

GENERAL INFORMATION

Treatment Description	<p>Acronym (abbreviation) for intervention: International IFACES</p> <p>Average length/number of sessions: Sessions are as needed and tailored to the needs of each program participant.</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): War trauma, refugee trauma, migration and acculturative stress, as well as multiple barriers to treatment that are overcome through outreach and by providing services in participants' homes or other locations</p> <p>Trauma type (primary): War trauma</p> <p>Trauma type (secondary): Migration and acculturation</p> <p>Additional descriptors (not included above): The IFACES program provides comprehensive community-based mental health services to refugee children, adolescents, and families. Outreach is seen as the cornerstone of the program and occurs throughout the treatment process. It includes identifying refugee children who can benefit from services, engaging them and their families in services, retaining them in services, and supporting them as necessary after the active treatment phase has ended.</p>
Target Population	<p>Age range: 6 to 18</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): The target population is refugee and immigrant children who have experienced trauma as a result of war or displacement. This includes children who emigrated themselves as well as children of refugees/immigrants. The program is designed to provide services to a variety of ethnic groups, and no one is turned away from services because of their cultural or linguistic background. Racial groups include White (European refugees), Black (African refugees), Asian (including Southeast Asia and South Asia), and Hispanic (Central and South America).</p> <p>Other cultural characteristics (e.g., SES, religion): All are low SES, various religions including Christian, Muslim, Buddhist, and other traditions and beliefs.</p> <p>Language(s): A wide variety of languages are spoken. For example, 66 children and adolescents on whom extensive data is available and who were served in a 2-year time frame spoke 19 languages, including the following: Amharic, Anuak, Arabic, Bassa, Bosnian/Serbo-Croatian, Bosnian/Roma, English, French, Kpelle, Ogoni. During the same time period, staff, including clinicians and ethnic mental health workers, spoke 15 languages among them, including the following: Arabic, Somali, KiSwahili, French, Spanish, Bosnian/Serbo-Croatian. When a language match between provider and participant cannot be made, staff utilize trained interpreters to communicate with the children and families. Current refugee groups receiving services speak a number of languages including Arabic, Karen, Burmese, Spanish, and many others.</p> <p>Region (e.g., rural, urban): Urban and rural from a variety of different countries; many arrive after prolonged stays in refugee camps.</p>

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Target Population continued	<p>Other characteristics (not included above): The program is designed to meet the needs of diverse children and adolescents from a variety of cultural and language backgrounds. Those seeking services are not turned away if the language or cultural competence is not represented among staff; rather, in these situations services are provided through trained interpreters. The goal is to meet the mental health needs of all refugee children seeking services, regardless of their background, by providing flexible and comprehensive services.</p>
Essential Components	<p>Theoretical basis: Comprehensive, client-centered and community based services, with extensive outreach, and openness to problem-solving any barriers to treatment. An ecological perspective (Bronfenbrenner, 1977) that views children as embedded in family, neighborhood, school, and ethnic community systems is used to conceptualize the problems, and comprehensive treatment is provided to address problems across these systems. A more extensive presentation of the theoretical approach is presented in White Paper II of the NCTSN Refugee Trauma Taskforce: Birman, D. Ho, J., Pulley, E., Batia, K., Everson, M. L., Ellis, H., Stichick Betancourt, T., Gonzalez, A. (2005). Mental health interventions for refugee children in resettlement. White Paper II, Refugee Trauma Task Force, National Child Traumatic Stress Network, Chicago, Illinois.</p> <p>Key components:</p> <ul style="list-style-type: none">• Multidisciplinary team includes psychotherapists; art, occupational, and dance therapists; psychiatrists; and ethnic mental health workers from refugee communities served.• Multicultural ethnic mental health workers provide cultural and linguistic competence and work as part of a mental health team.• The team shares responsibility for program participants, with multiple providers providing diverse services to a participant and family.• Team approach allows for services to be individualized to particular participants' needs, and for staff to give support to one another.• Services are provided at locations that are most comfortable to program participants, including home, school, office and other community locations.• Comprehensive services address mental health as part of a range of needs that refugee children and families have as they are adjusting to their new life.• Coordination with refugee resettlement services within the same agency allows IFACES to establish relationships with families before they need services, which helps reduce stigma.• Ethnic mental health workers provide extensive outreach, often for prolonged periods of time, before a participant is engaged in mental health services.

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**Clinical &
Anecdotal
Evidence**

Are you aware of any suggestion/evidence that this treatment may be harmful?
 Yes No Uncertain

Extent to which cultural issues have been described in writings about this intervention

intervention The approach is culturally sensitive, in that staff constantly assess ways in which the participants' cultural background impacts their functioning and services. The rationale for this approach was described in White Paper II (Birman et al., 2005).

A description and evaluation of IFACES was published in the following article: Birman, D., Beehler, S., Pulley, E., Everson, M.L., Batia, K., Frazier, S., Atkins, M., Liautaud, J., Buwalda, J., Fogg, L., Capella, E., & Blanton, S. (2008). International Family Adult and Child Enhancement Services: A community-based comprehensive services model for refugee children in resettlement. *American Journal of Orthopsychiatry*, 78, 121-132.

In addition, the client-centered, multidisciplinary team comprehensive service approach was adapted for the Cultural Adjustment and Trauma Services (CATS) school-based model, and described in this recent publication: Beehler, S., Birman, D., & Campbell, R. (2011) The Effectiveness of Cultural Adjustment and Trauma Services (CATS): A comprehensive, school-based mental health intervention for immigrant youth. *American Journal of Community Psychology*. DOI 10.1007/s10464-011-9486-2

This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.

Yes No

Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? Yes No

Satisfaction with treatment is regularly assessed and the ratings are consistently high. Anecdotes are available.

If YES, please include citation:

Documents internal to Heartland Health Outreach IFACES

Has this intervention been presented at scientific meetings? Yes No

If YES, please include citation(s) from last five presentations:

Birman, D., Beehler, S., Rydberg, T., & Campbell, R. (2012, July). Evidence Based Mental Health Practices in a Cross Cultural context: Effectiveness of School Based Interventions with Immigrant and Refugee Youth. In D. Birman, Chair, *Mental Health Issues in Cross Cultural Contexts*. Symposium presented at the Biennial meeting of the International Association of Cross Cultural Psychology, Stellenbosch, South Africa.

Birman, D. & Rydberg, T. (2011, October). Evidence based practices with refugees: Challenges and Adaptations. Presented at the annual meeting of the International Society for Traumatic Stress Studies, Baltimore, MD.

Rydberg, T. & Birman, D. (March, 2011). Adaptation of Cognitive Behavioral Intervention for Trauma in Schools for diverse refugee children. Presented at the Annual Meeting of the National Child Traumatic Stress Network, Baltimore, MD.

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<p>Clinical & Anecdotal Evidence continued</p>	<p>Birman, D., & Beehler, S. (2008, June). A Community-based Comprehensive Services Model for Refugee Children in Resettlement. In D. Birman, Chair, Health and Mental Health Care for Refugees and Asylum Seekers. Paper presented at the International Congress of Community Psychology, Lisbon, Portugal.</p> <p>Rydberg, T (October 2009). The International FACES Model: Community Mental Health for refugees. Presented at Loyola University, Social Work Practice and Theory course.</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Birman, D., Beehler, S., Pulley, E., Everson, M.L., Batia, K., Frazier, S., Atkins, M., Liautaud, J., Buwalda, J., Fogg, L., Capella, E., & Blanton, S. (2008). International Family Adult and Child Enhancement Services: A community-based comprehensive services model for refugee children in resettlement. <i>American Journal of Orthopsychiatry</i>, 78, 121-132.</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other clinical and/or anecdotal evidence (not included above): The program has evolved from decades of providing services to refugees at the agency, and is informed by experience providing resettlement, social, and mental health services to this population. The team approach and comprehensive services aspects of the model have been influenced by Assertive Community Treatment (ACT) and other community-based approaches used by agency programs that work with individuals who are homeless and have a serious mental illness. This approach emphasizes the importance of relationship between participants and service providers, a harm reduction philosophy, and a commitment to tailor services to clients' current needs.</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown (by gender, ethnicity, other cultural factors)</p>	<p>Citation</p>
<p>Other Research Evidence</p>	<p>N=66</p> <p>By gender: 45.5% female; 54.5% male</p> <p>By ethnicity: born in 26 different countries, represent 27 different ethnic groups, and speak 19 different primary languages</p>	<p>Birman, D., Beehler, S., Pulley, E., Everson, M.L., Batia, K., Frazier, S., Atkins, M., Liautaud, J., Buwalda, J., Fogg, L., Capella, E., & Blanton, S. (2008). International Family Adult and Child Enhancement Services: A community-based comprehensive services model for refugee children in resettlement. <i>American Journal of Orthopsychiatry</i>, 78, 121-132.</p>

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Outcomes	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? The Child and Adolescent Functional Assessment Scale (CAFAS), UCLA PTSD-RI, and Child Depression Index (CDI) have been used with some participants as well. Currently TF-CBT and CBITS are offered as part of the overall services. The Ohio Functional Assessment and the Columbia Impairment Scale (Parent and Child versions) are other measurements utilized.</p> <p>If research studies have been conducted, what were the outcomes?</p> <ul style="list-style-type: none"> • Children and adolescents receiving services (N=66) improved as a group over the course of treatment, and the amount of improvement was statistically significant. • All but 5 of the children received services in more than one location, with an average of 4.4 locations (SD=2). On average, each participant received services from 2.7 providers (SD=1.5). All but 12 of the participants received services from multiple providers. • Language match between the service providers and the program participants was determined from information available on the language capacity of the providers assigned to each case, and the primary language of the participant. In all, out of the sample of 66, 31 participants were matched on language with at least one of the providers from whom they received services during the three-year period, and 35 were not matched. Those who were not matched either spoke English fluently enough to participate in treatment, or were treated with assistance of interpreters brought in from other services. Those matched on language stayed in treatment longer than those not matched. • Dosage of services was not related to outcome. • Participants with greater needs (more trauma, more caregiver trauma, and younger) received more intensive services (at more locations, from a greater number of providers, and more overall).
Implementation Requirements & Readiness	<p>Space, materials or equipment requirements? Very intensive, requires multidisciplinary treatment team including ethnic workers knowledgeable about the cultures of current refugee groups and their communities.</p> <p>Supervision requirements (e.g., review of taped sessions)? Because ethnic workers are most often trained in mental health treatment through the program, extensive supervision is required. Group supervision has been found to be helpful given the nature of the clinical work and that each client often works with several staff.</p> <p>To ensure successful implementation, support should be obtained from: Heartland Health Outreach IFACES</p>

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Training Materials & Requirements	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</p> <p>There are no manuals or protocols, but a description of the program is available on this DVD: International FACES: A Collaborative Approach to Healing and the Refugee Experience</p> <p>How/where is training obtained?</p> <p>No formal training manuals are currently established. Staff provides training in a wide range of community settings on refugee and multicultural issues.</p> <p>What is the cost of training?</p> <p>Rates vary according to time and location.</p> <p>Are intervention materials (handouts) available in other languages?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages?</p> <p>CBITS materials are available in Somali, Arabic, Nepali, Burmese, Karen, Kirundi, KiSwahili</p>
Pros & Cons/ Qualitative Impressions	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</p> <p>The program is successful at overcoming multiple barriers to service, including stigma and transportation. The flexible approach focuses on establishing a trusting relationship with participants that enhances access to services. Treatment is highly individualized, and has been provided with a large number of cultural and language groups.</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?</p> <p>These services are intensive, and require staff time for outreach, travel and home visits, transportation of participants to events, accompanying them to meetings, consulting and linking with other services such as teachers, advocating with other service systems and team meetings with other staff. Because many of these services are not reimbursable, they are provided through grant funds.</p>
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References

- Birman, D., Beehler, S., Pulley, E., Everson, M.L., Batia, K., Frazier, S., Atkins, M., Liautaud, J., Buwalda, J., Fogg, L., Capella, E., & Blanton, S. (2008). International Family Adult and Child Enhancement Services: A community-based comprehensive services model for refugee children in resettlement. *American Journal of Orthopsychiatry*, 78, 121-132.
- Beehler, S., Birman, D., & Campbell, R. (2011) The Effectiveness of Cultural Adjustment and Trauma Services (CATS): A comprehensive, school-based mental health intervention for immigrant youth. *American Journal of Community Psychology*. DOI 10.1007/s10464-011-9486-2
- Birman, D. Ho, J., Pulley, E., Batia, K., Everson, M. L., Ellis, H., Stichick Betancourt, T., Gonzalez, A. (2005). *Mental health interventions for refugee children in resettlement*. White Paper II, Refugee Trauma Task Force, National Child Traumatic Stress Network, Chicago, IL