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## A Home Away from Home: An Occupational Manual for Working with Refugee Populations

Katherine Erickson  
*University of North Dakota*

Kari Kjergaard  
*University of North Dakota*

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A Home Away From Home:  
An Occupational Manual for Working with Refugee Populations

by

Katherine Erickson, MOTS

Kari Kjergaard, MOTS

Advisor: LaVonne Fox, OTR/L, PhD

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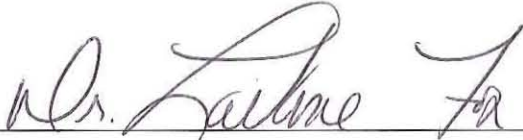
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Grand Forks, North Dakota

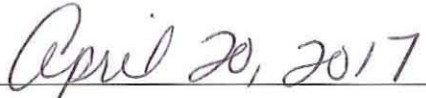
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Approval Page

This Scholarly Project Paper, submitted by Katherine Erickson and Kari Kjergaard in partial fulfillment of the requirement for the Degree of Masters of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

A handwritten signature in cursive script, appearing to read "Dr. Laime Fa", is written above a horizontal line.

Faculty Advisor

A handwritten date "April 20, 2017" is written in cursive script above a horizontal line.

Date

PERMISSION

**Title:** A Home Away From Home:

An Occupational Manual for Working with Refugee Populations

**Department:** Occupational Therapy

**Degree:** Master's of Occupational Therapy

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## TABLE OF CONTENTS

ABSTRACT.....	v
CHAPTER	
I. INTRODUCTION.....	1
II. REVIEW OF LITERATURE.....	6
III. METHODOLOGY.....	31
IV. PRODUCT.....	34
V. SUMMARY.....	35
REFERENCES.....	39

## ABSTRACT

**A Home Away From Home: An Occupational Manual for Working with Refugee Populations.** Katherine Erickson, MOTS, Kari Kjergaard, MOTS & LaVonne Fox , OTR, PhD Advisor Department of Occupational Therapy, University of North Dakota School of Medicine & Health Sciences. 1301 North Columbia Road, Grand Forks, ND 58202

**Problem:** As of October 2016, over 65.3 million people have been displaced from their home due to civil wars and civil unrest; 21.3 million of this population are refugees and this number continues to grow (UNHCR, 2016). Due to the nature in which people become refugees and experience trauma, both physically and mentally, there is a rising need for health professionals to be culturally competent and well equipped to work with this population. The vast majority of refugee populations face barriers some of which include being forced to adapt to a new home environment, social isolation, language barriers, and ultimately decreased engagement in valued occupations, which leads to occupational deprivation (Smith, Cornella, & Williams, 2014). As refugee populations are continuing to grow in the United States, the direct services occupational therapy practitioners and occupational therapy students provide for refugees continues to increase (Smith, Cornella, & Williams, 2014). Currently, there is no published manual or guide for occupational therapy students or occupational therapy practitioners to aid in providing services geared toward meeting the needs of refugees.

**Methodology:** A literature review as conducted on topics related to the needs and problems of refugee populations moving and living in the United States. The literature supported the need for the development of a resource to guide for occupational therapy practitioners and occupational therapy students who work with refugee populations. The literature provided a foundation for the development of an evidence based comprehensive manual for working with refugee populations.

**Results:** Occupational therapists (OTs) are well suited to work with refugees because many issues they are facing are occupation based. Individuals are limited in refugee camps as to the type of occupations they can engage in which results in occupational injustice. Occupational injustice occurs "...when participation in occupations is barred, confined, restricted, segregated, prohibited, underdeveloped, disrupted, alienated, marginalized, exploited, excluded, or otherwise restricted," (Kronenberg & Pollard, 2005, p. 66). The *A Home Away From Home: An Occupational Manual for Working with Refugee Populations* will function as an evidence based resource guide for occupational therapy students and occupational therapy practitioners to meet the needs of refugee populations in healthcare and community based settings.

## **CHAPTER I**

### **Introduction**

As of October 2016, over 65.3 million people have been displaced from their home due to civil wars and civil unrest; 21.3 million of this population are refugees and this number continues to grow (UNHCR, 2016). Due to the nature in which people become refugees and experience trauma, both physically and mentally, there is a rising need for health professionals to be culturally competent and well equipped to work with this population.

Occupational therapists (OTs) are well suited to work with refugees because many issues they are facing are occupation based. Individuals are limited in refugee camps as to the type of occupations they can engage in which results in occupational injustice. Occupational injustice occurs "...when participation in occupations is barred, confined, restricted, segregated, prohibited, underdeveloped, disrupted, alienated, marginalized, exploited, excluded, or otherwise restricted," (Kronenberg & Pollard, 2005, p. 66).

Although OTs overall do have a sound knowledge base to work with this population, there are limited resources for OT professionals to help them specifically gain a competent level of expertise to effectively address the various issues refugees experience. To begin this process, a manual titled, *A Home Away From Home: An Occupational Manual for Working with Refugee Populations* has been developed. It is the developers hope that this manual will be a tool that OT professionals can use when working with the refugee population.

## Population

The Home Away From Home: An Occupational Therapy Manual for Working with Refugee Populations is intended for occupational therapy students and occupational therapists. The manual helps provide OT students and practitioners with important considerations for client-centered occupational therapy services with refugees including areas to address and information to better understand the refugee population.

## Theory

When considering the population of OT students and practitioners, Malcolm Knowles Adult Learning Theory of Andragogy was the theory chosen to best fit their learning needs. Malcolm Knowles defined the five assumptions of adult learners which include: 1) adult learners are self-directed, 2) adult learners draw upon experience, 3) require readiness to learn, 4) orientation to learning, and 5) motivation to learn (Ota, DiCarlo, Burts, Laird, & Gioe, 2001). The theoretical concepts of Andragogy structured the manual to create an applicable learning experience for OT student and practitioners who utilize it to enhance their OT services with refugees.

Throughout this manual, the adult learners are asked to: (1) reflect on past experiences to aid their learning; (2) check their readiness to learn through activities including self-assessment quizzes and exploring personal bias; (3) be self-directed in taking an active role their learning process and; (4) find internal motivation to meet the occupational needs of the refugees they will serve. As a part of orientation to learning, adults desire to apply the information they learn to problem solving (Bastable, Gramet, Jacobs, & Sopczyk, 2011). The manual is set up to provide opportunities for the adult learner to problem solve through past situations and potential problems that may arise when working with refugees. While the



refugee population and their issues seem daunting, the manual is intended to help enable therapists and students to confidently provide evaluation and intervention to address the needs of the refugee populations.

### Key Terms and Concepts

This scholarly project contains terms and concepts that may not be familiar to the reader. These key terms and concepts have been identified and defined in this section:

1. **Activity of Daily Living (ADLs)** are areas that are focusing on the care of a person's own body and are necessary for functioning in the current world (American Occupational Therapy Association [AOTA], 2014).
2. **Adult Learning Theories:** The art and science of helping adults learn (Bastable et al., 2011). Andragogy is one adult learning theory that was used to guide creation of the product.
3. **Asylum** is protection given by another country or government for someone who has fled their country (United Refugee Agency, 2009).
4. **Asylum seekers** include people seeking protection from another nation/government and have not yet been granted refugee status (United Refugee Agency, 2009).
5. **Instrumental activities of daily living (IADLs)** are areas that address activities done within the home and community and are more complicated interactions than in ADLs (AOTA, 2014).
6. **Occupations** are everyday life activities (AOTA, 2014).
7. **Occupational therapy** involves the use of everyday activities to work with both the individuals and/or groups to help allow the client(s) to participate in the daily life activities suited to the roles, routines and habits meaningful to them (AOTA, 2014).

8. **Occupational deprivation** occurs when where individuals (e.g. refugees) are unable to participate in meaningful occupations and roles due to a variety of barriers. For refugees, these barriers may specifically include limited ability to speak language in country of resettlement, unfamiliarity with norms in host country, and overall lack of support from the community (Brown, 2008).
9. **Occupational Therapy Practice Framework** is a framework created to define and describe occupational therapy delivery of services (AOTA, 2014)
10. **Primary placement** is where the refugee has come straight from a refugee camp and is initially settled in an area whether it is the country they fled to, or a country where they were transported to for resettlement (Ott, 2011).
11. **A Refugee** is anyone who has fled his or her country due to war, persecution or violence. They are unable to return to their home because of fear of persecution based on their political views, ethnicity, religion, or social standing (UNHCR, n.d.).
12. **Refugee camps** are locations where people who flee from their home country can stay for a temporary solution (Cambridge Dictionary, 2016).
13. **Resettlement** is the process of becoming permanently settle in a new country, usually a third-party country (Ott, 2011)
14. **Secondary placement** is when refugees have lived in one or more areas that are not refugee camps after fleeing their own country, these could include other countries or other regions in the US (Ott, 2011).
15. **The United Nations High Commission for Refugees (UNHCR)** organization was founded to protect the rights of refugees and help them either return home or be resettled. In the case of this manual this organization is the organization in which

people register to gain refugee status and provides the referrals for refugees to be resettled in the US (UNHCR, 2016).

The remainder of the scholarly product is as follows. Chapter II presents the literature review. Chapter III presents the methodological process used in developing the manual. Chapter IV includes the entire product: *A Home Away From Home: An Occupational Manual for Working with Refugee Populations*. Chapter V is the final chapter and includes the summary of the scholarly project, limitations of the product and recommendations for the product's use and further research.

## **CHAPTER II**

### **Literature Review**

The vast majority of refugee populations face barriers. A few of these barriers could include being forced to adapt to a new home environment; social isolation; language barriers; and ultimately decreased engagement in valued occupations leading to occupational deprivation (Smith, Cornella, & Williams, 2014).

As refugee populations are continuing to grow in the United States, the direct services occupational therapy practitioners and occupational therapy (OT) students provide for refugees continues to increase (Smith, Cornella, & Williams, 2014). Occupational therapists are not the only individuals who can help with refugee populations. However, the skills of occupational therapy, that are unique to the profession, are well suited to address the occupational needs of refugees (Smith, 2005). Smith (2005) found that when questioned, occupational therapy practitioners reported feeling anxious and paralyzed when simply thinking about addressing the many needs of refugee populations. Practitioners feel limited in treatment options due to language and cultural barriers, and a general lack of the resources and structure that would provide the most productive approach to working with this population (Smith, 2005).

Evidence-based literature was reviewed to gain a broad understanding of the problems refugees face as well as opportunities to enhance the lives of refugees resettled in the United States. The challenges and opportunities are identified in the literature are

presented in the following. The first step is to gain an understanding of what constitutes an individual to be identified as a refugee.

### **Refugee**

Otherwise known as asylum seekers, a refugee can be defined as any individual who is outside his or her country of origin and are unable to return to their country of nationality secondary to persecution based on religion, nationality, race, membership in a specific social group, or political opinion (Asgary & Smith, 2013; United Nations Higher Council for Refugees, 2009). The gravity of refugees' situations often goes unnoticed by many and while refugees and their stories may seem distant and irrelevant, many refugees have been granted asylum in the U.S. and are no longer simply names and sad pictures.

### **Statistics**

According to the UNHCR, (n.d) the amount of people displaced from their homes is at all-time high, with over 65 million people forced to flee their homelands. Over 21 million of those people have claimed refugee status and are being resettled or waiting to be resettled (UNCHR, n.d). This number steadily increases as 37,000 people are forced to flee their home each day and over half of the refugees forced to flee are under the age of 18 years old (UNCHR, n.d). Despite what many people think, the Americas, which included both North and South America who only host about 12% of the refugee population compared to the 39% the Middle East and 29% in Africa (UNCHR, n.d). Only 200,000 refugees were able to return home and only 66% were approved for resettlement in another country. The other 99.34% are mostly concentrated in refugee camps (National Public Radio, 2016).

## **Refugee Camps**

Many individuals have this idea that once a displaced person reaches a refugee camp, they are safe, and that the refugees basic needs are being met, nothing else needs to be addressed. However, most refugee's experience additional hardships once they reach the camp, coupled with uncertainty of being approved for resettlement. McElroy, et al., (2012) indicated that refugee camp life is associated with high rates of gender-based and domestic violence, idleness, unemployment, excessive alcohol consumption, and apathy among refugees. A priority for refugees in the camps are to anxiously search every day for their name to be assigned to a host country, sometimes dragging on for years at a time (Whiteford, 2005; Rawlence, 2016).

Violence is one of the main reasons refugees flee their homeland; however, for many refugees the violence does not end there. Through a case study interview with a refugee of Albanian ethnic origin, Whiteford, (2005) found that women and children are at the highest risk for violence and abuse within refugee camps. According to Ferris (2007), women are more vulnerable in refugee camps because they are most commonly victims of rape, sexual coercion, and sexual exploitation. Women are more likely to be raped because of their roles as gathers of food, water, and firewood which often take them on the outskirts of town and therefore more vulnerable to attacks (Ferris, 2007; McElroy et al., 2012). Unfortunately, the truth is that not only refugee men are committing these atrocities against women, but relief workers in the camps as well. In a large study operated by UNHCR, information was discovered that proved aid workers were exploiting young girls' need for food and other items and used this to bargain for sex (Ferris, 2007).

A qualitative study by Wirtz et al., (2013) resulted in the development of a screening tool to help identify gender based victims. The researchers used both personal interviews and focus groups in this study. Women reported multiple types of violence including rape, gang rape, abduction, sexual coercion, forced marriages and physical abuse. The researchers also found that these women were hesitant to report the abuse, especially if it was a person in power for fear of retaliation. Many also refused to tell because of the social stigma and isolation they could potentially experience if they told. Many of the cultures also required women who were raped to marry the perpetrator which is yet another reason why women do not speak up about the abuse. This study brought to light the different type of abuse refugee women experience while in refugee camps and the many issues, both mental and physical, that accompany this type of abuse (Wirtz et al., 2013).

In a cross sectional study, Al-Modallal et al., (2015) looked at intimate partner violence in Palestinian refugee camps. There were three-hundred women who participated in the study and it was found that 78% had experienced at least one type of partner violence which included physical, emotional, sexual, economic and control abuse. The most prevalent was control abuse with 73% percent of women reporting this type of abuse. However, most of the women were found to suffer more than one of the different types of abuse. The researchers found that many women were unwilling to report this because many of them thought of it as part of gender roles and their culture. The Al-Modallal et al., (2015) study, supports previous research regarding multiple abuse that refugee women experience while in refugee camps. In contrast, McElroy et al., (2012) found that Ugandan men, within refugee camps, were more at risk than even women for violent repercussions (killing, maiming, abductions, etc.) when they roamed outside the camp because they were seen as a threat to the armies.

Violence is very prevalent; however, it is not the only issue refugees have to face once they arrive at a refugee camp. Food and water shortages, as well as housing issues are all very prevalent in refugee camps especially in camps such as Dadaab in Kenya, where the number of refugees has grown exponentially. Rasmussen & Annan, (2009) found that the two biggest stressors for people in refugee camps were safety and providing for their basic needs. The researchers pointed out that while there have been numerous research studies on stress of feeling unsafe in refugee camps and from trauma, very little research is done on the daily stressors which include getting clean water, food, firewood, creating housing, receiving medical care, and having access to latrines (Rasmussen & Annan, 2009). The researchers also found that men reported more stress about both safety and daily tasks, however both men and women reported stress related to these issues.

Since food shortage is a stressor, it is important to know the actual process in which food is distributed to refugees. Per the guide book, by the UNHCR (1997), distribution of food should occur every two weeks. When they enter a refugee camp, every refugee needs to register with UNHCR for refugee status. After refugees register, they receive a ration book which allows them to procure both uncooked food items and nonperishable items. These include items such as sanitary items and firewood, as well as items that can be used long term such as tarps and blankets. The refugees are supposed to receive non-cooked food in bulk, because the UNHCR wants the family to maintain the unit and eat together.

Each camp ideally should have one distributor site for every 20,000 people and two staff for every 1000 refugee (UNHCR, 1997). There is difficulty even with measuring the food because it is distributed according to weight, but everything is measured in volumes and that it is easy to give too much or too little depending on how the food is scooped out of the



source. Amount of food received depends on food availability and is calculated by kilocalorie (UNHCR, 1997). Food distributed by relief agencies are only the necessities that are based on calorie nutrition and not on taste preferences (UNHCR, 1997). Other food such as sugar, soft drinks and meat must be purchased (Oka, 2014).

According to Oka, (2014) it is the purchase and sharing of this food that helps refugees retain some normalcy in their lives. This choice also helps refugees retain even a trace of dignity when they are given control over the foods they eat and when they get to choose per their food preferences. Oka, (2014) found that it that thoughtful items, even with clothes, allow refugees to maintain a more positive outlook. However, Oka, (2014) also found that most food distributed is not enough to feed families, and that sometimes the food such as beans and rice cannot be cooked if the refugee does not have access to clean water or firewood. Bruijn, (2009), in a study of six camps, found that most of the rations distributed did not match the UNHCR recommendation of 2,000 kilocalories; this caused multiple refugees to suffer iron deficiencies. Water rations and access to water are also serious issues that refugees face in camps, especially for refugees living in camps throughout Africa. UNHCR standards recommend 20 liters of water, however it was shown by Bruijn, (2009) that only three out of 36 camps were distributing the correct amount of water.

Housing provides another problem for refugees. Zabaneh, Watt, & O'Donnell, (2008) who lead a study in unofficial refugee camps in Palestine, found that over 51% of the households surveyed only had one room. Additional statistics from the study displayed 47% did not have access to heating and instead used blankets as a source of warmth. The researchers found that most households were overcrowded and did not have access to fresh air (Zabaneh et al, 2008). Regardless of all the negative factors discussed, circumstances in

refugee camps have the potential to elicit adaptive responses that are reflected through helping other individuals and positive qualities such as persistence, determination, and resilience (Pereira & Whiteford, 2013). So, what is the outcome on the individual's health and well-being when many, or all of these these factors intersect?

### **Health and Well-Being in Pre-Resettlement**

There is both historical and recent evidence, across the literature, of issues refugees face with health and well-being in pre-resettlement and post-resettlement. This will be discussed in this section through highlights from several evidence-based research articles.

Refugees suffer both physical and mental health. Often, the mental health issues caused by trauma continue far after the refugee has been resettled in a new country. McElroy et al., (2012) discovered that both men and women suffered depression and suicidal thoughts within refugee camps. Men especially experienced an increased likelihood to become alcoholics and suffer depression which continues the cycle of abuse often leading to other economic issues (McElroy et al., 2012). Cardozo, Talley, Burton, & Crawford, (2004) found that overall there was a higher prevalence of depression, anxiety and PTSD which was comparable to other refugee camps studied. The researchers also found that higher depression correlated with higher trauma, lack of food as well as physical injuries. Refugees, in multiple camps, experience depression and anxiety which does not necessarily go away once resettled (Cardozo et al. 2004).

A cross sectional study, by Feyera, et al. (2015), found that over one-third of the population showed signs and symptoms of depression. There was an increase in signs and symptoms if the refugee suffered the loss of a family member, especially if the refugee witnessed the death (54% experienced this type of trauma,) Or if they had become separated

from a loved one, (72% experienced a separation). The researchers found that women were much more likely to exhibit symptoms of depression (Feyera, et al., 2015).<sup>6</sup>

Llosa et al. (2014) found that 95% of the population they surveyed struggled with depression and that their evidence supported the importance of making mental health a priority when addressing the needs of refugee while in camps (Llosa et al., 2014). Asgary, Charpentier, and Burnett (2012) concluded that refugees receive inadequate health care and treatment especially with the multiple negative health factors and circumstances in which they live. Even though depression, anxiety and PTSD are very prevalent for so many refugees, the question is what is being done to combat this?

Because of the proximity to each other, the lack of clean water available latrines and limited access to medical care disease is extremely prevalent in refugee camps. Habib, Basma, and Yeretian, (2006) identified a positive association of people reporting sickness and poor housing. They found homes who reported overcrowding, poor ventilation, heating as well as other housing issues also reported more family members being sick (Habib et al, 2006). Many refugee camps are housing more people and for longer periods than the camps were originally built for. So why are they not being resettled quicker?

### **Resettlement Process**

People may assume that being resettled is a relatively short process; however, this is not the case as it is an extremely long a rigorous process and refugees can potentially be rejected for resettlement. The process, according Hengst (2013) begins with the displaced person applying for refugee status. They then have a refugee determination meeting which can happen from anywhere between one to six months upon arrival at refugee camp. Once they

are approved as a refugee, they can apply for resettlement. The period in which they wait for resettlement is one to two years.

Once a refugee is approved they are then paired with settlement agency in the country that will accept them. In the US, the settlement agency is responsible for the refugee which ensures additional funds, completing additional paper work as well as additional required medical screens. Once they receive their travel loan and their paperwork has been approved they can travel to the US where the resettlement agency has designated their resettlement area (Hengst, 2013).

Pereira and Whiteford, (2013) identified a complex interaction that exists between the understanding and knowledge developed before arriving in the country of resettlement and achieving life skills in the new resettlement cultural context. Different aspects of health, well-being, and quality of life after resettlement is covered in the following sections.

### **Health and Well-Being Post-Resettlement**

Carlson and Rosser-Hogan (1993) assessed multiple aspects of the effects of trauma on mental health among 50 adult refugees. The results indicated that even after 10 years of living in the United States, while receiving no mental health services, many of the refugees still experienced mental distress that affected their lives drastically. The results pointed out that the majority of refugees, post-resettlement, 86 % experienced post-traumatic stress disorder (PTSD), 80% experienced depression, and 78% experienced anxiety (Carlson and Rosser-Hogan,1993). These three mental health diagnoses were also highlighted as the most common found among refugees in a more recent study by Morris et al., (2009). In their cross-sectional study, Jaranson et al. (2004) and Asgary and Smith, (2013) looked at the effects of torture and trauma and the residual effects on resettled refugee communities. Jaranson et al.,

(2004) found that over 44% of the refugees reported being tortured. A high prevalence of mental health problem, most commonly symptoms of PTSD, emerged in the refugees who had been tortured and abused (Asgary and Smith, 2013). Jaranson et al., (2004) concluded even after a refugee is resettled, residual effects of torture and trauma can cause PTSD (Jaranson et al. 2004).

Reports of the physical health status of refugees were notable in Asgary, Charpentier, and Burnett (2012) and Morris, et al. (2009). They conducted a retrospective study, at a Human Rights Clinic (HRC), where refugees received standardized physical and psychological evaluations from physicians in the clinic. On average, the interviews and physical examinations took three and a half hours to complete. Most the participants had been abused and tortured in their home countries while others were maltreated during travel to the U.S. Most of the refugees had comorbidities including depression, PTSD, and psychological symptoms. The psychological symptoms including feelings of isolation, avoidance, sadness, and difficulties concentrating, which likely inhibited social functioning and the ability to care for themselves (Asgary, Charpentier, and Burnett, 2012). Emerging physical problems were found for refugee populations that were evaluated and included hypertension, diabetes, problems with dental health, weight gain in children due to poor diets, and pre- and post-natal health implications for women (Morris et al., 2009).

### **Discrimination**

Pernice and Brook (1996) identified post-immigration variables in relation to adaptation process of refugee populations. The researchers found that emotional distress, high rates of anxiety and depression resulted primarily from discrimination and unemployment (Pernice and Brook, 1996). Discrimination was reported to be experienced, on multiple

accounts, by physical and mental health providers who were culturally insensitive and misdiagnosed, over diagnosed, or provided inappropriate assessment/treatment procedures to refugees (Pernice and Brook, 1996). Language barriers, cultural differences, as well as lack of funding and opportunities available for them caused problems related to limited access to mental health (Carlson and Rosser-Hogan,1993).

Morris et al., (2009) completed a qualitative study on the healthcare barriers refugees face after resettlement to the U.S. and found that gaps in insurance coverage was a common barrier due to a number of problems including difficulties enrolling for insurance programs or insurance was not available through employment. The U.S. Healthcare insurance policies play a major role in refugees' accessing healthcare that is sufficient for their needs. In a study, Agrawal and Venkatesh, (2016) described the relationship between resettlement patterns and state-level expansions of health care insurance by the Affordable Care Act (ACA) to inform national refugee resettlement efforts. The research question for the Agrawal and Venkatesh, (2016) study arose from the unanticipated gaps in health insurance access identified among refugee populations since the implementation of Medicaid expansion. The method involved a retrospective analysis of available state-level data on access to health care for resettled refugees. This data was obtained from the Office of Refugee Resettlement of the Department of Health and Human Services from fiscal year 2014. The results displayed that more than one in three refugees have resettled to a state with no Medicaid expansion, resulting in substantially different options for health insurance between states for low-income refugees (Agrawal and Venkatesh, 2016).

The clinical relevance of the results from the Agrawal and Venkatesh, (2016) study shows the significant State-wide inconsistency in access to health insurance in the U.S. The

lack of access to health insurance causes approximately one-third of refugee populations in the U.S. to be vulnerable to healthcare insecurity (Agrawal and Venkatesh, 2016). These results display a need for establishment of policies for safer and more secure health care transitions for refugees. Within direct healthcare, the miscommunication and language between health care providers and refugees were found to be the most limiting barrier in healthcare (Morris et al, 2009). The greater availability and access to healthcare and increased action to alleviate language barriers (i.e. use of trained interpreters) will reduce health care insecurity, disparities, and miscommunications among refugee populations and potentially improve their overall medical status (Agrawal and Venkatesh, 2016; Morris et al, 2009). There is a need for more research, awareness, and action related to the contextual factors regarding the barriers to refugees' accessibility to healthcare in the U.S., as well as of the most appropriate way to decrease the barriers and facilitate proper access to available services (Morris et al., 2009).

Results from Asgary et al., (2012) and Morris et al., (2009) showed that most participants had limited options for public or private health insurance and seeking care was frequently found to be cost prohibitive. In the study, participant who would have benefited from mental health services or medical care did not have health insurance and had limited experience with the health system in America (Asgary et al., 2012). These results from Asgary et al., (2012), show how refugees have a need for assistance in accessing necessary healthcare services.

The implications of the findings of Chen et al., (2015) show that measures need to be taken to improve the overall mental well-being of refugees. Carlson and Rosser-Hogan, (1993) emphasized that refugees' mental health should be examined more thoroughly. There

is a need for increased awareness of the fallacies in mental health services for refugee populations and the need for improvements in those services (Carlson and Rosser-Hogan, 1993). The insufficient availability of mental health services for Cambodian refugees, as well as other refugees resettled in the U.S., supports the clinical importance of spreading awareness and advocating for improvements in the availability and quality of mental health services for refugees (Carlson and Rosser-Hogan, 1993). One way to improve the inadequate mental health services for refugee populations is to help to promote empowerment, cultural competence and anti-stigma (Chen et al., 2015). In addition, cross-disciplinary collaborative health care service integration is suggested to be the service framework necessary in addressing these needs (Chen et al., 2015). Asgary and Smith, (2013) stated that healthcare professionals need to utilize all the resources that are available to them to help provide direction to the appropriate care to meet their needs.

Refugees are not only subjugated to discrimination in the health care field as well. Montgomery, & Foldspang (2007) found that there were associations between discrimination and social adaptations and that a variety of the subjects' experience discrimination in multiple ways including; being teased, ignored by teacher, derogatory remarks. Overall, from a human rights and humanitarian perspective healthcare providers have a moral responsibility to demonstrate solidarity and provide resettled refugees with the exact same standard of treatment and care as the rest of the U.S. population (Asgary, Charpentier, & Burnett, 2013). All the factors discussed to this point have an impact on refugees' quality of life and engagement in occupations after resettlement in the U.S.



## **Occupation**

The American Occupational Therapy Association (AOTA) Practice Framework (OTPF, 2014) defines occupation as the daily life activities in which people engage. In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do (WFOT, 2012). They are central to a client's (person's, group's, or population's) identity and sense of competence and have meaning and value to that client (OTPF p. S5-S6). The framework identifies the following areas as occupations:

1. work which includes both paid work and volunteerism;
2. activities of daily living which include maintaining personal hygiene and dressing, feeding, functional mobility etc.;
3. instrumental activities of daily living including child care, community mobility, financial management and health management;
4. education involving both formal education and informal personal education participation.
5. Occupations also include leisure and play, rest and sleep, and social participation.

Brown & Hollis (2013 p. 1246) state that everyone has the need to:

1. Choose daily occupations;
2. Participate in occupations;
3. Have a balance of various occupations in one's life (e.g. Self-care, productivity, leisure), and;

#### 4. Engage in personally meaningful occupations.

Occupations occur in a variety of contexts which each have an impact on people's daily occupations and their opportunity to engage in occupations meaningful to them. These contexts include the social, physical, cultural, and political contexts (Suleman & Whiteford, 2013). Occupations are what shape a person's life and the inability to participate in these occupations can have a serious effect on a person's emotional, psychosocial and physical wellbeing. Enhancing the knowledge of the occupational aspects, that are a key part the refugees' experience, transforms one's understanding of the journey of forced migration (Suleman & Whiteford, 2013). Not having this freedom is also known as occupational deprivation and has a lasting impact on the lives of the refugee population.

#### **Occupational Deprivation**

Occupational Deprivation is defined as, "prolonged restriction from participation in necessary or meaningful activities due to circumstances outside the individual's control such as geographic isolation, incarceration, disability, or social exclusion may contribute to such circumstances" (*Medical Dictionary*, nd, 2009). Regarding refugees, occupational deprivation occurs when individuals are unable to participate in roles and meaningful occupations (Brown, 2008). Occupational deprivation results from a variety of barriers including limited ability to speak the language, unfamiliarity with host countries job hiring process, and overall lack of support from the community (Brown, 2008). Whiteford, (2004) concluded that refugees face many serious and sometimes life-threatening concerns whether in their country of origin, refugee camps, or the country in which they resettled.

Occupational deprivation leads to experiencing feelings of inadequacy, poor self-efficacy, and isolation, as evidenced in results from a global ethnography conducted by Mirza,

(2012). McElroy et al., (2012) reviewed two ethnographic studies of refugees in Uganda to identify the connection between displacement and occupation. Occupational deprivation was emphasized as a major problem within refugee camps that resulted from multiple factors (McElroy et al., 2012):

- Physical displacement from their meaningful occupational environments where many parents raised their children, cultivated home grown crops, and raised animals on fertile land;
- Movement restrictions and fears placed on refugees due to threats of attack or abduction outside of the camps (for any age/gender);
- Living in refugee camps that had little to no fertile land, limited space, and regular risk of personal items being stolen;
- Insufficient food and resources for hygiene needs, sanitation, water, firewood, etc., and;
- Lack of opportunity and funds for education and when primary education was available in refugee camps, secondary education was too expensive for refugees to afford;

Occupational deprivation is often experienced by asylum seekers of all ages and genders in similar, yet different ways. For children who are refugees, occupational deprivation particularly affects the areas of play and education. In the refugee camps, many children are severely impacted by trauma in a way that negatively affects their ability to engage in play occupations (Whiteford, 2005). Participation in education is at risk as well, due to unequal access to education between genders and exploitation or abuse that takes place in school settings (UNHCR, 2015). Additionally, the distance between school and home might put

children at a safety risk, or malnutrition among refugee children who are not provided with a school feeding program (UNHCR, 2015). For adolescents, occupational deprivation was found to be caused by traumatic experiences, lack of opportunity to engage in meaningful and culturally valuable occupations, and insufficient resources for basic needs (McElroy et al., 2012). McElroy et al., (2012) stated that adolescents often chose to engage in risky behaviors including stealing to supply basic needs, joining the forces to fight, or prioritizing courting at a young age (especially girls). Within refugee camps, youth have exposure to alcohol, movies, and/or discos which pull them away from traditional cultural/family values (McElroy et al., 2012).

Men who are innately providers, protectors, and teachers are severely affected with occupational deprivation within refugee camps. This results from lack of job availability or opportunities, confinement to the camps, and constant victimization; many tried to escape these realities through negative behaviors, commonly alcoholism (McElroy et al., 2012).

Women, especially mothers, were perceived to experience the least occupational deprivation because their innate caretaker role drove them to take care of the many familial responsibilities. Women reported taking on the caretaker role alone due to separation, death, or abandonment by relatives or husbands (McElroy et al., 2012).

Elderly refugee family members also experience difficulties with occupational deprivation. Occupational deprivation can be especially likely to occur in the country of resettlement where they may not be as respected, they do not have the job and social opportunities they had in their home country, or because of the increase in age-related health problems with limited access to health care (UNHCR, 2015).

There is a high probability that refugees have experienced or might still be experiencing occupational deprivation (Pereira & Whiteford, 2013). It is important to understand the negative effects occupational deprivation can have on a refugee's overall well-being (McElroy, et al. 2012). According to Smith (2005), the process of seeking asylum, and the long wait for approval, is a dehumanizing process forcing people into an apathetic and passive position. Occupationally speaking, it is a disaster: individuals are not permitted to work and often find it difficult to integrate into an unwelcoming society. This creates an environment that both prevents some of the most adaptive opportunities from being taken and interferes with essential need for belonging (2005, p. 474).

Refugees often are focused on attaining the basic amenities for survival, safety, shelter, etc. This population has a significant need to re-engage in meaningful occupations, establish healthy and familiar routines, and make social connections with other people (Whiteford, 2004). It is important for people to understand that participation in occupations is not a privilege for refugees within the journey of forced migration, but a right (Suleman & Whiteford, 2013). Suleman and Whiteford, (2013) discuss how occupational deprivation is a violation and injustice to an individual's occupational rights and this injustice has a negative influence on daily life and well-being. Refugees experiencing the resettlement process have a right to engage in meaningful occupations and this right should be upheld by all people, especially occupational therapy professionals who understand occupational deprivation and the importance of participation in occupations (Suleman & Whiteford, 2013).

## **Occupational Therapy**

Even though there are restrictions for refugee engagement in occupations, participation in occupations has the potential to reserve a refugee's purpose, well-being, sense of control, and daily routines (McElroy et al., 2012). That said, significant potential exists for occupational therapists to help refugees who are experiencing occupational deprivation and assimilating into a completely new culture on a local and/or global level (Rambeau, 2010).

Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. (*WFOT 2012*).

Occupation is the purpose and process required to engage meaningfully in valued occupations facilitated through skill-based education on resettlement life skills (Pereira & Whiteford, 2013, p. 205). OT professionals are situated in a unique way to assist individuals with their occupational needs in displacement and resettlement (Pereira & Whiteford, 2013).

## **Conclusion**

In conclusion, there is clear evidence, in the literature, that most refugees experience occupational deprivation resulting from a variety of factors such as: a lack of resources and opportunities (pre- and post- resettlement); traumatic past experiences from displacement or living in refugee camps and; physical disabilities and/or mental health problems (Suleman & Whiteford, 2013; Asgary & Charpentier, 2013). The U.S. is receiving more and more refugees

to allow for resettlement into safe and secure society (Smith, 2005). However, there is still evidence of occupational deprivation, discrimination, lack of opportunities, and healthcare barriers regularly experienced by refugees in our affluent U.S. society (Morris et al., 2009; Suleman & Whiteford, 2013).

Healthcare professionals, including occupational therapists, need to advocate for and provide proper and accessible services for refugees/asylum seekers (Asgary & Smith, 2013). Occupational therapists have the skillset to provide culturally appropriate and ethical care, but a limiting factor exists as practitioners feel overwhelmed when attempting to address the needs of this population (Smith, 2005). Smith (2005) found that when questioned, OT practitioners reported feeling anxious when thinking about treating refugee populations and felt limited in treatment options. There is no evidence of an existing manual to guide OT services with refugee populations to meet their needs in a culturally appropriate and ethical manner. This presents a need for a resource useful for guiding OT students and practitioners in providing services geared toward meeting the needs of refugees in every area of occupation.

### **Product**

Based on the evidence-based literature, a resource manual was developed called *Home Away from Home: An Occupational Manual for Working with Refugee Populations*. The purpose of this manual is to provide a resource for occupational therapy (OT) clinicians and students to use when helping individuals or populations, who have refugee status, with their occupational needs since immigrating to the U.S. Using person first language would indicate that the authors of the manual use individual or populations who have refugee status versus “an individual.” Throughout the occupational manual, the authors use the words *individual*

and or *population* in reference to those individuals or populations who have immigrated to the U.S. under refugee status.

### **Theoretical Framework**

The theoretical framework chosen, as the foundation of the product, is Malcolm Knowles Theory of Adult Learning. Adult learners are understood to be self-directed and intrinsically motivated stemming from a desire to learn and be successful for their own purposes (ACU, 2015). In adulthood, one of the key motivators to learn is to have the capability of providing a solution to immediate problems by applying knowledge and skills (Bastable, et al., 2011). The literature demonstrates that there is an immediate need for problem solving for this population and it is the author's belief that the skills of an OT is part of the solution.

In 1980, Knowles made 4 assumptions about the characteristics of adult learners (andragogy) that are different from the assumptions about child learners (pedagogy). In 1984, Knowles added the 5th assumption (Ota, DiCarlo, Burts, Laird, & Gioe, 2001). Since the manual was intended to be used by occupational therapists, OTs are the adult learners of this product. In a discussion of Knowles' theory, Ross-Gordon (2003) stated the five assumptions of adult learners. These assumptions will be contrasted with the design of the product for occupational therapists.

1. **Self-Concept:** As a person matures, he or she moves from dependency of learning to self-directness. The education module is intended to provide educational information that occupational therapists can use to prepare themselves for the role of working with this population. This manual is a guide based on current literature in the field and should be changed as new information and research arises.



2. **Experience:** including mistakes provides the basis for the learning activities. Adults draw upon their experiences to aid their learning. The manual helps to stimulate the reader to reflect on past experiences that can contribute to learning the information provided in the manual. This manual is also meant to give therapists some general information so that they can venture into this area and further their learning while working with this population.
3. **Readiness to Learn:** Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life. The learning readiness of adults is closely related to the assumption of new social roles. The therapist or student has decided to gain more knowledge and clinical information about this population and feels ready to engage in that learning. Their formal occupational therapy education has also prepared them regarding readiness. The Occupational Therapy Practice Framework (AOTA 2014) was used to create and organize the manual which contributes to the OT students' and practitioners' readiness to learn.
4. **Orientation to Learning:** As a person learns new knowledge, he or she wants to apply it immediately in problem solving. The manual is created to provide opportunities for the learner to problem solve through past experiences and problems that could potentially arise when working with refugee populations.
5. **Motivation (Later added):** As a person matures, he or she receives their motivation to learn from internal factors. The manual contains information to help elicit an empathetic connection to increase motivation for meeting the needs of refugees and advocating for this population.

This theory recognizes the individual's prior knowledge, skills and accomplishments promoting an adult approach to learning while facilitating an interest to obtain additional knowledge. Per Ota, et al., (2006), adults want to figure out *if and why* they need to learn information before undertaking the learning process. Adults see themselves as responsible for their lives and need to be viewed and treated as self-directed and capable (Ota et al., 2006). Adult learners appreciate the opportunity to apply their pre-existing knowledge and experiences to learning (ACU, 2015). The content of learning needs to be applicable for problem solving through real-life situations because adults are ready to learn things that are necessary to learn (Ota et al., 2006). These important aspects of Andragogy were considered and applied to developing the manual for OT students and clinicians.

### **Organization**

*Home Away from Home: An Occupational Manual for Working with Refugee Populations* is organized into ten different sections that address a variety of important factors when working with individuals or populations of resettled refugees. The sections use the language and pattern similar to the Occupational Therapy Practice Framework (AOTA 2014) to provide a common framework and language across OT practice areas. Each section is organized with important information to be aware of when work with the individual or populations across all areas of occupation, as well as guidelines for assessment and interventions within the specific area.

The manual is organized by the following headings:

- Introduction
- Therapeutic Use of Self
- Occupational Profile
- Activities of Daily Living
- Instrumental Activities of Daily Living
- Rest and Sleep

- Education
- Work
- Play and Leisure
- Social Participation

The product in its entirety is available in Chapter IV. Chapter III will present the methodology and the activities used to develop the product.

## CHAPTER III

### Methodology

The topic for this scholarly project was chosen based on previous experiences interacting with and helping refugee populations within a community through the University of North Dakota Occupational Therapy Program. The authors identified a consistent need for services for refugee populations to integrate into their communities and help decrease the occupational deprivation experienced in resettlement. The needs included:

- Limited access to mental health services to address the common psychosocial needs that result from post-traumatic stress disorder (PTSD), depression, and anxiety (Carlson and Rosser-Hogan, 1993).
- Difficulties receiving adequate healthcare secondary to insurance limitations leading to lack of quality care for physical problems or disabilities (Agrawal & Venkatesh, 2016; Morris et al., 2009).
- Inability to participate in meaningful roles leading to occupational deprivation (Brown, 2008)

Despite the clear need, the researchers found no existing comprehensive guidelines to meet these needs. However, the authors do acknowledge that it is difficult to know exactly where to begin with this population. This a group of people who have lost their homes, possibly family members and friends, as well as their way of life. The different occupations and needs seemed daunting to the authors when working with this population as well as the need to be culturally competent while helping resettle these refugees. It was observed that

other occupational therapy students expressed that they experienced the same confusion of navigating where to begin in the process of working with resettled refugee families or individuals. It was understood that there were many areas to be addressed and it is important to be culturally sensitive in the process. Cultural sensitivity is important because if occupational therapy students or clinicians are not considerate of people from different cultures and what they value, the individuals may not be receptive of therapy provided.

To solidify these observations, a review of literature was conducted to explore the many occupational needs and barriers refugees experience. In addition, research was reviewed on the feelings of occupational therapy students and clinicians regarding the barriers they experience when working with refugee populations, as well as other relevant literature. When searching for literature, specific key words were used including refugees, refugee population, occupational deprivation and refugees, refugees and occupational therapy, refugee mental health, refugee physical health, asylum, refugee camps, resettlement, occupational therapy, refugees and community integration, refugee social participation, refugees and education, programs for refugees, immigration policy, and refugee resettlement process.

The literature review was conducted from the period between March 2016 through November 2017 to establish a thorough search of literature. The databases used for the literature search were CINAHL, Psych Info, Google Scholar, PubMed, Academic Search Premiere, Sociological Abstracts. Publications including the American Journal of Occupational Therapy, Canadian Journal of Occupational Therapy, and British Journal of Occupational Therapy were also utilized in the process of literature review.

The resources utilized to guide the design of *Home Away from Home: An Occupational Therapy Manual for Working with Refugee Populations* included content from

the literature review, the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2014), and the adult learning theory of Andragogy. With the target population in mind—occupational therapy students and practitioners—the authors incorporated the existing literature, theory, and framework into the development of the manual.

Various theories and models were reviewed to see which one could best meet the needs of the population that this manual would be designed for. Malcolm Knowles Theory of Adult Learning was chosen because adult learners are understood to be self-directed in their learning and motivated intrinsically due to a desire to learn and be successful (Australian Catholic University, 2015). Occupational therapy practitioners and occupational therapy students are adult learners who reflect those learning needs and Knowles Theory of Adult Learning best meets the needs of the target audience of adult learners.

The manual was organized according to the Occupational Therapy Practice Framework to provide a familiar, understandable, and occupation-based structure to the manual. The process of organizing the manual began with prioritizing the identified learning needs of the target audience. The result was to develop a section on therapeutic use of self, ethics, and cultural competency with refugee populations. Information on developing the occupational profile was the next priority which is covered in Section III of the manual.

Drawing from the review of literature, all the areas of occupation were identified as important to address. As a result, ten sections were determined to be needed. Section IV through Section X of the manual were divided per each area of occupation in the Occupational Therapy Practice Framework. The sections are as follows: IV) Activities of Daily Living, V) Instrumental Activities of Daily Living, VI) Rest and Sleep, VII) Education, VIII) Work, IX) Play and Leisure, and X) Social Participation. An appendix including a list of various

resources helpful in educating the learners on refugees, refugee camps, and related subjects was included at the end of the manual. The overall organization of *Home Away from Home: An Occupational Manual for Working with Refugee Populations* was developed to function as a step in the process of organizing information to more effectively meet the needs of the population through informing OTs.

## CHAPTER IV

### **Product**

The product **Home Away from Home: An Occupational Therapy Manual for Working with Refugee Populations** is presented in its entirety in the following. It is organized as a stand-alone document within the scholarly project.



# *Home Away From Home*

*An Occupational Manual for Working with Refugee Populations*

*By*

*Katherine Erickson and Kari Kjergaard*

*Advisor: LaVonne Fox, PhD, OTR/L*

*University Of North Dakota*

*May 2016*



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# Table of Contents

Section I – Introduction.....	p. 3
Section II – Therapeutic Use of Self.....	p. 9
Section III – Occupational Profile.....	p. 17
Section IV - Activities of Daily Living.....	p. 32
Section V - Instrumental Activities of Daily Living.....	p. 40
Section VI - Rest and Sleep.....	p. 57
Section VII – Education.....	p. 60
Section VIII – Work.....	p. 64
Section IX - Play and Leisure.....	p. 67
Section X - Social Participation.....	p. 70
References - .....	p. 73
Appendix – .....	p. 81

# Section I: Introduction

## **Section I: Purpose & Organization**

The purpose of this manual is to provide a resource for occupational therapy (OT) clinicians and students to use when helping individual's or populations, who have refugee status, with their occupational needs since immigrating to the U.S. Using person first language would indicate that we use individual or populations who have refugee status versus "an individual." Throughout this manual, we will use the words individual and or population always within the context of those individual's or populations who have immigrated to the U.S. under refugee status.

The manual is organized into ten sections that address a variety of important factors when working with individuals or groups. The sections use the language and pattern similar to the Occupational Therapy Practice Framework (OTPF, 2014) to provide a common framework across OT practice areas.

Each section is organized with information to work with the individual or populations across all areas of occupation, beginning with therapeutic use of self and forming the occupational profile.

- Section II (therapeutic use of self) covers important core values and principles of the OT profession and how they apply when working with individual's or populations. These include client centered therapy, recognizing bias, cultural competency, and ethics.
- Section III is comprised of information important in developing an occupational profile for your clients. The process involves a brief review of the background on individual, life in the refugee camps, and the process of resettlement. In addition, Section III has information on evaluation and intervention planning which includes assessments and OT models to guide the process.

# *Introduction*

The remainder of manual is divided up into six sections in accordance with the areas of occupation listed in the Occupational Therapy Practice Framework, (2014).

The sections are divided up as follows: activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, and social participation. Each section contains instruction and guidance on needs to address through culturally relevant interventions with refugee individuals, families, or populations. In each of these sections, there are assessments listed as possible options to learn more information about your clients in the specific area of occupation. Keep in mind that assessments should be chosen and carried out in a culturally sensitive manner and may require interpretive services. Theory application, tips, myths and facts, photos, ethical considerations, and resources are interspersed throughout the manual.

The manual includes a case study of a family who have come to the U.S. under refugee status. The role of the case study is to provide you with the opportunity to process and apply learned information to a specific case. Finally, an appendix is provided at the end of the manual to provide additional resources for the reader.

# Introduction

## Theory

Malcolm Knowles theory of adult learning was used to design the framework of this manual. Adult learners are understood to be self-directed and intrinsically motivated which stems from a desire to learn and be successful for their own purposes (ACU, 2015). In adulthood, one of the key motivators to learn is to have the capability of providing a solution to immediate problems by applying knowledge and skills (Bastable, et al., 2011). The literature demonstrates that there is an immediate need for this population and our belief is that the skills of an OT is part of that solution.

In 1980, Knowles made 4 assumptions about the characteristics of adult learners (andragogy) that are different from the assumptions about child learners (pedagogy). In 1984, Knowles added the 5th assumption (Ota et al., 2006). Since the manual was intended to be used by occupational therapists, OTs are the adult learners of this product. In a discussion of Knowles' theory, Ross-Gordon (2003), stated the five assumptions of adult learners. These assumptions will be contrasted with the design of the product for occupational therapists.

The assumptions and principles of the adult learning theory were applied through the compilation of this scholarly project for the target audience comprised of adult learners; which for this manual includes OT's and OT students. The manual assumes that this target audience has a readiness to be oriented to this product and the role of OT with individuals, and the ability to use problem-centered learning to apply knowledge.

# Introduction

## Five Assumptions of Adult Learners

1. **Self-Directed:** As a person matures, he or she moves from dependency of learning to self-directness. The education module is intended to provide educational information that occupational therapists can use to prepare themselves for the role of working with this population. This manual is a guide based on current literature in the field and should be changed as new information and research arises.
2. **Experience:** including mistakes provides the basis for the learning activities. Adults draw upon their experiences to aid their learning. The manual helps to stimulate the reader to reflect on past experiences that can contribute to learning the information provided in the manual. This manual is meant to give therapists some general information so that they can venture into this area and further their learning while working with this population.
3. **Readiness to Learn:** Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life. The learning readiness of adults is closely related to the assumption of new social roles. The therapist or student has decided to gain more knowledge and clinical information about this population and feels ready to engage in that learning. Their formal occupational therapy education has also prepared them regarding readiness. The Occupational Therapy Practice Framework (AOTA 2014) was used to create and organize the manual which contributes to the OT students' and practitioners' readiness to learn.
4. **Orientation to Learning (Problem-based):** As a person learns new knowledge, he or she wants to apply it immediately in problem solving. The manual is created to provide opportunities for the learner to problem solve through past experiences and problems that could potentially arise when working with refugee populations.
5. **Motivation:** As a person matures, he or she receives their motivation to learn from internal factors. The manual contains information to help elicit an empathetic connection to increase motivation for meeting the needs of refugees and advocating for this population.

# Introduction

This theory recognizes the individual's prior knowledge, skills and accomplishments promoting an adult approach to learning while facilitating an interest to obtain additional knowledge. According to Ota, et al., (2006), adults want to figure out if and why they need to learn information before undertaking the learning process. Adults see themselves as responsible for their lives and need to be viewed and treated as self-directed and capable (Ota et al., 2006). Adult learners appreciate the opportunity to apply their pre-existing knowledge and experiences to learning (ACU, 2015). The content of learning needs to be applicable for problem solving through real-life situations because adults are ready to learn things that are necessary to learn (Ota et al., 2006). These important aspects of Andragogy were considered and applied to developing the manual for OT students and clinicians.

Before continuing in the learning process and as you move through the content of the manual, the following reflective prompts are present to remind you to look at why you are motivated to learn.

## *Reflective Prompts:*

- what do I need to know as a learner?*
- How does my self-concept, responsibility, and self-direction play a role in the learning process?*
- What experiences can I draw from? In what ways can learning this information apply to real-life situations in the present time?*
- How will my existing knowledge and this resource help me solve everyday problems?*
- What is internally motivating me to engage in learning about individuals, their needs, and ways to help? (e.g. desire for increased knowledge)*
- Are there additional external motivators (e.g. meeting the needs of a unique population, developing or expanding programs, or gaining recognition for what OT can do)?*

# Introduction

## Settings

Occupational therapists receive the education and develop the skills to be well qualified to work with the individuals/population. However, in many settings this reality is overlooked. For example, most of the interactions OTs have with this population are limited to medical settings. Many interventions address issues that OTs could have prevented in the first place if given the opportunity to work with the individuals in the community; examples of problems often addressed in a medical setting are related to safety such as burns from incorrectly using the oven or work-related injuries (Campbell & Turpin, 2010).

In addition to medical settings, occupational therapists can also have a pivotal impact in mental health settings, home health and community, educational settings, social and wellness programs, and work preparedness programs. Because of previous stressors, trauma, and life-altering events of the past, many individuals are at high risk for problems with mental health. This reality displays a need for culturally appropriate assessment of mental health, community-based mental health services, contact with appropriate social services, psychotherapy and process groups with this population (Pumariega, Rothe, & Pumariega, 2005).

In home health and community, it is important for an OT to address ADLs and IADLs while remaining aware of cultural differences (Mirza, 2012). In school settings, OTs can address a variety of issues child and adolescent students face, especially if they had limited access to education prior to resettlement (Copley, Turpin, Gordon, & McLaren, 2011). Social and wellness programs include interventions that address social interaction, community interaction, and community mobility which could improve the quality of life for individuals of any age (Chen, Li, Fung, & Wong, 2015).

*Can you reflect on any past experiences working with refugees? What setting(s) was the experience? Do you believe culturally appropriate services were provided in that specific setting?*



# Section II

## Therapeutic Use of Self

Therapeutic use of self is a unique facet of occupational therapy that should be emphasized and practiced throughout the occupational therapy process. Therapeutic use of self involves self-awareness of values, as well as personal bias. Everyone has personal bias, whether they like to believe it or not. It is necessary when working with refugee populations to understand how your personal bias effects your interactions and the healthcare you provide. Demonstrating good therapeutic use of self regardless of who you work with will help you grow in cultural competency. It is crucial that you have a clear understanding of the Core Values and Code of Ethics and their connection to providing culturally competent, client-centered services.



Occupational Therapist Melanie Claps works with student George Hage to assist hand therapy patient 'Pamok' at the physiotherapy ward at the National Referral Hospital, Honiara by DFAT photo library (2013) <https://www.flickr.com/photos/dfat/straliana/id/10711262325/>  
Attribution (<http://creativecommons.org/licenses/by/2.0/>)  
Photo Attribution by PhotosForClass.com

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# Therapeutic Use of Self

Client-centered OT relies heavily on therapeutic use of self, following ethical guidelines, and cultural competence. In Section II, each of these core concepts in OT will be discussed and related to working with refugee populations. Therapeutic use of self can be defined as the conscious awareness and use of one's responses to clients as an essential part of therapy (Taylor, 2008). Therapeutic use of self begins with self-awareness of one's beliefs, values, and most importantly one's biases. Every OT student and clinician holds different biases and it is each professional's responsibility to identify those biases to effectively work to diminish them. Our own biases are typically challenged when we interact with individuals whose cultural backgrounds, beliefs, and values seem to drastically differ from our own culture.

## Therapist Biases

People from refugee populations come from many different countries and cultural backgrounds with a unique set of beliefs and values that may be drastically different than the OT clinicians or students who care for them. Therefore, it is important to consistently engage in self-reflection and demonstrate empathy, honesty, integrity, and respect when providing services to refugees. In her textbook, Taylor, 2008 discussed how developing cultural competence is essential to effective therapeutic use of self in OT.

### Self-Assessment Quiz

Before you continue reading this section, take the *Cultural Competence Checklist: Personal Reflection* self-assessment quiz found on the American Speech-Language Hearing Association (ASHA) website: <http://www.asha.org/practice/multicultural/self/>.

What did you learn from your personal reflection? Write down what personal bias(es) you perceive you might have and reflect on how that impacts your therapeutic use of self.

# Therapeutic Use of Self

## Cultural Competency

Cultural competence is one's ability interact effectively with people who are different from oneself regardless of ethnicity, political stance, culture, economic status, or religious background. Developing cultural competence is a complex process involving cultural attitudes and awareness, knowledge of culture related to self and others, cultural skills including positive and effective communication cross culturally (Bucher, 2015).

### *Key Resources to Explore for Cultural Competency*

*This is an excellent resource for personal, professional/clinical assessment of cultural competency:  
<http://www.asha.org/practice/multicultural/self/>*

Taylor (2008) discussed issues of human diversity and the importance of accepting others' differences as an OT, as well as working to understand others' perspectives which demonstrates cultural competence. Clients may also experience difficulties with human diversity and differences within the therapeutic relationship. It is important to be willing to step out of one's comfort zone and be open to learn about and be guided by different behavioral practices and ideologies of diverse clients while staying within ethical boundaries (Taylor, 2008). It is the therapist's ethical responsibility to practice the necessary cultural competence skills of adjusting the therapeutic process to adequately accommodate and better understand cultural differences in the therapeutic relationship (Taylor, 2008).

*How does my self-concept and responsibility play a role in becoming cultural competency? What are practical ways for me to be self-directed in this process?*

# Therapeutic Use of Self

Bucher (2015) discusses important aspects to consider when developing diversity consciousness. These are areas of development that every person who desires to develop a stronger diversity consciousness are displayed in the figure below.



Communication is understood as one of the most important diversity skills necessary for developing diversity consciousness (Bucher 2015). It is important to be aware of the messages one is sending or the way the message is being received because communications across cultures is diverse. Strengthening your diversity consciousness and cultural competency results from an interaction between your awareness of diversity, understanding of diversity, and diversity skills (Bucher 2015). These are all important things to be aware of and to strive for to consciously provide the culturally competent and ethical care for refugee clients.

*What previous experiences have I had in communicating with linguistically and culturally diverse individuals? What went well for me; what did not go well? How can I use the new knowledge gained effectively communicate?*

# Therapeutic Use of Self

**"We are not simply to bandage the wounds of victims beneath the wheels of injustice, we are to drive a spike into the wheel itself"**

**-Dietrich Bonhoeffer**

## Advocacy

**Who?** You, yes you! However, you don't have to go this alone, get a group together, look around your community and see what others are doing (or not doing) and get involved or start your own group.

**What?** Advocating for refugees; there are a variety of ways to do this. Start by meeting the refugee population! Not sure how? Here are some ideas

-Host a welcome dinner and invite both refugee families and your neighbors

-Host a community picnic

-Volunteer with a resettlement organization

-Volunteer to tutor kids or adults at your local school

*World Refugee Day is always in June*

*Do something to bring awareness!*

*-Host a culture night*

*-Host educational sessions*

**When?** No time like the here and now, just got for it!

**Where?** In your community, with your co-workers, in your local and national legislation

**Why?** Who better to advocate for the refugee population and their needs. Most of their needs are occupation based or they face barriers that hinder their occupational performance. Who better to advocate for refugees and their occupational needs and rights than an occupational therapist? They need you to be their voice, until they find theirs. You can also be a part of teaching the refugees you meet to advocate for themselves. After all occupational therapists are all about independence.

Not sure how to start? Check out this downloadable tool kit. It has scripts to use if you want to call your government leaders, examples for writing to your legislative leaders and so much more.

Stanley-Rea, (2015)

# Therapeutic Use of Self

## *Ethics*

The American Occupational Therapy Association's (AOTA's) Occupational Therapy Code of Ethics and Ethics Standards, (2015) highlights six Principles and Standards of Conduct that directly relate to treatment of diverse populations. The purpose of each principle is to enforce provide an ethical standard of conduct among occupational therapists practicing in the United States. The six principles with examples of how they can be demonstrated with refugees are listed on the following page.



# Therapeutic Use of Self

## Six Principles and Standards of Conduct

1. **Beneficence** is demonstrated through involvement with the population to promote wellness especially in areas related to home safety, health maintenance, and social/community involvement.
2. **Nonmaleficence** can be manifested through recognizing one's biases as to avoid any harmful situations with refugees which requires taking time to learn about the cultures one works with.
3. **Autonomy** is an important principle to practice with this population through fully explaining the purpose of intervention and avoiding dominating therapy as the professional by facilitating collaboration regardless of language barriers. Therapists and students need to prevent situations that might make clients feel manipulated by demonstrating transparency with clients
4. As occupational therapy professionals, we can demonstrate the fourth principle, **Justice**, through helping refugee populations rather than avoiding participation with this population. In addition, fair and equitable treatment of diverse populations is our duty whether it is through direct care and advocate for the fair treatment of the population by other health professionals.
5. **Veracity**, the fifth principle, incorporates the idea of honesty and respect. As occupation therapist being honest and upfront about all interactions both with the client and anyone else involved with the client's care. With this population respect is the key to learning to work with this population. Respecting their past experiences and knowledge, as well as their culture will ensure that the therapist is providing client centered care.
6. Similarly, **Fidelity** encompasses respect, integrity, and loyalty to the professional scope of occupational therapy practice.

# Therapeutic Use of Self

In addition to the ethical principles, there are seven core values of the occupational therapy profession that guide therapists to demonstrate ethical action in their professional and volunteer roles. The core values are useful for occupational therapists as they help ground professionals in choosing the most ethical course of action throughout decision making, professional behavior, practice, and responsibilities (AOTA, 2015). The core values are displayed in the table below:

<b>Core value</b>	<b>Definition</b>	<b>Application</b>
Altruism	<i>Showing concern for the wellbeing of other people.</i>	<i>What are ways you can act to show concern for the well-being of refugees?</i>
Equality	<i>Treating people without bias or impartiality.</i>	<i>How can you diminish your bias and demonstrate equal treatment of all people through your OT practice?</i>
Freedom	<i>Allowing the client's values and desires guide the intervention process.</i>	<i>What steps need to be taken to provide the freedom for refugees to guide interventions based on their cultural values and desires?</i>
Justice	<i>Demonstrated when diverse communities are structured for enhancement of all members and inclusive of everyone.</i>	<i>In what ways can you advocate for justice among refugee populations?</i>
Dignity	<i>Treating people with respect in all interactions.</i>	<i>Overall, are resettled refugees treated with dignity in the U.S.? Have they experienced being stripped of their dignity in the past? In what ways, can you show them respect?</i>
Truth	<i>Demonstrated through providing accurate information in written, oral, and electronic forms.</i>	<i>What are the benefits of practicing this core value? How could this guide your decision making?</i>
Prudence	<i>Using ethical and clinical reasoning skills, reflection, and sound judgment when making decisions.</i>	<i>What resources will you draw from to demonstrate this core value using ethical reasoning and sound judgment?</i>

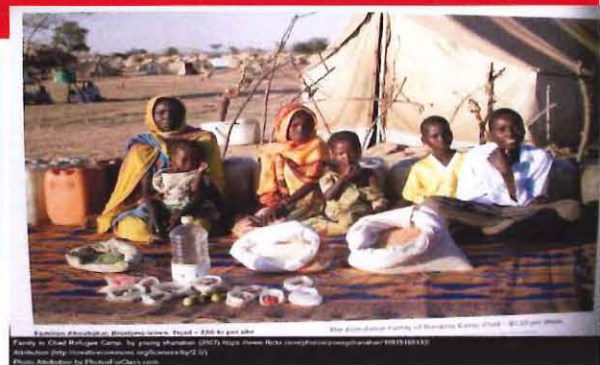
*How will my existing knowledge of ethics and cultural diversity help me solve ethical problems?*



# Section III

## Occupational Profile

A client's occupational profile is one of the most important elements of the occupational therapy process. It involves conducting a thorough evaluation of the person, occupational, and environmental elements of a client. This section begins with covering the process of becoming a refugee then moves into information on the process of resettlement. Evaluation and intervention planning are the next step covered in this chapter with a table of assessments that would be possible for use in developing the occupation profile. In addition, choosing of a model to guide evaluation and intervention with client's is discussed. A case study of a refugee family is introduced in this section which will allow for application of learned information throughout the manual. It is important to consider communication barriers, cultural background, values and beliefs of the client/families, ethical considerations, and personal bias as you evaluate your clients.



(Shanahan, 2007) Photos are for educational use only and are public domain

# Occupational Profile

*Truth is, I'll never know all there is to know about you just as you will never know all there is to know about me. Humans are by nature too complicated to be understood fully. So, we can choose either to approach our fellow human beings with suspicion or to approach them with an open mind, a dash of optimism and a great deal of candor.*

*-Tom Hanks*

It is time to get to know your client. As you are becoming aware of your biases, it is time to take the next step and form your clients occupational profile. To help with this, we have provided background information on refugees, refugee camps, and the process of becoming a refugee and resettle in the US. Understanding what refugees have experience will help you better understand their needs. In this section, we will cover the process of evaluation with this population which will include assessments to help guide you in the process of developing the occupational profile of your refugee clients. Also included are several models that can help direct your plan of care for this population.

Sound like a plan? Then let's get started!

# Occupational Profile

## The Process of Become a Refugee

*~ It looks simple on paper, but it is never simple or straight forward ~*

First, what is a refugee?

Per the United Nations refugee agency, a refugee is anyone who has fled his or her country due to war, persecution or violence. They are unable to return to their home because of fear of persecution based on their political views, ethnicity, religion, or social standing (UNHCR, 2015).

### Refugee Camps

Refugee camps are as varied as the people who live in the camps. Most refugee camps are in Northern Africa and the Middle



**Figure 1(Heidenstrom, 2010) Photos are for educational use only and are public domain**

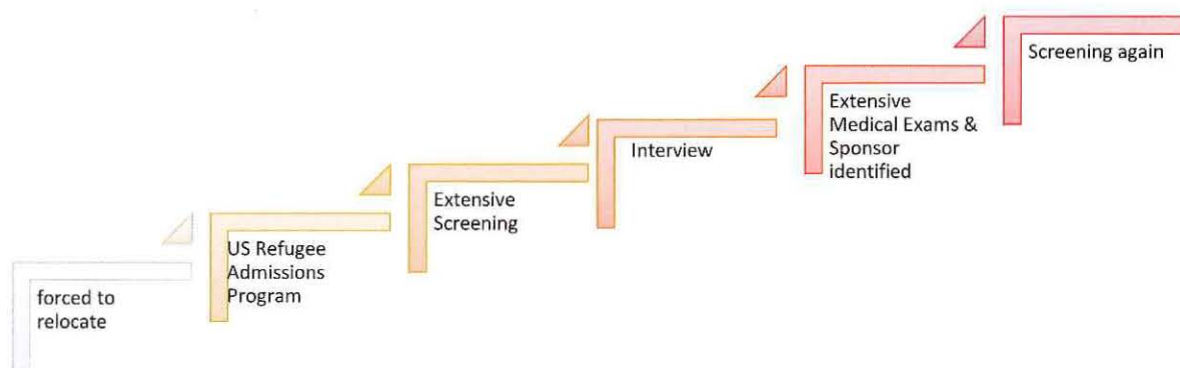
East however recently camps have been set up in European nations including France and Greece. Refugee camps are intended to be temporary living situations, however as in the case of Dadaab the largest refugee camp which house over 300,000 refugees it is anything but temporary. However recently Kenya has decided to close all refugee camps and will be displacing over 600,000 refugees. Conditions vary from camp to camp depending on the location. Most food and resources are provided from relief foundations and NGO. Restriction is limited for accessing the camps. Water is restricted in most camps. All the camps are hosting more people than their actual built capacity (Rawlence, 2016).

# Occupational Profile

## *The Process of Resettlement*

Most people assume that refugees flee their country spend a month or two in a refugee camp and then are relocated to their host country. However, the process is not as quick and straightforward as most people tend to assume. It begins with the refugees being recommended to the U.S. Refugee Admissions Program, these referrals come most often from the United Nations High Commissioner for Refugees (UNHCR, 2009). Once they obtain the referral the refugees then must fill out the paperwork, they do have assistance with this part of the process however all of this takes time and can fall through. The refugees then go through an extensive screening process which include an eligibility interview, biometric sampling and check, and multiple background checks, additional screening can be ordered at any time. They then have an interview with a homeland security officer (UNHCR, 2009).

Once they are cleared, they are required to have extensive medical exams and must be sponsored by a domestic resettlement program to continue in the process. Once they receive sponsorship they are screened once more before getting on the flight to the US. Then they are evaluated one more time before being allowed to enter the United States. The entire process takes on average 12-18 months; however, the process can take much longer depending on what country the refugee is fleeing from. If the refugee is thought to be a risk in anyway at any point in the process they will not be allowed into the US (U.S Citizenship and Immigration services, 2015). *The figure below represents resettlement to the U.S which takes approximately 10-18 months*



# Occupational Profile

## *Evaluation and Intervention Planning*

As with any client population, assessment and evaluation is critical to developing a thorough occupational profile. The number of assessments available for occupational therapy professionals seems endless which can make it difficult to choose what assessments to use with clients. The following three pages provide information on assessments (Table 3.1) and OT Models that may be a helpful guide in the early stages of evaluating refugee populations from any age group. The assessments listed are not the only ones that can be beneficial for gathering important information about your refugee clients, so use your clinical judgement and knowledge base when deciding what assessments would be best and most culturally competent for the refugees you work with. Other assessments that assess specific areas of occupation will be provided throughout the manual in the most fitting sections. You may choose to use the more specialized assessments when difficulties are identified within an area of occupation.

As described in the Occupational Therapy Practice Framework, (2014) intervention can be categorized into three steps which include planning, implementing, and reviewing. Intervention planning involves collaborating with clients to develop goals and a plan based on the occupational needs, beliefs, values, health status, performance skills/patterns, environmental contexts, and best evidence available to support intervention (AOTA, 2014). Intervention implementation is the action of doing the intervention with clients; this process will depend on the intervention plan, environment, and client factors. Intervention review involves re-evaluating and reviewing the progress and effectiveness of the intervention plan (AOTA, 2014). All three of these steps are important when working with refugees as with any other client; however, constant intervention review should take place to minimize bias and maximize cultural competency.

# Occupational Profile

Table 3.1

<i>Assessment Title</i>	<i>Age Range</i>	<i>Purpose</i>	<i>Areas Assessed</i>
<i>Activity Card Sort</i>	<i>Adults</i>	<i>This assessment is an interview-based assessment tool used to measure participation in ADLs, IADLs, social, and leisure</i>	<ul style="list-style-type: none"> <li>✓ ADL</li> <li>✓ IADL</li> <li>✓ Leisure</li> <li>✓ Social Participation</li> </ul>
<i>Adolescent/Adult Sensory Profile</i>	<i>11 years and older</i>	<i>Helps to determine a person's ability to process sensory information and how that effects functional performance in everyday life.</i>	<ul style="list-style-type: none"> <li>✓ Sensory processing</li> <li>✓ Modulation</li> <li>✓ Behavioral and emotional responses</li> </ul>
<i>Assessment of Living Skills and Resources-Revised 2 (ALSAR-R2)</i>	<i>Adults</i>	<i>An interview-based assessment to assess personal independence</i>	<ul style="list-style-type: none"> <li>✓ IADL</li> </ul>
<i>Assessment of Motor and Process Skills (AMPS)</i>	<i>3 years and older</i>	<i>To provide an objective assessment of process and motor skills while the subject performs familiar functional tasks of his or her choice</i>	<ul style="list-style-type: none"> <li>✓ Motor skills</li> <li>✓ Process skills</li> </ul>
<i>Canadian Occupational Performance Measure (COPM)</i>	<i>7 years and older</i>	<i>The purpose of this assessment is to measure an individual's perception of occupational performance</i>	<ul style="list-style-type: none"> <li>✓ Self-care</li> <li>✓ Productivity</li> <li>✓ Leisure</li> </ul>
<i>Child Occupational Self-Assessment (COSA)</i>	<i>Children and youth</i>	<i>This assessment helps to develop understanding of how a child/youth identifies importance and perceived occupational competence in his or her daily activities</i>	<ul style="list-style-type: none"> <li>✓ ADL</li> </ul>
<i>Family Needs Scale</i>	<i>Adults</i>	<i>Provides a way to measure a family's needs.</i>	<ul style="list-style-type: none"> <li>✓ Financial</li> <li>✓ Vocation</li> <li>✓ Food and shelter</li> <li>✓ Child care</li> <li>✓ Communication</li> <li>✓ Transportation</li> </ul>
<i>Life Balance Inventory</i>	<i>Adults</i>	<i>To assess both imbalance and balance in a client's life</i>	<i>Perceived balance in:</i> <ul style="list-style-type: none"> <li>✓ Relationships</li> <li>✓ Health</li> <li>✓ Identity</li> <li>✓ Challenges</li> </ul>
<i>Model of Human Occupation Screening Tool (MOHOST)</i>	<i>Adults</i>	<i>The purpose is to assess a person's capacity for</i>	<ul style="list-style-type: none"> <li>✓ Volition</li> <li>✓ Habituation</li> </ul>

		<i>functioning in everyday occupations</i>	<ul style="list-style-type: none"> <li>✓ Motor skills</li> <li>✓ Environment</li> </ul>
<b>Occupational Circumstances Assessment-Interview Rating (OCAIRS)</b>	<i>Adolescents to adults</i>	<i>An assessment used to collect data on a client's occupational adaptation</i>	<ul style="list-style-type: none"> <li>✓ Personal causation</li> <li>✓ Values</li> <li>✓ Goals</li> <li>✓ Interests</li> <li>✓ Roles</li> <li>✓ Habits</li> <li>✓ Skills</li> <li>✓ Physical and social environments</li> <li>✓ Previous experiences</li> <li>✓ Occupational participation</li> <li>✓ Occupational adaptation</li> </ul>
<b>Occupational Performance History Interview (OPHI-II)</b>	<i>Adolescents to adults</i>	<i>This assessment is also used to gather data over a period</i>	<ul style="list-style-type: none"> <li>✓ Activity/occupational choices</li> <li>✓ daily routines</li> <li>✓ critical life events</li> <li>✓ occupational roles</li> <li>✓ occupational behavior settings</li> </ul>
<b>Occupational Questionnaire (OQ)</b>	<i>Adolescents and adults</i>	<i>Used to collect data regarding a person's feelings about time use and patterns of time use</i>	<ul style="list-style-type: none"> <li>✓ Time use</li> </ul>
<b>Participation and Environment Measure for Children and Youth (PEM-CY)</b>	<i>5-17 Years</i>	<i>The purpose is to assess environment and participation</i>	<i>Activities in these settings:</i> <ul style="list-style-type: none"> <li>✓ Home</li> <li>✓ School</li> <li>✓ Community</li> </ul>
<b>Pediatric Volitional Questionnaire (PQV)</b>	<i>2-7 Years</i>	<i>To assess a young child's volition</i>	<ul style="list-style-type: none"> <li>✓ Values</li> <li>✓ Motivation</li> <li>✓ Interests</li> <li>✓ Environmental impact</li> </ul>
<b>Role Checklist (RC)</b>	<i>Adults</i>	<i>To evaluate productive roles of adult clients</i>	<ul style="list-style-type: none"> <li>✓ Roles important to the client</li> <li>✓ Motivation to be involved in tasks necessary to roles</li> <li>✓ Perceptions of role shifting</li> </ul>
<b>Volitional Questionnaire</b>	<i>Adults</i>	<i>Used as a measurement of how an individual acts or reacts within his or her environment</i>	<ul style="list-style-type: none"> <li>✓ Motives</li> <li>✓ Environment</li> </ul>
<b>Reference</b>	(Schell, Gillen, Scaffa, 2014)		

# Occupational Profile

## *Reminder*

*It is important to consider cultural or communication barriers when choosing assessments. The list provided above is provided as options for assessments that could help to provide important information of your client population. However, the assessments may need to be adjusted or use of a competent medical interpreter may be necessary when completing an assessment. If a client or family you are assessing does not speak English and there is no access to an interpreter at the time of evaluation, it is recommended that you choose observational assessments such as the Activity Card Sort or the Model of Human Occupation Screening Tool (MOHOST). It is recommended to contact the United States Department of Health and Human Services office if you need additional guidance in finding culturally competent ways to assess refugee populations.*



# Occupational Profile

*Models for Evaluation and Intervention with Refugees*

## **Model of Human Occupation (MOHO)**

MOHO looks at a person's volition, habituation, performance capacity, and the environments in which occupation occurs. This is important to understand when working with refugee populations and will help you understand their motivations, interests, values, daily habits, and components of performance.

### The Person

Volition	Volition is influenced by personal causation, values & Interests. The big question here is; was/is there choice?
Environment	Environment includes the impact the refugee camp had on the opportunity and ability to participate in a variety of occupations
Habituation	Habituation is influenced by habits, roles & routines. It is also influenced by the process so how could a refugee camp influence these aspects of the individual? What could be the barriers?
Performance Skills/Capacity	Could the performance capacity and skills learned be influenced by living in a refugee camp?! It would impact the individuals sensory, mental, physical, subjective and objectives views and skills.

*(Turpin & Iwama, 2011)*

# Occupational Profile

## Models for Evaluation and Intervention with Refugees

### **Kawa Model**

*This model can be useful with refugees because it was not formed on Westernized principles and holds a unique view of life, its barriers and the interaction between a person and their environment. For refugees using a river example might be good way of helping them understand the problems they face, their assets, and how everything in their life fits together.*

#### The person

The river	This represents the course of a person's life history. How does a refugee's life history impact their day to day occupations?
Rocks	They are life circumstances that impede the flow of the river. How can different life circumstances of the refugee slow down course of "water"?
Water	This is a person's life energy or life flow. Consider the differences of your perception of their life flow and their perceptions.
Drift wood	Represents a person's resources and attributes that can have a positive or negative impact on life flow. What are some positive attributes of refugees that could facilitate successful resettlement?
River walls	The social and physical context of the clients. What contexts in which your refugee participates in that can facilitate or inhibit occupation engagement.

*(Turpin & Iwama, 2011)*

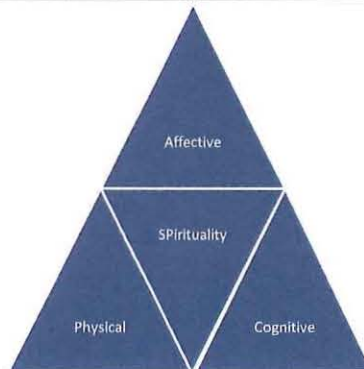
# Occupational Profile

## Canadian Model of Occupational Performance and Engagement (CMOP-E)

In this model, spirituality is viewed to be at the core of a person and it has an impact on the individual, occupation, and the environment. This model also sees occupation as a bridge between the person and their environment. This model could be useful in understanding what is meaningful to refugees and how that can be used as a guide to client-centered assessment and intervention. Because occupational deprivation is common among refugees, this model would demonstrate a way to enhance occupational engagement to bridge the gap for refugees! (Turpin & Iwama, 2011)

### The Person

Spirituality	This is at the core of your client. What ways do you need to take your client's spirituality into consideration?
Affective	Do not forget to consider a refugee's history when considering the affective portion of a person.
Cognitive	What ways can you consider cognitive aspects taking into consideration cognitive deficits and cultural differences language barriers.
Physical	What are physical attributes that inhibit or facilitate occupational engagement?



# Occupational Profile

Models for Evaluation and Intervention with Refugees

## Person-Environment-Occupation (PEO)

This model looks at the person, the environment, and the occupation and the dynamic interactions between the three concepts. If a refugee is struggling in one area, such as with their mental health (person), his or her environment and occupational participation will be affected. This would be an excellent model to help bring understanding of the interactions of the P, E, and O of refugee clients (Turpin & Iwama, 2011).

### The person

<i>Motivated</i>	What motivates your client?
<i>Ever developing</i>	AS with all clients your refugee will continue to develop. What can you do as a therapist to facilitate healthy development?
<i>Dynamic</i>	Dynamic means constantly changing. In what ways can you see your refugee changing in their roles and occupations, what effect does that have on their occupations and environment?

*How does my self-concept, responsibility, and self-direction play a role in choice of the occupation-based model used to guide evaluation and interventions with refugees?*

*What existing knowledge do I have that will guide me in the choice of assessments and occupation-based model to use when working with refugee clients? What do I need to know as a learner?*

*What previous experience do I have in applying models to providing evaluation and interventions?*

*In what ways can I use assessments and occupation-based models to solve problems that may arise?*

# Occupational Profile

Models for Evaluation and Intervention with Refugees

## Ecology of Human Performance (EHP)

EHP focuses on how the environment is the main context to understand performance and the relationship between person and environment. Occupations are conceptualized as tasks and the performance range depends on the set of tasks a person has available. This would be an appropriate model to use with refugees as they have a limited performance range often causing occupational deprivation.

### The Person

Values	What does your refugee value? Understanding what they value will help allow for a more collaborative process
Interests	Often refugees were unable to pursue interest due to their situation. What are ways you can help them explore different interests.
Experiences	How are their experiences going to shape their view? How do your experiences shape your view of refugees? Are there biases?
sensorimotor	What sensorimotor aspects of the person need to be taken into consideration
Cognitive	What different ways to address a person's cognitive aspects?
Psychosocial skills	How do you address psychosocial aspects if they have different cultural views and aspects?

(Turpin & Iwama, 2011)



Goal = Increase task performance range

# Occupational Profile

## Case Study

So, are you ready to meet your family who you will be making the journey through this manual with? Throughout the different sections, you will be given different scenarios with this family. This allows you to help process what you would do and how you would remain client centered and address their different needs. First some background on the family. They are from the capital city of Aleppo in Syria. They have been in the US approximately two days. Their refugee journey however starts five years before when The Syrian conflict first broke out 2011 and anti-government protests started. They were forced to flee their home 2013 and fled to the refugee camp in Zaatari, Jordan. They were registered as refugees and spent one and half years in the camp waiting to see if their request to seek asylum was granted. They were told they were approved, they spent another year in the refugee camp while they went through the interview and approval process.

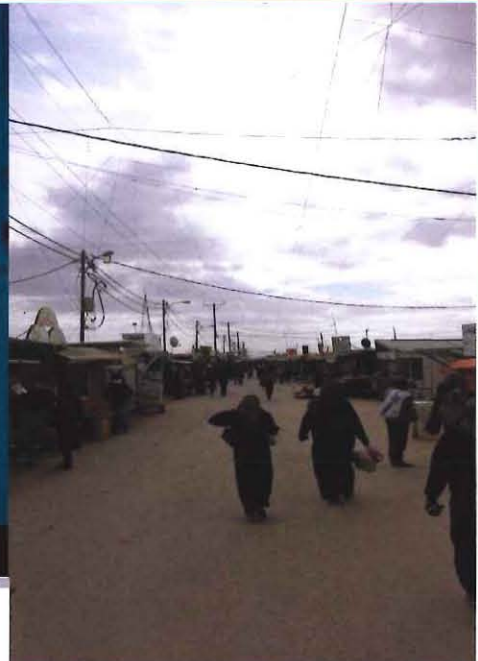
After two and half years in the refugee camp they were transferred to a refugee camp in Calais France; after spending six weeks in the refugee camp there they had their final medical checkup and then were flown to the US. As you get to know this family you will learn more about this difficult journey. Let me now introduce the family. First let me introduce you to Amena. She is 42 and is the mother, homemaker and right now main caretaker of the family. The eldest Aasiya, is 22 years old and would like to go to a university to become a nurse. Next oldest is Ranim, is 19 and likes to read and hang out with friends. Mohammed is 15 years old and is a huge Cristiano Ronaldo fan. Then comes Majd, he is 12 and really likes to build model airplanes and cars. The youngest two are twins who are 3 Rasha is the girl and Ahmed is the boy. Shayma is their paternal grandmother, who is 65 years old. They speak very little English and Shayma speaks none. The highest level of school attended is 10<sup>th</sup> grade by Aasiya.

# Occupational Profile



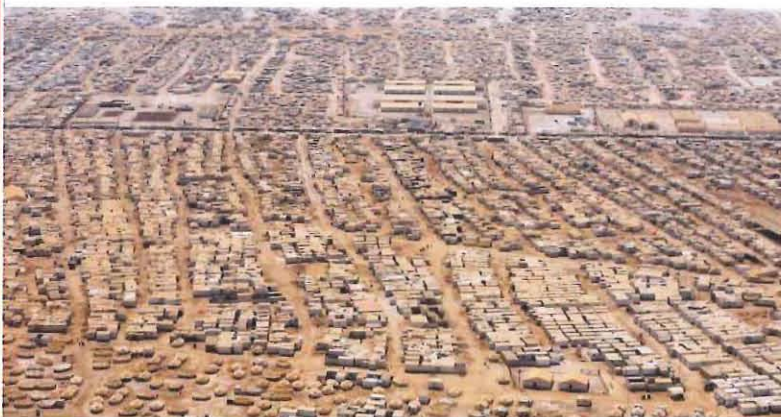
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*Arial view of a refugee camp*

*Calais Refugee camp*



**Figure 5 (Engagejoe, 2015) Photos are for educational use only and are public domain**

# Section IV

## Activities of Daily Living

Activities of Daily Living (ADLs) involve toileting, dressing, bathing/showering, grooming/hygiene, functional mobility, swallowing/eating, and sexuality. These are basic essential functions that play an important role in health and wellness for any population. Refugee clients may struggle to maintain or neglect ADLs secondary to a variety of possible factors. This section of the manual contains information on what might be important to address or consider if resettled refugee clients are experiencing difficulties with their functioning or safety in daily activities



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Figure 1 (Middle East Children's Alliance, 2010) Photos are for educational use only and are public domain



# Activities of Daily Living

## Reflective Prompts:

- what do I need to know as a learner?
- How does my self-concept, responsibility, and self-direction play a role in the learning process?
- What experiences can I draw from? In what ways can learning this information apply to real-life situations in the present time?
- How will my existing knowledge and this resource help me solve everyday problems?
- What is internally motivating me to engage in learning about individual s, their needs, and ways to help? (e.g. desire for increased knowledge)
- Are there additional external motivators (e.g. meeting the needs of a unique population, developing or expanding programs, or gaining recognition for what OT can do)?

# Activities of Daily Living

## *Toileting/ Toileting Hygiene*

- Help individuals understand appropriate places to use the bathroom in public including education on signs representing public restrooms and who to ask if no signs exist.
- Provide information on inappropriate places to void bladder and bowel.
- Ensure understanding on use and disposal of toilet paper.
- Educate on what can and cannot be flushed down the toilet and how to flush the toilet.
- Address the different options of products available for perineal care/feminine hygiene.
- Demonstrate what to do if the toilet becomes clogged or overflows.
- Show where to turn water off on toilet
- If individual or family members have a physical disability, educate on safety techniques utilizing toilet and appropriate adaptive equipment as an option.
- Explain importance of washing hands with soap after use of toilet for cleanliness

### **Theory Application**

Reflect on prior experiences you can draw from to assist refugees with ADLs.

### **Good Reads**

1. *City of Thorns* by Rawlence
2. *The Making of the Modern Refugee* by Gatrell
3. *Outcasts united: a refugee soccer team, an American town* by St. John
4. *Managing the Undesirables* by Agier (See Appendix for references)

### **Assessments**

#### *Functional Independence Measure (FIM)*

Age range: Adults

Purpose: To measure functional status

Area assessed: 18 activities related to self-care and cognition.

#### *Home Situations Questionnaire (HSQ)*

Age range: School age

Purpose: to evaluate how symptoms of ADD and/or ADHD hinder a child's ability to perform ADLs within the home environment.

Area assessed: ADL

#### *Katz Index of Independence in Activities of Daily Living*

Age range: Older adults

Purpose: evaluate older adults' functional status

Areas assessed: ADL

(Schell et al., 2014)

# Activities of Daily Living

## *Bathing/Showering*

- Check for shower curtain or door and if none exists, be sure to emphasize the importance of keeping floor dry in bathroom by having these amenities. If there is a shower curtain, instruct on proper use of shower curtain if needed.
- Help ensure understanding of safety hazards if bathtub overflows, such as avoiding leaving water running for long periods of time with drain plug in or if drain is clogged.
- Educate on water temperature safety for both the showering and bathing to avoid burning or overheating.
- Educate on safety hazard of wet surfaces in tub or shower, especially if the members of the home have physical disabilities.
- Explain importance of maintaining personal cleanliness by regularly bathing/showering to avoid health problems that result from poor body hygiene.

### **Remember: Bias Identification**

*Each client and situation is different. Your client might have already been exposed to some of these ADL's, so ask questions and be sure to approach this area with caution.*

**Myth:** Refugees get to come over to this country for free.

**Fact:** Refugees are required to pay back their plane ticket with an average of \$1500 price tag per family member

International Organization for Migration. (2016).



(Hoffman, 2008) Photos are for educational use only and are public domain

### **Cool Language Apps and Websites**

- Duolingo
- Pronunciator
- Google translate
- Speak & Translate
- Livemocha
- Busuu
- Living Language
- BBC Languages
- Memrise

# Activities of Daily Living

## *Personal Grooming/Hygiene and Devices*

- Educate on the benefits and task performance of oral hygiene, as well as the consequences of neglecting to perform oral hygiene.
- Ensure understanding of tools available for shaving in a safe and efficient way.
- Explain and demonstrate safety hazard of using electric hair styling tools near water in a bathroom.
- Educate on availability and proper maintenance of contacts, glasses, hearing aids, etc.
- If any individuals have orthotics or prosthetics, educate on cleanliness and upkeep of devices and resources available if the devices need fixing or adjustments.

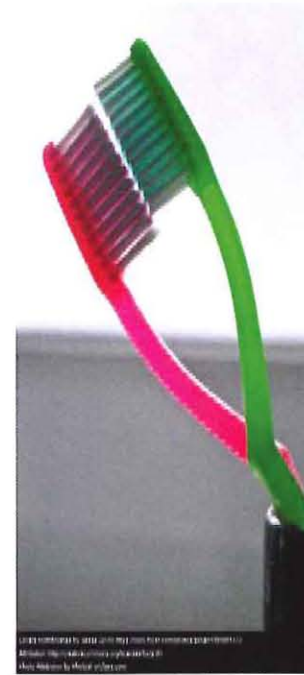


Figure 1 (Geese, 2010) Photos are for educational use only and are public domain

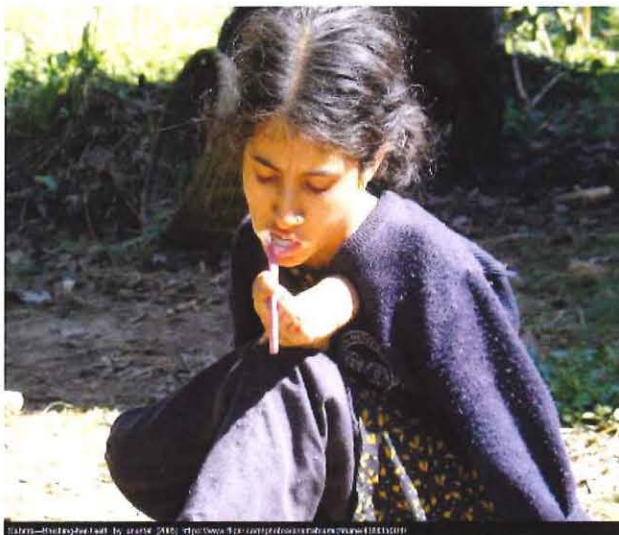


Figure 2 (Anatal, 2005) Photos are for educational use only and are public domain

### **How to say Hello in 10 different languages**

Somali: Is ka warran

Spanish: Hola

Arabic: Marhabaan

Nepali: Namaste

French: Bonjour

Sudanese: Ahlan

Dari (One of the main languages spoken in Afghanistan): Salaam

Korean: an-nyeong-ha-se-yo

Turkish: Merhaba

Bosnian: zdravo

# Activities of Daily Living

## *Functional mobility*

- If a person has a disability or evident issues associated with functional mobility, use clinical reasoning to help the individual attain maximum independence and safety with functional mobility. This may involve determining if an assistive device is needed and finding resources for obtaining the device within a realistic budget.
- Address this area of OT practice as with any other population while being aware of cultural differences and stigmas associated with use of equipment and functional mobility.

## *Dressing*

- Educating on appropriate clothing and footwear of resettlement location and season and activity. Examples include use of proper footwear for different activities including sports/seasonal wear and appropriate clothing layers for cold weather climates.
- When educating refugees with disabilities affecting their ability to dress themselves, familiarize yourself with the cultural clothing and how to demonstrate modified dressing techniques depending on the disability.

### **Want to learn how to wrap a hijab?**

*There are multiple ways to style a hijab*

*Step-by-step tutorials can be found through the following resources:*

*YouTube*

*Blog post websites*

*Google search*

*Books*

*Magazines*

*Social media*



**Figure 1 (Stanley, 2012) Photos are for educational use only and are public domain**

# Activities of Daily Living

## Dressing continued...

- Be aware of cultural differences and how that may impact addressing this area of occupation with refugees.



The Future of Syria - Both registration and establishment by UNHCR Photo Download (2013) <https://www.flickr.com/photos/19125896@N04/111163072/>  
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(UNHCR Photo Download, 2013) Photos are for educational use only and are public domain

## Case Study

Yesterday, Aasiya slipped and fell on ice and broke her elbow, she must wear a sling while it heals Aasiya helps take care of her younger siblings while her mother is at work.

What ADLs would you address first?

How would you address dressing if you were a male OT and she didn't want to practice with you?

**Fact:** Every day almost 34,000 people are displaced from their homes

(UNHCR, 2015)

## How to wrap a Sari:

Step 1: put the underskirt on and secure by pulling on drawstrings:

Step 2: Tuck the undecorated corner and edge of sari material starting to the right of the navel.

Step 3 Wrap the Sari around once.

Step 4 Make multiple pleats using the material that has been wrapped around once starting where you first tucked the material in

Step 5: Tuck the pleats in on the left side of the navel.

Step five: Wrap the Sari around yourself one more time

Step 6: Using the extra Sari material under your right arm and then drape it over your left shoulder

# Activities of Daily Living

## *Swallow/Eating*

- If any refugees you provide services for have serious issues with swallowing or eating, it is recommended to help them find appropriate health services to address the problem(s). Some of the services may include (but are not limited to) a doctor, speech therapist, feeding and swallowing clinics, or your assistance if you have specialized certification for feeding/swallowing treatment.

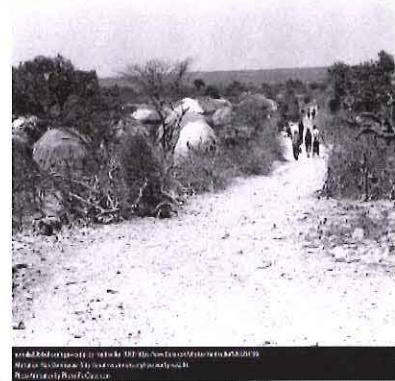


Figure 1 (Frankkeilor, 1980) Photos are for educational use only and are public domain

## *Sexual activity*

- This is an uncomfortable subject for most therapists to discuss with their clients; however, it can be even more uncomfortable without knowing cultural norms, possible previous sexual trauma, and what is appropriate to discuss with your clients regarding sexual activity. However sexual and domestic abuse are often prevalent in the refugee population and in refugee camps and should be addressed. It is important to know your resources such as sexual abuse counselors, crisis centers, and related medical care available. As an occupational therapist and student, one should be aware of your skillset in this area and when it is important to refer refugees to necessary care.

### **Review of PLISSIT Model**

*P - Permission*

*LI – Limited information*

*SS – Special suggestions*

*IT – Intensive therapy*

*Occupational therapists have training in use of the PLISSIT model and the importance of acknowledging and addressing sexuality. Here is a good resource on this topic:*

(Ellis, 2015).

**Q: What countries are accepting the most refugees?**

**A: Turkey wins with 2.5 million refugees**

**Pakistan has the second largest number with 1.6 million**

**Lebanon has the third largest with 1.1 million**

**(UNHCR, 2015).**

## *Section VI*

# *Instrumental Activities of Daily Living*

*Instrumental activities of daily living are very important because these are occupations that are often denied to refugees in refugee camps. These may often include using appliances for food prep and storage, paying bills, rent, phone bills, insurance. Many of these occupations can be difficult enough if you have never done them and then add the additional stress of being in a new country with a different language, and different cultures and different expectations. However, if a refugee can learn to perform these tasks independently they will be more successful and have a smoother resettlement process and improved quality life.*

*This section also covers mental and physical health management. Addressing these areas especially mental health is essential for refugees to be successful in resettlement. This is often related to the amount of trauma refugees experience and related to Post Traumatic Stress disorder, Anxiety, and Depression are very prevalent with this population.*



# IADLs

## *Care of Others*

- Understand that often there are multiple generations living under one roof and those family members may provide or require care. This is for both financial reasons as well as being additional emotional support as the family goes through this difficult time.
- When working with refugees, it is important to be sensitive to family dynamics and the role of your client within their family. This may include caring for older parents/relatives, caring for their children and/or others children, and caring for a husband or wife
- When working with refugees, it is important to be sensitive to family dynamics and the role of your client within their family. This may include caring for older parents/relatives, caring for their children and/or others children, and caring for a husband or wife
- The level of assist families provide will vary among cultures. Families in some cultures participate more often in care of family members whereas values of occupational therapy often focus on reaching independence. Be aware that goals may vary depending on what the family members desire and have agreed to.

*What is internally motivating for me when it comes to caregiving? In what ways can I learn more about the value of caregiving from other cultural points of view?*

# IADLs

## *Child Rearing*

- Be aware of different beliefs and values related to child rearing among various cultures. In addition, laws for child rearing in the United States most likely differ from other countries.
- Help refugees to understand the rules and regulations of their area of resettlement to help their children succeed in the present environment and avoid altercations with law enforcement.
- Assist refugee parents and caregivers by helping them understand what is legally acceptable for disciplining children versus what is considered child abuse.
- Be aware that sometimes there is a struggle of power between parents and children as children learn English quicker and parents are forced to rely on their children for help.
- It may be important to educate parents on peer pressure their children might encounter and how to best support their children in making good decisions.

### **Resource**

*For more information on cultural differences in child discipline as well as state and federal regulations, go to:*

*(Bornstein & Bohr, 2011)*



*What experience and existing knowledge can I use to problem solve in a situation where a refugee parent is physically disciplining their children in ways considered child abuse in the U.S.?*

# IADLs

## *Communication management*

- If needed, assist refugees in setting up cell phone plans and understanding data usage and the cost of going over your data limit.
- Email accounts are very important especially when filling out job applications, communicating with employers, as well as immigration officers and resettlement offices. That said, you may need to help set an email to facilitate a smooth transition into the community.
- Changing the language setting on phones, computers, or other electronics may need to be completed.
- There are many language apps available to help with language translations. It is important for you to be aware of what language apps are available so you can provide education related to apps for refugees.
- Computers and laptops are complex devices and refugees may need help understanding how to navigate these electronic devices.
- Showing a refugee the different ways of finding and accessing resources will help the refugee establish independence.



*Figure 1(ImagePros, 2013) Photos are for educational use only and are public domain*

### **Resource**

*Refunite: A nonprofit tech organization that helps refugees reunite with loved ones.*

*It works for multiple types of mobile phones and can text updates to the phone, or refugees can call a hotline if they can't read. They fill in the person's information and then goes into a wide spread data base and pulls up possible matches.*

*Website: Refunite, 2017*

# IADLs

## *Communication management continued...*

- Educate refugees on the resources available if any electronic devices stop working or need to be fixed. Examples may include tech services, information on the internet, or the local library.
- Help refugees understand what number to call in emergency situations (i.e. 911). Refugees may need to practice what they would say in an emergency call and what information they need to include to the operator. *Provide a script of what to say and keep it where everyone can access it.*

## *Driving and Community mobility*

- Teach clients to use the bus system:
  - Educate clients on what bus stops look including signs for bus stops.
  - Include information about safety, especially how one should never walk in front of a bus.
  - Teach them to ask the driver to let them know when their stop is approaching.
  - Make sure they know how to pull the cord to request a stop
  - Make sure they know they must have exact change for the bus fare and how to insert the money for the fare.



*Figure 1 (Ducke, 2008) Photos are for educational use only and are public domain*

# IADLs

## *Driving and Community mobility continued...*

- If refugees you work with live in a bigger city with train systems, teach clients how to use the light rail and/or Amtrak. Include information about how to know where the train system travels, where to find a train station, and how to pay for fare (This is important because often security will do random ticket checks and can incur a hefty fine if ticket was not purchased).
- Make sure you know how to use the train/bus before teaching the refugee. When first teaching them ride the transportation with them and as they learn have them do it by themselves with you there as back up.
- To prevent the refugee from being overwhelmed start with one route at a time.
- Often refugees are seeking to obtain a permit or driver's license and here are ways you can help with this area:
  - Provide resources for them to learn what they need to know about driving laws and regulations in the United States.
  - Connect them to the appropriate locations where they can take a permit test or drivers test.
  - Quiz them on information they need to know to prepare them for the test.
  - Help them evaluate their vehicle prior to taking the driver's test if necessary.
- Explain safety rules for navigating the streets including use of crosswalks: wait till the light turns green, look both ways before crossing the street, and press the button for and press the button for crosswalk if available.



Bus Stop, Witney by janetmck (2007)  
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(<http://creativecommons.org/licenses/by/2.0/>)  
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**Figure 1(Janetmck, 2007).**  
**Photos are for educational use only and are public domain**



**Figure 2 (Bigfatmadpig, 2009) photos are for educational use only and are public domain**

# IADLs

## *Driving and Community mobility continued...*

- If refugees are looking to buy a car and need assistance in understanding car dealerships available where they can find used cars, where to take the car to get serviced,
- You may have to help explain the different ways to pay for and put gas in their car.
- Emphasize with refugee populations the importance of getting car insurance if purchasing a car.
- Explain to refugees what is required of them if they get pulled over by a police officer when driving.
- Educate refugees on how they need to pull over to the right side of the street if an emergency vehicle is approaching with flashing lights.
- If a refugee walks on streets without sidewalks, inform him or her to walk on the side of the street facing the cars that pass.

## *Financial management*

- Throughout this entire process, it is important to be working cohesively with their case manager and resettlement agency, but especially with regards to finances. The agency might already have already set up a bank account for them and gone over different financial aspects. It never hurts to go over it again but make sure you and the case manager are on the same page.

### **Theory Application**

*Have you ever been to a foreign country? What was it like? How did it feel if you could not speak the language?*

### **Ethical Dilemma**

As an OT, if you withhold information from your clients that is important for them to know to enhance their quality of life, what core values of practice are you neglecting? Would this be considered an ethical issue?

### **Fact or Myth**

*Refugees don't pay taxes!*

*Myth: Refugees are required to pay taxes for the duration they are here in the US.*

# IADLs

- If clients need some assistance with setting up a bank account, provide information on what banks are in the area and who they need to talk to at the bank (Finances may be a sensitive topic, so be careful with how you present this)
- Setting up a budget may be an option to help refugees manage their finances and they may need assistance with developing a plan or finding an accountant. You may need to educate refugees about how to pay their taxes, bills, or loans. Be aware that they may receive credit card information in the mail that could be persuading and might need guidance on what to do with the information.

## *Health management and maintenance*

### **Insurance**

- Refugees may not understand the importance of having health insurance and may need assistance in setting up an insurance plan that is available and works best for the family. This may involve instructing them on how to navigate information about health insurance, how to apply for health insurance, and the action steps to take if they are not eligible.
- If the refugee you are assisting is receiving healthcare services, advocate for affordable options for the individual and family.
- Be aware that they may receive credit card information in the mail that could be persuading and might need guidance on what to do with the information.

### **Assessments**

*Independent Living Scales Survey (ILSS)*

*Age range: Adults*

*Purpose: To assess social and independent living skills*

*Area assessed: IADL (including money management)*

*Instrumental Activities of Daily Living Skills (IADL) Scale*

*Age range: Older Adults*

*Purpose: To assess IADL independence level*

*Area assessed: IADL*

*(Schell et al., 2014)*

information about health insurance for refugee can be found on the Refugee Health Technical Assistance Center (2011)

# IADLs

## **Mental Health**

- Mental health will be a very important issue for you to address!
- Most refugees have experienced some type of trauma including both emotional and physical trauma, while fleeing from their homes and while living in refugee camps. Post-traumatic stress disorder is very prevalent, being aware of the signs and symptoms and making appropriate referrals to counselors, psychologist who can help.

*Want to gain a better understanding of the experience of a refugee and their family. This website has free webinars, case examples as well as other tips for helping the refugee population. <http://learn.nctsn.org/course/view.php?id=62>*

Cultures vary on their view of mental health and some have different beliefs on the causes of mental health issues, being aware and respectful will enable you to better help refugees in this area.

- Be aware of isolation and how this can affect your client's overall health, depending on your client's available support system, it might be up to you to encourage them to reach out in their community, this might include helping them connect to the nearest group with similar religious backgrounds, support/mentorship programs and or other ways of being involved in the community.

## *Assessments*

### **Beck Anxiety Inventory (BAI)**

Age range: 17-80 years

Purpose: Screen for anxiety

Areas assessed: Anxiety

### **Beck Depression Inventory (BDI-II)**

Age range: 13-80 years

Purpose: To screen intensity of depression

Areas assessed: Depression  
*Depression, Anxiety, Stress Scale (DASS-42)*

Age range: 12 years & older

Purpose: Assess severity of symptoms related to depression, anxiety, and stress.

Areas assessed: Stress, depression, & anxiety.

*Geriatric Depression Scale*

Age range: Older adults

Purpose: Measure depression

Areas assessed: Depression

### **Coping Inventory**

Age range: Observation for children 16 years and younger; self-rated form for 15+ years

Purpose: To assess both maladaptive and adaptive coping behaviors, habits and skills

Areas assessed: Coping with self & environment. Initiation of coping and use of personal resources.

(Schell et al., 2014)



# IADLs

## **Therapeutic Use of Self: Empathy**

Empathy plays such an important role in Occupational therapy and being able to place ourselves in our client's positions and try to see it from their side is crucial to our profession. How can we put ourselves in our client's shoes when we cannot even begin to imagine the atrocities that they have endured and the toll it has taken both mentally and physically? The answer is plain and simple we cannot, unless we personally have gone through something similar we will never know what it is like to experience the trauma that they have experienced. The best we can do is gain an understanding of what they might have experienced, the repercussions of experiencing this trauma has and the mental health issues they might experience and the affect these issues might have on their daily occupations.

As we said before we can never fully know the trauma but knowing some numbers and facts will help you gain a better picture of what they went through.

## **Rape while trying to flee.**

Women and children are the most vulnerable to attacks and rape is one of the most common types of abuse they will suffer

*I remember a lot of women who were raped when I was in Somalia. Even when I was raped, I was not the only person who was raped on that truck. There were two other women who were raped with me. So, it's not a new thing for me and it's not like I heard from the people. I actually faced it, I actually experienced it, and I saw other women who were raped in front of me and they get pregnant because of these things. I was raped in Somalia and then I run away from Somalia and I was raped while I was on my journey from Somalia to Ethiopia, and I entered the border and I was just newly [gave birth to] my child – Somali GBV survivor, Addis Ababa. (Wirtz, et al., 2013)*

## **Rape while in the camp**

*when girls just go out of the camps, to fetch water, they threaten them to rape them right there, but we just tell them, okay, we just give you our ration. Please leave us, and then they just leave us alone, but unless we give them the ration, they will just run and then find us and then rape us. So threat is just used as one means. –Sudanese GBV survivor, Addis Ababa (Wirtz, et al., 2013)*

# IADLs

## Sexual coercion from refugee camp employees

*The man I work for, with him, in the office, I'm cleaning the office [near the camp], and he forced me to have sex. "If you don't allow me, you will not work." So I said to him, I can't leave this job...He said also to people who came to him [after it was reported], "She wants to start something in the office. That's why. I didn't ask her anything." ... But the head of this office, he said, "We'll let him to go another office, so you can stay in the office to clean." - Somali GBV survivor, Camp 3 (Wirtz, et al., 2013)*

## Some Statistics:

- In the refugee camp in Kenya during raids, one in three women were raped (Rawlence, 2016)
- Not only do they face sexual abuse but in a study done by Feyera et al., (2015), 887 participants were surveyed and 40% had witnessed a friend or family member murdered.

Studies have shown that anywhere from 6-70% of refugees have experienced physical torture which often lead to injuries and which often lead to injuries and orthopedic issues as well as mental trauma. Most common type of physical torture is beating. The most common type of mental torture is deprivation

### Case Study

*You have noticed that Ranim has been withdrawing from interacting and Amena has confided in you that she has noticed that Ranim not been sleeping very well, and has been crying a lot. She said she thinks something happened in the refugee camp in Calais, but she is not sure what and wants you to talk to her.*

*What would you say to her?*

*How would you start this conversation?*

*It has taken a few different times to get Ranim to open up to you, but she has finally confided to you that she was sexually assaulted while at the camp in Calais. She is afraid to tell her family because of the stigma of no longer being a virgin in her culture, but she keeps reliving the scenario and has been having nightmares.*

*As the OT, what is your next step? Do you tell her mother? What ethics needs to be kept in mind?*

# IADLs

## *Physical Health*

- There are numerous diagnosis or physical health problems refugees may be facing such as orthopedic injuries they sustained while in the refugee camp, untreated diagnoses. This is an important area to address as their physical health impacts quality of life and engagement in occupations.



Figure 1 (Sarvodaya Sri Lanka, 2005) photos are for educational use only and are public domain

- Help bring awareness of the differences between clinics, hospitals, dental and orthodontist offices, podiatrist clinic, etc. In addition, educate refugees on the difference between health professionals including doctors, nurses, occupational therapists, physical therapists, radiologists, nutritionist, etc.
- As an occupational therapy student or practitioner, you have a unique skillset to recognize physical disabilities and recommend the appropriate services for the individual while understanding what is within their financial resources.
- Work to help refugees understand the process of receiving the medical care they need and the different options available in their area of residence. Throughout this process, always remember to demonstrate therapeutic use of self as this is a sensitive topic.

### **Assessments**

*Wong-Baker FACES Pain Rating Scale*

*Age Range: Children to adults*

*Purpose: Assess pain on a scale through nonverbal means*

*Areas Assessed: Pain*

*McGill Pain Questionnaire*

*Age Range: Adults*

*Purpose: To provide self-assessment of pain levels*

*Areas Assessed: Pain*

*(Schell et al., 2014)*

# IADLs

- If you are working with a refugee who has a physical disability in a practice setting, ensure that the information and handouts you provide for them are culturally appropriate and understandable to the client. Also, keep in mind in an inpatient setting when you work on IADLs, be sensitive to the dietary restrictions of their culture.
- If a refugee has a physical disability that limits their functional mobility or ability to engage in everyday occupations, use your clinical reasoning to help him or her with acquiring the durable medical equipment or appropriate therapeutic services.

## Prescription drugs and Alternative Medicine

- If refugees are interested in alternative medicine yet are unaware of the alternative medicine specialists available in the area, assist them in navigating what is available in their community.
- alternative medicine, including herbal remedies, different rituals etc. If the refugee clients are taking different herbal supplements, ensure they understand what can and cannot be intermixed with prescription drugs.



Figure 1 (Tann, 2009) Photos are for education uses only and are public domain

*St John's Wort- is one of many herbs that should not be taken with prescription drug.*

### ***A few other herbs that may affect prescription drugs.***

- Danshen
- Garlic
- Dong quai
- Ginkgo
- Evening primrose oil
- Ginseng
- St. John's wort

*Found on American Family Physician Website by Cupp, (1999).*

# IADLs

## Home establishment and management

### Cooking

- Introduce the client to the stove and oven including wearing protective covering over hands when grabbing items out of the oven.
- Make sure they understand not to set items right off the stove or out of the oven directly onto the countertop.
- Refugees may need to be educated on appropriate food preservation including placing freezing items in proper containers or not leaving food that can go bad out on countertops.
- During meal preparation tasks involving raw meat, it is important to wipe down countertops after cutting raw meat.
- Garbage should be taken out regularly
- Help explain what to do if there is a fire in the kitchen
- If there is a microwave in the kitchen explaining its use as well as items that cannot be placed in the microwave.

*What steps will I take to understand the cultural norms and values of my refugee clients related to home maintenance?*



Figure 1 (Finocchiaro, 2006) Photos are for educational use only and are public domain

*Waiting to receive their water*



Figure 3 (Niwag, 2015) Photos are for educational use only and are public domain

*Community kitchen in a refugee camp*

# IADLs

## Cleaning

- Explaining different cleaning products to the population and which products should not be mixed and what products should be used for cleaning different items, also helping tell the difference between cleaning products bottles and different sports drinks
- What to do if cleaning product gets into their eyes, or ingested and who to contact if this happens.
- Understanding how different cleaning tools can be used for example mop

## Paying bills

- Ensure your refugee clients understand when their different bills are due and how to pay each bill such as online or over the phone.
- Keep in mind that some families are living paycheck to paycheck so automatic bill paying is not always the best option for the refugee you are working with.
- Help them understand how to write a check if necessary for paying bills.
- Assist refugee client in understanding who to contact if they have difficulties with paying their bill or were inappropriately charged for something.



Figure 1 (Kleer001, 2010) Photos are for educational uses only and are public domain

*Feeling overwhelmed by this picture of cleaning products? If you are, the refugee you are working with is most likely overwhelmed as well.*



Figure 2 (Kleer001, 2010) Photos are for educational uses only and are public domain

*Do these colorful bottles remind you of different sport drinks? Make sure your refugee knows the difference!*

# IADLs

## **Safety and Emergency Maintenance**

- Instruct refugee clients on situations that are unsafe and call for emergency action. This may include a fire, gas leak, flooding, burglary, tornado, hurricane, earthquake, or blizzard.
- How to maintain fire alarms and what to do if a fire alarm goes off in the apartment.



Figure 1 (USAID, 2011) Photos are for educational use only and are public domain

Pictured above: Women lining up to receive food rations in Kenya.

## **Shopping**

- Helping refugee understand all their different shopping options including where they can get food familiar to them such as an international food market.
- Helping them understand the different healthy food options
- Explaining the use of supplemental food help such as the snap program as well as places such as food banks if more food is needed.
- Refugees are given a certain allotment of food and are not allowed any choice in what they receive. Helping refugees make healthy food choices are very important for their overall wellbeing.



Figure 4 (DFAT, 2009) photos are for educational uses only and are public domain

Picture above: Man receiving food aid in Africa

### **Assessment**

*Test of Grocery Shopping Skills (TOGSS)*

Age range: Adults

Purpose: To assess one's ability to complete the task of grocery shopping

Area assessed: IADL (Shopping)

(Schell et al., 2014)

# IADLs

## Home Maintenance

- It is important for refugees to understand what should be done in situations when something needs to be fixed within their home (i.e. a pipe leak, etc.). Provide information for them on where to purchase tools if they wish to fix things themselves; or if they cannot fix the problems, who to contact such as a maintenance worker (in an apartment complex), plumber, electrician, etc.
- Some refugees may have a yard to maintain and may need assistance in understanding what is available for them to accomplish this task.



Figure 5 (Davey, 2010) Photos are for educational uses only and are public domain

## Religious and spiritual activities and expression

- Religion is a very important aspect in many refugees lives and helping them connect to their religious groups can be an important social support for your refugee.
- Be aware that certain religions have prayer schedules and be respectful of those times when scheduling with your client as well as educating other health professionals about the importance of being respectful of those times as well.

*Muslim's prayer schedule:*

*Times vary because of time zones:*

*Fajr(Dawn), Shorook(Sunrise),  
Dhuhr(Noon), Asr(Afternoon),  
Maghrib(Sunset), Isha(night)*

### *Case Study:*

*Today is the first day you meet the family in their home. It is a two-bedroom apartment with girls in one room and boys in the other. There are mattresses on the floor and a kitchen table with a few chairs around the table. You are going over some paperwork with Amena and Aasiya they need to fill out to be able to work in the U.S. when suddenly, they both get up and go to the other room, and kneel and start to pray with the rest of the family. You have only a short amount of time before your next client, what do you do?*



# *Section VI*

## *Rest and Sleep*

This is an important area especially if the client is also dealing with anxiety, depression and PTSD. Helping them establish good habits to help them feel well rested is important for both their mental and physical health. Keeping in mind different cultures have different sleep habits and patterns than what is considered normal in your culture.



*Figure 1 (National archief, 2011) pictures are for educational uses only and are public domain*

# Rest and Sleep

## Rest

- Often refugees have a home to maintain, work to accomplish, meals to prepare, family members to care for and do not have time to rest. Rest is an underrated area especially with constant emphasis on engagement in occupations,
- Discuss with your refugee client ways to identify the need to relax when life seems hectic.
- Encourage your refugee clients to engage in relaxation and anything that helps them calm down and restore their energy.
- Understand that the meaning and importance of rest will be different depending on cultural beliefs, values, and life experience.
- Also, learning stress management and time management will allow the refugees more time to relax and rest.

Relaxation and leisure may be foreign to them and they may not understand the importance of engaging in relaxation and leisure activities.

- What is internally motivating me to engage in learning about individuals, their needs, and ways to help with participation in rest and sleep?*



Figure 1 (Fellowship of reconciliation, 2010) photos are for educational uses only and are public domain

## Assessments

*Social Rhythm Metric (SRM – 5)*

Age range: 19-92 years

Purpose: To quantify regularity in lifestyle

Area assessed: Record timing of -

- ✓ Morning events
- ✓ Afternoon events
- ✓ Evening events



Figure 2 (GOALglobal.org, 2007) photos are for educational uses only and are public domain

# Rest and Sleep

## Sleep preparation

- If this is an area in which your refugee clients are experiencing difficulty, you may want to assess their sleep preparation habits and routines to determine what may be inhibiting or promoting sleep participation
- Collaborate to develop sleep preparation methods that may benefit them such as changing their sleep environment, engaging in relaxing activity, developing a consistent sleep schedule, etc.
- Educate on the benefits of participating in regular sleep preparation to enhance sleep participation.

## Sleep participation

- First, seek to understand and assess how your refugees view sleep, its significance, and their participation in sleep.
- Educate refugees on the importance of sleep participation for physical and mental health.
- Encourage clients to minimize interruptions in sleep that may occur during the night.
- Like sleep preparation, it will be important for refugees to set a regular sleep schedule if possible.
- If the refugees you work with have serious problems with sleep or are severely affected by PTSD, search for a doctor or sleep specialist in the area who may be able to assist them.

### Assessments

#### Occupational Profile of Sleep

Age range: Adults

Purpose: To develop a profile of sleep

Area assessed: Sleep  
(Schell et al., 2014)

*Amena seems tired when you meet with them next and she admitted she has not been sleeping well and has trouble falling asleep due to anxiety. You discuss her anxiety and find out that the day the family decided to flee the country. The part of the city where her husband worked was bombed and so the family has no idea if he is dead or alive or even how to find out.*

*how could you help Amena establish a bedtime routine and what ways could you help her cope with her anxiety?*

*Is there any way you can help them find out?*

# Section VII

## Education

*Education is a very important occupation for the refugee. In refugee camps, schools were limited and materials were hard to come by. For children coming into a new classroom can be extremely scary especially if you do not speak the language. For adults, school is an important occupation where they can learn English as well as other skills needed in this new society.*



*Figure 1 (UK department for international development, 2014) photos are for educational uses only and are public domain*

# Education

## Refugee Camps

### Children and Youth

- Instruct parents on what to expect from parent teacher conferences and encourage them to advocate for themselves and their children's needs. If they have difficulty speaking English, consider availability of a translator to join the parents.
- Ensure that refugee parents, family members, and children understand what field trips are so they know what to expect.
- If children need to set up transportation to school, assist with setting up a bus system with the appropriate school bus system contact.
- Refugee children and adolescents may need help with homework, especially if they are learning the English language. Parents might not be able to help

their children with homework responsibilities for various reasons. Listed below are some ideas for how refugee children and youth could receive help:

- After school tutoring
- Library tutoring programs (specific to the library, so be aware of days/times)
- Connecting with other refugee children who have been in America longer and understand the language and education system better.
- Mentorship programs available in the community
- Organizations that reach out specifically to refugees or English language learners; one example can be found on the Bridging Refugee Youth and Children Services, (2017) website (see appendix for link).

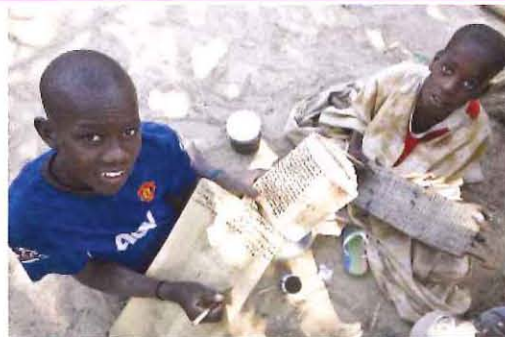


Figure 1 (UNHCR, 2013) photos are for educational uses only and are public domain

#### Case Study:

*You are a school therapist and Majd is referred to you. He has some difficulty with fine motor and struggles to hold a pencil and does not like to cross midline. What are some interventions and assessments you might do help Majd improve?*

Keep in mind, many refugee children work after school to support the household, or need to come home and watch younger siblings and family members so that others can go to work.

# Education

- If refugee children and youth are experiencing bullying, prejudice, or discrimination in school, encourage the family and children to advocate through reporting the negative behaviors to the school counselor.
- After school programs are often an option for children and youth to further their education and/or engage in social participation and leisure. The cost of the programs solely depends on the school and community of residence. These programs include:
  - Sports activities
  - Drama and speech groups
  - Dance classes
  - Music groups
  - Clubs or organizations (i.e. chess club or math club)
  - Homework or English tutoring
- There may be community programs or locations available for children and families to engage in educational activities at little to no cost. These programs or locations include (but are not limited to):
  - Local YMCA
  - Libraries
  - Museums
  - Malls
  - State Parks or National Parks
- There are usually multiple forms and paperwork for parents to fill out related to school, keep in mind that refugees might need assistance with this or understanding of what information is required.
- Make sure you are advocating for yourself and your role on the education team.

## **Assessment**

*Participation and Environment Measure for Children and Youth (PEM-CY)*

Age range: 5-17 years

Purpose: Assess participation and the environment where it occurs

Area assessed: School, home, and community activities

*Self-Perception Profile for Adolescents & Self-Perception Profile for Children*

Age range: Adolescents or children 8 years and older (depending on the assessment)

Purpose: To measure perceived competence and self-esteem

Area assessed: Social acceptance, scholastic competence, physical appearance, behavioral conduct, self-worth, and athletic competence.

(Schell et al., 2014)

# Education

## Adults

- Refugees might have an interest in taking opportunity of furthering their education through attending college. Ways you can help:
  - Find out what colleges they are interested in applying.
  - Identify what paperwork and financial requirements are needed to apply.
  - Educate refugees on how to find and apply for scholarships.
  - Help provide resources to find the best deals on prices of textbooks.
  - Show them where to find affordable school supplies.
  - Explain how to find out all the resources available for them through their college campus.

## Informal Education for Adults

- For adults, there are also informal educational opportunities generally available.
  - Depending on the area, this may include:
    - English language learning classes through non-profit organizations, churches, library programs, etc.
    - Group classes through a variety of community programs on health and wellness (e.g., exercise), cooking, sports activities, book clubs, dance classes, knitting or sewing classes, music groups (e.g., choir or orchestra).
    - Individual educational opportunities such as music classes, museum tours, state/national park tours, individualized language instruction, etc.



Figure 1 (Frankkeillor, 1980) photos are for educational use only and are public domain

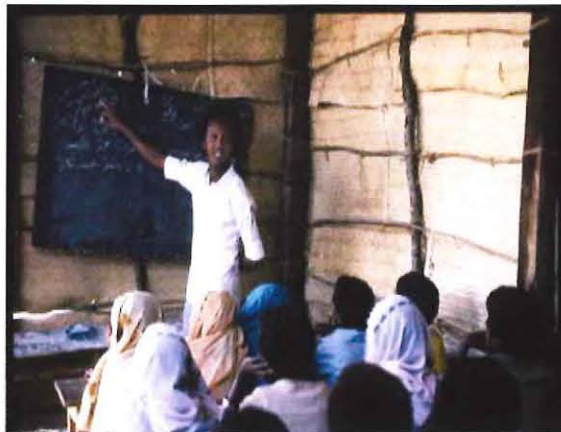


Figure 2 (Frankkeillor, 1984) photos are for educational use only and are public domain

# Section VIII

## Work

Work: Being able to work is especially important for refugees. Since they are required to pay back their plane ticket the sooner they can find a job the sooner they can pay it off. Refugees are only given limited funds for the first few months and then are expected to become self-sufficient. Being able to work is often time an occupation they are denied while in refugee camps, job is limited to within the camp and often those jobs are given to citizens of the host company. There is great pride in being able to work and provide for your family and helping refugee achieve this and find work will allow them to be more independent



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# Work

- Work is a very important aspect of refugee resettlement as refugees need to provide for their families
- Understanding your refugee's unique skill set and helping them find a good job match
- Show them how to fill out job applications (This can become confusing especially if the refugee is receiving any type of government aid)
- Help them prepare for an interview with practice questions
- Helping them with understanding the importance of punctuality
- Help them to plan their day in order to be on time for work including transportation time and delays.
- Instruct how to fill out tax forms
- Help them understand their rights and the protection of those rights.
- If refugees who have a job are experiencing difficulties in their current job, determine if assessment of the workplace or work interests would be appropriate.

## Assessments

*Work Environment Impact Survey (WEIS)*

Age range: Adults

Purpose: Assess characteristics in the work environment that facilitate successful experiences for employment.

Areas assessed: Social and physical environment of workplace, supports, daily job functions, objects used, and temporal demands.

*Worker Role Interview (WRI)*

Age: Adults

Purpose: Retrieve data to understand the environmental and psychosocial environmental factors related to work.

Areas assessed: Personal causation, interests, roles and habits related to the job, influence of environment, values.

(Schell et al., 2014)

## Case Study:

*Amena has gotten a job as cleaning hotels as well as working stocking shelves at Walmart, however now she is experiencing back pain.*

*What can you do to help her? What adaptations could be made?*

*-Most jobs require employees to complete W-2 form, which might require extra assistance filling out forms.*

*-Employer's also have employees fill out emergency contact forms.*

*-If insurance is provided through job and refugee qualifies for insurance additional forms will be needed to be filled out.*

# Work

## *Volunteering*

- If refugees receiving government assistance they are often required to do different types of volunteering and are required to have sheets signed by the volunteer coordinator.
- Volunteering is an alternative way that individuals of any age can engage with the community which helps prevent isolation. Older adults especially benefit from volunteer opportunities within their communities.
- Search for volunteer opportunities within the community of residence.
- Help refugee client explore different volunteering options that would benefit their occupational interests.
- Help create mentoring programs with refugees who have been within the community for refugees who recently arrived to the US.
- Keep in mind volunteer opportunities or jobs can transition into real jobs.

**Fact or Myth?** Refugees live off government funding and do not try to get a job.

**Myth:** Federal government provides \$925 for the first 30 days to cover necessities for daily life.

N.A. (2016). *Refugee and Immigrant Services: Frequently asked questions*. Retrieved from: <http://www.ascentria.org/frequently-asked-question-about-refugee-resettlement-1>

**What experiences of navigating educational systems, workplaces, and volunteer opportunities within the community can I reflect on to aid my learning? How can I use previous experience and new knowledge developed to help refugees access beneficial opportunities?**

**What information do you need to know to advocate for refugees and help refugees solve problems within vocational settings?**

# Section IX

## Play and Leisure

Play and Leisure: This area is addressed because it is very unlikely that the refugees could experience occupation while in the refugee camp especially the women. Helping the refugee explore different inexpensive options will help combat the different stressors they are facing and allow them to engage in in their community.



Figure 1 (Trokilinochchi, 2008) photos are for educational uses only and are public domain

# Play and Leisure

## Play

- Play is an important part of a child's daily occupational participation that can be greatly altered by displacement and resettlement.
- Assess your client's leisure interests
- If the leisure activity is not available in their area help them explore different alternatives
- YMCA's, churches/community centers often have open gym time
- Explore free activities around the area, libraries, community centers usually have a variety of activities
- Encourage refugees to participate in activities as a family
- Explore options for getting kids in other activities for example sport teams, chess club.
- Keep in mind some culture differences as well as the cost of activities when suggesting different events.

### Case Study:

*Mohammed has been acting out in school and was given a detention. He has been talking back to his mom and grandmother. He says he is bored, what are some ways you can help Mohammed get involved. What are some strategies to help his mother deal with his behaviors?*



Figure 1 (Heidenstrom, 2010) photos are for educational uses only and public domain



Figure 2 (Robsaltori, 2010) pictures are for educational use only and are public domain

# Play and Leisure

## Leisure

- Often time in occupational therapy settings, this is an area of occupation that is overlooked. This may be a significant area for refugee populations
- Assess your client's leisure interests
- If the leisure activity is not available in their area help them explore different alternatives
- YMCA's, churches/community centers often have open gym time
- Explore free activities around the area, libraries, community centers usually have a variety of activities
- Encourage refugees to participate in activities as a family
- Explore options for getting kids in other activities for example sport teams, chess club.
- Keep in mind some culture differences as well as the cost of activities when suggesting different events.

### Assessment

#### *Leisure Satisfaction Scale*

Age range: All ages

Purpose: To measure satisfaction levels of client's in leisure and play activities

Areas assessed: Play & Leisure

#### *Leisure Boredom Scale (LBS)*

Age range: All ages

Purpose: To measure what constraints are placed on clients achieving enjoyment from their leisure activities

Areas assessed: Play & Leisure

#### *Leisure Competence Measure*

Age Range: All ages

Purpose: To measure outcomes in play and leisure activities

Areas assessed: Various characteristics involved in play and leisure

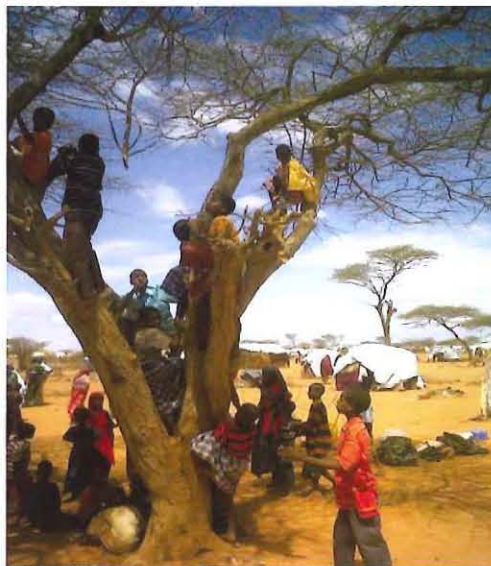
(Schell et al., 2014)

*In what ways are internal and external motivation related to leisure and play? Why might it be important to understand my refugee clients' values and motivation related to these occupations? What occupation-based model could guide assessment and intervention in this area of occupation?*

# Section X

## Social Participation

Social Participation is important especially when helping the refugees participate in the community. Helping them know different resources will allow them to have a smoother resettlement process. Often refugees experience social isolation either in the refugee camp or while being resettled. Being able to reach out to family member and or friends will help improve quality of life and improve their mental health overall.



*Figure 1 (UK department for international development, 2011) photos are for educational use only and are public domain*

# Social Participation

## Community

- Help your refugee engage in the community through various means available to them at a low cost
- First, search for the different programs available within and around community of residence.
- There may be a community garden they can be a part of which would be especially meaningful for refugees who value gardening and farming.
- Different religious affiliations and groups offer a variety of activities within the community:
  - For children and adolescents there are usually groups that meet one weeknight every week.
  - For adults, there may be weekly prayer meetings, scripture study groups, or worship services.
- Introduce your refugee clients to the different park systems near them and what is available to them at these locations. Some of the options may include:
  - Free sport equipment rentals
  - Playgrounds for children
  - Basketball courts, tennis courts, or soccer fields
  - Lakes or rivers
  - Sight seeing
- If available, consider the conservatories, zoos, or public gardens
- For older adult family members, consider senior centers and activities available for them there
- Horse Ranches and camps

### Tip

*Most zoos and museums have a day where they are open for free to the public.*

### Assessment

*Social Skills Rating System (SSRS)*

Age range: 3-18 years

Purpose: To rate social behaviors that affect areas of life and relationships

June 20<sup>th</sup> is World Refugee day! Spread awareness in your community and workplace.

# Social Participation

## Family

- Seek to understand family dynamics, values, beliefs, and satisfaction with their social participation.
- Collaborate with the family.
- Be aware of domestic abuse.
- Understand the value different cultures place on family interaction.
- Understanding the different cultural views on marriage.



Figure 1 (Bababsteve, 2009) photos are for educational use only and are public domain

## Friends/Peers

- Do not be offended if a refugee takes the advice of a friend or a peer. Remember they may feel this person has a better understanding of what they have been through.
- Encourage interaction with other refugees
- Many places offer support groups
- Find a family in the community who is willing to mentor a refugee family.

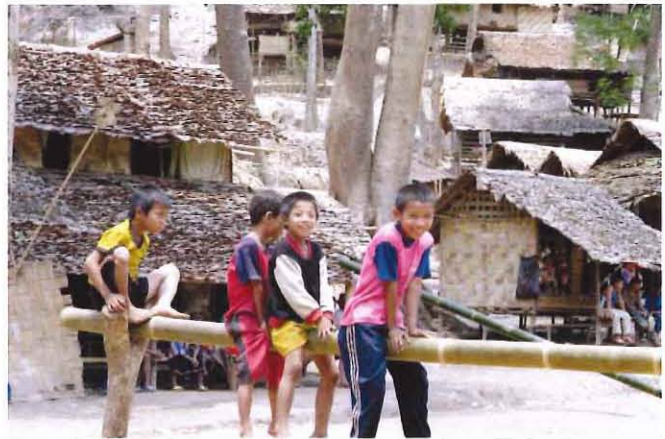


Figure 2 (June, 2004) photos are for educational use only and are public domain

*What are some potential problems I might encounter in social participation with this population? How will my existing knowledge and this resource help me solve these anticipated problems?*



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# Appendix

## Additional Resources

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U.S. Citizenship and Immigration Services. (2015). Refugee processing and security screening. Retrieved from: <https://www.uscis.gov/refugeescreening>

## **Documentaries/Videos**

- Casablanca (1942)
- Eternity and a Day (1998)
- Kandahar (2001)
- In This World (2002)
- A Great Wonder: Lost Children of Sudan (2003)

- Children of Men (2006)
- Rain in a Dry Land (2006)
- Welcome (2009)
- District 9 (2009)
- Pushing the Elephant (2010)
- When I Saw You (2012)
- La Pirogue (2012)
- Into the Fire: The Hidden Victims of Austerity in Greece (2013)
- The Land Between (2014)
- The Golden Dream (2013)
- Salam Neighbor (2015)
- Matthew Cassel's: The Journey from Syria (2016)
- Waiting at the Door (2016)
- BBC Two – The Refugee Camp: Our Desert Home (
- Fire At Sea (Fuocoammare) (2016)
- The Resettled (2016)
- After Spring (2016)
- Refugee Republic (2016)
- Through Abdullah's Eyes (2016)

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## CHAPTER V

### Summary

The purpose of engaging in this scholarly project process was to design a resource useful for OT students and clinicians to prepare for working refugees so they experience a safer and smoother transition of resettlement in the United States. A literature review was conducted to uncover evidence of the need for development of a manual and to guide interventions with refugee populations. It was clear, across the literature, that refugees experience occupational deprivation due to multiple factors, some of which include past trauma, lack of resources, physical and/or psychosocial health problems, and lack of community support (McElroy et al., 2012). All the factors identified, demonstrated a need for the unique skillset occupational therapy professionals have to offer to help improve occupational participation and quality of life.

The literature was further reviewed to identify strategies by which occupational therapy would benefit the refugee population. Based on the results of the literature, the authors developed the product: *Home Away from Home: An Occupational Therapy Manual for Working with Refugee Populations*. The manual begins with information on therapeutic use of self with refugees which involves recognizing bias, cultural competence and ethics. Information in the next section is on developing the occupational profile with refugee clients including a brief cultural background on refugees, refugee camps, resettlement; as well as information on models and assessments that can be used to guide evaluation and intervention.



The remainder of the manual covers information on areas of occupation per the occupations listed in the Occupational Therapy Practice Framework: Domain and Process. Multiple resources are provided within the product for the reader to enhance their learning on a variety of topics to improve their knowledge base for helping refugees.

### **Implementation**

*Home Away from Home: An Occupational Therapy Manual for Working with Refugee Populations* can be implemented in a variety of ways and settings. It was designed to facilitate an understanding of refugees and the need for refugees to receive OT services; and provides direction for the service delivery process through guidance on use of models and assessments, areas to address, ethical considerations, and cultural considerations. The manual would also be useful for students in OT programs to provide a background of refugees and intervention ideas for helping refugees within the community as a part of a non-traditional fieldwork experience.

There may be barriers faced when implementing interventions with the population such as insurance coverage issues, language barrier, and personal/cultural bias. To overcome these barriers, OT professionals should work to recognize bias, develop skills for cultural competency, advocate for refugee populations, and help refugees gain access to what they need and desire to enhance their quality of life.

### **Limitations**

There are limitations identified regarding this scholarly project which need to be addressed. These limitations include, but is not exclusive to:

- The project was generalized to refugee populations as a whole, but this limits the ability to focus on refugee populations from specific geographic locations. Refugees

do experience similar struggles before resettling in the U.S.; however, the cultural background and specific needs of the refugees will be different according to geographic origin and other factors.

- The authors found limited data on refugees relating to the occupational therapists' role with the refugee population and specific evaluation and intervention approaches.
- Bias is a barrier that health professionals, including occupational therapists and students, experience that affects the quality of care refugees receive. However, limited research exists on how bias affects healthcare for refugees in the United States.
- The scholarly project was specifically targeted for OT students and practitioners which may be limiting the use beyond the target population.
- Use of the manual has not been tested by students or OTs in practice.

## **Conclusion**

Even though limitations of this scholarly project exist, the importance for the project was clear through the lack of an existing comprehensive manual for guiding OT services with refugees. The increasing number of refugees around the world and those who are resettling in the U.S. are indicators of the need for action to help this population. Occupational therapists have the necessary skills to help facilitate a more successful resettlement process within communities all over the U.S which holds great potential to improve the quality of life refugees experience.

## **Recommendations**

In summary, this final section consists of recommendations for further research or action that OT practitioners, OT students, and other professionals can implement to help

improve the frequency and quality of care refugees receive. Keep in mind that these are a few recommendations and there are many other ways to act on an individual and nationwide level.

- Further quantitative or qualitative research could be conducted on needs of refugees in the U.S. Ideas for research include research on use of OT interventions with this population, effectiveness of organizations that reach out to refugees, refugee resettlement experience in the U.S., and effectiveness of successful community programs that address occupational deprivation.
- It is recommended that this manual is expanded as additional information is identified that would be useful for OT intervention with this population.
- Advocating for this population in multiple ways is recommended to increase awareness among OT professionals about the needs of this population and the skills they have to help. This could lead to further program development, culturally competent practice, and an emerging area of OT practice.
- Occupational therapy students and occupational therapy professionals should increase involvement within community programs related to refugee populations to provide an occupational therapy perspective.
- It is recommended that *Home Away from Home: An Occupational Therapy Manual for Working with Refugee Populations* be tested in practice by OT students and clinicians.

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