The Afghan Family Strengthening Initiative:
A Multi-State Learning Collaborative to Support Whole Family Mental Health Promotion for Afghan Families in Resettlement

Purpose: To partner with Refugee Health Coordinators (RHCs) and refugee service organizations in states receiving Afghan arrivals to implement the *Family Strengthening Intervention for Refugees* (FSI-R) and expand and sustain whole mental health promotion services for refugee populations more broadly. The FSI-R is an evidence-based, family home visiting program that has proven effective, safe and feasible.

Need: There are currently more than 62,000 Afghan evacuees (with either Special Immigrant Visa (SIV) or Special Immigrant Parole (SQ or SI) status) who have been evacuated to the U.S. Many more are set to arrive in the coming months; approximately 40% of the incoming Afghan population are families with minor age children. This population has been exposed to acute trauma and dislocation which research indicates raises risks of poor family functioning, mental health and psychosocial problems in children and youth.[1-2] Upon resettlement in the U.S., there is additional risk and vulnerability due to resettlement stressors (e.g., economic pressures, legal status, education, and health care access) and the inherent challenges of adjusting to life in the U.S. Such problems are known to have adverse consequences on the entire family system, often resulting in parenting problems, impaired marital and family relations, family conflict and increasing risk of poor mental health and functioning in children.[3-4] Whole family mental health promotions services are needed to reduce risks of mental health problems in children and adolescents and strengthen family relationships essential for heath, wellbeing, and long-term success.

Family Strengthening Intervention for Refugees: To contribute to successful family functioning among resettled refugees, the Boston College School of Social Work (BCSSW) has been collaborating with two resettled refugee communities (Somali Bantu and Bhutanese refugee communities in New England) to co-create and evaluate the FSI-R. The FSI-R was adapted from the Family-based Preventive Intervention, which was one of the first family-based mental health preventative interventions to demonstrate effectiveness in randomized clinical trials and it is an evidence-based intervention listed with the National Registry of Effective Programs and Practices.[5] Our community-based participatory research to adapt the intervention to refugees has been funded by two consecutive grants from the National Institute on Minority Health and Health Disparities (NIMHD). A major innovation of this research was to test delivery of the evidence-based home-visiting program as delivered by refugee peers in their native languages.[6] Using a trauma-informed and strengths-based approach, the FSI-R includes 10 family sessions with topics focused on assessing family strengths and relationships, improving parenting skills, reducing stress, improving self-management of symptoms, navigating the U.S. health and education systems and facilitating linkages to care. Results from a randomized pilot trial demonstrated significant improvements on child depression and traumatic stress reactions as well as, for the Bhutanese, improvements in risk of conduct problems and family arguments.[7] The intervention as delivered by refugee peers also demonstrated high family satisfaction and engagement in both communities.

Session	FSI-R Modules
1-2	Introduction and family narrative
3	Children and family relationships
4	Responsive caregiving and parenting
5	Engagement with the U.S. education system
6	Promoting health, wellbeing and safety
7-8	Communicating with caregivers and children
9	Uniting the family
10	Bringing it all together

The unprecedented arrival of numerous Afghan evacuees in the U.S. presents an opportunity to draw on the FSI-R and the project team's expertise to invest in whole family mental health promotion and successful family functioning early in the resettlement of incoming Afghan families.

Strategy: This project is being led by a joint team from the Boston College School of Social Work (BCSSW) and the University of Illinois Chicago (UIC) Department of Psychiatry in collaboration with refugee expert seed teams, the Office of Refugee Resettlement and the U.S. Committee for Refugees and Immigrants (USCRI). Partnering with Afghan community members is central to our strategy. This includes convening youth and adult community advisory boards (CABs) comprised of Afghan evacuees to advise on the cultural

adaptation, project approach, implementation barriers in undertaking family-focused work, and developing systems for training and supervision to ensure quality improvement as the program is rolled out across several partner states. State and community partnerships are critical to developing implementation strategies that can support successful and high-quality scale out of the evidence-based practice and the policy and financing structures to expand, sustain and extend the intervention to other refugee groups.

Project Team: Project co-leaders have extensive experience in implementing family-based mental health services among culturally diverse groups of refugees, forced migrants, and war-affected families.

Theresa S. Betancourt ScD, MA is the Salem Professor in Global Practice at BCSSW and Director of the Research Program for Children and Adversity (RPCA). She is an internationally recognized expert on developmental and psychosocial consequences of concentrated adversity on children, youth and families; resilience and protective processes; refugee families; and cross-cultural mental health. She has served as the principal investigator of the NIMHD supported research to adapt the FSI-R to peer delivery and implementation science models for ensuring high quality delivery at greater scale.

Mary Bunn PhD, LCSW is a Research Scientist in the Department of Psychiatry and Co-Director of the Global Mental Health Research and Training Program at the UIC. She has extensive experience developing and implementing community-based mental health prevention and care services for diverse refugee, asylum seeker, and forced migrant populations. She has depth of experience working with refugee communities from the Middle East and is currently leading a research project to adapt a multiple family group intervention for Arabic-speaking refugees for use by peer providers in ethnic self-help and community-based organizations

Other key personnel include:

Euijin Jung, PhD is a postdoctoral fellow at the RPCA. She is a social worker and currenting working with Bhutanese and Somali Bantu refugee populations in the New England area to implement the FSI-R.

Farhad Sharifi, MSW is a visiting fellow and the Refugee Program Advisor at RPCA. He is an Afghan social worker with a personal experience of evacuation and has implemented health, education and social service programming for internally displaced and ethnic minority populations in Afghanistan.

Refugee Expert Seed Teams are comprised of Somali Bantu and Bhutanese refugee community health workers from refugee service organizations in Maine and Massachusetts who have expertise in delivering the FSI-R through family home visiting in the U.S. resettlement context.

Phase I Assessing the Needs of Afghan Children and Parents: The first phase of the project is currently underway and involves conducting trauma-informed, strengths-based needs assessment with Afghan families in Safe Haven locations. To date, **more than 100 family assessments have been conducted** which have identified the primary problems of children and adolescents, help-seeking practices, family strengths and culturally specific mental health terminology. This assessment data is being used to inform family strengthening strategies at the Safe Haven locations and cultural adaptation of the FSI-R. Simultaneously, the RPCA-based Afghan Refugee Program Advisor who is an Afghan social worker is facilitating a cultural review of the FSI-R manual along with RPCA team members, UIC faculty and prior FSI-R refugee Seed Team members who delivered the home-visiting intervention under the NIMHD project in Maine and Massachusetts. Following the ADAPT-IT model, these cultural adaptation processes are intended to result in a culturally sensitive and responsive Family Strengthening Intervention for resettling Afghan families.

Phase II Community Implementation of Whole Family Mental Health Promotion Services: Phase I formative work will inform the second phase of the project which involves a wider-scale implementation of the FSI-R program to be delivered by previously resettled Afghans in communities across the U.S. For phase II, the BCSSW-UIC team will partner with the state-level refugee coordination leaders and agencies and community-based refugee service organizations to implement the FSI-R and broaden support services for resettling Afghan families. This plan involves utilizing existing Somali Bantu and Bhutanese FSI-R interventionists to serve as expert seed team trainers for new Afghan FSI-R interventionists who will facilitate implementation of the program across a coalition of interested states.

The BCSSW-UIC team will use a **learning collaborative** approach to implement the FSI-R across multiple states. A learning collaborative involves convening people from different organizations and locations to work together to enhance learning and outcomes. In phase II, this will involve convening multidisciplinary teams from different states to work together in a structured way with each other and with FSI-R expert trainers, intervention developers and researchers to implement the FSI-R with resettling Afghan families. The learning collaborative also has a secondary goal of expanding access to and use of the FSI-R and other evidence-based whole family mental health promotion services for diverse refugee communities, problem solving around how to accomplish this in their particular states and settings and sustain and finance such services long-term.

In each state, a **multidisciplinary team** will be comprised of Afghan interventionists (also referred to as *home visitors*) who will deliver the FSI-R, clinical supervisors, agency leadership and government stakeholders. As part of the learning collaborative, teams will take part in a series of regular in-person, phone, virtual and independent activities that are led by the BCSSW-UIC project team and which are designed to support their role in the project (e.g., delivery of the FSI-R, problems solving to identify financing for whole family mental health promotion). For Afghan interventionists, the learning collaborative will provide a forum for training and ongoing support provided by the BCSSW-UIC team using adult learning principles and digital tools designed to engage interventionists, bridge to real-world practice, and foster reflective learning. At the organizational and state level, the learning collaborative can strengthen interorganizational learning, foster innovation in refugee mental health services and influence key opinion leaders towards improving the availability of whole family mental health promotion for refugees.

Expectations for Phase II Partners:

State-level partners: The BCSSW-UIC team is interested to partner with states where there is political will to support refugee families and an interest in scaling out evidence based whole family mental health promotions services. Ideal state partners have relationships with refugee service organizations and a willingness to work out short-term financing for the project and engage with longer-term sustainability questions including how to increase access to and finance new whole family mental health promotion services innovations. As part of the learning collaborative, state partners will be asked to attend regular meetings to consult with experts, report on progress to date and problem solve around emergent challenges.

Refugee service organization partners: Also key to this project are partnerships with refugee service organizations in the states participating in the learning collaborative. These organizations will recruit and hire Afghan interventionists to deliver the FSI-R to Afghan families in their service areas. Organizational partners should be refugee health and social service agencies who have an ability to provide regular clinical supervision to bilingual and/or trilingual Afghan interventionists This means that partner organizations should have a clinical supervisor on site who can work with Afghan interventionists particularly to assist with triage of high need cases (e.g., substance use, interpersonal violence) and facilitate linkages for referral. Along with state-level partners, service organizations will form a multidisciplinary team at their site comprised of Afghan interventionists, clinical supervisors and agency leadership to support project activities.

Financing Phase II Community Implementation

To support implementation of the FSI-R, direct costs to each state/community partner(s) include salary costs for FSI-R interventionist(s) and clinical supervisors delivering weekly supervision and travel costs of home visiting. Funding is also needed to support time of interventionists, supervisors, agency leadership and state partners to participate in the learning collaborative activities which we estimate to be approximately 1-2 hours per week. To cover these costs, states/community service partners are encouraged to make use of funding available through Office of Refugee Resettlement for Afghan arrivals such as the Refugee Mental Health Initiative and Refugee Health Promotion.

Technical assistance from the BCSSW-UIC team to support training, implementation and ongoing quality improvement of the FSI-R and learning collaborative activities will be supported through separate funding and these costs are not expected to be covered by states/refugee service organizations.

Frequently Asked Questions about Phase II

What are the required qualifications of Afghan interventionists? FSI-R interventionists are Afghan men and women who have previously been resettled to the United States and preferably are parents or have experiences as a caregiver. They should speak Dari and/or Pashto and English and have strong interpersonal skills and previous experience working in social services. The FSI-R is designed to be delivered by individuals who do not have specialized mental health knowledge so no previous experience or training in mental health is necessary. However, interventionists do need to be linked to a clinical or social services setting where clinical supervision and risk of harm referral systems are available and overseen by a trained mental health professional or qualified supervisor.

What do I do if my state does not have a large previously resettled Afghan community to recruit from? While we prefer to hire Afghan men and women who have gone through the resettlement experience, there are many states who do not have a large population to draw from. In these cases, we will work with state/service partners to recruit and hire Afghan men and women from the currently resettling population and provide additional supports in terms of orientation and supervision.

How will FSI-R home visitors/interventionists be trained? FSI-R interventionists will be trained by the project team. All interventionists will complete an initial two-week training during which time they will receive in-depth orientation to the FSI-R curriculum, reviewing each module, skills and strategies needed to engage with families as well as training on how to handle emergent situations that may arise. This training will be provided in-person and virtually and will be delivered by refugee expert seed team members, intervention developers and researchers. Following this initial training, Afghan FSI-R interventionists will receive ongoing training and support as they implement the FSI-R. This will involve weekly meetings lead by the project team and which will include other Afghan interventionists who are members of the learning collaborative. During these meetings, modules will be reviewed, and interventionists will have the opportunity to share experiences with implementation and problem solve around service delivery challenges.

How will FSI-R interventionists be supervised? The project team will provide weekly supervision to the interventionists to assess the fidelity to the FSI-R model during intervention delivery and collect information about implementation experiences. In addition, clinical supervision will be provided on-site at refugee service organizations. This supervision will provide guidance on service issues during intervention delivery and support interventionists to triage and refer high-risk cases that are identified (e.g., substance use, severe mental illness, domestic violence). While it is preferred that supervisors are licensed clinicians, it is also possible to identify a non-clinical supervisor to work with FSI-R interventions so long as they have the skills and experience to triage and refer high need cases.

What is the duration of the FSI-R? The FSI-R is a 10-module intervention, with flexibility about how frequently each module is delivered to best meet the needs of families and partner organizations. For example, interventions could deliver one module per week for a total of 10 weeks. They may also deliver 2 modules per week for 5 weeks.

What is an average caseload for an FSI-R interventionist? Interventionists will carry an average caseload of five families at one time. Each family requires approximately four hours of work per week. This includes two hours of intervention delivery, one hour for communications/scheduling with families and one hour for travel to the home.

How many families will be seen in one year? We anticipate that one FSI-R interventionist can see a total of approximately 20 families per year.

What do I do if I am interested in being a part of the Afghan Family Strengthening Initiative? We are excited you are interested to join!! Please reach out to the project team so that we can set up a timo discuss your involvement further.

References:

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AFGHAN FAMILY STRENGTHENING INITIATIVE (A-FSI)
Guidelines

Role/Activity	*Description/Definition*
FSI Interventionists	Interventionists are estimated as a part-time position. They are Afghan non-specialists who share cultural and linguistic backgrounds to the Afghan families they will serve. Though it is not required, it is recommended that each partner organization hire two interventionists to cover language access in Dari and Pashto speaking and include one male and one female to best support dynamics and norms related to gender.
FSI Intervention	The FSI includes one pre-meeting and 10 modules that are delivered to families in their home setting. Depending on family availability and circumstances, it may take between 10-14 sessions to deliver the intervention.
Average caseload	Based on a part-time position, it is estimated that interventionists will carry an average caseload of five families at one time and deliver services to 20 families annually. Each family requires approximately four hours of work per week; this includes two hours of intervention delivery, one hour for communications/scheduling with families and one hour for travel to the home. Please estimate the number of interventionists needed per site accordingly.
Multidisciplinary teams at partner organizations	At each organization, a multidisciplinary team will be comprised of Afghan interventionist(s) who deliver the FSI, clinical supervisor who provides weekly supervision and monitors implemention of the FSI and and organizational leadership. Time and effort should be calculated accordingly.
Community Advisory Boards (CAB)	Community advisory boards are critical to the implementation of culturally-adapted evidence based services and can advise on adaptations, project approach and assist with problem solving around implementation barriers. The following budget allocated funding to cover costs associated with supporting and convening a CAB four times per year.
Refugee Health Coordinator (RHC)	In additional to personnel at partner refugee service organizations, RHCs are included in the implementation plan, and will participate in in-person and virtual learning collaborative activities. Time and effort should be calculated to allow for their participation.

AFGHAN FAMILY STRENGTHENING INITIATIVE (A-FSI)

Learning Collaborative (LC) Activities

Role/Activity	*Description/Definition*	*Estimated total number of hours*
Afghan Interventionists	Participation in two in-person learning collaborative (LC) meetings at the beginning and end of the project (two, 2-day meetings = 40 hours). Completion of 10 virtual training models (25 hours). Participation in in-person role play-based learning and competency assessment (10 hours). Participation in once monthly LC meetings for interventionists (estimated at 2 hours per meeting x 10 = 20 hours).	95 hours/Afghan interventionist
Clinical Supervisor	Participation in two in-person LC meetings at the beginning and end of the project (two, 2-day meetings = 40 hours). Participation in virtual training on supervision of interventionist (25 hours). Monitoring fidelity and risk of harm referrals (8 hours). Participation in once monthly LC meetings for clinical supervisor (estimated at 2 hours per meeting x 10 meeting = 20 hours).	93 hours/clinical supervisor
Organizational leadership	Participation two in-person LC meetings at the beginning and end of the project (two, 2-day meetings = 40 hours). Participation in once monthly LC meetings for clinical supervisor (estimated at 2 hours per meeting x 10 meeting = 20 hours).	60 hours/organizational leader
Refugee Health Coordinator	Participation 2 in-person learning collaborative meetings at the beginning and end of the project (2, 2-day meetings= 40 hours). Participation in once monthly LC meetings for clinical supervisor (estimated at 2 hours per meeting x 10 meeting =20 hours).	60 hours/RHC

AFGHAN FAMILY STRENGTHENING INITIATIVE (A-FSI)
Program Budget

Number of Afghan families Served:

A. Personnel

Role	*Description*	*FTE*	*# of Staff*	*Salary & fringe*	*Total*
Admin support	Admin support for logistics of the project. This includes support with recruitment of families, coordination of the project and supporting convening and management of the CABs. Estimated at 2 hours/week per admin support (0.05 FTE).	0.05	1		$0.00
Afghan Interventionists	Dari and Pashto-speaking male and/or female interventionists who will receive training in the the FSI model, participate in in-person and virtual learning collaborative activities, deliver the intervention to participating families and receive weekly supervision. Estimated time is based on serving 20 families annually (one Afghan Interventionist can serve 20 families/year. Though it is not required, it is recommended that each partner organization hire two interventionists to cover language access in Dari and Pashto speaking and include one male and one female to best support dynamics and norms related to gender). Estimated at 24 hours/week per interventionist (0.6 FTE).	0.6			$0.00
Monitoring and evaluation (M&E)	Monitoring and evaluation of pre- and post-data with participating families and endline interviews with participating families. M&E staff will also work with the project team to coordinate collection of data related to implementation experiences. M&E staff will receive training on collection of evaluation data related to the project (approximately 8 hours). Estimated at 2 hours/week per M&E team member (0.05 FTE).	0.05	1		$0.00
Clinical Supervisor	Clinical supervisor will receive training on the FSI model and fidelity monitoring, provide weekly supervision for each Afghan interventionist, support risk-of-harm referrals and linkage to care and participate in in-person and virtual learning collaborative activities. Estimated at 2.5 hours/week per Afghan Interventionist (0.0625 FTE).	0	1		$0.00
Organizational leadership	Organizational leader will support overall management of the project and will participate in learning collaborative meetings (in-person and virtual). Estimated at 1 hour/week (0.025 FTE).	0.025	1		$0.00
	Subtotal		**4**	**$0.00**	**$0.00**

AFGHAN FAMILY STRENGTHENING INITIATIVE (A-FSI)
Program Budget

B. Additional Costs

Item	*Description*	*Unit*	*Cost/Unit ($)*	*Num. of Units*	*Total*
Interpreter	Interpreter to assist with collection of evaluation data. Estimated at a rate of $25/hours x 180 hours (4.5 hours per family x 20 families).	1 hour		4.5	$0.00
Food and supplies	Food and supplies for quarterly convening of CAB. Estimated at $100 per meeting.	1 meeting	100	4	$400.00
Mileage for service delivery	Gas and mileage costs to cover travel for the Afghan Interventionists to and from the family's home. Costs to be estimated based on federal gas and milage rate for round x 12 visits per family (accounting for repeat visits) plus any additional tolls or fees. 12 visits/family x 20 families x 50 miles RT/visit.	1 mile	0.36	0	$0.00
Mileage for monitoring and evaluation	Gas and mileage costs to cover travel for M&E staff to/from the family's home. Costs to be estimated based on federal gas and milage rate for round trip x 3 visits per family (accounting for repeat visits) plus any additional tolls or fees. Estimated rate at 3 visits/family x 20 families x 50 miles RT/visit.	1 mile	0.36	0	$0.00
	Subtotal				**$400.00**

GRAND TOTAL $400.00