



Webinar: Understanding Psychosocial Support Groups: Three Successful Models

September 26, 2024, 1:00 – 2:15 PM ET

Transcript

Introduction

Today's Speakers

Megan Rafferty: Hello, everyone. Thank you for joining today's training, Understanding Psychosocial Support Groups with Three Successful Models. My name is Megan Rafferty, and I'm Switchboard's training officer focusing on mental health and wellness. My background is that I'm a licensed professional counselor, and I have provided strengths-based, trauma-informed mental health services to refugee and immigrant populations for over a decade.

MR: Today, we're joined by three additional wonderful speakers. We're also joined by Jess Dalpe, the Senior Technical Advisor for Safety and Wellness at the International Rescue Committee. Jess is a licensed social worker with over a decade of experience in international social work. She specializes in evidence-based practices for gender-based violence and mental health support for forcibly displaced populations residing in the U.S.

MR: Malalai Safi is a Senior Community Wellness Specialist with the IRC's Sacramento office. She has a master's degree in Public Policy and Administration and is a Certified Administrator for Attachment Vitamins. Malalai excels in advocating for the mental health and well-being of immigrant communities in Sacramento.

MR: Finally, Katie Medlin is the Women's Resilience Center and Field Placement Coordinator for the IRC's San Diego office. Katie is a licensed social worker who excels in providing psychosocial and educational programming in addition to creating safe spaces for women and girls.

Learning Objectives

MR: We'll go over our learning objectives for today. By the end of this session, you will be able to explain the essentials of initiating newcomer psychosocial groups, including structuring, resourcing, and facilitating groups, and analyze three different models of psychosocial support groups, including their successes and challenges. With that, I'll hand it over to Jess Dalpe to get us started.

1. Psychosocial Support Group Fundamentals

Jess Dalpe: Thanks so much, Megan. Welcome, everyone. So happy to be here with you and so happy to see so many of you on this call. We're going to start. Megan and I are going to go over some group fundamentals for



psychosocial support groups. So, really going through the basics, making sure that we're using the same terminology.

Discussion Question

JD: As we do that, we'd like to invite you all to join us for a Slido. So before we get in, I want to hear from you. If you're new to Slido, you can use a smart device, point your camera at the QR code in the upper left-hand. You can also, if you prefer to not grab your phone or smart device, you can join at slido.com and enter the code in, which is 2571538. We want to hear from you.

In one word, what does mental health and psychosocial support mean to you?

JD: Y'all are great. You're so quick. I feel like it always takes me a while to get these going. Seeing hope, peace, compassion, community, safety, empathy, well-being, a safe space to express. Well, lifeline. I love that one, right? That this can be so important and such an important connection. Well-being, vulnerable. I think just in case we need the code, thank you, someone. Validation, empowerment, belonging. I love that safety has come up so big. So really thinking about creating the conditions for safety, right? When we think about mental health and psychosocial support, that we're creating that sense of safety, hopefully both internally within ourselves and also within community and relation.

JD: Resilience, care, trust circle, systems of care. Y'all are doing a great job at foreshadowing what we're going to talk about today. We'll give y'all just a few more seconds. Humanity, healing, essential. Yes, well, I like whoever wrote that one. Thank you. I think this work is essential. I'm a little biased. Growing, self-confidence, love, vibrancy, stability. These are all absolutely fantastic. Thank you all so much for sharing. Couldn't agree more, and what a beautiful way to start this webinar. These are just such uplifting and lovely words for us to think about and conditions and states and ways of working when we think about mental health and psychosocial support, what it means to us in our work. So thank you all for participating. Please keep Slido open if you haven't already closed it. We'll give you the codes again if you did close it, but we're going to revisit it a few times today. So I suggest you keep it open.

Mental Health

JD: But as I mentioned, we wanted to just be able to make sure that we all have a similar understanding of what we mean when we say "mental health and psychosocial support." We use lots of terms. We don't always have the same idea of what these terms mean. So when we talk about mental health, we're really talking about a state of well-being in which every individual can realize their own potential, cope with the normal stressors of daily life, right, because days can be hard and stressful and some days can be beautiful and wonderful and easy. We want to be able to cope with that, that every individual can find productive and fruitful engagement and contribute to their community in a way that feels appropriate, manageable, and fulfilling.

Psychosocial Well-Being

JD: So that's how we're looking at mental health, which then brings us to psychosocial well-being. So where does that kind of connection come in? We often talk about this composite term, which we'll see on the next slide, but psychosocial well-being is that state of wellness that emphasizes a connection between psychological factors—so things like our mood, our attitudes, our beliefs, our motivations—and the social factors, so things like financial well-being, our relationships, basic needs and being able to meet them, and our



sense of connection. So psychosocial is really looking at that interplay between the psychological and all of the social factors that surround us as individuals, families, and communities.

Mental Health and Psychosocial Support (MHPSS)

JD: So when we put both of these together, we have mental health and psychosocial support. So it really creates this composite term that we turn into an acronym because we love acronyms, but really in our work, it is a composite term to represent any type of support that aims to prevent or treat a mental disorder, right? So being able to foster that mental health and that well-being and/or, but I would say mostly and, to protect and promote psychosocial well-being. So really looking at how are we helping through our programs create the conditions for both that mental well-being and also that psychosocial wellness.

MHPSS Pyramid: Continuum of Support

JD: Which brings us to, “How do we do this?” Hopefully some of you have seen, which we will slowly reveal, the mental health and psychosocial support pyramid, which really shows that continuum of support. This framework was developed by the Interagency Standing Committee for MHPSS, which is an international consortium, and it’s really focused on humanitarian aid work. So it really fits a lot of the work that we do well. And it’s also a visual, which I love.

JD: So it’s a pyramid, and we have level one, which is our base. And I love the pyramid because it helps us visualize the larger number of people who will both need and benefit from basic services and security. So, that level one—these are things like basic needs, housing, food, having adequate shelter, having safety, right? Those are things that everyone needs to help have that state of mental health and well-being.

JD: Moving up, we have level two, which are community and family supports. So as we move up through the pyramid, we tend to have more specialized services, and we tend to find that there are fewer people, still a lot of people, but fewer people who would both need and want that support. As it gets smaller, it’s the smaller number of people and also the more specialization of those supports. Level two are interventions that support communities and families.

JD: Level three are more focused generally on an individual or a small group of people. Level two and level three are where we often see our psychosocial support groups. So we’ll talk about that a bit more.

JD: And then, finally, we have level four, which are specialized services. So we’re looking at services in level four, such as formal therapy, accessing medication for mental health needs, and more really specialized and focused support. Some support groups do fall in level four, but the vast majority and the ones that we’re talking about today tend to fall in levels two and three.

JD: One thing I do want to mention before we move to the next slide is that the continuum of support, it’s not a ladder where you have to start at one to move up to the other and you can’t kind of access services at all levels, right? We can work with families, we can work with individuals and communities at all different levels of the pyramid, but we really need to make sure we have that foundation, and then we can also add in services across all four levels, which brings us to yet another definition.



Psychosocial Support Groups

JD: When we talk about psychosocial support groups—the whole basis of what this time together is—we're really talking about something quite simple but amazingly impactful, which is a purposeful gathering of individuals and groups to really address two things: promote connection and relieve stress. We're looking at that bridging of the social factors. How are we promoting those connections with community and the psychological factors? How are we using these spaces to support mental health and well-being? That's the basis of our groups.

Discussion Question

JD: And now I told you we'd get to Slido again, so hopefully you left it open. If not, using the same code, same QR code, but we want to know from you, what is your “why”?

Why do you think resettlement agencies, other organizations that serve newcomers, why should we run psychosocial support groups?

JD: I love seeing little dots; I know people are typing. Ah, more effective. Yeah, promote integration, social connection, social integration, going on the same wavelength there. Decrease isolation, sense of community, right? That forced migration can be really traumatic. We are looking at addressing cultural barriers. I can't keep up reading this quickly. You all are amazing. Addressing basic needs. These are great. I see so much on community building, right? So, really focusing in on that level two. Increasing trust, providing better services. This is great. Adjustment, culturally specialized support. I love that I'm seeing that. I think I saw that earlier, right? That we are able to provide really culturally accessible services through groups, connecting with resources, self-motivation, self-care, thinking about that stress management, thinking about what does it look like? I love this one. So people know they're not alone, right? That is kind of that purpose of a group is that you're not alone. You're connecting with other people.

JD: Yeah, a way to address mental health needs across a broad population. And thinking about reaching people. Ah, validation, one of my favorite things. Ah, these groups, I love this. Helping to cope with cultural bereavement, right? So, thinking about that potential of the loss and the grief that comes along with having to leave a community of origin, leaving a culture of origin, and finding that connection depending on the type of support group. Helping to navigate the system. Oh my gosh. I could sit here for the next hour reading through all of these because these are such fantastic reasons. I feel like we don't have to do any motivational kind of work here to convince you all as to why psychosocial support groups are great, because you're already saying this. Really appreciate you all continuing to give this feedback and to engage.

Why Run Psychosocial Support Groups?

JD: We want to highlight just a few reasons, though you all highlighted them beautifully. I think a lot of you spoke to the importance of filling gaps, right? So when we look at that pyramid and we think about the accessibility of services, oftentimes—and I know I don't need to tell it really, anyone on this call—we can struggle with being able to find appropriate resources or accessible resources in mental health and psychosocial support. So groups can really work to help fill some of those gaps that are present in our systems of care. They can also be important avenues for support when clients are on wait lists for maybe some of the more specialized services that we see closer to the top of that pyramid.



JD: They also can increase capacity by serving more people at one time, right? So if we think about our reach when we are providing groups, if we run a one-hour group weekly, we can reach eight, 10 people in one hour. That's pretty amazing that we can increase that capacity. Doesn't mean that's always the best way to provide services, but it is a really important way for us to increase our capacity to reach more people through these groups.

JD: What we also know when we think about the pyramid and psychosocial support groups is that groups really allow us to deliver interventions and programs that have greater cultural and linguistic accessibility and congruency with the communities that we're serving, right? We're creating these spaces where we can ensure that there's language access, that there's connection, that we have flexibility with how we implement the groups, which we'll talk a bit about, and we're going to hear some wonderful examples of that later from Malalai and Katie.

JD: And then finally, as we've already talked about, and you all said beautifully in the last Slido, this fosters that social support and that shared experience. I saw universality show up there, the normalization, the validation. That's really one of the great ways that groups can support communities. And I always love, and many of you have probably heard me say this before if you've ever been on a webinar with me before, but in groups, right? When we facilitate groups, it's one of my favorite things to do. We as the facilitators, if we're in that role, we get to step back. Our role becomes less and less important the more that the group goes on because those connections are being made. And oftentimes those connections outlive the group that we're facilitating, which is exactly what we want, right? Our goal in this work is to make our skills obsolete, that our clients have the connections. They have the conditions to be able to have mental health and psychosocial support and mental health and well-being without having to access services. That's the overall vision that I have.

Types of Groups

JD: But I'm going to move on to talking a little bit about different types of groups as a primer to what we will hear later on. We're going to start with the more, I would say intensive, which is a curriculum-based group. So curriculum-based groups tend to be a little bit higher on that pyramid, a little bit more specialized, but they can span levels two, three, and four, all the way up to the top. But these really include a set structure and set topics that need to be delivered in a certain order. They're oftentimes evidence-based interventions, at the very least evidence-informed interventions, and they require a certain level of training and following of a set facilitation guide and a set array of topics that we are focusing on. So that's kind of the more restrictive, but really important, which we're going to hear about.

JD: Moving counterclockwise here, we also have topic-focused groups. So these are groups that tend to focus on a particular topic. It can also focus on a particular identity or characteristic, but there's a predetermined topic focus for this group that is often identified by the participants. Always we want to make sure that our work is really client- and community-centered, so something that is of importance, and then that group is structured around that activity, that topic, that characteristic or identity. And that's usually at our level two, but sometimes at level three. So that kind of spans those two different middle levels of the MHPSS pyramid.

JD: And then last, but certainly not least, we have open forum groups. These have the most flexibility, which is really fun. Sometimes can be a little daunting, but super fun. These are often groups that are formed a bit more organically and where discussions just kind of come up in that space. These are often at level two, and many times are centered around a physical space rather than a particular activity or topic, but they can be centered around an activity or topic. An example of this might be a community garden, where, if I'm a part of a



community garden, you can go, and if you want to just garden and focus, you can do that, and you don't have to engage, or you can just have organic conversations and find support through being in that place, being in the community garden.

JD: What I'm going to do at this point is hand over to my wonderful colleague Megan to talk us through structures and resources for groups. So, Megan, over to you.

Structuring Groups

MR: Wonderful, thank you. Yeah, so as Jess said, now we're going to just talk about some of the more practical or fine details about how groups can be structured, which will also help us better understand and capture some of the details of the groups that we're going to hear about later on as well.

MR: So first up is the group type. This is, of course, based on what we just learned from Jess on the previous slide, so curriculum-based, topic-focused, or open forum group types. This will really be determined by the overall goals of the group and what's going to work best for the clients.

MR: Next up would be specifying the participants. So this is where decisions are made about whether group membership is going to be based on identities or characteristics, maybe such as groups for children or older adults, groups for women specifically, groups for people with depression, or it can even just be about folks who all want to learn about the same topic, maybe everybody that comes together that wants to learn more about parenting skills. It's also important to determine if the group membership will be open, meaning that new members can join any time, or closed, where members will have to join from the beginning to be a part of the group moving forward.

MR: Third is planning the facilitation, or determining who the facilitators of the group will be. So we're going to talk more about facilitators shortly, but one consideration to think through might be whether facilitators will be culturally matched or have other commonalities with the participants or not.

MR: Next up would be the frequency of the group meetings. So this is thinking about how often the group will meet and for how long. Is this group going to be an ongoing group with no set end date or a time-limited group, maybe like a 10-week group that's planned from the beginning to have a start and an end date?

MR: Next up would be location. Will the group meet in person? Will this be a virtual group or perhaps even a combination of both? Maybe the group is planned to occur in the community and that the location will rotate based on the activity that's planned for that day.

MR: And then finally is resources. So resources include any necessary personnel, materials, or other support that's needed to run the group and how those will be funded. So we're also going to talk a little bit more and break down resourcing a bit in just a few moments.

Group Facilitators

MR: Okay, but we'll talk more about group facilitators. So who can actually run psychosocial groups? Who are facilitators? Well, group facilitators can include resettlement staff. They could be perhaps the mental health and psychosocial support staff specifically at your agency, maybe folks with a counseling or social work background. Group facilitators could be peers. They could be community members. They could also be



volunteers. And they can be so many more. This is really not a comprehensive list, just a starting point to say really that group facilitators can be just about anyone. Unlike in traditional group therapy, psychosocial groups are really not restricted to only being facilitated by people with mental health or social work backgrounds or licensure. What's most important is that group facilitators can approach conversations with empathy and non-judgment to provide safe spaces for clients to be able to share.

Discussion Question

MR: Okay, so we have another Slido here. Beyond being compassionate and non-judgmental, I'd love to hear from you all about,

What skills or abilities are important for group facilitators to have?

MR: So in your opinion, what do the best group facilitators do that make them so good? Empathetic, relatable, flexible. I love that one. Listening skills, communication, active listening I'm seeing a couple of times. Yeah, a lot of active listening and empathy. Definitely cultural competence. Someone who's able to hold space. Open, friendly, patient, good at rapport building. I love these. Open-minded, they take themselves out of it. Yeah, kind of like what Jess was saying, that someone who has the ability to step back as the group can start to run itself. Active listening and also able to keep the group on track, perfect. Patient, welcoming, I love these. Humility, time management, absolutely. Trust. These are great. Okay, all right, well, it looks like we're wrapping up and you all have hit on so many important skills and abilities.

Essential Facilitation Skills

MR: So we'll go ahead and move on to our next slide, which is really a list of what we put together of what we thought were some of the essential facilitation skills. But from our Slido, honestly, you guys have already hit on almost all of these. So number one on our list is active listening, which I also saw come up again and again in the Slido. This is so important to participants feeling heard and valued in the group.

MR: Second, we have that facilitators should be able to build trust and rapport with the group members, as well as having the ability to create and maintain not only psychological, but also physical safety in the group by doing things like enforcing standards about confidentiality and setting appropriate boundaries in the group.

MR: Time management—you all mentioned that as well. It's another really important skill to ensure that you're meeting your and your clients' goals for the group while encouraging engagement and participation, ensuring that you're creating space for those folks who are more reluctant to speak and sort of reeling in those folks who are more likely to maybe dominate conversations.

MR: And then finally on our list, we have conflict and crisis management. While it doesn't tend to happen often, there are times when a group facilitator needs to be able to manage conflicts within the group due to differences in opinion, or perhaps to step in to handle crises that might arise, such as if you're having a group that's beginning to talk about more difficult or emotional topics. So again, this is just a short list of some of the essential facilitation skills, but of course there are many more. What's most important is just creating environments where clients feel safe to share and to open up.



Resourcing Groups

MR: Okay, and with that, we'll move on to talking about resourcing groups in a little bit more detail, because we know that this is a really big concern for folks who want to start new groups. It's a question that we get a lot, but resourcing groups involves providing the necessary tools, materials, and support to ensure that the group's successful and effective, really. So in some cases, additional funding might be necessary to adequately resource the group, but there are also situations where it's possible to use what you already have available or to partner up in strategic ways.

MR: When it comes to resourcing, we have staff time as of course a very important consideration. So even if groups are facilitated by volunteers, some staff time may still be needed up front to get things going or might be necessary for ongoing supervision or problem solving. And there might also be some additional time that's needed for training, whether that's for the group facilitator to go to a training and learn about implementing a specific curriculum or even just generally on how to facilitate groups more effectively.

MR: Second, we have program materials and location for the group to take place. These are important resources. I see these more as encompassing some of the physical needs of the group. Program materials might include art supplies, any printed worksheets, snacks, any curriculum that you're going to use for your group.

MR: And next up, we would have strategies to overcome barriers to group attendance. These may also need to be considered. So getting creative about child care, if you're going to be working with families with young children, or transportation to and from the group. Those are two big ones that come up a lot, but also thinking through the linguistic accessibility and if interpretation will be needed for the group is of course essential when we're working with newcomers.

MR: And finally, we have the group's monitoring and evaluation strategy. This is another really important resource to think through. We want to make sure that you can identify whether or not folks have benefited from attending the group, possibly with a pre- and post-test assessment; that's one way to do that. You'll also want to think about how you're going to collect your attendance data and how you'll collect and analyze feedback from your participants, again, to hear about their experiences firsthand.

MR: So I hope that this has been a helpful overview of psychosocial groups. We're going to get into the second part of our training where we're going to have the opportunity to hear from Malalai and Katie, who are going to share about three different groups that have been running at their agencies. Now we get to hear some firsthand accounts of how they have structured their groups, what's worked well, and what challenges they've experienced. So we're going to go ahead and hand it off to Malalai to get us started with the first group.

2. Three Successful Models

Attachment Vitamins: IRC Sacramento

Malalai Safi: Thank you, Megan. And yes, now I would like to introduce the implementation of one of these models that Jess and Megan were discussing today, and specifically the implementation of one of these models in the Attachment Vitamins program. So we have been running the Attachment Vitamins program since 2022 here at our office in Sacramento. And I'm really excited to share its impact with you.



Group Description: Attachment Vitamins

MS: So if we go to the next slide, I will drop some links about this program shortly in the chat for you as well. But if I give you a little bit of information about the Attachment Vitamins program, it's a 10-week intervention designed to help parents and caregivers of children age birth to five years old. It focuses on understanding child development and the impact of stress and trauma. Through this program, caregivers learn to reflect on their child's experiences, understand the meaning behind your child's behaviors, promote secure attachment and safe socialization practices. During this program, we are covering some topics, for example, attachment, temperament of children, separation and anxiety and normal childhood fears, responding to challenging behaviors and becoming a partner with the children, understanding toxic stress, depression and trauma impacts. And also we are talking about caregivers and parents, childhood stormy moments and angel moments and how we incorporate best practices and best experiences with our children.

MS: So here as a resettlement agency, we acknowledge the unique challenge that refugee and immigrant caregivers face. Many come from very communal parenting traditions, and in their new environment, they often find themselves very isolated without the extended family support they are used to. For example, I'm running this program for Afghan groups. And traditionally, I know how much Afghan caregivers and parents, they are connected with their families and their siblings and in-laws and parents to raise their children with them. So they are very connected. When they get forcibly displaced and they're coming to their new country, they lose all the support and they feel so alone and sometimes very scared to raise children in a new country with a new tradition, culture, and everything. So this is why these groups are very important and play a vital role in addressing these challenges. Helping caregivers learn from each other and adapt to their new surroundings while mitigating the effects of toxic stress for both themselves and their children.

Group Details: Attachment Vitamins

MS: So if we move to the next slides, I will give you a sense of how these models help us and what model we are using to facilitate these groups. Attachment Vitamins program is a group that [is a] curriculum-based group, curriculum-based that we have a very comprehensive curriculum and sessions and clear topics that we are utilizing to run these groups. This curriculum includes very effective and reflective discussions, handouts, worksheets, videos, and weekly early literacy activities. We have scenarios that we are using, and we have lots of other engagement and reflective discussion while we are utilizing this curriculum.

MS: And with that, we are conducting a very comprehensive pre- and post-measurement with over 50 questions for each measurements to measure the success, to find out how we are doing and to get more development for the next cohorts. This is also something that is coming under the curriculum-based model that we are using for this group.

MS: About the participants, we have had a diverse group of caregivers, including Afghan, Latinx or Hispanic communities, Ukrainian and Russian families. So a minimum of eight caregivers attend each session. And it's a closed group, meaning that we are not enrolling members after session one, two, or three. As I said, we are doing pre-measurement, and those participants that are doing the pre-measurements, they are eligible to continue with us during the 10 sessions that we have. So not just these communities we are helping; we are receiving so many suggestions to have this group for other communities as well.

MS: About the facilitator, the program is facilitated by certified IRC staff who are culturally and linguistically aligned with the participants' cultural background and language. Like most of us in our department, we went



through a very comprehensive training, and we get certified to facilitate this program. And the beauty of this program is that in each session, we have two facilitators attend each session. One is facilitating, one is co-facilitating. Why is that? I will be covering in the next slides why we are doing that.

MS: The program... about frequency, this program runs for 10 sessions, one session per week, which will take one and a half to two hours. We have these programs since 2022 and we continue, as I say, expanding to the new communities, especially we are receiving so many suggestions for Arabic-speaking communities and Urdu-speaking communities that hopefully we work on that and we cover those communities as well.

MS: About the location, these sessions, most of these sessions are conducted virtually. But if, as like my colleagues were sharing, during these 10 sessions, when caregivers and parents come in a group, they make bonds, they make friendships, and if they want to meet each other in person, we do some in-person celebration at the end of each cohort, provide a space that they see each other in person and promote that bond that they make during these 10 sessions.

MS: And about the resources and funding, this program is funded by grants, and usually we receive the grants from our headquarter and thanks to just that usually she is helping us to provide more services for our clients here in Sacramento.

Strengths and Challenges: Attachment Vitamins

MS: So if we move to the next slides, here I want to talk a little bit about the strengths and challenges that we face while conducting this program. The strengths: one of the strengths is our facilitators speak the participants' language and come from the same communities, like most of our colleagues that they are facilitating this program. This deep cultural understanding makes the program relatable and impactful.

MS: And the other strengths that I can touch on here is we are distributing some technology devices and gift cards. And why we are doing this? We know most of our clients and participants, they are immigrants and refugees. When they get displaced, they are coming to the new country, sometimes they lack all these technology devices and this funding. So for making them able to join our program virtually, we provide some technology devices. It's not very expensive, but at least a device that for these 10 sessions, they get connected with us and they participate in these groups.

MS: And we are distributing very well-deserved gift cards for our participants because they are going through, like as I say, pre-measurement and post-measurement with lots of questions. So those participants that do our, participate in the measurements and the surveys, they receive a gift card as well. I can say that's also a strength that makes people so interested to come and join our program.

MS: About the challenges. While there were some language differences among the participants, we worked hard to bridge those gaps. Participants experience varying levels of trauma that require more sensitivity and trauma-informed approaches. So this is why, as I said earlier, we have two facilitators in one session that in this curriculum, the last three to four sessions specifically talk about traumas, about experiences, hard experiences, especially for refugees and immigrants, that when they are sharing some of them, they're heavy for them, some of them are triggering for them. So this is why we have two people there—one facilitates the group and one provides that safe space for some of the clients [who] need a little specific help. This is why we have two people there. And those last few sessions get a little bit heavy. So we want to be very sensitive and very trauma-informed while we are conducting those sessions.



MS: Another challenge I can speak about is some participants have low literacy levels in our groups that [makes] written material challenging for them. How we overcome these challenges, in the next slides, I will be talking about that.

MS: And also another challenge that we face here in Sacramento is we are not finding many mental health providers that will be culturally and linguistically, they provide appropriate services for our groups and immigrants and refugees. This is something also that sometimes makes challenges as what I was sharing about the pyramid—if we are in a level two or three and we find out that some of our participants need more specific attention or specific services. So in that time, we face some a little bit, it's become challenging for us that we cannot connect them with the proper service provider, mental health service provider, that they speak the client's language or at least they use good interpretation or professional interpretation for them. So that's another challenge that I will be talking about how we can overcome these challenges in the next slides.

Addressing Barriers: Attachment Vitamins

MS: So as I say, to overcome these challenges, we are using for those with low literacy level of participants, we are using more visual aids and interactive activities to engage participants. As you can see an example in the slide as well. And we are providing more books, videos that include cultural examples to make the content more relevant. We are reading books during each session at the end, and we are trying to play more videos for them and encourage participation and encourage them to easily discuss and open up and discuss, because we don't have slides with many written things on them. Mostly in our programs that especially for Afghans and with low literacy level clients that we are facilitating. So as I said, we are creating so many illustrations and visual scales for pre-literate groups.

MS: And we also work to advocate for increased mental health resources. We are trying to make a list of resources that are available here in Sacramento. We can find them a little bit virtually far from Sacramento to connect clients that need that specific supports after we find out in these sessions.

MS: Most importantly, we create a safe, judgment-free environment where participants could discuss personal challenges openly, contributing to the program's success. So the success is this access is possible, made as possible with the great teamwork within the IRC and that funding coming from community organizations, especially our HQ, and a shared commitment to overcome barriers faced by the families. By coming together, caregivers not only support each other, but also build a stronger foundation for their children's future as well.

Results: Attachment Vitamins

MS: So if we can move to the next slides, our impact speaks to both numbers and personal stories. Nearly 80 caregivers of children ages birth to five years old participated in the program, with many reporting significant improvements in their well-being. I will be sharing some quotes and testimonial directly from clients with you. One of the caregivers was sharing that during these courses, I learned to be calmer with my children, which reduced both their stress and mine. I remember that client right now, that she was a mother of five children displaced from Afghanistan. And she was like, this displacement process and adjusting to a new country was not easy for her. She was dealing with some mental issues, some stress, and it was very overwhelming that adjustment process here. And she was saying, sometimes I was loud, I was screaming and I never know that, okay, these are children and I should be careful. After attending these programs and I talked with many other caregivers and they share their experience, now I'm so calm. Not only I feel better, but I'm seeing very behavioral, positive behavioral changes in my kids as well. So a strengthening relationship was another key



outcome from this program that another caregiver shared with us that the quality of interaction with my children was good before, but now it's even better.

MS: And other participants reflected on the emotional support and sense of community built through this program, that many insight that we saw that many of youth today were talking about community building and well-being. Caregivers were sharing that I felt so alone raising my children in a new country with a different culture and language. It felt overwhelming for me. After attending this program and listening to the other parents like me with the same concern, we learn so much from each other. We shared our experiences and we grew together. Even after the program, I'm still in contact with some of my fellow participants and we continue to discuss things about the children and learn from each other.

MS: So these testimonials reflect the true power of the program, not only in enhancing individual parenting skills, but also in fostering a supportive community among caregivers. And the other beauty of this program and the success I can say that usually our participants are coming by referring interested participants, coming by referring from our current participants. For example, if I have a cohort right now, I have a big waiting list for the next cohort. And usually when these, our participants from this cohort, they're going and advocating and they're advertising our program, and they're talking about how this program is helping them. So they refer back their other community members or another of their family members to come and join. Usually just know that always we have full of a big list, a waiting list for people that they are interested for our next course to come.

MS: Right now we are at the end of the year. We are at the end of, we reached all our targets. We are at the end of this grant cycle, but we have a big list for next year. Hopefully we get the grant and we help those families [who] are interested. So this was just one of the models that I wanted to share with you today. Now I will hand it over to my colleague, Katie, who will present the other models with you today. So Katie, the floor is yours. Thank you.

Maternal Support Group: IRC San Diego

Katie Medlin: Yeah, thank you so much, Malalai. Malalai is such a knowledgeable and kind and awesome colleague, really great to work with. Good morning, everybody. And good afternoon, I suppose, East Coast. As Malalai said, I'm going to be sharing about actually two different models beyond the model that Malalai discussed of different psychosocial support groups.

Group Description: Maternal Support Group

KM: So the first group I'm going to be sharing with you guys is the maternal support group. Maternal support group in basic terms is a supportive community-centered program that aims to provide women with knowledge and skills to improve their physical well-being, improve their mental well-being, navigate health supports, and find services to meet their maternal health needs and the health needs of their children.

Group Structure: Maternal Support Group

KM: We're going to talk a little bit about the specific structure of Maternal Support Group. One of the things to point out right from the beginning is regarding the model. As Malalai discussed a curriculum-based group, I'm going to be discussing a topic-focused group. So what that means is that we don't have a specific curriculum



which we're following each program meeting. Rather, we've set the group around a specific topic, and each meeting we will discuss this topic.

KM: Regarding the participants, we are currently offering this program with Afghan and Haitian women with young children. So for us, that's children ages zero to three or people who are currently pregnant. And I'll talk a little bit more in the future of this presentation about the way that we're looking to expand this program and offer it to more groups in the future.

KM: With regards to our facilitators, we offer different speakers each month. These speakers could be community stakeholders. These could be other organizations that IRC partners with. And later on in the presentation, we're actually going to discuss how we choose these speakers and who are examples of these speakers.

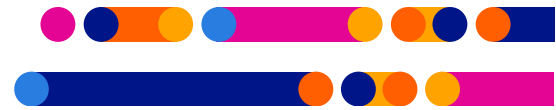
KM: The frequency of this group is once per month and it's also ongoing, which means that right now we don't have a set-in-stone end date for this program. The location of this group is hybrid. We have primarily in-person meetings for this program due to the fact that its intention is as a support group. So due to that, we try to foster an in-person community component with having clients come to my space in the International Rescue Committee San Diego office, which is called the Women's Resilience Center. But we also offer some programming online, which is something that we will discuss later in this presentation as a response to barriers that clients were facing in participation. And then just as Malalai said for her presentation, the resources for this group is grant funded.

Addressing Barriers: Maternal Support Group

KM: So now, as I discussed previously, we are going to mention some of the barriers that made this program a little bit difficult and some of the ways that we've been able to overcome them and make Maternal Support Group one of the most, if not the most, successful program offered within the Women's Resilience Center.

KM: One of those is definitely creating buy-in and participation among the participants. As you guys may know, with more long-term groups like this, where we're meeting monthly, it can be hard at first to retain people from month to month, or even to build up that solid client base. One of the things that we found absolutely instrumental in building this sense of buy-in was having a facilitator for the group with a shared cultural and linguistic background with the participants. So within the Women's Resilience Center, we have a position called the Women's Resilience Center Facilitator. And with regards to specifically the Maternal Support Group for Afghan women, we have a facilitator who is an Afghan woman. And as Malalai said, that really aids in our clients' feeling of belonging and community in the program. They're feeling very welcome to share their perspective with her, as well as just practically, there's no need for an interpreter, there's no need for professional translation services because thankfully our facilitator and our clients have a shared linguistic and cultural background.

KM: We also took this creating buy-in idea into consideration when it comes to choosing speakers. As I mentioned before, speakers for each session could be community stakeholders. And what I meant by that is we actually sometimes use local Afghan women, such as people who were doctors back home and have that medical knowledge as well as cultural knowledge that they would like to present to our clients. We also work with other agencies that serve our clients' population and allow them to come in and give presentations to our clients. But we always aim for a facilitator that is fluent in our clients' language. Of course, when that's not always possible, we'll use a professional translation.



KM: Another barrier is child care. As you guys probably know, especially when working specifically with maternal populations, the children are going to need to be involved as well. And a lot of our clients have varying family situations. They might be in a single caregiver home. They might be in a home where the other caregiver is working full-time and so they take care of the kids full-time. There's a lot of different situations that our clients could be in. And that does result in the children mostly coming to the office with the clients. So one way that we're able to ensure that they can still have a successful group experience is by having a person come to provide activities and general supervision for the children while they're still in the same room as the parents so that they can be a bit distracted and enjoy themselves and allow their parents a chance to just fully focus on themselves, focus on the learning, focus on creating community with their peers.

KM: Another difficulty is transportation. Since we do have many of these sessions in person, that would require clients to have a way of transportation to get to the office. Thankfully, through the grant I mentioned, we did receive funding to provide Lyft rides for our clients or bus passes or other forms of transportation. However, even just having the funding for transportation isn't always enough, because when you're working with clients who have young children, they've got to have car seats to be able to bring their children in the Lyft ride to get to the office.

KM: So one way that we helped alleviate this barrier is one of the speakers we used for a monthly session was [from] a local organization called Pacific Safety Center that does car seat safety training and then donation. So we were able to get a group of clients into the training, get them car seat safety certified, and then they were able to get their cars and their children's size fitted with a good working-order car seat. So that was really beneficial to us. And it's something that we hope to do more in the future. It's not always accessible. As you know, car seats are expensive, but that's a continued barrier that we're addressing.

KM: The last barrier I will discuss is survey completion. As Malalai touched on earlier, some of our clients are pre-literate or have low literacy levels. And although the post-survey for this group is not as extensive as some others, it is still a barrier to our clients if they cannot or do not feel comfortable reading or writing on their own. So the way that we alleviate this barrier is just by having the facilitator I mentioned previously offer the survey to the clients verbally in a one-on-one or small group setting. And then she just writes down their answers for them. We also run into this barrier of pre-literate clients or clients with low literacy levels when it comes to sharing information about the session. And so we alleviate this by using voice messages on WhatsApp so the facilitator can record themselves inviting the clients to the session and just send it to them so they can listen.

Results: Maternal Support Group

KM: These are some of the results of the maternal support group. As I mentioned, this has been one of our most successful programs within the Women's Resilience Center. As you can see, 100% of our participants reported being satisfied or highly satisfied with our program. This has also really been a program with pretty record-breaking attendance for us. We have had over 40 attendees at a single session. And lately, we have even attained over 50 attendees in a single session, which just speaks both to the high level of need within our San Diego area and the high level of community and buy-in and support that we've been able to create through this program.

KM: As I mentioned a little bit earlier, due to the program's success, we will not only have simply our Afghan group, which is the one that's been going on the longest, but we have recently started a Haitian Maternal Support Group, which has had one session so far and I know is going to be really set up for success. We will also be beginning to offer a Ukrainian women's support group, which will follow a very similar model. It will



simply be open to all Ukrainian women rather than just mothers. So that was sort of an overview of the maternal support group model and the ways that it's similar and different from the curriculum-based model.

Self-Defense Classes: IRC San Diego

KM: I'm going to discuss one more class with you. This is the self-defense class. It is also a topic-based group. The way that it differs is that where with the maternal support group, we will be speaking of a different topic every month—such as lead poisoning, child health, maternal health, anemia, very different things—for self-defense, each meeting of the session, we will be practicing self-defense.

Group Description: Self-Defense Classes

KM: A general description of the self-defense classes: The purpose of this is that women will learn self-defense skills to then increase their feelings of empowerment. The way that this project began is a local university here in San Diego had a student who approached us saying, "Hey, I'm doing a research project. I'm really interested in the effects of self-defense on female empowerment among refugee and immigrant populations." And the volunteer said, "You know, I'm a trained martial arts instructor. I've been practicing for years, lots of experience. And, I would love to come and help you guys out by offering these classes," which of course we eagerly took her up on because this program is deeply aligned with the Women's Resilience Center mission, which is to empower women.

Group Details: Self-Defense Classes

KM: I will share a little bit about the details of the group and the structure and how it's run. So as I mentioned, the format again is topic focused. This will be, every single time we meet, the topic will be learning self-defense, and the subtext or additional topic will be like, how can we increase our clients' feelings of empowerment, of safety, and of their potential to stand up for themselves?

KM: The participants for this group were women of any country of origin, any immigration status, and women that had any amount of time resettled within the United States. So this was really a very open group. We were able to attain a lot of cross-cultural interaction and communication and foster relationships among our clients from different countries. The only restriction was that the program was for women only for various reasons. One is because I work within the Women's Resilience Center. So we're funded to work with women. That's our mission. That's our goal. And another aspect was that, as I will discuss later, having the session for women only increased our clients' feelings of safety to participate in the group fully.

KM: As I mentioned, the facilitator is a trained martial arts professional. This is one of the groups in which you would want a very specific person teaching the class. Of course, you're not going to want someone teaching a self-defense class who is not very well-trained in martial arts, as there is inherent potential for participants to become injured.

KM: The frequency of this class is weekly, and we did meet for six months' duration. The class is currently on pause due to volunteer transitions and issues, but we are super hopeful that within the next month or so, we will be resuming the class, which I know will be very important to our clients, as they've been asking about it a lot.



KM: The location of this group was in person at the Women’s Resilience Center. And I’ll discuss a little bit later about what the importance was of location, but having it within the Women’s Resilience Center in the office of IRC San Diego was really beneficial to our clients because this is a space that they know, this is a space that they feel comfortable in and a space that we’ve put an effort to make sure that they feel like they have a sense of ownership over. And, therefore, they might not feel as... self-conscious or afraid to participate in the activities within this physical space.

KM: And finally, just a basic discussion of the resources available. So as I mentioned, the resources were provided by our student researcher from the local university. Resources included exercise mats, boxing gloves, kicking pads, just everything to run a safe and well-functioning self-defense class.

Addressing Barriers: Self-Defense Classes

KM: Of course, there were barriers to participation in this class, as there are for any program. But I think although the self-defense class encountered some of the barriers previously mentioned such as child care, transportation, there were also some unique barriers that just came inherently with running a self-defense class. One of those was building interest and participation. A lot of our clients, we found when we first introduced this class, they either did not know what self-defense was or they had a wrong understanding. Some of our clients thought it was violent, it was just fighting, they felt uncomfortable with it, which is totally reasonable, especially if there’s not a well-held understanding of what self-defense is.

KM: One way we were able to help remedy this was in our outreach. We began to include pictures and videos from class of the instructors, of course not of other clients, but including these pictures and video demonstrations of, “Hey, this is what we’re working on,” helped our clients to see, “Oh, this is cool information and useful that I know I might want to know.”

KM: Another really cool thing we were able to do thanks to a generous grant that we received for Women’s Resilience Center in general was that for one class only, we did a ton of outreach with our client base. We said, “Hey, we’re offering a \$50 incentive, one class only. We would love for you to come and try us out, see what you think about self-defense.” And the intention, of course, was that people would see that they liked it and want to keep going. That actually worked really well. We had over 40 participants come to that one session. And from those 40, we retained about 12 to 15 for all future classes, which is actually quite a high percentage, more than I thought we would have. As I sort of hypothesized, some of the clients just didn’t have the level of understanding of what self-defense was or if it was something they were interested in. And so just giving an open time to observe the class and see what it was with a little bit of an incentive so that clients can feel comfortable taking that time to do so was really beneficial.

KM: As well as during a self-defense class, there is inherent potential for re-traumatization of our clients. Throughout the class, you are interacting in moves and different holds and different positions that if a client has experienced sexual assault, physical assault, domestic violence, intimate partner violence, if someone has lived experiences of these, these are things that can be very triggering and very traumatizing for clients. It was essential to ensure that we had a trauma-informed instructor who was able to understand clients’ responses to things, who always asked clients for consent before physically manipulating their body in the different positions, as well as can just be really attuned to the nonverbal cues of what clients are feeling to make sure that we’re able to create a safe and empowering self-defense class. And since we were able to accomplish this, it contributed to our goal of providing this practical knowledge as well as this sense of empowerment for clients



who have experienced sexual assault and domestic violence and crime and other forms of victimization to feel a sense of safety and empowerment, which was definitely our goal with this program.

Participant Quote: Self-Defense Classes

KM: We're going to end by discussing a quote from a client that I found really impactful and really kind and generous. So the client says, "I learned a lot and really enjoyed the self-defense class. We learned what to do in a bad situation and we learned different techniques like boxing, kicking, or other defense techniques." The client stated, "If something happens on the way to somewhere, we can defend ourselves now." And they felt grateful for that, which is really the goal that we had. As I discussed, it's a twofold goal. We had a goal for clients to obtain that practical knowledge, and we also had a goal for clients to enhance their feelings of safety and empowerment. So due to the efforts that we made to overcome those barriers, we were able to accomplish this goal, as is demonstrated through the client quote.

KM: So that is actually all for my part of the presentation regarding these two groups. And I believe we're going back to Megan or Jess or, yeah, one of them.

Q&A Panel

MR: Yes, thank you so much, Katie. That was really, really wonderful. Thanks, everyone. So now we have a few minutes for our Q&A session. We've already been getting a lot of great questions in our Q&A box. And I want to start with a question about recruitment. This was also a question that came up a lot in our pre-registration question. So an attendee asks,

Our biggest challenges are recruitment and retaining participants for multi-session groups. Is there any guidance or advice that you can give?

JD: I can jump in first just to highlight, just I think, Katie, I'm going to just highlight what you had said, right? Which was having an introductory session, a no-commitment, kind of like, "Hey, come together, let's try this one-time thing." If you have an incentive, amazing. We've also done it where it's just, invite folks in to come into a group and then see, is this something that you want to continue? So I think having that kind of very low pressure, low commitment option is always great.

JD: And the person who wrote this question, I'm not assuming this, but sometimes the groups that we want to facilitate are not the groups that our communities want. And again, not putting that on you and not making a judgment call about your work, but I think that's also really important. It's for us to recognize, is this group what the community really wants or is it what we think they need, what we think they want? And so really being community centered, of course. And again, I'm sure that's what you're doing. And I think having that low-stakes "Let's try this out, let's see if this is something you want to do," is always a really great option. But we'd love to hear, Malalai, from you and the experience you've had in working.

MS: Yeah, if I share my own experience of having, because Attachment Vitamins is not just the one support group that we are running; we have lots of other support groups as well. Recruitment is like, we really, as I say, most of our colleagues are coming from the community. So they know their clients, their language, their culture well. What we are doing is we introduce our program to our clients. For the first time, we do one-on-one call with them, and we explain what this program is for.



MS: So usually all of our support groups, they do not have incentives. We just let them know that this is a program. Let's say it's a support group, mental health support group. And we are saying, "Okay, we are discussing about these challenges that a person coming from another country and they feel alone and they feel like they don't have friends, people here, and we are gathering in the group of, let's say women or just for men, just men. And let's come and talk and make bonds and have your questions answered with other people [who] share their experience." When we one-on-one talk with them first, we built that trust and relationship with them. And also for me, when I'm talking, I'm saying, "Come join for first and second session. If you do not like it, do not continue it. It's not something like we keep you here, but if you like, you can continue." So that's one thing that is working well for my group.

MS: The other thing is with the groups that are curriculum based or topic based, we bring some adaptation. For example, this Attachment Vitamins is general for all parents and caregivers from all communities. What we are doing for Afghans, we bring some adaptation based on their needs. We see the literacy level, we see what tradition and culture norms say. So we bring that adaptation during our talking with them. And this is something that when the first session and the second session they join, they get connected. And usually the best practice will be, if you're very culturally informed and we start interaction for the first few sessions, then you can retain them for all other sessions as well.

MR: Thank you so much to all of our speakers. And I'm being really conscious of the time. And so I'm so sorry that we're going to have to cut our Q&A short. We will definitely hold onto these questions and see if there's other ways we can answer. Maybe we can send some out by email if you've included your name. But thank you all so much for joining.

Conclusion

Feedback Survey

MR: We would love to have our participants, before you log off, please, please complete our feedback survey. We love to hear your feedback and know where we can improve. This is really important to us. So you can scan the QR code with your mobile device or you can click the survey link in the chat, and please get that opened up and fill out our survey for us. Super, super important.

Recommended Resources

MR: Okay, and so again, thank you all so much for joining us. We have a list of recommended resources. This will come out with our slide deck. So all of these links are clickable and very easily accessible, but you can use these resources for continued learning on this topic. And you'll have access within 24 hours if you've registered for this webinar.

Stay Connected

MR: And then just to make sure we're ending on time, thank you so much, everyone, for joining. We really appreciate your participation throughout. We hope that you'll stay connected with us. You can visit us at SwitchboardTA.org. You can also find us on social media.



MR: And a huge, huge thank you to all of our speakers for today. We so appreciate you joining us and sharing all of your important knowledge and all of your skills that you have in this topic area. So thank you so much, and thank you, everyone. Have a good rest of your day.

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