, and their thoughts on what a better mental health system could look like
3. Identify potential facilitators from the community, as trusted leaders may emerge in a discussion context

To familiarize yourself with tips on how to conduct a listening session, please review the guidance document on **How to Conduct Listening Sessions** provided by HIAS in the accompanying **Training and Resource Annex**.

Address Safety Needs

Community group facilitators may occupy the role of first responder to the psychosocial needs of participants. As the pandemic continues, more and more persons may experience adverse emotional health symptoms. As a result, it is possible that facilitators may be the only consistent and trusted support during a stressful time for some participants. If your organization does not already have a protocol for referral of individuals struggling with daily functioning to specialty services, consider exploring referral options for participants who demonstrate safety-related issues or concerns. Safety-related issues may include violence in the home, abuse towards children, intentions of self-harm, and suicidality. Facilitators may learn to listen for and recognize these safety-related issues. Regardless of the type of organization implementation support groups, it is important to establish a supervisory structure in-between facilitators and experienced supervisors, staff, or providers.

In these situations, it is advised to be alert to any specific safety issues, but function within your role and follow your organization-specific client safety protocols or policies. Before starting the group, discuss safety protocols with your facilitators and supervisors to ensure consistency in response for all participants. Consider liaising directly with a community-based mental health organization or refugee resettlement agency to explore referral options for participants who may express safety-related issues or concerns.

To familiarize yourself with recognizing high-risk situations, review the **Safety and Risk Assessment Guidelines** and **De-Escalation Guidelines** in the accompanying **Training and Resource Annex**. It is recommended that your organization has a clear pathway in advance of implementation for referral of any urgent cases.

Participant Planning

Identify Group Participants

Based on your local MHPSS service assessments (through the sample **Landscape Assessment Tool**) and community assessments (through the **Listening Sessions**), identify which target populations and sub-groups you will serve. We recommend that MHPSS Support Groups aim to serve a newcomer group that currently has unmet or under-served mental health needs, while balancing your own organization's linguistic, cultural, and other specialized strengths.

Consider the following questions when identifying your target population:

- Which ethnic or racial population(s) will you serve and why?
- Will the group be an intra-linguistic (same language) or a mixed, inter-linguistic group?
- Will the group be mixed gender or gender-specific?
- What age range(s) will the group target?
- Will multiple members of the same family participate in the group?
- Will the group target members with uniform or different levels of acculturation and integration?
- Will group members have uniform or different immigration statuses?

An ideal group size is 8-12 participants. We recommend taking an intragroup approach, whereby groups are composed of members with shared characteristics, in particular the same language. There may be other group factors to keep uniform, such as gender identity. It is best if members of the same family are not grouped into the same MHPSS Support Group. Facilitators may recruit a larger number of prospective participants, as not everyone who expresses interest will ultimately commit. You may wish to keep the group open to enrollment during the first two weeks, then close membership afterwards.

Special Note about Priority Populations

When possible, organizations should take into consideration which populations may be most under-served by mental health services. Certain communities may have specific barriers to access from mental health care systems and steps should be taken to include the most marginalized individuals in MHPSS programming. Some individuals or communities may experience multiple and intersecting barriers that exacerbate their lack of access to mental health care. A key principle of MHPSS interventions is to identify and prioritize vulnerable populations for programming. Whenever possible, use the listening sessions, community knowledge from recognized leaders, research and data, or other tools to determine which communities may be most at-need of services. Organizations should aim to balance out outreach to priority populations versus their own areas of expertise and capacity.

It is also strongly recommended that facilitators conduct group sessions directly in the target (audience) language of the group members. However, if the facilitator does not speak the target language, you will likely need to rely on some degree of interpretation. Be cognizant of the additional time and attention this requires. Keep in mind that a heavy reliance on interpretation may also feel more disruptive in a remote setting and lead to long pause times for participants.

For additional guidance on working with interpreters in a group context, please see the **Training and Resource Annex** section on **Considerations for Working with Interpreters**.

Recruit Group Participants

Recruitment of group participants will come in many forms: outreach to existing community members or clients; creating flyers; using e-mail list-serves and announcements via partner organizations; partnering with community leaders, and other strategies. Mental health services are often stigmatized, so “framing” group support is an important approach for recruiting of participants. Framing can help reduce the stigma of a support group. When training facilitators, hear facilitators directly about the best and most appropriate way to describe group support in their community. Framing psychosocial problems as normal consequences of acculturation and stress, rather than pathologizing traumatic symptoms can be a more culturally-appropriate way to conceptualize psychosocial health.ⁱ Importantly, the group itself can be described as an educational group, wellness group, support group, conversational group, a social group focused on healing, or other descriptions.

Another recruitment method is to emphasize and normalize the difficulty of building community connections due to the long-term impacts of COVID-19, including social distancing measures. This curriculum program offers a chance for communities to connect and build social networks during a time when community events and connections may be challenging.

For additional tactics including a **Sample Script**, please see the accompanying **Training and Resource Annex** section on **Strategies for Outreach and Retention**.

Discuss Participant Retention Strategies

Participant retention and drop-out are realities of many support groups. Your organization may want to plan in advance what strategies for retention you will want to use. Each week, facilitators may find ways to sustain group engagement.

One barrier to engagement can be technological if groups are implemented remotely, as community members may not have access to internet or know how to sustain access to a virtual platform such as Skype, Zoom, or Microsoft Teams. Community members may also have hesitations or fears of attending support groups using online technology. You can spend additional time assessing technology capacity and barriers by conducting reminder phone-calls and sending reminder messages to participants before and in-between sessions. You can also create a WhatsApp group with all participants, with their consent. Retention can also be encouraged through robust participant engagement. One way to do this is to take time during sessions to highlight group member participation and engagement in the sessions. This is a way to honor ongoing participation of group members.

For additional tactics, including a **Sample Outreach Script**, please see the accompanying **Training and Resource Annex** section on **Strategies for Outreach and Retention**.

Prepare for Referrals

As you build trust with group members, it is possible that group participants will seek support with basic needs or require further psychosocial support. Newcomers may be more adversely impacted by the pandemic. They may face exacerbated basic needs situations, including insufficient access to food, inability to pay rent, income insecurity, barriers to accessing healthcare and health insurance, and other pandemic-related stressors.ⁱⁱ Participants may show signs of basic needs insecurities in passing, to the whole group, or privately to a facilitator.

For cases that are not an emergency but can be met through case management or referral, facilitators are encouraged to identify cases for referral and to collaboratively work with caseworkers and other community supports. Some cases can be served by your own organization's services; some will require connections to community or government resources; some will inevitably fall outside of the scope of your ability. While this will differ depending on the organization and need, you are encouraged to identify *who* will address a basic needs concern and *when* that person will do so.

Facilitators may wish to provide participants with contact information and addresses of relevant community organizations, refugee support agencies, crisis lines, or other community resources relevant to your group and location.

Facilitator Planning

Identify Group Facilitators

Identifying group facilitators is not an easy task. A good facilitator for supportive group services is someone who can apply life experiences and connect this to group participants' experience in a way that is inclusive, safe, and dynamic. She/he/they can apply concepts of psychosocial healing and follow a curriculum (and make modifications as needed) while raising the awareness of community assets, practices, beliefs, and traditions. This person can learn to recognize when extra support for emotional health of a group member may be necessary. A skilled facilitator can receive positive feedback from peers or supervisors, work to maintain group cohesion, and remain flexible to the presenting desires of the group.

During HIAS' implementation, all community facilitators received a paid stipend. HIAS strongly recommends that all community facilitators receive monetary compensation during their role in your MHPSS Support Groups.

For further guidance on identifying group facilitators, review the **Strategies for Effective Facilitator Selection** provided in the accompanying **Training and Resource Annex**.

Train Group Facilitators

Facilitators will have a range of skills and knowledge. HIAS recommends providing training to group facilitators to gain or improve basic skills and preparedness related to facilitating an MHPSS Support Group, based on their need. Trainings can be led by your organization to a facilitator (such as by a supervisor, a clinical staff member, or any staff or community member with experience implementing support groups), or by another organization or resource. In addition, facilitator scope and roles should be outlined in advance in a participatory and inclusive process with facilitators. Outline together who will undertake facilitation, supervision, program management, monitoring, and other program duties.

Please see the accompanying **Training and Resource Annex** for extensive training resources for facilitators, including HIAS' Approach to training and our recommended topics.

Group Planning

For Remote Groups Only: Plan Forward for Digital Attendance

Prior planning is essential to ensure a positive experience for the facilitators and group members. If all group sessions will occur virtually, do not assume community members have access to internet or know how to connect

to a virtual platform such as Skype, Zoom, or Microsoft Teams. Spend additional time assessing technology capacity and barriers. Identify where participants may need assistance with navigating online support groups and, if possible, support group members as necessary in having access to internet through safety net funding or other resources.

We recommend that you consider the following with regards to planning for virtual groups:

- If your community is under strict social distancing ordinances, ensure participants are aware that all group sessions will take place remotely and virtually.
- Be aware of the current COVID-19 public health guidance in your area and be prepared to continue checking throughout the duration of the MHPSS group.
- As needed, consider pre-recording a video of a step-by-step guide for how to join a Zoom or Skype session and share with group members prior the start of the sessions.

Please see the **HIAS Curriculum Appendix** for additional **Remote Service Provision Tips**.

For In-Person Groups Only: Plan Forward for In-Person Attendance

Depending on the community and the state of COVID-19 ordinances, in-person groups may be possible. If you have ascertained that health ordinances permit in-person meetings and all members feel comfortable meeting in-person during or in the aftermath of COVID-19, consider the following:

- Ensure that all members have a clear understanding of any social distancing expectations that facilitators or the site may be enforcing, such as a 6-foot distance, the use of a mask, reporting symptoms, etc. This will differ by community and group.
- Select a location that is accessible and private. Participants may not want to meet in a public or outdoor space to discuss highly-stigmatizing topics such as mental health. The location should be somewhere where participants feel comfortable to talk about challenges and reflections related to emotional wellness.
- Keep in mind the physical disabilities of any participants and make sure that the space you choose is accessible for all abilities.
- Reflect on the different material you may need when meeting in-person, such as a white-board, projector, or printing hand-outs.
- Consider providing food, snacks, or refreshments depending on the time of day and your budget. Be mindful of any religious fasting practices that participating may be following.
- Be mindful that participants may need assistance planning with arranging transportation, accessing public transportation, and arranging childcare, if relevant.

Set and Maintain Consistent Meeting Times

You will need to decide on a time for your support group to meet. Keep in mind that participants may have work conflicts, child-care responsibilities, and other conflicts that must be managed when scheduling your support group. Some groups may prefer to meet on weekends or evenings, after typical work hours.

For some survivors of trauma, establishing and maintaining consistent boundaries between a provider and a client is a critical part of working on restoring trust and connection.ⁱⁱⁱ Plan to maintain consistent meeting times for the weekly sessions. Attention to time is important when working with participants that may have survived trauma.^{iv}

Often unintentionally, group members may ask more from a group facilitator than their defined role, expectations, and ethical obligations. There may be times in which the weekly sessions may extend beyond the intended MHPSS content. There may be sessions in which there is too much content for certain groups. When this occurs, it is an opportunity to help establish parameters around a facilitator's time. This supports community and professional boundaries. As a rule, facilitators should:

- Try not try to present content if they sense that participants are overwhelmed, unresponsive, or the session is too busy.
- Try to meet participants “where they’re at,” as opposed to sticking to covering all topics of the weekly agenda. To the best of a facilitator’s ability, it is recommended to close each session within the agreed upon timeframe, to the best of a facilitator’s ability Encouraging a consistent approach is trauma-informed and allows group members to know what to expect.

Facilitators can routinely remind participants of time boundaries. You may choose to state, “we have five minutes left in this session,” for example, or “we have one activity left in this session.” You may also choose to remind participants of the number of sessions left in the overall curriculum as you approach the end of the program. This will be important to smoothly close emotionally charged sessions and allow participants to expect the group’s end.

Maintain Flexibility

While this curriculum provides step-by-step instructions for specific activities, flexibility is crucial. We know everyone has their own set of strengths and worldview and will react differently to the adjustment process or the COVID-19 pandemic. This curriculum aims to best meet the needs of a wide array of potential refugee and immigrant participants and avoid a “one-size fits all” approach. HIAS views that participants are the experts in their own healing, resilience, and future goals. In addition to the outline and notes provided to facilitators, we recommend that facilitators become immersed in the content for each session in advance. Plan to use topics, activities and examples that seem most relevant to the group. While designed as a 9-10-week curriculum, extending the implementation of this curriculum to a 10-week program is possible.

Program Sustainability Considerations & Planning

Systematize Facilitator Feedback & Self-Care

Throughout the support groups, organizations are encouraged to document best practices, challenges, and lessons learned. One way to do this is create routine debriefs in-between facilitators and staff, or facilitators and a supervisor Facilitators should have the opportunity to debrief after each curriculum session with a staff member.

- Build in a specific time after each session, for facilitators to reflect on best practices, challenges, receive support. After each session, organizations can reflect with your staff on the content delivered, the process you took, and the overall context of the group.
- Remember to encourage self-care tactics after debrief sessions.
- Consider piloting or testing specific training content or adaptations through community focus groups or meetings.

Facilitators should be actively encouraged to engage in self-care practices, as well. Facilitators of a support group may feel overwhelmed, drained, or triggered by content that is shared during sessions. Facilitators should be empowered with skills to recognize signs and symptoms of stress and explore ways of reducing stress. Signs of secondary stress may include: depleted energy, anxiety, reduced enthusiasm or motivation to work, fatigue, problems concentrating, problems with relationships, increased alcohol and drug use, irritability, pessimism, and feeling trapped.^v Organizations and supervisors are encouraged to provide opportunities for self-care throughout the curriculum and following stressful crisis situations. Routine debriefs can be one such opportunity to discuss challenging content and encourage self-care.

Other strategies to avoid burn-out include:

- Mapping out self-care strategies before the support group begins, which can be personal, physical, social, and shared with other staff
- Clearly outline roles, limitations, and situations of “over-involvement” in participant’s lives
- Normalizing seeking peer advice and support for stressful scenarios and cumulative stress^{vi}

For additional information and resources related to individual self-care and organizational wellness and fostering resiliency please see the **HIAS Training and Resource Annex**.

Systematize Participant Feedback & Learning

It will be important to collect and integrate your participants’ feedback into this program. Community needs assessments that use participatory methods ensure that you are uplifting refugee voices, centering the community, and ensuring cultural appropriateness of programs.^{vii} Consider mechanisms to capture feedback about the support group, such as participant or facilitator surveys before and after the support group, focus groups, needs assessments, and listening sessions before and after the groups end. Administering a pre- and post-survey can be done through the virtual poll function found in Zoom, virtual “break out rooms,” through Google Forms, or short conversations completed over the phone.

Please see the **HIAS Training and Resource Annex** for a **Weekly Feedback Checklist** that organizations can use for weekly debrief. In addition, the **HIAS Curriculum Appendix** contains a sample, non-validated **Participant Pre and Post Survey** used by HIAS to measure participant knowledge and perceptions of mental health, before and after the support groups.

Discuss Sustainability Mechanisms

This group model may bolster psychosocial healing at the community level. **Sustainability plans** can be devised in advance of program implementation to discuss the future of the MHPSS Support Groups at your organization or within the community. They can address questions such as: how will groups be funded in the future? How can they remain embedded in the community? How can you continue engaging your target community with MHPSS programming, even after the groups end? When discussing the sustainability of your program, the following strategies can be used:

- Engage with group facilitators to inform future topics of interest, populations at-need, and programming possibilities. Continue to cultivate group facilitators’ leadership and involve community members in your organization’s program design.
- Encourage opportunities for group facilitators and participant advocacy. Even after support groups end, interested community members can play a critical role in increasing visibility of mental health issues and challenges faced by their communities and lead advocacy with local systems.
- Consider integrating culturally responsive evaluation methods (such as surveys, or other tools discussed above) that may support future applications for funding.
- Document specific cultural healing practices and share these practices with other constituents.
- Explore ways to sustain (with community partners, pro-bono, or monetized within your organization) community- ownership of future support groups.

Materials & Tools Needed

Gather Materials

If implemented remotely, this curriculum requires the use of computers or tablets with internet. We advise that participants use a secured network (such as home Wi-Fi protected with a password) and that group members are informed in advance that all sessions will take place virtually. Some organizations may wish to execute and implement an informed consent document to provide participants with information regarding group confidentiality, but this is not required. Please see the Appendix for more resources regarding resources for virtual learning.

Facilitators may offer participants the following materials. These materials can draw from resources, activities, and diagrams included in this curriculum, or from your own supplies and resources:

- For remote service models:
 - Selected materials prepared and shared with participants in advance or shared during a live screen share (e.g. via PowerPoint). However, if using a PowerPoint, be aware of literacy levels and group dynamics and ensure that the content does not come across as a one-way training.
 - Different features in remote software, such as: the virtual “whiteboard” on Zoom, screen-sharing, or videos that are relevant to the curriculum.
 - Interaction with participants by name and encouragement of round-robin sharing, depending on how participants are organized in your view during gallery view.
- Guest speakers on specific topics such as financial management, stress management, breathing exercises, butterfly finger tapping, and parenting activities
- For remote *or* in-person service models: A “support group kit” that can be delivered or mailed to participants, depending on the program budget. This could contain some of the following materials:
 - Handouts that will be completed during the virtual sessions
 - A blank journal for participants to record thoughts and drawings during the support group sessions
 - Yarn for knitting or other art-based materials that may be challenging for group members to obtain
 - Small handout or picture book on stress reduction techniques, breathing, or other activities. These are ideally available in the participants’ language
 - A list of resources for participants with further mental health resources in their community
 - Wellness tools to support relaxation and calming, such as essential oils, tea, recipes, culturally relevant poetry, adult-art coloring pages, clay, and more.

Program Cycle

HIAS MHPSS program follows a common program cycle with the stages of planning, implementation, learnings and findings, and considerations for sustainability. The following chart may help guide your replication process.

Planning	Implementation	Learnings and Findings	Sustainability
<p>Consider the current capacity of community mental health providers and partners <i>Are there mental health agencies or community organizations that can effectively serve the emotional health needs of refugees?</i> <i>Are they interested in the group approach?</i> <i>Will they co-train or supervise trainees?</i> <i>Will they support any further cultural adaptation?</i></p> <p>Innovate a better continuum of emotional support care for newcomers in your community <i>How are behavioral healthcare and community-based services structured in your community?</i> <i>How will community support groups fill a gap in current services?</i></p> <p>Convene stakeholders to collaborate and form partnerships Collaborate with other health and human services to better address the mental health needs of newcomers through community group delivered services</p>	<p>Document your journey during the delivery of the groups Share learnings among the health, resettlement, and social service communities <i>What were some of the greatest successes and barriers during implementation?</i></p> <p>Continue prioritizing populations experiencing greatest risk alongside local capacity to serve <i>What new and emerging groups are identified?</i> <i>What capacity does your organization have to support a given cultural, linguistic group or priority population?</i></p> <p>Explore further funding mechanisms Devise a sustainability plan detailing sources of on-going funding and future financing for support groups</p>	<p>Consider mechanisms to capture feedback and lessons learned Utilize participatory techniques such as participant or facilitator surveys, focus groups, and/or listening sessions before or after the groups end. Facilitators should have the opportunity to debrief after each curriculum session</p> <p>Document your findings Share your findings, suggestions for change, culturally oriented adaptations, and curriculum modifications Document culturally specific healing practices and share these with other constituents</p> <p>Determine capacity and assets of group facilitators <i>What further training is needed?</i> Share how group leaders promote healing</p>	<p>Explore sustainable pathways <i>How will groups be funded in the future?</i> <i>How can they remain embedded in the community?</i> <i>How can you continue engaging your target community with MHPSS programming, even after the Support Groups end?</i></p> <p>Explore group leadership and governance of group support Plan-ahead for group leadership and governance Encourage opportunities for group facilitators and participant advocacy Consider further skill development with ongoing information in refugee and immigrant communities</p> <p>Determine partnership and community capacity Explore ways to sustain either through community partnership, peer mentors within your organization, pro-bono volunteer support</p>

Endnotes

ⁱ S. Atiyeh, D.D. Choudhuri & T Dari. “Considerations for Facilitating Refugee Acculturation through Groups.” *The Journal for Specialists in Group Work*, 45(4) (2020).

ⁱⁱ Brickhill-Atkinson, M., & Hauck, F. R. (2021). “Impact of COVID-19 on Resettled Refugees.” *Primary care*, 48(1), 57–66. Retrieved from: <https://doi.org/10.1016/j.pop.2020.10.001>

ⁱⁱⁱ SAMHSA (2014). “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach” SAMHSA Trauma and Justice Strategic Initiative. Retrieved from: <http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-488>

^{iv} Im, H., Rodriguez, C., & Grumbine, J. M. (2020). “A multitier model of refugee mental health and psychosocial support in resettlement: Toward trauma-informed and culture-informed systems of care.” *Psychological Services*. Advance online publication. <https://doi.org/10.1037/ser0000412>

^v Save The Children (2015). “Stress Management for Staff Training”. Retrieved from: <https://www.mhinnovation.net/sites/default/files/downloads/resource/%28SC%2C%20Draft%29.%20Save%20the%20Children%20Stress%20Management%20for%20Staff%20Training.pdf>

^{vi} Save The Children (2015).

^{vii} Im, H., Rodriguez, C., & Grumbine, J. M. (2020).