A Foundation in Behavioral Health for SNHU's Center for New Americans

Erica Abubaker

Granite State College

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New Hampshire resettles on average three to four hundred refugees every year (DHHS, 2019) and they do this through two main agencies, Ascentria Care alliance and International Institute of NH. In Manchester, International Institute resettles the majority of cases and the community has come together to create a space run by Southern New Hampshire University called the 'SNHU Center for New Americans'. This center is designed to provide support for refugees when they come to America, from English language classes to college application support and the goal is to help the refugee become fully self-sufficient in the community.

Part of this program was designed for the youth that come as refugees and the students and staff named this program together, they called it, 'Amiko Youth Center'. Before COVID-19 hit this center was an afterschool-based program for kids ages 6-13 who were identified by International Institute and the school district as needing support. Now that COVID-19 has created a hybrid learning environment (meaning mostly online schooling for children K-12 with only two days a week in school) Amiko has created a part day program for these students so they can receive more support and spend Wednesdays at the center.

The program manager at Amiko Youth Program reports, the students in the program come from three main areas, Dominican Republic of Congo (DRC), Burundi and Haiti. They speak French and Swahili and some English. All of them come from low income intact households, most have more than four siblings and none were born in this country. All the children lived in a refugee camp before coming here and were chosen specifically for Amiko's program because they needed ELL support. Amiko offers programs the rest of the week for other refugee children who have been here longer, some were born here, and they have a much stronger hold on the English language. With many common factors these children come together

at Amiko in an environment where they feel safe and free to learn English. They have class rules like, dance every day, love each other, be kind and try your best.

Before coming to live in America these children lived in refugee camps run by the United Nations. The UN reports the reason people flee DRC is because there is a complex and challenging humanitarian situation with, "Multiple conflicts affecting several parts of its vast territory (UNHCR, 2020)." It was claimed in 2013 the civil war was reported to be over but there have been new waves of fighting throughout the country leaving thousands struggling to survive. Multiple human rights violations ranging from physical mutilation, murders, sexual assaults, false arrest and inhumane conditions in detention centers.

Many of the people who flee DRC end up in Burundi and this has caused a humanitarian crisis of its own. Many people are food insecure and the influx of people from DRC has caused economic decline and extreme food insecurity. It as also caused disease outbreak. Burundi is also recovering from a war that caused violence to breakout throughout the country much like DRC. The political situation is still very volatile, and it is considered to be in resolved though wars have stopped in the country. Funding for this country is lower than any of the surrounding ones and this has caused many of the families to be food insecure and many children who come from here are malnourished. These are some of things these children at Amiko had to deal prior to being resettled in America.

Aim of the project

SNHU's Center for New Americans, Amiko Youth Program has noticed a lack of behavioral health services in the lives of their youth clients. Many of the youth have experienced traumas related to, or as a result of their experience as a resettled refugee. This project will create a collaborative partnership with Amoskeag Health. They are a local behavioral and mental health

provider and the goal is to create a program with them for Amiko Youth Program to assist in providing behavior health services in the center for the youth in the program. Creating this partnership will allow many of the youth to receive behavioral health services in a unique way where they will be able to get access to care in an environment that they are familiar with.

Background

When I first reached out to the program manager at Amiko Youth Program, I was given two potential areas of concern and need, first behavioral mental health and second in food insecurity. Both were concerning so a needs-assessment needed to be performed to see what was of higher need for the youth in the program. Currently some of the work Amiko does is online through a meeting platform called Zoom. It is online video meetings where groups can meet in a secure online space where video and microphones are used to communicate. This is not common for Amiko but due to COVID-19 restrictions sometimes this is needed for safety and to reduce community exposure. I was invited observe three weeks of zoom sessions with the students. After watching three online zoom sessions, I was given a unique insight into the lives of the youth in this program because I was able to see their home environment and this gave me the opportunity to review Maslow's hierarchy of needs to determine where the youth feel. The program provides meals and snacks to the youth delivered to their home and none of the students mentioned feeling hungry when asked by teachers in class. All were well dressed in clothing appropriate for their home (none were wearing layers or something that would indicate they did not have a warm home) and all had a home with adults present in the background. This led me to believe their growth needs or self-actualization needs were being met. Many of the children did struggle with taking turns speaking and following directions.

The children that attend the Wednesday youth program are the newest families resettled by International institute. All the children lived in a refugee camp in Burundi or Haiti before coming to live in America. The center also has other students, who have higher English abilities who will eventually be able to access the behavioral health services as needed in the center once this project is completed. Amiko currently has a partnership in the community called the Youth enrichment Partnership and this was created by United way to better serve the children in the community. This partnership was created because many of the agencies apart of the partnership all had the same ideas to help the youth in the area so United Way used this as a way to connect all the agencies together so they can access each other's services while still working on their initiatives. Both the SNHU Center for New Americans (the host agency for Amiko Youth Program) and Amoskeag Health fall under the United Way youth enrichment partnership. This will make a transition to having Amoskeag in Amiko's center an easy transition.

A person becoming a refugee often is because some type of trauma happened that pushed the person into the refugee status. Often it is war, famine or some type of political or ethnical issue in the persons home country. Many of the youth in the program come from Dominican Republic of Congo, Burundi and Haiti. The National Child Traumatic Stress Network has created a treatment guide for providing therapy services to refugees and it is called the Trauma Systems Therapy for Refugees (TST-R). This system is made up of the four tiers of treatment the first being where Amiko currently stand, community and Parent engagement. This tier teaches the things Amiko does to its youth, trust between community and providers and provides education to help de stigmatize the need for mental health in these communities. The next Tier is where Amiko hopes to grow, Skill based groups and this level of care focuses on group treatment and the goal is to identify kid who need a higher level of mental health services. This is where

Amoskeag would step in to provide the next two tiers, Intensive intervention. The TST-R lists four crucial elements for implementation of this program, "All TST-R programs must partner with the community of interest • All TST-R teams must include a cultural provider or a cultural broker • TST-R teams must include a combination of home-based clinicians, an outpatient clinician, school-based clinicians, a clinical supervisor, and organizational support persons; and • The capacity for the delivery of services to occur in home, school, or community settings (Ellis,p.4, 2016)." This is all possible under the umbrella of the United Way Partnership. Identifying the need for behavioral health in the center focuses on the idea that refugee resettlement causes trauma and this needs to be addressed.

Framework

Behavioral health falls under the umbrella of mental health and this is important to a healthy community. With United Way already leading the local community in a partnership that allows each individual part to access the other parts resources. This will allow these programs to come together and to create a group program that will identify the children who need more intensive mental health treatment. The site manager presented this option and a contact for the someone at Amoskeag to start the process of combining both programs to create a program run by mental health clinicians from Amoskeag at Amiko Youth Programs facility. This will create a group therapy session with the youth in a place where they already feel comfortable. This will allow the youth, who have faced trauma to open up in a space where they already feel comfortable and safe. Amoskeag can then identify any children who have needs regarding behavioral and mental health from the groups and offer individualized programs from them. The site manager has hopes Amoskeag will use the TST-R as a guide for how they present services to the youth in their program. Making contact with the person from Amoskeag to set up a group

meeting with the program manager, myself and them will be the first step to developing a foundation for the behavioral health program they will build with Amiko.

Significance:

A. Organizational: The organization doesn't have any barriers other than time; this is the only reason the current program at Amiko Youth Center has not bridged with Amoskeag to provide services. The program manager reports the current situation as providing the first steps of the TST-R and hoping that this capstone will enact the other three steps. Economic: The center provides ELL to new Americans resettled in the greater Manchester area and the center is a nonprofit, working with multiple grants that provide the funding for the majority of their programs. Most families that utilize the center are low income, live in the same area (that is walking distance from the center) and they all come from households where there are more than one child (some families have as many as eight children living in the home), this is a factor and Amoskeag does take all forms of insurance and because they belong to the United Way partnership their services will be covered by the center or the students insurance or Medicaid. Political and legal: There is not currently a political issue surrounding this center. Legally the center is faced with normal laws and regulations that surround HIPAA. Amoskeag and the center are both familiar with this and will abide by these guidelines.
B. Ethical issues: While ethical issues may come up due to the close nature of working with this population, building trust is a crucial part of working with them, the American Counseling Association (ACA) code of ethics will be followed and referenced as needed throughout this project and any future contact with the participants.

C. Financial implications: There is no cost associated with this project because Amoskeag and Amiko fall under the same community support system. They are funded by government grants, donations and offer services to clients free of charge (Amoskeag does bill insurances if needed). They already have the duty to serve each other through their United Way partnership so bridging the two programs together would actually save money. This is because Amoskeag would be able to host group sessions at Amiko's youth center and this makes the most sense for the youth attending the program because it won't cause any of the common issues Amoskeag sees with making and keeping appointments, as it would take the traveling out of the picture for the youth and their family.

Evidence Review

A journal by Transcultural Psychiatry makes a point that shows why using things like the TST-R are needed to provide this population with the best chance here in their new home, it states, "The effects of refugee experiences on children's mental health are well-researched however, we could identify no publications that address the effects of these experiences on the cognitive functioning and performance of refugee children. Understanding these effects is important because these children are amongst those overrepresented in special education settings (Kaplan, Stolk, Valibhoy, Tucker, & Baker, p.1, 2016)." The journal goes on to discuss how children make up 50% of the worlds refugees and when they are resettled in their host country, they almost always need to learn a new language. That can be stressful for an adult, let alone a child, but paired with the traumatic event that led their family to become refugees, disruptions to families (from death, war or another traumatic event) these children are often diagnosed with learning disabilities or misunderstood in a way that causes more harm than good.

The same journal states, “These may have included coming under combat fire and bombing; destruction of home and schools; separation from and disappearance of parents, family members, and friends; witnessing violence and death; prolonged danger; and perilous journeys. Some will have experienced forced conscription, arrest, detention, sexual assault, and torture. Traumatic events are rarely isolated and are associated with separation from and loss of family members, poverty, and lack of health care and education (Kaplan, Stolk, Valibhoy, Tucker, & Baker, p.3, 2016).”These are all major traumatic events that need to be addressed once they are settled in their host country but often go overlooked. There is also research mentioned that discusses the impact of early abuse, neglect and other traumatic events have on neurobiological, cognitive and emotional development and it almost always shows an impairment in cognitive or academic functioning of the child (p.6). This is a major reason why Amiko wants to invite Amoskeg to start a group session at their youth program, many of the children have been assessed in school for academic functioning issues or learning disabilities. The centers program manager thinks it is possible that the trauma some of the youths have been through has been a barrier for some of the children and this can only be addressed in their center due to financial issues in the homes of the children and the factor that when first coming to America the adults of the families are not given transportation services. This is a factor as to why some families don’t seek out treatment, along with other cultural beliefs and stigmas.

Another factor to think about is that families are often living below the poverty level when they first arrive and sometimes for years after they come to live in America. Parents are sometimes neglectful of their children’s emotional needs because they themselves are struggling with learning a new language, obtaining an income to support their families and dealing with their own traumas from the refugee processes (Kaplan, Stolk, Valibhoy, Tucker, & Baker, p.7,

2016). This is another factor for the children in Amiko's program, most come from intact families meaning a mother and a father in their home but all of them are considered low income by federal guidelines. This means that when the children go to school, they are struggling to learn the language, dealing with traumas from the resettlement process and having to "fit in" in the public-school system. Depending on the child's age (Amiko serves children of all ages the majority falling between age 6-13) what they wear or how they talk could result in more trauma in the form of bullying.

Cognitive functioning or placement testing is another issue for these children. Many of them are overrepresented in special education areas and this is thought to be because they are dealing with untreated trauma. This is also mentioned by the journal and it states, "a comprehensive approach to the cognitive assessment of refugee children would minimize the risks of both misdiagnosis and the formulation of inappropriate interventions. It is important for practitioners to investigate and integrate contextual information into their assessment and psychological reports, drawing together converging lines of evidence, including that of other informants and professionals from other disciplines. Without the needed research, a primary concern is enabling children to fulfil their rights to education to achieve their developmental potential. This is a fundamental right expressed in the UN Convention on the Rights of the Child (UN Office of the High Commissioner for Human Rights, 1989) (p.18)." Overall, the children who participate in the program at Amiko have all experienced trauma based on their own individual resettlement process and there is little to no behavioral health program for them at this point. Many of them are learning a new language and others are struggling with academic issues but all of them would benefit from some structured group therapy with a mental health clinician and with the United Way program already allowing this partnership to be possible there is really

no better place to turn than to Amoskeg to provide these services in the center where the children already feel established and safe.

Methods

The following methods were used for this project, needs assessment, Plan Do Study Act checklist, and research comparison. Combined these led to the partnership between Amoskeag behavioral health and Amiko Youth Program. This partnership will serve as a foundation for behavioral health group therapy sessions to be held at Amiko Youth Programs building. These sessions will then identify children at need of more in-depth mental health services that can be later addressed by the team from Amoskeag.

The needs assessment was based on Abraham Maslow's Hierarchy of Needs Theory and this theory is based on the idea that certain things are more important than others for a person to be complete. There are five main categories, and his theory focuses on the idea that if each category is not complete then the person cannot obtain a higher level. The first level is physiological, and this level focuses on things like breathing, food, water, sex, sleep, homeostasis and excretion. If these are not all met for any given person, they cannot move on to the next level. This is where the needs assessment began for the youth in this project (Wiki, 2020).

While observing three separate weeks of calls on the zoom platform assessing if all physiological needs of the children were being met was possible. All children were in good health, and all reported they had eaten a healthy lunch (provided by Amiko, delivered to their homes) and all were in their own home. Every child's home had access to the internet because they were connected to the zoom call and it is an online platform. Every child had power, running water and heat as they were all dressed in proper attire for being indoors. More than one child from each family used the bathroom (off camera) leading to the conformation of having access to a bathroom.

When asked about their day by teachers many reported they were excited to come back to the center and would love to see their friends off camera. There were not complaints of hunger or of children being worried about their home situations.

After seeing all needs were met in the first level of the needs assessment it was safe to move onto the next level, safety. This level focused on, "Security of body, of employment, of resources, of morality, of the family, of health, of property (Wiki, 2020)" and this was an easy level to assess through zoom's online video platform as well. All children were in good health, had everything they needed for classes, many had other family members in the home in the background and all of them appeared to be engaged in learning from teachers. There was no fear reported from any of the children.

Once these needs were also met the third level that was also assessed the same way was love/belonging. This level focuses on friendship, family and sexual intimacy. The friendship and family parts applied. One of the topics on the zoom call was to dram a picture of something that makes you happy and every child had something to draw and a story to tell. Many chose a friend or family member and this level seemed to also be met so the inclusion of the fourth level esteem was also assed. This level focused on, "Self-esteem, confidence, achievement, respect of others, respected by others (Wiki, 2020)" and all of these were not met because many of the children were shy to share their stories. Many did end up sharing, but some got terribly upset when others did not listen to them. Further assessment was needed so and in person observation was done.

During the in-person observation many of the students were excited to be back at the program and had lots of energy and stories to tell. Discussion of school vacations and things they had done with their friends and families. One of the things noticed is all children were dressed accordingly to walk from their home to the center. Once the ESOL classes started some of the

students lacked confidence to answer questions despite being able to answer the questions individually. This ran parallel with the online observation that there were some areas lacking this level but nothing that truly seemed to make this a major factor or barrier to learning for the children. The next level is regarding Self-actualization and it focuses on, “problem solving, lack of prejudice, acceptance of facts (Wiki, 2020)” and this was where the assessment was unable to move past.

During the in-person observation many things were noticed that would indicate that this part the children’s needs was not being met. While teachers and staff did everything, they could many of the children were unable to complete things on their own, some struggled with expressing their feelings and some expressed anger when things did not go their way. One main observation was when the students were asked to draw a picture of themselves and their best friends because they were studying the history of Fredrick Douglas and Susan B. Anthony and how the two became friends. Student A drew a very graphic picture of themself and their closest friend from what they called “childhood” (this child is age 8) and the picture showed the two of them playing together and another person shooting their friend with a gun in the head. This child then shared their story openly with the other students and the other students came together to comfort this student by talking about loosing friends or family members of their own.

A second indicator that these needs were not being met was indicated when student B was attending the Valentines party and card making activity. This student was impatient to wait in line for supplies and another student accidently stepped in front of them. Student B got upset and was unable to express themselves in English. After some discussion there was an agreement between the students and with the help of staff that the student made a mistake, and an apology was

accepted. Student B remained upset but was able to later complete the task with help from student A.

While all basic needs of these children are being met; they have a safe home, food to eat, they have beds to sleep in, and they feel safe, other emotional issues are present. Many of the children discussed loss or witnessing the death of someone they cared about and many reported missing “home” as in their country of origin before moving to the US. This confirmed the need for Amoskeag to partner with the Amiko Youth Program in order to provide therapy for the children who have trouble with anger, loss of loved ones, relocation to the US and self-esteem. The next step was to create a Plan Do Study Act (PDSA) checklist.

The PDSA is a four-step process used to develop a plan to help carryout a change in an organization. The first step is to plan, and this is what doing a needs assessment started but narrowing it down to what is it the partnership is trying to accomplish became of it. In order to help the children at the Amiko Youth Program, the program manager suggested to partner with a local mental health agency to see if they would be willing to provide services for the youth in the center rather than having the youth travel for services. This was suggested because historically trusting people is an issue with these children, and they tend to be more successful in places they associate with safety such as Amiko Youth Program.

The second portion of planning in the PDSA was to figure out what and how this partnership would be an option. The program manager was able to identify a contact person at Amoskeag who can facilitate the formation of this type of program. Reaching out to this person and discussing the needs of the children and the type of sessions the center is interested in would be the first step. Once this is agreed on then the team can move onto the do part of PDSA.

The first stage of the do part of the PDSA is where implementation of the group sessions previously discussed and agreed upon. Amoskeag and their team along side Amiko's program manager will collect information regarding the success of the sessions. Then they will identify any children who either need more help beyond group, break the children into smaller more focused groups or remove children who are not improving will be at the discretion of the two. This will then move on to the study portion of the PDSA and this will take place after every program term (12 weeks) for the next six months. This will show if the sessions are helping to improve the children's needs or not. Lastly will be the Act stage where we will come together in a year from the start of the session start date and we will look at any changes that need to be made and implement them. There will need to be some discussion into is this working or not, and the PDSA will start over again within the two agencies collectively. They will look at how to improve the sessions and make changes as needed.

The last method used in this project was research, and this was crucial in providing a foundation for the partnership of these two agencies. Behavioral health has been proven to help in refugee children according the TST-R and the research mentioned in its outline of services. The program manager for Amiko has extensive knowledge of refugee populations and their needs and has worked for almost a decade on helping to better make the transition into American life for refugees easier. This program manager has found in their experience the earlier children receive services the more likely they are to heal from any trauma they went through before being resettled or any trauma they have faced due to being resettled.

Deliverable

The deliverable for this project will be this report and any future findings this partnership has after the one-year check-in. The power point used for the Capstone presentations will also be

included as a deliverable. Some part such as this section will be removed so that this report can be used in any future grant needs or funding needs for Amiko Youth Program.

Project Findings

Currently the program is in the first phase of getting up and running. Releases need to be signed by all the children's families and this requires interpretations of all documents, this has taken more time than expected but is projected to be finished by the last week of March 2021. The need for this type of program has been confirmed by both parts of the partnership and both are looking forward to getting the first groups off the ground in late March early April 2021. Once the program is off the ground it will be review monthly until June 2021 and at that point there will be discussion of progress and any changes needed will be made. The group aims to be consistent in the youth center and hopes to eventually offer groups for all the students attending.

Implications

The projected implications of this project are that it will give the youth that attend the groups a foundation in mental health care and this will lead to future treatment if needed. The project also hope to help make a correlation in the school district the students attend so that their trauma can be addressed in a way that doesn't label them as needing special education services. There is also hope that if the program does well both the youth center and Amoskeag will apply for a fourth year of funding from The United Way partnership and if this is not an option then they will look for grant funding elsewhere to keep the program going long term in the center.

Challenges and Accomplishments

Some of the biggest challenges faced during this project were language, emotions and finding the time to fit in everything that needed to be done. Language was hard to overcome but through the previous knowledge I have of learning a second language I was able to remind my

self to slow down and try to understand what the kids were saying. I also found that the people working for the youth center truly made the kids feel comfortable in their English abilities and the kids were not afraid to make a mistake. Emotions were another factor for me because my husband has gone through a lot of the same things these children have and hearing some of their stories was sad. I also felt the kids struggled to express their needs in English and this was emotional for them and for myself because seeing them so upset was a challenge for me. Lastly was time management and this was the biggest challenge for me. When I get in the center and start working with these kids, I felt very connected to them and their needs and this type of work kind of makes you forget what time it is. Many of the in-person observation days flew by for me and before I knew it the day was over. This left me with more questions than answers about some of the children.

The biggest accomplishment for this project was creating the partnership between the two organizations. These two have been trying to come together to create this program for years but time always stood in their way. With my help they were not only able to connect but both were able to see how needed and how beneficial this would be to the youth that use the center. Thankfully, this partnership is happening now and both sides are working together to get releases signed so the program can start taking off.

Recommendations:

Going forward this program will need some adjustments because as the world and the conflicts in them change so will the students in the center. The goal is to create a safe place for kids who need to express themselves and deal with the traumas they have faced and in doing this they can heal. Once they start to heal the brain will be more willing to learn new languages and other things that they need to learn to acclimate to life here in the USA. As the program moves

forward coming together as a team both sides of the partnership need to discuss successes and failures and see what has worked and what did not for the groups.

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