REFUGEE MENTAL HEALTH: CURRENT AND FUTURE TRENDS IN PRACTICE, RESEARCH AND TEACHING

by

Robyn Elizabeth Long

(Under the Direction of Arthur M. Horne, Ph.D.)

ABSTRACT

This study was designed to glean an understanding of current trends in refugee mental health, including implications for practice, research and training. It is intended that these findings serve as a baseline guideline for the future development of guidelines for working with refugee populations and with persons with transnational identities in an era of globalization. It was hypothesized that mental health professionals, specifically Counseling Psychologists, would predict an increased need for and service to refugee populations in the coming decades and that findings would highlight the need for new innovations in theory, assessment and practice. The data, gleaned from Discovery-Oriented qualitative methodology, Appreciative Inquiry, and a Delphi Methodology, indeed predicts greater need for and interest refugee mental health and makes tentative suggestions for clinical work, teaching/training of new professionals, and research. Implications for future research are included.

INDEX WORDS: Refugees, Transnational Identities, Counseling Psychology, Discovery-Oriented Methodology, Appreciative Inquiry, Delphi Methodology

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ROBYN ELIZABETH LONG

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ROBYN ELIZABETH LONG

Major Professor: Arthur M. Horne

Committee: Linda F. Campbell
Brian A. Glaser
Rosemary E. Phelps

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
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DEDICATION

Thanks to my teachers, who told me I should;
My family and friends, who told me I could;
And Ben, who loved me while I did.

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This effort at obtaining a graduate degree and pursuing what I love began and ends with the people who support me. Thanks first to my parents, for making sure that I had these, among many, words to guide me:

Desiderata

Go placidly amid the noise and haste,
and remember what peace there may be in silence.
As far as possible without surrender
be on good terms with all persons.
Speak your truth quietly and clearly;
and listen to others,
even the dull and the ignorant;
they too have their story.

Avoid loud and aggressive persons,
they are vexations to the spirit.
If you compare yourself with others,
you may become vain and bitter;
for always there will be greater and lesser persons than yourself.
Enjoy your achievements as well as your plans.

Keep interested in your own career, however humble;
it is a real possession in the changing fortunes of time.
Exercise caution in your business affairs;
for the world is full of trickery.
But let this not blind you to what virtue there is;
many persons strive for high ideals;
and everywhere life is full of heroism.

Be yourself.
Especially, do not feign affection.
Neither be cynical about love;
for in the face of all aridity and disenchantment
it is as perennial as the grass.

Take kindly the counsel of the years,
gracefully surrendering the things of youth.
Nurture strength of spirit to shield you in sudden misfortune.
But do not distress yourself with dark imaginings.
Many fears are born of fatigue and loneliness.
Beyond a wholesome discipline,
be gentle with yourself.

You are a child of the universe,
no less than the trees and the stars;
you have a right to be here.
And whether or not it is clear to you,
no doubt the universe is unfolding as it should.

Therefore be at peace with God,
whatever you conceive Him to be,
and whatever your labors and aspirations,
in the noisy confusion of life keep peace with your soul.

With all its sham, drudgery, and broken dreams,
it is still a beautiful world.
Be cheerful.
Strive to be happy. *Max Ehrmann, Desiderata, Copyright 1952.*

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CHAPTER 1

INTRODUCTION

More than any other time in modern history, the twentieth century saw an influx of people on the move, whether it be voluntarily for the purposes of seeking new opportunity, or involuntarily, for the purposes of escaping political or religious persecution, poverty, hunger, war, or even genocide. While the experiences of the individuals on the move vary widely, as do the experiences of the people in the countries hosting people on the move, the responsibility of understanding these populations and attending to their physical and psychological needs is clear. Refugees, defined as "people outside their country of origin who cannot return owing to a well-founded fear of persecution because of their race, religion, nationality, political opinion or membership of a particular social group" (UNHCR, 2004), represent an especially vulnerable population of transnational people, due to the circumstances under which they relocated, and, often, the expediency with which they must make dramatic life changes. According to the United Nations High Commissioner for Refugees, the world population of refugees reached 9.7 million in 2003 (UNHCR, 2004). The refugee experience impacts individual, familial, community and societal health, and research to date has largely taken a reactive approach, responding to the psychological and physical stressors associated with the relocation process.

Originally, social scientists developed an interest in acculturation, or the exchange of cultural features which result when groups come into continuous firsthand contact, out of a concern for the effects of European domination of colonial and indigenous peoples (Hallowell, 1945). As Western nations continued to host ever-growing numbers of transnational individuals, research began to focus on how immigrants (voluntary and involuntary) changed after their entry and settlement into receiving societies (Beiser, 2000). Contemporary research has focused on

how ethnocultural groups relate to each other and change as a result of their attempts to live together in increasingly culturally plural societies. John Berry, who pioneered much of the contemporary research on acculturation, writes, "Today, [all three foci] are important as globalization results in ever-larger trading and political relations. Indigenous national populations experience neocolonization; new waves of immigrants, sojourners, and refugees flow from these economic and political changes; and large ethnocultural populations become established in most countries" (Berry, 2003).

While there is no universal refugee experience, most refugees will experience tremendous hardship and challenge pre-migration and post-migration. Pre-migration experiences may include war, rape, violence, famine, torture, natural disasters, separation and loss from family and kin relationships, and forced relocation (Keyes, 2000; United States Commission for Refugees, 1997). Post-migration, refugees may be met with difficulties related to language acquisition, culture shock, discrimination and prejudice, unemployment, role and status loss, separation from family and kin relationships, unemployment, financial stress, and the challenges inherent in maneuvering through a new cultural system. As a result, many refugees experience psychological difficulties, including post-traumatic stress disorder (PTSD), substance abuse, depression, anxiety, psychosis, and dissociation (Keyes, 2000; Chung & Bemak, 1998).

Attending to the health and well-being of refugees is not only a moral imperative, but a social and economic one as well. Two-thirds, or 638,000, of the world's refugee population reside in The United States (United Nations High Commissioner for Refugees, 2004). While the majority of Americans will not share the pre-migration experiences of the refugee population, we will, as neighbors, educators, healthcare professionals, and government officials, share in and impact their post-migration experiences. As stated above, research to date has largely taken a

reactive stance in an effort to attend to the above-mentioned difficulties, focusing more on the deficits of the refugee population, and limited by a western-approach to mental health. Western notions of mental health and interventions may seem alien to many refugees, particularly those from cultures which place less emphasis on individualism and autonomy, and those who value interdependence, a quality not highly valued in modern American society. Most often when refugees are offered mental health and adaptive assistance, Western interventions, such as psychotherapy, are offered in lieu of more indigenous approaches to self-care, and many refugees may be unaware, or at least wary of, these interventions.

Purpose of the Study

The purpose of this study is to develop a greater understanding of current and future trends in mental health work with refugee populations and to examine Counseling Psychology's response to the growing number of clients with transnational identities, and, specifically, the refugee population, who represent the most psychologically vulnerable of transnational populations. A secondary purpose of this study is to examine the ways in which Counseling Psychology can capitalize upon our historical foci: measures that are preventative, remedial, and developmental. Additionally, this study is part of a larger effort to take a preventive approach, and to promote mental health in the relocated refugee population. Finally, another gain from this study may be the recognition and subsequent valuing of more indigenous approaches to self-care that have been identified as useful to refugee populations but are less valued or recognized in the practice and research of Counseling Psychology. Inherent in this gain would be an active valuing of the multicultural approach so valued within our profession.

Research Question

Specifically, the present study will examine the following questions:

What is current practice among Counseling Psychologist's who are working with refugee clients? What interventions are indicated as effective? What practices do Counseling Psychologist's view as preventive when considering refugee mental health? What practices do they view as reactive? Are there practices indigenous to the refugee populations served that are viewed as effective for promoting mental health? What do Counseling Psychologist's believe are some of the trends and themes over the next ten years surrounding work with individuals and families with transnational identities, specifically refugees? What do Counseling Psychologist's believe are some of the facilitating conditions surrounding the work with transnational identities and specifically refugees? What do Counseling Psychologist's believe are some of the inhibitory conditions surrounding work with transnational identities and specifically refugees? When considering the future of work with transnational identities and specifically refugees, what are Counseling Psychologist's predictions concerning theory and research development in the next decade? When considering the future of work with transnational identities and specifically refugees, what are Counseling Psychologist's predictions concerning training and preparation in the next decade?

Research Hypotheses

It is hypothesized that interventions that are considered to be effective will be those that are firmly grounded in recognizing the cultural values of the client's culture of origin and working with them to critically evaluate the components of the host culture that they find effective or appealing. It is hypothesized that interventions that are designed in such a way that

the culture of origin is devalued will be less efficacious. It is hypothesized that interventions that are recognized as preventative will include the bolstering of social support, the acquisition of resources, the demonstration of self-efficacy, the inclusion of pre-migration orientation programs, and the congruence of expectations of the relocation experience with the reality of the relocation experience for each individual. It is hypothesized that the future of theory and research, as well as training and preparation, will include an increasing valuing of the multicultural approach that will include a necessary broadening of the definition of cultural competence. It is also hypothesized that Counseling Psychology training will need to increase efforts at international education, including training experiences abroad, and that this will occur among an atmosphere of increasing globalization and the increasing relocation of Americans leaving the United States and of transnationals entering The United States.

CHAPTER 2

REVIEW OF THE LITERATURE

The purpose of this chapter is to present, in summary form, a review of the scientific literature that relates to the mental health of refugees, and, in particular, literature related to mental health interventions with refugee communities. A brief summary of the typical refugee experience will be presented first, including common stressors associated with that experience. Following that will be a description of mental health interventions with the refugee community to date, including those interventions implicated to be effective. The chapter will conclude with a statement about the potential for the discipline of Counseling Psychology to make a significant impact on the mental health of refugees through responsive and responsible mental health interventions, research and training.

Acculturation

What is the acculturation? Acculturation is defined as "the modification of the culture of a group or individual as a result of contact with a different culture and the process by which the culture of a particular society is instilled in a human from infancy onward" (Dictionary.com, retrieved December 2005). For the purposes of this study, and for the purposes of anyone in the human services field seeking to provide responsible help to transnational populations, it is important to have a working understanding of both parts of this definition. Refugees have been "acculturated" as both a part of the normal developmental processes that were imbedded in their culture of origin, and by the extraordinary events that have demanded relocation to another culture. Once relocated, the process of acculturation must begin again, and it is in this secondary part of the process that we as Counseling Psychologist's have the opportunity to make a

meaningful impact on mental health and well-being. Speaking to this secondary definition of acculturation, Joseph Trimble writes, "More recently, acculturation has become a more important concept in the explanation of the varied experiences of ethnic and cultural minorities as international migration, economic globalization, and political conflicts supported the creation of multicultural societies. As a construct, acculturation includes changes not only at the individual and psychological level but also at the sociocultural level" (Trimble, 5, 2003). As early as 1936, anthropologists were recognizing the significance and importance of cultural contact between disparate groups. That year, Redfield, Linton and Herskovits first proposed the term acculturation and defined it as a "phenomena which results when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton and Herskovits, 150, 1936). As Trimble points out, the essential concept in this earliest definition of acculturation is "continuous", implying that it is unlikely for acculturation to occur when culturally disparate groups interact only briefly. In 1954, the Social Sciences Research Council revised the concept of acculturation and defined it as follows:

"…culture change that is initiated by the conjunction of two or more autonomous cultural systems. Its dynamics can be seen as the selective adaptation of value systems, the processes of integration and differentiation, the generation of developmental sequences, and the operation of role determinants and personality factors" (Social Sciences Research Council, 1954).

In this definition, the essential concepts are change and adaptation. This definition allows for a more fluid process, and, notably, requires that two cultures co-exist; indeed, acculturation cannot occur without the presence of more than one culture. Early definitions of acculturation implied that acculturation was a process by which a given cultural group progresses from a

"native or tradition-oriented state through a transitional stage to an elite acculturated stage" (Spindler & Spindler, 58, 1967). The fullest understanding of acculturation does indeed include the concepts of continuous exposure, change and adaptation, but it must not imply that a given cultural group progresses by universally and completely adapting to a majority or host culture. A better way of approaching an understanding of acculturation is to think of it as a process by which an individual, fully developed in their culture of origin, is challenged to use all of his or her resources and experiences to discern the best way of life in a new culture. For the purposes of this study, it is best to think of acculturation as the process by which a transnational individual draws upon his or her inherent resources to select and then apply the cultural thoughtways, lifeways and values of the host culture that are of value to that individual.

Additionally, acculturation was historically considered a unidirectional course of cultural change, eventually resulting in full assimilation. A better way of understanding acculturation is to understand the process as both multifaceted and even muliti-directional; the host culture is also tremendously influenced by the culture of the individuals who have joined the community. Richaman, Gaviria, Flaherty and Birz (1987) supported this assertion that the dominant, identified as donor, culture may "undergo a change process influenced by aspects of the newcomer culture or acculturating group." Speaking to the multifaceted nature of acculturation, it was once assumed that the newcomers would eventually assimilate to the donor culture fully. This is no longer assumed, and, in truth, is most likely rarely the case. Moderating variables, such as mental health and available resources, preferences, and the desire for ethnic affiliation must be considered and play a tremendous role in the experience of acculturation for any given individual. Based largely on the work of John Berry, who's research will be addressed shortly, researchers have come to understand that "acculturation is a process in which elements of the

newcomer and dominant and contributing cultures are retained and internalized" (Trimble, 2003). Researchers and those in the helping professions were once bound to the idea that full assimilation was the ideal; today, we embrace the idea that many options are available to individuals interacting with a new culture, and understand acculturation as a process in which a tremendous number of personal and situational variables have an impact.

As mentioned above, the purpose of this study is to examine the ways in which Counseling Psychology has and can continue to have an impact on the mental health of individuals with transnational identities, specifically refugees. In understanding acculturation as a process, what course of development through that process has the most positive implications for mental health and well-being?

Berry's (1980) acculturation strategies have become the most widely-recognized and accepted descriptions of the developmental process of acculturation. Berry is quick to point out that individuals engage in the process of acculturation in different ways, and that the process is undeniably influenced by experiences on both a cultural or group level and on an individual/psychological level. Each of the acculturation strategies consist of two components that are usually related: attitudes and behaviors that are exhibited in day-to-day cross-cultural encounters. As mentioned above, prior to the 1950s, it was widely assumed that individuals took a uni-directional path to full assimilation. Berry's acculturation strategies expound upon this idea, and include three additional strategies: integration, separation, and marginalization.

Assimilation occurs when the transnational individual replaces his or her native culture and customs with the culture and customs of mainstream society. Separation occurs when people choose not to take on the customs and culture of mainstream society and remain segregated. If acculturation is considered to be a linear process, which was the case until the 1950s, these two

strategies operate as opposites, and are understood to be mutually exclusive. Marginalization is the acculturation strategy that may be better understood as a lack of strategy, in which people fail to fit into either their native society or the mainstream, newcomer society. Finally, integration is the acculturation strategy in which people maintain values and customs of their native culture and take on the values and customs of mainstream society that allow them to be full participants in society. Historically, integration has been understood to be the acculturation strategy for which there is the most positive mental-health outcomes (Berry, 1980).

Acculturative Stress and Trauma

The first study investigating the impact of refugee migration on mental illness was conducted in 1936, after researchers noted that there were disproportionately large numbers of immigrants presenting to psychiatric hospitals (Bemak, Chung & Pedersen, 2003). The current literature surrounding the mental health of the refugee population focuses on the aforementioned acculturation strategies, and, as mentioned above, have concluded that biculturalism or integration produces healthier acculturation outcomes (Berry, 1986; Wong-Reiger & Quintana, 1987). Berry and Kim (1988) found that all transnational identities, whether the individual be an immigrant, sojourner, asylum seeker or refugee, experience a five phase developmental process that occurs on both individual and group levels. The phases are: precontact, contact, conflict, crisis and, finally, adaptation. Berry and Kim argue that each phase is influenced and even dictated by an individual's response to two questions: First, how much of one's cultural identity is valued and retained, and, second, to what extent are positive relations with the dominant culture sought? (Bemak et al, 2003).

Acculturative stress refers to a unique type of distress that involves adjustment to a foreign culture, often a foreign country. This stress includes elements of the acculturation models described by John Berry, and involves changes to one's identity, values, behaviors, cognitions, attitudes and affect, and is experienced by all transnational individuals, including refugees (Bemak et al, 2003).

Refugees typically experience additional, tremendous stressors, however, that make them more vulnerable to mental health issues. Pre-migration trauma, or traumas experienced prior to relocation, adds a significant additional dimension to acculturative stress that can complicate the resettlement process and impact the physical and psychological resources available to a refugee post-migration (Bemak et al, 2003). Mollica, Wyshak and Lavelle (1987) categorized four major categories of pre-migration trauma following their work with Southeast Asian refugees. These included: deprivation, (lack of food and shelter), physical injury and torture, incarceration and reeducation camps, and the witnessing of torture and killing (Mollica et al, 1987). The experience of this sort of trauma often places the refugee at increased risk for psychological problems including anxiety, fear, paranoia and suspicion, grief, guilty, despair, hopelessness, withdrawal, depression, somatization, substance abuse and alcoholism, post-traumatic stress disorder (PTSD), anger, and hostility (Bemak et al, 2003). Additionally, the reeducation and refugee camp experiences may contribute to a refugee's sense of loss, uncertainty, distrust, skepticism, helplessness, vulnerability, powerlessness, over dependency, violence, crime, and social disintegration, each of these being a significant consideration and a powerfully deleterious effect on mental health outcomes. Each of these problems poses a significant risk to the individual and may make the individual less likely to seek out mental health services, a significant consideration in developing a mental health response for refugee populations.

In addition to these pre-migration stressors and acculturative stress, individuals who are refugees may also experience specific post-migration issues that impact adjustment and may interfere with the resettlement process. These issues can include culture shock and survivor's guilt, and can contribute to feelings of disorientation, helplessness and hopelessness. Additionally, the refugee experience very often includes separation from loved ones and family members, and there may be a tremendous sense of loss for family, community members and social networks. This is an issue of particular salience for Counseling Psychologist's working with the refugee population, as previous research has indicated that social support plays a significant role as a protective factor against psychological distress, such as anxiety and depression, among refugee populations (Bemak et al, 2003; Campbell, Horne, Endale, Evces and Long, 2005).

Ben-Porath (1991) described the antecedent of flight (pre-migration), the period of flight (relocation), and the process of resettlement (post-migration) as key elements in refugee psychosocial adjustment. Bemak and his colleagues point out that, within each of these adjustment phases, there are potential sources of stress and mental health risks (Bemak et al, 2003). While there is no pan-refugee experience, refugees are likely to share a host of experiences, particularly pre- and post-migration experiences. These experiences include trauma, maneuvering through resettlement policies in the host country, changes in family dynamics, racism, prejudice and discrimination, inter and intragroup differences, the need for education and employment, maneuvering through the educational system for children, the need for social support, difficulties in language acquisition, and, finally, survivor's guilt (Bemak et al, 2003).

Response from the Helping Profession to Date

Efforts to impact the mental health of refugees to date have largely been reactive in nature, and have utilized traditional, Western approaches to the treatment of mental illnesses, such as depression and anxiety, that are common among the refugee population. One of the particular challenges to working with the refugee population is related to lack of resources; acquiring mental health services in this country is often an expensive, time consuming process, and, low-cost services are not widely available. An additional barrier to the refugee's acquiring services in this country is their experiences with prejudice, discrimination and racism in the communities in which they live once they have relocated to the host culture. Inherent in the relocation process is a lack of resources and the subsequent acquisition of those resources, typically from the relocation and resettlement agencies operating in this country and from the federal government. As is often the case with individuals requiring the support of the federal government, there is a stigma associated with the status of refugee from people in the newcomer society. As mentioned above, the refugee is not simply influenced by the host culture; the host culture is influenced by the new cultures as well. This is often a difficult process, though it holds tremendous potential, and the barrier created by the response of the host culture to the refugee population may serve as a deterrent to asking for mental health services, particularly when those services are provided primarily by helping professionals representing the host culture (citation here from the Counseling Psychologist). An additional barrier to services may also be the nature of those services once the refugee has access. Do the services reflect a valuing of that individual's values? Does the helping professional exhibit a willingness to consider and employ indigenous ways of healing? Does the helping professional operate from a perspective that considers the strengths inherent in the refugee individual, or operate only from a deficit model?

Each of these factors is likely to have a significant impact on the outcome of the therapeutic interaction and on the strength of the therapeutic alliance, which is widely understood to be a critical component of successful therapeutic interventions (Prochaska & Norcross, 2003). A final, significant barrier is the refugee's cultural beliefs about counseling and mental health. Studies on ethnic minorities have demonstrated that the refugee population tends to underutilize mainstream mental health services because of a lack of cultural responsiveness (Sue, Fujino, Hu, Takeuchi & Wohl, 1991; Bemak et al, 2003).

Effective Interventions

In light of these significant obstacles, developing and delivering responsible, effective interventions for refugees can be a complex task. In an effort to "assist refugees to attain a sense of well-being and mental health," (2003) Bemak, Chung and Bornemann developed the Multi-Level Model (MLM) in 1996. The MLM is specifically designed as an intervention/prevention model that is specifically applicable to refugee populations across cultures. "Inherent in this model is the need for professionals to have unique skills, understanding, and sensitivity to the history, sociopolitical, cultural, psychological realities, deeply rooted trauma, and loss associated with forced migration" (Bemak et al, 2003). The acquisition of these skills and frameworks has proven difficult for many helping professionals because clinical training and supervision have rarely addressed cross-cultural psychotherapy that incorporates work with refugees. The MLM "re-conceptualizes traditional training within a universal refugee framework of pre-migration, transition, and post-migration and presents therapeutic applications that are culturally responsive and effective for clinical interventions" (Bemak et al, 2003).

The MLM highlights what it recognizes as therapeutic prerequisites for effective application of the model. These prerequisites include counseling skills, cultural awareness/experience, and political awareness. Included in the necessary counseling skills are efficacy with working with individuals, families and groups, and the ability to work with severe trauma. Included in the cultural awareness/acceptance piece is an understanding of one's own cultural worldview as well as an understanding of other's cultural worldviews, an understanding of family/community and social processes, and an understanding of one's own ethnic identity as well as white identity, as it is likely the dominant host culture into which the refugee is entering. Finally, the political awareness prerequisite includes a working knowledge of resettlement policies, social justice mindedness, and a willingness to advocate on behalf of one's clients.

Bemak and his colleagues also address the importance of the refugee experience as a component part of the MLM outcome. Issues of concern here include the sociopolitical background of the refugee, the historical background, pre-migration trauma, past/present stressors, psychosocial adaptation/adjustment, acculturation, racial/identity development, conceptualization of mental illness, cultural belief systems and worldview, and experiences with discrimination/racism.

To elaborate on the importance of these therapist variables, one offers the example that Bemak and his colleagues provide in their work elaborating on the MLM. Since there is frequently a history of trauma for the refugee client, there is a need for the therapist to demonstrate cultural empathy. This requires an understanding that Western empathy may be inappropriate or even offensive to a refugee client, for example, while direct eye contact may be viewed as a sign of empathy by Western clients, it is possible that clients enculturated in Asian cultures may find eye contact inappropriate or even offensive (Bemak et al, 2003). Another

important skill for the therapist working with the refugee client is an awareness of his or her own ethnic identity as well as the ethnic identity of the client in an effort to avoid racism. "Mental health professionals who presume they are free of racism seriously underestimate the social impact on their own socialization and the inherited, in some instances unintentionally covert, racism. In most cases, racism emerges as an unintentional action by well-meaning, right-thinking, good-hearted, caring professionals who are probably no more or less free from cultural biases than other members of the general public" (Pedersen, 2000). Finally, Bemak and his colleagues speak to the importance of the therapist's ability to understand and work with survivors of trauma. This requires a willingness to work with literature and professionals from a host of disciplines, including psychology, counseling, anthropology, psychiatry, public health, social work, and sociology. The helping professional must also be acutely aware of his or her reactions to the stories shared by some refugees, which will often be graphic and may recount horrific stories of trauma and violence. The helping professional must be prepared for their own reactions to these stories to be able to foster hope and provide support for the refugee client. Once again, a willingness to abandon Westernized methods of treatment for PTSD is necessary with this population. Through their work with Southeast Asian refugees, Kinzie and Fleck (1987) identified eight universal components of specific interventions designed for refugees with PTSD. The first component is that the therapist insure that the therapy take place in the least threatening environment possible. For example, female survivors of rape may prefer to have a woman available and present during the therapy. Second, therapists must be aware of the importance of avoidance behaviors for clients, as this behavior may have proven, over time, to be an effective means for keeping oneself safe or suppressing painful memories and experiences. The denial of these experiences may make clients seem unaffected by their experiences, and this is almost

never the case. Third, the helping professional should expect an outpouring of emotion and must convey comfort with these emotions as they are expressed. Fourth, due to the nature of post-traumatic stress disorder, it is likely necessary that the relationship be long-term in therapy. Given the constraints of our current system, this can be difficult, but it is understood as necessary in working with survivors of trauma and torture. Fifth, some issues are more salient to the client than others, and it is important to have the skill to help the client determine which issues are most salient and provide relief for these issues first. Kinzie and Fritz recommended that the sleep disorders and depressed mood that are often symptoms of PTSD should be recommended first. Sixth, helping professionals must help their clients understand that some symptoms may increase once therapy begins and should help the clients link this increase to life events and empower the client to recognize this connection. Seventh, it is recommended that the helping professional help the client to access resources available in the community that may help to associate the stressors related to the acquisition of resources and financial stress. Additionally, helping professionals benefit from the willingness to utilize their client's religious or spiritual beliefs in coping with trauma and healing, as the client benefits from this as well. Finally, Kinzie and Fleck recommend using an existential approach to working with clients who have experienced catastrophic stress and/or brutality. Bemak and his colleagues point out that there may be times when there is nothing to do or say in therapy, and at these times the therapist should just sit and remain with the client in silent companionship. "In the end no words can heal and at times nothing can be added to what has been done or said. Death and the value of life become constant concerns and themes interwoven with life problems of the survivor. Admitting this and helping face it with the client can be one of the most useful and rewarding aspects of therapy" (Bemak et al, 2003).

One particularly salient piece of the MLM model is the emphasis and understanding of the therapeutic alliance as a two-way interaction. Inherent in this belief is an understanding of the therapeutic relationship as egalitarian; helping professionals who work with refugee clients must view the client's self-knowledge and pre-existing skills to be as valuable as what is offered as a result of therapy. This is similar to the shift in thinking from acculturation being a linear process in which a "native" individual would be fully acculturated to the host culture to the modern thinking in which the host community is deeply influenced by the presence of the newcomer culture just as the newcomer is influenced by the host culture, and that each individual will adopt or value the culture of the host culture differently.

Imbedded in this understanding of therapist and client variables, the MLM model serves as a psychoeducational model that incorporates affective, behavioral, and cognitive intervention and prevention strategies that are rooted in cultural foundations and relate to social and community processes (Bemak et al, 2003). There are four phases to MLM, but no fixed sequence to implementation, and the levels can be used concurrently or independently. The four levels include mental health education, psychotherapy, cultural empowerment, and the integration of western and indigenous healing methodologies.

Mental health education focuses on educating clients about mainstream mental health practices and interventions. Critical at this level is the establishment of the therapeutic relationship, which has been recognized as an essential component of effective therapy (Wohl, 2000). Bemak and his colleagues point out that refugees may need more time than Westernized clients to explore and discuss mental health practices, because they are likely less familiar. Mental health education includes the provision of information, education, and clarification for the individual, family or group about the process of psychotherapy and the mental health

encounter. It is important during this period to be mindful of the pre-migration distrust that follows many refugees and may make them more reluctant than Westernized clients to engage in therapy, and may cause resistance and fear in psychotherapy

The second level, psychotherapy, is easily understood as the Western notion of psychotherapy. Here, the application of traditional individual, group and family interventions are delivered in considered and culturally responsive ways. Here the helping professional may utilize cognitive-behavioral therapy, which has been shown to be effective with refugee clients (Bemak & Greenberg, 1994; Egli, Shiota, Ben-Porath & Butcher, 1991), or storytelling and expressive arts techniques, which have been shown to be efficacious with previously traumatized children (Pynoos & Eth, 1984). Family therapy has been shown to be effective (Bemak, 1989; Szapocznik & Cohen, 1986) and "other techniques that may be employed in counseling include gestalt, relaxation, narrative therapy, role playing, and psychodrama" (Bemak et al, 2003). At this level of intervention, the helping professional must be aware of how his or her client, and refugees from different cultural groups, conceptualize mental illness and express their distress before diagnosis and subsequent treatment can take place.

The third level, cultural empowerment, is focused on helping refugees to gain a better sense of cultural and environmental mastery. Refugees presenting for mental health services may have a host of immediate survival needs not related to therapy, such as the need for an increased understanding of how systems work, how to access needed services, or where to go for certain problems related to "education, finances, health, or employment…[these issues] must be resolved before other psychological problems can be explored" (Bemak et al., 2003). A key issue with cultural empowerment is helping one's client to develop the skill set involved in dealing with racism, discrimination and oppression, as these are so often encountered in the resettlement

country. Helping professionals need to be willing and invested to advocate on behalf of their clients while their clients are becoming empowered to advocate on behalf of themselves.

The fourth and final level, the integration of Western and indigenous healing methodologies, may be the most demanding for the helping professional. It has been acknowledged by the World Health Organization (1992) that the integration of Western traditional mental health practices with the indigenous practices of the individual client results in more effective mental health outcomes. Four approaches of indigenous healers have been identified, including magic healing methods, counseling, medications, and physical treatments (Heigel, 1994). The MLM suggests that helping professionals should explore indigenous methods only when the client initiates the discussion or when it is clear from the background of the individual that this kind of intervention would be beneficial. One cautionary note at this level is that not all indigenous healers are legitimate, so the helping professional must be mindful and discerning before collaborating with other individuals in the healing process.

One of the research questions in this study is to examine the effectiveness of the MLM in working with refugee clients. While several of the components of the model are tremendously well-grounded in research, the model itself has little outcome data to support it. The method of research for this study, the Delphi study, should be successful in gleaning the prevalence of this method and its effectiveness. Additionally, the Delphi method employed in this study should glean information relative to the broader perspectives of best practices with refugee populations, including not just clinical interventions, but research and training of professionals as well.

As was mentioned previously, much of the research on refugee mental health has been rooted in western notions of health and well-being. In their development of the MLM model, Bemak and his colleagues highlight the importance of psychosocial adjustment and adaptation in

the refugee experience. Protective factors can be understood as "conditions or environments capable of encouraging the development of individuals and groups, while generally reducing the effects of unfavorable conditions" (Gomez, 2004). To date, protective factors in refugee mental health have received very little attention in the psychological literature (Barwick, Beiser & Edwards, 2002), resulting in a dearth of evidence-based interventions that could positively impact refugee adjustment. Previous research has found that "stress is only likely to have a strong effect on susceptibility to illness among individuals who score low on internal locus of control, self-efficacy, hardiness, and sense of coherence and who have a low level of perceived social support" (Ekblad & Jaranson, 2004). Individuals, then, who demonstrate or endorse an internal locus of control, high levels of self-efficacy, hardiness, and a sense of coherence are less likely to experience the deleterious effects of a stressful situation such as migration and resettlement, and are more likely to be efficacious in problem solving and emotion management. Self-efficacy is an example of a protective factor that can buffer the effects of stress, and may increase an individual's sense of control.

The construct of self-efficacy is derived primarily from western research literature, but there is a good deal of evidence to suggest that it is a universal construct as well. Self-efficacy is "the belief in one's capabilities to organize and execute the sources of action required to manage prospective situations" (Bandura, 1986). Self-efficacy is also often described as personal agency, and contemporary research suggests that general self-efficacy is a universal psychological construct, having implications for psychological well-being across cultures (Luszczynska, Gutierez-Dona, & Schwarzer, R. (2005); Schwarzer (1993)). General self-efficacy can be defined as the "belief in one's competence to tackle novel tasks and to cope with adversity in a broad range of stressful or challenging encounters" (Luszczynska et al., 2005). A study published

in April of this year suggests that there are significant associations between general self-efficacy and personality, well-being, stress appraisals, social relations and achievements; nearly 9,000 participants from five countries provided evidence for an association between self-efficacy and these variables, regardless of culture or language of origin, indicating that general self-efficacy appears to be a universal construct that yields meaningful relations with other psychological constructs (Luszczynska et al., 2005).

While there is evidence to suggest that self-efficacy is a universal construct and therefore has potential to be a universal protective factor, a search of the literature on the CD-ROM PsycLit yielded only two quantitative studies on self-efficacy and refugees, with contradictory results. A 1999 study examined the relationship between posttraumatic stress disorder (PTSD) and perceived self-efficacy among Bosnian and Croatian refugees and the authors hypothesized that those participants endorsing symptoms of PTSD would return lower measures of perceived self-efficacy. In fact, non-traumatized participants demonstrated lower perceived self-efficacy than did their traumatized counterparts (Ferren, 1999). The authors concluded their study suggesting that surviving traumatic experiences and preserving social support networks may be protective factors for maintaining high levels of perceived self-efficacy.

In 2000, the psychosocial problems and mediators of mental health were investigated in an adult sample of Malawian returnee refugees. Generalized self-efficacy was a significant predictor of mental health as measured by the number of visits to health care professionals; Additionally, generalized self-efficacy was significantly lower among participants who had experienced (or reportedly experienced) more trauma, (Gillespie et al., 2000), which contradicts the earlier findings that suggest that self-efficacy is enhanced by traumatic events. In either case, the construct of self-efficacy presents as a useful moderator for well-being and mental health,

regardless of cultural context. For this reason, it is hypothesized that participants reporting higher levels of generalized self-efficacy will endorse lower levels of psychological distress.

The congruence between expectations and reality is another dimension of the refugee experience in which it seems Counseling Psychology could have an impact. Expectations seems to play a significant role in shoring-up a person for challenges that lie ahead. In 2003, a study of caregivers for dementia patients in Canada highlighted the impact of unmet expectations on the caregivers' perceptions of support and social interaction. Disparities between expected support and the reality of support, as well as disparities between expected social interaction and the reality of social interaction had a greater impact on caregiver satisfaction than did the actual amount of support and social interaction. In sum, the congruence between expectation and reality played a more significant role in caregiver's feeling supported than did the actual level of support (Neufeld & Harrison, 2003).

Previous research has identified disappointed expectations as having deleterious effects on refugee resettlement and coping. A 2000 study conducted by researchers at The University of Dublin investigated psychosocial problems and mediators of mental health in an adult sample of Malawian returnees, or refugees returning to their country of origin (Gillespie, Peltzer, & MacLachlan, 2000). A semi-structured interview was included in the research design of The University of Dublin study, and 14.8% of the participants cited disappointed expectations as a key issue affecting their resettlement. These participants reported anger at the failure of the government to create a mechanism for meeting financial and material needs; many of these participants suggested that they "had expected a lot more, that they had come to Malawi with hopes and dreams to 'help rebuild the country'." Expectations identified in this study varied from loans to amounts of money given as "gifts" (Gillespie et al., 2000).

A second study, conducted in 1988, examined the resettlement process of Polish and Czech refugees settling in Boise, Idaho This study highlights the finding that, to many refugee families, the most crucial variable in successful adaptation to America was employment status. Approximately 75% of the respondents in this study had high economic expectations, and disappointment in the American economy and unemployment rate ranked highly among their chief complaints regarding the relocation process. Almost all the refugees reported feeling anxious about their economic security, and eighty percent endorsed a belief in "the American Dream" (Baker, 1998). The findings of this study are consistent with the reports of the group participants in 2004 and 2005, and indicate that expectations about economic security and the reality of the American economy play a significant role in moderating relocated refugee mental health.

One might hypothesize that the refugee's quality of life pre-migration may result in lowered expectations for future care. Kristina Urbanc (2000) considered this question in a study that examined optimistic perceptions of the future among refugee adolescents in Croatia and compared those with a non-refugee control sample. In contrast to her assumption, refugee youth perceived their future in more optimistic ways than did controls. It may be important to consider that high expectations can play both a protective role and a deleterious role at different points in the migration experience. Could effective pre-migration education about the realities of the migration process serve a protective role in the resettlement process?

Why Counseling Psychology?

Stress is inherent in the changes resulting from human migration of any kind. Individuals relocating to a new and unpredictable environment often experience acculturative stress (Berry, 1980). The individual must cope with the loss of people, objects, and customs while learning to navigate a new environment. Migrants must also incorporate the relocation experience, including feelings of grief and loss, into a new identity lest they remain fixed in a process of mourning for their previous existence (Volkan, 2004). Berry's (2003) theory of acculturative stress identifies several aspects of stress experienced by individuals relocating to a new culture. Individual characteristics, acculturation strategies, characteristics of the original and new cultures, and phase of the acculturation process are variables that may affect the level of stress experienced by relocating individuals. The experience of encountering a new culture is inherently stressful (Berry, 2003). Refugees experience forced acculturation while often enduring multiple traumas and uncertainties. The adjustment process and resultant stressors can result in both positive and negative psychological outcomes. Previous research has examined these outcomes (DeJong, Komproe, van Ommeren, El Masri, Araya, Khaled, et al., 2001; Keyes, 2000). However, research has been dominated by Western medical approaches that focus on risk-factors and reactive treatments (Miller and Rasco, 2004).

The process of psychosocial adjustment experienced by refugees is inherently a developmental process. Each new event in the pre-migration, relocation and post-migration sequence demands an increasingly complex skill set from the individual, the family, and the community at large. The physical and psychological demands placed on the individual refugee are tremendous and extraordinary, no doubt, but there is great potential in recognizing these demands as inherent in the refugee experience and developing preventative strategies to enable

the refugee to recognize the need for relationships, develop confidence in their own ability to maneuver through the process of resettlement, experience realistic, well-informed expectations of the resettlement process, and recognize the possibilities for support in the existing structure of mental health services. As Counseling Psychologist's, in addition to our skill in working with a range of psychological disorders, we are uniquely posed to promote mental well-being in the refugee population, as we are skilled in understanding the process of development, we are comfortable taking a strengths-based preventative focus in our work with clients, and because we actively value the multicultural perspective that enables us to work effectively with culturally diverse group of clients, which enables us to work with a client who is making sense of their increasingly divergent cultural experiences and understand a framework for thinking about the world that will likely vary widely from our own. There is particular strength in our ability to work with refugee clients from a preventative approach. While there are tremendous number of stressors and extraordinary circumstances inherent in the refugee experience, being a refugee is not a mental health condition in itself, and being a refugee does not necessarily equate to poor mental health outcomes. A host of individual factors contribute to resiliency in the refugee population: social support (Smith, Beiser & Miwani, 2003; Simich, 2003; Behina, 2004; Hays, 1991; Koracev & Shute, 2004), self-efficacy (Campbell et. al., 2005), motivation, flexibility (Bemak et al., 2003), informed expectations and faith (Campbell et. al., 2005). Once refugees have been successful in beginning the resettlement process, they have already demonstrated tremendous resiliency, tenacity, and endurance. As Counseling Psychologist's, our willingness to approach our work with our clients from the perspective of pre-existing strengths enables us to capitalize on an individual's personal resources in the therapeutic process, and may enable us to better establish an egalitarian relationship with our clients, which is actively valued in our

profession, and will enable us to form an alliance with the client that may not be as tenable if approached from a more traditional, Westernized stance on psychotherapy.

CHAPTER 3

METHODOLOGY

The purpose of this chapter is to outline the methods and procedures that were utilized in collecting the qualitative data that informed the construction of suggestions for interventions in refugee mental health. The procedures included the completion of three interviews with individuals identified as experts in Counseling Psychology and the mental health of refugees, the identification of a pool of experts in the field of Counseling Psychology working with refugee populations, the preparation of a Delphi questionnaire that was completed by three respondents, the necessity to complete the study with qualitative methodology based on questionnaire response rates, and the management and interpretation of data.

Interviews

Per consultation with my major professor and dissertation committee, three interviews were completed via telephone with professionals identified as experts in respect to their experience with refugee populations and refugee mental health. The purpose of these interviews was three-fold. First, the intention was to identify whether or not the dearth of research on refugee mental health was as significant as was observed by this researcher; as was stated previously, earlier research had yielded little information on the mental health of refugees. Second, the information gleaned in the interviews was utilized to guide the development of the questions included in the Delphi Questionnaire. Third, the interviewees, being seen as experts in their field and in the provision of mental health services to refugee clients, were instrumental in developing a pool of potential respondents to the Delphi questionnaire. Interviews were conducted with Dr. Kathryn Norsworthy of Rollins College in Winter Park, Florida; Dr.

Lawrence Gerstein of Ball State University, Muncie, Indiana; and Dr. Rex Stockton, Indiana University, Bloomington, Indiana. Transcripts of two of these interviews, those with Drs. Gerstein and Norsworthy, are included in appendices A and B in this manuscript. Technical failings on the part of this researcher, specifically the failure to turn up on the volume on a telephone recording device, made the transcription of the interview with Dr. Stockton unavailable. Hand-written notes completed by this researcher are available and were used in the development of questions in the Delphi questionnaire and in the identification of qualified respondents for the Delphi study, as stated above.

The Delphi Method

The proposed method of research for this study was the Delphi method. The Delphi group approach is a technique for gathering data that is similar to focus groups. Its value is that unlike focus groups, Delphi groups do not have to physically meet. The Delphi technique is a method of generating ideas and facilitating consensus among individuals who have special knowledge to share, (in this case Counseling Psychologists), but who are not always in contact with each other. Delphi study carefully selects individuals who have knowledge necessary to analyze a specific problem (Nehiley, 2001).

James Nehiley writes "Most often, Delphi studies are conducted through the mail, by email, telephone, and sometimes by personal interviews…initially, the participants do not interact with each other. Through the efforts of one facilitator, who serves as a clearinghouse, the panelists see and react to each other's ideas. Through a series of surveys, they share and generate new ideas based on an emerging consensus among the panel members (Nehiley, 2001).

The Delphi technique is recognized as an innovative way to involve busy experts and specialists who may not be able to come together to brainstorm, but who nevertheless need to interact with each other to generate new ideas. The objective of the Delphi study is to engage a group of experts in a process of coming to agreement without necessitating their leaving their usual domain. The expected outcome of the Delphi process is that it will lead to an agreed set of guidelines and/or recommendations that includes the input of all relevant areas of expertise, regardless of how geographically far-flung this network might be.

The strengths of the Delphi procedure include it's allowing the sharing of ideas and consensus decision-making by a large number of stakeholders who are geographically distanced, its usability when an issue is complex, its effectiveness in producing a consensus decision, its ability to provide a transparent and democratic technique, and, finally, the convenience it offers to participants, who can contribute from their office or home.

The limitations of the Delphi study are primarily related to the time and energy they require to complete successfully. The process can be expensive to run, and large amounts of date typically need to be assessed and distributed. The process can take several months for the organizer(s) and participant commitment can falter if the process takes to long or if they have other commitments. This latter concern played a significant role in this research.

The Delphi Process

It was determined at the outset of this study that the Delphi survey would be limited to three iterations or "rounds". This was determined by previous Delphi research that indicates that three iterations are typically sufficient in gathering the necessary detail to form robust conclusions about the area of focus for the study (Nehiley, 2001). As may be expected, the

number of necessary iterations vary widely depending on the number of participants and the nature of their responses as well as the nature of the research questions. A second factor in determining the number of iterations for this study was consideration of the respondent pool; by utilizing respondents who had been identified as experts in both the field (Counseling Psychology) and in the provision of mental health services to refugees, the time constraints of these participants had to be taken into consideration. All of the identified respondents are faculty committed to research, teaching and advising, and, due to their professional interests, many were continuing regular commitments to clinical work and travel. With this in mind, participants were informed of the projected three rounds in the cover letter included with the survey. It was considered desirable to commit in advance to the number of times that respondents would be presented with items. Previous research indicates that fatigue is a real factor in Delphi studies (Nehiley, 2001). Had the respondents believed that they would be asked to respond indefinitely until all items were resolved, the return rate would likely have been even lower than it was.

Round One, The First and Last

E-mail correspondence, including the cover letter and the intended round one of the Delphi questionnaire, was sent to twelve would-be participants on June 20th, 2006 with a requested return date of July 15th, 2006. Five would-be participants responded within a week indicating interest in participating in the study but regret in that the timing of the study was difficult for them; several stated that they had just finished a busy semester and/or were preparing for travel related to their research; one would-be respondent was anticipating a sabbatical. These respondents indicated that their participation at the end of the summer would render them more available for participation. One would-be respondent indicated at this time that

he felt unqualified to participate citing limited exposure to refugee groups; this individual stated that he had only worked with a single refugee population and suggested contacting professionals at The Center for Victims of Torture in Minneapolis, Minnesota. E-mail contact was made with this organization on June 26th, 2006 and the requested response rate was kept at July 15th, 2006. Two individuals responded on behalf of The Center for Victims of Torture. One cited the constraints of his work schedule as a reason for non-participation, but suggested resources that were cited in the literature review for this manuscript. The second indicated an interest in participating but did not respond to the questionnaire by the response date. On July 16th, 2006 a reminder-email was sent to all would-be respondents with no responses, save for the individual at the Center for Victims of Torture, who indicated that she was overwhelmed with work at the present time and could no longer participate. Per consultation with my major professor, and based on the information provided from the would-be respondents, it was determined that a second attempt would be conducted in August following the APA convention. A meeting was set-up during the APA convention with Dr. Lawrence Gerstein, who had participated in the interviews at the outset of this study and who had served as an advisor to a doctoral student in the Counseling Psychology program at The University of Georgia in 1984 (Dr. David Brooks, Jr.) who had completed a Delphi study for his dissertation research. Dr. Gerstein and I met at the APA convention in New Orleans and he suggested utilizing the APA convention program for identifying professionals working with refugees. This would necessitate broadening the response pool to professionals outside the discipline of Counseling Psychology, an issue that was discussed at my dissertation proposal in January 2006. As such, this was determined to be useful course of action and three professionals within the field of Psychology were identified as potential participants.

A second attempt of round one was conducted in September of 2006. Three would-be respondents indicated that a date later in the semester would make it more likely that they would be able to participate, and one suggested putting the Delphi questionnaire online. At a meeting with my major professor in early January 2007 it was determined that Survey Monkey, an online data-collection resource, would be a viable resource for this study, and in March of 2007 a third attempt at the Delphi Questionnaire was made. This time, fourteen would-be respondents were contacted, including eleven of the original twelve individuals identified for participation and three additional individuals identified in the APA convention program. The email correspondence in this instance was sent on March 12th, 2007 with a requested response date of April 19th, 2007. Three respondents completed the online questionnaire within a week. Two would-be respondents indicated that they were busy with the end of the semester, would like to participate, but did not anticipate being able to complete the survey until the close of the semester in June. One would-be respondent indicated that he was traveling and would not be able to respond until Mid-May, 2007. I thanked this individual for his response and stated that his participation would be welcome and appreciated in May, and, as of this writing, that individual has not responded.

When this study was conceived, my major professor and I determined that eight to ten respondents would be sufficient to make recommendations about future clinical work, research and teaching related to refugee mental health. While the information gleaned from the three respondents was substantive, it was determined the Delphi method would be discontinued due to the low response rate and that qualitative methods would be utilized for the completion of this particular study. Thus, a transition from the Delphi approach to a qualitative analysis was made.

Qualitative Research

Three factors determined the qualitative methodology for this study. First, the nature of the data obtained thus far through interviews and the Delphi method seemed best suited to Discovery-Oriented qualitative research. Second, previous research conducted by this researcher with refugee populations yielded substantive implications and was grounded in Participant-Action theory and Discovery-Oriented qualitative research, resulting in familiarity and comfort with these methodologies for this researcher. Finally, appreciative inquiry was chosen as a methodology for this qualitative research based on this researcher's familiarity with and appreciation for this methodology.

Discovery-Oriented Qualitative Research

Discovery-Oriented qualitative research is consistent with most qualitative research in that the initial step is reading the data at hand, in this case, interview transcripts and responses to completed Delphi questionnaires. For the purposes of this study, the initial reading sought to gain an understanding of whether or not the questions addressed in the interviews and questionnaires did indeed address the research questions. In this case, as stated above, the research questions sought to address best practices in research, training and clinical work, and sought to investigate both inhibitory conditions as well as facilitative conditions to this end. Detailed in the fourth chapter of this manuscript, the first reading did indeed indicate that the questions addressed in the interviews and Delphi questionnaire were consistent with the research questions put forward by this researcher.

The goal of the second and third readings was the discovery of inherent themes in the interviews and response set. These readings were conducted a week a part and this researcher

kept separate notes at each reading to avoid, as much as possible, the search for consistency in one's initial impressions of the data. At the conclusion of the third reading, a second reader was engaged for the purposes of consistency in theme. The second reader was a colleague and fellow intern at The University of Kansas who agreed to participate and was instructed to read the interviews and response set with attention to any themes inherent within. The second reader is currently a doctoral-level intern completing her APA internship at The University of Kansas' Counseling and Psychological Services. She is a doctoral candidate at The University of Northern Colorado and is completing a quantitative dissertation on alcohol use amongst college students at her home university. Again, detailed in the fourth chapter of this manuscript, the second-reader identified themes consistent with those identified by this researcher.

The fifth, sixth and seventh readings were completed by this researcher for the purposes of addressing specific research questions related to best practices in research, teaching/training, and clinical work. There was substantive information addressing each of these areas, and, consistent with earlier readings, notes were taken on each occasion and not referred to again until the conclusion of subsequent readings. Several themes stood out that now from the structure of the presentation of results in the fourth chapter of this manuscript.

Finally, an eighth reading was completed after the initial write-up of the results, to check for consistency over time.

CHAPTER 4

RESULTS

The purpose of this chapter is to present the results of the study. Characteristics of the panel of respondents will be described first, followed by a presentation of the results organized by five major themes and related sub-themes.

Characteristics of the Respondents

Of the 15 individuals who were contacted and invited to participate in the study, 6, or 40%, actually did so. Three of those respondents participated via telephone interview, as detailed above, and three participated by completing the Delphi Questionnaire online. In the results (this chapter) and discussion (Chapter 5) to follow, all information was gleaned from the six participants only.

Gender of the Respondents

The gender of the respondents was equally distributed, three female, three male.

Work Settings of the Respondents

Four of the respondents worked primarily in academia, including a research extensive university, a research intensive university, and two smaller institutions that were identified as teaching-oriented. One respondent works in a hospital leading a research team on trauma. One respondent is a pre-doctoral intern at a university counseling center. All six respondents identify as Counseling Psychologists, and frequently couched their responses in their professional identities and commitment to multiculturalism.

Extent of Clinical Work with Refugee Populations

All six respondents had worked clinically with refugee populations within one calendar year of the response; four identified clinical work with refugee populations as a frequent occurrence in their professional life. The refugee populations served varied widely, including refugee populations in Burma and Southeast Asia, displaced Tibetan refugees in New York State and throughout the United States, displaced African refugees residing in refugee camps within the African continent, African refugees, (Liberia, Somalia) residing in The United States, and Afghan and Iranian refugees residing in The United States. All six respondents had experience with additional refugee populations but had worked primarily with the above-listed populations within the last calendar year. One respondent identified as a refugee herself.

Implications for Clinical Work

Moving Away from the Western Stance

100% of the respondents agreed that traditional models of psychotherapy and counseling, those in which the practitioner takes an "expert" stance, are counterproductive in clinical work with refugees. Phrases such as "stepping away from traditional modalities" or "avoiding power-over strategies" were included in the responses. Traditional models were often described as "Western" and these were seen as short-sighted and even counter-productive, e.g. "Typical Western helping strategies and interventions focus on the individual, but once the individual is separated, whether by the refugee experience or by well-intended Western helping practices,

increased stress and pathology are more likely." "Authoritarian, power-over, interpretive methods are not as effective and in fact, are counterproductive."

The Power of Groups

All six respondents endorsed the potential inherent in community and group-oriented approaches to intervention. "I believe the systems or community approach can be very effective. Once our refugee support group disbanded, I was told of community dynamics that seemed to have doomed the group's cohesion from the start. Psychologists working with refugee populations might benefit from learning about and becoming involved with local populations that might support refugees. In the absence of an existing community, the psychologist might try to facilitate community building through participant action groups." Two respondents addressed the communities of which refugee populations become a part: "Communities that accept diversity and appreciate what refugees have to offer [facilitate successful work with people with transnational identities]." "Hostile climates in the community and the political system [inhibit successful work with people with transnational identities]."

Specific Interventions in Clinical Work

Five of six respondents endorsed or cautioned against specific interventions in clinical work. Those interventions endorsed as useful included efforts intended to increase social support, efforts at serving as a cultural broker on the part of the practitioner, group therapy (this intervention was endorsed by all six respondents), case management or interventions addressing specific physical needs, interventions grounded in Systems theory, life-skill development efforts such as problem-solving and basic listening skills, psychoeducation, meditation practices, and

other cognitive-behavioral strategies. Practices that are viewed as community oriented and those which involve the population served are seen as particularly salient. To wit: "Supporting communities in accessing indigenous methods of support and assistance, including from their spiritual and folk traditions, are very important."

Specific interventions seen as counter-productive or even destructive were systematic desensitization, those interventions that ignored "presenting issues of basic material and physical needs common to refugee adjustment…including grief, separation, frustration, and anger, which were common experiences." "Inhibitory conditions include an ethnocentric approach to helping refugees, ignoring systemic issues, remediating rather than proactively addressing discrimination, and assuming that a therapist can practice CBT with any old client that comes along." One respondent spoke to the importance of identity construction as "an active process that will become a common theme in therapy as globalization continues."

An Ounce of Prevention…

All six respondents spoke to the power of proactive or preventative approaches in mental health work with refugees. Specifically, two respondents spoke at length about the importance of adequate orientation programs for refugees prior to relocation and at the point of entry into the host culture. "I think that it is important to address the challenges of the relocation process as early as possible." "Normalizing the adjustment process [facilitates successful work with refugee populations]."

Implications for Training Practitioners

Diversifying the Curriculum

All six respondents spoke to the need of expanding multicultural training within our training programs. “I am not sure traditional students will get adequate training to work with this population. I am not sure that training programs will step away from traditional multicultural courses to cover these populations. True training would have to cover socio-political training that might be best covered through courses in non-Psychology programs, e.g. international studies, studies of countries and continents outside of the U.S.” Similarly, in speaking to a question about an ideal training program during the interview phase of the study, one respondent replied, “It would include a cross-disciplinary program of study, taking classes in Anthropology, Political Science, Economics, as well as multicultural psychology classes.” Suggestions included directed readings on globalization and specific cultures, “having exposure to international cultures and populations, through reading and viewing films…” “I think the international piece will be, you know, kind of in the core of the multicultural counseling movement.”

Group Theory and Practice

If groups are seen as one of the most effective approaches to intervention, it would follow that effective training in group theory and practice would be useful in preparing practitioners to serve the refugee population. “The foundation of my training definitely [prepared me for this kind of work]. You know, I’m a graduate of Georgia also, and when I was there, there was a really strong emphasis placed on understanding groups and running groups. Almost all of the

faculty were group specialists, so you know we developed an appreciation for group behavior, unique group behavior, all that kind of stuff—so, having that foundation was very helpful."

Community Engagement

All six respondents spoke to the importance of an international education, not just in the curriculum, but through significant involvement with cultures that are different from one's own. "The single most important thing [in working with refugee populations] is having a very good background in that culture." Suggestions included in-dwelling in communities in The United States, and, as was suggested by all respondents, traveling, including a mandatory study abroad situation for all students. An additional suggestion endorsed by two respondents was the importance of having international students within a graduate program. "I think that we'll see a greater increase in international students in our programs." Two respondents, within the context of the interviews, spoke to the challenges of internationalizing the curriculum within the current training demands and training structure in Counseling Psychology doctoral programs. One respondent spoke of his program's efforts to mediate this challenge by offering summer programs abroad and through the structure of a cognate of study, in which a student takes approximately eight courses within a sub-discipline of interest. At this particular institution, one cognate is an international and multicultural emphasis.

Implications for Research

Innovations in Methodology

Two research methodologies were named in particular by over half of the respondents. Those named included Participant Action Theory and Liberation Theory, also frequently referred

to as Liberation Theology. Both of these theories are predicated on the idea that research can serve as a catalyst for social and political action, and several respondents spoke to the responsibility and power of research as a tool for social justice and social change. "I think psychologists will become involved at the systems level through government, NGO's, and healthcare positions to positively address the refugee issue." Additionally, both theories require that the populations served are at the helm of identifying areas for growth and designing interventions, making the client the active participant in their own care. "…multiculturally informed interventions [should be] constructed with clients rather than 'on' them." "In the absence of an existing community, the psychologist might try to facilitate community building through participant action groups. Caution should be taken that refugees aren't grouped together based on assumptions about common bonds—as in all interventions, clients should drive the process."

International Collaboration

A question in both the interview phase of the study as well as the Delphi questionnaire in the study was related to future trends. Several respondents spoke to the need for and likely increase in international collaboration. "[I predict] more international collaboration, meaning that we'll collaborate more with the folks from overseas. I think that we'll then have better access to publications from overseas." This same respondent then spoke of the International Section of Division 17, Counseling Psychology, of The American Psychological Association. That section was in its infancy at the time this interview was completed, but has since become very active and cites, amongst its goals, increased collaboration between mental health professionals around the globe.

Facilitative Conditions for Working with Refugees

All six respondents provided responses to the questions related to facilitative conditions, and there was general consensus on a theme of valuing diversity. "Facilitating conditions include an atmosphere (personnel, systems) that value diversity, empowering refugee 'clients' to become involved in designing and implementing helping strategies, and normalizing the adjustment process." There is an identified need for increasing the availability of international mental health training opportunities for working professionals as well as students. Specific factors that facilitate successful work with refugees were also listed, including the client's education level, their familiarity with the host culture, their ability to travel as an intact family unit, and the degree of trauma.

Inhibitory Conditions for Working with Refugees

One respondent spoke specifically to the inhibitory function of time constraints, though the response rate of the identified experts speaks to this truth as well. "One issue is this: our mandate is a very broad profession, it's time consuming, and difficult to serve all the different populations." This professional suggested a re-structuring of academia that would allow for a more singular focus during a specific time period, e.g. "when focusing on clinical work, being allotted more time for that specific task." This same respondent spoke of the limitations of financial resources for those serving refugee populations; "…limited funding not only inhibits the well-being and acquisition of resources for the refugee client, but also inhibits the work of the professional, often finding it necessary to provide one's own funding for this kind of work

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this chapter is to summarize the results of the study, to draw some tentative conclusions, and present recommendations for future research. Among the recommendations is a plan for continued study and the eventual goal of contributing to the development of best practice guidelines for working with refugees. Best practice guidelines have been the mandate of The American Psychological Association and a particular commitment for Counseling Psychologists, particular those seeking to infuse multicultural theory and practice into the development of these guidelines.

Summary

The purpose of this study was to develop a greater understanding of current and future trends in mental health work with refugee populations and to examine Counseling Psychology's response to the growing number of clients with transnational identities, and, specifically, the refugee population, who represent the most psychologically vulnerable of transnational populations. The means by which this study was accomplished was through qualitative data collection through interviews and a single-round Delphi study. The Delphi technique was modified for this study due to insufficient response rates.

Prior to the interviews and the Delphi questionnaire, current theory and practice, specifically a single model, the MLM model (Bemak, Chung & Bornemann, 2003) for mental health interventions with refugee populations, were abstracted from the literature. It was immediately significant that there was a dearth of research on refugee mental health, specifically within the psychological literature. The goals of the study at this stage were therefore broadened

to examine not only current trends in clinical work with refugees, but current and future trends in research and training as well. Results indicated a general increase in the emphasis on international training and research in the age of globalization, as well as an increase in the need for qualified practitioner and responsible interventions for those practitioners working with refugee populations.

A group of fifteen experts were identified as potential respondents to the study. These individuals had either published in the refugee mental health literature, were identified by colleagues through the interviews conducted at the outset of the study, or were self-identified by this researcher on the basis of prior knowledge of their work for prior research on refugee mental health.

Interviews were conducted in March of 2006. Five requests for interviews were made and three were completed. Based on the information gleaned in the interviews and the existing literature highlighted above, a fifteen-item Delphi questionnaire was developed. Per consultation with the researcher's major professor and a research advisor at The University of Kansas, the Delphi Questionnaire was shortened to ten questions. The content sought in the original fifteen questions remained intact, the information was just sought in a more concise form in an effort to expedite the response process for the participants. The first effort at collection was made via e-mail in June of 2006. Responses indicated poor timing of the survey and the survey was placed on-line for user access and ease. Two subsequent attempts were made at data collection with the Delphi methodology yielding three response sets in March and April of 2007. In response to the poor response rate, the information from the interviews and the Delphi questionnaires was approached qualitatively through Discovery-oriented methodology as well as the utilization of

Appreciative Inquiry to glean what had been most effective in the work of the respondents, previously identified as experts for the purposes of the Delphi method.

Multiple readings of the response set were utilized, first for the purposes of content validity in the questions presented and subsequently for the recognition of themes in the response sets. Five themes emerged with a number of sub-themes within each.

The first hypothesis suggested that those interventions considered to be effective will be those that are firmly grounded in recognizing the cultural values of the client's culture of origin and those that work with clients to critically evaluate the components of the host culture that the individual finds effective or appealing. This hypothesis was confirmed in the evaluation of the response set. Respondents spoke to the importance of the clinician being firmly grounded in multicultural theory and having had experiences both home and abroad in working with specific refugee populations. Suggestions for research included the partnering with communities and clients in developing interventions and in addressing client-identified needs. Consistent with this finding is support for the second hypothesis: That those interventions inconsistent with or unfamiliar to the culture of origin for the client will be less efficacious: the respondent's spoke to the limited value, and even the counter-productivity, of power-over interventions that single out the individual in therapy or have a problem-focus at their core.

A third hypothesis suggested that interventions that are recognized as preventative will include the bolstering of social support, the acquisition of resources, the demonstration of self-efficacy, the inclusion of pre-migration orientation programs, and the congruence of expectations of the relocation experience with the reality of the relocation experience for each individual. There was substantial evidence in the response set to confirm this hypothesis as respondents spoke specifically to the value of social support and the inclusion of one's community in

treatment, the requirement of attending to physical needs (resources) in doing this kind of work, and the inclusion, as listed above, of the participants as the designers of their own interventions, which speaks to the importance of self-efficacy. Additionally, two respondents spoke to the efficacy of responsible orientation programs, and this is suggested as effective in helping people to glean an understanding and set of expectations about the relocation experience.

Finally, it was hypothesized that the future of theory and research, as well as training and preparation, will include an increasing valuing of the multicultural approach that will include a necessary broadening of the definition of cultural competence. It is also hypothesized that Counseling Psychology training will need to increase efforts at international education, including training experiences abroad, and that this will occur among an atmosphere of increasing globalization and the increasing relocation of Americans leaving the United States and of transnationals entering The United States. This hypothesis was also supported in the response set, with all respondents speaking to the need for increased inclusion of globalization and international issues in the multicultural curriculum, and all respondents including community engagement efforts in the training of practitioners, both in-dwelling in communities within one's home culture as well as through studies abroad.

Conclusions

Overall, there was substantial evidence to support all four hypotheses included in this study. There is significant evidence to suggest that there will be both an increased need for and increased attention to issues of refugee mental health in the coming decades that will necessitate innovations in research and training as well as clinical work. Fortunately, there is substantial evidence to suggest a ground swelling of commitment to refugee mental health, and, more

broadly, the mental health of transnational identities. This is encouraging considering the trends towards globalization and the reality that we are now, and will continue to be, people with multiple identities. As such, Counseling Psychology seems as well poised as any discipline, and, due to it's commitment to multiculturalism particularly well-suited, to lead the charge.

Recommendations

The purpose of this section is to outline recommendations for further research and to present an argument for continued value in this line of research.

Exact replication of this study is not recommended. It would be of interest, however, to conduct studies with similar goals but with several modifications in methodology. Ideally, two replications of this study would be most useful, with one concentrating wholly on the qualitative methodology of Discovery-Oriented inquiry and the other successfully completing the original proposal of a Delphi study. In all worthwhile studies, there is the challenge of reaching both the breadth and depth desired; the qualitative approach yielded the richest results and proved the most time consuming approach in this study, while the Delphi method has the potential to reach large populations of professionals working in any given field and with any given population, but may yield less depth in the information gleaned.

As such, and despite the best efforts of this researcher, the questions are broad, as is the scope of the study. Either methodology focused entirely on clinical work within the refugee population or research efforts or teaching and training would yield more specific results. One benefit of including the three in one study is to see consistency within themes and to see the ways in which innovations in one area positively impact the others. Still, focusing on one

specific area would prove more manageable and may appear less daunting to future participant pools.

Future researchers would additionally benefit from broadening the study to other disciplines, including the medical field and the social work field as these professionals are likely to be working with refugee populations. Similarly, it would likely be a rich response set to include politicians and government officials in future studies. The implications of this study suggest a growing need for responsive and responsible interventions and suggest that few professionals will be untouched, both personally and professionally, by persons with transnational identities.

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Appendix A: Transcript of Interview with Dr. Lawrence Gerstein, Ball State University, Muncie, Indiana

"R" is Robyn Long, principal investigator for this study, and "G" is Dr. Gerstein

R: Gosh, about 2 and a half years now, and we started working with the international rescue committee in Atlanta and started doing a lot of clinical work, and then some subsequent research with refugee groups. And um, really have enjoyed that and I've kind of been leaning heavily towards doing my dissertation on refugee mental health and specifically kind of guidelines for practitioners.

G: Uh huh…

R: And Andy thought you'd be a great person to talk to about working with international populations.

G: Yeah, sure.

R: And um, I think, kind of my basic question is: do you know of anything in the works or, do you think guidelines for refugees are sort of a worthwhile pursuit at this point?

G: (clears throat) Um…I don't know, I don't know of any guide—of any guidelines. Um…I would suspect that if you contact APA, if you haven't already…They could tell you if there are such guidelines. Uh, also um, I noticed some of the other people in your email list that you sent the initial email to…people like XXX, and YYY, and ZZZ from (specific university)…they're gonna—they'll know for sure if there are any guidelines like that.

R: Ok.

G: I don't know of any.

R: And I did contact APA, and they didn't know of any.

G: Oh ok.

R: So um, that's exactly what I did and so that was helpful because at least they weren't aware if it's going on.

G: Ha, yeah…how about, did you contact anybody from the, uh, the international psych division of APA?

R: Um, outside of—I've been talking SSS because of her relationship with Andy—so outside of her I have not. But QQQ is on my list of people to talk to as well.

G: Uh huh.

R: So um.

G: Um, It's just I think—let me just look here real quickly—I think within that division, there's a section for a special interest group that's interested in, um, refugees.

R: Ok…ok.

G: So yeah, I think that be a good group to get a hold of.

R: Absolutely. Ok.

G: And um, while you ask me other things I'll look to see if there's anything here on their website about uh, such a group.

R: Great. I appreciate it. I'm a member of 52, but I, I haven't seen; but to be honest I haven't looked real closely to see whether or not, um, any one within 52 is doing that.

G: Uh huh, uh huh…yeah.

R: Ok. Well, have you had opportunities to work with refugees?

G: Uh yeah. I mean, I've been working with some Tibetans for a very long time. And um, in many different capacities.

R: Ok.

G: One, um, through my academic appointment, I've done some work over in India with uh, um, refugee school system for Tibetans.

R: Ok…and how is—kind of—if you were—and I'm just skipping ahead here a little bit based on that—but if you were designing kind of, best-practice interventions, um, if you were, you know were developing a guidebook for practitioners who were wanting to work with that population, what kinds of things do you think would be really important?

G: Um…well I think the most important thing is, um, you know, having a very, a very good background in the culture.

R: Ok.

G: And uh, the unique aspects of the culture.

R: Absolutely.

G: Um, not only, um you know a conceptual understanding, but a uh, um, you know life experiences, working with people from that culture.

R: Ok.

G: Um, and if it's a refugee group, then you definitely want to, um, have spent time with—in their country if you can.

R: Ok, yeah.

G: Um, and uh, you know, following from all of that, um, will lead to, you know, the kind of theoretical models you'd want to use and the interventions you want to use.

R: Right.

G: Um, I'm really quite sensitive about even adapting Western models to work with refugee populations because I think often times, um, they're not the correct approach…so.

R: That was definitely our experience in the groups we were working with when we started, um, they asked us to apply a model that they had already gotten a grant for, and it didn't seem appropriate to us from the beginning and didn't work, so we ended up kind of having to do, um, really a ground-up approach to developing new things completely, within each group...so.

G: Uh huh, yeah. So I think that you know, you need, you may need, um, um, different theories, new theories, uh, methodologies of assessment, methodologies of intervention. Um, I think also, that uh, um, our models of delivery are, uh, often not appropriate for them because they focus on individuals rather than communities or systems.

R: Ok. Right. So have you found that the things that you've done that have been community-oriented have been much more effective?

G: Yeah, absolutely. Yeah, yeah. And it's critical to involve the, you know, population in the conceptualization and the implementation of whatever it is you do, from the very beginning.

R: Ok. And, how have you—spending time in a country, and I know Andy's talked about spending time there, and certainly being open to new models—how have you gone about discovering the models that have been effective?

G: Uh, well, you know, a good deal of it just through, you know, talking with people, talking with the people you want to serve and finding out from them, you know, what um, what they need and um, what seems to have worked in the past….

R: Ok.

G: …and um, then you know, almost…doing focus-kind of group situations where you help them to um, identify um, what their needs are, and what the appropriate strategies might be to be of assistance.

R: Ok, that makes absolute sense. And have you found that your training prepared you for this, or does it really have to be things that you've done on your own?

G: Well uh…that's an interesting question. I mean, the foundation of my training definitely. You know, I'm a graduate from Georgia also. And when I was there, um, there was a really strong emphasis placed on understanding groups and running groups…and um, almost all other faculty were group specialists, so you know we developed an appreciation for group behavior, unique group behavior (in the warms)—all that kind of stuff—so, having that as a foundation was very helpful.

R: Ok.

G: And also, um…also I co-majored in Social Psych, so from that end of it I developed an, you know, an appreciation for different types of methodologies…but um, in terms of working with a specific population—refugees, or international clientele—I wasn't prepared for it at all.

R: Ok.

G: That just kind of evolved through my own interests and opportunities that emerged over the course of my profession.

R: Ok, and I know you're involved in training now; do you think it's a worthwhile pursuit to make working with international populations a training priority?

G: Oh absolutely, yeah.

R: Ok.

G: Yeah absolutely…I mean, for one, uh, our training program, you know—a number of training programs are, um, offering admission to international students, so they bring their own perspectives to the classroom, and to your program, and have unique needs. Second, you know

the international population is expanding here in the United States, so we're going to have to know, have to learn how to you know, respond to their needs.

R: I think that's a big issue at Georgia—you probably remember from your time here—but we've not um, taken international students…

G: Well, it's probably changed, 'cause when I was a student there, there were international students.

R: Oh great. Ok.

G: Yeah. But I think it's changed, and I think that uh, from what I gather now, they haven't been taking international students. So, you know there's been a schism in the field about…you know taking students from this population who uh—you know uh, taking people of color and different ethnicities from this population to serve the needs of, you know, people in the United States. But that model's going to change as—and especially in large cities where you have big numbers of um, folks not from the United States.

R: Right, right. Well if you—I know you're in a position where you're doing training now—but if you—I guess if I was going to ask you something about training it would be sort of your ideal program for training people to work with international folks, what would it include?

G: Uh…well, it would include you know cross-disciplinary program of study, taking classes in anthropology, um political science, economics as well as multicultural psychology classes…and then having, uh you know, exposure to uh international cultures and populations, either through um you know reading, or viewing films, or you know, indwelling in communities in the United States, work by traveling...having some program, some study abroad kind of situation.

R: We have really pushed for that here, and um, you probably remember, the program now in particular is a four year, really lock-step program…and our cohort, there's a number of us that

have interest in international work, and um have really pushed a couple of different times to have opportunities to live abroad, and study abroad, and it hasn't been a possibility yet, and I don't know if that's reflective of most programs in the country or if that's just a function of UGA.

G: Uh, I can't speak for all of them, I just think that there's a split, um, so I think some programs are much more responsive to that than others.

R: Ok.

G: For instance, our program, we regularly have summer things going on in different parts of the world, you know usually one or two places a year.

R: Ok.

G: We'll take students overseas on projects. Yeah.

R: Right, that's wonderful…. From what I can see, that seems to be kind of unique, but um, I hear what you're saying about there being a split. Do you think for all of those things to be included that it would necessitate making programs longer, or do you think we would just need to restructure programs as they exist?

G: Uh, I think it's really challenging to do it within the current structure given the you know accreditation guidelines…but for instance in our program, you uh, you pursue what we call a cognate, which is a specialty area…a cognate is 24 semester hours of class work, so like the equivalent of say 8 classes.

R: Ok.

G: One of our cognates is called a multicultural cognate; within that cognate you can specialize in international issues.

R: Wow, ok.

G: So, for, you know we have it built in that way. I don't know about your program, but our students come in with a master's degree…

R: We do as well.

G: …yeah ok, so um their course of study is usually, it's supposed to be 3 years on campus and then the 1 year internship.

R: Ok. That's just how ours is structured as well, so.

G: So, I mean given that it's conceivable to do your cognate and get that kind of a focus.

R: Great. What are some, just coincidentally, what are some of the other cognates that are offered?

G: Uh, well the multicultural one has a few different kind of variations. One is, um, could be sexual orientation, women's issues, um ethnicity; so those are different kind of ways you can go multicultural. We have health psych, assessment, vocational psychology, um school counseling, rehab counseling…um…what else…those are, I think those are the main ones…oh, marriage and family.

R: Ok, wow, ok…are those pretty equally, is there a pretty equal interest in all those different cognates, or do you find that there are some years that…

G: Yeah it varies. I mean the most popular ones are marriage and family, uh multicultural, and health psych.

R: Ok.

G: Those are the most popular ones.

R: Ok.

G: But the multicultural one is, you know like I said, it can go in different directions.

R: Right. There are kind of many cognates within that cognate.

G: Right, exactly.

R: Ok. Gotcha, ok. Well, how do you think—you know I'm interested in transnational identities in general, I think, a group of us that our research team are um, and specifically refugee populations because it's a group of people that we've gotten to work with clinically. Um, prevention work is an area of interest for us too, and it seems to us that this is a group of people that we've had the opportunity to work with that are very well suited to prevention work.

G: Uh huh.

R: But there doesn't seem to be a lot of that going on. Do you think that refugees in general are well suited to that? How much of that do you think is political? You know, is it not happening because it's political, or…?

G: Yeah. Well, I think it depends on refugee group and what their background is in terms of their culture, their religion, and socioeconomic status, so. Um, for instance, uh, you know, if you were to try to do psychological services with Tibetans they'd look at you like you were insane, you know.

R: Right.

G: So, but if you were to offer them things on um…you know some life skills on, you know, managing money, and um, parenting…some health behaviors, they would probably be responsive to that.

R: Ok.

G: So, I think it depends on like the norm of the culture and how they perceive helping and healing, and um what kinds of things they're open to from the outside, and what kinds of things you know they prefer to address on their own…and where you're offering it, you know?

R: And that really all comes back to really knowing each individual culture.

G: Yeah, yeah.

R: Um, do you think then you know it's hard to predict, you know, along…

G: Well, I'll give you an example. For instance in New York, there is a very large population of Tibetans, and many of the Tibetans that have escaped have experienced some kind of trauma. So of them, for some of them uh the trauma um has kind of a negative effect, and the um local Tibetan Association has arranged um a program with a hospital there to offer psychological services to people who have been traumatized, especially ex-political prisoners and stuff like that.

R: Ok…I think one piece that seems to be, you know, I don't want to make anything universal here for every refugee population, but um one thing that we found with the different groups that we've worked with that has been effective is, sort of, helping to educate people about the process of relocation, and assimilation…

G: …yeah, right right. Those are good things too.

R: Ok.

G: Exactly, we do that. We do that kind of in an informal way in the not for profit that I run.

R: Ok.

G: But I mean, I don't, you know it's not, it's not framed as you know, "I'm a psychologist doing this…."

R: Right. Right, I think that we've found it's much more effective to sort of say, "I'm here to sit with you, get to know you," and then also to be sort of a cultural ambassador for my country. And um, that seems to have been some of the most effective work that we've done.

G: Uh huh, uh huh.

R: The other piece that I think applies, you know, it sounds like a lot of the folks who escaped, that's not, it's obviously another population that you're working with, a lot of the folks that we've gotten to work with are people that knew they were relocating and were waiting sometimes as much as 20 years to relocate to the U.S. Um, and almost universally, none of them had any preparation for the relocation process prior to migration.

G: Right.

R: Um, and I think our suspicion is that if there was opportunity to do sort of um, more of a formalized orientation program to have some kind of an understanding of you know, what's going to happen both emotionally and certainly um, socially for people when they relocate to the U.S. would be an effective way to spend our time as psychologists—and not in the capacity saying, "we're psychologists to tell you how this is going to be for you," but just to say these are some things that you may experience and um, and sort of some of the research we did last year really looked at the congruence between expectations of the relocation process, and the reality of that process. And the more congruent that was, it seemed to be better outcomes for mental health.

G: Yeah.

R: Does that seem like an effective use of our time?

G: Yeah, it does. I mean, if the people are responsive to outsiders doing it. My view is that um, again, you have to get with various stake-holders in the culture, and then determine what their needs are, and then what kind of, you know, programs are needed, and at the same time, empower them to do it rather than us, so. We're just sort of like, you know, trainers and facilitators to get the process going because I think that um you want to, you know you want to

make them self-sufficient and you also want to empower them in their cultures to do it themselves.

R: Have you then drawn a lot on liberation theory?

G: Uh huh, oh yeah.

R: Ok, that's what we've found has been some of the most effective stuff too. So, ok.

G: What populations did you work with?

R: Um, we started our first group with Liberian single women…most of whom were mothers. And so, that was a group that they had given us a curriculum to work with called healthy families, which was really tailored to keeping marriages together and none of our clients were married. It's just completely inappropriate. Then we worked with Afghan and Iranian, Farsi-speaking women.

G: Oh wow, that's great.

R: It was great. It was amazing. All through a translator…none of them were English-speaking. And then our third group was Somali Bantu men…which was also a really challenging group in a very positive way.

G: You went over there?

R: We did, about twice a week…not to Somalia, sorry, no, no…over to the IRC, the International Rescue Committee.

G: Ok.

R: Um, we haven't gotten to work abroad at all yet, but for the 3 of us that involved in this research team with Andy were um looking at doing that post-internship. We all go on internship next year. And then we're trying to get overseas. So, um, fingers crossed on that.

G: Right, right.

R: And you kind of spoke to this earlier as it being just imperative, and that's my feeling too, but if you were to sort of predict trends in international mental health in the next 10 years, what kinds of things would you predict?

G: …I think that I would predict that, you know, more indigenous models of mental health um work. Um, more international collaboration, um, meaning that we'll collaborate more with folks overseas. I think that we'll have better access to uh, um publications from overseas.

R: Great.

G: …you know, greater increase in international students in our programs. Uh, I think that the international piece will be um, you know kind of in the core of the multicultural counseling movement.

R: Ok.

G: Those are the main things.

R: Ok. And what do you think of as sort of the inhibitory condition, things that will inhibit us from being able to move forward in this way?

G: Uh…inhibitory conditions…I think, you know, our mandate is very, very broad as a profession; and time-consuming, and difficult to serve the interests of all the different populations. Um…another obstacle is you know, um the challenges of doing field work, research, and practice, and how it um you know, takes away from especially an academics career…uh.

R: It sounds like it's really going to…for this to be possible in the way that we would like it to be, it's really going to demand a restructuring of what it means to be an academic.

G: Yeah, I mean that's important. Yeah.

R: Ok.

G: Uh, let's see, what else…financial resources. You know, there are um restrictions on uh grants and how you can spend money for grants. Typically, they want you to serve um U.S. citizens and no one else.

R: Yeah. Yeah, that makes sense. Ok. Well, if I could also ask you—and I've taken a lot of your time so I really appreciate it…

G: Yeah, no problem.

R: Um, for advice. —and that's much more personal than—I think probably my next steps are kind of looking at a, and speaking with all of you, and then sort of developing a Delphi questionnaire.

G: Oh ok.

R: Um I think, so, you will probably hear a lot of your ideas echoed back to you in a Delphi questionnaire probably in the next couple of months. Um, and personally I'm sort of—advice that you would give as a person sort of on the cusp of their career with this interest. What sort of things would you recommend that I do or ways that I spend my time?

G: Uh, I just had a student finish up a Delphi study…

R: Ok.

G: …looking at a different topic. But one piece of advice I'd give you is don't, don't make this, the Delphi study too complex because um, it's a challenging project to carry out…

R: Ok.

G: …um, given the fact that you're going to have a panel, and you know you need at least 3 rounds and it's hard to…you know, it sounds like you have experience doing qualitative work, but it's still hard to, you know, go through the uh interviews and extract the scenes and the

patterns and code it and all that kind of stuff. I would say, you know, try to keep it manageable, then build from it.

R: Ok.

G: That's one thing I think is important…I would apply for an internship in a um location where you know there's a refugee community, or you know there's a large international community.

R: Ok. That piece, I'm already, that's been decided for me.

G: Oh ok. Are you going to an internship next year?

R: I am.

G: Ok good. Where are you going?

R: I'm going to the University of Kansas which, not a big international community…well actually, surprisingly large in Lawrence compared to the rest of the state. And a large group of international students at KU, which was an appeal for me. But it's home, and I have a family member with some illness concern. So, that sort of dictated that for me. I had looked at, one of my other choices that was high on my list was Boston University Medical Center, the center for multicultural mental health, which was a real interest, but um primarily because there is some opportunity to work with refugees there.

G: Yeah.

R: So, I think that's great advice. Unfortunately, I don't know that it'll be my reality…next year. But I'm certainly looking at that for post-doc and trying to get somewhere.

G: Right, right. So are you going down some sort of practice route?

R: No, I'm actually interested in, if I could, something a lot like you're doing. Um, I'd like to be in academia, but I'd like to have opportunity to do clinical work, out reach, and really be involved in the training aspect of academia.

G: Right, right, right.

R: It's much more interesting. Certainly research associated with that. But I don't know that I'm looking at an R1.

G: Right, right, right. So I mean, you know, the other thing to think about is um, uh you know, what kind of um, what kind of skills are you, you know, developing as a function of working with these populations; and then, how do you kind of frame those skills in a way that are appealing to academic programs. So, for instance, like a lot of counseling psych programs now um are more open to qualitative research, but yet their faculty, you know, might not be skilled in it, and so somebody who has the skills can you know teach a course in qualitative work. So you kind of present yourself as somebody that, you know, knows those skills. Or…say you're doing different kinds of assessments with a population and you kind of present yourself as somebody that, you know, can teach an assessment class. Or, if you run in groups with them, you can teach a group class. So, I mean, what academic departments are looking for is not only sort of, uh someone who has a content area that they can you know relate to, but also have some other skills that will be useful in the training program. So, you've done program evaluation, and you know what I mean?

R: Absolutely.

G: Yeah…so then the population, you know if they're kind of not that thrilled with the population, they might be really excited about these other kind of skills that you have.

R: Right.

G: Yeah.

R: That makes a lot of sense.

G: What?

R: That makes a lot of sense.

G: Yeah. And these days, you know, um there's more interest in multicultural stuff, and there's interest in women's issues, and—have you uh, have you seen the book that just came out, the Handbook for Social Justice and Counseling Psych?

R: No, I haven't.

G: Ok. So that book, um, that book has actually uh a few chapters in there related to international work.

R: Oh, great.

G: And um, [it] talks about different kind of programmatic interventions with all kinds of oppressed populations, not only international stuff. But um, it will give you some idea too of how to, you know, frame yourself.

R: Wonderful.

G: It's called the Handbook of Social Justice and Counseling Psych.

R: Ok. It's pretty new huh?

G: Yeah, it just came out in December.

R: Ok, great.

G: Yeah.

R: Great. Well thank you very much.

G: Yeah, um, do you know, did Andy tell you about the um international section of counseling psychology, division 17?

R: No.

G: Yeah, it's a new section of the division.

R: Ok.

G: And um, myself and PPP are the co-chairs of it.

R: Oh. I got to do a symposium with…no, not PPP, I'm sorry…different P last year at APA.

G: Well, I'll add you to the list.

R: Ok. That would be wonderful.

G: The other thing I was going to say is to these discussions that you're having with people right now, you're using as a way to decide whether you're going to do this study, or what?

R: I think, using it as a way, whether or not I'm going to do the study, whether or not there's support for kind of working to start developing guidelines for refugees.

G: Uh huh.

R: And um, then also to sort of shape a Delphi technique…if that's what we decide to do.

G: Just a few random things: one of my doc students um, has already collected her data, now she's analyzing the data of interviewing Tibetan women who escaped and experience trauma…and there are refugees living in New York City, so, I don't know if you want to connect with her. If you do, I can send you her email address.

R: That would be fantastic.

G: Yeah. Then the other this is that uh, I've got two papers that are under review that deal with the topics that you talked to me about.

R: Ok.

G: And, um, probably give you more information than I gave you today.

R: Well, you did give me a lot, and I'm very grateful.

G: Huh?

R: I am very grateful to you for all the information and the advice.

G: Yeah, so. Besides Andy, who are you working with?

R: My committee is Linda Campbell, and she also was one of the, she and Andy were the ones who supported us in starting the new research team. And then, Rosemary Phelps. And Brian Glaser.

G: Uh huh. Ok. Great. Do you have uh, have other people done a Delphi study recently there?

R: No I'm, that's one of the things that's a little…

G: Ok, one of my students that was in my cohort did one.

R: Ok.

G: You might want to dig it out of the library.

R: Ok.

G: His name is David K. Brooks. B-R-O…

R: Thank you, he might have been the last one who did one here.

G: Possible, I don't know.

R: So.

G: B-R-O-O-K-S

R: Thank you. Ok, well I might um, if you don't mind I might email you about both your students names. And also um, the international division of 17, and the two articles that are…

G: Yeah I just emailed you the web address on the uh, division 52's website under the committee chairs. One of the committee chairs is for immigrants and refugees.

R: Ok. Great.

G: You might want to email that person.

R: Will do that.

TAPE ENDS

Appendix B: Transcript of Interview with Dr. Kathryn Norsworthy, Rollins College, Winter Park, Florida

"R" is Robyn Long, the principal investigator, and "N" is Dr. Kathryn Norsworthy

N: Okay…So let me just…what I'm hearing you ask about … it sounds like it goes beyond the refugee uh… focus…but, you're saying what would it take to sort of internationalize the training process?

R: Absolutely.

N: That would be the question. Okay, um.. well let me…I'll free associate and and uh… leave it to you to organize it. How's that?

R: Perfect! (laughing)

N: Um.. I think that actually I think there are a number of things that need to be done.. I do think that um one of the major areas would be to make sure that curricularly…that in the uh within courses um that that there is an international component… so that would include like a particular…like one thing I've noticed is that its…you know very often there aren't readings that address applications of counseling psych. internationally, even though the production of materials now has significantly increased. I just…that book that just came out that Larry probably told you about.. that he and uh um… Rebecca Toparek and a few others uh.. co-edited: "The Handbook of (uh..)Social Justice and (International) Counseling Psychology."

R: He did tell me about that one.

N: There's an international section to that.

R: Great!

N: And you know there've been several special issues of the counseling psychologists that have focused on sort of the internationalization of counseling psychology…and uh… that have literally you know there have been articles written about exactly the question you are asking.

R: Okay.

N: And I would definitely say that um you know within counseling psych. training…that having materials to read as one part of it that would be included and infused into as many courses as possible. Um.. and that even from the very beginning, kind of umm uh… privileged going beyond you know… national board or as an important part of uh… of the learning… for the for the students. You know so way back in that professional seminar. What does it mean… you know…um… Especially as the world becomes…

R: Yeah…

N: …smaller and smaller

R: Yeah…

N: …and the impact of globalization is so significant…you know

R: Sure.

N: Um.. and you know we really are not, uh… we really aren't confined by our borders in the same way we have been before…we're not as insulated, even though I think the U.S.-Just a sideline personal political commentary there.. about you know the the little cocoon…(laughing)

R: Absolutely…

N: I think that the U.S. would sort of like to stay in…(laughing)

R: Right, and if if we, as a profession I think kind of accepted that then, would become obsolete.

N: Yes! That's right. And so, I think you know that's one just easy and minor part of it. I think the other thing that's really important though is that umm… in the same ways that this is sort of like taking the multicultural and social justice uh… elements of the training and counseling psych. to a different level…

R: Okay…

N: And so in the same ways that for example…um…that there has been a critical look at how we…uh…what we introduce in terms of multicultural training and social justice training, I think the same thing would have to be done at the international level as well because um….. you know I think the…what happened in the early multicultural movement was that um…there was this sort of focus on .. you know let's study about the other, let's learn about these other people and sort of what what are their customs and cultures, and they became sort of like the objects of…

R: Yeah…

N: …study. And I think that what has happened over time as you know from your own experiences that, you know… there has… the critique has gotten much more sophisticated. And you can take a lot of it and move it to the international level, so for example, you know how there's the whole thing in the multicultural and social justice uh… sort of uh… arena about the uh… ways in which the traditional uh…sort of series of practices in psychology um… privilege white, middle, and upper class masculine experience…

R: Yeah…

N: …heterosexual experience. And um… that that what's happened you know…that that's been a real problem so there's been all this kind of uh… you know looking critically at that issue and how do we infuse…how do we change that so that you know the standard is not uh… a white standard, a white, you know model…

R: Right…

N: … a white middle class model…etc. etc. you know…and I think the same thing at the international level. One of the things that um… I think was really emphasized in uh… one of those special issues of the counseling psychologists um…that has been going on in a bunch of different parts of APA, you know is this discussion about the um… sort of uh…a whole issue of the U.S…. how the U.S. is situated globally…

R: uh huh…

N: …um…what that means and the exportation of all things U.S. as the standard, including psychology…

R: Right…

N: …and of course that we see that all over the place so…it would have to be a kind of um…training model, in my opinion, that didn't reinforce that.

R: That makes a lot of sense! Am I capturing it? (???) For me, it was like we we spent a lot of time trying to bring the other into our way of understanding, rather than developing kind of an individual self skilled set as a person… to to understand difference…is that…?

N: Yeah…

R: I don't think I'm capturing that very well.

N: Yeah and maybe, yeah…that's a good way-so it would be sort of like you know… I mean part of the core of it and part of the (creps?) of it has to do with our own self understanding…

R: Right…

N: …too…and how we've been inculturated in particular ways that um… you know we've internalized this uh…if we were educated in these institutions here in the west, especially in the U.S., we've really been in the middle of internalizing that whole sort of um…you know…uh…U.S. as the standard…

R: Yeah…

N: …and all things U.S. as the standard and and that you know including psychology, and so, it's about understanding ourselves and how that's happened and sort of who we are in all of it. And then, what would be the uh…um…what I like…what I like to think of as…it's how do

we have the humility we need uh… that is absolutely essential to be able to in a way kind of have some meta-level skills…

R: Uh huh…

N: …to be able to go in and recognize that we don't know. So, we're kind of staying in a place of not knowing, while at the same time trying to kind of understand what we can about ourselves about the cultures in which we um…enter…you know are are moving around and how those interact together.

R: Yeah, okay. That makes a lot of sense. And do you think then if I asked you how you would extend it specifically then to training people to work with refugees…would you modify that at all?

N: Uh…what I would say is, and this is sort of adding to the to this whole thing is uh…I think that um…so what I've talked about is in a way a particular uh… model for looking at um… international counseling psychology, the implications of of moving outside of our borders, and even within our own country because some people say… you know…there's a little of the global…there's the global…you can find the global north and the south and the south and the north…

R: Yeah…

N: …and you know it's… it it applies in so many ways…and I think with refugees-that would certainly be the case because we find that that would be an example of how … you know we have these coming together of these different cultures, but we also have this um… I think we'd have to really bring in a understanding of power you know… and um… sort of how to contextualize uh… this the refugee experience in terms of where they are and then what cultures…what are their…what do they bring to the table culturally, etc. etc. and all that… So, I think we'd have that piece. Then, we'd have um… in my opinion, in the training, I think that uh… it would be extremely helpful…I wish every uh…every person who completed psychology would have…would have to have a mandatory international experience…

R: I agree…I absolutely agree.

N: …and uh…and not you know…let's go to London and…

R: Right…

N: …you know go to the show…

R: …backpack through Europe…(laughing)

N: …Yeah, exactly, but… whereas, it would be a focused international experience that if at all possible um… involved some kind of engagement experience uh…we could we could…it would be like if…like we call…we don't use…one thing we've gotten away from uh…that

I've gotten away from especially at Rollins is using the term uh…service learning which has been a big buzz word, you know?

R: Yeah…I'm noticing that with a different project I'm doing…

N: Yeah…doing more…calling it more of a community engagement model…

R: Yeah…'cause the calling it service learning gives it exactly what you were just saying…

N: That's right…because it's like, let's go out and help the poor people…

R: Exactly…

N: …you know kinda thing where you're using…we all… my colleague and (?) call it using a missionary model…

R: Yeah…

N: …you know the welfare model…

R: We have some…we have a gift to bestow upon you sort of mentality.

N: Yes…that's right, and it doesn't assume uh…it does not assume mutuality…

R: Yeah…

N: …in the experience….it does not assume that everyone has something to offer…it doesn't acknowledge the um…the agency, the knowledge, the wisdom of the people you know who are…with whom we're collaborating you know and that kinda thing so um…so that's why we've moved to using the term engagement so, I would call it an…I guess an international engagement experience. And it can…something where um…there would be the…the agenda would be to go in and uh…to sort of collaboratively, with people on the ground, wherever you went… to collaboratively explore you know…everybody's location in whatever…to define whatever the issues are and see what everybody's location might be in those…in that… and then how… in what ways people could move forward together in addressing it…

R: yeah…

N: you know…what would be the roles of different people and from different parts of the world…

R: uh huh…

N: …you know in doing that.

R: That's…yeah… I think… I like that…and I just I like the language of course associated with the two…the idea that being an uh… international (commits) the engagement, that's makes a lot of sense. And honestly…the way that…the things that you were talking about Dr. Norsworthy if I understand it, and I'm not sure I'm going to express it very well…this would…this would be essential across research practice and training…?

N: That's right…

R: …Without that mentality, none of it would work well.

N: Bingo! That's my opinion. Yes… Is that…you know for example, I really think that…when…I think one of the biggest…I think when we do the training in read…in any of those three areas that that's part of the whole sort of not assuming the expert role, but at the same time being able to claim what we have learned…but at the same time sort of having the humility to realize that we…while we know some things…there are a lot of things that we don't know…because we…you know we're…we are inculturated in our context, others are inculturated in theirs…

R: Right…

N: Um…so, uh…really going…being willing to go through a process of um… jointly in partnership you know kind of looking at what are the issues, and if it's a research project together with people on the ground on the other end…deciding what those issues are, you know whether… analyzing that and then figuring out you know… how to go about…seeing whether if there is a research project that would…that people on that end would actually be interested in and that it would actually help them in some ways…that would…they would…

R: Right…

N: …get something out of it that would be useful to 'em.

R: Yeah…right…they would have to have an important application.

N: Yeah, exactly…

R: And that's why I mean I think why most of us chose this side of things…(laughing)

N: Yes! Exactly…

R: That's why it wouldn't fit for me to be somewhere else, okay, that makes a lot of sense. I think this is kind of going back to what you were saying earlier, but one thing I have found that a lot of people have said well…the work that you're doing Robyn or Mahlet and Mark is work with relocated refugees, so it's different 'cause these people are here. And to me…that really doesn't matter.

N: No, I agree…I agree. And I think that um…I do think that it's…part of the reason that it's helpful…if you're going to work with a refugee community on on any end…you know is…one reason it's helpful to have the international experience, particularly…and even if it's not in the same country…um…because you're gonna work with people from so many countries…that it's hard to go to every one of 'em…

R: Right…

N: But, you really get a… you more get a…I think we develop, we more deeply understand uh… the context…

R: Uh huh…

N: …from which people are coming, and… I think it humanizes people. We see…you know we have a…I think we just get a bigger picture that um…that really fills in a lot of uh…gaps um…in terms of then what's happening when they get to this end of it…

R: Uh huh…

N: …and we're able to kind of have a better sense of sort of what it would be like… you know to… (laughing) to be relocated uh…you know to this country…which may be quite different then…in… and in all likelihood will be so different in particular ways from the places you know that they've come from.

R: Right…right.

N: umm…and…and you know it's … and the same and they're…I…yes.….I think it's like a continuum Robyn, so I agree with you totally. I think you know it's like…it's not that it's different.. it's like a continuum…

R: Yeah…

N: That would be how I'd think about it.

R: That makes a lot of sense to me, 'cause it's it's almost as if people have said oh that must be very challenging and then, they say, oh but it's people here. Well then…almost as if there's a kind of an assumption that the location that.. so a person is given the status as refugee…and the location in which they have that status really makes that big of a difference…I don't think it does.

N: No, and you know… I think that there are just different complications that come with different you know places that people land…

R: Yeah…

N: …or don't…you know…yeah yeah…just different not you know…yeah.

R: I like the idea that being a continuum…that makes a lot of sense.

N: Uh huh…

R: So…okay.

N: So, let me say…I'm thinking about this training part um…I also…I do want to say…that one of the things that I think is really important…I wish that um…(laughs)… I wish there would be a mandatory international…set of international experiences for the faculty…uh…too because…

R: Yeah…

N: …it's very hard to uh…if the faculty don't have the um… critique and sort of the understandings and haven't made this part of their agenda…learning agenda, it's kind of difficult to uh…teach or you know…or I mean teach always, I don't even like to use that word…but, you know to work with students who are you know coming through training programs.

R: Yeah…

N: And to be able…it's just I mean it's the same thing with like the multicultural and social justice stuff or…

R: Sure.

N: …whatever anybody's doing you know…

R: If you yourself haven't done that work, how can you teach other people to do it?

N: Yeah, exactly. If you…I mean if you haven't been a therapist, how do you…how are you gonna teach people how to do therapy? You know…

R: Yeah…

N: So…

R: And I think, like you were saying the idea that…so we would do these very intentional um…community engagement things. We would also I think…it…a training program would kind of be necessary that we would host that as well, and host that experience.

N: Uh huh, uh huh…

R: And, you know I've noticed, in our own department, I think we have people in the department who are.. or at least working to be of this kind of mindset.

N: Yeah.

R: And even then, you know we have a visiting faculty member from a different country, and the mentality is they're here to learn how to do things.

N: Uh huh…

R: Rather than…

N: …they're here to share…

R: …they're here to teach us…

N: …we're all here to learn together…

R: Yeah…

N: …and they have a role to play in terms of teaching us and sharing with us. It's not a one way street in the other direction.

R: Yeah…

N: Yeah…right, right.

R: Well, kind of the idea then that there would be these…well it would be almost amazing if there was a way to partner universities across someone's training experience…not that you couldn't trade it every few years, but sort of you know have Mark and Mahlet and I come in as first years and have a partnership, you know Mahlet talks a lot about moving back and working in Ethiopia…

N: uh huh…

R: If there was a university with whom we could have a partnership for that 4-yr period…

N: uh huh…

R: …that I think would be really cool! (laughs)

N: I think that would be dynamite! And, I was just at a meeting and I could find this out… I don't know it… actually you could… I could tell you how to find out about it… but, there, this is a… I think this is a masters…2 masters programs that are paired uh…so a masters program and counseling from… that is located in Mexico City…

R: Oh wow…

N: …paired up with uh…it's not Syracuse… I cannot remember the…which school it is here in the U.S., the counseling program and the requirement-I thought it was a really interesting uh… model that you might want to find out more about…where the students in both programs are required to take at least one semester in the other school…
R: Yeah…

N: And I…it it sounds like it's a very successful uh… program, and that you know it's working out, you know.

R: I think that's just brilliant! (laughs)

N: I do too, I do too.

R: I think that would have really enhanced my own experience, and I don't mean just my experience, I think everybody's, so um…Yeah, I think that's really…that kinda stuff excites me when you think about getting to be involved someday maybe. (laughs)

N: There you go! And see this could be…

R: yeah…

N: …this is part of the exciting thing to be about the fact that the 3 of you have kind of um… developed this sensibility about this because…you know my…I think that's what it's gonna take is we just have to have…there has to be more of us out here trying to do something to bring you know this international uh…and more the…you know sort of the whole realm of international, social justice, multicultural-all that, you know…into the program…

R: Yeah…

N: …around the country.

R: Yeah…I think that you know…like what I was kind of going on the whole moral imperative, sort of thing, Dr. Campbell can tell you with APA that the vast majority of folks, if you said to them…to be a good clinician, you have to have some experience working with refugees, um…most of them would say no way!

N: Yeah.

R: And would say that that's ridiculous and so, and yeah…(laughs)

N: Yeah! I know…it's a…it's… I mean I remember having this big…this is even more basic to me than the refugee thing… I had this long conversation with um… this person who was… I thought it was really fascinating I…we were having a conversation about the fact that it seemed like it would be…I…in my opinion, I thought it was extremely helpful for a person…a psychologist essentially who was getting training as an applied psychologist uh…that it would extremely beneficial to have psychotherapy-to go through one's own…

R: Yeah…

N: …counseling experience.

R: Uh huh…

N: And this person was just ready to shoot me over it…I mean he…

R: Really?

N: He was so in disagreement that it just (floored) me…you know…so, if you…

R: Ughh…(laughs)

N: If you can't even like get it at the…(laughing)…at that level…(laughing)…

R: …that level…yeah!! (laughs) Then that… talk about the mentality of um…everyone else is the other…

N: Yes…exactly!!!

R: …and we have wisdom to bestow upon them, yeah!

N: Oh gosh… (laughing)

R: Wow! (laughs)

N: Yeah, so…

R: That's actually amazing! (laughs)

N: (laughing) I know! You know what I thought about was…now, I do think that um…I think it'd be interesting to look uh…it could be that um…the international division has

TAPE ENDS

Appendix C: Delphi Questionnaire Cover Letter and Participant Consent

March 12, 2007

Dear Sir or Madam,

My name is Robyn Long and I am writing to you to ask for your participation in my dissertation research. I am a Counseling Psychology student at The University of Georgia, and am conducting my research with the support of Dr. Andy Horne. I am asking for your participation because of your expertise and experience with working with transnational individuals, and, specifically, refugees.

Three years ago, two colleagues and I began providing group services to the Atlanta Branch of the International Rescue Committee, a refugee relocation and resettlement agency. We quickly learned that the tools at our disposal as developing clinicians only took us so far, and came to realize that there were a host of resources at our disposal that could benefit our clients if we were able to think outside of the limits of Western, traditional counseling and psychotherapy.

In an effort to better understand the current research and practice, as well as training demands, in working with refugee and transnational populations, I am interested in doing a Delphi study. I am asking for your participation in completing a questionnaire. This questionnaire is available on-line at: http://www.surveymonkey.com/s.asp?u=368723626845
I am anticipating closing the first survey on or around April 19, 2007. Your participation serves as your consent. Soon, I will contact you again as a reminder, and your responses might facilitate some follow-up questions that you can anticipate in early May.

It is my hope that this research will inform the ways we work with transnational individuals in our practice and research, and will begin to inform the ways in which we develop training programs for helping professionals. I believe that there will only be an ever-increasing need for responsible and responsive interventions for the refugee and transnational community.

I am tremendously excited about this research and its potential to inform our work with this remarkable population. I am most grateful to you for your participation and welcome your questions/comments/concerns at any time. Thank you so much.

With Sincere Thanks,

Robyn Long, M.Ed.
relong@uga.edu
The University of Georgia

Appendix D: Delphi Method Questionnaire

Delphi Study
Questionnaire One

These questions were reduced to ten once the questionnaire was put on-line; as such, all respondents in the Delphi methodology answered the ten questions seen in appendices E, F and G.

The purpose of these questions is for the researcher to gain an understanding of your thoughts on how other helping professionals operate in the context of working with refugee clients. I am also interested in your experience in working with refugee clients.

1. Do you work with refugee clients? If so, in what capacity?

2. Are you familiar with other professionals who work with refugee clients? Could you recommend anyone to participate in this study?

3. In working with refugee clients, what specific interventions, (e.g. group therapy, systematic desensitization) are indicated as effective? What interventions are indicated as ineffective?

3. What practices do you view as preventive/proactive when considering refugee mental health?

4. What practices do you view as reactive/remedial?

5. When considering the two types of practices listed above, those you indicated as proactive and those you indicated a reactive, which do you consider more effective? This may depend on the circumstances of the specific client or you may view both proactive and reactive responses as effective.

6. Are there practices indigenous to the refugee populations served that are viewed as effective for promoting mental health? If so, which of these would you identify as effective?

7. What do you believe are some of the trends and themes over the next ten years surrounding work with individuals and families with transnational identities, specifically refugees?

8. What are facilitating conditions surrounding work with people with transnational identities and specifically refugees?

9. What are inhibitory conditions surrounding work with transnational identities and specifically refugees?

10. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning theory and research development in the next decade to serve this population?

11. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning training and preparation in the next decade to serve this population?

12. As a practitioner working with refugees, what do you view as your most important interpersonal skills?

Appendix E: Survey Response Set One

1. Delphi Survey One

1. Do you work with refugee clients? If so, in what capacity?

Yes. I work with refugee communities of Burma living in Thailand and other countries adjacent to Burma. I conduct workshops in collaboration with local partners to support communities in dealing with violence against women, to develop leadership capacity, to develop community based support and helping systems for trauma survivors, and in peace-building work.

2. In working with refugee clients, what specific interventions, (e.g. group therapy, systematic desensitization) are indicated as effective? What interventions are indicated as ineffective?

Group work, psychoeducation, problem solving, basic listening skills, experiential exercises that bring issues into the present, meditation practices, and other cognitive behavioral strategies are very useful. Supporting communities in accessing indigenous methods of support and assistance, including from their spiritual and folk traditions are very important... Authoritarian, power-over, interpretive methods are not as effective and in fact, are counterproductive.

3. What practices do you view as preventive/proactive when considering refugee mental health?

Psychoeducation and development of activist and training skills for social change and raising awareness regarding various community issues would be helpful as proactive strategies.

4. What practices do you view as reactive/remedial?

Counseling for trauma and other "problems" would be more remedial and reactive.

5. Are there practices indigenous to the refugee populations served that are viewed as effective for promoting mental health? If so, which of these would you identify as effective?

Yes, as mentioned earlier, the communities with whom I work hold important folk wisdom, cosmologies, worldviews, and spiritual beliefs and practices that are invaluable in their healing. Fits with Robert Neimeyer's work on the "power of belief".

6. What do you believe are some of the trends and themes over the next ten years surrounding work with individuals and families with transnational identities.

surrounding work with individuals and families with transnational identities, specifically refugees?

Increasing understanding of the role of indigenous healing systems in working with refugee communities; Increasing public awareness of the issues and challenges for refugees as there will inevitably be an increase in the population, in my opinion. Increase in recognition of the need for strategies to deal with conflict and violence in order to decrease refugee population and avert global destruction..

7. What are facilitating conditions surrounding work with people with transnational identities and specifically refugees?

-Understanding their social and political context and helping them analyze their contexts so that they can see directions for their own healing; -Safety and security, having basic needs met and offering an environment in which they can find meaning and purpose rather than being in a never-ending holding pattern -Communities that accept diversity and appreciate what refugees have to offer

8. What are inhibitory conditions surrounding work with transnational identities and specifically refugees?

Lack of safety and security - hard to get work done when people are constantly worried about their safety and that of their families and friends; Lack of meaningful employment or schooling for the children/teens; Hostile climate in the community and in the political system; Ignorance on the part of helpers about the issues and challenges of refugees.

9. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning theory and research development in the next decade to serve this population?

I think we are seeing more interest in refugee communities and that it is possible that because of sheer numbers in the future, we may see more interest, research funding, and services. However, if the current political climate continues, I don't thing this is as likely. Demonizing refugees by government leaders is a major problem in finding real solutions and meeting needs effectively.

10. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning training and preparation in the next decade to serve this population?

See above.. I think its the same as #9.

Appendix F: Survey Response Set Two

1. Delphi Survey One

1. Do you work with refugee clients? If so, in what capacity?

I volunteered at a refugee relocation center as a graduate student co facilitating groups and collecting data for a research project.

2. In working with refugee clients, what specific interventions, (e.g. group therapy, systematic desensitization) are indicated as effective? What interventions are indicated as ineffective?

I don't know what the literature indicates other than multicultural studies that have shown culture and acculturation to play significant roles in psychological and physical health outcomes. My experience indicated that group work can be effective if multicutlural awareness and knowledge are combined with effective group facilitating skills (of which I had few). Ineffective interventions, in my experience, were those that ignored presenting issues of basic material and physical needs common to refugee adjustment in the U.S. Grief, separation, frustration, and anger were common experiences.

3. What practices do you view as preventive/proactive when considering refugee mental health?

Regarding refugee adjustment in the United States, I would say that maintaining families and involving/supporting refugee/cultural communities are proactive approaches to refugee mental health. The best support for an individual is often the family, and the best support for a family is often a community that shares identity and experience. Psychologists who want to address refugee mental health proactively may want to become involved in promoting healthy family and community systems. Typical Western helping strategies and interventions focus on the individual, but once the individual is separated, whether by the refugee experience or by well-intended Western helping practices, increased stress and pathology are more likely.

4. What practices do you view as reactive/remedial?

Reactive/remedial practices address existing problems. These would include individual or group psychotherapy, reactive case management, or legal or law enforcement interventions that address psychopathology, severe physicil reactions to stress, and other crises (e.g. homelessness, crime, or breakdown of family systems) that necessitate reactive interventions.

5. Are there practices indigenous to the refugee populations served that are viewed as effective for promoting mental health? If so, which of these would you identify as effective?

I believe the systems or community approach can be very effective. Once our refugee support group disbanded, I was told of community dynamics that seemed to have doomed the group's cohesion from the start. Psychologists working with refugee populations might benefit from learning about and becoming involved with local populations that might support refugees. In the absence of an existing community, the psychologist might try to facilitate community building through participant action groups. Caution should be taken that refugees aren't grouped together based on assumptions of common bonds - as in all interventions, clients should drive the process.

6. What do you believe are some of the trends and themes over the next ten years surrounding work with individuals and families with transnational identities, specifically refugees?

I think psychologists will become involved at the systems level through government, NGO, and healthcare positions to proactively address the refugee issue. Identity construction as an active process will become a common theme in therapy as globalization continues.

7. What are facilitating conditions surrounding work with people with transnational identities and specifically refugees?

Facilitating conditions include an atmosphere (personnel, systems) that value diversity, empowering refugee "clients" to become involved in designing and implementing helping strategies, and normalizing the adjustment process.

8. What are inhibitory conditions surrounding work with transnational identities and specifically refugees?

Inhibitory conditions include an ethnocentric approach to helping refugees, ignoring systemic issues, remediating rather than proactively addressing discrimination, and assuming that a therapist can practice CBT with any old client that comes along...

9. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning theory and research development in the next decade to serve this population?

I hope that systems work will continue to be examined as well as studies of indigenous interventions and proactive approaches such as addressing refugees as early as possible in the reloaction process.

10. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning training and preparation in the next decade to serve this population?

Increasing availability of international mental health training opportunities will help students train to address refugee mental health issues. The recogintion of culture as an essential part of human psychology will continue to inform interventions with acculturating refugess so that multiculturally informed interventions are constructed with clients rather than "on" them.

Appendix G: Survey Response Set Three

1. Delphi Survey One

1. Do you work with refugee clients? If so, in what capacity?

Not at this time.

2. In working with refugee clients, what specific interventions, (e.g. group therapy, systematic desensitization) are indicated as effective? What interventions are indicated as ineffective?

The only modality with which I worked with refugees is in group settings. I found this to be effective.

3. What practices do you view as preventive/proactive when considering refugee mental health?

Increasing their social support network, serving as a cultural broker to explain the host culture, individual therapy, group therapy

4. What practices do you view as reactive/remedial?

Systematic desensitization

5. Are there practices indigenous to the refugee populations served that are viewed as effective for promoting mental health? If so, which of these would you identify as effective?

This is hard to say considering "refugee populations" represents such a diverse group of people of varying cultures, ages, education levels, nationalities, etc.

6. What do you believe are some of the trends and themes over the next ten years surrounding work with individuals and families with transnational identities, specifically refugees?

My exposure to this work is so limited that I am really not sure. The only thing I can identify is that the profession is going to have to collaborate with people of other professions (relocation centers, etc.) and step out of traditional modalities.

7. What are facilitating conditions surrounding work with people with transnational identities and specifically refugees?

Client's education level, familiarity with host culture, traveling as an intact family unit, minimal trauma

8. What are inhibitory conditions surrounding work with transnational identities and specifically refugees?

language barriers, lack of understanding of client's host culture, lack of understanding of client's migration experience, interference from life responsibilities (ex: client not being able to seek tx due to having to work or take care of children or needing transportation), client's lack of understanding of therapy and how it can help him/her

9. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning theory and research development in the next decade to serve this population?

This is a very big question, I am really not sure.

10. When considering the future of clinical work with persons with transnational identities and specifically refugees, what are your predictions concerning training and preparation in the next decade to serve this population?
I am not sure traditional students will get adequate training to work with this population. I am not sure that training programs will step away from traditional multicultural courses to cover these populations. True training would have to include socio-political training that might best be covered through courses in non-psychology programs (ex: international studies, studies of countries/continents outside the U.S.).