A black and white photograph showing a woman wearing a white headscarf (hijab) looking towards the right with a gentle smile. A young child is leaning against her, looking directly at the camera with a neutral expression.

HIAS Mental Health and Psychosocial Support Curriculum

**Promoting Newcomer Mental Health and Wellness
through Support Groups**

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1300 Spring St Suite 500
Silver Spring, MD 20910

Contact: mhps@hias.org

Preface

Thank you for your interest in HIAS' Mental Health and Psychosocial Support (MHPSS) curriculum, which offers a teaching resource for providers to implement community-based support groups for refugees, newcomers and immigrants.

This document contains three key components:

- An introduction and background to the mental health, psychosocial and emotional wellness needs of refugees, newcomers and immigrants within the United States
- 9 curriculum sessions with discussions, activities, and content for a 9 week-long support group that discusses cultural adjustment, family and community resilience, perspectives on mental health, and other critical topics to provide connection and support to newcomers during and after COVID-19
- 13 handouts, exercises, and activities that complement the curriculum sessions

This curriculum can be used by resettlement agencies, community organizations, clinical and non-clinical providers, and other communities or individuals that wish to promote the well-being of newcomers during and after COVID-19. This curriculum may be implemented virtually or in-person, depending on the community. These materials should be used alongside the **HIAS Implementation Guidelines** and the **HIAS Training and Resource Annex**.

Acknowledgements

During spring of 2020, HIAS, an international Jewish organization providing support to refugees and asylum-seekers in 17 countries, conducted a pilot project of community-led mental health and psychosocial support groups for refugees and newcomers within the United States. The pilot project was implemented by three partner agencies in HIAS' U.S. refugee resettlement affiliate network: Jewish Family Service (JFS) of Washtenaw County in Ann Arbor, MI; Jewish Family Service (JFS) in San Diego, CA; and US Together (UST) in Toledo, OH. This pilot project was made possible through the HIAS Innovation, Development and Evidence (IDEA) fund, and was further expanded to 11 sites due to generous funding from a private foundation.

This curriculum's content has been heavily derived from the "Cultural Adjustment Curriculum" authored by "Pathways to Wellness: Integrating Refugee Health and Wellbeing", produced in 2013. Additional sources were curated from curricula produced by the Center for Victims of Torture (CVT), the United States Committee for Refugee and Immigrants (USCRI), the International Rescue Committee (IRC), and other recognized and cited sources. Selected content was designed and modified by the authors and project partners.

Many thanks to the following staff and community members who made this project possible: Sasha Verbillis-Kolp, curriculum designer and training consultant; Camille Wathne, HIAS Program Manager; Mariam El Magrissy, HIAS Program Associate; Annie Bonz, HIAS Director for Resilience Programs; Maisoon Ateem, curriculum peer reviewer; staff and facilitators at JFS of San Diego, including Etleva Bejko, Armaghan Kakar, and Sodaba Sherzai; staff and facilitators at JFS of Washtenaw County, including Shrina Eadeh, Betre Getahun, Marie Mweza, Michal Helman, Marzia Ahmadi, Patrick Luyambi, and Matthew Bishugi; staff and facilitators at US Together, including Corine Dehabey and Bashar Al Hariri; and all participants who engaged in this program its first iteration. Additional thanks are due to Cindy Baker at US Together Toledo and Julia Coffin, Marguerite Guter, and Benjamin Levey at HIAS for their valuable input and review of portions of this curriculum.

About HIAS

HIAS is an international nonprofit organization that protects refugees in seventeen countries across five continents, providing vital services to refugees and asylum-seekers around the world whose lives are in danger for being who they are. HIAS protects the most vulnerable refugees, helping them build new lives and reuniting them with their families in safety and freedom. We advocate for the protection of refugees to ensure that displaced people are treated with the dignity they deserve. HIAS operates across a wide range of protection activities, including US refugee resettlement, international protection, US legal protection, and global advocacy for refugees and asylum-seekers.

HIAS is one of nine refugee resettlement agencies within the United States. Guided by our Jewish values and history, we bring more than 100 years of expertise to our work with refugees. Since 1881, HIAS has assisted more than 4,500,000 people worldwide. For more information about HIAS, please visit www.hias.org.

Please reach out to mhpss@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.

HIAS' MHPSS Framework

HIAS' MHPSS approach is guided by its Refugee Rights Framework, launched in 2019. The Refugee Rights Framework articulates four signature areas of support that HIAS offers to refugees and newcomers: legal protection, addressing gender-based violence, mental health and resilience, and economic inclusion.

HIAS' work in Community-Based Mental Health and Psychosocial Support (CB-MHPSS) programming directly supports forcibly displaced individuals' fundamental right to resilience and recovery from the shock of displacement, through appropriate mental health and psychosocial care. This right is set out by international law, most notably in the International Covenant on Economic, Social and Cultural Rights.¹ Within the Refugee Rights Framework, HIAS' work contributes to the broader set of social and economic rights that refugees must be able to access in order to rebuild their lives after displacement.

One of the best ways to promote mental health and psychosocial wellbeing is to strengthen existing relationships, networks and practices that communities use to cope and heal—thereby improving resilience.² CB-MHPSS facilitates families and communities to support others in ways that restore and strengthen collective structures, essential to wellbeing.

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Overview and Introduction

The Curriculum Approach

This Mental Health and Psychosocial Support (MHPSS) curriculum addresses common reactions to living through adversity and trauma, such as the novel coronavirus pandemic. This curriculum is devised to amplify the experiences of newcomers who have endured crises and other adversities. This approach integrates principles of Psychological First Aid, cultural adjustment and family resilience while allowing for flexible localization based on community needs. HIAS developed this curriculum in response to the mental health and psychosocial needs of refugee and newcomer groups within the United States.

HIAS' support group curriculum is appropriate for remote and in-person implementation. Its objectives and content are suitable virtually and in-person, depending on how communities and cities lift social distancing rules. In addition, this curriculum is relevant for implementation during and after the pandemic period. Currently, the COVID-19 pandemic has created immediate economic, social, and emotional impacts on refugee communities across the United States. However, the long-term impacts of living through COVID-19 are expected to outlive the pandemic itself.³ This curriculum addresses the collective trauma of lived experiences of refugees and newcomers, *during* and *after* the pandemic, as a mass event.

COVID-19 has transformed the day-to-day lives of every person in our world as a “collective trauma.” The term **collective trauma** refers to the negative impact of one or more traumatic events at the collective or community level.⁴ Newcomers adjusting to life in the United States may face further, unique struggles during COVID-19, including staying healthy and safe, maintaining employment, caring for children and staying in touch with loved ones.⁵ HIAS' hope is that this curriculum allows opportunities for connection during such challenges. We believe that if newcomer communities are actively engaged in understanding their own mental health, social networks and everyday connections can increase, as well as referrals for further mental health support if needed.

This curriculum is designed to:

- Provide opportunities for connection and support during remote or in-person service provision
- Identify common reactions and ways to cope with mass shocks such as a global pandemic or other collective traumas, the impact on communities, and the aftermath
- Address emotional distress and promote wellbeing during and after COVID-19
- Recognize common emotional experiences amongst newcomers, including culture shock and homesickness
- Introduce newcomers to perspectives on mental health within the United States and address stigma and shame if needed
- Share different tools and access points for mental health and recognize when formal mental health support might be necessary
- Provide a space for newcomers to support each other, strengthening family and community bonding
- Offer strategies, action plans, and dialog about traditional healing methods to support group wellness
- Help empower communities to advocate for themselves and support their own wellness

Background to the Problem

Within the United States, refugees and immigrants make up a significant population, numbering at approximately 44.9 million in 2019,⁶ but continue to face pervasive challenges to accessing culturally-appropriate mental health resources. Newcomers may face barriers to identifying and recognizing their mental health symptoms, accessing services in the appropriate language and feeling acknowledged and understood.⁷ They may also encounter other structural barriers to accessing mental health support, including poverty, marginalization, and discrimination.⁸ For

asylum-seekers awaiting a decision on their immigration cases, there are additional stressors, such as potential detention, exclusion from government assistance programs, delayed or pending employment authorization and uncertainties related to the U.S. immigration system.⁹

During the COVID-19 pandemic and resulting economic recession, mental health implications for newcomers have become even more critical.¹⁰ Research has shown that COVID-19 has not only led to collective demoralization, but has exacerbated mental health issues including anxiety, depression, difficulty sleeping and eating, as well as increased alcoholic consumption and substance use, intensified domestic violence and worsened chronic health conditions.¹¹ Across the country, many cities remain in protracted stay-at-home orders due to COVID-19, disrupting everyday social and family interactions that can be sources of coping, adaptation and community healing for newcomers.

Refugees are not immune to the other hardships borne out of COVID-19: as well as being more vulnerable to COVID-19 infection, recent research has shown that they are also more susceptible to economic hardships.¹² The “triple pandemics” of physical health, mental health, and economic hardship were further exacerbated in 2020 as the murders of George Floyd, Ahmaud Arbery, Breonna Taylor, and other Black Americans produced a wave of social upheaval, anger and mourning across the country. Newcomers that may have directly witnessed police brutality and systematic racism in their home countries, or that identify as members of an oppressed racial group, were faced anew with the acute psychological toll produced by state-sponsored murders on the basis of race. Under the Donald Trump Administration, the United States also witnessed a surge in hate crimes and harmful rhetoric that ostracized foreign-born individuals, as well as migrants, Muslims and members of the LGBTQ+ community.^{13,14}

Against this backdrop, organizations advocating for the rights of newcomers are well-positioned to respond to such mental health challenges, encourage community healing and help forge social connection. Exposure to systematic racism, memories of forced isolation or harm and socio-economic disruptions highlights a new priority for communities welcoming refugees: promoting psychosocial healing. Newcomers are survivors who bring strength, wisdom and innumerable contributions to their communities. Now, more than ever, mental health programming, which addresses ways to promote and sustain newcomer wellness, is sorely needed.

Target Audience for the Curriculum

This curriculum is designed to support any organization, provider, or community in the United States implementing MHPSS community-based support groups for **newcomers**.

Defining Newcomers

In this curriculum, the term **newcomer** includes refugees, those seeking asylum, those who have been granted asylum, Special Immigrant Visa (SIV) holders, and other forced migrants that resettle to a new country to seek permanent asylum. This term is used interchangeably with “refugees” throughout this curriculum, to denote an umbrella term for multiple immigrant groups for whom this program can be suitably delivered.

Key Concepts: Culture

HIAS recognizes that access to culturally-competent mental health resources can have an important impact on the health outcomes of individuals and communities.¹⁵ When it comes to mental health, cultural factors can determine the type of support an individual can receive from their family, community and society.¹⁶ HIAS views culture to broadly mean the values, norms and expected behaviors of an individual, group or society. Culture can dictate group behaviors and can therefore influence an individual’s role in society. For example, in many cultures, age and

gender may influence an individual's power, status or expected role and authority in their society. Culture can further influence how people describe and express their mental health symptoms, as well as their beliefs for how to make things better.

The cultural assumptions of an MHPSS provider or support group facilitator can also influence the mental health outcomes of newcomers. Facilitators from the same newcomer community, who have similar lived experiences, are often the best people to conduct outreach and engage other community members to promote their health and wellbeing. Community members can guide other newcomers in accessing culturally-appropriate psychosocial care that promotes healing, safety, and resilience in affected communities. In HIAS' experience, community leaders bring valuable cultural knowledge and can be effective collaborators in promoting newcomer wellness. Although community leaders may already have exposure to diverse refugee communities, it is important to avoid generalizations about specific cultures. A facilitator should make efforts to understand varying participant mindsets and the ways in which participants may view the world differently. Although culture can be a group characteristic, individuals can have different social positions, ages, incomes, health, class positions and migration journeys, even within the same culture.

Notably, this curriculum does not include information or practices from one specific culture or one single way to transfer mental health support skills. Instead, it offers a wide range of techniques and strategies to promote healing. These techniques can be tailored to various cultures to inform participants on how to stay safe during a crisis, help calm the mind, and stay connected to families and community.

Key Concepts: Mental Health and Psychosocial Wellbeing

The term "mental health" is often mistakenly used to merely mean the absence of mental illness. However, the terms "mental health" and "psychosocial wellbeing" overlap. Mental health cannot be attained without psychosocial wellbeing, and vice versa.¹⁷ Importantly, the conceptualization of mental health and psychosocial wellbeing will differ based on the cultural context.

Mental health and psychosocial wellness have vastly different meanings across cultures and borders. When defining the concept of mental health, it is first important to consider the role culture plays in the meaning of mental health. Words commonly used in the United States for depression, anxiety and trauma may have little or no meaning in other languages and cultures.¹⁸ In addition, behaviors that are considered appropriate or normal may vary considerably amongst cultures. Emotional healing and emotional pain may also be conceptualized differently depending on an individual's country of origin, belief systems and worldviews.^{19,20} As a result, the coping tools or healing approaches that newcomers may utilize will vary.

With this in mind, HIAS offers different approaches to conceptualizing mental health. In the refugee context, **mental health and psychosocial support** is a term that describes a range of activities used to address and improve the psychological and social impacts of conflict and displacement.²¹ Community-based interventions that focus on psychosocial and mental health approach tend to support building upon existing individual and community resources, capacities, relationship- and community-building, and sources of community resilience.²² This is often combined with providing and integrating crucial links to the broader social network, or specialty services, which can maximize the sustainability of interventions. Such interventions may also be complemented by connecting distressed persons to necessary clinical care. One pillar of such approaches is to invest in community-led participatory processes—such as a support group—that promote wellbeing by increasing natural supports, coping mechanisms, networks of relationships, and other sources of social connection.

Key Concepts: Group Support & Peer Support

HIAS' curriculum model is community-based. This means that the curriculum can be delivered by non-clinical community members, including community leaders and members, case managers, non-specialized providers and workers from other health and human services disciplines.

Common Definitions of Mental Health & Psychosocial Wellbeing

Mental health: A state of psychological wellbeing (not merely the absence of mental disorder) in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

Psychosocial wellbeing: The psychosocial dimension of wellbeing. Although there is no widely agreed-upon definition, practitioners often use the adjective “psychosocial” to describe the interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviors, knowledge and coping strategies) that contribute to overall wellbeing.

Group services delivered by refugee peers can enhance social connections, knowledge of community resources, mental health status, appreciation of life, personal strengths and relation to others.²³ Research from peer-supported group models reports that refugee participants experience benefits such as increased social integration, decreased loneliness and expanded coping repertoires. These benefits are most often attributed to education and information-sharing in a peer context.²⁴

Peers are a type of healthcare worker and are characterized as someone who is a “trusted community member who uses their life experience and formal training to effectively perform a number of roles to improve individual and social wellbeing in their communities.”²⁵ Traditional peer support workers play a role in helping humanize systems of care.²⁶ Peer and community health workers are pivotal at reducing distressing symptoms, post-traumatic stress disorder, physical ailments and social isolation, as well as enhancing coping strategies. Group support is one of many interventions trained peers implement.

Key Concepts: Integrated Service Provision

HIAS believes that when possible, mental health support and psychosocial support services should be situated within broader services for newcomers within communities. Mental health programs for newcomers are optimally not isolated, but rather situated within other programs available in the community. This includes: refugee resettlement services, school systems, local health services, case management services, legal aid, services that provide navigation of social services or other community programming. This curriculum recognizes that the mental health of refugee communities can be closely linked to physical, social, and economic health and other socio-ecological factors.²⁷ Investing in lasting partnerships and strong collaboration among a variety of stakeholders in the community to provide **integrated service provision** is important to addressing the broader factors that affect an individual's and community's wellness. A program approach that uses integrated service provision tends to reach more people, is often more sustainable, and can carry less stigma.²⁸

Roadmap of the Curriculum

A roadmap of the sessions is outlined below.

Week	Topic	Overview of content
Session 1	Introduction: Welcome, Safety, and Connection	<i>Introduce participants to the group, foster safe space to describe confidentiality, and identify what participants want to discuss or share during group sessions.</i>
Session 2	Raising Awareness and the Mind Body Connection	<i>Provide information about common reactions to living during a collective trauma and stress responses. Participants will discuss ways to stay well and practice a relaxation exercise.</i>
Session 3	Emotional Health and Wellbeing, Fostering Resiliency, and Connection	<i>Discuss common emotional health reactions, describe how mental health is discussed across cultures, and dialogue about stigma and stereotypes. Participants will also describe ways families (or communities) are staying connected during difficult circumstances.</i>
Session 4	Family Dynamics and Wellbeing	<i>Explore the impact of the family (or community) dynamic and emotional wellbeing. Identify signs of caregiver strain, engage in practices to enhance self-care, family/social connection and bonding, and build community resilience.</i>
Session 5	Maintaining Traditions and Healthy Living	<i>Generate individual and community wellness plans, share practices for healthy living, identify ways to support others, and continue practicing traditional practices to support wellbeing.</i>
Session 6	Integration and Connection	<i>Continue sharing practices for healthy living, discuss the cultural adjustment process, and practice ways to support wellbeing with others and strengthen community resilience.</i>
Session 7	Practicing Coping Techniques	<i>Describe how trauma and adversity affects our minds and bodies and learn some tools to use in daily life to manage difficult emotions and reduce the negative impacts of stress, trauma, or living through a collective trauma.</i>
Session 8	Building Hope and Helping Others	<i>Build for the future with hope and with strategies to continue nurturing self-care, community wellness, and support for one another.</i>
Session 9	Celebration	<i>Honor each other, strengths, cultures, beliefs and the effort of being together in a support group during challenging times. Participants will discuss ways to stay connected to one another.</i>

Curriculum Structure

Introduction to the Curriculum

This curriculum comprises nine session outlines. These consist of eight thematic sessions and a ninth celebration session. We recommended that facilitators conduct one session per week.

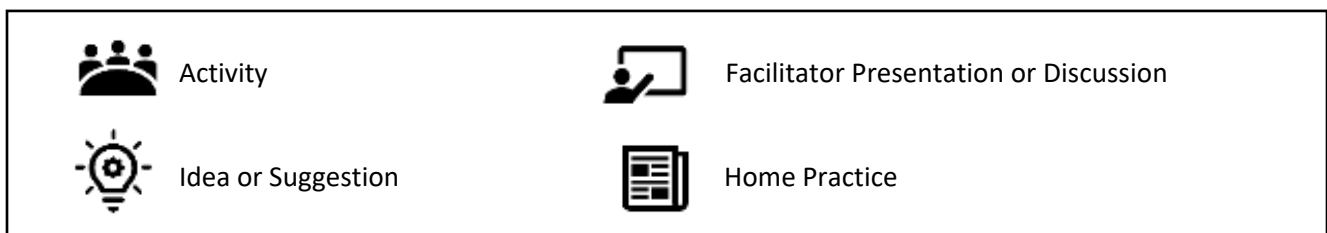
Note that Sessions 2 and 3 include more content than other sessions. For Sessions 2 and 3, you may decide to complete the content over a period of two weeks each, instead of one week. You may also choose to reduce or cut out content and skip activities that are marked as “optional,” based on your group dynamic and needs.

You may also choose to have an additional “introductory” session, similar to a meet-and-greet orientation, before a support group formally begins. This introductory session can provide more context for the group, troubleshoot attendance or technological difficulties and ensure that all participants can access the support groups smoothly. As a result, you may end up with anywhere between a 9-11-week curriculum, depending on your choices to extend sessions. Depending on interpretation needs, each session can take between 1.5 hours and 2.5 hours to complete.

Each session outline is composed of the following components:

- A weekly check-in. This will be repeated at the start of each session
- A session outline, with exercises, activities, and discussions related to the themes of each weekly session. Some of the content will be marked as optional, and some is highly encouraged
- Background Notes for the facilitator, including tips, suggestions, and additional context
- Home Practice, which are exercises that can be replicated by participants at home on their own

The following “visual sign-posts” are used throughout the curriculum to signal specific components or items:



Special Note Regarding Group Sessions: Check-Ins

Every week, each session will begin with a brief check-in related to how participants are doing that day. Facilitators should aim to offer space for group participants to talk about specific things coming up for them, build trust in the group process, and honor the current state of the “here and now.” Acknowledging the “here and now” means being mindful that participants may have other topics on their minds. The check-ins are a space for community members to feel heard, seen and understood. In the check-ins, this means discussing what is happening in the moment or the “elephants in the room.” We recommend planning 10 minutes or more for this routine check-in.

The check-ins are also an opportunity to address new information, questions, or rumors regarding the state of COVID-19 or other common stressors. Depending on the community, COVID-19 updates, stay-at-home ordinances, and vaccine distribution may be lived realities for participants. As new information becomes available regarding the pandemic in your state or city, this information could be shared during the weekly check-ins. COVID-19 stressors

may affect the overall wellness and functioning of participants in the short-term and long-term. As a result, facilitators should be prepared to provide accurate information about staying safe and debunking myths.

However, for some communities, there may be other salient concerns. These could be changes in immigration policy, healthcare and social services questions, public charge rules, and racial injustice. Use these weekly check-ins to present up-to-date information and hold space for pressing issues on participants' minds. It is understandable if a facilitator does not know the answer to all questions posed – state that you will try to find the answer for the next session and then follow up at your next meeting.

Please review the following suggestions on raising awareness and sharing reputable resources in the check-ins:

- Ask what information participants already have or know.
- Best practices for addressing COVID-19, if relevant: discuss how the virus spreads and responses communities are taking such as social distancing, wearing masks, hygiene practices, and other preventative measures.
 - Share information about how and when to be tested for COVID-19 in the community.
 - Describe accurate information about the COVID-19 vaccine and how to access it.
 - Provide up-to-date information about essential business closures and any re-opening information.
 - Ask about any adaptations that participants have made in their daily lives since the beginning of COVID-19.
- Best practices for addressing other concerns: share information on your organization's crisis and emergency response plans, if relevant, should a client experience urgent or emergency challenges.
 - Share information about unemployment benefits or other benefits such as the federal assistance acts, local programs available for rental support or medical needs, or options to apply for sick or family leave through the workplace should a participant become sick.
 - Share resources for employment support and job development, if relevant.
- Always be aware of group members' home environments and their physical or cognitive abilities when selecting activities. Strategies must consider how best to include participants with physical and developmental disabilities and promote equal access to psychosocial activities.
- Always verify that a resource is up-to-date and accurate; information and best practices are changing rapidly in this new environment.

Session 1: Introduction: Welcome, Safety, and Connection

Session Outline

- 1A. Welcome and Introduction to the Group (10 minutes)
- 1B. Check-in (This will be conducted at the beginning of each group session going forward) (20 minutes)
 - Current needs of participants - sharing from attendees
 - Resource sharing related to COVID-19
- 1C. Develop Group Guidelines - creates a safe place for connection and support (30 minutes)
- 1D. “Here and Now” Grounding Activity (15 minutes)
 - Or use an alternative grounding activity that resonates with the group
- 1E. Home Practice and Closing (15 minutes)
 - Facilitators Only: Debrief

Objectives

By the end of this session, participants will have been introduced to each other, developed safe space by generating group guidelines, been informed about confidentiality, and identified what they want to discuss during sessions.



Exercise 1A: Welcome and Introduction to the Group

Opening the Session

Begin by welcoming the group and introducing yourself and other group facilitators. Creating time for introductions at the start of the group allows participants to become familiar with the facilitator and with each other and builds a sense of trust and engagement. Inform participants about the nature of the support group and what you hope to offer. Before the start of any group, it is always important to discuss the purpose of the group and what participants hope to achieve.

Presentation

Share the overall purpose of the support group with participants. Here is a possible script that can help guide you. It is recommended that you speak naturally while referencing the provided script as needed.

“The goal of this group is to provide you with extra support during a challenging time. Most people have experienced hard times in their home country and during their migration journey. Coming to the United States is also very difficult. Everything is different. It can be hard to find work. Relationships between parents and children, caregivers, and other community members sometimes change.

It is normal to have common stress reactions to living during a global pandemic such as COVID-19. We recognize this time may be very challenging for you and your family/loved ones for a variety of reasons. Many people may find it challenging to remain socially distant, support children with their schoolwork, or be unable to attend work, gatherings, or English classes. Some families may be supporting a loved one that has gotten sick or feel afraid that you could get sick. These are common reactions that we might be having during this time. Alternatively, some may feel less affected by the pandemic based on former lived experiences, and that is OK too.

People may have trouble sleeping or cry more frequently, become easily frustrated, or lose their temper. Some might feel numb inside because they are so overwhelmed. This virtual group is a place where we can talk about and support

each other by practicing wellness and sharing resources and ideas to help reduce stress and offer hope.”

Briefly describe what wellness means and explore the idea of wellness goals. A possible script can be:

“We hope that through this group, everyone can learn what emotional wellness means and what it means to be emotionally well. This is especially important when we are facing a global health crisis. Wellness means feeling healthy and happy in your mind and in your body. Emotional health is also a part of wellness: for example, feeling less stressed, scared, lonely, etc. Creating wellness goals can be helpful in allowing people to work toward practicing wellness. A wellness goal is something a person can achieve that will ultimately help them to obtain wellness. For example, if people are lonely, their goal might be to join a class or group so that they can socialize and make more friends. At the completion of this support group, we hope that everyone will be able to create a wellness plan for themselves to stay emotionally healthy.”

Briefly describe the difficulties that may arise with certain topics. For example:

“The things we discuss may be painful or difficult to talk about. It’s OK if you feel sad or get upset. It’s also OK to take a break at any time. If you feel that way and want to talk about it after any of our sessions, we are available to talk with you further.”



Exercise 1B: Check-in and Resource Sharing

Notes for Facilitator

This segment is included at the beginning of all future sessions. Mention to participants that this check-in will be repeated each week. Conduct a check-in with participants to see how they are feeling; you can conduct this conversation in whatever style or format you prefer or use suggestions from the Facilitator’s Guide above. Then, share any updated resources or information regarding COVID-19 and open the space for questions.



Exercise 1C: Develop Group Guidelines

Notes for Facilitator

Guidelines should be collaboratively developed during the first group to provide all members with expectations for behavior and participation. This is best done in collaboration with the participants so that they are a part of the group’s formation and have ownership in the space. It may be challenging to manage distractions in a home environment, and other family members may be present. Think about ways to ensure confidentiality and how the primary participant is maintaining confidentiality by not sharing the content of the sessions with other family members, housemates, or others. If possible, recommend that participants participate in the weekly sessions from a private room or space. This may not be possible for all participants. Consider options like asking participants to wear headphones if they are unable to access a private space.

The MHPSS group support model aims to foster an environment that contains the five principles commonly practiced in Psychological First Aid²⁹. Throughout the program cycle, facilitators are encouraged to create a group environment that honors the following principles:

1. Safety
2. Calmness
3. Connectedness
4. Hope
5. Self and Community Efficacy

Activity

Ask: what rules do we think are important for our time together?



Suggestion: If using Zoom, generate a list of guidelines by using the virtual whiteboard feature. If you are using another platform, consider sharing your screen and jotting down notes. Ask members to write these down and keep them in place they will remember or repeat them back during the group session.

Develop group guidelines together. Below are suggestions for getting the conversation started: What is said among our group is “confidential”

- Emphasize this point: *What this means is that as the facilitator, I will not mention what is talked about to others. Also, when you are talking with a family member or a friend, you commit to not sharing information about a group session. To the best of our capacities, we will keep what is shared in virtual session to ourselves. Without trust in each other, we cannot support each other. If you are in a shared space with other family members or roommates, that is understandable; but let the group know.*
- Describe situations when you are obligated to make a report due to mandatory reporting standards (such as harm to a child or elder, intended or actual harm to self, and/or harm to other). If you are unaware of these requirements, speak to your supervisor.
 - We are here to provide support and be open to each other.
 - We treat each other with respect even when we disagree.
 - “Step up or step down”: we agree to let others speak. Or, the “rule of three” – this is where a participant allows three other people to speak before speaking again.

Then, ask group members to contribute their ideas. *“What other group guidelines would you like to add?”* You can introduce confidentiality agreements in accordance with your organization’s policy here, if needed. If implementing groups virtually, consider using the chat function on your mobile communication platform but be aware that all group members might not be literate or know how to use the chat. Make sure everyone feels welcomed and able to interact with the activity. Throughout the curriculum, you can reference the group guidelines as a reminder.



Exercise 1D: “Here and Now” Grounding

Notes for Facilitator

Activities that are designed to bring you into the present moment are called “grounding activities.” These can take different approaches like practicing breathing, noticing your surroundings, or repeating a statement to reduce any worries, stress, or fears. These are very helpful and quick approaches to help orient an individual, and can assist during moments when we feel overwhelmed, stressed, or worried. The f grounding activity outlined below may be used or you can find another grounding activity that resonates with the group from your own resources, or online examples. When selecting activities, always be aware of group members’ home environments and their physical or cognitive abilities.

Activity

Read the following statement to begin the grounding activity. Or, choose another grounding activity that works for the group.

Introduce that it can helpful to practice a “Safety Statement.” This type of grounding statement can be very helpful when we are in a situation that feels outside of our control. This statement should only be practiced when we are indeed physically safe in our surroundings. *My name is _____; I am safe right now. I am in the present, not the past. I am located in _____; I am a part of the [women’s/men’s] group _____.”*



Suggestion: You can also use the “Five Senses” grounding activity described in **Session 8**.

Exercise 1E: Home Practice and Closing



Home Practice

The Home Practice will typically involve an activity or exercise that can be replicated at home by group members. In this first session, there is no suggested home activity. Instead, ask group members to identify what they would like to see in future sessions. Would they like to hear more about certain topics, involve more physical movement, and what kind of practices or ideas related to self-care would they like to discuss? Discuss whether they would like to also bring a favorite recipe, cultural practice, or family practice that helps them feel peace or a sense of calm to share in the next session.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today. Provide a way for the participants to contact you in case they want to speak individually.

Facilitators Only: Debrief

After completing this week’s session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 2: Raising Awareness and the Mind Body Connection

Session Outline

- 2A. Check-in and Resource Sharing (10 minutes)
- 2B. Defining Crisis and Stressful Life Events (15 minutes)
- 2C. Emotions and the Mind Body Connection (20 minutes, *could expand to 30-40 minutes with optional Activity*)
 - References add-on Activity: Emotion Wheel in the Appendix, Page 16.
- 2D. Discussion on Stress and Stress Management during a Pandemic (15 minutes, *could expand with discussion*)
- 2E. Mindfulness Activity (10 minutes, *could expand to 25-30 minutes with additional mindfulness activities*)
 - References Activity: Mindfulness Breathing in the Appendix, Page 1.
 - Or, use an alternative mindfulness activity that resonates with the group
- 2F. Home Practice and Closing (5 minutes)

Facilitators Only: Debrief

Important: Be prepared to offer crisis intervention resources and other materials related to emotional health and wellbeing during this session.

This session can be extended into two sessions depending on resources and capacity – if the content needs to fit into only 1 week, think out activities and discussion. If you can expand to 2 sessions, we offer suggestions in italics above.

Objectives

By the end of this session, participants will have learned more about common reactions to stressful events, understand the ways in which the mind and body are connected, and explored daily practices to reduce stress such as a relaxation exercise.



Exercise 2A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today's topic and let participants know what comes next.



Exercise 2B: Defining Crisis and Stressful Life Events

Notes for Facilitator

Throughout this session, keep in mind that many participants might have experienced some form of trauma or situations of adversity. We might also view the current global health crisis as a “collective trauma” that we’re all experiencing in some way. However, do not expect that everyone will be open to share about their experiences and feelings, or that participants will have the language to talk about these large emotions. It may be very natural for some individuals to choose to not speak, to appear frozen in their thoughts or behavior, to want to release their feelings through crying, or perhaps through sharing a lot of information about their experiences. For this reason, it is important to normalize the full range of emotions, behaviors, and reactions to stressful life events. It is important to remember that people experience challenges differently and have unique viewpoints about their experiences.

Some people describe our current situation as a “collective trauma.” This is when “trauma” is experienced by a group of people. This type of trauma is shared among groups of people or communities in various ways, through social processes, networks, relationships, institutions, dynamics, practices, and resources.³⁰ Just as there are shared experiences such as a collective trauma, so too there are ways that community can heal together.

Discussion

Open a discussion about crisis coping skills. Encourage participants to think back to a difficult time they had – what were things that helped them to get through that period in their life? Share that a crisis may be defined as anything that causes a person to feel overwhelmed. It can be related to any aspect of a person’s life, from finances to relationships to future goals. Many people have experienced stressful and adverse events. There are different ways to stay safe, stay calm, and share ways that people have lived with adversity. This is a time to share ideas about how participants can support one another and nurture ways to cope with crisis. Be prepared to provide crisis lines/explanations.



Suggestion: Encourage members to make a list of things they have done to help themselves during previous stressful times on a sheet of paper or in a private notebook.



Exercise 2C: Emotions and the Mind Body Connection

Activity

Ask participants if they have noticed themselves having any specific emotions or reactions since the beginning of the pandemic (such as during stay-at-home orders, by practicing social distancing, or sheltering in place). If time permits, complete Handout: Emotion Wheel found in the Appendix, Page 16. Validate that these are common reactions and feelings. As a group, touch on the following emotions or reactions:

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- Feeling confused, nervous, concerned, or anxious³²
- Having fears of being sick or helping a loved one that may be unwell
- Feeling fearful of falling ill and dying (which may prevent people from seeking health services or facilities)
- Feeling fearful of losing livelihood or not being able to work during isolation
- Feeling helpless and sad due to being isolated from your communities
- Not knowing whom to trust
- Feeling stigma and fear of medical patients, healthcare workers and caregivers
- Feeling anger, frustration, or “on edge”

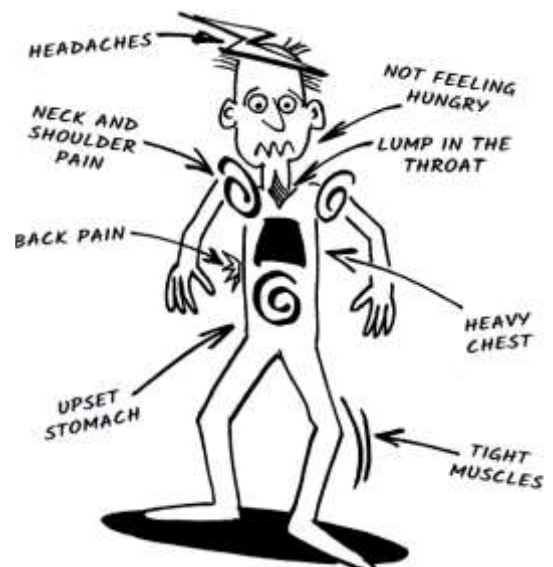


Figure 1

Share that the mind and body are very connected to each other. When we have lots of stress, it can change the way we *think* and it can change the way we *feel*. Gesture to the following locations on your body, mimicking pain or physical symptoms or stress.

Share that we can experience the following physical signs of stress:

- Change in appetite
- Constipation, diarrhea, or involuntary urination
- Backpain; headaches; general aches and pains
- High blood pressure
- Trouble sleeping

Note to Facilitator

If people have a very violent or traumatic event, like experiencing a bombing, seeing someone killed, or getting attacked, the way the body responds can be even more obvious or pronounced. . The body prepares itself to fight, flee, or freeze. In other words, the body gets ready to respond and deal with the situation.

Discussion

Discuss with participants that when the body prepares itself for an emergency, the “flight, fight or freeze” mechanism is activated. In the process, the brain releases 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.³³

When something triggers traumatic memories – even if it 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. We will talk more about trauma and adversity in the weeks to come.



Exercise 2D: Discussion on Stress and Stress Management during a Pandemic

Move into a discussion around the types of reactions triggered by events such as a global pandemic, and how to manage stress during these situations.

Presentation

Consider the following script: *“Knowing that there has been an infectious disease outbreak that could affect you and loved ones is unavoidably stressful. You are also likely coping with other daily stressors because of the pandemic, such as kids at home or loss of employment. There are common reactions that people may have in these types of situations. Sometimes infectious disease outbreaks happen suddenly and progress quickly; in other cases, it may progress slowly and take weeks or months until they become a global pandemic. Psychologically, however, this can be difficult. The “waiting period” that many people are facing, where everyone is watching and wondering what might come next, can become overwhelming and may cause many worries or other challenging reactions.”*

“When you recognize a threat, such as anxiety or worries from the COVID-19 pandemic, your body responds in ways that prepare you to meet the challenge and protect yourself. Hormones and other chemicals are released in your body when you sense danger, and they trigger what are often referred to as “stress reactions.” These reactions usually don’t feel very good to experience, but they are completely normal. In fact, they are the body’s way of trying to survive, since it is natural to fear the unknown.”

Notes for Facilitator

If a support group kit was sent home, reference some of the calming materials and other tools contained in the kit. There are simple practices to encourage participants to find nourishment and calm in their day-to-day lives. Emphasize that these tools may be helpful to manage stress, and that is an important part of staying well during a pandemic and beyond.

Activity

As a group or individually, brainstorm and share techniques to manage stress. Prompt the group to develop a list (consider using the “whiteboard” feature, if using Zoom) and incorporate or share some of the following ideas:

- Following daily routines can help you feel more in control of your own wellbeing.
 - Consider small things around your home like making your bed, getting dressed for the day, connecting with loved ones, and making time for breaks.
 - Following best practices with COVID-19 prevention, such as using Personal Protective Equipment (PPE) and social distancing.
 - Prioritize sleep, which is critical for your immune system, and try to get 6-8 hours of sleep per night.
 - Drink plenty of water and eat nutritious food as much as possible, especially fruits and vegetables.
- Reduce time spent watching the news or on social media, which can be a source of anxiety and worry.
- Focus on things that bring you joy and nourish you: drawing, painting, singing, reading, poetry, meditation, listening to religious leaders, etc.
- We just discussed how stress can appear in physical symptoms; we can also use physical exercise to reduce stress as well. Try to move your body through exercise or light movement.
 - Exercise is a powerful way to improve both your physical and mental health. Research suggests that when we exercise, our brain releases chemicals that help us better manage stress and anxiety.
 - Consider walking, stretching, dancing or playing music, doing yoga, or any type of cardiovascular activities. Even taking deep breaths for 2-3 minutes per day can be beneficial and calming. Try to set up an exercise or walking schedule that works for you and your family.
- Practice techniques that may help to calm your body and mind. If you meditate, pray, practice yoga, write, draw, read, cook, etc. continue to do these things if you can.
- Naming what you are grateful for – mention to participants that in a future session, we may complete a virtual “hope giving wall”
 - Some people believe in the power of positive thinking and when we express what we are thankful for this may have an impact on our emotions.
- Be in nature - go for a walk or sit on a balcony, front stoop, or porch to observe nature. If you have access to a garden or indoor pots, planting and interacting with the soil and earth may be very nourishing.



Exercise 2E: Mindfulness Activity

Activity

In this activity, you will demonstrate and engage participants in a short relaxation exercise. We offer a guided relaxation breathing exercise in the document titled [Activity 2E: Mindfulness Breathing](#) in the Appendix, Page 1. Invite participants to be in a comfortable position and to stay engaged throughout the activity. Explain to participants that by relaxing our minds, bodies and feelings, we can reduce the physical impact of stress on our bodies. Relaxation exercises are good ways for us to do this. Emphasize that calming the body and mind helps people feel more in control, think more clearly, be able to process their experiences, and activate healing within the body.



Suggestion: If you have another idea for a mindfulness activity, feel free to use that instead! You might also consider bringing in a special guest, such as a yoga instructor, to lead a mindfulness activity.

Notes for Facilitator

Encourage participants to repeat mindfulness practices for 10-15 minutes as a tool to help “quiet” or “calm” the mind. You can also encourage the practice of shorter relaxation exercises at stressful times.” Consider using a relaxation and mindfulness application that can be downloaded on your phone, such as “Headspace,” if you wish.

The facilitator should note that mind-body activities can bring up negative reactions and trauma-related triggers for some members³⁴³⁵. For example, exercise may create physical feelings such as increased heart rate, muscle discomfort, or shortness of breath that may mimic feelings of anxiety and panic that remind people of specific traumatic experiences. If a member displays significant distress or discomfort during the group because they are triggered, it is advised that additional calming support be provided in the moment. This can be offered by demonstrating some de-escalation techniques commonly used with crisis support. Review HIAS’ de-escalation guidance in the **Training and Resource Annex**; this guidance includes techniques to assist in bringing someone to a calming state if their stress response is activated.

Keep in mind that despite initial feelings of discomfort, research has shown that movement and some form of physical activity, including yoga, can be beneficial. Some physical activity that focuses on calmness and breathing can be healing for individuals suffering from the effects of trauma.³⁶³⁷



Exercise 2G: Home Practice and Closing

Home Practice

Ask group members to practice one of the stress management items mentioned in today’s session, and if possible, to practice the relaxation breathing exercise for 5 minutes every day. If they choose, they can invite their families to participate as well.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week’s session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 3: Emotional Health & Wellbeing, Fostering Resiliency, and Connection

Session Outline

- 3A. Check-in and Resource Sharing (5 minutes)
- 3B. Brainstorm what is Mental Health and Wellbeing (15 minutes)
- 3C. Defining Mental Health (25 minutes)
 - Discussing the Mental Health Spectrum Diagram
- 3D. Traditional Beliefs and Perceptions about Mental Health (20 minutes)
- 3E. Activity: Body Awareness Finger Tapping Exercise (15 minutes)
- 3F. Home practice (10 minutes)
 - Facilitators Only: Debrief

Objectives

By the end of this session, participants will have learned ways to define mental health, stigma, and shame in their context and culture; learned about common emotional reactions to negative experiences; and practiced a mind/body tapping exercise.



Exercise 3A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then introduce today's topic and let participants know what comes next.



Exercise 3B: Mental Health and Wellbeing Brainstorming Activity

Activity

Ask group members to call out or write in the chat box the very first thing that comes to mind that is about mental health or wellbeing. Provide a comprehensive list of all the words spoken or shared with participants. Building from this brainstorming exercise, describe that cultivating mental health and wellbeing is both a practice and a skill. This means that we may have to routinely practice wellness activities and use wellness skills on an ongoing basis. Some elements of skill and practice for mental health and wellbeing might include the following:

- 1) Maintain or develop a positive outlook and mindset
- 2) Rebound and recovery from negative emotions or adversity - try to not stay stuck in those emotions
- 3) Engage in mind-training or "mindfulness"
- 4) Practice and demonstrate care for others

Positive emotional health can be defined as having a sense of wellbeing, confidence, and positive feelings about how we feel about ourselves or our community. When we are in a positive state of wellbeing and psychosocial health, we can fully enjoy and appreciate other people, day-to-day life, and our environment. When we are unable to maintain relationships, accomplish our daily tasks, or deal with life's challenges, it may lead to bigger challenges.

Discussion

Think back to a time when you were faced with an extremely challenging circumstance. How did you feel in your body? What kind of thoughts were you having? Did it impact your relationships? Did it affect your work? How did your thoughts change? How was your energy level? Did your sleeping patterns change? How about your appetite - did you eat too little or too much?

Present these questions: “What do you think of these ideas? Do they make sense for you? What is missing or inaccurate? Do you think they have value?”

Notes for Facilitator

- Mental *health* is different than mental *illness*.
- Many people equate the term mental health as the same as “mental illness” or being “crazy,” but this isn’t the case.
- Mental *health* can refer to our emotional and psychological state, whether positive or negative, and how we feel about ourselves and interact with others. Everyone has mental health, just like everyone has physical health, as the two are interconnected. Our mental health includes a whole range of problems and challenges, from not sleeping at night to crying to feeling scared for no reason,
- Mental *illness* is typically associated with more significant symptoms like hearing voices or having thoughts of ending one’s life.³⁸



Exercise 3C: Defining Mental Health

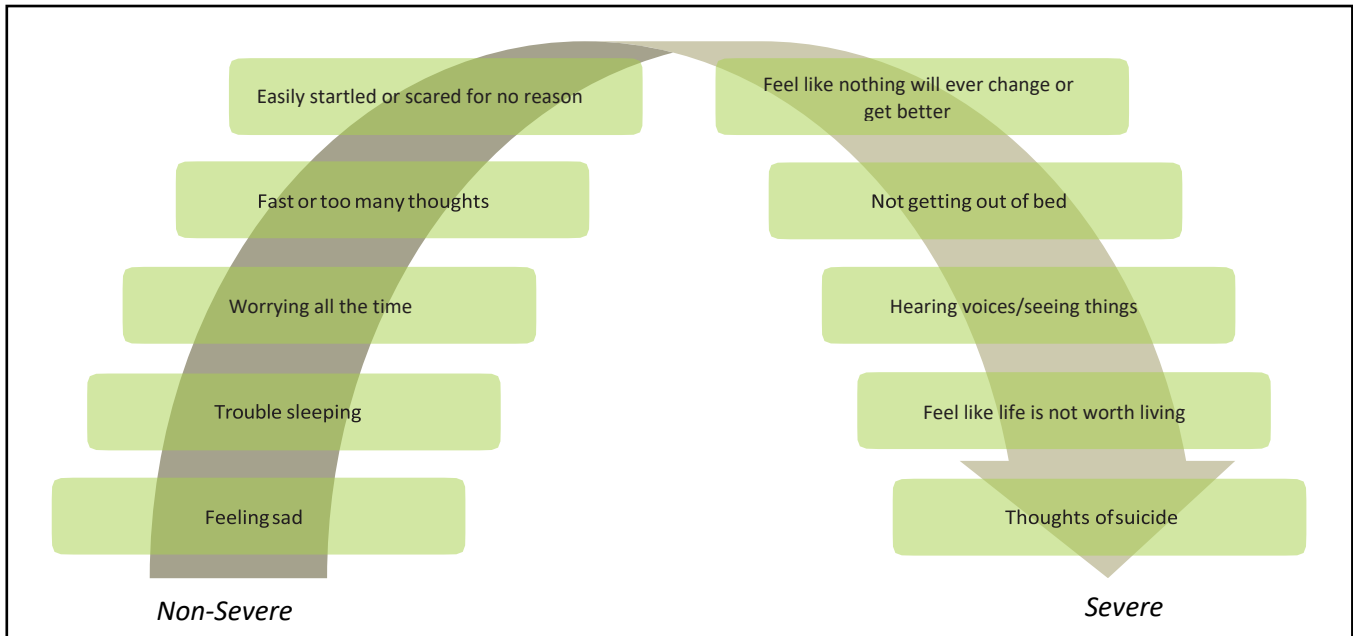
Note to Facilitator

Every person’s culture has an impact on their understanding of mental health. What is considered mentally healthy, or unhealthy, can look very different depending on your culture/community. Mental health includes our emotional, psychological (thinking), and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Everyone experiences feeling down or having difficult times throughout their life. The ability to cope with negative experiences, stress, and adversity varies greatly from one person to another and, in large part, determines whether people enjoy their lives and can make plans for the future. Just like people have physical problems or illnesses, we can also have mental health challenges or distressing symptoms. Depending on the circumstances in your life at any given time, your state of mental health may vary.

Presentation

Show the following Mental Health Spectrum diagram. Note that the severity of mental health symptoms moves from *non-severe/mild* on the left, to *severe/intense* on the right.³⁹ You can share this by sharing your screen or preparing a separate slide if you want to use translated terms. Ask participants to name the terms in their language to promote discussion (optional to reference [Handout: Emotion Wheel](#) in the Appendix, Page 16).



Most people who have negative experiences, like the death of a loved one, will have an “emotional response.” This means when a loved one dies, people naturally feel very sad and cry. They are experiencing grief and this is normal. This is similar to moving to a new country, or to living during a major public health crisis. It is normal to feel scared and overwhelmed. However, if these feelings go on much longer than what is naturally expected in a culture, or if they interfere with a person’s ability to get through the day or do the work they need to do, then that person might want to seek extra support.

Discussion

In the following discussion, you will ask participants the following questions then discuss the answers.

1. *A man who is new to the country begins working at a new job for the first time. He is nervous and anxious about his new environment and is afraid to talk to people. Is this normal and expected? (Allow participants to answer).*

Answer: Yes

1b. *What if he feels so anxious and afraid that he doesn’t get out of bed in the morning and go to work? Is this normal and expected? (Allow participants to answer).*

Answer: No. Discuss the reasons why this would not be normal.

2. *A mother has heard about many neighbors and relatives contracting COVID-19; one ended up in the hospital and almost died. Although she has spent the past few months being very cautious and staying socially distant from everyone except her immediate family, the public-school system has announced that her children will return to the classroom next month. She is incredibly worried about their health and wellbeing and that the family will become sick with the virus. Is this normal and expected? (Allow participants to answer).⁴⁰*

Answer: Yes

2b. *What if she feels so worried about it that she tries to withdraw them from school and prevents anyone from leaving the home for the next four weeks? (Allow participants to answer).*

Answer: No. Discuss the reasons why this would not be normal.

Return to Presentation

Share that we can look at a mental health issue as something that may be affecting the functioning of someone's day-to-day life, and pose the four questions below as tools that group members can ask themselves during the pandemic and afterwards. Provide the following context: anyone can ask the below questions in order to:

- Know what resource is the most appropriate for you
 - Understand when we may need to ask for help
 - Figure out resources to return to our daily lives and interact positively with our families
1. *What* is happening? (e.g., nightmares once or twice a month versus not leaving the home)
 2. *How long* has it been going on? (e.g., days, weeks or years)
 3. How is it impacting the person's *daily life*? (e.g., can they still take care of themselves and their family, are they not getting out of bed)
 4. Is it affecting the person's *safety* or the safety of someone else? (e.g., are they neglecting their children, thinking of hurting themselves, hurting other people)



Suggestion: Share any local tele-health resources with participants. You may share a list of agencies or orgs. that offer mental health and social services support for those experiencing symptoms of distress.



Exercise 3D: Traditional Beliefs and Perceptions about Mental Health

Notes for Facilitator

In this exercise, you will discuss how cultural beliefs and/or belief systems might inform how someone is supposed to act or behave when they are grieving, sad, scared, happy, or experiencing other emotions. You will introduce that individuals may have cultural explanations for what is causing their problem or feelings of sadness/upset. For example: "If I had a stronger belief in God, I would quit crying and would not feel so sad" or "The reason I am having so many problems is because my great-grandfather was a thief." These reasons are valid and exist in every culture.⁴¹

Below are some examples of culture or belief systems influencing our thinking, which you can discuss if relevant:

Humoral Beliefs	The balance of energy, or humors, in the body. The balance of hot and cold, moisture and dryness, 'too much wind', etc. In terms of mental health, a person may believe that their mental health problems are related to an imbalance in their body that needs to be restored.
Gods	One or multiple God(s) can be the source of great benefit or may also cause great harm to those that offend them. In terms of mental health, a God could be causing them harm, sickness or distress.
Spirit World	Spirits living in trees, water, sky, etc. In some cultures, it is also believed that there are evil spirits and at times these evil spirits can cause someone harm including mental health problems.
Ancestral Spirits	Spiritual forces that affect people much the same way Gods or traditional spirits do, who can cause harm (including mental health problems) and are also capable of protecting one from harm.
Organic	Medical explanations; brain chemistry or problems with a specific organ which cause certain problems

Ask Participants: does your culture have one of these beliefs, or perhaps any other beliefs not included here?

Discussion

In this discussion, you will pose several questions around culture and stigma. You are encouraged to explain and discuss information below with the group. If you are implementing groups remotely, write the answers on the virtual “whiteboard” on Zoom if participants are literate, or to share verbally among the group members.

Discuss with the group that many cultures may have stigma and shame around mental health. Stigma or Shame may play a part in how a person feels about having problems like “too many worries” or “too much sadness.” Explain that for some people, having a problem can mean:

- Having “bad blood”
- A problem with the spirit world, ancestors, karma, a curse etc.
- Sign of weakness or immaturity

Share that every culture, including American cultures, has stigma or shame around having problems.

Ask participants: How does your religion, culture, or belief system view people who are having problems or distressing signs that that something may not be right? Then, discuss with the group that every culture, including American cultures, also has fears or concerns related to a disease outbreak such as the coronavirus. There may be specific cultural beliefs or practices or both. Ask Participants: What are some fears or concerns that you have heard? Pause to allow discussion.

Share with the Group: People who have emotional health challenges have often been treated poorly due to being misunderstood. In many countries, people who were having problems were put in institutions. Many people in the United States may go to a “counselor,” a type of health worker who supports our wellbeing, in order to get extra support when they are having a hard time in life. This is confidential, just like when we visit a doctor’s office. It does not mean that someone is crazy or mentally ill. It is important to understand that services in the U.S. are a choice and people are never required to use services unless they are endangering themselves or others. A person can choose what kind of treatment they receive or do not receive.

Ask participants:

- What do people in your community/culture do when they are experiencing problems? If possible, refer to the Mental Health Spectrum Diagram provided above, on Page 27 of this curriculum for examples of intense, ongoing, and non-severe mental health issues.
- When do you know someone needs support?
- What can you do?
- When would you know you might need extra help?

Notes for Facilitator

There is a lot of false information about COVID-19 which is worsened by prejudice. This can lead to discrimination against groups of people, particularly those of Asian descent. Emphasize that in the same way that we fight stigma against people with mental illness, we must stand against racist acts against individuals of Asian descent and Asian American communities.⁴² Such discrimination is often a result of misunderstanding. The internet may have sensational media coverage and may be spreading rumors. Remind group members to check in regularly with their children if relevant, about what they have viewed on the internet and clarify any misinformation.

When discussing this, point out that stigma and shame also exists for other health issues, such as emotional health or distress which might be caused by previous life events. Consider sharing some anti-stigma resources from your local public health departments about COVID-19. See Page 22 of the Appendix in the document for an English-language anti-stigma flyer you may choose to use.



Activity 3E: Body Awareness Finger Tapping

Activity

As a final exercise, we will be doing Activity 3E: Body Awareness Finger Tapping found in the Appendix, Page 2.

Notes for the Facilitator

Mind/Body techniques allow us to create a positive shift in emotional reactions to stressful and traumatic incidents. It could be helpful to share that these exercises are easy to learn and incorporate into one's daily routine. A simple practice could include guided breathing or finger tapping on acupuncture/pressure points. Tapping is used by tapping specific meridian or energy places on the body. This is an evidence-based technique that is used clinically in the treatment of trauma, anxiety, depression, pain, stress, and somatic issues.



Exercise 3E: Home Practice and Closing

Home Practice

Ask participants to consider practicing a mindfulness or mind/body exercise for 5-15 minutes with their family or housemates. Participants could alternatively generate a list of things that they can do to help to calm the body and the mind. Remind them to notice when one is less reactive or more responsive, and if the family dynamics are impacted positively as a result. Think more about your family or community resilience and strengths and write about these in your journal or notebook.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 4: Family Dynamics and Wellbeing

Session Outline

- 4A. Check-in and Resource Sharing (5 minutes)
- 4B. Importance of Family Wellbeing (20 minutes)
- 4C. Supporting Children (10 minutes)
- 4D. Triple-A Approach to Happiness and Love (10 minutes)
- 4E. Practices to Relieve Caregiver Stress and Strain (10 minutes)
- 4F. Family and Community Resilience Building (20 minutes)
 - Complete the Community Resilience Wheel
- 4G. Home Practice and Closing (10 minutes)
 - Facilitators Only: Debrief

Objectives

By the end of this session, participants will understand the impact of family dynamics and emotional wellbeing. Participants will be able to engage in self-practice to enhance family or social connection and bonding, learn more about simple caregiving practices, and engage in building community resilience.



Exercise 4A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today's topic and let participants know what comes next.



Exercise 4B: Importance of Family Wellbeing

Notes for Facilitator

Before starting, be aware that some group members might not be living with their family or have complicated dynamics with family members, both here and overseas. Others might not have children or a partner, and instead might live with roommates or alone. Some participants might be in same-sex relationships, divorced, widowed, or chosen not to marry. Let participants choose who is a part of their "family," whether they are related by blood, marriage, or not. We encourage you to expand or shorten this section, depending on the nature of the group.

Presentation

Share that family can take many forms, and during the pandemic, some of us might be in new or different living situations. Some might be living alone, with friends, or partners; others might be living with multiple family members all together at home. Being with loved ones and family for a significant amount of time can be both very challenging and a source of great comfort and reassurance. We are stronger together and can be in solidarity with one another; however, it can also cause us to feel stressed and overwhelmed, especially if there are conflicts.

Present: For those of you with children or who are caregivers for others, it could be beneficial for you to practice ways to feel physically sound and emotionally safe. We recommend that families try the following strategies:

- Schedule certain activities to help the family or household create structure and stability, with things like bedtimes, meals, and exercise. For children, consider making a daily schedule chart.
- Try to revisit routines that have made you and your family feel better in other stressful situations, such as sharing meals together, reading, watching movies, listening to music, playing games, exercising, or engaging in religious activities (prayer, participating in services online).
- Sustain family rituals to provide predictability, which is particularly important when everything else feels unpredictable. Did you pray together? Prepare a special meal together every Sunday? Thursday night games? If your family did not have these family rituals before, this is an opportunity to develop them now in-person or online.
- Recognize that feelings such as loneliness, boredom, fear of contracting the disease, anxiety, stress, and panic are all normal reactions to a stressful situation. Recognize that frustration is natural when living in close quarters for an extended period. Discuss the importance of developing a plan for when someone needs space to decompress.
- Help your family engage in fun and meaningful activities consistent with your family and cultural values.

Discussion

Ask participants to brainstorm and share responses to these questions:

- *What family or friend focused activities did you do regularly prior to the start of the pandemic?*
- *What activities have you been doing in the past few weeks with your family and friends?*
- *What rituals would you like to do today?*
- *If you have noticed any unusual behavior among your family, can you describe what these are?*



Exercise 4C: Supporting Children

Discussion

You will now open a discussion with group members about supporting children and brainstorm strategies together. State that raising children is not easy, particularly during times of transition. Encourage participants to seek support and continued connections from friends and family by talking to them on the phone, texting, or communicating through email or social media. Participants also might have ways to access additional support and resources through the school, a resettlement agency, or other social service provider.

Together, brainstorm some strategies that have worked to support children and family members during the past few months.



Suggestion: Try to draw out responses and contributions from the participants; this will be most meaningful. Then, uplift good practices and fill in the gaps with your own ideas or some points from the list below.

Offer your own ideas or some points from this list:

- Focus on supporting children by encouraging questions and helping them understand the current situation.
- Help them express their feelings through drawing or other activities.
- Clarify misinformation or misunderstandings about how the virus is spread and that not every respiratory disease is COVID-19.
- Provide comfort and a bit of extra patience.
- Check back in with your children on a regular basis or when the situation changes.
- Have children participate in distance learning opportunities that may be offered by their schools or other institutions/organizations.

- Balance activities that encourage time together, with opportunities for time alone for parents to decompress.
- Consider scheduling regular family meeting and setting aside time once a week to check-in with the people you live with, express what is going well, what has been challenging and come up with a plan together.
- For adolescents and pre-teens, consider limiting media sources while still allowing for healthy curiosity and connections with their friends. The best way to do this is to demonstrate your own self-limits with media. You may wish to dedicate regular time in your families to routinely set aside technology devices (phone, computer), as our use of technology has significantly increased during the pandemic.
- Children may be experiencing a lot of behavioral challenges and it could be related to any day-to-day situation. Anticipate increases in emotionality, worries and other concerns.
- Children may adapt more quickly than their parents or older adult community members. This can cause a power difference in the family context. Together, discuss family, new cultural expectations, and family roles in order to support the adjustment process to a new place.

Remind group members that they are role models for children in their families and in communities. How they handle stressful situations can affect how children manage their fears, worries or concerns. Some believe that if you are doing well and caring for yourself, chances are that children will also be doing the same. In times of stress, we can support our children by maintaining connection through communication, engagement and consistent presence. Children make sense of their worlds by asking us questions; be curious about what they are experiencing.



Exercise 4D: “Triple-A Approach” to Happiness and Love

Presentation

There are many ways to show family and friends that you love and care for them. Dr. Omar Reda (2021) outlines a 3-step approach to show love and trigger feelings of happiness, which he calls the "Triple-A Approach." This is designed to add a release of positive feelings and the "3 hormones of happiness" in our bodies and minds.

The Triple-A Approach includes:

- | | |
|-------------------------|---|
| (1) Attention | Offer undistracted attention directed toward your loved one, child or family member and let them know that they are seen, heard, and felt. This releases a chemical in the brain called “dopamine” which produces feelings of satisfaction. |
| (2) Appreciation | Next, show the person that they are valued and loved. This releases a chemical in the brain called "serotonin" which produces feelings of happiness. |
| (3) Affection | Lastly, show affection through eye contact, smiling, kind words, safe touch, or spending quality time together. This releases a chemical called “oxytocin” which produces feelings of love. |

Activity

Individually, think of a time when you received OR gave attention, appreciation, or affection. How did it make you feel? Alternatively, imagine a situation when you receive or use the Triple-A Approach. Take 5 minutes for everyone to write down their thoughts; invite people to share if they'd like.



Exercise 4E: Practices to Relieve Caregiver Stress and Strain

In this exercise, the Facilitator will share practices to relieve caregiver stress. Discuss: Despite the great importance of showing love and appreciation to others, it is also important to also show love and compassion to yourself. In fact, caring for other people starts with being kind to yourself. It is normal to feel overwhelmed and exhausted supporting one's family during unusual and abnormal circumstances. During times of uncertainty like living in a pandemic, our day-to-day routines can feel out of balance.

Share these 6 Self Care Questions. Encourage participants to take time to answer these questions:

1. How do I care for myself?
2. How do I acknowledge and validate myself?
3. What activities give me renewed energy, hope and calm?
4. What actions drain me of energy or knock me off balance?
5. What brings me joy?
6. Who supports me?



Exercise 4F: Building Resilience through Family and Community

Notes for Facilitator

You will now transition into a final activity related to building resilience through family or community. The human spirit is resilient. Adversity can be a source of opportunity, leading to new skills and personal attributes that serve a person, a family or an entire community. In this final activity, tie the key themes together – family wellness, care for others, and care for yourself – by brainstorming a family/community resilience wheel.

Activity

Tying the themes of the session together, ask group members to write a list of four things they can do as a family or a community to stay connected and compassionate through this difficult time. Provide time for participants to think or write down notes, then share out as a group. We recommend that you offer your list as well, or offer the below points as an example:

1. Stay active
2. Cook together
3. Read, play games, watch favorite movies
4. Share family traditions

Some activities may be done as a family, while additional activities may be done individually or in the community (while still honoring social distancing). Importantly, remind group members to invest in their own self-care. Connections to spiritual and faith practices may support wellbeing.

Activity

In this next activity, let's discuss community resiliency! Complete the Community Resilience Wheel, following the four questions in the box below. Group members can complete the Community Resilience Wheel individually or as a group. Note that resiliency does not have one single definition. However, it can be thought of as how we adapt to and overcome adverse or challenging situations. We can find resilience in ourselves and in our communities; together we can overcome. You may choose to share these definitions.



Using this Resiliency Wheel, ask the following:

- 1) *Where do you get your nourishment from in these areas?*
- 2) *How do you strengthen these areas?*
- 3) *Is there anything you would add to this wheel?*
- 4) *How can you continue these practices during stay at home orders?*

Source: Vancouver Coastal Health, *Enhancing Physical and Emotional Wellbeing* (n.d).



Exercise 4G: Home Practice and Closing

Ask participants to practice the [Triple-A Happiness Approach](#) or a mindfulness-related activity with their family or housemates for 5-15 minutes, 1-2 times over the next week. Alternatively, you could invite a guest to lead the closing session with a mindfulness activity. If mindfulness activities do not resonate for the group, ask members to generate a list of things that they can do to help to calm the body and the mind and to review their [6 Self-Care Tips](#).

Remind participants to notice if conflict and disconnection from a loved one or roommate is occurring to explore more responsive and healthy connection, as well as positive regard, and to see the family or household dynamics are impacted positively as a result. Think more about your family or community resilience and strengths and write about these in your journal or notebook.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week, and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 5: Maintaining Traditions and Healthy Living

Session Outline

- 5A. Check-in and Resource Sharing (10 minutes)
- 5B. Healthy Living Practices and Seated Yoga (20 minutes)
 - References [Activity 5B: Seated Yoga Sequence](#) in the Appendix, Page 4.
- 5C. Nutrition (10 minutes)
- 5D. Healthy Eating Tips (20 minutes)
 - References [Activity 5D: Food is Medicine](#) in the Appendix, Page 5.
- 5E. Generate a Personal and Community Wellness Plan (25 minutes)
 - Reference [Handout: Community Wellness Plan](#) in the Appendix, Page 19.
- 5F. Home Practice and Closing (5 minutes)
 - Facilitators Only: Debrief



Suggestion: Provide web-based links to any culturally relevant foods, dances, songs, or cultural practices for group members.

Objectives

By the end of today's session, participants will have learned strategies to stay well through healthy living practices, movement, and nutrition. Participants will complete their Wellness Plan and explore more community wellbeing strategies.



Exercise 5A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today's topic and let participants know what comes next.



Exercise 5B: Healthy Living Practices and Seated Yoga

Discussion

Discuss with the group that healthy living practices such as physical movement and relaxation/mindfulness exercises can help reduce stress and overwhelmed feelings that occur with adjusting to life in the United States and living through a crisis. Remember to stay aware of the different abilities or disabilities of group members, and that individuals are encouraged to practice these recommendations only to the extent of their physical abilities.

Share the following movement tips and discuss with the group:

- Incorporating movement into your everyday routine is easier than you think.
- Movement can help promote strength, endurance, flexibility, balance and/or posture.
- Be mindful in your movements. If you feel pain or straining, listen to your body and readjust. Help your body stay active by being proactive in preventing injury.

- Wake up your joints by spending a couple minutes in the morning rotating wrists, shoulders, ankles, hips.
- Stand up every 20 minutes to facilitate healthy circulation.
- Exercise is a fantastic way to reduce stress. There are many things you can do from home. Going for a walk is a wonderful way to exercise and to get fresh air.

Activity

Review the document [Activity 5B: Seated Yoga Sequence](#) in the Appendix, Page 4. Spend 20 minutes with this Activity. Remember to include breath and gentle movement when guiding participants. We encourage you to try the seated yoga activity, but if the group is not interested in engaging in this practice, identify a meaningful, grounding physical activity that you can lead instead.



Suggestion: If you want, you can alternatively invite a guest speaker to offer virtual or in-person seated yoga or breath-work. You may also consider incorporating breathing and light stretching into every session, and could ask a group member to lead this in future sessions to build a sense of ownership and routine



Exercise 5C: Nutrition



Suggestion: In advance of the session, facilitators are encouraged to compile customized resources that can be used for culturally specific and healthful foods. Identify where to access certain foods and other resources to enhance participants' dietary options and food security. You may also want to prepare a list of local food banks or additional resources in case participants express not having access to food as a barrier to a balanced diet.

Notes for Facilitator

For so many of us, our traditional foods and practices are important to maintain. Accessing specific foods may be challenging in the U.S. and affordable food options may be limited. However, access to fresh vegetables, gardening plots, or other culturally specific food resources may be available in many cities. Point out that balanced nutrition can help to mitigate some of the long-term health impacts of adversity and living with chronic stress. Note that food needs may be especially acute during a pandemic; be sensitive and do not assume that participants have enough food to eat. Look for signs that indicate potential food insecurity and be ready to privately refer participants to resources after the session. Please remember that some foods which might include “unhealthy” ingredients might be culturally significant to someone, such as a dessert made for special occasions. A person's relationship to food is important; remember to celebrate culturally important foods and not pass judgement on dietary decisions.

Discussion

Many persons that have survived difficult circumstances such as war or forced migration, may be likely to develop health issues such as cardiac issues, hypertension, or chronic diseases. A balanced diet can help to mitigate some of the long-term health impacts of adversity and living with chronic stress.

Share some of the following tips for supporting a balanced diet:

- Try to eat a variety of nutritious foods using all the food groups, remember to choose the “Rainbow” (choosing colorful foods can be healthy). Our bodies need nutrients from nutrient-rich foods.
- When possible, limit saturated fat, trans fat, sodium, red meat, sweets, and sugar-sweetened beverages. If you choose to eat red meat, compare labels and select the leanest cuts available. Some people prefer grass-fed beef over other options.
- Be curious about or learn to read ‘Nutrition Facts’ labels carefully.

- Think of the food you eat as a source of nourishment for the body and the mind. Think about how foods make you feel, both in the moment and 1-2 hours later.
- In addition to healthful food choices, natural supplements such as vitamin C, Zinc, and elderberry can help boost your immune system.

Notes for Facilitator

Be sure to encourage sleep routines to support increased functioning. Sleep helps to heal the body and repairs your heart and blood vessels.⁴³ When we do not have enough sleep, we increase our risk for other health issues, such as heart disease, kidney disease, high blood pressure, diabetes, and stroke. Point out the importance of getting 7-10 hours of sleep per night for adults, and 9-12 hours per night for children under 18. Getting routine sleep is as important as ever and is part of a healthy living routine. Napping and resting can be part of a healthy lifestyle.



Exercise 5D: Healthy Eating Tips

Presentation

In this presentation, introduce the idea of food groups: vegetables, fruits, grains, proteins, dairy, fats, and sweets. Ask participants to name examples that they are familiar with and eat regularly.

Throughout this presentation, the facilitator should keep in mind that while nutrition and choices related to healthful living will differ greatly by each participant, community group and those with complex medical needs. Studies have shown that certain healthy eating tips can help reduce inflammation and other issues that contribute to not feeling well and overall health. The following are general recommendations to consider when preparing meals. The general recommendation is to eat as many vegetables, fruits, and whole grains as possible and to focus on eating lean sources of protein.

Many people take great pride in preparing meals that are culturally significant. Brainstorm a common meal and explore the contents of a popular dish together. What vegetables, oils, grains, or proteins are most used?

Vegetables	Aim for 2/3 - 3/4 plate of vegetables of several colors, palm-sized protein, small starch. Eat organic vegetables if available (4-6+ servings a day) and seasonal vegetables when possible; especially vibrantly colored and green leafy vegetables
Fruits	Eat fruit in moderation (2-4 servings a day)
Grains	Eat whole grains (1-3 servings a day), (brown rice, quinoa, amaranth, millet, sorghum, oats).
Proteins	Eat legumes 0-2 servings a day; fresh, seawater fish (size of the palm of your hand), 2+ times a week or take daily fish oil (small cold-water fish such as salmon, anchovies, sardines, mackerel, albacore tuna). Grass-fed beef, lamb, or tofu or other proteins (2-3 times/week). Pastured chicken or turkey, eggs (3+ times/week). Other vegetarian sources of protein.
Fat & Sweets	Some natural occurring fat is good for our bodies, while some may contribute to other issues like high cholesterol. Here are some examples: healthy fats (2-4 spoonful daily); olive oil, butter, coconut oil, nuts and seeds, or avocados; limit fried foods, processed grains, and refined sugar to occasional treats; vegetable or bone broth often (in soup, cooked in grains, as tea).
Water	Drink water! Try to ensure that you drink half of your body size of water daily. Likewise, babies over 9 months should have a sippy cup of water available to them all the time, and toddlers should be having several cups daily.

Activity

Complete [Activity 5D: Food is Medicine](#) in the Appendix, Page 5. Discuss the different food groups from “My Plate” and the importance of charting your food sources by emphasizing fruit and vegetables.



Exercise 5E: Generating a Personal and Community Wellness Plan

Discussion

Wellness refers to integrating the physical, mental, emotional, social, and spiritual wellbeing. Promoting wellness may change over time and depending upon our life situation (NPCT, 2015). For example, when we are going through a difficult and stressful period, most of our personal wellness may be focused on basic needs such as food, water and shelter. As our daily life becomes more stable and less chaotic, our personal wellness may include more recreation and development of social relationships (NPCT, 2015). Many people often must work at staying physically and emotionally well. Sometimes, wellness does not come naturally. A wellness plan can include these techniques and tools. During this next exercise, we will have a chance to write these down so that everyone can remember to practice them even after this support group concludes.

Activity

Ask participants to write down their thoughts or verbally share their responses to the following questions:

When I feel sad I....

When I feel lonely I...

When I feel homesick I...

When I feel angry I...

When I feel scared or hopeless I...

➔ *Then, what can I do to support wellbeing of my friends and family who might feel the same things?*

If you plan to share print materials, you can find [Handout: Community Wellness Plan](#) in the Appendix, Page 19. Or, you can share your screen with these statements available. Be sure to have this translated into the target language of the group members, if you choose to present wellness plan. Alternatively, invite participants to write on a piece of paper the Wellness Plan in English on one side of the page, and in their native or preferred language on the other side of the page. If a group member is pre-literate or experiences barriers to writing, then you can help them to identify a wellness plan through group sharing, and then mail them a hard copy if appropriate. Consider using visual imagery to assist pre-literate participants.

If participants want, they can share their individual responses. As the facilitator, write down some of the responses to the last question about what you can do to support a loved one or community member with community wellness on the virtual white board, or verbally share out. You could provide a couple of your own idea as well, or the ideas below:

- Call, check in, offer to walk together (while maintaining proper distance)
- Drop off a home-made meal
- Share a favorite story
- Remind community member of a sacred reading, song, poem etc.



Exercise 5F: Home Practice and Closing

Home Practice

Encourage participants to practice daily movement, and to write down or think about the ingredients of a favorite recipe. Who taught this recipe to them, and why is it significant?

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 6: Integration and Connection

Session Outline

- 6A. Check-in and Resource Sharing (10 minutes)
- 6B. Culture Shock and the Adjustment Process (15 minutes)
 - References [Activity 6B: Newcomer Scenarios](#) in the Appendix, Page 7.
- 6C. Cultural Integration Discussion (15 minutes)
 - References [The Newcomer Experience: An Overview](#) in the Appendix, Page 14 (optional)
 - References [Handout: Traditions from Home and from the U.S.](#) in the Appendix, Page 17 (optional)
- 6D. Community Wellbeing Strategies (10 minutes)
- 6E. Demonstrating Compassion for Others (10 minutes)
- 6F. Reflecting on Histories and Cultivating Hope for the Future (Choose One, 20 minutes)
 - References [Activity 6F.1: Tree of Life](#) in the Appendix, Page 8.
 - References [Activity 6F.2: What My Hands Hold Now](#) in the Appendix, Page 9.
- 6G. Home Practice and Closing (10 minutes)
 - Facilitators Only: Debrief

Objectives

By the end of this session, participants would have explored the stages of culture shock and the adjustment process, reflected on community connection strategies, and reflected on their own personal histories and values.



Exercise 6A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today's topic and let participants know what comes next.



Exercise 6B: Culture Shock and the Adjustment Process

Notes for Facilitator

Many refugees and immigrants who have been forced to relocate have common feelings during adjustment. These are the typical stages of culture shock and the migration process. Depending on the composition of your group, these themes of re-adjustment may resonate, but keep in mind that the timeline of emotions might be different or in reverse order due to the individual's experience or interruptions created by the COVID-19 pandemic. [Share the diagram and stages below.](#)

Presentation

If you are implementing this presentation for a group of individuals seeking asylum who are awaiting a decision on their immigration legal case, consider adjusting the following presentation content as necessary or consider not presenting this activity. Instead, consider asking questions related to what it was like when they first arrived, and what is it like now. This is an opportunity to dialogue about adjusting to a new culture and place.

Stage 1: Honeymoon

This is generally when people first arrive in the new country and are very hopeful that things will be better. During this period, newcomers may express feelings of happiness, excitement, fear or worry. This is generally a very busy time in a newcomer's life. Newcomers need to navigate a lot of information with generally little time to reflect or process how they feel about their lives in their new home.

For asylees and asylum-seekers: different immigrant groups have varied arrival experiences to the United States. Consider modifying this language to reflect the appropriate immigration experience: including but not limited to: when participants were granted asylum; were released from immigration detention (if applicable), or other initial markings of "arrival." Hopes for a new life and for accessing legal protections can be met with a challenging constellation of social and legal processes, leading to increased worries and uncertainty. If this does not resonate with the group members you are serving, and you note that members may have not undergone a period of arrival, excitement, and feeling safe, consider moving onto the next section on "Culture Shock."

Stage 2: Culture Shock

This is when the honeymoon period is over, and people often realize that life in their new country is not what they thought it would be. Often it is much harder. This can happen at any time during the first year. Culture shock is usually an intense feeling that can result from having to live in a different culture or social environment such as a new country. During this stage, a newcomer can feel overwhelmed because they realize that life in their new country is not what they expected. There is no universal period of that culture shock begins or ends, but for refugees, it generally occurs near the end of their resettlement period when they will be forced to be on their own and are responsible for supporting themselves without aid or support from any service organization.

Unlike refugees, other immigrant groups may already be living or have lived within the U.S. for a long period of time before they receive permanent immigration status. Note that culture shock can occur at different timelines, depending on the mode of arrival and social resources available. Losses and uncertainty may be ongoing and culture shock may be last longer or be more chronic for some asylum-seekers or immigrants with temporary status. Higher food insecurity and experiencing trauma may also compound culture shock.

Stage 3: Adjustment

People begin to adjust to the idea of being in their new country. Things become more familiar and less scary. Newcomers may take more steps toward adjusting to life in their new country. This could include accepting a job that is below what they expected or wanted to financially support their family. Or they may enroll in English classes and make efforts to learn the language. People know more about how things work and start to find things they like in their new country.

For asylees and asylum-seekers: Adjustment is significantly easier when individuals have the legal right to work, access to certain social and health services and other critical human rights. Cultural adjustment can have a wide arc and is generally associated with socio-economic inclusion and an increased ability to manage new cultural environments. Even if members face limited rights, you may encourage reflection on moments when they felt they could seek solutions to their problems in the U.S., develop a sense of psychological balance, or cope with daily life. Not all members may feel adjusted and may feel a sense of limbo while awaiting legal outcomes.

Stage 4: Integration

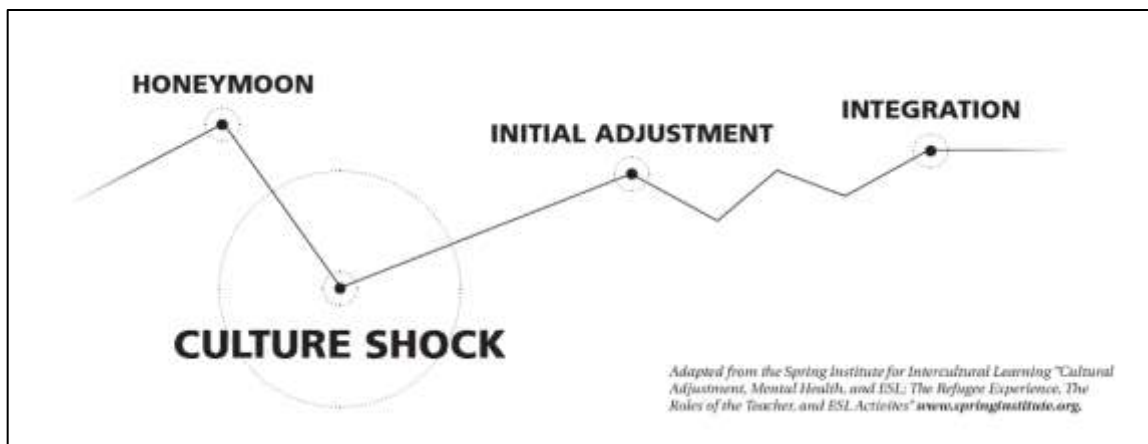
People begin to identify as being both American AND from the culture they come from. They find a style of adjustment that is comfortable for them and feel they can successfully meet the demands of life in their new society.

For asylees and asylum-seekers: Depending on the number of years that group members may have already lived in the United States and their immigration journey, reflection on Integration will vary. This stage describes becoming more comfortable in the new culture and having increased mastery of the new environment. It is normal if asylees, asylum-seekers, and members of other immigrant groups can reflect upon a wide arc of aspects of integration: adaptation, integration, but also feelings of social exclusion and statelessness.

Discussion

Ask the group members the following questions:

- Would anyone like to share an example of culture shock they or someone they know has experienced? (You can also give an example yourself if participants don't feel comfortable to share.)
- What are some ways to move towards adjustment? (Offer some ideas for discussion, i.e. - knowing how to use the bus, knowing where the local park is, making friends with a neighbor, finding a church, temple or mosque to go to, etc.) How might this change during the COVID-19 pandemic?



Reference Activity 6B: Newcomer Scenarios in the Appendix, Page 7. Choose the scenario that is most relevant to the group and read it out loud. Then, ask the following questions and lead a discussion:

- What do you think is happening for Amal or Tsegeye?
- If you were talking with Amal or Tsegeye, how might you be supportive?
- What additional resources could be of help Amal or Tsegeye right now? For their families?



Exercise 6C: Cultural Integration

Notes for Facilitator

If implementing this presentation for a group of individuals who are in removal proceedings and/or have not yet been granted status, consider adjusting the language as necessary or offering different tips on cultural adjustment. Depending on the participants' immigration status, these concepts may or may not resonate. Remember that it is normal for individuals to wish to maintain national and ethnic traditions during prolonged and uncertain immigration processes, and that ultimate integration does not mean that we are de-valuing cultural heritage.

Keep in mind that while we can encourage positive cultural adaptation tips, refugee groups do not always have the ability and freedom to pursue the integration strategy of their choice. Host communities can also strongly influence newcomer's ability to culturally integrate, the level of host-newcomer interaction, and the services offered that

further positive cultural integration.⁴⁴ Recognize that there are many challenges and barriers to integration.

Discussion

In this discussion, you will open a conversation around cultural adaptation in the United States. Then, you may choose to share a hand-out about new and old traditions and facilitate group discussion of the hand-out. Firstly, discuss cultural integration tips with group members. As relevant, you may choose to talk about the challenges and successes you had during adjustment to the United States. The following discussion points are encouraged:

- These suggestions are not asking you to change your culture but offering some ideas that might facilitate your adjustment to have a healthy lifestyle.
- Be open to learning new and different things about the new culture.
- Recognize that as a member of the new culture, you are also able to critique it and stand up for your rights.
- There are many forms and varieties of American culture(s). Immigration and diverse identities are part of the bigger American identity; you can define what you want your culture to look like.
- Validate your strengths and resilience in adapting to new environment/customs.
- Allow yourself to access to receive support in releasing your pain and grief as needed.
- Recognize that you can adopt new cultural habits in the U.S. while still holding onto cultural practices from before or during your immigration journey.

Then, share with participants that many people report benefits when they share aspects of oneself or cultural ways with others. This can help to remind us of important beliefs, traditions, or ways of understanding our world. At the same time, being open to new ideas and beliefs can help to open our hearts. Celebrating many different traditions, even though it might feel different than what has been culturally normalized, is one option for integrating into a new culture. Many newcomers may be at different phases on the continuum of cultural integration.

Now, move into discussing new and old traditions. Encourage participants to think for a moment about some of the things they like about the United States. Now think about things they like from back home. You may choose to ask participants to share out loud with the group. To discuss this point, consider using a hand-out, such as Handout: Traditions from the U.S. and Traditions from Home in the Appendix, Page 18. with the group. Every group will be different with varying levels of literacy among participants. If participants can read and write in English, you can virtually share this Handout using Zoom or another platform for remote groups. Then, invite everyone for a large group discussion about their answers. If participants are not able to complete the handouts on their own, it's best if you ask them the questions aloud. Begin by asking group members the first questions:

1. *What are familiar norms, traditions, or customs important for you or your family to maintain?*
2. *Which new norms, traditions, or customs in the U.S. that you are interested in trying for you or your family?*

If you would like to discuss more about the unique experience of being a refugee and the challenges people endure whether living in camps or semi-urban environments, you may include an additional hand-out, which is optional: The Newcomer Experience: An Overview found in the Appendix, Page 14.



Exercise 6D: Community Wellbeing Strategies

Notes for Facilitator

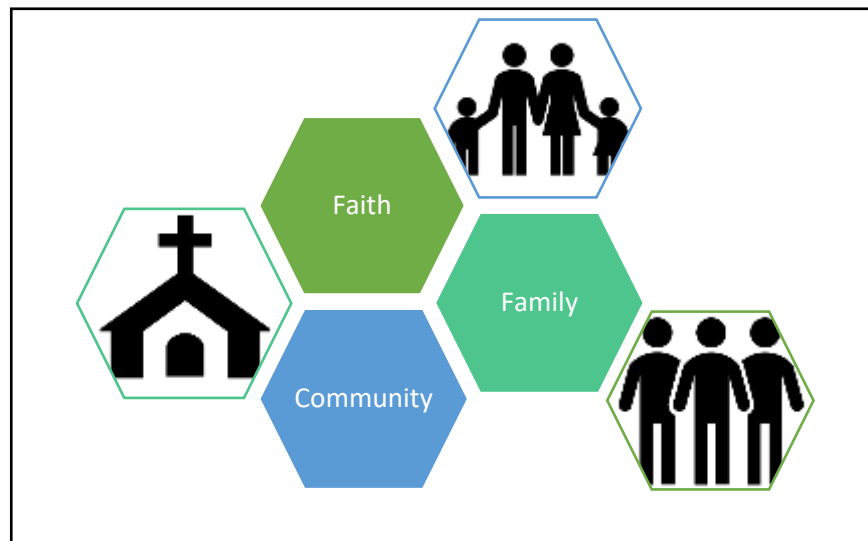
Although the current situation with COVID-19 may feel unprecedented, many people may have lived through a similar health epidemic in another country, such as Avian Flu or Ebola. If this is relevant, explore strategies with participants that worked in comparable scenarios and how communities stayed well during unprecedented events. Infectious disease outbreaks usually lead to a lot of fear, and oftentimes misconceptions and rumors about the

cause of the disease. How do we overcome this through compassion and resilience? For members who have not lived through a pandemic, you may want to discuss how they managed in a similarly difficult situation.

Discussion

Open a discussion with participants about coping strategies. Share that when people have experienced loss of one's homeland, family members, or societal roles, these losses can feel overwhelming. To help bring meaning and hope for the future, you can identify coping strategies to facilitate wellbeing that have supported you throughout difficult times. Some coping strategies are listed here, that you may share with participants:

- Staying connected to faith
- Staying connected to people
- Staying connected to those most at-risk, e.g. a newly arrived family; those with less support or resources



Share with participants: *“Before this pandemic, we might have been able to connect with a community member by visiting their home, sharing tea or a meal or going for walk together. During stay-at-home situations, we are not able to maintain all of these important practices. However, we can make some changes that still allow us to show our social support, love and care.”* Highlight ways to continue faith and spiritual practices.

Then, as a group, come up with some things you can do to support others during this time. Offer examples:

- Calling friends or family on the phone or through internet
- Saying hello to neighbors
- Renewing or beginning involvement in mosque, church, synagogue, or other religious group activities that can be done while following any social distancing mandates in place in your community, if any.



Exercise 6E: Demonstrating Compassion for Others

Presentation

Discuss with participants that when we have compassion for others, we can offer hope and connection not only to ourselves but toward others. In fact, many people believe that deep personal healing occurs not only as personal work but through direct relationship with others by showing our care, attention, and empathy.

Consider demonstrating this idea of compassion for others by offering some examples. Share that when we connect with someone in the community to offer support, we can try to do the following examples of compassion:

- Show interest, attention, and care
- Hold back judgments or expectations
- Show respect for the individuals' reactions and ways of coping
- Acknowledge that the stress of re-adjustment and migration can take time to resolve
- Help brainstorm positive ways to deal with the current circumstances
- Talk about healthy coping activities you have been doing and share them with others
- Offer to talk together as many times as is needed
- If you encounter a community member who has also gone through a migration journey, perhaps ask them: *"What parts of integration and adjustment are going well? What parts are the hardest for you/your family?"*
- Acknowledge that someone else's approach to dealing with the current situation might be very different from yours; for example, some people may not want to interact with you and prefer to stay inside



Suggestion: Let's stay connected! You could suggest ways to support their family or community members considering the local situation and public health restrictions. For example, maybe participants could write a note or draw a picture for someone they are thinking of and send it in the mail or leave it on their doorstep.



Exercise 6F: Reflecting on Histories and Cultivating Hope for the Future

Notes for Facilitator

We will now move into one of two optional activities to reinforce the importance of individual histories, values and hopes. These two activities are designed to encourage participants to reflect on their personal and family histories, what is valuable, and what are their hopes for the future.

Activity

Complete one of two activities: Activity 6F.1 Tree of Life in the Appendix, Page 8 or Activity 6F.2 What My Hands Hold Now in the Appendix, Page 9. Go to those pages of the Appendix for the full instructions.



Exercise 6G: Home Practice and Closing

Home Practice

Encourage participants to continue practice daily movement, and to write down some of their favorite ideas for how to stay connected with community and family. Depending on the state of the COVID-19 pandemic, offer a few suggestions for community connection that are in line with public health recommendations.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 7: Practicing Coping Techniques

Session Outline

- 7A. Check-in and Resource Sharing (10 minutes)
- 7B. What is Trauma and Adversity? (15 minutes)
- 7C. Flight, Flight, Freeze (20 minutes)
- 7D. Body Awareness Activities (30 minutes)
 - References [Activity 7D: Body Map and Body Scan](#) in the Appendix, Page 10
- 7E. Home Practice and Closing (10 minutes)
 - Facilitators Only: Debrief

Objectives

By the end of the session, participants will have gained an understanding about how trauma affects our bodies and learned a range of tools to draw upon to manage difficult emotions and reduce the negative impacts of stress, trauma, or living in a protracted crisis.

Before implementing this session, please review and become familiar with Safety and Crisis Guidance and the De-escalation Guidelines documents provided by HIAS to your staff. Become familiar with recognizing if participants are experiencing any warning signs by moving participants from the “there and then” to the “here and now.” Keep in mind that for persons that have lived through many types of adversity, these types of reactions may be common. If someone displays particularly concerning behavior, such as being actively triggered and having more severe reactions including but not limited to thoughts of suicide, or they share that they are unable to function, follow your organization’s Safety Protocol. For less severe and more common reactions shared with the group, consider offering a grounding activity to offer opportunities for calming and facilitate community healing.



Exercise 7A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today’s topic and let participants know what comes next. Remind everyone that the group is ending soon so it does not come as a surprise.



Exercise 7B: What is Trauma and Adversity?

Notes for Facilitator

Stress can be defined as a time of hardship or increased worry. The term trauma is often used to describe all circumstances of adversity. Trauma can be defined as something that happens out of one’s control. It also involves intense fear, danger, and even the threat of loss of life.⁴⁵ Facilitators should become familiar with how trauma impacts people but know that it *does not* define people. When discussing this topic, it is helpful to provide examples, or describe some common aspects of what makes trauma distinct from other adversities.

For non-English groups, be prepared to define and explain the meaning of trauma in a way that is appropriate for group members, emphasizing a common language based on appropriate cultural expressions. It is important to

learn from each cultural group what terms or expressions are used to describe any concept related to emotional health, such as trauma. For example, trauma may be defined as extreme distress, or what happens to the mind and body due to surviving exposure to violence. Consider asking participants if these words or different word choices exist; is there a common expression for them that most people would agree upon?

The term “trauma” may not exist in all cultures or languages. However, there are some common signs or reactions the body and mind may have in response to trauma. For example, remembering painful things in the past is a normal response to something that may overwhelm the mind and body, and this can affect an individual’s ability to cope with life’s circumstances.

Presentation

Present to participants that there is not one single definition of trauma and adversity. However, some common things are important. Keep in mind that trauma and adversity:

- Is typically something that has been extraordinary, life-threatening, or extreme in scope
- Is unpredictable and uncontrollable
- May impede or unravel someone’s coping capacities
- Encompasses much more than “stress”
- Can possibly lead to growth and new ways of being

Point out that trauma refers to any kind of intense stress that occurs after a horrible event like war, religious or political persecution, or violence that affected a person’s stability, safety, or wellness. An important component of trauma is identifying how the person who experienced the trauma perceives what happened.

The event is traumatic because a person perceives it as such, and may feel helpless, hopeless, and shocked by what has happened. Often, after the horrible event, memories of the experience can remain in the person’s mind and replay again and again in thoughts and dreams, or occur when someone least expects them.⁴⁶⁴⁷⁴⁸ Problems from traumatic experiences can start soon after the event or several months to years later. When this happens, it can be important to seek support from loved ones, and community members and to seek professional support.

Trauma can be caused by:

- War, conflict, or terrorist attacks
- Natural disasters, such as fires, floods, or earthquakes; car, train, or plane crashes
- Physical, psychological, sexual, or emotional assault, abuse, or torture
- Kidnapping
- Death of a loved one
- Experiencing discrimination, marginalization, or racism
- Directly witnessing violence or someone else experiencing a traumatic event



Exercise 7C: Fight, Flight, Freeze

Presentation

Present to the group that when someone experiences trauma, profound changes occur in their body. The body initiates an automatic response to protect us from danger or a threat. People call this the fight/flight/freeze response.⁴⁹⁵⁰ In some instances, the more trauma a person has experienced, the more likely he or she may be to have a similar response to trauma when experiencing things like stress and uncertainty.

Point out to the group that living during a time of unprecedented uncertainty can bring out physical reactions and activate this trauma response. Sometimes we can get stuck in this response, caught somewhere between being on high alert and being closed-off, upset, angry, or shut down. Show pictures of when an animal reacts with flight, fight, or freeze. We provide example images below, but you can find other images online or act out motions. Begin the discussion by asking group members about how the animal reacted: what did they do, what did they look like?



Fight



Flight



Freeze

Fight: This is how we respond to a threat by engaging and fighting back.

Flight: This is when we respond to a threat by removing ourselves from the situation.

Freeze: This is when we do not know what to do or if it is impossible to flight or flee.

Point out that after a traumatic event, an animal returns to its normal life and does not think about its experiences. In contrast, humans tend to remember about what has happened to them. When this happens, the same body symptoms can occur, and it may feel like the trauma is happening all over again. This is the body's way of protecting one from future harm. This can save people who are in a life-threatening situation. However, once a person is removed from that situation, the body's response may no longer be helpful. The body's ongoing reactions can instead be scary, stressful, and draining.⁵¹

Mention that when we or someone we love is experiencing a crisis, our trauma response can be active. People may have behaviors that appear to be "overreacting," "difficult," or "unreasonable." This is the body's way of trying to understand what happened, but it can cause a lot of stress. Remember that reactions to trauma are normal and even necessary for our survival. This is important to acknowledge, as some people may unknowingly be reacting to the COVID-19 pandemic in similar ways as to responding to other trauma.

Point out that some people refer to the COVID-19 pandemic as a protracted global health crisis. The definition of a protracted crisis is: "when a significant portion of a population is facing a heightened risk of death, disease, and breakdown of their livelihoods." This is because the situation affecting everyone, and that there are also many uncertainties that surround the crisis which will have a long-term impact on economic stability and livelihoods. As new science emerges, we have a picture of what may come, but everyone is still waiting to see what may happen next. In some sense, we are frozen. For some community members covid-19 may be re-traumatizing.

Ask: "What are ways we can work on not feeling stuck, and allow the body and mind to find a sense of peace?"



Activity 7D: Body Awareness Activities

Activity: Body Map

We will now move into Activity 7D: Body Map and Body Scan found in the Appendix Page 10 (Part 1). This optional activity is designed to bring attention to the body, to allow for greater awareness when stress levels may rise, or

one may be remembering painful memories from the past. Body scanning helps to bring a sense of self control, connection and awareness to the body and mind which can feel disconnected or heavy when trauma has happened. Group members will see the commonalities, connections, and placement of the symptoms.⁵²

Activity: Body Scan

The facilitator will take participants through a body scan meditation. This activity is one that can be practiced throughout the week. This activity can be found [Activity 7D: Body Map and Body Scan](#) found in the Appendix, Page 10 (Part 2).



Exercise 7E: Home Practice and Closing

Home Practice

Practice the body scan meditation 2 times this week. If dance or signing are preferred forms of movement, then practice this instead of/in addition to the body scan meditation and reflect on how you feel.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week’s session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 8: Building Hope and Helping Others

Session Outline

- 8A. Check in and Resource Sharing (5 minutes)
- 8B. Community Guest Presentation (15 minutes, or optional depending on time)
- 8C. Virtual Hope Wall (10 minutes)
- 8D. Five Senses in the “Here and Now” (15 minutes)
- 8E. Strategies to Increase Social Support and Connection (5 Minutes)
- 8F. Role Playing Activity (20 minutes)
 - References [Activity 6B: Newcomer Scenarios](#) in the Appendix, Page 7 and [Activity 8F: Referral Role Play](#) in the Appendix, Page 12
- 8G. Planning for the Future and Wrapping Up (10 minutes)
- 8H. Home Practice and Closing (5 minutes)
 - Facilitators Only: Debrief



Suggestion: Before convening this session, explore whether there are guest speakers or faith leaders who could be invited to offer a reading, blessing or ritual. The messaging behind this presentation should center on cultural healing, practices to stay well, and helping others. Make sure participants are open to this before extending the invitation.

Objectives

By the end of the session, participants would have spent time building hope for the future, practiced ways to support community members, and articulated if/how they want to continue convening after the group ends.



Exercise 8A: Check-in and Resource Sharing

Opening the Session

This segment is included at the beginning of all sessions. Start by re-engaging with the group, expressing gratitude that they were able to join, and conduct a check-in with group participants. You can conduct this check-in whatever style or format you prefer. Share any updated resources or information regarding COVID-19 and open the space for questions. Then, introduce today’s topic and let participants know what comes next.



Exercise 8B: Community Guest Presentation

Presentation/Discussion

Allow 15 minutes for a guest to present on traditional practices, beliefs, or methods to promote healing and wellbeing.



Exercise 8C: Virtual Hope Wall

Notes for Facilitator

During this activity, you will build a virtual hope wall with participants. You are encouraged to point out that during a time of such uncertainty, participants can manage overwhelming feelings with feelings of hope. These may be

hopes for continued connection, and for what may happen next. Some people believe that the more positive we are within our thinking, the better we may feel as a result. In fact, some people believe that laughter can help reduce stress and be healing for the spirit - and we encourage everyone to practice laughing. Additionally, making offerings of hope is a nice way for us to express what we are grateful for and have hope for in the future.

Activity

Facilitator can explain: *“We will now spend some time naming things, people, places, or otherwise that we are grateful for. Please write or draw (or share verbally) on a blank piece of paper or in your journal. Feel free to include symbols or colors to respond to these questions. You will have a choice as to whether you would like to share your words or images. We will post this in our session as if we are posting onto a big poster-board or on to a wall.”*

If you completed the Exercise 4E: Practices to Relieve Caregiver Stress and Strain on Page 34 of this curriculum (during Session 4), participants can refer to their list and share it with others. The Facilitator can also ask:

- What brings you joy?
- What songs, dances, or readings help bring you to calm?
- What are some creative ways you can do the things you used to do to bring you joy?

Encourage participants to share out loud their expressions of hope. If participants are literate, the facilitator should write down the expressions, words, and ideas of hope on the virtual whiteboard on Zoom, building a “Hope Wall.” If groups are in-person, write on a white-board. Review the Hope Wall once it is complete. Ask participants to remember it in times of worry or when they feel overwhelmed. If possible, taking a screenshot picture and plan to share with participants by text, email, or mail. Make sure everyone is aware and grants consent before you save and share the image.



Exercise 8D: Five Senses in the “Here and Now”

Notes for Facilitator

Grounding activities help us to come back to the present moment and can help us when we feel overwhelmed or stressed. This specific grounding exercise is designed to be in-tune with the five senses and allow you to help bring you back to the present moment.⁵³ Consider mentioning that these types of activities can be helpful during active times of stress or escalation.

Activity

Facilitator says: *“Before starting this exercise, pay attention to your breathing. Find grounding wherever you are by placing your feet solidly on the ground. Slow, deep, long breaths can help you maintain a sense of calm or help you return to a calmer state. Once you find your breath, go through the following steps to help ground yourself:*

- 5:** Acknowledge FIVE things you see around you. It could be a pen, a spot on the ceiling, or anything else.
- 4:** Acknowledge FOUR things you can touch around you. It could be your hair, a pillow, or the ground under your feet.
- 3:** Acknowledge THREE things you hear. This could be any external sound. Focus on things you can hear outside of your body.
- 2:** Acknowledge TWO things you can smell. If you need to take a brief walk to find a scent, you could smell soap in your bathroom, or nature outside.
- 1:** Acknowledge ONE thing you can taste. What does the inside of your mouth taste like—gum, coffee, or something you just ate?

Suggest that participants try using this exercise with a friend, child, or family member.



Exercise 8E: Strategies to Increase Social Support and Connection

Note to the Facilitator

During this next discussion, you will encourage participants to access social support, resources, and continue to come together as a community to support each other during these uncertain times. Remind participants that challenges can be overcome as a community. Encourage participants to share resources. For example, if they are aware of other community members with basic needs – such as food, shelter, or other resources – and they know how to access resources to help, they are encouraged to share those resources with each other. Participants should be reminded to only share known and vetted resources and to verify the accuracy of resources, when possible. If participants are uncertain about information, they can ask a friend, case manager, or community agency. We should ask friends, community members, or a case manager to reach out to a community member we are concerned about.

Remind participants to think back to week 3, where we identified several ways to promote staying connected as community members.

Discussion

Open a discussion with participants on the above points, or use this question: “What do people in your community or culture do when it is challenging for them to care for themselves or others, or when they are having a hard time functioning?” Refer back to the Mental Health Spectrum Diagram from Session 3 of this curriculum, on Page 27.

Discuss the following questions:

1. *When do you know if someone needs support?*
2. *What can you do?*
3. *When do you know you might need extra help?*
4. *What are other resources you could connect someone to?*

For many community members, it may be particularly hard to know how to cope with the unknown. If their current strategies are not working, this may be the appropriate time to suggest seeking additional support.



Activity 8F: Referral Role Play Activity

Activity

Reference Activity 6B: Newcomer Scenarios in the Appendix, Page 7. We recommend using the same example as you used in previous sessions. Then, go to Appendix, Page 12 for Activity 8F: Referral Role Play Activity.

Then, promote discussion and ask:

- How did that feel to receive support from your friend? How did it feel to offer support?
- Would you be interested in seeking support from a behavioral health provider?
- Using your communication skills and what you saw others demonstrate in the role play, how did you feel and how did your partners feel?

Note to Facilitator

Please remember that family and friends may not always know how to help or what resources are available. They may be new to this country and may still be learning too. While they may be ready to listen and give support, they may not have the necessary resources or the know how to help in a crisis.⁵⁴ Sometimes involving a family or friend can cause problems for the individual.⁵⁵



Exercise 8G: Planning for the Future and Wrapping Up

Discussion

Ask participants if they are interested in continuing the support group in some fashion. If people still want to meet and have ideas about what they would like to do next, have a general discussion and write ideas on the virtual whiteboard. Try to make a plan that would include future topics, time, etc. Encourage participants to continue supporting each other even after the last session. If they are interested, allow them to share contact information and discuss their plan for supporting each other.

Let group members know that the next session is the last session. Ask members to bring a favorite instrument (if they have it), a favorite outfit, or picture to share.



Suggestion: Encourage group members to be mindful of the things that have brought gratitude into their life. Ask them to write, draw or reflect about this in their notebook or journal.

Notes for Facilitator

Because of the great difficulties in adjusting to life in the United States, refugees can forget that they are strong survivors. Every hero's story has struggles, and we hope that participants are able to see themselves as the hero in their own story. Group members can come to the last session sharing their story if they would like.



Exercise 8H: Home Practice and Closing

Home Practice

Ask each participant to think about a time they have overcome a great obstacle and emerged victorious. Ask group members to come next week ready to share their own story as someone who has overcome tremendous hardship. If participants would prefer, they can share items that remind them of overcoming odds and hardship instead of sharing a story. Participants can also choose to sing or read a poem if they want to share in the last session.

Closing

Review the Curriculum Road Map for future sessions. Provide a sneak peak of the topics and themes that the group will discuss next week, and thank everyone for joining the session today.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Session 9: Celebration

Session Outline

- 9A. Review and next steps (10 minutes)
- 9B. The River and The Bridge Dialogue (15 minutes)
- 9C. Ending of the Support Group and Celebration and (30 minutes)
 - o References Certificate, shared in a separate document to be customized

Objectives

By the end of this session, participants will have celebrated, honored each other, and had time to reflect on the overall experience being in the support group.



Exercise 9A: Review and Next Steps

Opening the Session

This is the last session of the support group! Participants may feel uncomfortable ending the group and might not know what to expect next. You can help facilitate an exchange of participants' information by listing everyone's numbers (if they are comfortable with this). With advance notice, you could also see if a group member wants to start a communication thread (e.g. WhatsApp) or be responsible for reconnecting with everyone in a few weeks.



Suggestion: It may be possible for the group to convene again in the future, or potentially meet in-person, so suggesting that the group continue on their own through weekly check-ins is a good idea.



Exercise 9B: The River and the Bridge

Notes for Facilitator

One way to facilitate discussion about managing obstacles in the context of the migration experience is to allow participants to imagine an image of a river.⁵⁶

Activity

Have group members discuss or describe themselves crossing the river as a metaphor for the personal experience of adjusting to life in the U.S., living through the COVID-19 pandemic, or participating in this support group. Using the white board function or by viewing a slide of a river, identify components of the landscape. The river represents the barriers to a participant's personal or family goals. The bridge or way of crossing the river represents the resources that one may tap into that are "externally" available to them. As group member discuss, how they draw or talk about themselves, this will represent their "internal" resources. What exists on the other side of the river makes up their goals and hopes for the future.



Notes for Facilitator

Suggest having each member complete their own river and bridge landscape individually in their journal or on a

piece of paper. Lead a group discussion by sharing your own river and bridge example. This can lead to each group member sharing a collection of goals, barriers, and resources. The metaphor of a river and bridge may allow the group members to see their current challenges as manageable since they most likely have crossed what may feel like an entire ocean.⁵⁷

Discussion

Ask participants to reflect on the following: What has worked for you in the past when it comes to challenges or obstacles? What were some of the external and internal resources you used? What sort of resources and tools have you developed in this group?

You can offer some tips on the virtual whiteboard or verbally:

- Balance, flexibility, and routine
- Plan for the long haul and develop ways to refuel
- Positive coping strategies, honoring your emotions and feelings
- Community and family support
- Any other techniques or approaches learned in this group

Discussion

Ask group members to name one self-care technique, coping tool, or community wellness strategy that they will remember and carry forward. What did they like about this technique or resource? If they are comfortable, they could lead the group through a brief activity.

Then, you can lead a brief conversation on any of the following topics:

- How to be the hero/heroine of your journey through life
- Times when participants overcame a great obstacle and emerged victorious
- Sharing stories of other people in participants' lives who overcame obstacles
- Any items that remind participants of overcoming odds and hardship instead of a story



Exercise 9B: Ending the Support Group

Invite sharing and celebration. During live support group celebrations, this is a time of sharing food, dance, and other traditions. Encourage each group member to contribute in some way. Share certificates with each person by holding a group member's certificate and calling their name. Proceed with thanking everyone for their energy, engagement and presence by attending the support group. Express gratitude to each member and celebrate!



Suggestion: You can make this ceremonial by pausing to invite each attendee to clap for their peers. With consent, take a picture of everyone holding up their certificates and mail this photo to the group participants. Use any other strategies to create an environment of celebration by honoring everyone's engagement and participation in the group program.

Facilitators Only: Debrief

After completing this week's session, Co-Facilitators are strongly encouraged to debrief amongst each other or with a supervisor, to reflect on best practices and challenges of the past sessions. Facilitators should seek peer or supervisory support and implement self-care practices as needed. Facilitators can use the **Weekly Feedback Form** in the accompanying **HIAS Training and Resource Annex**.

Activity 2E: Mindfulness Breathing

Overview

This activity provides participants with an opportunity to engage in a breathing exercise to support relaxation of mind, body, and spirit. The goal of relaxation exercises is to calm the body and mind. Often this can help people to feel more in control, to refresh their mind, and to activate healing in the body. Taking up to 15 minutes a day to practice relaxation exercises often helps to “quiet” the mind. In times of stress or hardship, coming back to breathing can assist in calming one’s reactions, can help to clear tension and allow one to find their center.

Objectives

Participants will:

- Understand the benefits of relaxation and breath work
- Practice breathing and relaxation in a group context

Time Estimate: 20 minutes

Process

Facilitator’s task is to invite participants to get comfortable in their home spaces. Ask them to dim the lights. If possible, invite participants to close their eyes. Read instructions slowly and with a soothing voice, be sure to pause after each statement:

Focus on your breath while you place one hand on your heart, or chest. Feel the warmth of your hand resting here. Imagine there is space in your belly that allows you to fill up with an in-breath. As you take a slow deep breath, focus on making your belly fuller. You may count slowly (1...2...3...4...5...6...7...) and with each out-breath, release your breath, slowly and gently. Allow this rhythm to fill your body. The breath is your anchor. Be aware of your current breathing, rising in and out of your body like an ocean wave flowing in and out.

Begin to deepen your breathing. Imagine breathing in pure energy and light and breathing out anything weighing you down. With each inhale, you may release negative energy or thoughts. Think of your body and where you may feel stress and send your healing breath to those areas. With each long out-breath you may feel more and more relaxed. Our breath allows us to soften into ourselves.

Think of your body as a rich container of wisdom to always be able to return to. For some of us, coming back to our breath is like returning home to oneself.

Pause for 5 minutes while people have an opportunity to breathe and to view participants as they are practicing.

When you feel ready, slowly open your eyes. Slowly allow yourself to return to a normal pace. Allow your eyes to settle into the room and to see others around you.

Questions for Discussion

- 1) *How did that feel for you?*
- 2) *Do you think finding time to breathe and relax in this way is possible for you?*
- 3) *What are other ways people traditionally relax in your community?*
 - a) *Can you do those practices at the same time (i.e. prayer and relaxation? Repeat a mantra, song, poem, or surah while practicing deep breathing)?*

Activity 3E: Body Awareness Finger Tapping⁵⁸

Overview

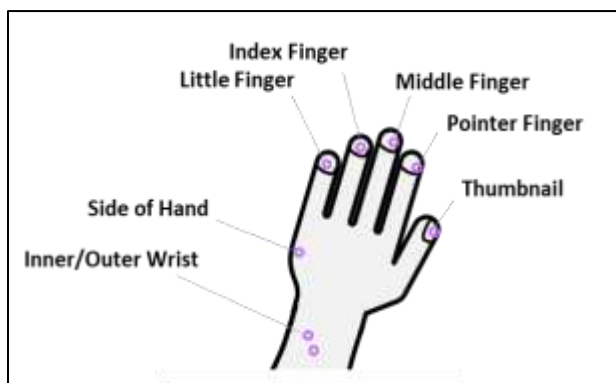
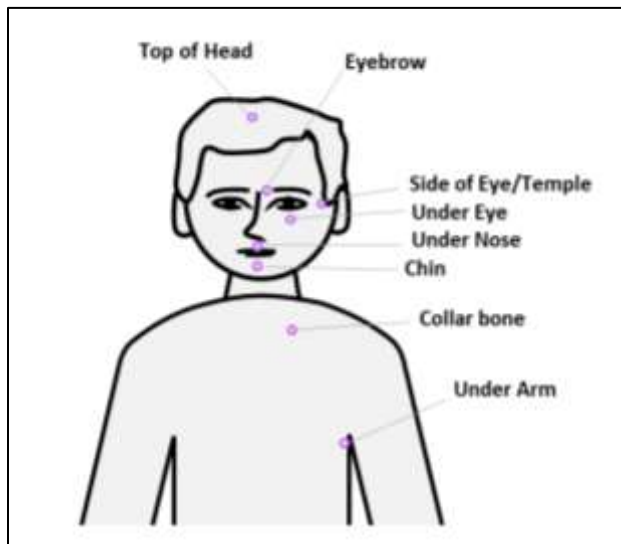
Mind/body tools allow us to create a positive shift in emotional reactions to stressful and traumatic incidents. They are easy to learn and incorporate into one's daily routine. Mind/body tools include energy psychology techniques that are evidence-based practices used clinically in the treatment of trauma, anxiety, depression, pain, stress, and somatic issues. These techniques are designed to be simple home practice wellness tools that someone can try to bring relief to both mind and body. As the facilitator, you will guide the group members through one of the tapping exercises and encourage participants to practice at home. Trauma tapping techniques are used to calm the nervous system, induce relaxation, reduce inflammation, boost immune function, restore balance.⁵⁹

Objectives

Participants will:

- Experience a reduction in overwhelming or painful emotions, stress, anxiety or pain
- Consider a practical tool for use in daily life

Time Estimate: 10 minutes



Process (Option 1)

Ask participant to think about how they're feeling about a specific issue or symptom they may be having on a scale of 1-10 (e.g. 1-3 Mild, 4-6 Moderate, 7-10 Severe) before beginning the exercise.

Then, while still thinking about the specific issue, ask each participant to repeat out loud or in their head three times: "Even though I have this [*insert statement of a specific issue here*], I accept myself and can bring healing."

Take a deep breath, hold your breath a second, and breathe out slowly. Repeat this two times.

Use the diagrams to the left to methodically tap 8-10 times on each pressure point using 2-3 fingers; starting with the top of the head, to the eyebrow, to the temple...

Once you've completed the sequence, take a deep breath, hold your breath a second, and breathe out slowly. Repeat.

Now repeat the full tapping procedure once more.

Take a deep breath, hold your breath a second, and breathe out slowly. Repeat.

End by testing your level of distress on a scale of 1-10 again.

Process (Option 2)

Thumps: Use to awaken the system after a sudden shock, offer relief from feeling numb or frozen, increase energy in the mind and body.

- a. Use two fingers to tap lightly on cheekbones under each eye, right below the pupil.
- b. Tap 20 times below the collarbones (in the dips under the collarbones).
- c. Make a fist and thump vigorously 20 times at the center of the sternum (center of chest).
- d. Thump vigorously with gently closed fists on both sides 20 times (just under breast and slightly to the side where the rib sticks out).

Ask participants to report back with their feedback, what did they notice, what did they like. They can also reflect on their state of emotions on a scale of 1-10, privately or aloud.

Activity 5B: Seated Yoga Sequence

Overview

This activity provides participants an opportunity to engage in light stretching while seated to support relaxation of mind, body, and spirit. The goal of movement exercises is to connect the body and mind. Oftentimes this can help people feel more in control, to refresh their mind, and to activate healing in the body. Taking 15 minutes a day to practice movement-based exercises can reduce stress and tension. In times of stress or hardship, coming back to movement can help the body and mind to feel fresh and can help to clear tension.

Objectives

Participants will:

- Understand the benefits of relaxation and breath work
- Practice simple seated movements in a virtual group context
- Provide feedback on how it felt

Time Estimate

20 minutes

Process

Facilitator's task:

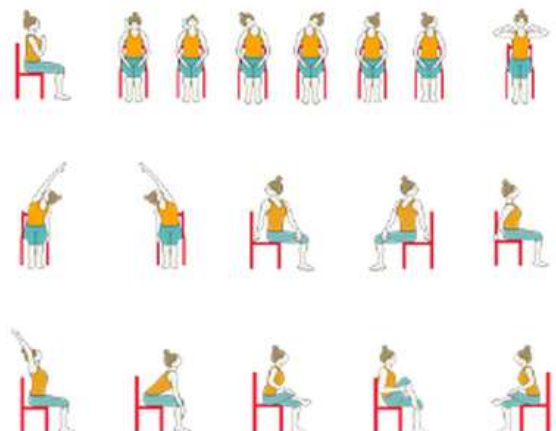
Share images through virtual format and demonstrate some simple movements for seated yoga. Move through the steps of stretching one's arm on each side, and then place one arm over the opposite knee for a gentle twist. Then raise both hands up and over the head, and bend over the belly towards the floor. It is OK if you cannot reach the floor. Lastly, raise one leg up into an L shape across your lap and allow this stretch to go into your hip flexors. Breathe into any area that you feel resistance. If at any time the stretches are too much, you can stop and return to a neutral seat.

Questions for Discussion

- 1) *How was that for you?*
- 2) *What did you notice?*
- 3) *What did you like about this exercise?*

Additional Resources

- **NYT 7 minute workout:** <https://www.nytimes.com/guides/well/activity/the-7-minute-workout>
- **Yoga for Beginners:** <https://www.youtube.com/watch?v=v7AYKMP6rOE>
- **30 Days of Yoga with Adriene:** <https://www.youtube.com/watch?v=KWBfQjuwp4E>
- **Refugee Yoga:** <https://www.youtube.com/watch?v=mvlRn4yclts>



Activity 5D: Food is Medicine

Overview

The purpose of this activity is to introduce the different types of food groups and emphasize the importance of eating from the rainbow (fruits, vegetables, and proteins), and how healthful eating helps manage stress and emotional distress. Participants also have a chance to discuss where to access fresh foods, local food baskets, and other resources.

Objectives

Participants will:

- Think deeply about the foods they eat and how food is a source of nourishment
- Discuss important herbs, traditional foods that support healing and wellbeing, and what it may take for food prep to prepare healthful foods
- Consider foods and supplements to boost immunity

Time Estimate

20 minutes

Materials Needed

Picture of “My Plate” (see the next page) and various vegetables, herbs, and snack food, such as a candy bar or chips. You can also find translated resources on MyPlate here: <https://www.choosemyplate.gov/browse-by-audience/view-all-audiences/multiple-languages/other-languages>

Process

Facilitator’s task

- Ask group members to reflect on the foods and the food groups they typically eat from. Ask them to think about how much or what percent of different food sources they are obtaining in each category.
- Ask participants if they have considered any foods to cut back on. These could be beverages and foods that have added sugar or salts in them. If people are interested in lowering blood pressure, they could explore cutting back on the amount of salt in their diet.
- Ask group members to share a favorite family recipe and to identify which food groups it belongs to. Do they consider this recipe nutritious? What do they like about it?

Additional Resources

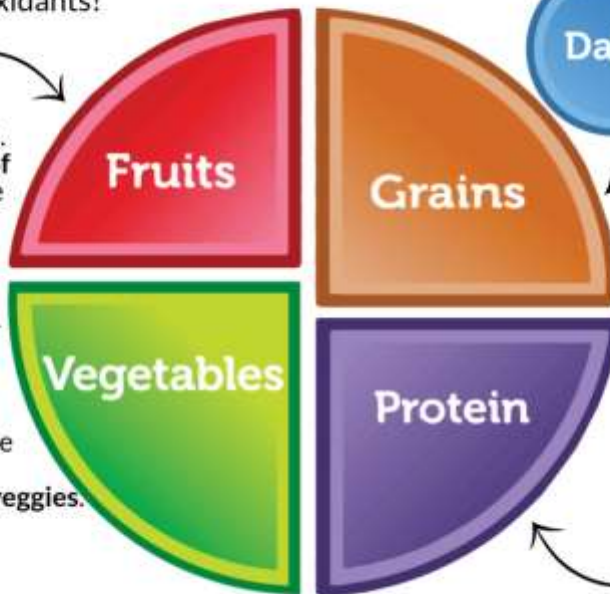
- <https://thefoodgroupmn.org/wp-content/uploads/2015/11/Culturally-Specific-Foods-List.pdf>

MyPlate: A Guide

Make half your plate fruits and veggies. They're packed with fiber & antioxidants!

Fruit:
Eat fruits of all colors. Go for fruit instead of juice, which has more fiber and fewer calories.

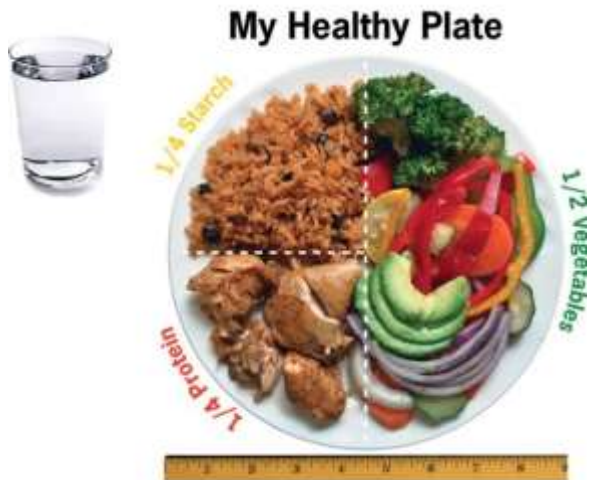
Vegetables:
The more colors and types that you eat, the better! Aim to get mostly non-starchy veggies.



Dairy:
3 servings per day gets you the calcium you need. Choose low-fat for fewer calories.

Grains:
Eat mostly whole grains. Refined grains, like white bread and white rice, have less nutrition. Whole grains have more fiber, iron, and B vitamins.

Protein:
A palm-sized amount at lunch and dinner is all you need. Beans, nuts, fish, and chicken are good, lean choices.



Activity 6B: Newcomer Scenarios

Select one of the following two scenarios: Amal or Tsegaye. This accompanies exercise 6B and 8F.

Amal

Amal is originally from Syria. She arrived in the United States with her husband Mustafa and five children after waiting two years for their application to be finally approved just before the Muslim Ban of 2017 went into effect. Amal reports that there has been a lot of tension between her and her husband lately and they have been arguing over day-to-day tasks like who will help the children with online learning. She complained that Mustafa has not been feeling well and has been unable to help the children with their schooling.

Before the pandemic, Amal used to work in a hotel. She shared that she did not enjoy it, but was happy to have a first job in the United States. She was recently laid off with several other staff due to the pandemic. She is receiving unemployment and mentions that she is anxiously awaiting the next stimulus check. Mustafa used to be a successful lawyer in Syria and hopes to do something similar in the United States. His employment counselor recommended he attend virtual English classes, but he complains that he is too tired to focus online and that he needs to care for his family. Even though they have some savings, Amal and Mustafa have very little money to buy clothes and other items for their children.

Amal shared with her case manager that she thought life would be very different in the United States. She said that she tries very hard to change her life circumstances, but she feels like things are out of her control and that she cannot do anything to change her situation. She states that she feels frustrated most of the time and sometimes yells at or argues with her husband and children to release tension. She also complains of having too many thoughts and worries and of not sleeping well through the night.

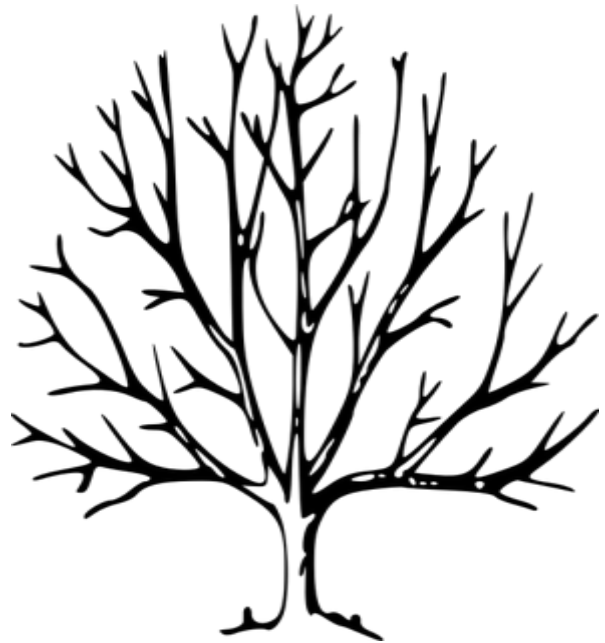
Tsegaye

Tsegaye is fluent in English and has completed some college education back home. He recently obtained political asylum, after awaiting a 3-year legal process. He is originally from Eritrea but spent several years in various places (like Israel and Ethiopia) prior to coming to the United States. Tsegaye's brothers and sisters are still in Ethiopia and he hopes to help them join him in the U.S. Tsegaye worries for his mother who is elderly and lives in Eritrea with his aunt. When he was there, he was her primary caregiver. Tsegaye is having trouble sleeping, he worries a lot, and he has recurring memories of when he was imprisoned in Ethiopia. He has talked to his roommates about this but feels like no one really understands his situation, and he wishes the painful memories would go away. He reports feeling relief when he attends church, but that has been hard to attend because of social distancing.

Activity 6F.1: “Tree of Life”

Overview

This activity provides participants with an opportunity to reflect on beliefs, traditions, practices, people, and aspects of themselves that have been essential to their growth and development. This activity serves as a visual metaphor in which a tree represents one’s life and the various elements that make it up: past, present, and future. By labeling these parts, one not only begins to discover (or perhaps rediscover) things shaped by the past, but the participant can then also begin to actively cultivate their tree to reflect the kind of person they want to be moving forward. Note: if the Tree of Life does not resonate, move on to “What My Hands Hold Now” Activity.



Objectives

Participants will:

- Think deeply about their roots and foundations
- Explore what new growth is and engage in future-making
- Engage in beauty-making
- Practice sharing what is valuable and significant about their Tree of Life with others

Time Estimate

20 minutes

Materials

Tree of Life image, colored pens or pencils to draw leaves, fruit, flowers or other things.

Process

Facilitator’s task:

- Ask participants to create their tree and to place leaves, flowers, or other objects with labels on them on it. Have participants name the things, persons, practices, values that are important and/or they are hoping to nurture. This can be very open-ended and unique for each participant to explore.
- Consider having a completed one as a demonstration to share with attendees
- Invite this activity for 15 minutes, and then 5 minutes where participants can share with each other

Additional Resources

- <https://thegriefcenter.files.wordpress.com/2013/06/tree-art-tgc.png>
- <https://nathanbweller.com/tree-life-simple-exercise-reclaiming-identity-direction-life-story/>

Activity 6F.2.: “What My Hands Hold Now”

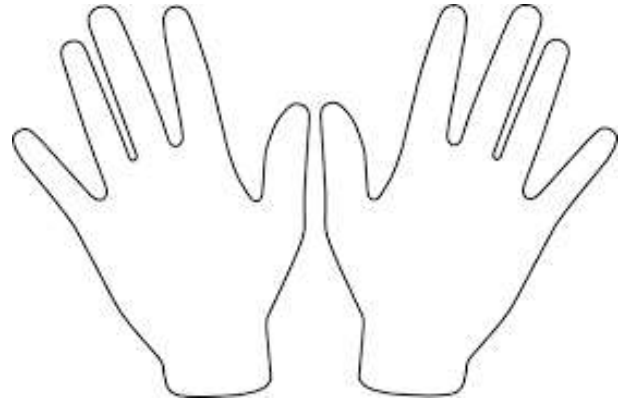
Overview

This activity invites participants to reflect on the “here and now” through a metaphor of “what my hands hold now.” The goal of this activity is to hold dear things that are important to the person. It could be memories, things, ideas, or experiences that are valued in one’s life.

Objectives

Participants will:

- Think deeply about whatever comes to mind
- Explore what new growth is and engage in ideas about what the future may hold
- Engage in beauty-making
- Practice sharing what is valuable and important to hold onto and to share this with others



Time Estimate

20 minutes

Process

Facilitator’s Task:

- Ask group members to trace their hand(s) with any color of pencil or marker they choose in their journal or notebook. Imagine this hand reflects your life: your past, present, and future. Using markers, pastels, pencils, or any other art material you choose, draw inside your hand to reflect all that comes to your mind.
- Ask: *What do you hold dear, what do you wish to share?*

Activity 7D: Body Map and Body Scan

Overview

When stress, trauma, or crisis occurs, it can overwhelm our bodies and minds and activate normal responses to help keep us safe and protected.

- Part 1: Body Map - Asks attendees to identify where they feel stress, or other common symptoms in their body and to label these.
- Part 2: Body Scan - Asks participants to send thoughtful energy and breaths to those areas to help bring healing.

Time Estimate

40 minutes total for both Part 1 and Part 2

Part 1: Body Map

Objectives

To label and identify areas where one feels pain, sadness, worry, joy, anger, or other common emotions. This will allow participants to discuss the interrelationship of what we feel and how it affects the body.

Procedures

Draw an outline of a body on the virtual white board, if conducting groups remotely, and share with attendees through the “share screen” function. Make sure you give each participant a chance to try this. After you do so, discuss with participants where in the body they feel pain, sadness, worry, joy, anger, or other common emotions. Using the whiteboard tool, label the parts of the body with the emotions, or simply mark the parts of the body.

Part 2: Body Scan

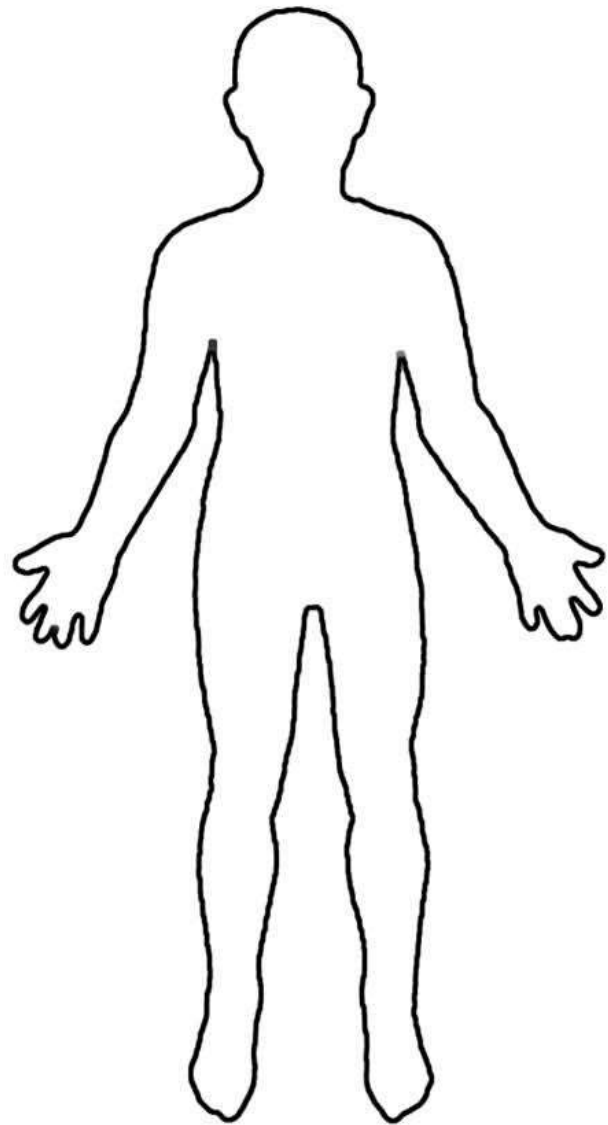
Goal

To relax into areas where we may carry pain or other common emotions in the body. The body scan can be performed while lying down, sitting, or in other postures, depending on what brings you comfort. The steps below are provided as a guided meditation designed to be done while sitting. This was produced by UCLA’s Mindful Awareness Research Center (MARC). Another shorter version is available in English from: Stop, Breathe and Think: <https://www.youtube.com/watch?v=QS2yDmWk0vs>

Process

Facilitator’s task:

Ask participants to listen to the recorded narration and go through the exercise in the video. If the video or the



language of the video does not resonate with the group, another option is for the Facilitator to read the below script. You may choose to share the script in your own language with participants if they are literate. The facilitator can tell participants that this script can be used at any time to lead this practice for their children, their family members, or themselves. If possible, try to record the below script in the group's language.

Facilitator Reads:

- Begin by bringing your attention into your body.
- You can close your eyes if that's comfortable for you.
- You can notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.
- Take a few deep breaths.
- And as you take a deep breath, bring in more oxygen, enlivening the body. And as you exhale, have a sense of relaxing more deeply.
- You can notice your feet on the floor, notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.
- You can notice your legs against the chair, pressure, pulsing, heaviness, lightness.
- Notice your back against the chair.
- Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.
- Notice your hands. Are your hands tense or tight? See if you can allow them to soften.
- Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.
- Notice your neck and throat. Let them be soft. Relax.
- Soften your jaw. Let your face and facial muscles be soft.
- Then notice your whole body present. Take one more breath.
- Be aware of your whole body as best you can. Take a breath. And then when you're ready, you can slowly open your eyes.

Additional Resources

- You can also listen to a [45-minute version](https://health.ucsd.edu/av/mindfulness/45MinBodyScan07mono.mp3) of the Body Scan that the UC San Diego Center for Mindfulness <https://health.ucsd.edu/av/mindfulness/45MinBodyScan07mono.mp3>

Activity 8F: Referral Role Play Activity

Overview

This activity uses [Activity 6B: Newcomer Scenarios](#) on Page 7 of this Appendix, above. We recommend choosing the same Newcomer Scenario that your group already discussed in Session 6. After rereading the scenario, move through the following activity to role play a referral to supportive services,

Objectives

Participants will:

- Become familiar and more comfortable with making a referral to a counselor or health provider
- Feel more comfortable to seek support themselves

Time Estimate

15-20 minutes

Process

Using the following script below think through the ways you would respond to either case example. Invite two group members to engage in a role play. Imagine that one person will be Amal or Tsegaye and the other will be a friend or community member. The other attendees will offer the two role play persons feedback on what they saw in the dialogue. This is an opportunity for group members to practice how they can suggest a fellow community member seek further support from someone outside their family or community network like a counselor. We offer some guidance and a sample script here:

Action/Goal	Sample Script
<i>Reassure community member that what they are feeling is normal for what they have been through and that there is support for these challenges or bothersome symptoms.</i>	“The symptoms and what you are experiencing are normal for everything that you have been through. Many people may experience feeling frustrated, overwhelmed, or having a lot of sadness, too many worries, bad memories, or too much stress because the challenges of resettling to the U.S. This may also be impacted right now because of the economic stress and circumstances of living in a global pandemic, which is affecting lots of different aspects of all our lives...”
<i>Acknowledge their strength and courage in surviving difficulties and coming to a new country.</i>	“Surviving war, having to leave our home and country and moving to a new country takes a lot of strength and courage. Even though these times are stressful and may feel overwhelming, I believe you will get through this time...”
<i>Consider exploring cultural understandings and what the community member’s view of what clinical treatment may entail.</i>	“I want you to know that you are not alone, there are others that are also going through similar situations as you [and your family] right now. I would love to hear if you have any ideas about what might help you. What might make you feel better? Do you have thoughts about how people deal with the things you shared [symptoms, areas of difficulty] that you would like support with, or that I can help you with?”

<p><i>Offer education and information about treatment and support that is available.</i></p>	<p>“There are health workers like [a counselor, therapist, or mental health worker]. These are professional people who support you with these types of symptoms or difficulties...</p> <p>In addition to healing and connection we get in community, sometimes having support from an outsider helps. If any of these symptoms make it hard for you to do what you need to do each day, this is when a referral could benefit you...”</p>
<p><i>Describe more about what a counselor is and the benefits of psychosocial support.</i></p>	<p>"Lots of people I know have gone through similar things as you are right now and have felt better talking to someone about these experiences....talking to a mental health worker, counselor or therapist does not mean that you are crazy.</p> <p>In the United states, a [counselor, therapist, or mental health worker] is a type of healthcare worker who will listen to you and provide any guidance and/or support, and who may help make things better.”</p> <p><i>Note: If the group member has personally experienced benefits from counseling, then they can choose to discuss their experience in working with a counselor.</i></p> <p><i>Another option:</i> “I have heard the X clinic has providers that are excellent with [language] speakers. Some of their staff are from [country]. Would you want to contact someone there and see what it might be like to talk with them?”</p>
<p><i>Describe what confidentiality is, based on your understanding of it.</i></p>	<p>“The things that are discussed with a counselor are kept private, which means they cannot share the information with anyone else unless with your permission.”</p>
<p><i>Encourage choice and help seeking.</i></p>	<p>“You can always see what you think of this kind of support. From there, you can decide if it is what could be supportive for you right now. It's not required for you to attend – it is your choice.”</p>

Note: this script is well-suited for a vast majority of issues a newcomer may face. However, if someone is in crisis or experiencing a mental health emergency, they might need more immediate support and this script would not be appropriate.

The Newcomer Experience: An Overview⁶⁰

This activity is designed to dive deeper into the refugee experience as it relates to events pre-resettlement and once in a place of permanent refuge. Begin by emphasizing the unique experience of being a refugee and the strengths that people may acquire when faced with hardship such as having to leave one's country, being displaced, or resettling to a new home.

Fleeing or Leaving Home

Even before refugees leave home, they may have experienced harassment or persecution. This often brings feelings of great frustration and helplessness because it is unjust and unfair.

Facilitator tip: If you feel comfortable, give general examples if you are from the same community and have also experienced some of the feeling described below related to the refugee experience.

You may choose to discuss any of the following points to discuss the refugee experience and normalize emotional reactions. Different content will resonate with different groups, depending on their refugee experience:

Leaving Home

Sometimes people leave their home because of terrible violence. Houses are burned down, soldiers come into homes, and people are hurt or killed. This type of extreme violence often has consequences for our health. It is very common for people to have nightmares about their experience, or to feel suddenly afraid for no reason. Having increased fear after such bad experiences is also common. When we are in a shared crisis, like a global pandemic, some of these reactions may surface again. Leaving a country or a home results in people feeling sad or angry because of the injustice. These are big feelings because these are big events. Usually they get better over time. Sometimes they get better for a long time, but when new stress happens (like moving to a new country or not being able to maintain day-to-day activities because of stay-at-home orders), they may worsen.

Being in Camps or Being in Exile

The time in the camps is very hard. There is usually not enough food and the lines for water are long. Sometimes there is crime and violence. Many people are not allowed to go to work. Camps are often in areas with poor soil, so people might not be able to grow food, and in some cases may be barred from growing food. The time in exile is also hard. People generally cannot work or go to school because they do not have the correct papers. It is hard to make a living. It is sometimes hard to get medical care. People in exile are not under the protection of the United Nations, so they may be harassed or beaten.

Living in Urban or Semi-Urban Places

Sometimes people may live in nearby cities or urban environments before relocating for permanent asylum. Conditions will vary greatly; most people may experience not being able to access citizenship, permanent housing, or social or medical benefits. In some places, irregular work may be permitted, but discrimination and harassment by authorities or others may be commonplace. Pause so participants can share. Facilitate the discussion.

Resettlement

Continue discussing and sharing the below content – choose what resonates with the group. Considerations for groups composed of asylum-seekers are included below, to facilitate a discussion.

Most refugees say that resettlement is the hardest thing they have ever gone through. Refugees leave behind everything familiar, including language, culture, friends, and family. Life in their new country is often harder than

they imagined, and this may be exacerbated by the coronavirus, as it is such an unpredictable event. Even if they did not have a specific idea of what to expect in the United States, it is often different. Some common experiences for new arrivals are:

- Work is very difficult to get, especially without English fluency, and they are worried they cannot pay their expenses.
- Expenses are higher than their wages or cash assistance.
- The living conditions may be worse (smaller apartments, loud neighbors, busy streets, etc.).
- Time spent with family and community is reduced, and this may be more amplified due to the coronavirus quarantine restrictions in place.
- There may be a lack of computer skills or access to technology resources that prevents you from continuing your education, accessing services, or connecting with friends and loved ones.
- You may be having to work during the pandemic or be without work and awaiting unemployment benefits.
- You may be trying to manage the education of your children in addition to caring for your family through a difficult time.

Many people who lived a long time in camps have difficulty adjusting in the United States. In the United States, things like groceries, water, and food must be paid for by the individual instead of an organization. The amount of choice and degree of personal responsibility here also overwhelms people. Even though life in the camp was hard, refugees may have had more time or ability to spend with family and friends. The society in the United States also moves very quickly and the feeling of pressure and being rushed may be intense.

Refugee families undergo a lot of changes. Children may act differently in their new country than they did at home. Also, they often learn English faster than parents, which give them more responsibility and more power. Women may work here where they did not work in their country. They may also be able to find jobs faster than men. The elderly are not revered in the United States as they are in many cultures. Elderly people may be alone more often and feel more isolated because the rest of the family is at work or at school. These changes in family roles can be hard on people and can sometimes produce a lot of stress for refugee families. Even amidst all these family changes, there are many things that people do to stay well and carry forward despite these challenges. There are losses along the journey, but there are also gains that may be acquired.

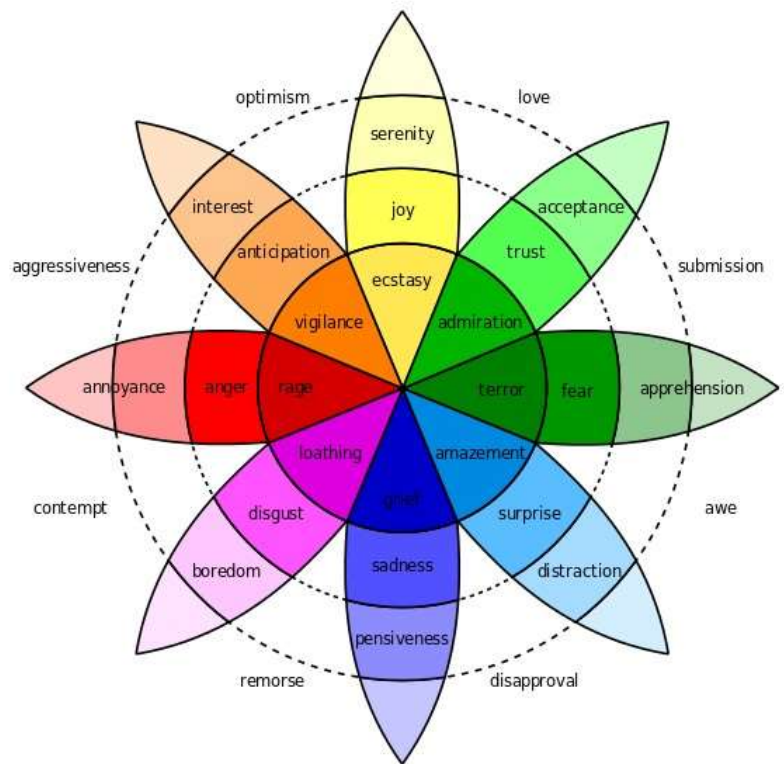
Considerations for those Seeking or Granted Asylum

For persons seeking asylum or awaiting affirmative or defensive legal action, the experience of adjustment and integration and the emotional health impacts may be different. Asylum-seekers must navigate a difficult and complex legal process that involves multiple government agencies. Some may experience prolonged separation from loved ones, having fled to various countries, and reside in the United States without legal status. Depending on the nature of the asylum claim, the legal process may be extremely lengthy. Opportunities for employment, stable housing, access to medical care and other basic supports may be challenging to obtain. Until asylum is granted, the person may be excluded from a host of government social services, the right to apply for loved ones to join them in the United States, and other critical rights.

Handout: The Emotion Wheel

The mind and body are connected and are both affected when we experience stressful, adverse or traumatic events. This activity is designed to show group participants another way to notice their current emotions and to plot them on a wheel with a word, an associated color, or a drawing. It is designed to raise awareness about common feelings and emotions group members may be experiencing in a safe and supportive fashion. This activity can be completed during sessions 2 and 3 or as a supplemental tool to enhance the weekly sessions. It is used to assist in defining common feelings or emotional terms associated with Mind/ Body impacts of surviving adversity.

A sample wheel is provided to the right.⁶¹ In this example, emotions have different levels of intensity; for example, *amazement* (in blue, closer to the middle of the circle) is a more intense version of *surprise* (moving outwards). Emotion Wheels can take many forms; the core purpose is to depict emotions to help recognize, name, and process them.



Group members can draw a wheel with 8 or more sections, then use any color of pencil or marker they choose to either identify a word or color associated with a feeling they are having today or in the last week. You can alternatively use one of the templates below.

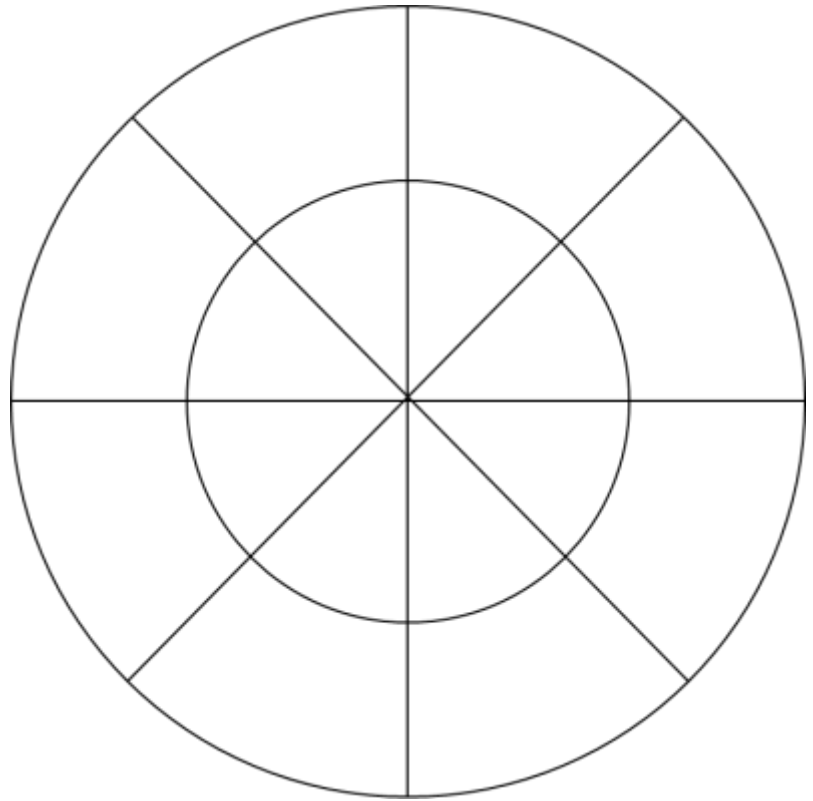
Throughout the sessions in this curriculum, group members learn ways to talk about common signs, emotions, or expressions related to not being well. It may be helpful to define these terms and reference them throughout the sessions in the curriculum. It is important to learn from each individual or cultural group what terms or expressions are used to describe words associated with feelings or big emotions. Ask participants if these words or different word choices exist: is there a common expression for them that most people would understand or agree upon? Keep a running list of common ways group members may express these terms or other troubles.

Remember: There are common signs to look for that may indicate there is a more significant issue that a person is experiencing that would warrant further specialized support and care. These are typically related to the following:

- Physical symptoms: aches and sleep disturbance
- Emotional symptoms: feeling sad, scared, or anxious
- Cognitive symptoms: difficulty thinking clearly, abnormal beliefs, memory disturbance
- Behavioral symptoms: aggressiveness, inability to perform daily functions, excessive use of substances
- Perceptual symptoms: seeing or hearing things that others cannot⁶²

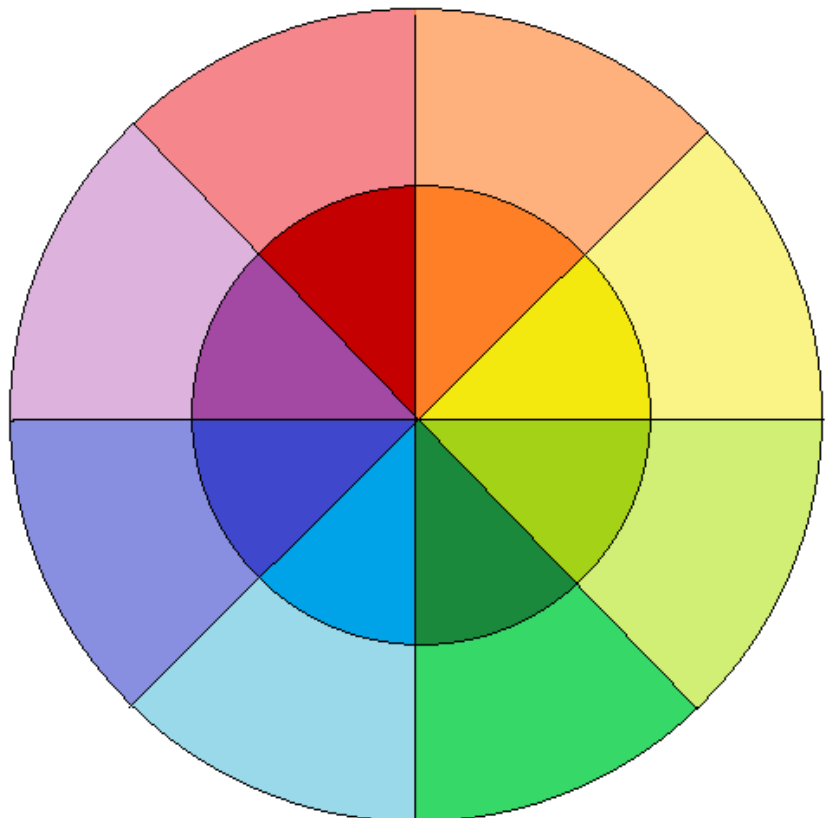
Template 1 – (blank)

Print out this sheet, or show as an example for participants to illustrate at home

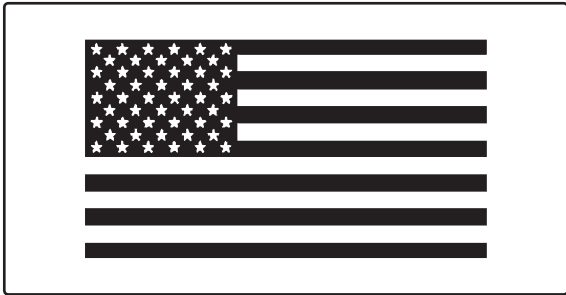


Template 2 – (with colors)

Print out this sheet, or show as an example for participants to illustrate at home



Handout: Traditions from the U.S. and Traditions from Home




Norms, traditions or customs in the United States you are interested in adding to your or your family's life.




Norms, traditions or customs that are important for you to keep for yourself or your family.

Handout: Community 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?

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Appendix: Information on Vaccines for COVID-19

See the [National Resource Center for Refugees, Immigrants, and Migrants \(NRC-RIM\)](#) webpage for multi-lingual resources:

<https://nrcrim.umn.edu/vaccines/vaccine-central>

- 1) Discuss any concerns about the vaccine as it relates to one's immigration status
- 2) Provide accurate information about the vaccine, where to obtain it
- 3) Offer information about any common vaccine reactions and tips to manage them

Address Concerns

Provide education about where to receive vaccines for COVID-19 and help to dispel any concerns about what healthcare providers are ethically bound to do when serving someone from a refugee, immigrant, or migrant community. Some members of refugee, immigrant, and migrant communities may have distrust of government authorities, may have concerns about their legal status in the U.S. and may have suffered oppression and/or violence by government authorities in their country of origin. It may help to remind group members that healthcare or human service organizations cannot share their share your immigration status or, if not available, general information regarding accessing healthcare services without permission.

- Healthcare providers are not legally required to report or document immigration status.
- Immigration status is protected by the Health Insurance Portability and Accountability Act (HIPAA) privacy rule.
- Hospitals and health care facilities are considered “sensitive locations” and to be avoided per internal guidance (not mandate) from ICE and U.S. Customs and Border Patrol.

Accurate Vaccine Information

Studies show that COVID-19 vaccines are very effective at keeping you from getting COVID-19. Experts also think that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. These vaccines cannot give you the disease itself.

Access Multilingual Resources and Fact Sheets

- <https://nrcrim.umn.edu/vaccines/fact-sheets>
- <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>
- <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine>
- <https://www.cdc.gov/vaccines/covid-19/index.html>
- <https://coresourceexchange.org/covid-19-resources/>
- <https://switchboardta.org/blog/a-round-up-of-multilingual-resources-on-covid-19/>

Appendix: Remote Service Provision Tips

For organizations conducting groups remotely, there are different considerations to keep in mind. Firstly, try to be thoughtful in how you appear on Zoom or Skype. Each person's presence in our virtual group is still very important. This will help to facilitate a sense of safety and trust. In general, use the same social rules as we would in a live meeting.

There are some things that we can anticipate when group members call in from their homes: other children, other family members, housemates making noise, or other distractions. For some participants, there may not be an ideal, quiet, and private place from which to attend the group, and you will need to troubleshoot in an ongoing fashion.

Here are some tips for **facilitators** that might help while attending the group remotely on Zoom:

- Use your audio and video mute buttons to work with whatever situations may arise. Make sure participants know how to use mute/unmute as well.
- Avoid activities that you would not do in a professional setting, including smoking, drinking alcohol, lying in bed, being half-dressed, and being on other devices that may cause distraction.
- Consider using a headset with microphone, or ear buds, can help to make sound clearer.
- Review Zoom FAQs and tutorials located on their [support page](#). There are also playlists on YouTube on [how to use Zoom or Skype](#).
- Once you set up your virtual meeting space account, you can create your profile and add your picture. That way, when you have your video muted, we can still see who is connected.
- Spend some time on Zoom or Skype to get comfortable with the platform. Learn what controls there are and experiment with them if you can. Learn how to mute and unmute both your audio and your video. See if you can figure out how to raise your hand. See if you can show and hide the chat function.
- It is normal and expected that participants have challenges connecting to the platform during the first few sessions. Facilitators should be equipped to provide guidance on how to connect to the platform if possible and may reasonably expect delays in the first few sessions.
- Consider testing Zoom or Skype out with your co-facilitator with each of you alternating as host.
- If someone has limited internet bandwidth and the service is choppy, everyone can turn off their video for the system to run more smoothly. If this is necessary, consider having each person say hello on video to form a connection, and then go to only audio to ensure greater clarity.

Here are some tips that you can provide to **group members** about Zoom and virtual attendance:

- Group members may use video or audio depending on their comfort level. Encourage them to shut off their video if they are not comfortable being on camera.
- When video is on, it helps if the computer, tablet, or phone is placed at face height.
- If a group member is using a phone, encourage them to prop it against something so it is not always moving around.
- Inform them that if using video, it is best to be near a light source with light coming from in front of them, because if light is coming from behind, others will not be able to see them very well.

Appendix: Sample Participant Survey (Pre-Survey)

Client initials: _____	Group Name: _____
Survey number: _____	

This survey is 5 questions.

Below are some statements about feeling and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the Time	Often	All of the Time
Q1 <i>I believe I understand how people in the United States think about and deliver mental health support</i>	1	2	3	4	5
Q2 <i>I feel comfortable talking about issues related to my emotional wellbeing</i>	1	2	3	4	5
Q3 <i>I believe I can support a community member in seeking additional support for their emotional health needs</i>	1	2	3	4	5

Please read these questions and write down your answers.

Q4. *What areas of your life are you struggling with right now? Please write your response.*

Q5. *What do you hope to learn or gain from this group? Please write your response.*

Appendix: Sample Participant Survey (Post-Survey)

Client initials: _____	Group Name: _____
Survey number: _____	

This survey is 5 questions.

Below are some statements about feeling and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the Time	Often	All of the Time
Q1 <i>I believe I understand how people in the United States think about and deliver mental health support</i>	1	2	3	4	5
Q2 <i>I feel comfortable talking about issues related to my emotional wellbeing</i>	1	2	3	4	5
Q3 <i>I believe I can support a community member in seeking additional support for their emotional health needs</i>	1	2	3	4	5

Please read these questions and write down your answers.

Q4. *What did you find most helpful about this group? What did you find least helpful about this group? Please write your response.*

Q5. *What would you like to learn more about in the future? Please write your response.*

Appendix: Survey Guidelines for Implementation

Firstly, decide when you will implement the Survey to your group participants. For the Pre Survey, you must implement the survey with participants before the sessions begin:

Option 1: Survey participants before Session 1, as a group. This can be during an introductory Zoom session or meeting to introduce the group, and you can implement the survey at that time.

Option 2: Survey participants during Session 1.

Option 3: Survey participants individually, before Session 1.

For the Post-Survey, the survey must be implemented after the sessions end:

Option 1: Survey participants during the final session (Session 9), as a group.

Option 2: Survey participants individually, after the final Session 9 and the group entirely ends.

Secondly, determine your participant's literacy level. If the participant is fully literate in the languages of the survey, the participant should read and respond to the survey questions on their own. In this case, you can:

Option 1: Project on the screen or show a copy of this survey on your screen, using Zoom, during the final celebration session. The survey should be translated in advance into the participant's language, if English is not their primary language. Participants can use the private chat function to send you their responses to each of the seven questions. Or, participants can WhatsApp or text you their responses to each of the seven questions. This will take place and conclude during the final celebration session.

Option 2: Hand out surveys If groups are meeting in-person, hand out the surveys and ask participants to fill them out on their own. Plan to translate the survey in advance into the participant's language.

Option 3: Electronically send Email, text, or WhatsApp participants a copy of the translated survey. Participants can email, text or WhatsApp you their responses back.

Option 4: Mail participants a copy of the translated survey and collect their written responses.

If the participant is not fully literate in their language, there are other options:

Option 1: Phone Call A member of your staff or community facilitator who is literate and fluent in the participant's language can read the survey to participants over the phone or Google Voice. This option will require you to schedule a dedicated time with the participant before and after groups end. Remember to prepare a translated version of the survey in advance to read from.

Option 2: Voice-Notes A member of your staff who is literate and fluent in the participant language can read the survey to participants in their native language in a WhatsApp voice-note, question by question. Participants can respond in a WhatsApp voice-note. This option will require you to schedule a dedicated time with the participant after groups end. Remember to prepare a translated version of the survey in advance to read from.

Option 3: One-on-One If meeting in person, you may ask participants to arrive to the first session early and implement the surveys in person, in a private setting. Deliver the survey orally and record participant's oral response. This may require multiple staff members to coordinate multiple participants in multiple private meeting rooms/areas.

Thirdly, record responses.

Facilitators can record individual responses on a paper or digital copy of the survey or in your own internal organization database.

Facilitators or staff members implementing any survey are strongly encouraged to provide a confidentiality statement to participants, each time. An example is offered below for your use.

“Your confidentiality and anonymity will be maintained by our [agency/organization] throughout this survey, and it will not be possible to identify me from any reports or publications that this information will be used for. You will not be identified as a participant in this survey. Your participation in this survey is voluntary and you understand that you will receive no financial benefits from participating in this survey.”

Appendix: Additional Resources

Resources for Parents

- Child Mind Institute: <https://childmind.org/article/how-mindfulness-can-help-during-covid-19/>
- Mindfulness and Parenting during COVID-19: <https://www.youtube.com/watch?v=yimjPEXQczQ>
- Resources to talk about COVID-19: <https://healtorture.org/resource/tips-talking-kids-about-covid-19>
- National Child Traumatic Stress Network: <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>
- World Health Organization: https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2 (See website for materials in [Spanish](#), [Russian](#), [French](#), [Chinese](#), [Arabic](#))

COVID-19 Resources for Managing Stress & Anxiety

- Center for Victims of Torture, Compiled Resources: <https://www.cvt.org/COVID-19-resources>
- Heal Torture COVID-19 Resources: <https://healtorture.org/resource/covid-19-resources>
- KonTerra Group- Managing Stress and Anxiety during an Infectious Disease Outbreak available in different languages
 - Arabic- <https://konterragroup.net/blog/events/understanding-and-coping-with-the-trauma-of-pandemics-webinar-series-5/>
- National Center for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html
- On Being: <https://onbeing.org/starting-points/a-care-package-for-health-care-community/>
- American College of Lifestyle Medicine: https://lifestylemedicine.org/ACLM/Advocacy/CoVid-19_Resources.aspx?WebsiteKey=5bd6714c-c023-412c-adcf-a68f63dd5607
- *Washingtonian*: <https://www.washingtonian.com/2020/03/16/7-meditation-tips-to-help-combat-covid-19-anxiety/>
- GWU, HERE® Global Relief Foundation: https://smhs.gwu.edu/gwish/sites/gwish/files/HERE%20Global%20Relief_Covid-19_Emoional%20Health%20Support.pdf
- Whole-being Institute: <https://wholebeinginstitute.com/course-overview/living-with-ease/>
- Smith Center for Healing and the Arts Free online seated yoga and other activities: https://smithcenter.org/programs-retreats-calendar/?blm_aid=30081

Healthy Living Resources

- USCRI, Healthy Living Toolkit: <https://refugees.org/research-reports/>
- National Institutes of Health: www.nih.gov/health/wellness
- U.S. Dept. of Agriculture nutrition guidelines and resources: www.choosemyplate.gov
- Center for disease control exercise guide: [www.cdc.gov/physicalactivity/everyone/guidelineswww.sleepfoundation.org/ask--the--expert/sleep--hygiene\(national sleep foundation sleep guide\)](http://www.cdc.gov/physicalactivity/everyone/guidelineswww.sleepfoundation.org/ask--the--expert/sleep--hygiene(national%20sleep%20foundation%20sleep%20guide))
- *Minnesota*, Culturally Specific Food Resources: <https://thefoodgroupmn.org/wp-content/uploads/2015/11/Culturally-Specific-Foods-List.pdf>

Multilingual Mental Health Emotional Wellbeing Resources

- Multicultural Mental Health Resource Center:
<http://www.multiculturalmentalhealth.ca/en/consumers/multicultural-mental-health-resources/mental-health-information-and-resources-in-arabic/?frame-nonce=6f3e10660d>
- Medline Plus: <https://medlineplus.gov/languages/stress.html>
- Healthy Roads Media: <https://store.healthyroadsmedia.org/PREmental.htm>
- HealthReach: <https://healthreach.nlm.nih.gov/>

Psychological First Aid Resources

- [John Hopkins University, Psychological First Aid: https://bit.ly/2St4wJz](https://bit.ly/2St4wJz)
- [National Child Traumatic Stress Network, Psychological First Aid: https://bit.ly/2ykX9wG](https://bit.ly/2ykX9wG)
- [Switchboard, Psychological First Aid \(PFA\) during COVID-19 Response: https://www.youtube.com/watch?v=EmqiGDf5tRI](https://www.youtube.com/watch?v=EmqiGDf5tRI)

Switchboard Blog Posts

- [Blog Post - Helping Refugee Clients Cope during the COVID-19 Crisis: https://bit.ly/2zRA99j](https://bit.ly/2zRA99j)
- [Blog Post - Helping Refugee Children and Parents Cope during the COVID-19 Crisis: https://bit.ly/3f3Y3OV](https://bit.ly/3f3Y3OV)
- [Blog Series - Wellbeing for Service Providers during COVID-19: https://bit.ly/2SgkWSU](https://bit.ly/2SgkWSU)

Endnotes

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