Webinar: Unaccompanied Refugee Minors (URMs) Affected by Substance Use

December 18, 2024, 2:00 – 3:15 PM ET

Transcript

Introduction

Today's Speaker

Claire Hopkins: Hello, everyone, and welcome. My name is Claire Hopkins. I use she/her pronouns, and I am delighted to be your speaker today for our webinar, which is URMs Affected by Substance Use. I am Switchboard's training officer for child and family services.

CH: A little bit about my background is that I come from working in the resettlement field where I'm located in Michigan. I previously was their refugee and immigrant foster care recruiter and spent time in community engagement, recruitment, and helping with our retention practices in our resettlement agency at this location. I also am passionate and have an experience in supporting and providing services to the LGBTQ+ community, as well as domestic and sexual violence survivors. I hold a Bachelor of Psychology from Grand Valley State University.

Learning Objectives

CH: Today we are going to be going through three learning objectives. At the end of the session, we hope that you will be able to, first, explain substance use disorder, or SUD, and the prevalence of substance use in countries where URMs commonly originate. Second is to analyze the cultural and contextual factors influencing substance use among URMs. Finally is to identify supportive strategies that foster resilience, encourage healthy coping mechanisms, and promote non-judgmental conversations about URMs' experiences with substance use.

1. Substance Use Disorder: Prevalence in Countries Where URMs Commonly Originate

CH: Going into our first learning objective—this learning objective is going to help us understand the difference between substance use disorder and recreational substance use. We'll then look through and briefly go over common substances in the U.S., as well as culturally specific substances. As we go through the next few slides, I encourage you all to keep in mind that this webinar is not focused on clinical or treatment-related details, such as diagnosing or intervention protocols.

CH: We have a wide range of attendees today. Folks who have signed up are anywhere from volunteers and community members up to clinicians and supervisors. The information that's provided here is designed to give

you a broader understanding of substance use disorders and recreational substance use, and to equip you with tools and focus on what you, at your level, in your role, can do to provide meaningful support and foster understanding around this topic.

What is substance use disorder (SUD)?

CH: What is substance use disorder? To start, it is the clinical term for a syndrome with a set of signs and symptoms that cause significant distress or impairment. Substance use disorders are specific to the type of substance used and classified under mild, moderate, or severe. The points on this slide are taken from the substance use disorder and defined under the Diagnostic and Statistical Manual, or the DSM, their fifth version.

CH: First, the DSM recognizes substance-related disorders from the use of 10 classes of drugs. It also recognizes that substance use disorder requires using substances for at least one year. Next, it has 11 criteria or symptoms that are grouped into four categories that we're going to be briefly going over. Then, lastly is that substance use disorder can range in severity. It can be anywhere from mild, showing two to three symptoms from the criteria, moderate, four to five, or severe, six or more symptoms.

Eleven Criteria for Substance Use Disorder

CH: Again, we're not going to dive into really the details of these next few slides. We've got some great resources that you can check out. You'll see some popping in the chat. We have a webinar that this information is actually from that was done in 2022, that if you're looking for that extra level of clinical knowledge or treatment-based resources, check out those. Then, as we are together today, we want to give some context. Let's briefly check out these 11 criteria in the four categories.

CH: First for impaired control, you'll see, for example, that may be repeated attempts to control the use or to quit. Through this, folks have tried quitting or cutting back, but it hasn't been entirely successful. In the second category of social impairment, an example that you might see as one of the criteria numbers is that substance use is affecting social impairment. You're giving up or skipping activities you once enjoyed in order to use the substance.

CH: In the third category, you'll see that an example of risky use would be things are becoming hazardous, meaning the substances are being used in a way that is dangerous to yourself or others. You may have experienced an overdose, driven while under the influence, or experienced some blackout or forgetting what happened. The final category, we'll see that an example is, for one of the criteria under pharmacological category here, is that you have to build up a tolerance so that you can use more to get the same effect. Again, we went through these briefly, and you're welcome and encouraged to dive into more in-depth information about these criteria.

What is recreational substance use?

CH: Next, we're going to go and we're going to compare substance use disorder to, what is recreational substance use? It's important to understand this difference so that we're not unintentionally labeling or holding biases towards youth. You'll see that theme reflected throughout our presentation today. The National Institute on Drug Abuse explains that recreational use is typically voluntary, it's controlled, it's situational,

which as we know from our previous slides is unlike substance use disorders, which are diagnosed based on those 11 criteria.

CH: Recreational use is still involving consumption of substances. However, it lacks the dependency that you see in a substance use disorder. Again, it typically occurs in social or casual settings. You'll see as well that, however, it is essential to recognize and to know about recreational use. There is that risk of escalation that can lead to either habitual or problematic use. Again, having this information [about] the differences can help us fold different lenses and have a background as we're working with and supporting youth that may have been affected by substances.

Common Substances in the United States

CH: What substances? Let's go ahead and check out some of those common substances that you'll see in the United States. This will help us be able to gather information and look at different factors as we move forward in this slide deck. We won't spend time going through an example of each substance here, but I do want to highlight a few. You can check out the substance use info guide that was dropped in the chat. There's more specifics there about all of the different substances listed on this slide.

CH: It's important to know because maybe these are already familiar substances to you, but it helps us understand that URMs, they may not have any knowledge of what these substances are, the effects of them, how to access them. They may be accessing them in risky spaces. It's important to be able to have this knowledge in the naming of different substances because they're going to be something that was different from what they maybe were prior using in their country of origin.

CH: For example, a couple examples of some of these substances. Alcohol—you may see beer, wine, or liquor. You may see use of over-the-counter medications, so cold medication, Robitussin, Imodium. Folks may be able to access prescribed medications, either to themselves or others. OxyContin and Adderall are all examples of different uses of these common substances.

Culturally Specific Substance Use

CH: Knowing what is available in the United States, let's talk about what's available and commonly used in different cultures and communities. We'll first start with betel nut, which is a common use among Burmese and other Southeast Asian populations. It's used by chewing for stimulant effects. You're going to see throughout these examples that these may be less common substances among U.S.-born populations, but throughout the rest of these, you'll notice that there are cultural, there are traditional practices, and perceived health benefits that all go into culturally using these kinds of substances.

CH: Our next one is khat, which is commonly among East African and Yemeni communities. Again, this is a leaf that's chewed for stimulant effects. We also see bhang being used primarily in South Asian communities, which is an edible cannabis, sometimes consumed during cultural or religious ceremonies. There's that religion and culture piece coming in that influences their use. Excuse me, I think I got out of order here. My apologies. Kratom also as well. You'll notice, if we bounce back here, that it's common in Southeast Asian communities. It can be brewed in tea or ground into a powder. Then the final one, ayahuasca, is used in some South American populations, and it's consumed as a brew or spiritual healing process.

CH: Again, the connection between having the common substances that are available in the U.S. and then having this knowledge around culturally specific substance use, it can help us understand and maybe notice that although the common substances that are available here may not have been used abroad, but now it's more accessible to access marijuana. That might be a reason for the use continuing while they're integrating into the United States.

Discussion Question

CH: If you are familiar with Switchboard, we love Slidos as an engagement and learning opportunity. I'd love to hear from all of you. If you take out your smart devices and are able to put your camera over the QR code, that will allow you to access this Slido. Otherwise, you can open up your web browser and join at slido.com and put in the number 1118773. Perfect. I see folks are typing. That means that our Slido is working, which we love.

What cultural, religious, or social factors that affect substance use do you see in your work with URMs?

CH: Some cultural and religious or social factors that affect substance use. Folks are seeing trauma, alcohol and cannabis, trauma being a common theme here. Peer pressure. Yes, absolutely. We're going to be touching on some of these. Family traditions, trauma from journey, wanting to build that new connection with folks around you, so having that peer influence. Some mental health is being noted here. PTSD, post-traumatic stress disorder, or anxiety. Yes, youth being youth. That's a good one to note as well. Things are available and we are working with teenagers. Often exploration is involved in their communities with different substances. Noticing that and then also being able to provide strategies and support.

CH: Using it as a coping strategy, not having that parent supervision, touching on the unaccompanied piece. Absolutely. Potentially in some countries, alcohol may be easily accessible. [silence] These are all really great, thoughtful answers. It's encouraging to see some of these answers are really aligning with what we're going to be talking about in our next slide, in our next learning objectives.

Influence of Cultural, Religious, and Social Norms on Substance Use Patterns by Region

CH: Let's go ahead and jump to—we're going to have a visual here of a lot of the things that you already mentioned. Just to give some more examples, we're going to go through by region and talk about what main substances you see in those regions and then apply those cultural, religious, and social norms that affect and influence those uses.

CH: In Africa, you'll see that the main substances are typically alcohol, khat, and cannabis. This is typically influenced by cultural traditions and economic factors. Alcohol may play a role in some ceremonies, but it also might be restricted in other communities.

CH: Next we have Asia, where we see alcohol, tobacco, and meth as main substances. Also important to know that these really vary by region. You're going to want to do more of a deep dive into understanding where specifically youth are coming from or have traveled through. Having this general understanding can be a great tool. Tobacco is typically used as a prevalent form, like chewing tobacco. Cigarettes [are] common in India and China. There's also a rising methamphetamine use. You can check out more on that in some of the resources that we provide at the end of this slide.

CH: In Central America, we see alcohol, marijuana, and cocaine as the main substances. Alcohol is widely consumed in social gatherings, but they do note that it's common to have an understanding that binge drinking poses those health risks. Marijuana and cocaine are prevalent due to different trafficking routes. There's this push and pull. While drug use is stigmatized sometimes in this region, there's also this high cultural tolerance for alcohol. It can get a little bit trying to find the balance in between that push and pull.

CH: Finally, in the Middle East, we see mostly tobacco. Oh my goodness, excuse me. I'm coming off of a little bit of a cold. I am having a little bit of a hiccup every now and then with my words. Thanks for your grace and patience in understanding that. We see that these are typically socially acceptable in many areas, specifically among men, which is important to note when we're thinking about our URMs and their influences. Again, that push and pull. While stigma is commonly used against drug use, and that is a strong cultural factor and religious factor, there's also harsh penalties. Then on top of that, tobacco may be an acceptable use or an acceptable substance.

CH: A great resource is to check out the World Health Organization. You can search by region, you can search by country, health concern, and more. Maybe checking into that resource when you are welcoming youth, giving that resource to foster parents or case managers that are going to be working with different youth from their specific regions. All of this information helps us have an understanding of what may be impacting and help us understand the "why" for using. Switchboard also has a great resource for substance use among Afghan refugees. You'll see that guide as well. That would be a great one for you to check out.

2. Substance Use Among URMs: Cultural and Contextual Factors

CH: Learning objective two. This section is really meant to elaborate further on factors, and then we're going to be using some case scenarios to help explain the cultural context as well as different risk factors. We'll really focus on this in learning objective three, but we're going to be leading towards that destigmatizing, myth busting, and using non-judgmental language when we're talking about substance use among URMs.

CH: For this, the next two slides, actually, a lot of your responses in the Slido are going to be reflected here, which is why I was so excited to see [them]. It can be helpful for us to think through and dive deeper into these cultural and contextual risk factors.

Cultural and Contextual Risk Factors

CH: Starting with trauma and coping, we'll see that exposure to violence and loss and displacement can put folks at risk for substance use. Having limited access to culturally sensitive mental health support. Then also having those challenges of processing trauma, being unaccompanied, being an adolescent without having their familial support systems, their friend support systems, or that cultural community to have an understanding and bridge that understanding between the culturally specific points that we went over and common practices and substance uses here.

CH: Next in pre- and post-migration stressors, you'll again note that experiencing trauma, grief and loss, as I mentioned, while being unaccompanied is a huge risk factor. Adapting to social norms, also learning another language or continuing their language learning, having to go through and manage their different expectations of what they thought coming here was going to be like, specifically with school. We know there's a common theme of URMs arriving and coming with great skillsets and working environments, and maybe not so much of a formal education history, so trying to adapt to that. Then ongoing stress of their legal and immigration

uncertainties. These are all levels that they are constantly experiencing and putting them in that hypervigilant phase and leading to those risk factors.

CH: Next for stigma and mental health. Some highlights here are that there may be cultural stigma around seeking mental health support, particularly for trauma. There may be fear of judgment or discrimination based on different ethnic or religious backgrounds. Again, we think about the push and pull of the norms, but then also the discrimination on the other side of that.

CH: There may be limited awareness or accessibility to mental health resources, having to even understand our language of how the Westernized culture views mental health and how I can say mental health to a colleague and we're on the same page. Having to really go through and help give URMs the tools and the language and the cultural context to understand how important it can be to focus on processing different factors that impact your mental health.

CH: Then, finally, we have acculturation and peer influence. A lot of you definitely spoke to this in the Slido. These are unaccompanied youth who are looking for new community, trying to fit in. The pressure to fit in with new peers also exposes them to these unfamiliar substances. Also struggling [to] balance maintaining their home cultural norms and values and then integrating and adjusting to fit into the cultures and values in their new environments. With that may also come this identity crisis. There's—you're trying to hold onto parts of you that you really valued in your pre-migration journey, and then also trying to figure out this new identity with all the new information in your post-journey.

CH: With that, I am going to have my wonderful colleague Megan give me a little break from speaking here and help us read off this case scenario. As she's doing that, I encourage you all to consider those three factors that we were touching on that might be influencing some of these case scenarios. Culture, religion, and social factors will be helpful to keep in mind.

Case Scenario: Ahmed

Megan Rafferty: All right, so here we are. You are a case manager working with a foster family who has welcomed Ahmed, a 17-year-old URM from Afghanistan. Ahmed's foster parents recently expressed concerns about his frequent flashbacks and nightmares, which he attributes to his experiences back home. During a home visit, Ahmed confides in you about feelings of isolation and grief, but is hesitant to seek further mental health support due to cultural stigma around mental health within his community.

MR: The next day, you receive an email from Ahmed's foster parents informing you he has begun spending time with peers who occasionally drink alcohol. The school contacted the family after discovering that the group had been drinking during lunch. You schedule a visit, and during your discussion, Ahmed explains that despite his religion prohibiting alcohol, he feels pressure to fit in socially in his new environment. His foster parents express discomfort with this behavior and, feeling unsure of how to help him, are considering requesting a replacement foster home for Ahmed if the situation doesn't improve.

CH: Thank you so much, Megan. Before we go into our next Slido, revisiting these factors to keep in mind and naming some examples. For culture, we see that there's that stigma piece around mental health. When we think about religious factors, we see the restrictive norms around use in this case scenario. Finally, for social factors, there's that pressure to fit in with new peers.

Discussion Question

CH: With this understanding in mind, let's review and think through,

How might you help Ahmed's foster parents understand the cultural, religious, and social dynamics influencing Ahmed's behavior?

CH: Again, you can pull out your phones and scan the QR code or continue in that web browser to be able to access this Slido poll. It's the same joining number, which is 1118773.

[pause]

CH: If anyone is having trouble accessing this Slido, please let us know by posting either in the chat or the Q&A. As we might switch to enabling our chat if technology decides Slido isn't working. Slido's not working, sorry y'all. Let's be the adaptable humans that we are. I'm going to kindly ask my experts behind the scenes if we want to switch to opening the chat up so that folks can—oh, actually, look at those experts. They already fixed the Slido. Cool. Thanks, Switchboard team.

CH: Sorry, everyone that is along for this ride. We appreciate you. Let's continue with our favorite tool, Slido. It looks like y'all are accessing it, which is great. I realized testing is a test, but I was also thinking through how, oh, well maybe you could review in a non-scoring manner of how much knowledge the foster parents have around culture, religion, and social dynamics. Let's see what else y'all have.

CH: Connecting Ahmed to the local mosque, great resource. Providing education on trauma and social peer pressures, absolutely. Psychoeducation, yes. Informing Ahmed of the side effects of—we'll talk about this in our next learning objective, but without that shameful stigmatizing communication method, we can share the real harms and the things to be concerned about, safety planning.

CH: Let's see here. Oh, very good responses. By having open conversations with, including parents, minor, caseworker, about the minor's feelings and providing opportunities to connect. Really giving Ahmed the example or the autonomy to have control over his input in the conversation, encouraging foster parents in that to have that collaborative, collective outcome. These are really, really awesome answers, y'all. I can't even keep up with how great they are.

CH: Find other URMs in the community or program to connect with. That's an awesome idea. Some programs have mentoring opportunities, and that can also be a really great space if you have people who wanted to get involved and support youth but maybe didn't want to become foster parents, is having that culturally or religiously matched volunteer mentor. I see somebody put that, so exactly. Y'all are on the same page, very cool.

CH: Finding extracurricular activities for the family to connect and expand communication and healthy dynamics, absolutely. Engaging in all of the spaces that make us holistic humans. There's more to it than the label of substance use. A lot of times participating in activities and skills can help us learn healthier coping mechanisms. Listening to the parents and showing sympathy. Yes, acknowledging, "Hey, this is hard," and giving that educational input as well. Cultural orientation, it's a great idea. Wow, these are great. Thank you, everyone, for providing responses. You're going to continue to see themes reflected in this next learning objective here.

3. Strategies, Coping Mechanisms, and Conversations About Substance Use: Being Supportive, Encouraging, and Non-Judgmental

CH: Learning objective three, our last one for this session. Now that y'all have the framework of the difference between substance use disorder and recreational substance use, we've gone through different types of substances, and we've also explored different contextual and cultural factors that may lead to risky behaviors—with that, how do we talk about it? This is something that I was excited about with this level of the webinar was being able to, although we're not providing clinical and treatment-based resources, we're providing information that everyone can use. Let's kick this off, and again, I'm going to ask my colleague Megan to go ahead and read off this next foster home case scenario, and then we'll dive into how to communicate about it.

Case Scenario: New Foster Home

MR: Okay, perfect. You are a caseworker assigned to a newly licensed foster family with two daughters under the age of 10. Throughout the licensing process, the family expressed concerns about welcoming URMs with histories of substance use or trafficking, fearing these issues could negatively influence their daughters. The family is eager to foster a URM but has declined the last three placement options due to mentions of substance use in the youth's referral histories.

Discussion Question

CH: Thanks again, Megan. Slido, here we go. Let's see if this one—and it looks like this one's active and working great. You can scan the QR code, continue using that browser. I want us all to think about, and I would love to hear from you all,

What are some non-judgmental questions or phrases you could use to help the foster family understand substance use in a supportive, contextual way?

CH: "No comment yet, but this is a very real scenario. I feel seen." Yes, I had to throw some time and space to my recruitment and retention and training folks in the network, because this is a space that we interact with, even if you're not a recruiter or in that initial training phase. I'm glad you feel seen. I feel seen that you feel seen.

CH: "What are supports we could provide a youth with these concerns? Is there anything that would help you feel comfortable taking a youth with these behaviors? What are your main concerns that I can help alleviate? What education or prior knowledge do you have about substance use?" I love that. Like a, "Let's pause, let's reset, and let's check in. Where do we land on this? What are and are not circumstances that the URM has control of?" I see this strength-based approach, trauma-informed care approach shining through.

CH: Connect the family to an experienced foster parent with similarly aged children. Really great resource. Just a little recruitment tip there, keep those families—note that somewhere, and maybe you already are, but families that want to help with that recruitment and training and retention, not only they feel like they are, which they are doing, and giving more and more outside of—I almost said "just fostering" as if that's a small thing—outside of doing really intentional and tasking work and rewarding work of being a foster parent.

CH: Also, engaging them in other opportunities, because they're doing really that hard work, and it's important to be able to form those connections, create a network. You never know, someone might want to share their story, and we just haven't asked them yet, "What has inspired you to be a foster parent?" I can sense your care and aspirations to support. We are here to support your journey, and we'll support you as your child embraces this new journey. These are spot on with the examples that I'm going to be sharing in these coming slides. Building trust, building rapport, validating, allowing folks to feel seen and heard, not dismissing. These are some common themes that I'm getting back from this.

CH: Meeting folks where they're at. We have a little bit of time, so I want to make sure that I hear everybody's ideas here. It's a simple reminder, but it's something that we forget is that we can do this together even if maybe we're not totally pleased with the way that a case manager or a staff is handling a situation. Maybe we're not totally pleased with the way that a foster parent or volunteer is navigating a situation. Giving the same grace as we are giving to youth to understand where they're coming from should also be something we model throughout while we work with other supports that are involved in URM service delivery.

CH: I have couple of these themes sticking to my brain here about checking in, humanizing experiences, validating, showing empathy. Great. Wonderful. Thank you, everyone. These are really thoughtful responses. Let's wrap up and condense some of the great things that y'all already shared.

Non-Judgmental Conversations About Substance Use

CH: We'll start by our first strategy here is to use nonjudgmental conversations around substance use. This can be hard. This is where I really encourage people to do that temperature check, even for yourself, because people feed off of each other. If there's a bias that you have and you are holding, that can be real, but it's important that you do the internal work to not have that be something that is modeled in a negative way. What do I mean by that? You can use open-ended and non-confrontational questions, which doing this, avoids shaming.

CH: A lot of your examples were awesome. The few that I have here to share are, "Can you tell me what makes you feel stressed?" These are talking more towards the youth. "Can you tell me what makes you feel stressed? How do your friends manage difficult feelings?" Just using those open-ended questions to learn about substance use.

CH: Next strategy here is ensuring that you're showing empathy while also acknowledging challenges. This is that validation piece that y'all put a lot of responses into the Slido about. You can encourage caregivers to validate that and URMs validating their feelings and the stress of having to put the work in to use healthy coping mechanisms, having to put the work in to balance cultural norms with your new environment's norms. Having that space to just say, "This isn't easy," can sometimes give folks a little bit more of an opportunity to accept moving forward with a different support or engage in mental health therapy for the first time.

CH: With that, when you're acknowledging challenges, making sure that you're not accepting anything that is not nonjudgmental. "I hear you. I feel you." That's a really real reaction. Let's take some time to explore those cultural and contextual factors because ultimately if we're referring to foster parents, y'all signed up because you want to support. Let's make sure that we are doing what is within your capacities and knowledge to best support youth and engage with the youth successfully.

CH: Our last strategy is, of course, providing that educational insight on substance use—sorry, I got a little long-winded on the one before—education on that substance use impact and offering those alternative healthy choices. In terms of education, something that might be a really great tool to implement in your foster parent and your staff trainings is a myth-versus-fact buster. Myth buster versus facts, I guess. Finding different ways to talk about substance use or trauma, things like that are a little bit different than just only providing lecture styles or recordings.

Supportive Strategies to Foster Resilience and Reduce Harm

CH: Next, let's talk through supportive strategies and strategies that foster resilience and reduce harm. First is making sure that we are building safe and supportive relationships. This is done through being consistent, through using cultural sensitivity, committing to cultural humility, that lifelong learning. What you learn today will be different from what you gather tomorrow, the next year, et cetera. Providing those prevention and early intervention services, something that we have done here, and a huge shoutout to our emerging tech team. They are using virtual reality to really navigate through some of these integration and acculturation challenges. It might be of benefit to check out—we have a recent blog where folks partnered with our [emerging technology] team, partnered with a group of youth leaders, and they use virtual reality to integrate substance use prevention protocols.

CH: Next strategy here is encouraging and setting achievable and strength-based goals and skill-building opportunities. Also making sure that we're using our strengths-based lens to make sure that we are offering choices, we're giving autonomy to the client and to the youth, the foster parent. Not setting those things for someone, because we really don't know what's achievable for someone.

CH: We can have that goal and that wish of, "I so deeply want you to participate in therapy and complete your schooling, because I know you can." You can have that feeling and you should have that feeling, but how can we align steps that are achievable to the person that we're working with? Then alter them as we learn. We tried this one, didn't work great. Then we try another.

CH: Finally here for this slide, we have the importance of connecting with that cultural and ethnic-based community. Finding spaces within your community. Depending on different rural settings or whatnot of where you're located, there's always a way to still find connections. There are so many tools online to be able to create communities as well. If you're not able to have that in-person perspective of forming connections, if you're unsure, that's always something that you can reach out and ask about what types of resources are available through a technical assistance request to us at Switchboard. Doing this is going to really create belonging, it's going to reduce isolation, and it's ultimately going to build resilience and reduce that harm.

Encourage Healthy Coping Mechanisms

CH: Finally, we have here our next—these are all strategies, but our next theme is encouraging healthy coping mechanisms. What coping mechanisms can you try? You may think through introducing and modeling positive coping skills. Using the same way that you take care of yourself and you set boundaries and you model those, taking deep breaths when you need some time, need some space to reset.

CH: You can say that with youth or with foster parents when you're speaking with them, like, "Hey, I need a moment to quick use my fidget toy or to quick take a deep breath." Model that. These positive coping skills aren't shameful, and they can really be beneficial towards the long term and short term. Finding out if youth

have skill sets in terms of creativity and encouraging those expressions through arts and hobbies. You may implement some of the same activities that may have been practices at home.

CH: Previously at my role, we did a kite flying festival, and we always were trying to bridge integrating cultural norms and practices and skills and values and beautiful aspects that make communities diverse while also saying, "Here's how you can integrate and use that skill here. Here's a park where you can go fly your kite," et cetera. Next on this slide, we have promoting and emphasizing the positive impacts of peer support. There's great research out there, how having peer support and mentorship can really reduce harm.

CH: Finally, we have making sure that we do refer out when needed. Again, this goes back to having all different levels on the call here. If you get to a space where you're starting to realize this is out of your capacity or out of your expertise, that's okay. This is where we loop in our wraparound services and external partner, communicating with your supervisor. Just a friendly reminder for my fellow foster parents out there that it is okay to say, "I am not sure. I don't feel equipped to handle this behavior. I don't have experience." That doesn't mean that you are not a great foster parent; it's just an area that you haven't learned yet. Being open and honest with your team that's supporting you is going to be the most effective strategy.

CH: Last but not least, we have a final case scenario. Last but not least for case scenarios, I guess. A couple of notes before the end here. Megan, I'll pass it to you.

Case Scenario: Maria

MR: All right. Let's hear about Maria. You are a case manager to Maria, a 16-year-old from Honduras who fled to escape gang violence. Maria resides in your girl's group home and is struggling to live with other youth. She has expressed to you that her exposure to gang violence has affected her sense of safety, and she shares having difficulty trusting others. She shares that the communal living setting is also reminding her of negative experiences at shelters.

MR: Additionally, Maria states that she is constantly worrying about her family back home and feels pressure to succeed academically and to get a job to support them. You learn that in her home culture, there's little awareness or acceptance of mental health support. Maria disengages from discussing her emotions any further with you and begins isolating from staff. However, recently, you notice Maria has been spending time with a few other residents who use marijuana. When confronting Maria, she admits that because she is feeling disconnected from her family and culture, she has started using marijuana to manage stress and to feel a sense of belonging within the group.

CH: Thanks so much, Megan. I tried to hit on the different involvements here in our URM programming. We had the first one working directly with a case manager, the second one working with foster homes, and now we have our group home and independent living settings.

Discussion Question

Keeping cultural factors in mind, how might you help Maria explore healthier coping mechanisms?

CH: De-stigmatizing mental health care. Allowing to speak with a professional similar to her background, yes. Bringing in that component of similar backgrounds and maybe being able to speak a little bit more freely and openly. Group support meetings seem to have been a good option. It's a great recommendation. Having

healthier outlets. Here's that support group option coming in again. Hobbies that connect her emotions and cultural background. I love the connecting of both of those there.

CH: Listening to her and identifying likes, talents, and that people can be supportive. We have someone sharing, "I am Honduran and have personally lived this type of violence and also the cultural background." Thank you for sharing that and thank you for this next part that you offered. "I would let her know that I understand where she is coming from and she can count on me. She is not alone anymore." Thank you so much for sharing that. That really ties in the benefit of being able to make those similar connections.

CH: Introduce Maria to other youth that may have healthier outlets. Bringing in those interests, sports, arts, nature. Ooh, yes, nature. That's a great one to include. Motivating to start health and wellness program. Yes, that physical activity. That's a great space to explore as well. Absolutely, making sure that folks are aware of different religious beliefs and the tools to guide those different homes. Help them feel prepared. This key reminder that we are all here to accept and to welcome and to provide safe and affirming services in all contexts.

CH: Mindfulness. Yes, jumping into that mindfulness. Journaling or breathing exercises. I love these tools. Those are tools that you can implement without case managers, foster parents, et cetera. Those can all be implemented without having that clinical background. Incorporating more practices around that mindfulness. Great, thank you so much, y'all. Let's go ahead and move forward and let's review and identify some takeaway tips, and then we will have one final Slido and close out with our questions and resources.

Takeaway Tips for URM Service Providers and Foster Parents

CH: This last slide here, these are some things that we tried to compile together. If you're here and you've been present for the whole thing, but you're like, "That was a lot of information," here's some more concise ways to reflect back on what we learned. Our first point here is you can establish prevention and early intervention services, which we talked about having those in place, maybe using that virtual reality or other tools and templates. I believe we're going to be putting in the chat our low-risk safety plan. This is a really good tool for managing some of those low-risk situations, such as substance use. Key word that would not be—this would be that recreational substance use. Not that substance use disorder.

CH: Making sure that you are setting up youth and families and your staff for predictable routines and support. If support services change, making sure that information is shared with all folks involved in supporting the youth. While we're doing this, maintaining that cultural responsiveness, taking time to self-reflect and recognize personal biases. Again, we all have biases, and it's hard work to recognize those. It's even harder work to reframe them, but it's achievable work and it's ultimately a growing opportunity for us all. That's a really great way to model those non-shameful ways of conversation as well.

CH: Of course, continued education and training, providing different opportunities for different folks who may learn in different ways. Maybe you're doing those activities of identifying myths versus facts one month, and the next one, maybe you're sharing a documentary or a podcast. I always liked to try to do a listen, watch, and read learning style option in my previous roles.

CH: The final takeaway here that we have is to build connection and collaboration and form a network of community organizations, mental health, and substance use professionals. We can all collectively provide

better services when we're all on the same page and we're aware of what we're doing. It's also helpful because sometimes we don't know about what other resources are available.

CH: Taking that time to update your list. I totally understand that can get pushed back and pushed back and pushed back, but it really can be beneficial to make sure that you're giving out resources that are actually accurate. Thinking through if you're sharing resources with foster parents, then they are trying their best to go through and proactively reach out to them, but then maybe that's not the best way to do it. Maybe that's not standing anymore. Of course, that's okay, things happen, but that's just an example of how it may be helpful and more streamlined to keep things up to date.

Discussion Question

CH: To close us out, we are going to end with, out of the strategies that you've learned today, the time that you've taken to reflect on our different learning objectives,

How might you implement these strategies as you support URMs affected by substance use?

CH: This will be our last Slido for this learning opportunity today.

[pause]

CH: Understanding which substances are more common in their home countries, and how that affects their use in the U.S. Absolutely. Honestly, that was a really helpful space when I was creating this presentation, and reflecting on my time in direct service, that is still a really helpful resource to me, is continuing to learn more about home countries. Providing support and education about substance use to the family. Absolutely. Using those opportunities to train while also providing opportunities for resilience and growth.

CH: Amplifying more peer support resources that are free, digital, and/or easily accessible. Awesome. I'm glad that that suggestion landed well. Open conversation through skills group sessions, and offer help in a tip line for privacy. That's a really great space too. Allowing youth to put in the work on their own time as long as they're not at risk of safety and checking in. "How did that go? Do you feel like you need more support? Have behaviors changed?" "Cultural piece was very helpful. It's easy to forget that we don't all have the same feelings about substances." Thanks for that honest reflection there.

CH: Acknowledging that youth are part of the story and the other side of the family hosting the youth and connecting both to local resources. Absolutely. We all know in our URM space that it is not an easy job, but the uniqueness that it offers, there are ways to connect and involve everyone and come together as a network. Again here learning about that substance use from other countries, providing information to youth, setting them up for success.

CH: That's also something that I forgot to touch on, is that having the awareness and presenting any kind of legality consequences for your state, not in a shameful way but just saying, "Hey, just so you know, this here, this is what the consequences are," and making sure they have that information. Create a toolbox for different backgrounds and cultures. I love that. Our training officer used to create a resource library that had—at the time there it was in person but you could check out different binders and books, and now it's online so you can request different resources that align within different cultures and communities.

CH: I see some folks here from the recruitment side of things. Yes, educating right off the bat too. Including these kinds of conversations, maybe not in your, "Hi, hello, I'm a recruiter and I'd love to talk to you," but being able to immediately touch on some of these things in orientation or your information meeting. Then saying, "This is just a touch point, and we're going to keep diving deeper and doing this together and learning together."

CH: Awesome. I want to leave some time for questions here, so feel free to still respond to those Slidos. I'd love to see folks still engaging.

Q&A Panel

CH: We are going to jump into Q&A, I believe. [silence] I may ask my Switchboard team if anything has come through that would be great to revisit, if they don't mind pointing those out and maybe coming off mute and reading them to me. Otherwise, you're welcome to put questions in the chat.

[silence]

Tigest Coleman: Hi, Claire.

We have some questions or had a question and/or a comment around not feeling comfortable to take URMs and/or youth who use or have used substances in the past. I'm wondering if there's a good message to share to those that might feel alone in that world.

CH: Thank you so much, Tigest, for sharing that, and thank you for the guest who shared that with this space. I want to wholeheartedly validate that you are absolutely not alone. I spoke with hundreds and hundreds and hundreds of folks as I was doing recruiting, and my naivety as a recruiter was that folks didn't realize they weren't alone. Fears around substance use, around trauma, around welcoming teens, which there's a blog out for that to help you work through some of those fears and feel more comfortable, welcoming siblings, those are all really—it's a new thing, you've never done this before. You've never welcomed a URM into your home, let alone you have to also give yourself some grace and space for where you are in learning about or having experience with refugees and newcomers. Not feeling totally confident in the beginning is okay.

CH: What I would encourage you to do is to find a safe space, a safe person within your license wherever you are being licensed or are licensed, or considering to get licensed, and just sharing those, and saying, "This is where I'm at. I want to get past that. I've heard that people get past it, and I've heard that maybe talking to another foster parent might be helpful. I've heard that I won't do this alone. Can you tell me about what kind of support services, what kind of staffing you have? Could you share with me some—am I allowed to check out some trainings or resources before I start the licensing process?"

CH: Giving yourself some grace to acknowledge that if you are a current foster parent or you're considering, you have already done the hardest step by taking that leap forward, and everything else is going to be another stepping stone and a win, for lack of better words. Maybe taking some of the things you learned today and just saying, "Hey, I learned about this on a webinar. What does your organization offer?" Or, "How do your foster parents currently navigate this?" I'll end with just again saying you're not alone. Thank you for sharing those fears. I hope that this has given you maybe some more space in your brain to accept taking on a new challenge and something that might feel scary for you right now.

CH: I lied. One more thing. The last thing I'll add to that is remembering that youth are not defined just by substance use, surviving any kind of sexual violence or trafficking, or anything in their life. Remembering that there is a whole human being and a whole functioning person with layers and layers and layers that you can connect with and learn about, even if you're fearful of some of the experiences that they have either had and survived and thrived through on their own unaccompanied, and just remembering the whole person in that.

[pause]

CH: I see a question here in the chat in the Q&A section about,

Any ongoing training or certificates recommended for those working with URMs?

CH: I would encourage to take a peek at our recommended resources, and then if you're not already signed up for our newsletter, there's a lot of great resources that we've published recently around substance use. If you check out our website and our resource library there, we have some resources that are from other partners. That would be a great space to connect. Otherwise, you're more than welcome to reach out to me directly, and we can maybe explore different resources, or use our TA request on our website to see if that's something that would be within our scope to explore outside of the ones that I just mentioned.

[pause]

CH: No problem. All right, anyone else?

[silence]

TC: Claire, there's a question that came up before around managing recreational use in some states that are allowed, and wondering,

What answer [do you] have to navigating [recreational use] for our unaccompanied refugee minors?

CH: Absolutely. Thanks for sharing that question. I would say that that's a very real thing, and it's important to know what recreational use is allowed in your space, in your state. Finding that out first. My second advice would be to check in with your programs and your state policies around URMs participating in these. Maybe it's something that you need to revisit and draft up and have in writing on what that protocol looks like and what those expectations are around recreational use.

CH: Also, again, highlighting that piece of making sure that recreational use doesn't lead to that hazardous behavior and may not lead to any kind of law enforcement or penalties or legality issues, because they do still have to be mindful, as we talked about up there, immigration status, legal status, all those things. I would say that's a broad answer, but to dive deeper into a more narrow segment there of looking into what your current space does, organization does, updating things if you need to, and then also making sure that you're following your state requirements.

CH: Great questions. Awesome. If I didn't get to you all, you sure have heard me by now say this, that I'm available for outreach afterwards to ask questions through reaching out or through our website.

Conclusion

Reviewing Learning Objectives

CH: I hope that folks are now able to explain substance use disorder and the prevalence of substance use in countries where URMs commonly originate, able to analyze the cultural and contextual factors influencing substance use among URMs, and our last and final learning objective that had a lot in there, to identify supportive strategies that foster resilience, encourage healthy coping mechanisms, and promote nonjudgmental conversations about URMs' experiences with substance use.

Feedback Survey

CH: Next, we always are so grateful for your feedback. This truly helps. Your help by putting the responses in this survey is going to ultimately be able to allow us to help you back. Help us help you. If you can go ahead and take just a minute, 60 seconds, to answer these five questions and provide your honest feedback on today's webinar. This allows us to be able to improve future trainings, of course, and our technical assistance that we offer. You'll see the survey link that was dropped in the chat, and then you can also scan the QR code on the screen.

[pause]

Recommended Resources

CH: All right, y'all. Thank you so much. We're going to share. We'll have recommended resources that are listed in the next coming slides, as well as our contact information. We hope that this is not the last time that we see you. We love seeing our numbers grow and communities, which means we're reaching more people. You will also receive this information within 24 hours. I know my team behind the scenes has been working and answering those questions. Thank you, all.

Stay Connected

CH: Thank you all so much for your time on this call today, for the work that you do. I hope you can move into the new year and holidays with allowing yourself some grace in space and coming back to keep doing this beautiful, challenging, and rewarding work. I hope that we can do it together. Please don't hesitate to reach out in any capacity going forward.

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