2022

Working with Families with Refugee Experiences in the United States: The Impact of Forced Displacement on Parent-Child Relationships After Resettlement

Sakshi Kapur

Working with Families with Refugee Experiences in the United States: The Impact of Forced Displacement on Parent-Child Relationships after Resettlement

A DOCTORAL PAPER
PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
OFFICE OF GRADUATE EDUCATION
UNIVERSITY OF DENVER

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF PSYCHOLOGY

BY
SAKSHI KAPUR, MS
JULY 21, 2022

APPROVED: _____
Shelly Smith-Acuna, Ph.D, Chair

_____
Monica Gerber, Ph.D

_____
Clayton Kuklick, Ph.D

Abstract

Refugees resettled in high-income countries like the United States have a unique set of challenges ranging from great psychological disturbance to acculturation challenges. With recent changes to policies related to immigration and refugee resettlement in the United States after the 2016 presidential elections, the refugee diaspora was left with resettlement services focused more on ensuring national security and economic independence rather than services that catered to re-integration beyond economics like acculturation stress, family functioning, and cultural adjustment. This systemic literature review explores the impact of forced displacement and migration on individuals, with an emphasis on family systems and parent-child relationships.

A two-generation lens is explored as a way of adapting to the lack of funding and reduced workforce in order to continue providing trauma-informed, culturally congruent services for successful integration into a host country. Challenges specific to parenting after resettlement are explored through the Orienting Framework of Immigrant Parenting. The post-resettlement experience of refugee parents and children are examined through Bronfenbrenner's ecological framework to frame the discussion through a systems lens. Two parenting and youth focused interventions, chosen because of their inclusion of ecological factors that impact refugee families after resettlement, are explored that address not only mental health issues faced by parents and children, but also are formatted to provide culturally congruent services. Special considerations for working with refugees are also discussed in this paper. These include the use of interpreters and the responsibility of providers to understand the role of cultural humility when working with marginalized and diverse populations.

Keywords: Refugees, post-resettlement stressors, parent-child relationships, parenting intervention

Introduction

Migration in any form brings about a number of challenges individuals have to go through to successfully integrate in their new home country. Adjusting to a new culture, learning the language, adapting to new norms for daily life to name a few can lead to newly immigrated individuals experiencing acculturation stress, culture shock, and a period of instability before adjustment (Sheikh & Anderson, 2018). Forced migration and displacement add trauma stemming from war, civil unrest, ethnic persecution, and/or political persecution to the above-mentioned stressors. Individuals fleeing their countries in search of safety are usually unprepared for the psychological impact that war, violence, and disruption to their lives.

For refugee families, forced displacement often results in families being separated, witnessing the death of loved ones, disruptions in education and careers, and a host of mental health issues (Nsonwu, 2013; Tlaper, Monk, & White, 2020). The journey families and children have to make to get to the unpredictable safety of refugee camps only adds to the trauma of forced displacement. For parents, the need to keep themselves and their children safe takes a psychological toll on them and deteriorates their ability to be emotionally involved and present parents, thereby increasing the risk of child maladjustment (Eltanamlyh, Leijten, Jak, & Overbeek, 2021).

This paper synthesizes the psychological impact of forced displacement on children, parents, and parent-child relationship through two systems-focused lenses: Bronfenbrenner's (1977) ecological framework and Orienting Framework of Immigrant Parenting (2008). Given the reduced funding and workforce within the United States' Refugee Resettlement Program, the rationale for a 'whole family strategy' is discussed. Two different types of intervention models, the Caregiver Support Intervention (CSI) and the Refugee and Immigrant Core Stressors Toolkit

(RICST), are elaborated on in this paper because of their focus on working with refugee family systems and highlighting psychosocial factors that impact refugee youth after resettlement. The structure of the CSI and the RICST goes beyond addressing individual mental health symptoms for refugee populations and emphasizes interventions that include the contexts of refugee families that impact parenting and parent-child relationships after resettlement.

The CSI was developed for parents and children affected by armed conflict and forced migration and is an iterative model to ensure cultural applicability and feasibility by relying on repeated participant feedback (Miller et. al., 2020). The parent group included an equal number of men and women with a total of 72 participants. These participants were recruited from the local chapter of a Dutch-based non-governmental organization that specialized in working with people displaced because of armed conflict in Gaza. This nine-session intervention was first implemented in Gaza as a pilot program to assess for its usefulness and cultural fit for parents with children between the ages of 3 and 12.

While the CSI was designed as an intervention for families affected by armed conflict, the Refugee and Immigrant Core Stressor Toolkit was created to be used as an educational, assessment, and treatment-planning tool for providers globally, especially those with little experience as mental health professionals (Davis et. at., 2021). This free, web-based toolkit was developed collaboratively by refugee and immigrant mental health providers and stakeholders to increase access to information for providers working with forcibly displaced people. It uses the Four Core Stressors framework to structure the core stressors that refugee and immigrant youth commonly experience after resettlement: traumatic stress, acculturative stress, resettlement stress, and isolation stress (Davis et. at., 2021).

Working with forcibly displaced people requires more than a mere understanding of culturally responsive interventions and ability to work with interpreters. It also requires an awareness of individual and collective countertransference the word 'Refugee' evokes (Varvin, 2017). Understanding the sociopolitical attitudes towards people with refugee experiences, especially in the United States, is necessary because of the significant impact it has on the resettlement process for refugees. This cannot be done without understanding concepts like cultural competence and culture humility and the current debate between the two (Campinha-Bacote, 2018). The intention behind this review is to provide mental health professionals with the necessary foundational knowledge to work with refugee families through a clinical and sociopolitical lens.

The United States and the Refugee Resettlement Program

The refugee resettlement processes in the United States of America are overseen by the US Refugee Admissions Program which is essentially made up of several federal agencies and non-profit organizations throughout the country. Under this program, the US Office of Refugee Resettlement provides funding for nine domestic refugee resettlement agencies. Refugee resettlement agencies (RRA) are paramount in supporting refugee populations every step of the way. This process involves everything from RRA representatives meeting newly arrived refugees at airports and facilitating cultural orientations to helping connect refugees to local and federal programs for employment opportunities and health insurance.

The foundation of the Refugee Admission Program and the Office of Refugee Resettlement is immigration and refugee-related policies and legislation which impact immigration courts, visa applications, humanitarian programs to name a few. The 2016 presidential elections marked the beginning of drastic changes to these policies and legislations.

President Trump signed the Executive Order titled “Protecting the Nation from Foreign Terrorist Entry into the United States” which introduced cuts to funds released for RRAs and lowered the number of refugees accepted by the United States (National Security & Defense, 2017). The 2017 fiscal year saw a decrease in the number of people with refugee experiences arriving in the United States by 31,279, which is a significant decline when compared to the Obama administration’s last full fiscal year where 84,994 people with refugee experiences arrived in the country (Rodrigues, McDaniel, & Tikhonovsky, 2020).

The state and local agencies tasked with serving the refugee population saw a significant decrease in funding in 2017 because of the above-mentioned executive disorder. Agencies were forced to scale back not only the programs they offered but also their workforce (Rosenberg, 2018). Additionally, there was an increase in the anti-refugee rhetoric in the United States, which aided in politicizing the refugee crisis and reframing this issue as a threat to national security as opposed to a humanitarian crisis (Rodrigues, McDaniel, & Tikhonovsky, 2020). Immigration and Customs Enforcement (ICE) records reflect a 42% increase in non-criminal arrests made by ICE officers, with the number jumping from approximately 4,200 in 2016 to more than 10,800 in 2017 (U.S. Immigration and Customs Enforcement, 2017).

These factors have compromised the caseworkers’ ability to work with refugee clients all over the country by forcing them to prioritize national security considerations. This meant shifting their focus from helping refugees resettle and integrate successfully in their new communities to educating them on immigration policies, refugee rights, and communicating with ICE officials in spite of the thorough vetting process of the refugee resettlement program (Rodrigues, McDaniel, & Tikhonovsky, 2020; Akinsulure, Espinosa, Chu, & Hallock, 2018).

Rationale for a 'Two-Generation lens' and 'Whole Family Strategy'

The global child refugee population saw a dramatic 77% increase between 2010 and 2015, with speculations that this number will continue to increase as time goes on (Alipui & Gerke, 2018). The current child refugee population was estimated to be 11.8 million in 2021 (UNHCR, 2021. Children, considered a special refugee population, are at a significantly higher risk of developing significant mental health issues than their non-refugee peers in the United States. Common experiences of child refugees include forced displacement, traumatic loss, and community and family violence before they even get to a refugee camp (Vossoughi Jackson, Gusler, & Stone, 2018). The increasing number of children forcibly displaced because of violence presents a greater challenge for host countries and their capacity to meet the needs of these children. Successful refugee resettlement depends not just on addressing traumatic experiences of refugees but also on the opportunities provided to them by host countries after resettlement.

A recent study conducted by Shaw et al. (2021) identified themes that are indicative of successful resettlement after interviewing a diverse sample of people resettled as refugees in the United States for a minimum of five years. While economic self-sufficiency and independence from public benefits are considered indicative of successful resettlement by the Office of Refugee Resettlement, the participants in this study cited safety as the most important factor of successful resettlement. Safety from violence, threats, and abuse was considered foundational for participants to be able to adapt to their new home. Other factors named by participants were educational attainment and knowledge, financial stability, and social connections (Shaw et al., 2021). Economic well-being, while seen as a priority, was explicitly identified by participants as secondary to other factors leading to successful resettlement like social connections and

educational attainment. For parents in this study, educational attainment for their children was important and had a significant impact on their ability to feel integrated in their new communities (Shaw et al., 2021).

As a response to the unprecedented challenges currently being faced by refugee resettlement programs and agencies in the US, namely budget cuts and staff shortages, there has been an emphasis on providing refugee resettlement and integration services in cost effective and creative ways. A two-generation lens rests on the clinical argument that addressing the needs of the children will have a recognizable positive impact on their parents and vice versa (Greenberg, Gelatt, Bolter, Workie, & Charo, 2018). These efforts advocate combining reintegration programs for adults and children based on family systems theories to create stable and self-sufficient families. This makes room for agencies to go beyond the traditional focus of the US refugee resettlement programming of rapid employment, to add other wrap-around services like accessible child care and educational services to meet the needs of the whole family (Rodrigues, McDaniel, & Tikhonovsky, 2020).

The two-generation approach provides refugee families wrap-around services that address their needs in their specific context and covers both short and long term needs of the family system (Alipui & Gerke, 2018). This approach leans on family stress models that highlight parenting practices as a significant factor in affecting child mental health outcomes. These models posit that parenting is a major mediator between family stressors, like violence and poverty, and child adjustment (Gillespie et. al., 2022). For refugee children, parents and non-biological caregivers are usually the only permanent figures through chaotic and uncertain periods of transition. Refugee families experience high levels of instability and stress which impact the relationship between parents and their children (Alipui & Gerke, 2018). These

experiences also negatively impact the parents' abilities to provide their children with the necessary support because of their own trauma. Therefore, it is crucial that the needs of the parents and caregivers be considered when thinking about resettlement support.

Cultural Considerations for Parenting

Individualism vs. Collectivism

Historically, the individualism and collectivism dichotomy has long been used to guide cross-cultural comparisons, especially when parenting styles and family life. However, contemporary scholars recognize that assuming individualism and collectivism values based on nationality or ethnicity serves as a limitation rather than a progressive, culturally responsive lens when studying parenting styles (Lansford et al., 2021). Instead, accepting these constructs not as opposites but as constructs that can coexist within any cultural group is more scientifically and ethically sound when studying family systems and parenting styles (Lansford et al., 2021; Oyserman, Coon, & Kemmelmeier, 2002).

A recent longitudinal study of 1338 parents from China, Columbia, Italy, Jordan, Kenya, Philippines, Sweden, Thailand, and the United States examined how constructs like individualism and collectivism impact parenting attitudes. With the help of self-report questionnaires, surveys, and semi-structured interviews, the data collected pointed to socioeconomic factors as being more predictive of parenting attitudes than the participants' nationality (Lansford et al., 2021). The factors that were the most reliable predictors of an authoritarian parenting style and rigid gender roles were parental education, household income, and religion. More specifically, family systems with less parental education, lower household incomes, and high religiosity were more likely to display more authoritarian parenting attitudes more rigid gender roles (Lansford et al., 2021).

Immigration and Parenting

The Orienting Framework of Immigrant Parenting outlined by Ochocka & Janzen (2008) helps provide a foundation to understand how immigration, forced or voluntary, impacts parenting narratives. This ecological approach helps practitioners and researchers conceptualize immigrant parenting as fluid in nature as they begin the resettlement and integration processes in the host country. This research was done in Toronto, Ottawa, and Waterloo, Canada and included 317 recent immigrant parents who were then divided into 50 focus groups. These participants were selected on the basis of the diverse regions and languages they represented, including Cantonese, Farsi, Gujarati, Mandarin, Pashtu/Dari, Punjabi, Russian, Serbo-Croatian, Somali, Spanish, Tagalog/Filipino, and Tamil (Ochocka & Janzen, 2008).

Their research identified six main components of immigrant parenting that formed the basis of this framework:

Parenting orientations. This included the values, beliefs, and aspirations parents have for their children. The value of respect and the importance of a focus on family were common across all groups with the biggest difference in opinions on maintaining religious beliefs. Common aspirations included good education, economic security, and hope that their children would contribute to society.

Parenting styles. This includes how parents use the parenting orientations to interact with and shape their children's behaviors. This component highlights culturally informed discipline strategies and how they teach their children to differentiate between good and bad decisions. These are based on the lived experiences of parents before immigrating to the host country.

Host country context. In the Canadian context, parents in this study thought of Canadian children as independent and hedonistic. They believed Canadian parents to be permissive and

questioned the lack of involvement of extended family in raising their children. They thought the schools emphasized independence more than academic achievement. Additionally, parents shared feeling frustrated about the laws that restricted their ability to control their children.

Parenting modifications. These are the changes that immigrant parents made in order to adjust to the rules and norms of their new context. The most common changes mentioned by parents in these focus groups were related to discipline strategies and the loss of power and control over their children because of laws and expectations around parenting in Canada.

Parenting contributions – Benefit to the host country. The data collected for this component was scarce. The two contributions cited by most parents included ways that they can help newly settled parents from their own linguistic-cultural communities and what Canadian parents can learn from immigrant parenting. The biggest difference between immigrant parenting and Canadian parenting mentioned by participants in these focus groups was in respect towards elders and directive nature of discipline.

Parenting supports. This component was added by researchers based on the data collected from the focus groups. It highlights three main types of supports immigrant parents need in order to adjust to the new country. These include helping parents understand and settle within their new context, guiding them through the modifications needed in parenting strategies, and helping to facilitate the process of integration between immigrants and local populations.

Refugees and Parenting

For people with refugee experiences, resettlement brings about its own unique set of challenges. Families uprooted from their social, cultural, and economic contexts, once resettled, have to readjust salient aspects of family life, interactions, and relationships (Ballar, Wieling, & Dwanyen, 2020). The pre-migration traumas that families experience play an important role in

shaping family relationships and interactions during and after resettlement. Common pre-migration traumas parents experience are torture, gender-based violence, forced labor, starvation, separation from family members, and residency in refugee camps. Post-migration experiences for many refugee parents include isolation, poverty, discrimination, and mental health disorders (van Ee, Kleber, & Jongmans, 2016; Ballard et. al., 2020).

In addition to factors like poverty and less education that impact parenting styles and attitudes, as established by Lansford et al. (2021), parents exposed to chronic trauma are more likely to be emotionally withdrawn or detached and use harsh discipline strategies (van Ee, Kleber, & Jongmans, 2016; Ballard et. al., 2020). They are more likely to be aggressive, have low parenting satisfaction, and poor parent-child relationship quality (Ballard, et. al., 2020). Parents and children who fled communities with ongoing trauma have a greater likelihood of developing post-traumatic stress responses (Finklestein, 2016; van Ee, Kleber, & Jongmans, 2016; Ballard et. al., 2020). Mental health outcomes for children of refugee parents suggest a positive correlation between parents' post-traumatic stress and children's rates of depression, anxiety, and distress (Brand et. al., 2011; Ballard et. al., 2016; Finklestein, 2016).

For family systems particularly, resettlement stressors also include the process of acculturation and cultural dissonance (Moinolmolki et. al., 2020; McCleary et. al., 2019). Acculturation is a process that immigrants, including refugees, experience after moving to a new country with different cultural and social norms (Dalgaard & Montgomery, 2015; Moinolmolki et. al., 2020; McCleary et. al., 2019). This process involves a period of adjustment for individuals as they learn attitudes, values, and socially accepted behaviors of their new home country.

As refugee parents and children begin to adjust to life in a high-income country like the United States, acculturation gaps between the two groups become more evident as children are

more easily able to adjust to their new context than their parents (Moinolmolki et. al., 2020; Hoshino-Browne et. al., 2005). Refugee family systems with acculturation gaps report high parent-child conflicts and low quality of relationships between members (Ballard et. al., 2020). During this process, it is common to see families experience breakdowns in their usual communication styles, loss of parental authority and control, and distancing between parents and their children.

A recent research study by Moinolmolki et. al. (2020) attempted to identify challenges refugee parents experience after resettling in the United States and the resources they need to help reduce parenting stress. The participants included Congolese, Somali and Bhutanese parents who were resettled in the US within the last 10 years and were above the age of 17 with at least one child. Participants were divided into three distinct groups based on cultural background and nationality. The researchers used grounded theory to analyze the data collected and identify themes related to challenges and resources regarding parenting.

Challenges for resettled refugee parents

Limited financial and cultural resources. Refugee parents struggle with obtaining employment with adequate financial compensation to provide for their families. Refugee parents are more likely to experience downward social mobility and financial standing after resettlement. Frustrations also include limited cultural resources needed to navigate systems that their children interact with like schools. Additional concerns about interacting with the school systems included frustrations about their religion and culture not being acknowledged or respected by teachers and school officials. Lastly, there are concerns about agencies like Child Protective Services (CPS) and limited information on culturally appropriate discipline strategies which leads to fear about their children being removed from their care. This aligns with the Orienting

Framework of Immigrant Parenting (2008) components of parenting modifications and the host country context where parents shared concerns regarding different academic expectations and feeling restricted in the ways they can discipline their children (Ochocka & Janzen, 2008)

Cultural dissonance. A direct result of acculturation gaps in family systems is cultural dissonance – a clash between their native culture's and host culture's values and norms. Refugee parents report feeling frustrated with the school systems for teaching concepts that tend to go against their cultural roots. Particularly for parents from collectivistic cultures, appropriate communication with teachers and discipline strategies were the most commonly reported concerns. Parents end up feeling helpless when thinking about how to interact with and discipline their children.

Shifts in power dynamics/helplessness in parenting. The cultural dissonance that refugee parents experience has a negative impact on this ability to effectively parent after resettlement. This is because of a shift in power dynamics between parents and their children since children are more easily able to adjust to their new contexts. This shift in refugee family systems increases parent-child conflicts because children are able to use their knowledge about CPS and other systems to their advantage. Often, this leads to refugee parents taking a back seat when it comes to parenting because of inaccurate cultural and systems knowledge.

Resources for improved parenting

Better communication. Acculturation disparities often lead to communication problems between parents and children. Many refugee parents feel an increasing distance between themselves and their children, attributing it to lack of intercultural communication between them. Refugee parents expressed the need for culturally specific classes for their children as a way to bridge the communication gap between them.

Respect. The cultural dissonance felt between refugee parents and their children, stemming from acculturation gaps, often leads to parents feeling disrespected. As children begin to adjust to their new lives in the United States, their ways of communicating and interacting with their parents moves closer to match the new cultural norms and accepted behaviors. Parents struggled with the freedom that children have and felt a loss of authority and control they used to have before resettling.

Informational and educational resources. The need for information and educational resources after resettlement in the United States was a need identified by many refugee parents. While integration programs exist within their new communities, parents felt the information provided was not sufficient for them to navigate the educational system in a successful and productive manner. The need for more English as a Second Language (ESL) classes was stressed by families and community members when thinking about not just communicating with the schools but also to help with their search of gainful employment.

Children with refugee status and post-resettlement experiences

For children, the adversities that necessitated their flight to safer areas mark the beginning of a long period of turbulence. A crucial part of the migration experience for children is the time they spent in refugee camps before resettlement or repatriation. Refugee camps are intended to be temporary shelters for people seeking refuge from areas of war and armed conflict however most forcibly displaced individuals end up in protracted refugee situations. The UNHCR (2019) defines protracted refugee situations as those when people have been living in exile for more than five consecutive years. For children, the psychological toll of witnessing and escaping conflict and being ‘temporarily’, settled in refugee camps for a prolonged period of time cannot be overlooked. (Gharabaghi & Anderson-Nathe, 2014).

Children with refuge experiences arrive with little or disrupted education and high levels of trauma, anxiety, and depression (Henly & Robinson, 2011). Newly resettled families tend to struggle with significant levels of stress produced by unemployment and poverty (Fazel et al., 2012). As a result, older children may be expected to work to help parents pay for basic needs like food and rent (Bettmann et al., 2017; Betancourt et al., 2015; Fazel et al., 2012; Henly & Robinson, 2011).

Regarding schooling and education environments, refugee children and children born in refugee families after resettlement tend to experience discrimination by peers and a lack of cultural sensitivity by the teachers they interact with. These challenges are further exacerbated by limited English proficiency skills (Bettmann et al., 2017; Betancourt et al., 2015). Additionally, refugee children are often perceived as having behavioral problems by school officials which has a direct negative impact on their academic performance and attendance. Refugee children are more likely to receive poor/failing grades, not enroll in school, and dropout at higher rates than their non-refugee peers (UNHCR, 2019)

Bronfenbrenner's Bioecological Theory and Refugee Children

Bronfenbrenner's theory seeks to understand how people interact with their social and physical environments and how that impacts their functioning in a given society (Kreitzer, McMenemy, & Yohani, 2022). The application of this theory for understanding child development helps highlight that children develop not in a vacuum but in relationship to the people and environments around them (Alipui & Gerke, 2018).

This theory is represented in four concentric circles, with the person being in the center, that each represent the social and physical environments children interact with. The person embodies personal characteristics, which include age, gender, mental, emotional, and material

resourcing, motivation and temperament (Kreitzer, et al., 2022). The first circle an individual comes in contact with is the microsystem. This includes interpersonal relationships and face-to-face interactions with their daily environment. For children, it would be parents, siblings, neighbors that help shape their development (Kreitzer, et al., 2022). The mesosystem is the second circle which includes interactions between more than one setting that a child participates in like interactions between familes and school or health care providers (Kreitzer, et al., 2022). The third circle is the exosystem which includes formal and informal structures do that directly impact individuals, especially children, however can have an indirect impact on development like cultural community, immigration systems, and health care systems (Kreitzer, et al., 2022). The last circle is the macrosystem which includes the larger social, political, and economic environments of an individual like cultural beliefs, national ideologies, and economic policies (Kreitzer, et al., 2022).

Arakelyan and Ager (2021) used this framework to look at the various factors that have an impact on the mental health and psychosocial adjustment of refugee children. The following factors were identified as the most salient in each circle for children with refugee status, based on a review of 65 studies on the biopsychosocial adjustment of children pre- and post-resettlement:

Individual factors

Exposure to violence. The presence and severity of post-traumatic stress disorder is associated with the number of traumatic experiences children have experienced. Children experienced more sleep difficulties and anxiety symptoms if they had been directly exposed to traumatic experiences. Direct exposure to violence is also associated with increased internalized difficulties (Fazel et al., 2012).

Age and Sex. The relationship between age and the prevalence of psychological symptoms in refugee children has been notoriously challenging to study because of the sheer number of confounding factors like age of the first traumatic experience, duration of exposure to adverse events, age at displacement, and educational experiences to name a few. The relationship between sex and psychological disturbance does play a role in the presence and duration of mental health symptoms. A literature review by Alipui & Gerke (2018) suggests emotional problems, depression, anxiety and somatic symptoms are more prevalent in girls even when boys were equally exposed to traumatic experiences. Additionally, the literature suggests that girls were more likely to report internalizing symptoms post-resettlement while the data on boys seems inconclusive at this point in time.

Education. No direct association has been conclusively established between level of education and psychological disturbance. There is some evidence to suggest that children who had improved mental health outcomes a decade after resettlement were more likely to be invested in their educational endeavors (Fazel et. al., 2012).

Host country's language literacy. More than education, language literacy was found to impact refugee children's functioning significantly. Children experience a higher level of discouragement because of language barriers, and are more likely to be placed in lower-level classes, and have a higher rate of dropping out of school than non-refugee children (Fazel et. al., 2012; Nsonwu et. al., 2013; Alipui & Gerke, 2018; d'Abreu et. al., 2019). A confounding factor was the difficulty refugee parents experienced because of language barriers. Parent-child relationships often suffer because parents tend to rely on children to be translators for them, thereby reversing the power dynamics in the parent-child dyad (Silove et. al., 2017; d'Abreu et. al., 2019).

Ethnic identity. There is consensus in the literature about the relationship between salience of ethnic identity and psychological wellbeing after resettlement. Children and adolescents who have a stronger ethnic and cultural identity and awareness seem to do well even after the first year of resettling (Henley & Robinson, 2011; Joyce & Liamputtong, 2017). The difference between the values of the culture of origin and the host country also had an impact on children's psychological wellbeing. The larger the difference, the greater the likelihood of experiencing discrimination (Silove et. al., 2017; d'Abreu et. al., 2019; Arakelyan & Ager (2021).

Microsystem

Family exposure to violence. Parental exposure to violence is a significant factor in predicting psychological wellbeing for refugee children. Certain types of violence like parental torture and death have a stronger association with psychological disturbance for children (Fazel et. al., 2012; Nsonwu et. al., 2013; Alipui & Gerke, 2018; d'Abreu et. al., 2019). Families' exposure to adverse experiences before the birth of a child also has an impact on the psychological wellbeing of the children.

Family composition and functioning. There is a need to distinguish refugee children who are accompanied by at least one family member during the resettlement process and children who are unaccompanied, because of the difference in mental health outcomes after resettlement. Children who are unable to contact their relatives after resettlement fare worse than children who have contact with even one relative. Refugee children who have a higher level of perceived parental support experience relatively fewer psychological issues (Berthold, 2000). Additionally, children tend to adjust and learn faster than adults and this causes a shift in the dynamics in a family system after resettlement. Often, older refugee children and female refugee children

experience parentification after resettlement because of the need to help their parents communicate with the various systems and take care of younger siblings (Bettmann et. al., 2017).

Parental education. The relationship between the education level of parents and refugee children's psychological well-being has not been conclusively established. In some cases, educated families are targeted because of their intellectual standing in society, therefore serving as a risk factor (Fazel et. al., 2012).

Parent-child relationships – Acculturation gaps. Children and parents have different capacities to assimilate and adjust to the host country. The literature on parent-child relationships after resettlement suggests that parents at times feel distant from their children because of the difference in acculturation (Fazel et. al., 2012). Refugee parents are more likely to maintain some connection to their native culture and countries and while this is a protective factor for parents, it has the capacity to increase tension between parents and children. Adolescents who have higher rates of acculturation usually experience greater family conflict (Fazel et. al., 2012; Nsonwu et. al., 2013; Alipui & Gerke, 2018; d'Abreu et. al., 2019).

Parent-child relationships – communication styles. As a result of different acculturation gaps between parents and their children, parents have a difficult time with understanding post-resettlement experiences of their children. This in turn has an impact on the children's willingness to be open with their parents about their feelings. Additionally, if there is no shared language spoken at home, it can create intergenerational conflicts in the parent-child dyad considering children who arrive in the United States at younger ages are less likely to be proficient in their parents' native language (Alipui & Gerke, 2018; d'Abreu et. al., 2019).

Parent-child relationships – gender roles. Family systems in collectivistic cultures usually have clear gender hierarchies within which every member fits. Adolescent girls experience different parenting approaches than boys (Fazel et. al., 2012; Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014). Girls are more likely to be held back from school to help with housework or watching over their younger siblings while the parents are at work and tend to report feeling more controlled than boys. Boys usually enjoy more freedom outside of the home than girls (Alipui & Gerke, 2018; d'Abreu et. al., 2019).

Parenting styles and values. The parenting styles in host countries like the United States usually is significantly different in cultures that tend to favor more authoritarian parenting styles. The literature suggests that parents at times feel a loss of control and respect from their children after resettlement as they assimilate in the host country's culture (Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014). Parents experience feeling worried about using traditional discipline methods like corporal punishment because of the laws in the host country regarding the use of physical discipline strategies (Silove et. al., 2017; d'Abreu et. al., 2019; Arakelyan & Ager (2021).

Mesosystem

Home-school communication. A recent student by Cranston et. al. (2021) found the following factors made it challenging for Arabic-speaking refugee parents to develop a positive relationship with the schools their children attended: (1) limited language proficiency, (2) competing basic needs, (3) lack of communication and understanding of homework, (4) teachers' limited cross-cultural and interreligious understanding, and (5) sexual health education being a contested shared space. Additionally, because of the difference in acculturation and communication styles between parents and children, more often than not, children end up serving

as translators for parents when interacting with the educational system. Research suggests that children in this position tend to experience higher level of depressive symptoms and family conflict (Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014; Fazel et. al., 2012)

Exosystem

There are a number of systems that refugee children do not come in contact with directly even though they are directly impacted by these systems. These include the policies that directly impact the host country's ability to serve the refugee population after arrival and the community they are settled in (Fazel et. al., 2012; d'Abreu et. al., 2019). Older refugee children are more often aware of these policies and how they impact their sense of belonging and safety as they settle in their new home. These include awareness of the resettlement process in the host country and awareness about political attitudes and ideologies about refugees in the host country(Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014).

Macrosystem

Immigration processes. Post-migration experiences of children have an undeniable impact on their mental health and dictates how successful their resettlement experience is going to be. There is conclusive evidence in the literature that suggests detention after migrating to the host country leads to the exacerbation of trauma symptoms like intrusive memories, sleep disturbance, self-harm, among other symptoms. These symptoms exacerbate existing mental health challenges faced by children because of pre-migration experiences like armed conflict, war, ethnic persecution, separation from family members, witnessing violence and torture.

(Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014; Fazel et. al., 2012; Alipui & Gerke, 2018; d'Abreu et. al., 2019).

Conditions of resettlement. There is a positive correlation between mental health outcomes and the number of relocations children experienced within the asylum system. Children who are relocated four or more times within the system have poor mental health outcomes when compared to children with more residential stability with the asylum system (Fazel et. al., 2012). The literature suggests that safety and privacy are more indicative of mental health outcomes than the actual area of resettlement, urban or rural.

Safety concerns about discrimination and perceived discriminations have a significant impact on the mental health of children and adolescents. The research on perceptions of refugee children by host countries suggests they are more likely to be seen as problematic and oppositional because of the mental health issues stemming from forced displacement (Bettmann et. al., 2017) Refugee children's perceived support from peers seems to serve as a buffer against discrimination experiences and leads to an increased sense of belonging (Fazel et. al., 2012; d'Abreu et. al., 2019). There are some gender differences regarding the impact of discrimination. Boys have a greater likelihood of experiencing prejudice than girls and subsequently report poor mental health symptoms. The level of connectedness children felt in their residential neighborhood can serve as a protective factor by increasing their sense of belonging (Fazel et. al., 2012; d'Abreu et. al., 2019).

Time spent in host country. The longer refugee children spent in their host country, the better acculturative and mental health outcomes they had (d'Abreu et. al., 2019). The level of assimilation was positively correlated with length of time for children even though it increases the acculturation gaps between them and their parents.

This framework provides resettlement staff and mental health professionals with the necessary foundational information needed to work with refugee children and families. It contextualizes the experiences of children and families who have been forcibly displaced and can inform interventions at various individual, familial, and systemic levels. This ecological framework can help in creating a supportive and welcoming environment for children and their families in order to facilitate integration and successful resettlement in the host country (d'Abreu et al., 2019; Ochocko & Janzen, 2008).

Culturally responsive mental health interventions

One's culture has a significant impact on help-seeking behaviors. The complexity and severity of traumatic experiences that refugee families experience during pre- and post-displacement journeys necessitates the use of culturally responsive mental health services. Mental health professionals who work with refugees also need to be mindful of potential diagnostic errors when thinking about trauma symptomology. Cultural conceptualizations of mental health issues and an understanding of traditional healing practices consistent with clients' culture are an important part of the multicultural counseling competencies established by the American Psychological Association (2017).

One's culture influences perceptions of traumatic events and the belief systems that help make sense of these events. Similar trauma symptoms may exist in different cultures but they may not necessarily have the same value or meaning for the people in that culture, for example in some cultures experiencing anger or sadness is seen as harmful, and expression of grief is only permitted during the funeral period, some cultures normalize somatization and think of it as an adaptive response to trauma (Nicholl & Thompson, 2004; Perry et al., 2021).

Refugees are at a significantly higher risk of developing complex post-traumatic stress disorder, as included in the 11th revision of the International Classification of Diseases (Liddell et. al., 2019). However, the diagnostic criteria for post-traumatic stress in the ICD-11 is based on a western understanding on trauma and greatly minimizes the reality of refugee experiences and the significance of the ongoing stressors faced by the refugees (Nicholl & Thompson, 2004). The Diagnostic & Statistical Manual-5 guidelines underscore the role of culture in determining the expression of the syndrome in non-western individuals (Perry et al., 2019).

Treatment guidelines for trauma treatment, as established by the International Society for Traumatic Stress Studies (ISTSS) recommend a phased treatment approach as opposed to stand-alone trauma focused treatment because of the risk of psychologically overwhelming and consequently decompensating refugee clients (Heide et. al., 2016; Miller et. al., 2020). The widely accepted treatment standard includes three phases where the first phase focuses on safety, symptom reduction, and skills training, the second phase focuses on processing traumatic memories and the third phase focuses on social and psychological (re-)integration (Herman, 1992; Heide et. al., 2016).

While there are a number of individualized trauma treatment models, some with cultural considerations, working with refugee family systems requires an additional layer of awareness and knowledge of phased treatment protocols and how sociopolitical and ecological contexts intersect with their mental health functioning (Bemak & Chung, 2017). The two models of phased trauma-focused parenting interventions that will be elaborated on are the Caregiver Support Intervention (CSI), developed by a non-governmental organization in the Netherlands specializing in families affected by armed conflict, and the Refugee and Immigrant Core Stressors Toolkit, supported by Boston Children's Hospital since March 2018.These models and

interventions were developed for refugee families by using culture-specific language and concepts and their ecological contexts as a foundation. They incorporate the involvement of family systems and communities by addressing the needs of the whole group as opposed to siloed treatment interventions.

Caregiver Support Intervention (CSI)

The CSI is a nine-session group intervention for refugee parents and other caregivers of children between the ages of 3 and 12. The program was created by a Dutch non-governmental organization that works with families affected by armed conflict and forced migration with the intention of strengthen parenting relationships. Implemented within the local chapter of the Dutch0based organization in Gaza as a pilot program, this intervention takes two different approaches: direct and indirect. The direct approach is geared towards reducing stress and improving psychological wellbeing of the parents and the indirect approach is geared towards increasing knowledge and skill associated with positive parenting practices that are nurturing, authoritative, and non-violent (Miller et. al., 2020).

The first four sessions of this group intervention focus on increasing parent wellbeing because of the impact that healthy parenting has on child development and its ability to be a mediating factor for trauma in contexts of armed conflict and forced displacement. Topics like the impact of stress on parenting, increasing social support, coping with stress, frustration and anger are part of these sessions. Because of the importance of building community support, the group format is an intentional decision to foster connections between parents and strengthen their sense of belonging in their new home country (Miller et. al., 2020). Every session is designed to end with a new form of stress management and parents are provided with copies of these techniques to encourage them to practice these at home.

The second half of the intervention focuses on parenting in adverse contexts. These sessions provide parents with psychoeducation on child development and ways to support healthy psychosocial development in children. Building on the information provided during the first half of the intervention on how stress impacts parenting, the focus is placed on nurturing parent-child interactions and increasing positive attention giving in parents (Miller et. al., 2020). Parents are also taught how harsh parenting practices like corporal punishment affect children's wellbeing and are introduced to authoritative, non-violent, and nurturing ways of behavioral management (Miller et. al., 2020). The group intervention concludes with a final session that helps with reviewing the intervention and options for reconnecting if parents need a refresher on parenting.

After completing the pilot round, the 72 participants were divided into focus groups to provide feedback on the effectiveness of the intervention and aspects that needed improvement. The key findings from the focus groups suggest a high participation level and low attrition rates among both men and women. Participants reported using less harsh parenting strategies with their children and reported an increase in parental warmth. They attributed this to learning more about the impact of harsh parenting on child development and having access to stress management techniques taught in this intervention (Miller et. al., 2020). Participants also reported teaching stress management techniques to other members in their community and their children because of their effectiveness.

The data collected from this round was used to re-evaluate and revise the CSI to implement it in Tripoli, Lebanon with Syrian refugee families. There were a few differences between the first round of CSI in Gaza and the one that was used in Lebanon. The creators of the CSI added material relevant to children older than 12, changed the language from Gazan Arabic

to formal Arabic after consulting with Syrian community members, and created a facilitator's manual for CSI to train new facilitators as needed (Miller et. al., 2020). Key findings from the focus groups of 74 Syrian refugee families that participated showed were similar to those found in Gaza however, unlike their Gazan counterparts, had a higher attrition rate.

The focus groups in Lebanon suggested the higher attrition rates were indicative of more psychological disturbance in the Syrian participants and reluctance of men to stay engaged throughout the intervention (Miller et. al., 2020). The data collected from these focus groups was used to revise this intervention to fill in the gaps identified by the participants. These included recognizing the fathers' own ways of coping with stress before introducing any new techniques, adding scientific evidence on the effectiveness of the stress management techniques as requested by most of the fathers in the focus group, showing videos of fathers playing with their young children to address the misconception about children not needing fathers till after they turned five, and interactive video-based activity to teach participants about child development (Miller et. al., 2020).

After incorporating these changes, the CSI was implemented for a second round in Lebanon to assess its cultural fit and feasibility. The questionnaire and feedback collected after the nine sessions showed that the revisions were able to adequately address the information and implementation gaps and in doing so, enhanced the feasibility of this model, including low attrition rates among men (Miller et. al., 2020).

The Refugee and Immigrant Core Stressor Toolkit (RICST)

The availability of free, web-based tools has understandably become more important because of the COVID-19 pandemic. The World Health Organization recently funded an online mental health intervention called Step-by-Step which was piloted in Germany for Syrian

refugees (Burchert et al., 2019). Outcome data collected from the pilot round showed that individuals who received Step-by-Step showed improvements in symptoms of anxiety, post-traumatic stress, well-being, and personal problems, with improvements maintained at 3-month follow-up. The success of this intervention in Germany prompted a parallel trial with Lebanese refugees and other populations living in Lebanon with similar positive results (Davis et al., 2021)

Most available resources are for direct use by refugee and immigrant individuals with few focusing specifically on building service provider effectiveness in serving refugee and immigrant youth. An example of an online resource, in addition to the RICST, for service providers is Switchboard, a technical assistance platform funded through the US Office of Refugee Resettlement, provides access to e-learning modules, resource libraries, and individualized technical assistance to support service providers caring for refugee populations (Davis et al., 2021).

The RICST free, web-based toolkit was developed collaboratively by refugee and immigrant mental health providers and stakeholders to increase access to information for providers working with forcibly displaced people. It uses the Four Core Stressors framework to structure the core stressors that refugee and immigrant youth commonly experience after resettlement: traumatic stress, acculturative stress, resettlement stress, and isolation stress (Davis et. at., 2021). The goal of this framework is to increase the effectiveness of programs developed to serve refugee youth and families, even if they resettled in low- or middle-income countries like Turkey and Thailand (Davis et. al., 2021). The foundation for this framework was the need for low-cost and effective intervention programs for refugee families, especially in light of the budget cuts after the 2016 presidential elections in the United States (Chambers et. al., 2020).

The RICST (2021) was developed to be clinically accessible and actionable by getting rid of excessive clinical jargon and gearing recommendations for clearly identified needs for providers across different sectors involved in serving the refugee populations (Davis et. al., 2021; Ellis et. al., 2019).

It has five different components: (a) an overview of the Four-Core Stressor framework (b) stressor specific educational component and sample guiding questions (c) scaffolding to assess refugee youth on a spectrum of low to high risk for each stressor (d) specific intervention suggestions and strategies for the provided risk assessment and (e) user feedback and usability questions in the end (Davis et. al., 2021). Each component serves to educate service providers about refugee youth and families in a culturally responsive manner. The intervention strategies are designed to encourage collaboration with community members and cultural brokers to provide refugee families with services that are culturally congruent (Davis et. al., 2021).

This Four Core Stressors framework structures the unique needs of refugee populations by addressing relevant socioecological factors influencing their mental health post-resettlement. The four main stressors, according to this framework, that refugee children and families experience are traumatic stress, acculturative stress, resettlement stress, and isolation stress (Davis et. al., 2021).

Traumatic stress is explained by providing information about the pre- and post-migration journey refugee families have to go on to escape war and armed conflict (Davis et al., 2021). This information is used to facilitate an understanding of the different types of traumas that refugees experience at multiple points during their journey to safer living circumstances. Users are introduced to three domains of traumatic stress which include emotional regulation, social support, and environment to assess for ongoing trauma (Davis et al., 2021). They are also

provided with sample questions to help gather this information, especially when working with children and parents.

Acculturative stress is explained as stress that refugee children and families experience as they try to settle in their new home and navigate between their new culture and their culture of origin (Davis et al., 2021). This process involves a period of adjustment for individuals as they learn attitudes, values, and socially accepted behaviors of their new home country. Users are guided through three domains of acculturative stress which include acculturation, language, and parenting capacity (Davis et al., 2021).

Resettlement stress primarily focuses on foundational health, safety, and infrastructure needs (Davis et al., 2021). Examples include difficulties finding adequate housing or employment, transportation difficulties, and financial stressors such as poverty. Users explore four domains of resettlement stress: basic needs, healthcare and access to services, legal status, and special considerations for children separated from families or held in detention (Davis et al., 2021).

Isolation stress is experienced because of minority status in a new country (Davis et al., 2021). For refugee populations, it tends to include loss of social status, discrimination, and feelings of loneliness or loss of a social support network. Users explore three domains of isolation stress which include informal social support, formal social support, and discrimination, stigma, and bias (Davis et al., 2021).

The pilot investigation conducted between March 2018 and October 2020 showed that the RICST was used by 25 low- and middle-income countries, Canada, and the United States (Davis et. at., 2021). Like the CSI, this toolkit is designed to be iterative, and the development team incorporate feedback in subsequent iterations of the RICST. Key findings after the pilot

investigation indicate this toolkit was helpful for service providers in learning about forcibly displaced youth and identifying specific interventions based on the psychoeducation provided on the Four Core Stressor framework. Feedback explicitly mentioned the toolkit's emphasis on the location of service provision to ensure cultural applicability of information and interventions provided in this toolkit.

The RICST is an educational, assessment, and intervention planning tool that has demonstrated promise in increasing provider effectiveness by explaining the four core stressors common to refugee and immigrant youth, especially as it addresses a growing need for accessible, web-based provider resources to promote mental health (Fairburn & Patel, 2017; Muñoz et al., 2018). The feedback collected from the pilot round highlighted that most providers noted that this toolkit was a valuable educational tool for staff who were unfamiliar with or had little mental health experience with the refugee population (Davis et. at., 2021).

Special considerations

Working with interpreters

Because of different acculturation rates between refugee parents and children, children often end up being the translators between their parents and various systems in the host country. Research suggests that children in this position tend to experience higher levels of depressive symptoms and family conflict (Henley & Robinson, J. 2011; Joyce & Liamputtong, 2017; Kim, Chen, & Spencer. 2012; Kim & Kim, 2014; Fazel et. al., 2012). It disrupts power dynamics between children and parents, especially in collectivistic cultures, and it puts children in a position where they might have to communicate sensitive health information or ask parents to disclose sensitive information (Rousseau et. al., 2011).

Throughout the literature on working with refugee populations, language barriers have been identified as a consistent and significant barrier for services across multiple sectors. Interpreters are a necessary part of working with refugee families as they begin the process of resettling and adjusting to their new life in the host country. Providing culturally appropriate services necessitates the use of interpreters, however, it is important to consider the kind of training interpreters go through and how they impact the therapeutic relationship (Rousseau et. al., 2011; Gartley & Due, 2017).

The literature on working with interpreters points to a number of benefits and challenges when working with interpreters. Interpreters are seen as a vital part of effective communication between refugee clients and mental health professionals because they close the above-mentioned language gap between professionals and clients (Gartley & Due, 2017). Their presence can help create a therapeutic alliance between mental health professionals and refugee clients, especially when there are cultural differences between the two. They are also seen as cultural brokers or important cultural figures by those working with refugees. Cultural brokers are individuals who help bridge the gaps between different groups of people to help facilitate conversations and reduce conflict between groups in question (Brar-Josan & Yohani, 2019). Interpreters in this role are in a position to offer unique cultural insight and knowledge that often is difficult to access through training or from the literature on refugees (Gartley & Due, 2017; Brar-Josan & Yohani, 2019; Rousseau et. al., 2011).

Their cultural closeness to refugee communities can also create unique challenges in the therapeutic relationship between mental health professionals and clients. There is consensus in the literature about the importance of considering the experiences and beliefs of the interpreters because of the impact on their ability to communicate potentially triggering material to clients

(Gartley & Due, 2017; Brar-Josan & Yohani, 2019; Rousseau et. al., 2011). Interpreters, especially if they live within refugee communities in host countries, don't always have the option of maintaining privacy the same way that mental health professionals have. In this context, they need to be able to negotiate multiple roles in different contexts as they go about providing this service in mental health settings while being recognized as public figures in their communities (Gartley & Due, 2017; Brar-Josan & Yohani, 2019; Rousseau et. al., 2011).

This brings up another challenge related to the quality of training interpreters receive when working in a mental health setting. Concerns about interpreters' professionalism and their ability to separate their own personal desires from those of their clients are two significant factors that need to be monitored (Gartley & Due, 2017). If interpreters behave in judgmental ways when disclosing sensitive information about clients, not only can that be damaging to the therapeutic relationship between the mental health professional and the client, it can also make clients feel more isolated and silenced (Gartley & Due, 2017).

Child protection is an important area for interpreters to be familiar with when working with refugee families. Experienced interpreters and interpreters who share similar backgrounds with their clients are aware of the challenges faced by newly resettled families related to disciplinary methods and different educational standards (Rousseau et. al., 2011). A widely accepted practice when it comes to situations where delicate matters will be addressed is to have a preliminary meeting with the interpreter. This helps set the agenda for the upcoming meeting by outlining the goal of the meeting and any ambivalence the interpreter might feel about mandated reporting norms (Rousseau et. al., 2011).

Another way of making the process of disclosure of abuse or adverse events is to form an alliance with the interpreter and use the same interpreter to increase clients' sense of safety and

comfort once engaged in services (Rousseau et. al., 2011; Gartley & Due, 2017). In addition to building a successful relationship with the interpreters, mental health professionals also need to be able to advocate for their clients if they determine the interpreter is being unprofessional or is not in a position to work with a particular client. This requires that mental health professionals seek out additional trainings or professional development opportunities to develop competency when working with the refugee population (Gartley & Due, 2017; Brar-Josan & Yohani, 2019; Rousseau et. al., 2011).

Cultural humility

In recent years, the concept of cultural competence has been brought into question because of limitations of its definition and lack of empirical support regarding effective interventions adapted for culturally diverse clients (Mosher et al., 2017). Cultural competence often emphasizes the importance of having a theoretical understanding and knowledge base for distinct cultures/ethnic groups, cultural characteristics, and values. Graduate programs in social work and psychology base their multicultural trainings on this idea of learning about specific groups by having eager students complete emersion projects and reflect on their experiences. On the surface, while that may seem productive and helpful, it creates room for stereotypes and generalizations about individual or groups to become part of cultural competence training thereby defeating its own intended purpose (Mosher et al., 2017; Foronda et al., 2016).

To address the problematic concept of cultural competence, the construct of cultural humility has been introduced as a foundation for competence-focused approaches and trainings. Foronda, et. al. (2016) described cultural humility as “a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals”. It focuses on the process and interactions between the therapist and the

client as opposed to focusing on the therapist having a knowledge base about the client's specific background without understanding how the client experiences the world around them.

Cultural humility is an important part of a mental health professional's multicultural orientation toward their client. It emphasizes the concept of *being with* clients in a way that prioritizes and values their diverse cultural identities (Mosher et al., 2017). Cultural humility requires professionals to work on including both intrapersonal components of self-examination of cultural biases and interpersonal components of being other-oriented and open to another person's cultural background while cultivating respect and a mutual partnership (Mosher et al., 2017).

For mental health professionals working specifically with the refugee population within the context of the United States, they will more likely run into cultural norms and religious practices that may evoke strong countertransference. Given the current sociopolitical environments, countertransference may even be political in nature and bring out underlying prejudices against certain cultural or ethnic populations. Under such circumstances, service providers are encouraged to engage in critical self-examination and self-awareness, focus on building the therapeutic alliance, if necessary work towards repairing cultural ruptures, and eventually navigate value differences within the therapy space (Mosher et al., 2017; Foronda et al., 2016).

Conclusion

There has been an unprecedented number of people around the world who have been forcibly displaced because of war, armed conflict, ethnic and political persecution, and natural disasters (UNHCR, 2022). The purpose of this systemic literature review is to explore the resettlement experiences of families with refugee experiences after they arrive in the United

States. Because of the recent cuts to funding for refugee resettlement programs across the country, this review highlights the need to focus on interventions that can be delivered in a cost-effective, culturally sensitive, and clinically effective manner to compensate for the lack of resettlement staff and reduced resources available for this population. Successful resettlement can be conceptualized through a two-generation lens, or whole-family strategy, that goes beyond the goals of economic self-sufficiency and independence from public benefits addresses psychosocial needs of refugees in the United States.

The Orienting Framework of Immigrant parenting and Bronfenbrenner's Ecological framework are useful roadmaps for understanding the experiences of refugee parents, children and how parent-child relationships are affected by forced displacement and resettlement. Given the significance of ecological factors on this population, the Caregiver Support Intervention (CSI) and the Refugee & Immigrant Core Stressor Toolkit (RICST) are two different types of interventions created to meet the needs of refugee clients through direct delivery and through training for service providers with little experience or familiarity with this particular population.

Given the current sociopolitical environment, especially in the United States, having awareness and an understanding of the individual and collective countertransference the word 'Refugee' evokes is a crucial part of working with refugees in ways that align with the shift from cultural competence to cultural humility. It also requires service providers to engage in critical self-examination and self-awareness, work towards repairing cultural ruptures, and navigate value differences within the therapy space in order to cultivate respect and create a mutual partnership between them and their clients with refugee experiences.

References

Akinsulure-Smith, A. M., Espinosa, A., Chu, T., & Hallock, R. (2018). Secondary traumatic stress and burnout among refugee resettlement workers: The role of coping and emotional intelligence. *Journal of Traumatic Stress*, *31*(2)

Alipui, N. & Gerke, N. (2018). The refugee crisis and the rights of children: perspectives on community-based resettlement programs. *New Directions for Child and Adolescent Development, 159*, 91-98

American Psychological Association. (2017). *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. Retrieved from: http://www.apa.org/about/policy/multicultural-guidelines.pdf

Arakelyan, S., & Ager, A. (2020). Annual Research Review: A multilevel bioecological analysis of factors influencing the mental health and psychosocial well-being of refugee children. Journal of Child Psychology and Psychiatry, 1–26.

Ballard, J., Wieling, E., & Dwanyen, L. (2020). Parenting practices in the Karen refugee community. *Contemporary Family Therapy, 42*, 95-107

Brar-Josan, N. & Yohani, S.C. (2019). Cultural brokers' role in facilitating informal and formal mental health supports for refugee youth in school and community context: a Canadian case study. *British Journal of Guidance & Counseling, 47*(4), 512-523

Bemak, F. & Chung, R.C.C. (2017). Refugee trauma: culturally responsive counseling interventions. *Journal of Counseling and Development, 95*(3), 299-308

Berthold. M.S. (2000). War traumas and community violence. *Journal of Multicultural Social Work, 8*(1), 15-46

Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing health disparities, childhood education in the mental health of refugee children and adolescents through community-based participatory research: A study in 2 communities. *American Journal of Public Health, 105*(S3), S475-S482

Bettmann, J.E., Taylor, M.J., Gamarra, E., Wright, R.L., & Mai T. (2017). Resettlement experiences of children who entered the United States as refugees. *Social Development Issues, 39*(3), 1-18

Bollinger, C. R. & Hagstrom, P. (2011). The poverty reduction success of public transfers for working age immigrants and refugees in the United States. *Contemporary Economic Policy*, *29*(2), 191–206.

Brand, S. R., Schechter, J. C., Hammen, C. L., Brocque, R. L., & Brennan, P. A. (2011). Do adolescent offspring of women with PTSD experience higher levels of chronic and episodic stress? *Journal of Traumatic Stress, 24*(4), 399-404

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513

Burchert, Alkneme, M. S., Bird, M., Carswell, K., Cuijpers, P., Hansen, P., Heim, E., Shehadeh, M. H., Sijbrandij, M., Van't Hof, E., & Knaevelsrud, C. (2019). User-centered app adaptation of a low-intensity e-mental health intervention for Syrian refugees. *Frontiers in Psychiatry*, *9*(JANUARY), 1–18.

Campinha-Bacote, J. (2018). Cultural competemility: A paradigm shift in the cultural competence versus cultural humility debate. *The Online Journal of Issues in Nursing*, 24(1),

Centers for Disease Control and Prevention. (2021). *Guidance for the U.S. domestic medical examination for newly arriving refugees*. Centers for Disease Control and Prevention. Retrieved July 18, 2022, from https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fimmigrantrefugeehealth%2Fguidelines%2Fdomestic%2Fdomestic-guidelines.html

Chambers, D. A., Pintello, D., & Juliano-Bult, D. (2020). Capacity- building and training opportunities for implementation science in mental health. *Psychiatry Research, 283*, 112511

Clarke, Kumar, G. S., Sutton, J., Atem, J., Banerji, A., Brindamour, M., Geltman, P., & Zaaeed, N. (2020). Potential impact of COVID-19 on recently resettled refugee populations in the United States and Canada: Perspectives of refugee healthcare providers. *Journal of Immigrant and Minority Health*, *23*(1), 184–189

Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final Report. Geneva: World Health Organization. Retrieved from http://www.who.int/social_determinants/thecommission/finalreport/en/

Cranston, Labman, S., & Crook, S. (2021). Reframing Parental Involvement as Social Engagement: A Study of Recently Arrived Arabic-Speaking Refugee Parents' Understandings of Involvement in Their Children's Education. *Canadian Journal of Education*, *44*(2), 371–404.

Dalgaard, N.T. & Montgomery, E. (2015). Disclosure and silencing: a systemic review of the literature on patterns of trauma communications in refugee families. *Transcultural Psychiatry, 52*(5), 579-593

d'Abreu, A., Castro-Olivio, S., & Ura, S.K. (2019). Understanding the role of acculturative stress in refugee youth mental health: a systemic review and ecological approach to assessment and interventions. *School Psychology International, 40*(2), 107-127

Dang, & Verme, P. (2022). Estimating poverty for refugees in data-scarce contexts: an application of cross-survey imputation. *Journal of Population Economics*. https://doi.org/10.1007/s00148-022-00909-x

Davis, S. H., Winer, J.P., Gillespie, D.C., & Mulder, L.A. (2021). The Refugee and Immigrant Core Stressor Toolkit: understanding the multifaceted needs of refugee and immigrant youth and families through a Four Core Stressor Framework. *Journal of Technology in Behavioral Science, 6*(4), 620-630

Ellis, B. H., Abdi, S. M., & Winer, J. P. (2019). Mental health practice with immigrant and refugee youth: A socioecological framework. In *Mental health practice with immigrant and refugee youth: A socioecological framework.* American Psychological Association

Eltanamlyh, H., Leijten, P., Jak, S., & Overbeek, G. (2021). Parenting in times of war: a meta-analysis and qualitative synthesis of war exposure, parenting, and child adjustment. *Trauma, Violence, & Abuse, 22*(1), 147-160

Fairburn, & Patel, V. (2017). The impact of digital technology on psychological treatments and their dissemination. *Behaviour Research and Therapy*, *88*, 19–25.

Fazel, M., Reed, R.V., Panter-Brick, C., & Stein, A. (2012). Mental health outcomes of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet, 379*, 266-282

Finklestein, M. (2016). Risk and resilience factors in families undergoing terror along the life cycle. *Contemporary Family Therapy,38,* 129–139.

Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27,* 210–217.

Gartley, T. & Due, C. (2017). The interpreter is not an invisible being: a thematic analysis of the impact of interpreters in mental health service provision with refugee clients. *Australian Psychologist, 52*(1), 31-40

Gewirtz, A., Forgatch, M., & Wieling, E. (2008). Parenting practices as potential mechanisms for children's adjustment following mass trauma: Literature review and prevention research framework. *Journal of Marital and Family Therapy, 34*(2), 177-192

Gharabaghi, K. & Anderson-Nathe, B. (2014) No place for a child: The refugee camp experience. *Child & Youth Services, 35*(1), 1-3

Gillespie, S., Banegas, J., Maxwell, J., Chan, A.C.Y., Darawshy, N.A., Wasil., A.R., Marshalls, S., & Gewirtz, A. (2022). Parenting interventions for refugees and forcibly displaced families: a systemic review. *Clinical Child and Family Psychology review, 25*(2), 395-412

Greenberg, M., Gelatt, J., Bolter, J., Workie, E., & Charo, I. (2018). *Promoting refugee integration in challenging times: The potential of two-generation strategies*. Washington, DC: Migration Policy Institute.

Henley, J., & Robinson, J. (2011). Mental health issues among refugee children and adolescents. Clinical Psychologist, 15(2), 51–62.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.

Hoshino-Browne, E., Zanna, A. S., Spencer, S. J., Zanna, M. P., Kitayama, S., & Lackenbauer, S. (2005). On the cultural guises of cognitive dissonance: The case of Easterners and Westerners. *Journal of Personality and Social Psychology*, *89*(3), 294–310

Joyce, L., & Liamputtong, P. (2017). Acculturation stress and social support for young refugees in regional areas. Children and Youth Services Review, 77, 18–26.

Kim, I., Chen, J., & Spencer, M. S. (2012). Social determinants of health and mental health among Asian Americans in the United States. *Journal of the Society for Social Work and Research*, *3*, 346–361

Kim, I. & Kim, W. (2014). Post-Resettlement challenges and mental health of South East Asian refugees in the United States. Best Practices in Mental Health, 10(2), 63-77

Kreitzer, L., McMenemy, C., & Yohani, S. (2022). Expanding our understanding of the environmental impacts on refugee resettlement through the application of Bronfenbrenner's Bioecological Theory. *Local Development & Society*, *ahead-of-print*(ahead-of-print), 1–22

Lansford, Zietz, S., Al-Hassan, S. M., Bacchini, D., Bornstein, M. H., Chang, L., Deater-Deckard, K., Di Giunta, L., Dodge, K. A., Gurdal, S., Liu, Q., Long, Q., Oburu, P., Pastorelli, C., Skinner, A. T., Sorbring, E., Tapanya, S., Steinberg, L., Uribe Tirado, L. M., … Alampay, L. P. (2021). Culture and Social Change in Mothers' and Fathers'

Individualism, Collectivism and Parenting Attitudes. *Social Sciences (Basel)*, *10*(12), 459–479

Liddell, B.J., Nickerson, A., Felmingham, K. L., Malhi, G. S., Cheung, J., Den, M., Askovic, M., Coello, M., Aroche, J., & Bryant, R. A. (2019). Complex Posttraumatic Stress Disorder Symptom Profiles in Traumatized Refugees. *Journal of Traumatic Stress*, *32*(6), 822–832

McCleary, J.S., Shannon, P.J., Wieling, E., & Becher, E. (2019) Exploring intergenerational communication and stress in refugee families. *Child & Family Social Work,25*(2), 364-372

Miller, K.E., Ghalayini, H., Arnous, M., Tossyeh, F., Chen, A., van den Broek, M., Koppenol-Gonzales, G.V., Saade, J., & Jordans, M.J.D. (2020). Strengthening parenting in conflict affected communities: development of the Caregiver Support Intervention. *Global Mental Health, 7*(14), 1-10

Moinolnolki, N. & Myae, H. (2017). No Child Left Behind: What About Refugees?. *Childhood education, 93*(1) 3–9.

Moinolmolki, N., Ridzi, F., Cronin, V., & Adan, H. (2020). Parenting in transition: refugee populations' challenges in navigating parenting upon resettlement. *Journal of Ethnic and Cultural Diversity in Social Work, 29*, 5-22.

Mosher, Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural Humility: A Therapeutic Framework for Engaging Diverse Clients. *Practice Innovations (Washington, D.C.)*, *2*(4), 221–233.

Muñoz, Chavira, D. A., Himle, J. A., Koerner, K., Muroff, J., Reynolds, J., Rose, R. D., Ruzek, J. I., Teachman, B. A., & Schueller, S. M. (2018). Digital apothecaries: a vision for making health care interventions accessible worldwide. *mHealth*, *4*, 18–18.

National Security and Defense. (2017). *Executive order protecting the nation from foreign terrorist entry into the United States*. Retrieved from https://www.whitehouse.gov/presidential-actions/executive-order-protecting-nation-foreign-terrorist-entry-united-states-2/.

Nicholl, & Thompson, A. (2004). The psychological treatment of Post-Traumatic Stress Disorder (PTSD) in adult refugees: A review of the current state of psychological therapies. *Journal of Mental Health (Abingdon, England)*, *13*(4), 351–362.

Ochocka, J & Janzen, R. (2008). Immigrant parenting: a new framework of understanding. *Journal of Immigrant and Refugee Studies, 6*(1), 85-111

Oyserman, Coon, H. M., & Kemmelmeier, M. (2002). Rethinking Individualism and Collectivism: Evaluation of Theoretical Assumptions and Meta-Analyses. *Psychological Bulletin*, *128*(1), 3–72.

Perry, Modesti, C., Talamo, A., & Nicolais, G. (2019). Culturally Sensitive PTSD Screening in Non-Western Youth: Reflections and Indications for Mental Health Practitioners. *Journal of Refugee Studies*, *32*(Special_Issue_1), i151–i161.

Rodrigues, D.X., McDaniel, P.N., & Tikhonovsky, M. (2020). Human services providers' perspectives on refugee resettlement in the United States before and after the 2016 presidential elections. *Journal of Immigrant and Refugee Studies, 18*(4), 448-466

Rosenberg, M. (2018). Exclusive: Dozens of refugee resettlement offices to close as Trump downsizes program. Reuters. Retrieved from https://www.reuters.com/

Rousseau, C., Measham, T., & Moro, M. (2011). Working with interpreters in child mental health. *Child and Adolescent Mental Health, 16*(1), 55-59

Shaw, S. A., Funk, M., Garlock, E. S., & Arok, A. (2021). Understanding successful refugee resettlement in the US. Jounral of Refugee Studies, 34(4), 4034-4052

Sheikh, M. & Anderson, J.R. (2018). Acculturation patterns and education of refugees and asylum seekers: A systematic literature review. *Learning and Individual Differences, 67*, 22-32

Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry, 16*(2), 130-139

ter Heide, F.J.J., Mooren, T.M., & Kleber, R.J. (2016). Complex PTSD and phased treatment in refugees: a debate piece. *European Journal of Psychotraumatology, 7*(1)

Tlaper, S.M., Monk, J.K., & White, C. (2020). Relationship upheaval during refugee resettlement: service provider perspectives. *Family Relations, 69*, 756-769

United Nations High Commissioner for Refugees (UNHCR). (2019). *Global trends: Forced displacement in 2018*. Geneva: UNHCR. Retrieved from https://www.unhcr.org/5d08d7ee7.pdf

United Nations High Commissioner for Refugees (UNHCR). (2019). *The Refugee Brief*. Oxford: UNHCR. Retrieved from https://www.unhcr.org/refugeebrief/latest-issues/

U.S. Immigration and Customs Enforcement. (2017). *Fiscal year 2017 ICE enforcement and removal operations report. Immigration enforcement*. Retrieved from https://www.ice.gov/removal-statistics/2017

van Ee, E., Kleber, R. J., & Jongmans, M. J. (2016). Relational patterns between caregivers with PTSD and their nonexposed children. *Trauma, Violence, & Abuse, 17*(2), 186-203

Varvin, S. (2017). Our relations to refugees: between compassion and dehumanization. *The American Journal of Psychoanalysis, 77*, 359-377

Vossoughi, N., Jackson, Y., Gusler, S., & Stone, K. (2018). Mental health outcomes for youth living in refugee camps: a review. *Trauma, Violence & Abuse, (19)*5, 528-542

Wu, E. D. (2014). Epilogue: Model minority/Asian American. *The color of success: Asian Americans and the origins of the model minority* (pp. 242–258). Princeton, NJ: Princeton University Press

Zhang, Q. (2010). Asian Americans beyond the model minority stereotype: The nerdy and the left out. *Journal of International & Intercultural Communication*, *3*, 20–37