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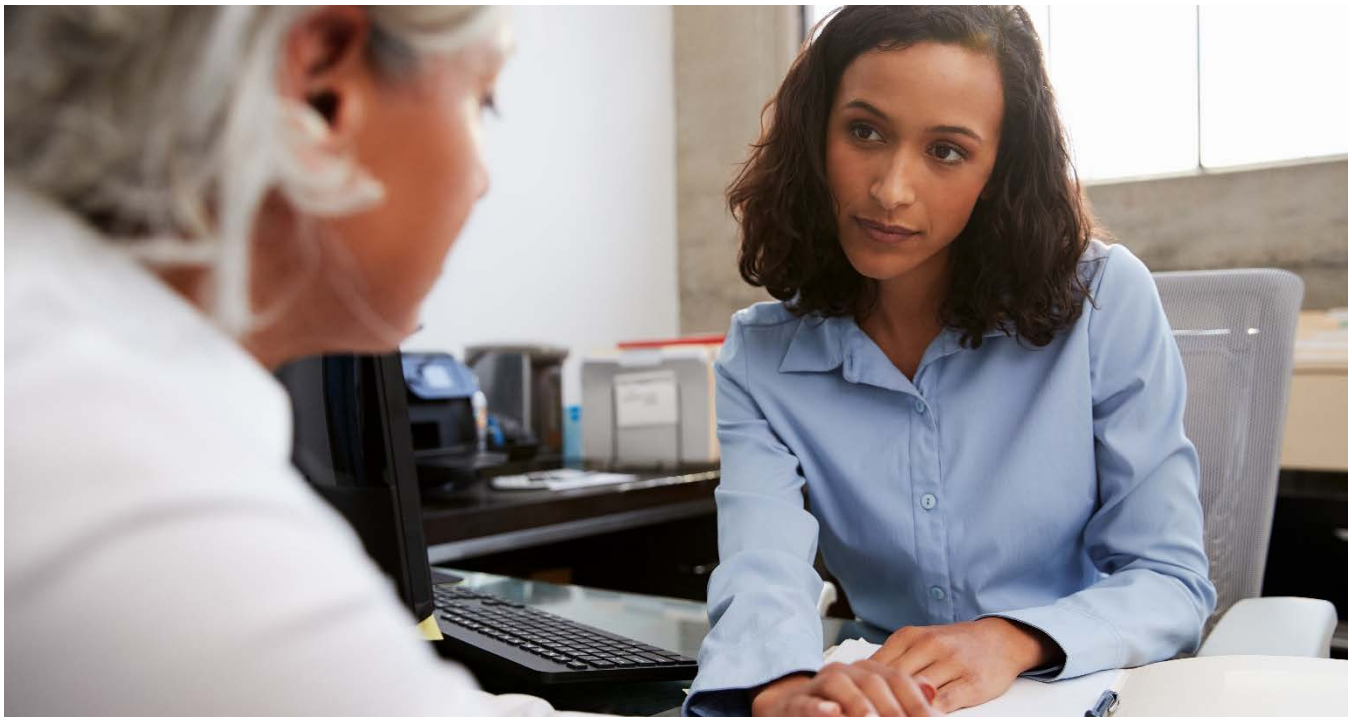

Demystifying Strengths-Based Services: Fostering Refugees' Resilience in Resettlement

Recognizing the inherent strengths of refugee individuals, families, and communities is an important starting point for health, social work, and human service professionals. This brief information guide aims to equip those working in U.S. refugee resettlement with evidence-informed strategies to deliver strengths-based programming.

What is a Strengths-Based Approach?

A strengths-based approach is one that focuses on people's resilience instead of their deficits.[1] Professionals who use this approach recognize that **all people have strengths** and leverage these assets to help individuals, their families, and their communities succeed.

Service providers who work with refugee clients may wish to use a strengths-based approach for a variety of reasons. First, focusing on resilience engenders trust and strengthens the client and provider relationship. This approach also has the potential to

Three Strengths-Based Questions to Ask Clients[1]

1. What has worked for you before?
2. What does not work for you?
3. What might work for you in the present situation?

[1] Pulla, V. (2017). Strengths-based approach in social work: A distinct ethical advantage. *International Journal of Innovation, Creativity, and Change, 3* (2), 97-114.

enhance refugees' overall wellbeing by celebrating their unique strengths and cultural assets and by helping them identify their long-term goals in resettlement. Finally, using a strengths-based perspective provides an opportunity to identify supportive resources in refugees' families and communities.

Recognizing and Fostering Resilience

Resilience has been referred to as "ordinary magic,"[2] meaning that all individuals possess the capabilities needed to overcome adversity. Service providers are in a unique position to work with clients to identify resilience-promoting resources in their families, communities, and networks as well as to remind clients of their own strengths.

Although this is not an exhaustive list, there are several common factors that strengthen refugees' resilience in post-migration settings.

Factors that Promote Refugees' Resilience[3]

- **Individual Factors**
  - Proficiency in host country language
  - Spirituality or faith in a higher power
  - Previous experiences
- **Family & Household Factors**
  - Support from family members
  - Performing meaningful household roles (especially for refugee elders)
  - Success of younger generations
- **Community Factors**
  - Friendship and support from peers, especially those from one's ethnic community
  - Support and guidance from religious leaders and communities
  - Ongoing support after the initial resettlement period
- **Cultural, Political, & Eco-Social Factors**
  - Ability to maintain cultural and religious traditions
  - National policies that support integration

10 Principles for Implementing Strengths-Based Practices[4]

1. **Be empowering.** Base services on strengths, not deficits. Work with clients to identify their strengths and their ability to solve problems.
2. **Be culturally humble.** Recognize culture as a source of strength. Help clients maintain cultural traditions while adjusting to a new place.
3. **Build supportive relationships** between program staff and clients, their families, and their communities.
4. **Improve relationships within and across families and communities.** Identify ways to strengthen refugees' supportive networks.
5. **Develop and expand community engagement and outreach efforts** as you work to recognize clients' supportive networks.
6. **Be sensitive to refugee communities' different histories and socio-political contexts** and acknowledge how these contribute to both challenges and strengths in resettlement.
7. **Build relationships and coalitions with service providers** outside of refugee resettlement to ensure clients and their families are supported beyond the initial resettlement period.
8. **Partner with refugee families and communities to identify and solve problems.**
9. **Identify goals.** Work with individuals, families, and communities to identify their goals. Then help them identify stepping stones to meet these goals.
10. **Adapt services** to meet the diverse needs and strengths of individuals, families, and communities.

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[2] Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56* (3), 227-238.
[3] Tippens, J. A. (2019). Urban Congolese refugees' social capital and community resilience during a period of political violence: A qualitative study. *Journal of Immigrant & Refugee Studies*. Advance online publication. doi:10.1080/15562948.2019.1569744.
[4] Adapted from Green, B. L., McCallister, C. L., & Tarte, J. M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. Families in Society, 85(3), 326-334).

Strengths-Based Practices and Strategies

Evidence to support programs and interventions that promote refugees' health, psychosocial wellbeing, and integration in a real-world context is still emerging, and there are currently no best practices or gold standards.[5-6]

Nonetheless, there are a range of "promising practices," or interventions that have shown success with one or more refugee groups. The following strengths-based practices have shown success with refugees resettled in high-income countries. This list is not meant to be comprehensive but rather to provide an overview of promising strategies.

Group Models

Group models (also called group visit models) are interventions that bring individuals together to address a shared challenge or problem. Group models with refugee populations, for example, have focused on health promotion, psychosocial health, and integration and social wellbeing. After completing group interventions, refugee participants often have improved mental health (e.g., reduced psychological symptoms), broadened friendship networks and enhanced social support, better quality of life, and improved English skills.[7-8]

This strategy is strengths-based because it fosters social connections, providing a space for individuals with refugee backgrounds to exchange ideas and problem-solve together.

The following factors should be considered when developing group visit models:

- **Facilitation.** Successful groups are facilitated or co-facilitated by trained peer supporters or lay health workers. These individuals have shared experiences and can serve as interpreters as well as cultural liaisons between refugees and program staff.
- **Group size and composition.** Most evidence suggests that groups should be small (~5-12 people) and focus on individuals with similar characteristics to facilitate conversations among participants. These characteristics might include language, ethnic group, age, or individuals with a shared experience (e.g., pregnant women).
- **Competing priorities.** Interested and eligible individuals may have work- and family-related responsibilities that make it difficult for them to participate in time-consuming programs.

Arts-Based Models

Some examples of arts-based programming to improve refugees' wellbeing and integration include drawing, music, photography, quilting, creative play, and drama interventions. These interventions have generally focused on art therapy and have largely targeted children, adolescents, and women. Examples of outcomes include improved mental health and enhanced school performance.[9]

Many arts-based interventions are strengths-based because they necessitate cultural humility by privileging refugees' perspectives and expertise. Interventions that include sharing art through exhibits or with family and community members are strengths-based because of their emphasis on refugees' broader social and structural networks.

There are several factors to consider prior to developing and implementing arts-based programming, including:

- **Facilitation.** Interventions in this area are generally facilitated by art therapists.[8]
- **Target group(s).** Some arts-based interventions have shown success with individuals from different cultural and ethnic groups. In one school-based study, adolescent participants who had been raised in the host country viewed the intervention as exacerbating problems because it separated them from host-country peers.[10] Extra care should be taken when identifying participants.

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[5] Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry*, *80*(4), 576-585.
[6] Richard, A. C. & Leader, K. (2018). *A case for strengthening evidence-based understanding of refugee integration.* Penn Institute for Urban Research.
[7] Halcón, L. L., Robertson, C. L., & Monsen, K. A. (2010). Evaluating health realization for coping among refugee women. *Journal of Loss and Trauma*, *15*(5), 408-425.
[8] Goodkind, J. R., Hess, J. M., Isakson, B., LaNoue, M., Githinji, A., Roche, N., ... & Parker, D. P. (2014). Reducing refugee mental health disparities: A community-based intervention to address postmigration stressors with African adults. *Psychological Services*, *11*(3), 333.
[9] Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of Educational Research*, *86*(2), 503-530.
[10] Rousseau, C., Beauregard, C., Daignault, K., Petrakos, H., Thombs, B. D., ... & Hechtman, L. (2014). A cluster randomized-controlled trial of a

Community Outreach & Peer Models

Finally, community outreach and peer support models have shown success improving refugees' health, wellbeing, and social integration. Peer support and community outreach are separate but intertwined concepts that are often used together to promote refugees' wellbeing.

These are broad umbrella terms that encompass different models, such as community health workers (CHWs), lay workers, patient navigators, and peer support specialists. Peer supporters are themselves members of the community who undergo specialized training. These models have been used for community development, to increase access to health and social services, and to address health disparities.[11-12]

This approach is strengths-based because it leverages the cultural expertise, ideas, and language skills of community members.

The following considerations are important when developing and implementing peer support and community outreach programs:

- **Training and support.** Peer supporters and CHWs have shared cultures and experiences with community members, often including shared hardships and trauma. This work can be emotionally, psychologically, personally, and professionally challenging. Care is needed to help peer supporters establish boundaries and develop self-care routines while maintaining community members' trust. Ongoing professional training helps enhance peer supporters' self-efficacy and skill-development.
- **Inclusion.** Although peer supporters provide an important "insider" perspective for work with refugees, it is important to remember that no individual person represents an entire community. Extra care is needed to solicit ideas and input from those whose voices may be unintentionally excluded, including women and elders.

Conclusion

It is important to remember that **all people have strengths**. Refugee clients, their families, and their communities have overcome tremendous hardships. Recognizing the perseverance and resilience needed to start over in a new place is an important starting point when working with refugees. Strategies that build on these strengths, rather than focusing on deficits, have the potential to improve client-provider trust, celebrate unique cultural assets, and support long-term integration and wellbeing.

Resources

Centers for Disease Control Community Health Worker Toolkit: This online resource includes courses, recommendations, and training materials for community health workers (CHWs), a specific peer supporter model.

The Guide to Community Preventive Services ("The Community Guide"): This free and comprehensive online resource includes a collection of evidence-based interventions to improve health and prevent disease.

To learn more about Switchboard, visit **www.SwitchboardTA.org.**

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classroom-based drama workshop program to improve mental health outcomes among immigrant and refugee youth in special classes. PloS One, 9(8).

[11] Shommu, N. S., Ahmed, S., Rumana, N., Barron, G. R., McBrien, K. A., & Turin, T. C. (2016). What is the scope of improving immigrant and ethnic minority healthcare using community navigators: A systematic scoping review. *International Journal for Equity in Health*, *15* (1), 6.

[12] - Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Human Resources for Health*, *16* (1), 39.