



Webinar: Empowering Resettled Caregivers to Engage in Difficult Conversations with Their Children

September 17, 2024, 3:00 – 4:15 PM ET

Transcript

Introduction

Caroline Dilts: Good afternoon, everyone, and thank you for joining us for today's webinar. Thank you for joining us today to engage in another important topic for providers of resettled families. I do want to just remind, before we dive in, that we will have a Q&A at the end of the presentation. Throughout the presentation, please feel free to submit your questions in the Q&A, and we'll try to get them answered. My name is Caroline Dilts. I am the Program Manager for Refugee-Related Research at the Research Program on Children and Adversity, housed within Boston College's School of Social Work. Prior to this role, I served for over eight years in many different settings as a clinical social worker, advocate, and therapist, working with individuals and families who were affected by trauma.

Today's Speakers

CD: I'm excited to introduce the other speakers on our webinar today. Dr. Saida Abdi is an Assistant Professor in School of Social Work at the University of Minnesota. She's a trained clinician and an expert in refugee trauma and resilience. Dr. Abdi has worked for more than 20 years with refugee and immigrant youth and families. Her area of focus is building individual, family, and community resilience and improving mental health access and engagement among trauma-impacted refugee children and families. Dr. Abdi is a member of the National Child Traumatic Stress Network, or NCTSN, and she also serves on the NCTSN Steering Committee.

Farhad Sharifi is a social worker and a recent evacuee from Afghanistan who serves as a cultural expert at the Research Program on Children and Adversity at Boston College, specifically working as a consultant for the Family Strengthening Intervention for Refugees Project. Previously, he was working with internally displaced populations in Afghanistan with Jesuit refugee services.

Learning Objectives

CD: Let's dive into our learning objectives for today. First of all, by the end of this session, you will be able to define stigma and describe how it might impact the way caregivers from different backgrounds communicate with their children, identify at least three difficult conversation topics that may be especially challenging to navigate for newcomer families, explain why it is important for caregivers to have these difficult conversations with their children, and apply at least three techniques to assist resettled caregivers in preparing for these conversations.

1. Defining Stigma

Poll Question

How do you define stigma?



CD: In our first section, we will talk a little more about stigma and its impact on caregiver child communication. We'll start with a Slido. Let's kick it off with that. If you could please scan the QR code on the screen or go to the website and plug in the code on the screen, we would like to hear from the audience about how you define stigma. Oh, yes. Shame. That's definitely a big word you'll hear when you think of stigma. Yes. Very good. Negative feelings or thoughts about something. Shame and embarrassment. Shame. Yes. A commonly held stereotype.

Misinformation. Yes. Stereotypes, embarrassment, biases. Different. I love all these words. These are very good. Disgrace. Yes. Bias. Negative thoughts. A negative perspective of something and someone. Judgment. Great. Thank you. I think we'll go ahead and move on to define stigma for everyone, but those are all really great words related to stigma and what it means.

What is Stigma?

CD: Stigma is a mark of shame or disgrace associated with particular qualities, circumstances, people, and or topics in a given community. I think all of you said shame and disgrace in your answers, so we're on the right track here.

Another great quote is, it's how we internalize the outside world's beliefs about us. There are different types of stigma that can be seen in newcomer communities. One example could be involving masculinity for some cultures. Men might feel pressured to act in a masculine social role. There's stigma related to mental health and some of the taboo conversations which we'll discuss and dive into today. When thinking about stigma and how it relates to fostering difficult conversations with children, this can be seen as a barrier to having these conversations in a number of ways.

Difficult Conversations

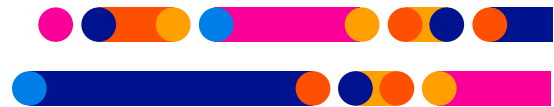
CD: Diving into difficult conversations, no matter what culture you are from, many if not all caregivers will tell you that there comes a point where their child asks them a tough question they don't know how to answer, they feel uncomfortable answering. While it may be uncomfortable, stressful, or unnatural for a caregiver, caregivers should know that having these challenging conversations with their child can help develop a strong relationship which is built on trust and open communication. What makes these conversations difficult?

These are some of the things that people have identified over the years, newcomers, to discuss what makes these more difficult. One major one is differences in parenting style over multiple generations. It affects the way that caregivers are going to communicate and approach topics. On that note, also certain topics might not have been discussed in the caregiver's own childhood. Newcomer caregivers, they might have different expectations about what can and cannot be discussed. Caregivers may feel that children are too young to discuss certain topics.

They don't want to confuse or scare them. Some caregivers may feel that or believe that their children would come to them if they had questions, but the reality is that they might be afraid to because of cultural and family norms. Many newly arrived children have reported wanting to discuss their feelings about various issues but didn't want to burden their caregivers due to all of the other stressors that they were dealing with. Children may not always initiate these topics on their own. Something else to keep in mind is some topics of discussion might be hard for caregivers to have since they might also be going through the challenge themselves that they're discussing.

Just to start that off and give you guys some definitions on stigma and some background on this topic, I will go ahead and hand it over to my colleague, Saida, and she will talk a little more about navigating these conversation topics.

2. Navigating Difficult Conversation Topics



Discussion Question

In your experience, which topics have the newcomer caregivers you worked with found especially difficult to discuss with their children?

Saida Abdi: Thank you so much, Caroline. In this section, we will give you general guidelines that providers can share with the caregivers you're working with to support their having these challenging or difficult conversations with their children. Next slide, please. We would like you now to do, please, this question, in your experience, which topics have the newcomer caregivers you work with found especially difficult to discuss with your children? Please answer. We'll give you about a minute.

Sex and sexual safety, mental health, mental health and trauma, mental health, gender, bullying, mental health, depression, intimacy, wow, those are really amazing answers. As a clinician, may I say, I'm really happy that many of you are saying mental health and we can talk about that today, sexual health, discipline, again, mental health and sexual health seem to be LGBTQ issues, trauma, dating. We will try to cover some of those in our discussion, but I really think in the question Q&A section, I hope some of you can bring up what those challenges were and we can discuss more. Thank you so much.

Topics That Can Be Difficult: Resettlement Questions

SA: Some topics that we have highlighted and everyone that you have listed too is important, but we have to limit to about four, were questions about resettlement and what preceded. Just talking about how do parents get here, what was the experience in children asking those questions, questions around puberty, questions around alcohol and drug use, and questions around discrimination. Let's start with questions around resettlement. As you know, often parents actually come with their own trauma and trauma experience, fears, both from what they have escaped and also what they have come to.

That makes this conversation really challenging because it may actually be very triggering for parents, both because they don't want to go back to what they have experienced, and then they may not feel confident or competent talking about what is here. One of the ways that we can support parents is actually to provide age appropriate information to say, if a child who is five-year-old is asking this question is very different than if 18-year-old or 17-year-old or 16-year-old is asking, and help parents think through this.

To help the parents understand their own reactions to those strong feelings around these questions and help them calm themselves and manage those feelings. One of the actually best ways to help the parents do that is to help them have confidence to know how to answer, know what these questions entail. Also, I often, I'm a clinician, so that's why I was really happy about the mental health question answer that you all gave. Help the parents to actually, your child is talking to you, your child has questions. Use that moment as a way to talk about the future, to talk about ways to handle challenging things in life.

One of the things I always help the parents with is keep the hope that brought you here, the desire for a better future for your child, always at the forefront. That can actually be, we left work, but more importantly, I wanted you to be safe, I wanted you to have a future, I wanted you to succeed. It can open conversations about the parent's desires for the child, hopes for the child to talk about the future and give guidance to the child in that sense. Just to help the parents create a welcoming space to allow conversation.

I will tell you, this is one of the hardest things because in different cultures, and always keep in mind the culture, culture. In different cultures, in my own culture as a Somali, we don't really talk. We don't, we have ways of transmitting norms, but we don't talk. Helping parents just actually even create that space, caregivers to create that space is really important. Next slide.



Topics That Can Be Difficult: The Puberty Talk

SA: Puberty is the next issue that becomes, it's really challenging to talk about. One of the reasons, again, is that things that never get verbalized in other cultures got to be verbalized here.

Parents may never have had this conversation with your own parents. It was just something that was transmitted through living in the culture. How do you help parents talk about something that they have never talked about? Again, helping parents to talk about it in a timely manner, in a developmentally appropriate matter. When parents, caregivers are doing that, I always coach caregivers. Tell me what words you have used before. Then think about how does that translate to a child who's growing up here. Ask them what their fear is.

It may be because, is my child now going to be pregnant? Is my child now going to engage, be sexualized? Again, puberty is something that happens very early here in Western culture, where some of my children are 10, 11, 12 years old. Parents may not in their culture be used to that. Really having conversations with caregivers about their own fears is very helpful. Try helping them protect confidence. Because in other cultures, like I said, we are very ashamed of those conversations. If you are not comfortable, the child will seek this information from somewhere else.

For me, it's actually coaching parents to be comfortable. Find the words you want to use. Where do you want to have this conversation with whom? Many of the parents I work with, to be real, go into, would rather have the doctor have this conversation with your child, not themselves. Just helping them is really important. Next slide, please.

Topics That Can Be Difficult: Alcohol and Drugs

SA: Another issue that is really difficult for a parent, a newly arrived, newly settled caregiver, is talking about alcohol and drugs. Because, again, it's something they don't have the skills for themselves often.

They haven't had those conversations themselves. They may not know what's available here. For example, I talked to parents about opiates and the danger of opiates. I talked to them about drugs being built in their neighborhood, in their building. Those are the conversations they have had. Really helping parents to think through those. Again, think about what is age-appropriate for your child. It starts early in a way that's not scary. Most often, one of the things that comes up is, are you blaming me? Are you accusing me?

The parents become scared that the child is going to get angry. Actually bringing facts. These are the things that drugs do. These are the things that alcohol does. Alcohol is unique in some cultures, like in my own culture, in Muslim culture, for example, because there is a moral and religious component. People, when we start talking about alcohol, we're talking about whether you're a good Muslim. Helping parents to think through that. How are you going to approach this conversation? To help them approach it with, I want to support you as my child. I want to educate my child and not that I am scared. Because if you enter this as scared, the child will know that you're entering the same scare.

Again, early, identifying other people who may have access to that, work with the child as well, who can be supportive, who can be helpful with the parent is really important. Next slide, please.

Topics That Can Be Difficult: Discrimination and Bullying

SA: Discrimination and bullying is not just a challenging conversation for caregivers. It's actually one of, for me, one of the most scary ones. Simply because I work with younger people. Often the children will say to me, I don't talk to my parents about bullying because my parents can't do anything. They don't speak English. They don't know our school system. They can't help. They can't help me.

When I talk to the parents or caregivers, they will say, "Oh, no one ever bullies my child. My child has no



problem." They don't understand the child is actually protecting them by not sharing. It's so important for those of us who support parents, who work with them, to really pay attention and prepare parents. Is that, yes, discrimination will happen to children of color, refugees and immigrants of color, will happen to children who are minoritized. Preparing parents to have that conversation. Also, that they themselves pay attention to their own reactions.

That how will they feel to, again, stay calm, to prepare yourself for the conversation, to deal with your own fears and your own emotions. To really give the child a space to talk about this. Ask about their feelings. Support them. Be empathetic. Not blame them. Not say to them, why are you like, this is nothing. You should just deal with it and so on. Really listen to them. In all the topics we are talking about today, it's really important for parents to ask children, what do they already know? What do you think about this? What do you hear? What do you know? Because that helps us, actually.

Then frame what we are telling the child in a way that's appropriate for what they already know. Again, to really help children and remind them that it's okay to have these strong feelings. To be sad. To be angry. For me, I will add to this, and keep children, give them a sense of safety and comfort. I will add to this. Really think about who else supports the children. I think parents, helping parents form relationships in schools. Helping, ensuring that their child is connected to someone. I run a school-based mental health program. For me, every child I work with, it's really important that I identify someone who is in the school they can go to and tell what's happening. If they're bullied. If they face discrimination.

Because often, by the time adults at home hear about it, that child has suffered a lot. Helping parents to identify someone in the school that the child can go to. Next.

General Guidance

SA: Now, I want to provide some general guidance for difficult discussions or conversations. As always, if children know more than we do, they actually probably have experienced many of the things we're talking about, specifically more than the parents who made themselves being new here and may not be exposed as much to something like the alcohol and drugs or discrimination.

Really, maintaining honesty and being vulnerable and being humble and saying, I don't know if you don't know, but I will find out. Being competent but humble, modeling adaptive ways. For those of you who are working with the parents, it's really important to help you coach parents, helping them like, how do you manage these things? How do you, because they are the conduit to the child. If they really have adaptive ways to react to difficult situations, then the child will have them. This is why home-based services are so important.

We want to help the parents to develop those competencies so they can transfer them to their children. Again, helping parents understand what's age appropriate. I know in some cultures, in my own culture included, people talk about a lot of traumatic things in front of a five-year-old and that child then becomes traumatized. Helping parents and caregivers actually develop an understanding of how some things are appropriate for a five-year-old, some things are appropriate for a 10-year-old, and 15-year-old and 18-year-old, because developmentally they are at different stages.

Their understanding of the situation, for example, drugs, we're really talking about different things. For a four-year-old, I'm worrying about whether they are safe. How do we help parents put away drugs in the home? For a 15-year-old, I'm worried about what's happening in the student, whether someone is trying to give them drugs. I want to help the parents understand how to start to educate your child, but in a way that's appropriate for that age. Again, what my own experience of working with refugee parents and immigrant parents, I've been doing this for 25 years, 20 some years.

It has been that parents are often, because they themselves are so scared, that they are reactive. What will happen is they will, when something comes up and it's emotionally triggering for them, is when they grab the child and try to talk to them. Actually what we want to help with parents is take time, understand your own



feelings, your own fears, where are they coming from? What are you scared of? Then by the time you have actually really like sort of calmed yourself down, and restore your fears, even if you have to talk to someone, talk to the doctor, to a friend, talk to someone, then go to the child, have a space and time that's calm, and say to them, this is what I was wondering, or the child asked this question, let's talk about it.

Then even then, if there are things that are coming up that you have no idea how to answer, say, it's okay, I will figure it out. I'm your parent, I will take care of you. I'm not sure right now, but I will do it. Next please.

Key Phrases

SA: Here are some phrases that caregivers can use during those very challenging questions. They include phrases like, "How does that make you feel?" For example, if a child is reporting a discrimination, bullying, how did you feel at that moment? Then really appreciating that the child was safe enough and trust us enough to share with us.

Then actually asking them, how would they feel if something happened? This is when we are talking about for example, drugs and alcohol use. I often help a parent just actually sort of have a scenario. If someone approached you and tried to give it to you or to offer you or to bully you, what will be your answer? Who will you go to? Helping parents just go through those processes and helping them go through them with your child. Sometimes we may not have the answer and it's okay for parents to be okay with that.

Give me a minute to think through what you said. Actually, that is one of the best phrases because we want parents to look. I work with a lot of parents who themselves have trauma and sometimes the last trauma is the worst trauma. They've done everything in the world to save their children. Now they're really scared. I'm in Minnesota right now, families are very scared. There's been a lot of violence. I was just in Maine. If there are people from Maine here, a lot of shootings. there was so many shootings this summer and people are scared.

Really helping parents is to say, yes, sometimes you're feeling scared and you're feeling sad. It's okay to take a minute to step away and say to the child, give me a minute to think through this. Then also to say, I'm not sure about that. I will do some thinking. We can talk about tomorrow. The most important thing about that phrase is you go back tomorrow. You don't want to, because the child is not actually sure that you're coming back. They may think you're scared. Saying, let's find time tomorrow to sit down together and think about it. Saying, reminding them, no matter how hard I'm your parent, you can talk to me and I'm always going to be here for you. Next, please. Now I'm going to hand this over to my colleague Farhad.

3. The Importance of Difficult Conversations

Why Are These Conversations Important?

Farhad Sharifi: Thank you, Saida. It was really great listening to you. Thanks from the participants for coming here. It means a lot as they help, as you all help the refugees and the other in any way that you can. In this section, I will talk about some of the reasons why having a space for difficult conversations with the kids is important. I will also present a case scenario followed by a question from the audience. The scenario will describe a story about a child who is dealing with being bullied or being discriminated at a school and how her parents are struggling to address that. It also describes how a provider, a caseworker actually, is encouraging the parents to just to prepare them, to empower them, to have and to create such a space with their kids to discuss about it.

For next slide, I will first talk about why these conversations are really important. As you may already know, children over here, they read the news, the headlines, they watch TV. They receive a lot of input from the outside sources. Sometimes this can be really hard for them to process. That's one very good reason for the caregivers or the parents to intentionally introduce these kind of topics with their kids.



That's why it's a very good reason. Another reason is that when children navigate some of these difficult topics by their own, they may end up feeling really confused or misguided. We know as a fact, there are a lot of misinformation. Besides all these uncertainties, if a certain topic is avoided, it in a way convey to the children that these things are unacceptable. It creates another layer of stigma to discuss about these things. That's another really good reason. No matter how much the parents try to protect their children by, for example, saying these are scary things, but there are scary things out there and they, anyway, kids might be exposed to trauma.

If a topic is frequently avoided in a family, then the child may feel not safe to come to their parents to talk about all those things. These are really good, I think, examples. Then it's always recommended to, as I say, they just said, to create a space intentionally for these difficult topics between the parents and the kids. There are ways to just talk about it, about that in an age-appropriate manner or age-appropriate language with their kids so that they feel safe to come to their parents. The next slide also talks about a little bit about how do we just create, or how these conversations create a positive impact.

This is based on research. A lot of research shows that emotionally responsive parenting is associated with positive developmental outcomes. I think Saida also mentioned this. It also helps them to develop socially and it helps them in their emotional maturity also, as well as intellectual achievement. The research also indicates that parental support can help minimize the risk of depression and anxiety in kids, which if they happen to develop those things, it can impair their adjustment and their ability to function well at home, at the school and in the community.

Case Scenario: The Hassan Family

FS: Next, let me go through a case scenario just to discuss this more. Imagine this, we have this Hassan family and they are new arrival in the United States. They are from Somalia. The parents are busy working and finding employment for Omar, which is the father, applying for a SNAP as they come new here. They are also busy with finding primary care doctor for their kids. Omar and Fatuma, they are the parents, the mother and the father for five kids.

During a monthly visit with their caseworker and the caseworker name is Idil, and who is also from Somalia, the parents describe a frustrating situation that they are dealing with. Maryam has begun to wear a hijab at school since she started puberty. The first day that Maryam came to school wearing her hijab, a boy in her class snatched it off her head, and which of course irritated her and offended her. She also noticed that many classmates staring at her throughout the day, which made her uncomfortable.

Maryam comes back home. She asked her parents if she could stop wearing the hijab at the school, to which, like many, the parents become upset with her. She explained what happened to her at the school, which troubled the parents and asked them why she was treated differently. Her father tells her that practicing their faith is very important and she better not stop it because of others. The parents, Omar and Fatuma, tell their case manager that Maryam, their daughter, has not talked to them about this scenario since.

Then the case manager asked if this bullying has continued from the time it started, and the parents says they are not sure about it. They do tell the case manager that Maryam resists to go to school in the morning and she appears to be sad and she doesn't talk much after school.

Poll Question

What are ways that Omar and Fatuma could talk with Maryam about her bullying experience?

FS: Before I continue this scenario, let me ask a question through a Slido. The previous Slidos, you can scan the QR code or open a new browser and go to slido.com with that and enter that number to answer this question. The question is, what are ways that the parents, Omar and Fatuma, could talk with Maryam about



this, about her being bullied and about her experience?

Talk about their feelings, help to build self-confidence in a calm way, of course. Listen to her concern, validate her experience, exactly. Ask her how she feels. Have sincere conversation, be honest with her, be open about it. These are great ways. Reassurance, listen to her. Let her know that she can trust them and that they are there to support her. Definitely, that's really important. Thank her for letting them know. Open conversation. They love her and they want to help her, definitely. Thank you, that was great. Let me continue this scenario.

Case Scenario: The Hassan Family [cont'd]

FS: The case worker, Idil, listened to parents and after meeting Maryam, their daughter, the case worker expresses concern over Maryam's mental health and tells the parents that it is not uncommon, unfortunately, for the newcomers to face bullying, the newcomers' kids to face bullying in the school. While having this conversation with case worker, the parents mentioned that they themselves also have felt uncomfortable in public sometimes because people may have stared at them and at one point the mom says that she was harassed by a passing car the other day when she was walking down the street and a person yelled a slur at her.

Together, the case worker and the parent, they have this conversation about discrimination in the United States and at one point, the father, Omar, also says that he saw a news or a story in the news the other day about a hate crime that occurred in another state in a mosque and it also made him anxious. The case worker, after listening to them, first acknowledges that the parents are dealing really with a lot of stress. However, after listening and acknowledging and validating, she shares with them that some of the positive aspect, like how they have become successful so far in this short period of time that they are here in the US.

Then definitely the case worker asked the parents if they would be willing to talk about this with Maryam but initially the parents say they are concerned, they say we are concerned because we don't want to talk about such negative subjects with our kids. She's not ready, she's too young, all those things, which we can typically hear that. However, the case worker, listening to them again, says that there are ways to talk about serious matters in an age-appropriate way and that children can feel safer when they are comfortably talking to their parents about experiences like discrimination.

The case worker also mentioned how in the future, if something were to happen to Maryam, she might feel more safe to come to their parents because already they have started talking about all these things. To prepare the parents and make it easier for them, the case worker also offers like for a role play, just imagining herself as the kid and the parents could ask and start talking with them. In this role play, the case worker just tell them to, you can imagine and then ask me whatever question or idea that you want to talk with your daughter.

This role-play can also help the caregivers or the parents to just start thinking and feel more easy to talk about it. After listening to the case worker, the parents Omar and Fatima acknowledged that they have been busy, really busy and they didn't put much time or much attention to Maryam as they would like. They said that they are planning to have a talk with her after dinner while the other kids are in bed. As a conclusion, when the case worker visits the family the next time she sees Maryam playing with her siblings, she asked the parents, Fatuma and Omar, about the conversation they had.

They said that, yes, they found some time to talk with Maryam in the evening. When they started talking, actually the kid Maryam revealed to them that she heard people at the school making negative comments about her religion and she felt uncomfortable in her classroom. That conversation happened when they started. The parents also discussed the concept of discrimination and how this can be experienced by Muslims in the U.S. They reminded her of all the way that they can just keep her safe and she can always come back to them.

I think in the previous slide, many of you also indicated very good ways that they could just reassure that how



she can just come back to them. Talk about any topic. Then finally, the parents Omar and Fatuma also arranged for a meeting with the Maryam's teacher because that's also where it happened. They reported that after they talked with the teacher, the school assured them that they are aware of this topic and they are going to work on it so that Maryam will feel safer in the future. Next, I think my colleagues say they will continue with the next slide. Thank you.

4. Applying Key Techniques

Techniques

SA: Thank you so much, Farhad, for that great presentation. Thank you all for both the suggestions of what parents can do and also caregivers can do, and also for being here and participating in this really important conversation. Before parents get to a child, they get to us. How do we support parents? How do we help give parents information? That in itself is a very challenging conversation. Now we will be talking about things that you can do to actually support parents and engage parents in these very challenging conversations.

Techniques to assist resettled caregivers in those conversations. One of the things to really remember is that talking about the child, the child, talking about family in different cultures when you are someone who may not be from that culture is really challenging. One of the things to always remember is that for whatever information and support you're providing to be meaningful, we have to build relationships, we have to build trust. People actually always say to me, "Why will I listen to a stranger about how to parent?" Traditionally, many of our resettled families will only speak to families and community and elders and religious leaders.

If as providers and as professionals, we want them to listen to us, to take our advice, to help us support them, we need to build that trust. First of all, we have to be very culturally sensitive. I often sit with parents and the first question I ask is, "Tell me more about how this is done in your culture." Being culturally sensitive to start is really important. What is also important is ensuring that we don't have our own thoughts and ideas about how to do things or how things should be, but actually to validate parents' concerns. If parents are concerned about something you may have never thought about, validate that, respect that, empathize with that.

We also should be providing accurate information. When a parent comes to me, again, just like I was saying to parents, when you're with caregivers, if you don't know the answer, say, "You know what, I know I'm not really sure, so let me talk to others, let me figure it out, let me think about it." Similarly, we ourselves have to have that humility to say, if I don't have information, I have to research, and so on. Finally, we need to make a plan with the parents. We have to give them a concrete plan and a return. Take the plan, implement, and then you can always come back to me.

Let's go through each of these individually.

Be Culturally Sensitive

SA: Having a culturally sensitive approach requires, first of all, that we are, and—yes, thank you. That we are communicating with respect to other people's cultures and backgrounds. I always advise people, especially if you're not from that culture, but even if you are from that culture, because people like myself, I'm Somali, but I've literally lived here for many years. Mothers who are coming right now are very different, their experience is different, so I have to be very respectful of the culture they bring.

Communicating with respect and learning from them, going in as a learner, understanding their background, their practice around each of those issues is really important. Being nonjudgmental. Being judgmental means that we are practicing implicit bias. We are saying, "The way I do things is the right way, and what other people do is wrong." Instead of being judgmental, is there something you don't understand? Ask. Say, "Tell me more



about it. I haven't heard about that. I would love to learn more about it. Tell me." Ask and learn. Be ready to change, okay? Then provide resources that are tailored for those families.

You may not be each individual family, we can try, but at least within the culture. If you're working with— people are writing, please keep writing the questions, writing questions around African culture. Someone wrote a question, which we will answer later, about families who are Arabic-speaking. Really, knowing the culture, understanding what will work in those cultures, and maybe in this family, and tailoring the resources that you're providing to those.

Validate and Empathize

SA: Let's go to the next one. Next slide, please. Validating the concerns and empathizing is really what builds trust. Asking parents about their thoughts and feelings on the situation. Actually, by asking that, you're not just empathizing and validating, you're also learning, right? You're also learning. I teach a course around clinical practice across cultures, and the most important thing I teach my students is learn, ask, learn. You cannot be a helper unless you're a learner. You have to understand what that family needs to be able to help.

Again, also, the other thing about families are ecosystems. They function in a way, even if it's unhealthy. If you're going into those to support caregiver and child, you have to understand how it's functioning right now. Listen, that's part of the learning, practicing active listening, asking questions, reflecting back, and saying, "Is this how it is? This is my understanding. Does that sound right to you?" Actually, it's very hard to put yourself in someone else's shoes, but imagining what that is like.

For example, I worked a lot with Somali Bantu families who are mothers who came from farms directly into Boston, Massachusetts. I could not imagine— first of all, I've grown to admire these women so much. I have never admired any group more because they literally, in the middle of the winter, got off an airplane, put on shoes, took their children to school, cooked, got jobs, did everything. I don't think any of us can actually put ourselves in their shoes because I think the amount of courage and strength and resilience these women showed is beyond anyone who is raised or lived here to learn.

Really understanding what kind of work it takes to parent your children who speak English who are in school or learn things that you don't know about. Really understanding the parents' own experience and what that means in this situation is so important. Acknowledging. It's really important to acknowledge the feelings that parents are going through and your own feelings as well. Actually, again, I just did that. I constantly remind the families I work with their strength, their resilience. I start with the strength and resilience. I always talk about what it took to get where they are at and anything else you can do. You just need a little support.

Provide Accurate Information

SA: Next, please. Ensuring that not only that you're providing accurate information, but the information is getting the way that you meant it to get to the caregiver is so important. One of the practices I use and others may be able to use is ask parents, tell me what we just decided we're going to do. Tell me how you're going to do it and tell me what might be barriers to it. The barrier question is so important because what I'm saying to them is sometimes the caregivers I'm working with, for example, will agree to do something around parenting. The problem is they parent with their own mothers, with their fathers, with their aunts, with their uncles. There is a communal parenting that's going on.

They will call mom in Africa and the mom, grandma of the child will say, "No, you can't do that." I want to know what's happening, who else is involved in the parenting. I want to help the parents to think through how they're going to approach that other person. What will that other person say? Really going through what we went through, what we're going to do next and what might be the barriers, and how we're going to approach the parents. Those are all parts of the work I do to help support the parents. Yes, do your own research.



Don't research a family, you research a community, a cohort. You can research what it means to be a refugee, the trauma, the loss. A lot of you wrote something really amazing. You wrote the intergenerational role changes, how children change and families change and children who speak English can become the parent in the home. All of those things are really important. It may not tell you about that specific family, you should still learn about that specific family, but it will tell you about general issues that you should be aware of.

The last thing about recognizing what resources are most helpful, what I have, the way I think about it is, what is the thing I can do today? What is the resource I can bring today that will have the greatest impact on what the family or the child or the parents could be struggling with? Think about both impact and availability. Sometimes I will advise my supervisees, do something small if that's all you can do, but do something that will impact what are the resources that are most helpful, most impactful at this moment.

When you're working with families, it's essentially saying, "What can release some of the pressure in the family?" Next, please.

Make a Plan

SA: Finally, make a plan. You need a plan. That again goes back to that idea of what did we just talk about. What are we going to do? How are we going to do it? What are the barriers going to be? You problem-solve together, you role play, you coach. I coach many of the parents I work with because of all the things that will come and hit them and try to take them off what we have planned together. What are the concrete actions? We will do A, B, C, D. Who is going to do? Who is the support system to support you do it?

This is also for the child. When we say if a child is facing discrimination or things like that, we create a concrete action and we provide the support that's needed. Next.

Discussion Question

What is one key takeaway from this training that you will use to help resettled caregivers have difficult conversations with their children?

SA: Please complete this Slido. What is one key takeaway from this training that you will use to help the resettled caregivers have difficult conversations with their children? Thank you so much. Take about a minute to do that or two. I hope everyone will complete it. Yes, thank you. Open conversations. Speak with your child. As you write, sometimes, like I said, parents may struggle with speaking with their child because it's never been done in the open. Like in my culture, no one talks about anything.

In American culture, everything has to be named. Supporting parents about how to ask questions, how to communicate, and so on. Thank you. Support the child. Be honest. Let them come to you. Yes. Listen. Make a space. Yes. Beautiful. Thank you. Parents encouraged to say, "Let me think about it." if you don't know. Acknowledge. Yes. Spend time discussing problems with your child. Yes. Being age-appropriate. Be open-minded and listen to your child. Start with recognizing strengths with families, their journey, to empower them, and listen to their feelings. I love that. Thank you.

Giving them safe space to communicate and make sure they are heard and use age-appropriate language. Yes. Thank you. I love it. Thank you all so much. We still have one more minute if you want to keep writing. If not, I will give it back to my colleague, Caroline.

Q&A Panel

CD: All right. Thank you, Saida. Yes, I think we've reached our Q&A time. It seems like we're a little ahead of



time, which is great. We have more time for questions. If any of you have any questions, please continue to put those in the Q&A box that we have at the bottom of your screen. We covered a lot in a short amount of time today, so we'll definitely spend our remaining time answering any questions that you have. Thank you. To get started, I think we have a really great question in the chat that was put in early on.

The attendee said that they have observed that teens in their refugee families end up taking inappropriate control in the family.

What are ways to come alongside the parents to empower them to continue to be the parents and not cede their parental leadership, especially when parents have limited English?

CD: This is a really great question. Do you two have anything that you'd like to say in response to that?

SA: Thank you so much for asking that question. It's literally one of the probably most difficult things we face. There's a few things that come to mind. It also includes with culture, for example, in different cultures where gender really plays a big role. We didn't talk a lot about gender but about family leadership, especially the role of boys in a family and so on. First of all, I wish now, because we are actually doing this conference for families that are resettled, I wish we did a parenting—I know that Switchboard has a parenting program, but I wish we did a parenting short class for every family when they arrive to help be parents.

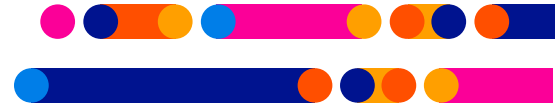
The most important thing we can do as providers, as supporters of families, is to not empower but to support families or parents to keep their natural role as the leaders in their family, as the people who take care of their children, and to actually prevent exactly what you described. The biggest thing we can do is actually help the parents, A, like we said, coach them to have that strength and that competence to be the parent and to answer the questions that the family needs. Not to use children as interpreters, because when we use children as interpreters, what we're doing is we're giving power to children and taking it away from parents.

To help the parents know their rights, because often children and young people, will say to their parents, "I'm going to call 911," and then the parents really get scared. I've spent 20 years now working with parents, and sometimes even I'm shocked when I talk to a parent and they will say, "I give my child—I buy them clothes because I'm afraid DCF is going to come or my child is going to call 911." The problem is not that the child is taking over. Children, developmentally, 16 and 15 and 17-year-olds will do what is natural, which is try as much independence as they can. Shifting that relationship for them may be like a sort of like a natural space.

We are failing parents by not giving them—we tell parents rightly that, for example, that corporal punishment is not a good way to discipline a child, but we don't tell them what works. We may tell them things like take away their iPad. They don't have an iPad. Actually, I have had parents—I work with teenagers who tell me they lock the door and I can't enter the house because the parents are too scared that the kid will call 911. It's a failure of us educating parents, supporting.

One thing I did to the person who asked that question. In Boston, a group of us, including a resettlement agency, REAC, at the American Immigrant Assistance Center in Boston, I hope people from there are on this call. We literally had a parent academy, where we call seven different providers, including DCF, including police, including education, where they told them about parents' rights. These are your rights. Children cannot lock you out of a room in your own house, like teenagers. They can't be out whenever they want. We have to empower parents in a way where once they lost that confidence, it's really hard because the child already knows what they can get away with.

We need to get in early, especially with resettled families, as soon as they come. I tell families, as soon as they arrive, and I want to let my colleagues answer, I tell parents when I meet them, you are still the parent. You may not speak English, but you are still the parent. Don't let anyone tell you otherwise. We need to do a good job of helping parents. These parents are so powerful. They kept their children alive. They got them here. They are capable of taking care of their children in America. It's our system's failure that they struggle with those things. Thank you for asking.



CD: Wonderful. Thank you. It looks like someone is responding to that, saying that you make really great, valid points.

They try to encourage a child to focus on school, but they want to interpret for their parents. What do you say and do in that situation?

CD: I think that happens a lot for children who come here, for sure. Do you have anything to add to that, Farhad? Sorry.

FS: No, it's my opinion. I think, as Saida also mentioned about the systemic limitations that we have, so families definitely will use any resources. Especially interpretation by the kids. By itself, I don't see it a problem if it's not always happening like that. In a way that it will impact the family relationship. That's, I think, just that one point I wanted to mention. Saida, you go ahead, you wanted to say?

SA: I am good. Thank you. I agree with you completely. Thank you so much. There was a question, maybe the Dari, those are easier questions. The question around, maybe Farhad, you can answer:

[Do] we have resources in Dari or [does] Switchboard have resources for parenting in Dari?

CD: Yes, Switchboard has a number of resources in parenting that are in different languages. It depends on what resource you're looking for. We will send these out at the end of the presentation, just so you guys are aware. One resource that I did want to highlight, though, that we just didn't talk about yet in the presentation that could be useful for a lot of families is Sesame Workshop, which is the Sesame Street organization. They have these videos that are with their puppets, and they have them in Dari, they have them in Pashto. I believe they have them in Ukrainian as well. They cover this with younger children, how to address these difficult conversations.

Again, these resources will be at the end of the presentation, but just wanted to highlight that one in particular. I thought that that was a good one. Moving on, we've had some really great questions coming through in the chat. I really like this one.

What kind of support or advice do you give to parents if they're concerned that listening non-judgmentally, if that's not aligned with their parenting style and they want to maintain authority, how do we respond to that as providers?

SA: I think for everything that we talk to parents about, including about how to listen to the child, how to hear them, how not to be, how to calm yourself and not be reactive, how to be non-judgmental, is about coaching, but it's also about aligning yourself with the values of the parents. I will tell you when I start working— I work with kids, so automatically I work with parents. One of the things I never say, and I know everyone here knows this, is, it's in America and this is how a parent— what I do is always align myself with what they want.

I will sit down with parents and ask them, "Tell me what is your objective in this whole process?" "I want my child to listen to me, to be respectful, to learn my culture, my language. I want them to do well in school." We're going to have a plan together, one of which is that if they come to you and they want to talk to you, it's helpful if you listen to them. Even if they're saying something you don't agree with, just like if when you and I talk, maybe I won't agree with something, but I will still listen to you, listen to them, because that's how you get them to talk to you, right?

Helping parents sort of see what you are telling them to do. For example, some parenting styles like my own, in my culture, is we criticize kids a lot. That actually really can sometimes trigger a child. Helping parents learn. The kid does 10 good things, but then we pick on the bad thing and then we criticize them because that's how we did in my culture. Helping parents understand, what do you want to increase, the bad behavior or the good behavior? I want to increase the good behavior. When you catch them with the good behavior, that is the time



to say, "What a wonderful child you are. Oh, what you did this." For you, that means my child.

Helping parents understand why the nonjudgmental approach is going to work for them. I work with young people, I say the same thing. I say, "What do you want?" "I want my mom to do this, this, this." "We're going to get there by doing A, B, C, D." Always align yourself. What is the stress the family is facing? I know parents want their child to succeed. They want their child to be connected to them. They want their child to be connected to their culture and community. They may not verbalize it, but they're struggling because there are things happening outside of their control that they don't know and they don't understand.

Helping them, there are things you can do that you can have control over, like how you listen and interface with your child can work as long as you're sitting with them and explaining to them in their language, in their culture.

CD: I don't have too much to add to that, because I think you worded it perfectly. I think I really like what you're saying about putting it back on the parents and hearing, what are you looking for here? I think it's easy to fall into the trap of doing education and over-educating in a way, saying, "This is what people say is good for the child, so this is what you should do." Bringing them into it, really, they feel like they have control in this situation. I really just wanted to echo I loved what you said about that. Thank you.

There was another great question in here. The attendee was asking:

[What do we advise parents, how do we advise them when they say they can't practice these different parenting skills if they live in the same house with the grandparents, who maybe have different parenting styles, too, as it creates tension in the family? Do you both have any thoughts about that one?](#)

SA: Farhad, do you want to take it or should I take it?

FS: You take it.

SA: It is so hard. It's very hard. I have seen this many times. I have seen also it really, very painful for the middle person, which is the parent, because they want to respect and support their parent and that's who brought them up and so on. I have also seen one of the solutions being that they move away from each other. I have seen people actually take that action, but it's not always the option. The option for some cultures, like my own, is not to tell the grandparent not to interfere, because that will raise all kinds of other things. Because traditionally, this is what happens, the grandparent has a role in the child's life.

That's why I was saying when you're coaching parents or you're role-playing to make sure who else makes decisions. One thing I can think about is actually have a time, a parent-child time outside the home, where they can talk to each other about what their experience, but also, really, how did the child understand that the grandparent is from a generation where what they are saying or doing worked, right? Now, it may not work here. Still having a space with your child to talk to them, to guide them, that is outside of what--

Then as much as possible, having a conversation with the grandparent on your own, so you don't bring the child in the middle to talk to them. I know you love them, and you raised me, and you did such a great job, but when raising children here, and we're not saying this is America, we're saying, it's so different. There are things, like the things we talked about, like drugs and discrimination and different roles for gender and mental health that kids are experiencing, and that you parent is working with the school and with others to support the child.

Then maybe, again, they can give the grandparents ways they can support, even give the grandparent, if you have something you want to say when I'm parenting, let's try to have that conversation together. Even talk to the grandparent before and say, "I'm going to have this conversation with the child," if that has to happen in front of the grandparent, and say, "I want you to support me because this is the reason I'm doing." Try to manage those conversations in a way where no one is getting into conflict, and the grandparent is not stepping



into it while you're parenting. Then it becomes you and the grandparent and the child, and the child gets caught, or you caught in the middle.

Then coming back to you, give something they can try, and then they can come back and say, "That part worked, but that didn't." Let's think about why didn't it work. Maybe it culturally, I was not able to say to my mom this. I'm talking from experience too. May God bless her. My mom parented with me because that's our culture.

CD: I think I definitely agree. Having those separate conversations is so important. Not, confusing the child in that way. I know some families consider the grandparents also caregivers in their community, it takes a village to raise a child, right? If it is appropriate, I think, obviously, this might not be the case for every situation, but I think if you are the provider, and you're meeting with the parents, it could be important for the grandparents to be involved in that conversation too, with the provider as well to hear what you're, talking about, what information you're sharing so that they can learn as well.

Again, I think that there's a way to do that, though, where you don't want to step on anyone's toes, you don't want to, step on the parents' toes by including the grandparents in that sometimes. You really got to be careful with that. I do think bringing them into the conversation as a provider could be helpful. I don't know if you guys have any other thoughts on that question.

SA: This is why when I do clinical work with families, I always ask parents or caregivers, who else is in the home with us? Who else is going to have a decision around this situation? Then we discuss how should we bring them in. Do you want them to be part of one of the sessions, or do you want to be the person who talks to them? Often, the grandparent doesn't have to live here. They can be in Afghanistan, in Syria, in Somalia, and they will still have a say about what happens to that child.

Really upfront from the first day, making a list of everyone, it may not be the grandparent, it may be the sheik, or the religious leader, or the community leader, or the priest, or someone in the community that the parents really trust, and they're talking to. Having all of that out in the open, and planning for what the role they're playing in this situation. The most important thing is that you are not conflicting with those things. If the parents feel don't trust you enough and they feel that the caregiver that they have to hide from you who else is making the decision, then whatever you're doing it's like it may work, it may not work depending on how those other people that you don't even know about feel.

Having everything in the open and creating that safe space for your client where you say, "You know what, everything doesn't have to be black or white, it doesn't have to be this or that. We can have these conversations and do the best we can right now." One more question Caroline?

CD: Yes that's what I was thinking too. I see one in the chat that I think we can wrap up with here and this is a good one from Irene.

How would parents incorporate language and traditions into family life when they feel like it's a losing battle with children who prefer to speak English, especially when living in new surroundings that don't always allow for them to practice their cultural traditions?

SA: Hi Karibu how are you? This is one of my colleagues from another site that I worked with that works with refugees so this is a great question. Of course, Karibu will ask really hard question. Okay, Farhad do you want to answer because you're working with families? Please go ahead.

FS: No go ahead, that's a difficult one for me.

SA: Thank you. No, I think that's such amazing question. Thank you for asking. It's a timely question for me because I've just joined TikTok and have been watching a lot of videos by Somali kids and tradition and about Somali songs and so on. I think that that question is really interesting because I think it's a communal act



teaching culture and teaching language. Many of you here who are like Karibu who are working with agencies that provide services to these families and children, clearly creating spaces where language and culture, and tradition is valued. I will give you an example.

We run groups for children in schools and those are run in the native language. We run them for Spanish-speaking kids, for kids from Latinx culture, we run for Afghan children, we run for Somali kids, for Oromo kids. We don't have as much Oromo but East African kids, mostly Somali. What we do is we provide this in the native language with a native cultural broker because we want the children as they arrive especially kids who are just arriving to have this basis where they see their culture and language valued. The impact it has is unbelievable.

The cultural brokers who run those groups talk about the joy the children have in that space because all day they may be struggling with English but they know at that moment they will have plays that are culturally appropriate, they will have language, they will have a food that's cultural– so they have that space that's protected. For all of you who work with these families, really creating spaces that are communal. I go to some of those groups and I know we have like one more minute and I speak Spanish. My Spanish is so bad you don't even know but the kids love it because they laugh at me.

They're like, "Oh, you speak Spanish but [laughs] your Spanish is not that good." Having like that power like, "Oh, she's a professional but she doesn't speak Spanish, I speak Spanish, I have that power." Supporting families by having events, by cultural events. TikTok has done so much for Somali kids for example because kids celebrate their culture. We need as a community to take on the work of helping families maintain culture, tradition, and language. Thank you.

Conclusion

Reviewing Learning Objectives

CD: Thank you so much. I'm sorry I think we are about out of time here so I wanted to just review our objectives but great questions from all of you. I hope that that was helpful. In terms of our learning objectives, hopefully, you are able to now define stigma and describe how it might impact the way caregivers communicate with their children, identify those three typical conversation topics that could be especially challenging, explain why it's important to have these conversations, and apply three techniques to assist resettled caregivers in preparing for these conversations with their children.

Recommended Resources

CD: I want to thank you guys again. Here's some recommended resources that we discussed earlier. These slides will be sent out. The presentation will be available to you all.

Stay Connected

CD: I guess our last slide is just if you could please provide feedback to us, it's so helpful. We learn so much from you all to make sure that we improve all our trainings in the future. It looks like we have a link in the chat for this. We also have a QR code if you could just answer these questions so that we can better ourselves in the future and these Switchboard trainings. We greatly appreciate it. I just want to say thank you again to all of you. I hope you all have a great rest of your Tuesday.



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