

# Office of Refugee Resettlement Refugee Program Physical and Behavioral Health Promising Practice



#### U.S. Committee for Refugees and Immigrants Cleveland Office Occupational Therapist

In August 2022, the U.S. Committee for Refugees and Immigrants (USCRI), Cleveland Field Office (USCRI-CLE) received a grant to hire an Occupational Therapist<sup>1</sup> to help clients address barriers to self-sufficiency in a more customized and intense manner. Occupational therapy (OT) has helped USCRI-CLE clients experiencing difficulties adjusting to life in the US become more stable to start and maintain employment, restore their participation in daily life, improve well-being, and gain life skills and resources to build habits around achieving and maintaining self-sufficiency.



#### **Practice Description**

USCRI-CLE hired an Occupational Therapist to work with clients on an as-needed basis. OT helps clients manage physical and mental health needs, develop health and effective daily routines to promote well-being, and learn and utilize strategies to navigate the stresses of life. The therapist conducts an individualized assessment and then works with clients for a six-to-twelve-week duration. Having an Occupational Therapist on staff helps clients build habits and coping strategies as they adjust to life in the U.S. and also helps refugees achieve and maintain self-sufficiency, allowing for continued employment and financial stability.



#### **Need for the Practice**

USCRI-CLE was seeking additional services to address client social isolation and facilitate client adjustment to life in the U.S., especially for clients living with mental health conditions who required additional support beyond what ORR-funded programs typically allow. Because OT is client-centered and aims to help people become more independent and improve their quality of life and well-being, USCRI-CLE determined that implementing OT programming is an effective way to provide clients with life skills training to help them identify and implement healthy, positive habits and structure into their daily routines.

<sup>1</sup> Occupational therapists evaluate and treat people who have injuries, illnesses, or disabilities to help them with vocational, daily living, and other skills that promote independence.



## How to Implement the Practice

USCRI-CLE described the following key steps to implement this practice:

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- Hire an Occupational Therapist that has training and/or experience working with refugees.
- Train program staff to refer clients that need more intensive case management to the Occupational Therapist. Although USCRI-CLE's Occupational Therapist primarily works to address health and wellness needs, this role also assists with employment-related needs such as helping clients develop strategies for punctuality, budgeting, and creating healthy routines.
- Enable the Occupational Therapist to work closely with the Reception and Placement (R&P) team to build relationships with clients once they arrive and work to address community mobility and navigation barriers important to clients' quality of life (e.g., going to the park, library, community center, etc.). The therapist also conducts home safety assessments to determine whether clients need adaptive equipment, such as shower chairs, or other equipment to make daily tasks easier.
- Ensure the Occupational Therapist develops an individualized intervention plan to help clients improve their ability to perform daily activities and reach their individual goals.
- Offer individual and group case management services; group programming can help to address certain conditions such as social isolation.
- Partner with community organizations that can support client needs.
- Secure funding to cover staffing and programmatic expenses.

#### Group OT sessions:

- USCRI-CLE offers six-, eight-, ten- and twelve-week group sessions. The Occupational Therapist meets with the same group of people for the duration of the sessions. Group activities and training topics are determined by the group members and the therapist. (Note: the agency implemented OT groups for women and is expanding to offer groups for men and children.)
- The Occupational Therapist develops a plan for each group that contains occupation-based and mental health goals used to select training topics and cultural and leisure exploration activities (e.g., visits to farms, botanical gardens, parks, etc.) that will occur throughout the session.
- USCRI-CLE holds OT groups in locations that are easily accessible for clients. The therapist often will travel to locations where refugees are located, such as apartment complexes, community centers, places of worship, etc.
- USCRI-CLE develops translated materials for clients that relate to group themes and topics, such as public health and hygiene training and resources to enhance community mobility.
- USCRI-CLE coordinates a celebration ceremony or another fun activity at the conclusion of group sessions.

USCRI-CLE partners with a local university to recruit OT students to lead client groups. Students receive training to work with refugees and are supervised by faculty and the agency's occupational therapist.



### **Preliminary Results**

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USCRI-CLE provided output data used to inform changes to and measure the effectiveness of this practice. Specific examples include:

- USCRI-CLE offered group OT programming to 96 female clients with 71 (74 percent) opting to participate.
  - Sixteen clients (23 percent) enrolled in more than one OT group offering.
- USCRI-CLE saw high attendance among the women who participated in OT group programming.
  - Fifty-eight percent of Afghan women and 73 percent of Congolese women who participated in OT groups attended at least 80 percent of their group meetings.
- USCRI-CLE observed an increase in clients responding to agency staff; noting more consistent responses from women since they began participating in OT groups, whereas before it was difficult for agency staff to contact them.
- USCRI-CLE observed increased engagement among OT group participants, with clients feeling empowered to express their needs and suggest group topics instead of relying on the therapist to do so.

The Occupational Therapist conducts intake and utilizes a culturally appropriate scale such as the World Health Organization Quality of Life (WHOQOL) scale or an emotion wheel to document and track client progress and changes in client goals.

# ) Inputs/Resources

Agencies should expect to invest some funding and time to implement this practice. Below are key inputs and resources needed to adopt this practice.

- Funding to support the staff time and resources needed to implement OT programming.
- Occupational Therapist trained to work with refugees and oversee the program.
- Partnerships with area colleges/universities to enlist OT students to serve as group leads.
- Community partners to help support client needs.



## **Contextual Considerations**

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Agencies should consider the following contextual factors that may impact the implementation of this practice.

- Determine whether client needs call for individual and/or group OT programming. USCRI-CLE's OT program began with a balance of individual and group case management but has shifted to mostly OT groups over time.
- To maximize participation, consider meeting in places that are convenient for clients or scheduling group meetings when clients are likely to be at the agency (e.g., after English language classes). To address transportation barriers, agencies might consider training clients on how to use rideshare applications or public transportation as part of occupational therapy sessions.
- USCRI-CLE hired the Occupational Therapist through state and local grants. When submitting grant applications to fund OT programming, agencies should clearly explain how OT is suited for refugee resettlement work.

**What is a Promising Practice?** A promising practice is a unique and/or innovative approach, method, or technique that has demonstrated effectiveness and is replicable. ORR's Refugee Program primarily identifies potential promising practices during recipient and subrecipient monitoring and engages in a validation process to ensure the practice meets the standards to classify it as "promising." Each practice falls under one of the following domains: Physical and Behavioral Health, Employment and Economic Stability, Education and English Language, or Social Adjustment and Integration.