



FRIENDS OF KISORO

Psycho-Social Support Group (PSSG) for Refugee Transit Camps

3-Session Manual for Group Facilitators

October 2018

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ACKNOWLEDGEMENTS

We thank the refugees of Nyakabande Refugee Transit Camp, whose life experiences, feedback about our services, and commitment to persevering have guided the development of this intervention.

We also thank the following groups and individuals for their valuable contributions:

- ❖ Nyakabande camp personnel for intervention development support
- ❖ International Association for Social Work with Groups for funding support for the development, training, and piloting of the intervention
- ❖ Dr. Carol Tosone, NYU Silver School of Social Work, for intervention development support and mentorship
- ❖ Betsy Miles for training and editorial support
- ❖ The Bellevue/NYU Program for Survivors of Torture whose Orientation Group Manual for asylum seekers and resettled refugees has influenced the structure of this Group Manual for refugees in their early days of displacement

Recommended citation: Murakami, N.J. & Musiimenta, C. (2018). *Psycho-social support group for refugee transit camps: 3-session manual for group facilitators*. Kisoro, Uganda: Friends of Kisoro.

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1. INTRODUCTION

1a. The PSSG Intervention

The *Psycho-Social Support Group (PSSG) for refugee transit camps* is an emerging practice that aims to mitigate psychosocial effects of persecution and forced displacement faced by refugees. This adult group intervention targets effects of loss and other under-addressed, psychosocial needs of refugees during their early phase of forced migration. PSSG was developed by social workers and initially implemented in Nyakabande Refugee Transit Camp, a United Nations High Commissioner for Refugees (UNHCR) transit camp in southwestern Uganda in 2018.

PSSG Objectives

- Enhance refugees’ awareness of psychosocial well-being
- Strengthen current individual and community resilience
- Promote community-building in order to reduce isolation and re-build support systems

PSSG is a manualized, 3-session, psycho-educational, psychosocial support group for adult refugees temporarily residing in a transit camp. Sessions are recommended to run between 75 and 90 minutes, two to three times per week, and new members are invited to join, as indicated. The group’s three session topics are informed by common needs and experiences of acutely displaced refugees as well as factors that promote long-term recovery from crisis, noted in the World Health Organization (WHO) model of Psychological First Aid (PFA): “feeling safe, connected to others, calm and hopeful; having access to social, physical and emotional support; and feeling able to help themselves, as individuals and communities.” (WHO, 2011, p.4).

Group Session Topics

- Session 1: Bio-Psycho-Social-Spiritual Responses to Distress*
- Session 2: Survival & Resilience*
- Session 3: Support-Seeking Behaviors*

Each PSSG session follows the same format, offering structure and predictability to individuals whose daily living has been severely disrupted. Members are encouraged to attend all three sessions, however, because refugees may be transferred out of the transit camp before completing all sessions, the uniformity of sessions also ensures that group members receive core knowledge and skills even if they attend only a single session.

Structure of Every Session

1. PSSG Description
2. Member-Led Song
3. Rules, Safety, Privacy & Confidentiality in Camp Settings
4. Regulation or Coping Strategy
5. Session Topic Discussion
6. Psychosocial and Mental Health Support in the Transit Camp & Resettlement Camps
7. Community-Building Activity
8. Member-Led Song

The *PSSG Description* includes the aims of the intervention, the structure of the sessions, and normalizing of experiences and needs of acutely displaced refugees.

Member-Led Songs open and close each session, drawing from cultural practices of unity and strength in communities around the world.

Rules, Safety, Privacy & Confidentiality are critically important when working with refugees whose trust of others has been violated, so these protections and their limits are discussed.

Regulation or Coping Strategy targets negative emotional, cognitive, and sensorimotor experiences commonly reported by refugees, such as racing heart rate, muscle tension, intrusive thoughts, disrupted sleep, worry, and sadness.

The *Session Topic Discussion* begins with psycho-education about the session’s topic and then open-ended questions invite members to relate to the topic in a discussion format.

Psychosocial and Mental Health Support services in the transit camp are described by the facilitator to ensure that members are aware of services and how to access them. Facilitators also provide up-to-date information about available services where refugees will go after departing the transit camp.

The *Community-Building Activity* aims to promote connection within the group. It is identified by the facilitator of the group, to ensure goodness-of-fit for the particular group, and it is the same for each of the three sessions.

1b. Using the Manual

Acronyms	
IDP	Internally Displaced Person
MHPSS	Mental Health and Psychosocial Support
PSSG	Psycho-Social Support Group
PTSD	Post-Traumatic Stress Disorder
UNHCR	United Nations High Commissioner for Refugees

This manual was developed for psychosocial practitioners who want to facilitate short-term psychosocial support groups with displaced survivors of war, violence and persecution. The developers hope that this manual AND at least basic knowledge of psychosocial well-being and mental health of refugees AND at least basic skills in group facilitation, will be sufficient for psychosocial workers to begin effective implementation of PSSG. Throughout the manual, “client” and “group member” refer to a refugee participating in the PSSG intervention and “facilitator” refers to the psychosocial practitioner facilitating the PSSG intervention.

This manual begins with an introduction to the PSSG intervention, then covers the topic of refugee mental health and psychosocial wellbeing, and then describes the rationale, development, and implementation of PSSG. This manual ends with a detailed description of each PSSG session and appendices with documents for implementation of PSSG. The session descriptions include session objectives, a session summary, the materials needed, and a detailed description of the session facilitation, as well as tips for facilitation and suggestions for intervention adaptation. An *italicized* script to guide facilitators is provided for each session part. Saying to the group what is written in *italicized words* can be helpful for new facilitators who have not yet developed their own approach to discussing the topics and meeting the objectives of the session. However, facilitators are expected to modify what is said in each part, to meet the needs of their unique setting. Words in brackets – [] – guide facilitators and should not be said to the group.

1c. Adopting & Adapting the Intervention

PSSG was developed for implementation in a refugee transit camp. However, the manual guides practitioners to adapt the intervention to other displacement settings, when there is some degree of safety for the individuals; this includes internally displaced persons (IDP) camps, resettlement camps, or urban or community refugee settings. PSSG is intended to be adapted to fit the unique characteristics of the displacement context, including the psychosocial needs and resources of the recently displaced refugees and the needs and resources of the organization or individuals implementing the intervention. Security concerns, culture, linguistics, clients' duration in the setting, and intervention implementation environment are just a few factors to consider when adapting and implementing the intervention.

Contextual and Culturally-Informed Adaptations to Consider

- Single- or mixed-gender groups
- Adolescent groups
- Gender of the facilitator(s)
- Children allowed to be present
- Adding a contextually-important part to every session
- Expanding or shortening the number of sessions
- Modifying the discussion topics
- Whether the selected facilitation language signifies power and oppression
- Manual and visual aids translated into local languages or symbols
- Inviting group members to step into roles of additional responsibility in the session, such as interpreter (note the potential risks of untrained interpreters) or a promoter of privacy (if non-members begin to gather around the group)

Throughout the manual, you will see “_____ camp”. Disorientation is common during the refugee experience, so when conducting PSSG, we encourage you to use the name of the setting where you are to reinforce a “grounding” or connection of the clients to their current location.

Facilitators may want to consider incorporating advocacy into their implementation of PSSG. If authorized by the group, facilitators can make a commitment to share with camp leadership any concerns related to camp-related rights and services that group members raised during the group intervention. Facilitators may also demonstrate advocacy by educating their non-psychosocial work camp colleagues about mental health and psychosocial well-being and the content of this manual. For example, it would be helpful for medical workers to understand the relationship between physical symptoms and emotions and for police and camp registration workers to understand how trauma reminders can impact a refugee's behaviors, thoughts and memory. Additionally, facilitators may demonstrate advocacy by increasing psychosocial support services in the camp and increasing activities to do during the long unstructured days in the camp.

Lastly, assessment of the implementation context and implementation readiness in a new setting is necessary when considering the adoption of any intervention. A few important factors to consider are strategies to legitimize the importance of addressing psychosocial health, to contend with the contingencies of working with a fluid refugee population, to navigate human capital limitations, to ensure feasibility, and to improve uptake and sustainability.

Damschroder and colleagues' (2009) Consolidated Framework for Implementation Research (CFIR), provides a consolidation of constructs to guide intervention implementation. Its five major domains are briefly outlined here to help organizations determine the goodness-of-fit of PSSG and assess their readiness to implement PSSG in their settings.

1. *Intervention Characteristics*: Consider the intervention source and its evidence strength and quality (Intervention source & Evidence strength and quality); Consider the advantages of implementing the intervention versus a different solution (Relative advantage); Consider whether the intervention can be adapted to meet the needs in your setting (Adaptability); Consider whether you can have a small-scale pilot of the intervention and make adjustments if needed (Trialability); Consider whether the intervention is too difficult to implement (Complexity); Consider your perception of the intervention (Design quality and packaging); Consider whether the cost of the intervention is manageable (Cost) (p. 55-56)
2. *Outer Setting*: Are the needs and resources of the clients sufficiently understood and prioritized (Patient needs and resources); How connected is your organization to other organizations (Cosmopolitanism); Is there eagerness to implement the intervention because other organizations are developing similar services (Peer pressure); What external factors are encouraging the implementation (External policies and incentives) (p. 56)
3. *Inner Setting*: Consider the organizations characteristics as they relate to a new intervention (Structural characteristics); Consider the extent and quality of relationships and communication within the organization (Networks and communications); Are there qualities of the organization's culture that would strengthen or hinder the implementation (Culture); Is there a readiness for change (Implementation climate) (p. 56-58)
4. *Characteristics of the Individuals Involved*: What do staff members know, think feel about the intervention (Knowledge and beliefs about the intervention); Do staff members believe they can implement the intervention (Self-efficacy); Are staff members ready for change (Individual stage of change); How are staff members' perception of and commitment to the organization (Individual identification with organization); Are there other personal traits of the staff that will impact implementation (Other personal attributes) (p. 58-59)
5. *The Process of Implementation*: Has there been sufficient implementation planning at organizational and individual levels that include evaluation (Planning); Has there been sufficient engagement of all stakeholders (Engaging); Has the implementation plan been carried out as planned (Executing); What does feedback about the implementation progress and quality reveal (Reflecting and evaluating) (p. 59-60)

2. THE REFUGEE EXPERIENCE

2a. Refugees

Refugees: Individuals who are “unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion”

The 1951 Convention Relating to the Status of Refugees
(UNHCR, 2011, p. 3).

The experiences of refugees vary greatly, but one universal psychosocial experience is loss. Loss for refugees can occur at intrapersonal, interpersonal and environmental levels. For example, for many forcibly displaced persons, sense of control over their internal states is altered, support systems are dispersed or decimated, actual and perceived safety is shattered, and home and community are left behind. Refugees endure a broad range of (1) pre-flight stressors in their home country, including war, witnessing loved ones' murder, death threats, rape, torture, and extreme poverty; (2) flight stressors during their journey to safety, including living in hiding, lack of access to basic needs, exploitation, and persecution of loved ones left behind; and (3) post-flight stressors, including loss of identity, ongoing separation from family, underemployment, financial difficulties, unmet hopes or expectation, language and cultural barriers and isolation (National Capacity Building Project & Center for Victims of Torture, 2005).

The United Nations High Commissioner for Refugees (UNHCR), founded in 1950, has the primary aim to “safeguard the rights and well-being of people who have been forced to flee” (UNHCR, n.d., para 1). It is globally recognized as the leading organization in supporting and promoting the protection and wellbeing of refugees.

2b. Refugee Transit Camps

Many refugees will spend time in one or more camp settings during their refugee experience. These include IDP camps, transit camps (also called transit centres or reception centres), resettlement camps, and a range of unofficial camps. The UNHCR manages many transit and resettlement camps around the world, providing security and support to millions of individuals and families fleeing from war and persecution (UNHCR, 2017).

UNHCR refugee transit camps are temporary, short-term shelters available near some conflict zones – often just across the international border. Refugee transit camps are a life-saving measure with the primary objective to protect those fleeing war or persecution (or they serve as a base for repatriation for those returning home after conflict has ended). Their services are targeted to basic needs and protection in the initial days of displacement to a new country, and the limited resources and staffing of transit camp organizations reflect these mandates. Although transit camps are intended as two- to five-day shelter (UNHCR, 2015) for newly registered refugees, refugees may (and commonly do) remain for weeks and occasionally longer. Tasked with protection and meeting basic needs, refugee transit camps have historically not provided identified mental health and psychosocial services – or the services that are provided seem to be very limited and focused on extreme psychiatric cases.

2c. Refugee Mental Health and Psychosocial Wellbeing

Refugees are impacted by a range of high-risk pre-flight, flight and post-flight factors that are empirically associated with developing and maintaining psychiatric disorders, including posttraumatic stress disorder (PTSD), depression and anxiety. However, research indicates that many refugees' reactions to the events they endure are subthreshold for clinical diagnoses. While the reported prevalence rates of mental disorders, including posttraumatic stress disorder, anxiety, depression, and somatic disorders, in survivors of persecution and forced migration vary greatly (Turrini, 2017), the negative effects of humanitarian crises, forced migration and post-migration experiences on survivors' mental health and psychosocial wellbeing, are well

documented (Porter & Haslam, 2005; Siriwardhana, Ali, Roberts, & Stewart, 2014; Slobodin & de Jong, 2015; Turrini, 2017).

The Inter-Agency Standing Committee (IASC, 2007) posits that in humanitarian emergency settings, when people may be in shock, feel numb, experience confusion, be overwhelmed, or be alone, basic psychosocial-oriented activities may be sufficient to stabilize, normalize, and mitigate longer term psychosocial effects of the refugee experience for most displaced persons. PSSG is one effort to begin to address some of the broad, pervasive, and complex psychosocial needs of forced migrants during an acute stage of crisis, before they develop into chronic and severe issues.

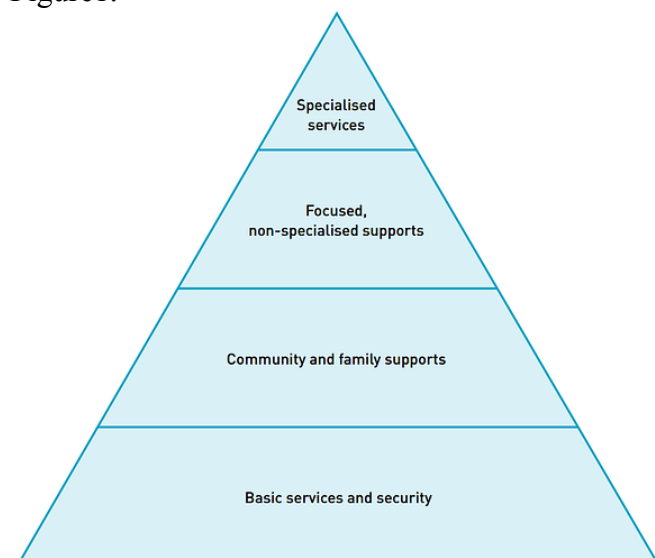
2d. Refugee Mental Health & Psychosocial Guidelines

Several mental health and psychosocial guidelines for refugees and for humanitarian emergencies influenced the development of PSSG and this implementation manual. Facilitators of PSSG will benefit from becoming familiar with these guidelines and the knowledge and practice recommendations that they provide.

The *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007) is a valued resource by individuals and organizations working in humanitarian emergency settings. The guidelines are intended to “enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency” (IASC, 2007, p. 5) and they “reflect an emerging consensus on good practice among practitioners” (IASC, 2007, p. 1) from around the world and from multiple disciplines. The IASC describes MHPSS as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder” (IASC, 2007, p.1). PSSG facilitators are encouraged to become familiar with the IASC guidelines.

Figure 1 shows the IASC Intervention pyramid for mental health and psychosocial support in emergencies (IASC, 2007, p. 13). The PSSG serves as an intervention at the *community and family supports* level because of its focus on re-building and accessing community and connecting clients to other psychosocial support services AND at the *focused non-specialised supports* levels because of its provision of targeted mental health and psychosocial psychoeducation and support by facilitators with MHPSS knowledge and skills. In response to what is shared and observed in the PSSG group sessions, facilitators refer clients for additional support at any of these levels or advocate for needed services at these levels.

Figure1.



Another important guide for PSSG facilitators to become familiar with is the *mental health Gap Action Programme Humanitarian Intervention Guide (mhGAP-HIG)* (World Health Organization [WHO] & UNHCR, 2015). The mhGAP-HIG is a clinical guide that offers “first-line management recommendations” for mental, neurological and substance use disorders in humanitarian emergency settings that have limited specialized services, as is the case in refugee transit camps (p.1). This guide’s General Principles of Care offer recommendations for service provision in the areas of communication, assessment, management, reducing stress and strengthening social support, protection of human rights, and attention to overall well-being. The guide also provides assessment and management recommendations for ten mental, neurological and substance use conditions that PSSG members may be experiencing and may need additional support with.

The UNHCR *Operational Guidance: Mental Health & Psychosocial Support Programming for Refugee Operations* (UNHCR, 2013) is an additional valuable resource for PSSG facilitators or for individuals and agencies interested in adopting and adapting the PSSG intervention for their setting. This guideline is built upon other UNHCR strategies and policies and aligns with interagency guidelines for MHPSS in humanitarian settings. It provides practical tools for developing and implementing MHPSS, with a focus on refugees and asylum seekers, and connects the reader to additional resources related to development and implementation of mental health and psychosocial services.

The WHO *Psychological first aid: Guide for field workers* provides a framework for social and psychological support to people in the immediate aftermath of a serious crisis or disaster (WHO, War Trauma Foundation, & World Vision International, 2011). This guide can help PSSG facilitators consider what support may need to precede PSSG, and when and whether PSSG is appropriate for their setting. With a user-friendly format, this guide discusses impacts of crisis events and approaches to care that respect individual and community’s dignity, culture, and abilities.

3. PSSG OVERVIEW

3a. Intervention Rationale

In humanitarian crises, mental health and psychosocial support (MHPSS) has not been prioritized (Kassam & Nanji, 2006). However, there is growing recognition of the vital importance of MHPSS in conflict zones, and UNHCR’s 2013 MHPSS Global Review provides recommendations and implementation strategies to begin to address the gaps. Under the report’s finding that “Synergies between protection and MHPSS within UNHCR are not being maximized,” it recommends the reframing of MHPSS services as core under the protection mandate and recommends integrating their approaches into protection activities (p. 71). Refugee transit camps provide a context for responding to this recommendation.

Despite recent increase in research on the mental health and psychosocial wellbeing of civilians displaced by armed conflict (Miller & Rasmussen, 2017) and intervention effectiveness for survivors of persecution and forced migration (McFarlane & Kaplan, 2012; Turrini 2017), there remains a dearth of empirically supported treatments for acutely displaced refugees in camp

settings. Literature reveals that treatments for other refugee subpopulations, such as resettled refugees, asylum seekers and even internally displaced persons, are primarily disorder-based, targeting post-traumatic stress disorder (PTSD), which leaves out a significant portion of the refugee population. Few studies examine interventions promoting wellbeing rather than treating illness.

Additionally, literature search revealed no published studies on clinical interventions, other than psychological first aid, for refugees in the initial weeks of forced displacement, nor studies on psychosocial interventions aimed at promoting wellbeing, coping, and improved daily functioning in the general population within refugee transit camps. Faced with this gap in interventions for populations that are acutely displaced or that have undiagnosed or diagnostically sub-threshold symptoms, psychosocial practitioners who do implement clinical interventions will apply those from different settings or those developed for different populations. The PSSG may be the first psychosocial wellbeing-focused group intervention developed *in* a transit camp *for* a transit camp.

PSSG is informed by Judith Herman's (1992) phased treatment model, models of psychoeducational and supportive group work for trauma survivors, psychosocial support approaches for refugees (Alfadhli & Drury, 2016), and the World Health Organization (2011) psychological first aid framework for recent exposure to crisis. Herman's (1992) treatment approach, which has a first line intervention of stabilization and psychoeducational support, has informed many evidence-based practices for survivors of trauma. Many group approaches for refugees and survivors of persecution are also modeled after this approach and have an initial stabilization and supportive phase (Bunn, Goesel, Kinet, & Ray, 2016; Droždek & Bolwerk, 2010; Robertson, et al., 2013; Smith & Impalli, 2007). Furthermore, group modalities are empirically supported for survivors of trauma and can "counteract the isolating effects of interpersonal trauma and [enable] survivors to connect with sources of resilience within themselves and others" (Droždek & Bolwerk, 2010, p. 117).

Resilience can be described as positive, successful adaptation or adjustment following stressful exposure to adversity or threat (Luthar, Lyman, & Crossman, 2014; Siriwardhana et al., 2014; Tol, Song, & Jordans, 2013). Positive, resilient adaptation is protecting many displaced survivors of persecution from the potential negative mental health and psychosocial sequelae of their experiences (Siriwardhana et al., 2014). Many studies have shown that "protective responses after trauma exposure may reduce its impact, promote self-esteem and self-efficacy, and prevent subsequent adverse psychological distress and disorders" (as cited in LeMaster et al., 2017, p.2). Recognizing the impact of community resilience on "the collective negotiation of traumatic experiences by displaced communities," there is support for prioritizing development of interventions that promote both individual and community resilience (Siriwardhana et al, 2014, p.10). PSSG aims to strengthen individual and community resilience by strengthening connection to self and others and expanding internal and external resources.

The development and implementation of PSSG is a groundbreaking effort to address the UNHCR's global review recommendation to better integrate mental health and psychosocial approaches into protection activities (Meyer, 2013) while also meeting the Inter-Agency Standing Committee's (IASC, 2007) minimum standards for mental health and psychosocial support in emergency settings and aligning with the refugee mental health and psychosocial guidelines discussed above.

3b. Pilot Implementation

PSSG was developed and piloted in 2018 in Nyakabande refugee transit camp, located in Nyakabande, Uganda, a small town in southwestern Uganda, near the border of the Democratic Republic of the Congo (DRC). Opened in 1994 to respond to Rwandans fleeing the genocide, Nyakabande refugee transit camp has been a transit point for persons fleeing conflict from primarily DRC, since 2012. In late 2017, the transit camp was primed for implementation of a manualized psychosocial group intervention. There was high need for psychosocial programming, with increasing numbers of refugees seeking registration at this camp, refugees staying longer than is recommended in transit camps, and an anticipated influx of refugees from the DRC leading up to an anticipated 2018 presidential election. Furthermore, because the first-ever mental health and psychosocial support staffs entered Nyakabande camp within the prior year, there was fertile ground for clinical initiatives as the camp developed its nascent mental health and psychosocial support (MHPSS) services and system of care with consultation from the lead developer of this PSSG intervention, a clinical social worker with expertise in refugee psychosocial health and program development.

The rationale for a group intervention in Nyakabande refugee transit camp is rooted in extensive empirical support for group interventions with people who have endured trauma (Bunn et al, 2016; Foy et al, 2000; Levi et al, 2017) and in the IASC intervention framework for humanitarian emergencies that recommends interventions that mobilize available resources and capacities (IASC, 2007). Additionally, group-oriented support is culturally syntonetic for so many refugee communities, and it is a resource-wise way of promoting psychosocial wellbeing and of screening for refugees needing specialized individual support. In Nyakabande Transit Camp, where the 1 social worker to 400 refugees ratio precludes individual support for everyone, community-oriented interventions have enabled psychosocial workers to connect with many more members of the community.

In 2017, Friends of Kisoro staff facilitated individual and group conversations with Nyakabande camp-based refugees about their needs and struggles. Additional psychosocial-related issues were identified through individual and family assessment and counseling sessions with refugees. Furthermore, a review of Friends of Kisoro psychosocial assessments from January to March 2018, revealed severely limited support systems, with 54% of our clients reporting having no family in the camp, 29% reporting having only children in the camp, and 42% reporting having nobody to talk to when feeling distressed in the camp. Two pilot support groups - one adult female and one adult male - were facilitated to inform decisions about expanding camp psychosocial services to include group work. In 2018, the lead developer of the model, a licensed clinical social worker, trained camp-based psychosocial workers in group work theory and practice and led the development of the PSSG intervention and its manual. In August 2018, the clinical social worker trained seven camp-based psychosocial workers to facilitate PSSG, applying the training curriculum and structure outlines below.

In September 2018, the Friends of Kisoro camp-based Ugandan social worker, the co-developer of PSSG, facilitated full cycles of the PSSG with women and with men in Nyakabande refugee transit camp. The lead developer of PSSG, a United States-based clinical social worker provided weekly, telephonic supervision to the facilitator and additional remote consultation as needed. Following these pilot implementations, the developers modified the intervention and its

facilitation, based on participant feedback, group evaluation, facilitator experience, and other factors from the pilot implementation. The modifications have been incorporated into this October 2018 version of the manual, which is the first publicly-available version of the Psycho-Social Support Group (PSSG) for Refugee Transit Camps.

3d. Facilitators and Supervision

We recommend that all facilitators carefully read and become familiar with all components of the manual. We recommend that facilitators have at least basic knowledge of psychosocial well-being and mental health of refugees and at least basic skills in group facilitation before implementing PSSG. We also recommend co-facilitation of sessions with two facilitators.

Facilitators are encouraged to meet before each group session to discuss any contextually significant information that could impact the day's session (e.g. current registration delays in the camp, recent influx of refugees, a public health crisis), to agree on the manual activities that will be done during the session (e.g. the community building activity), and to confirm the style of facilitation that will occur for that session (e.g. dividing up who will take the lead on which parts). Facilitators are also encouraged to meet after each session to debrief with each other, provide feedback to each other about facilitation, to discuss any group clients who may need follow up support, and to complete any required documentation.

Pre-group and post-group co-facilitator meetings can serve as peer supervision, during which facilitators discuss concerns about facilitation, any challenges that they experienced during the session, or any concerns about upcoming sessions. Supervision from a psychosocial worker with more clinical experience or more PSSG experience would offer additional support and perspective, however this may not be an available resource.

Facilitator's use of self-disclosure – the sharing of the facilitator's personal experiences, values, beliefs and identities – should be thoughtfully considered when facilitating PSSG because sharing may negatively impact a client's comfort or safety in the group or comfort with the facilitator.

3e. Evaluation

Evaluation of every session is encouraged. The evaluation plan will vary greatly by availability of resources. A few suggestions based on our pilot implementation are included below.

1. *End-of-Group Call-Out*: At the end of every session, ask the group, "Did anyone like/enjoy/benefit from/feel helped by today's group?" If yes, ask what they liked/enjoyed/benefited from/were helped by. Then ask, "Did anyone not like something about today's group?" If yes, ask what they did not like. Finally ask the clients, "how can we make this group better in the future?"
2. *Pre- and Post-Group Questionnaire*: Develop questionnaires that are self- or facilitator-administered that inquire about PSSG objectives and the specific session objectives, logistical and environmental aspects of the group (e.g. location, time, notification, language), and other topics that are relevant for evaluation in your setting.

Facilitators are encouraged to document the evaluation feedback received after each session. At the end of the 3-session group, facilitators should review all feedback and determine whether any modifications will be made for the next group.

3f. Training of Facilitators

Informed by our PSSG pilot implementation training experience, following is a recommended curriculum for training facilitators in PSSG, using this manual. The training, which has didactic and experiential components, is estimated to take a total of 6-8 hours. We recommend that the trainer be experienced with group work, refugee mental health and psychosocial wellbeing, and the PSSG manual. If such a trainer is not available, then we recommend a model of peer-training that follows the format below, but skips steps 1 & 2 and has peer-facilitated discussions.

Part 1: PSSG Didactic Training

1. Trainer leads the trainees in PSSG Session 1, as if they are the refugee clients.
2. Trainees discuss their experience as clients, ask the facilitator questions, and consider what it would be like to facilitate the group themselves.
3. Trainer and trainees read through Session 1 in the manual together, discussing then role-playing every part. After discussing a part of Session 1, a trainee facilitates the part that was just discussed and the remaining trainees and the trainer take on the role of refugee clients. After the facilitation, the trainees and trainer give the facilitator feedback, before moving on to discuss and role-play the next part. Each trainee is asked to facilitate or co-facilitate at least one part of Session 1.
4. After Session 1 has been demonstrated, studied, and practiced, the trainer guides the trainees through the beginning of the manual, which provides the background and rationale for the intervention they have begun. The trainer gives an overview of the first 3 sections of the manual (Introduction, The Refugee Experience, PSSG Overview) highlighting key information. Trainees are instructed to carefully read these 3 sections independently outside of the training. If trainees do not read English and the manual has not been translated, another strategy will be needed to ensure that trainees understand all the content of the manual.
5. Trainer and trainees read Session 2 in the manual and follow the same steps in #3 above.
6. Trainer and trainees read Session 3 in the manual and follow the same steps in #3 above.
7. After all sessions have been discussed and practiced, the trainer guides a discussion about the intervention, explores what each trainee needs to feel prepared to facilitate the sessions with clients, and addresses any outstanding questions.
8. Trainer explains the plan for the upcoming Experiential Training.

Part 2: PSSG Experiential Training

1. The trainer facilitates PSSG Session 1 with refugee clients. All trainees observe.
2. Trainer and trainees discuss the experience. Observers give facilitation feedback to the trainer.
3. Two trainees co-facilitate Session 2 with refugee clients. Other trainees and trainer observe.
4. Trainer and trainees discuss the experience. Observers give feedback to the two trainees.
5. Two different trainees co-facilitate Session 3 with refugee clients. Other trainees and trainer observe.
6. Trainer and trainees discuss the experience. Observers give feedback to the two trainees.
7. Trainer provides additional training and support as needed, based on the experiential training.

4. PSSG SESSIONS

Session 1: BIO-PSYCHO-SOCIAL-SPIRITUAL RESPONSES TO DISTRESS

Objectives

By the end of this session, clients will be able to:

1. Explain the relationship between emotions, physical sensations, thoughts, & behaviors
2. Practice Breathing Relaxation
3. Describe common reactions to traumatic events
4. Name one thing they will do today to help manage their distress
5. Describe where they can access psychosocial support services

Summary

This session focuses on common reactions to experiencing traumatic and stressful events and on the transactional relationship of emotions, physical sensations, thoughts, and behaviors.

Materials

1. Client attendance and follow up sheet (Appendix 1) and pen
2. Group Format Reference Sheet for Facilitators (Appendix 2)
3. Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid (Appendix 3)
4. Bio-Psycho-Social-Spiritual Responses to Distress visual aid (Appendix 4)
5. Object (e.g. ball), if wanted, to pass among members during session activities

Session Facilitation

Part 1: Overview of PSSG

Aim: To explain the Psycho-Social Support Group (PSSG) intervention and the plan for today's session and future sessions.

Sample Script:

[Welcome] *Welcome to our group. Our names are _____ & _____. We are psychosocial workers [or name your title] here at _____ Refugee Transit Camp. This group is called a Psycho-Social Support Group. To begin, let us determine what language is preferred by the group and do what we can to accommodate the language needs of all members. [If facilitators and members are multi-lingual, determine with the group what language to use and invite members or the co-facilitator to interpret for other members if needed]*

[Group Description & Goals] *In this group, we will share knowledge and skills and will learn from each other. We know that each of you faces struggles from your past, but also may face struggles here in the camp. This particular group focuses on building your internal resources to cope with and manage struggles related to your past, your current situation, and what is coming ahead. However, this particular group does not focus on resolving the external struggles that you face here in the camp. There are other avenues for discussing and addressing those issues. This group focuses on the experiences that each of us can have control over – experiences inside*

us like our thoughts and feelings. In this group, you will learn about the health of our minds, strategies for coping with struggles, and how to strengthen community in this camp to reduce isolation and help you feel more connected to people you are with in this camp and may be with after. We have 2 more sessions similar to today's session. Each session focuses on a different topic that many refugees have wanted support with at this camp. Each group session will last about 1½ to 2 hours. We hope that you participate in our groups while you are in this camp.

Part 2: Member-led Song

Aim: Starting sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – brings clients together in a familiar way that reinforces community-oriented resilience. Because the psychosocial worker may be from outside the cultural context of the refugees, group members are asked to identify and lead the song. This becomes the community welcome to the group.

Sample Script: *We want to begin by asking for a volunteer to lead us all through a song. Please choose a song that you think everyone in the group will know. May we please have a volunteer?* [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.]

Facilitation Tip:

- Consider whether guidance is needed to ensure that members are not marginalized by the song selection
- Notice who is not participating and observe them more closely during group

Part 3: Rules, Safety, Privacy & Confidentiality

Aim: To explain expectations of the facilitator and members and to acknowledge efforts to maintain safety, privacy, and confidentiality.

Sample Script:

[Participation] *We encourage you to actively participate throughout the session, but we understand that some people prefer to participate only by listening, which is okay too. You know yourself best and know how this group can be most helpful to you.*

[Safety] *There may be times that we interrupt you, if we are worried that you or others in the group are becoming too distressed by what is being discussed. We all share the responsibility of helping this group be a supportive and safe space for everyone, so please offer kindness and encouragement to others when they appear to need it. If we ever do something in the group that does not feel safe or comfortable for you, please share your feelings if you can, take a break, or talk with us at the end of the session.*

[Confidentiality] *We hope that you will share the knowledge and skills that you learn in this group with your family and other refugees, but do not share the personal stories that people share during this group with people outside of this group. If other refugees are interested in the group, please encourage them to attend the next session with you.*

Part 4: Regulation / Coping Strategy: Breathing Relaxation

Aim: To increase awareness about stress and trauma reactions, to promote curiosity about and monitoring of one's daily functioning, and to teach a skill (Session 1: Breathing Relaxation) that targets a commonly reported reaction to trauma (Session 1: Dysregulated breathing).

Sample Script: *Let's begin talking about this Support Group's topic, psychosocial health. Physical health is the health of our bodies, which we all know is important. Also very important, is psychosocial health which relates to the wellbeing of our minds in connection to our experiences and our community. Our emotions are one indicator of our psychosocial health. Who can name an emotion? [Invite 5-8 clients to call out an emotion; if emotions that dysregulate breathing are mentioned, use their emotion example moving forward] Yes, those are all emotions. _____ (fear, worry, scared) is an example of an emotion that many people have after fleeing their country and when they come to _____ refugee camp. We know that the emotion _____ and other emotions that people have after a threatening experience impact our breathing. Can anyone tell us what happens to our breathing when we feel the emotion _____? [Confirm that they are correct or provide further description; For example, emotions fear/scared/frightened often cause shallow, fast breathing.]*

[Hold up Appendix 3: Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid] *This is a diagram that shows how our internal experiences are connected. Using the example we just discussed, the emotion _____ [Point to "Emotions"]. Emotion _____ may cause you to breathe very fast [Point to "Physical Sensations"]. Breathing fast may make you think that you are not safe here [Point to "Thoughts"]. Thinking you are not safe here may cause you to isolate yourself [Point to "Behaviors"]. Isolating yourself may cause you to feel lonely [Point to "Emotion"]. And the cycle continues. We are going to teach you ways to change this cycle at different points so that you begin to feel safer when you are in a situation that is indeed safe. For example, if you start breathing fast [Point to "Physical Sensations"], and you start to relax your breath [Point to "Behaviors"], you may start to feel more relaxed [Point to "Emotions"], and then you may tell yourself that you are in _____ camp where people are keeping you safe [Point to "Thoughts"].*

We are going to teach you a strategy today called Breathing Relaxation. When you are in a place that is safe but you notice that your breathing is fast or shallow, you can use this strategy to relax your breathing so that your mind and body feel more relaxed.

Try to stand or sit in a position that feels as comfortable as possible. [Pause] Close your eyes if you feel comfortable, or look down. [Pause] Put your right hand on your chest and your left hand on your abdomen. [Pause] Breathe normally, feeling one or both of your hands move as air enters and leaves your body. [Pause] Try to imagine seeing your breath go in [Demonstrate a loud breathe in] and out [Demonstrate a loud breathe out]. Continue taking breaths like this. [Repeat this a few times or allow silence for 2-3 minutes] After a few more breaths, see if your next breaths can be a little deeper and a little slower. [Guide this breathing for about 45 seconds] Now take one very slow and deep breath. [Wait a 5+ seconds] When you are ready, open your eyes. [Pause and look around at everyone] Can someone share what that experience was like?

[Guide sharing and a discussion about the practice. Acknowledge that this is a difficult practice for some people. Acknowledge that not everyone will feel better. Ask people for whom this was relaxing, to give tips to other people for whom it was not helpful]. *If this was helpful or you think it will be helpful in the future, please practice it every day. It can be helpful to do when you are waiting to talk to someone in the camp, when you are trying to fall asleep at night or when you wake in the middle of the night, or when you are feeling scared, worried, or anxious. Any questions or concerns?*

Part 5: Topic Discussion: Bio-Psycho-Social-Spiritual Responses to Distress

Aim: To increase refugees' awareness and knowledge about the complex and multifaceted impacts of trauma, war, persecution and forced displacement, to normalize the range of reactions to these impacts, and to promote seeking support to address these impacts and reactions.

Sample Script: *Each of you is here because you cannot live safely in your home country and community. We believe that most refugees would choose to return home if they could be safe there. Having to come to another country under these conditions and after going through very difficult experiences is not easy. During this time, you may be experiencing physical problems, psychological struggles, relationships difficulties, and even spiritual conflicts. These are difficult experiences, but they are very common and very normal after war, conflict, and forced displacement. You are not alone with these feelings. We want to talk a little now about how these experiences impact people all around the world and about how people cope and heal.*

Who has body aches? [Wait for clients to respond with raised hand or comment; have clients look around to see who else endorses this symptom] *Who has headaches?* [Wait for clients to respond with raised hand or comment; have clients look around to see who else endorses this symptom] [Add other somatic complaints often reported in your setting] *These are very common physical reactions described by people who have survived stressful and overwhelming experiences. Sometimes relaxing the mind can help reduce these symptoms of the body. What do you do to help with your physical distress?* [Wait for 3-5 clients to respond and repeat or comment on each person's response; If any high-risk responses are given, validate them and encourage the client to adopt additional strategies that are shared; If no responses are given, recommend locally feasible strategies]

Who feels scared often? Who feels worried about the future? Who keeps thinking about bad things from the past? Who feels all alone? Who worries that something bad might happen again? [Wait after each of these for clients to respond with raised hand or comment; Have clients look around to see who else endorses this symptom; Add other psychological complaints often reported in your setting] *These are very common psychological reactions described by people who have survived stressful and overwhelming experiences. Sometimes relaxing the mind can help reduce these common emotions. What do you do to help with your emotional or mental distress?* [Wait for 3-5 clients to respond and repeat or comment on each person's response; If any high-risk responses are given, validate them and encourage the client to adopt additional strategies that are shared; If no responses are given, recommend locally feasible strategies]

Who has trouble trusting people lately? Who wants to be alone and not talk to anyone sometimes? Who has had conflicts with other people recently? [Wait after each of these for clients to respond with raised hand or comment; Have clients look around to see who else endorses this symptom; Add other interpersonal complaints often reported in your setting] *These are very common interpersonal reactions described by people who have survived stressful and overwhelming experiences. Sometimes relaxing the mind and body can help reduce struggles with other people. What do you do to help with isolation or struggles with other people?* [Wait for 3-5 clients to respond and repeat or comment on each person's response; If any high-risk responses are given, validate them and encourage the client to adopt additional strategies that are shared; If no responses are given, recommend locally feasible strategies]

Who has experienced their spirituality or faith get either weaker or stronger recently? [Ask these questions together because people may not feel comfortable endorsing a loss of faith in this group setting; Wait after each of these for clients to respond with raised hand or comment; Have clients look around to see who else endorses this symptom; Add other spiritual complaints often reported in your setting] These are common spiritual reactions described by people who have survived stressful and overwhelming experiences. Some people wonder why they were not protected and others call upon their spiritual leaders more than ever to help them cope with their struggles.

[Hold up Appendix 4: Bio-Psycho-Social-Spiritual Responses to Distress visual aid] *This is a diagram that shows the different ways that your experiences and your memories of those experiences could be affecting you now – you may have physical complaints [point to bio], you may have struggles with your mind [point to psycho], you may have problems with others [point to social], and your faith may have changed [point to spiritual]. Can someone share additional strategies that you use to help cope with any of these signs of distress? [Respond to any contributions and facilitate the conversation] Anyone else?*

In the coming weeks and months, many of you will be able to manage these reactions and to heal by using the coping strategies you have developed over your lifetime and the support systems you already have and are developing now. Some of you may need the extra help of psychosocial workers like us when you move on to the resettlement camps. So, let us talk a little about available psychosocial support.

Part 6: Psychosocial Support in the Camp

Aim: To inform group members of psychosocial resources available to them in the transit camp and where they are going next, if the group facilitators know of these resources.

Sample Script: *Who remembers the name of this group? [Pause] This Psycho-Social Support Group is one example of psychosocial support available in _____ camp. Has anyone accessed other psychosocial support services in this camp yet? [Respond to any comments] Our services are very limited because this is a transit camp where you stay for a short time, but at this camp, _____ are the organizations that provide psychosocial support [Include mental health, social work, family reunification, and other services]. Their offices are located _____. We have also seen how supportive refugees can be to each other, so we hope that you continue to meet and support each other on your own. As you know, most camp staff are available during the day, so at night we hope you call upon each other and offer support to each other.*

Who remembers our names? [Pause] If you need additional psychosocial support and do not know who to talk to, please ask us. Our office is located _____. Many of you will go on to a resettlement camp, where there will be more psychosocial services available, such as individual counseling, group counseling, skills-building activities, and more. It is sometimes difficult to ask for psychosocial support when you need it, but if you have been struggling, and talking to family or friends in the camp does not help you enough, please reach out to a psychosocial worker to tell them about your struggles.

Part 7: Community-Building Activity

Aim: To build a sense of connection to and trust of other refugees in the transit camp in order to begin to rebuild the support system that so many newly displaced refugees have recently lost.

Sample Script: *Before we end today's session, we will do two more activities to help us connect with each other. Some of you arrived alone. Please look around the room and see that you are not alone now. [Pause] This group represents people who have had very difficult experiences. Each of you has survived, and you are now together on a journey of recovery and healing. Let us help each other as you continue this journey.*

I am now going to lead you through an activity. [Facilitator selects a group-building activity that is appropriate for the culture, gender, religion, trauma history, etc. of the group; Examples: (1) Call and response clapping or sound – facilitator claps or sings rhythms and group copies. (2) Group stands in a circle with everyone's palm up right hand on top of the palm up left hand of the person next to them. The facilitator starts by taking her right hand and clapping the hand of her person on her left and then that person does the same action, etc. until the clapping comes back to the facilitator. Do a few rounds to help everyone understand and then play around with it by making it faster or having multiple claps going around. (3) Volunteer holds a ball and stands in the center of the group standing in a circle around them. Center person throws the ball to someone and that person throws it back, etc. until someone drops the ball and they are then in the circle. Alternatives: each person who catches the ball names something like a color, emotion, food, their name etc.] [At the end of the activity, praise participation and reflect on any indicators of mood improvement or unity such as people laughing together, helping each other etc.]





Part 8: Member-led Song

Aim: Ending sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – again brings clients together in a familiar way that reinforces community-oriented resilience. Ending the sessions in this way bridges the client back into the larger camp community.

Sample Script: *For our last activity, we seek another volunteer to lead us all through a song. Please choose another song that you think everyone in the group will know. May we have a volunteer, please?* [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.] *I encourage you to continue this sort of activity here in the camp as you continue to build community.*

That is the end of our session today. We plan to have our next group session on _____ [Day of the week] at _____ [Time and Location]. We hope to see you. This group is an open group, so please encourage others to attend.

Session Adaptation Consideration

-  What is the best time of day to offer sessions? Consider childcare responsibilities, camp registration processes, meal times, weather factors
-  What can be learned about services available where the refugees will go next?
-  Doing a community-building activity (Part 7) may be needed earlier in the session
- 

Session 2: SURVIVAL & RESILIENCE

Objectives

By the end of this session, clients will be able to:

1. Explain the relationship between emotions, physical sensations, thoughts, & behaviors
2. Practice Thought Stopping and Replacement
3. Identify strengths in themselves and their community
4. Describe where they can access psychosocial support services

Summary

This session focuses on strengths and capacities of survivors at individual and community levels to help navigate, cope with and heal from distressing experiences.

Materials

1. Client attendance and follow up sheet (Appendix 1) and pen
2. Group Format Reference Sheet for Facilitators (Appendix 2)
3. Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid (Appendix 3)
4. Individual & Community Resilience visual aid (Appendix 5)
5. Object (e.g. ball), if wanted, to pass among members during session activities

Session Facilitation

Part 1: Overview of PSSG

Aim: To explain the Psycho-Social Support Group (PSSG) intervention and the plan for today's session and future sessions.

Sample Script:

[Welcome] *Welcome to our group. Our names are _____ & _____. We are psychosocial workers [or name your title] here at _____ Refugee Transit Camp. This group is called a Psycho-Social Support Group. To begin, let us determine what language is preferred by the group and do what we can to accommodate the language needs of all members. [If facilitators and members are multi-lingual, determine with the group what language to use and invite members or the co-facilitator to interpret for other members if needed]*

[Group Description & Goals] *In this group, we will share knowledge and skills and will learn from each other. We know that each of you faces struggles from your past, but also may face struggles here in the camp. This particular group focuses on building your internal resources to cope with and manage struggles related to your past, your current situation, and what is coming ahead. However, this particular group does not focus on resolving the external struggles that you face here in the camp. There are other avenues for discussing and addressing those issues. This group focuses on the experiences that each of us can have control over – experiences inside*

us like our thoughts and feelings. In this group, you will learn about the health of our minds, strategies for coping with struggles, and how to strengthen community in this camp to reduce isolation and help you feel more connected to people you are with in this camp and may be with after. We have 2 more sessions similar to today's session. Each session focuses on a different topic that many refugees have wanted support with at this camp. Each group session will last about 1½ to 2 hours. We hope that you participate in our groups while you are in this camp.

Part 2: Member-led Song

Aim: Starting sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – brings clients together in a familiar way that reinforces community-oriented resilience. Because the psychosocial worker may be from outside the cultural context of the refugees, group members are asked to identify and lead the song. This becomes the community welcome to the group.

Sample Script: *We want to begin by asking for a volunteer to lead us all through a song. Please choose a song that you think everyone in the group will know. May we please have a volunteer?* [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.]

Facilitation Tip:

- Consider whether guidance is needed to ensure that members are not marginalized by the song selection
- Notice who is not participating and observe them more closely during group

Part 3: Rules, Safety, Privacy & Confidentiality

Aim: To explain expectations of the facilitator and members and to acknowledge efforts to maintain safety, privacy, and confidentiality.

Sample Script:

[Participation] *We encourage you to actively participate throughout the session, but we understand that some people prefer to participate only by listening, which is okay too. You know yourself best and know how this group can be most helpful to you.*

[Safety] *There may be times that we interrupt you, if we are worried that you or others in the group are becoming too distressed by what is being discussed. We all share the responsibility of helping this group be a supportive and safe space for everyone, so please offer kindness and encouragement to others when they appear to need it. If we ever do something in the group that does not feel safe or comfortable for you, please share your feelings if you can, take a break, or talk with us at the end of the session.*

[Confidentiality] *We hope that you will share the knowledge and skills that you learn in this group with your family and other refugees, but do not share the personal stories that people share during this group with people outside of this group. If other refugees are interested in the group, please encourage them to attend the next session with you.*

Part 4: Regulation / Coping Strategy: Thought Stopping & Replacement

Aim: To increase awareness about stress and trauma reactions, to promote curiosity about and monitoring of one's daily functioning, and to teach a skill (Session 2: Thought Stopping &

Replacement) that targets a commonly reported reaction to trauma (Session 2: Intrusive Thoughts).

Sample Script: *Let's begin talking about this Support Group's topic, psychosocial health. Physical health is the health of our bodies, which we all know is important. Also very important, is psychosocial health, which relates to the wellbeing of our minds in connection to our experiences and our community. Intrusive thoughts are one indicator of our psychosocial health. Intrusive thoughts are the thoughts that you keep having even when you do not want to have them. Many people here tell us that they keep thinking about bad things that happened to them. Does this happen to anyone?* [Comment on how the group confirmed that this happens]

[Hold up Appendix 3: Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid] *This is a diagram that shows how our internal experiences are connected. Using the example we just discussed, the thoughts about bad things that happened [Point to "Thoughts"] may cause you to feel angry [Point to "Emotion"]. Feeling angry may cause you to yell at someone in the camp [Point to "Behaviors"]. Yelling at someone may cause tension in your body [Point to "Physical Sensations"]. Tension in your body may cause you to think that you are sick [Point to "Thoughts"]. And the cycle continues. We are going to teach you ways to change this cycle at different points so that you begin to feel safer when you are in a situation that is indeed safe. For example, if you start thinking about bad things that happened [Point to "Thoughts"], and you change your thoughts [Point to "Behaviors"], you may start to feel safer [Point to "Emotions"], and then your body may feel more relaxed [Point to "Physical Sensations"].*

So how do we change our thoughts? We are going to teach you one strategy today called Thought Stopping & Replacement. When you notice that you are thinking about things that you do not want to be thinking about, you can use this strategy to stop your thoughts for the moment so that your mind and body feel more relaxed. This does not take the thought away forever, but it gives you a brief moment of change.

To begin, I want you to think about a ball. What does a ball look like? [Guide clients in describing a ball in great detail – size, color, shape, texture] Close your eyes or lower your gaze and start thinking about a ball in your mind – what color is it? how big is it? what material is it? how heavy is it? is there one or are there many? Keep thinking about the ball [Wait about 30 seconds] When you are ready open your eyes. Can someone share what that experience was like?

When you begin having a negative thought, I want you to tell that thought to stop, and I want you to immediately begin thinking about all the details of a ball, imagine holding the ball, imagine playing with the ball. Continue thinking about the ball for as long as you can. This is a very simple strategy that can distract your mind for a minute or two and sometimes enough for the other thought to drift away or to lessen a little. If you are able to, instead of thinking about a ball, you can think about something that makes you feel relaxed or happy. It could even be one of our faces if we help you feel that way.

[Acknowledge that this provides only short (but important) relief from distressing thoughts. Acknowledge that this is a difficult practice for some people to learn and use. Acknowledge that not everyone will be able to do it initially. Ask people who were able to really focus on the ball,

to give tips to other people who struggled]. *If this was helpful or you think it will be helpful in the future, please practice it every day. Any questions or concerns?*

Part 5: Topic Discussion: Survival and Resilience

Aim: To strengthen refugees' attention to their individual and community strengths and resources that have enabled them to survive the stressors of their difficult past and that will be needed as their refugee journey continues.

Sample Script:

Everyone has difficult experiences in their lives. Some people cope better with those experiences than other people. There are many reasons for this. One word used to describe people's ability to navigate difficult experiences and to overcome challenges is "Resilience." You can think of resilience as strengths and resources.

[Hold up Appendix 5: Individual & Community Resilience visual aid] *Sometimes these strengths and resources are unique to us – these are resilience factors at the individual level.* [Point at the individual level of the visual aid] *Who can name a strength or resource of you personally that helps you overcome struggles or has helped in the past?* [Allow 2-4 clients to share (examples: prayer, hope, resolve, creativity, has overcome so much already); validate their responses if at the individual level or use them to demonstrate factors at the other level if more appropriate; praise all contributions]. *Sometimes these are the strengths and resources of our community that help us – these are resilience factors at the community level.* [Point at the community level of the visual aid] *Who can name a strength or resource of your community that has helped you overcome struggles?* [Allow 2-4 clients to share; validate their responses if at the community level or use them to demonstrate factors at the other level if more appropriate; praise all contributions]

Overcoming challenges is never easy, but it is important to remember that you have individual and community strengths and resources that have helped you cope with difficulties in the past and they can be helpful again. Has anyone thought of more examples of your resilience? [Allow 2-4 clients to share; validate their responses; praise their participation]

It is also important to continue to build new strengths and resources, which this group and other forms of psychosocial support can help you do.

Part 6: Psychosocial Support in the Camp

Aim: To inform group members of psychosocial resources available to them in the transit camp and where they are going next, if the group facilitators know of these resources.

Sample Script: *Who remembers the name of this group?* [Pause] *This Psycho-Social Support Group is one example of psychosocial support available in _____ camp. Has anyone accessed other psychosocial support services in this camp yet?* [Respond to any comments] *Our services are very limited because this is a transit camp where you stay for a short time, but at this camp, _____ are the organizations that provide psychosocial support* [Include mental health, social work, family reunification, and other services]. *Their offices are located*

_____. We have also seen how supportive refugees can be to each other, so we hope that you continue to meet and support each other on your own. As you know, most camp staff are available during the day, so at night we hope you call upon each other and offer support to each other.

Who remembers our names? [Pause] If you need additional psychosocial support and do not know who to talk to, please ask us. Our office is located _____. Most of you will go on to a resettlement camp, where there will be more psychosocial services available, such as individual counseling, group counseling, skills-building activities, and more. It is sometimes difficult to ask for psychosocial support when you need it, but if you have been struggling, and talking to family or friends in the camp does not help you enough, please reach out to a psychosocial worker to tell them about your struggles.

Part 7: Community-Building Activity

Aim: To build a sense of connection to and trust of other refugees in the transit camp in order to begin to rebuild the support system that so many newly displaced refugees have recently lost.

Sample Script: *Before we end today's session, we will do two more activities to help us connect with each other. Some of you arrived alone. Please look around the room and see that you are not alone now. [Pause] This group represents people who have had very difficult experiences. Each of you has survived, and you are now together on a journey of recovery and healing. Let us help each other as you continue this journey.*

I am now going to lead you through an activity. [Facilitator selects a group-building activity that is appropriate for the culture, gender, religion, trauma history, etc. of the group; Examples: (1) Call and response clapping or sound – facilitator claps or sings rhythms and group copies. (2) Group stands in a circle with everyone's palm up right hand on top of the palm up left hand of the person next to them. The facilitator starts by taking her right hand and clapping the hand of her person on her left and then that person does the same action, etc. until the clapping comes back to the facilitator. Do a few rounds to help everyone understand and then play around with it by making it faster or having multiple claps going around. (3) Volunteer holds a ball and stands in the center of the group standing in a circle around them. Center person throws the ball to someone and that person throws it back, etc. until someone drops the ball and they are then in the circle. Alternatives: each person who catches the ball names something like a color, emotion, food, their name etc.] [At the end of the activity, praise participation and reflect on any indicators of mood improvement or unity such as people laughing together, helping each other etc.]

Part 8: Member-led Song



Aim: Ending sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – again brings clients together in a familiar way that reinforces community-oriented resilience. Ending the sessions in this way bridges the client back into the larger camp community.

Sample Script: *For our last activity, we seek another volunteer to lead us all through a song. Please choose another song that you think everyone in the group will know. May we have a*

volunteer, please? [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.] *I encourage you to continue this sort of activity here in the camp as you continue to build community.*

That is the end of our session today. We plan to have our next group session on _____ [Day of the week] at _____ [Time and Location]. We hope to see you. This group is an open group, so please encourage others to attend.

Session Adaptation Consideration

-  Consider contextually appropriate thought replacement objects that will be familiar to all members and are unlikely to evoke negative emotions
-  If working in a context where families are largely still intact, modify Appendix 5 to “Individual, Family, & Community Resilience visual aid” and add a Family circle between individual and community and explore Family resilience factors.



Session 3: SUPPORT-SEEKING BEHAVIORS

Objectives

By the end of this sessions, clients will be able to:

1. Explain the relationship between emotions, physical sensations, thoughts, & behaviors
2. Practice physical stretching to reduce physical tension
3. Demonstrate seeking support
4. Describe where they can access psychosocial support services

Summary

This session focuses on helping clients seek the psychosocial support that they need from fellow refugees and camp staff.

Materials

1. Client attendance and follow up sheet (Appendix 1) and pen
2. Group Format Reference Sheet for Facilitators (Appendix 2)
3. Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid (Appendix 3)
4. Object (e.g. ball), if wanted, to pass among members during session activities

Session Facilitation

Part 1: Overview of PSSG

Aim: To explain the Psycho-Social Support Group (PSSG) intervention and the plan for today's session and future sessions.

Sample Script:

[Welcome] *Welcome to our group. Our names are _____ & _____. We are psychosocial workers [or name your title] here at _____ Refugee Transit Camp. This group is called a Psycho-Social Support Group. To begin, let us determine what language is preferred by the group and do what we can to accommodate the language needs of all members. [If facilitators and members are multi-lingual, determine with the group what language to use and invite members or the co-facilitator to interpret for other members if needed]*

[Group Description & Goals] *In this group, we will share knowledge and skills and will learn from each other. We know that each of you faces struggles from your past, but also may face struggles here in the camp. This particular group focuses on building your internal resources to cope with and manage struggles related to your past, your current situation, and what is coming ahead. However, this particular group does not focus on resolving the external struggles that you face here in the camp. There are other avenues for discussing and addressing those issues. This group focuses on the experiences that each of us can have control over – experiences inside us like our thoughts and feelings. In this group, you will learn about the health of our minds,*

strategies for coping with struggles, and how to strengthen community in this camp to reduce isolation and help you feel more connected to people you are with in this camp and may be with after. We have 2 more sessions similar to today's session. Each session focuses on a different topic that many refugees have wanted support with at this camp. Each group session will last about 1½ to 2 hours. We hope that you participate in our groups while you are in this camp.

Part 2: Member-led Song

Aim: Starting sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – brings clients together in a familiar way that reinforces community-oriented resilience. Because the psychosocial worker may be from outside the cultural context of the refugees, group members are asked to identify and lead the song. This becomes the community welcome to the group.

Sample Script: *We want to begin by asking for a volunteer to lead us all through a song. Please choose a song that you think everyone in the group will know. May we please have a volunteer?* [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.]

Facilitation Tip:

- Consider whether guidance is needed to ensure that members are not marginalized by the song selection
- Notice who is not participating and observe them more closely during group

Part 3: Rules, Safety, Privacy & Confidentiality

Aim: To explain expectations of the facilitator and members and to acknowledge efforts to maintain safety, privacy, and confidentiality.

Sample Script:

[Participation] *We encourage you to actively participate throughout the session, but we understand that some people prefer to participate only by listening, which is okay too. You know yourself best and know how this group can be most helpful to you.*

[Safety] *There may be times that we interrupt you, if we are worried that you or others in the group are becoming too distressed by what is being discussed. We all share the responsibility of helping this group be a supportive and safe space for everyone, so please offer kindness and encouragement to others when they appear to need it. If we ever do something in the group that does not feel safe or comfortable for you, please share your feelings if you can, take a break, or talk with us at the end of the session.*

[Confidentiality] *We hope that you will share the knowledge and skills that you learn in this group with your family and other refugees, but do not share the personal stories that people share during this group with people outside of this group. If other refugees are interested in the group, please encourage them to attend the next session with you.*

Part 4: Regulation / Coping Strategy: Physical Stretching

Aim: To increase awareness about stress and trauma reactions, to promote curiosity about and monitoring of one's daily functioning, and to teach a skill (Session 3: Stretching) that targets a commonly reported reaction to trauma (Session 3: Physical Tension).

Sample Script: *Let's begin talking about this Support Group's topic, psychosocial health. Physical health is the health of our bodies, which we all know is important. Also very important, is psychosocial health which relates to the wellbeing of our minds in connection to our experiences and our community. Tension in the body, not caused by physical illness, can be one indicator of our psychosocial health. Many people here tell us that they feel physical tension, even when they do not have a physical illness. Does this happen to anyone? [Comment on how the group confirmed whether this happens]*

[Hold up Appendix 3: Emotions, Physical Sensations, Thoughts, Behaviors Transaction visual aid] *This is a diagram that shows how our internal experiences are connected. Using the example we just discussed, physical tension [Point to "Physical Sensations"] may cause you to not do things that you need to do like bathe or move about the camp [Point to "Behaviors"]. Not moving about the camp may cause you to feel lonely in the camp [Point to "Emotions"]. Feeling lonely in the camp may cause you to think about bad things that happened [Point to "Thoughts"]. Thinking about bad things may cause your heart to beat fast [Point to "Physical Sensations"]. And the cycle continues. We are going to teach you ways to change this cycle at different points so that you begin to feel safer when you are in a situation that is indeed safe. For example, if you feel physical tension that is keeping you awake at night [Point to "Physical Sensations"], and you lessen that tension so that you sleep better [Point to "Behaviors"], you may be able to think more clearly because you are rested [Point to "Thoughts"], your mood may improve [Point to "Emotions"], and then your body may feel more relaxed [Point to "Physical Sensations"].*

We are going to guide you through some Physical Stretches. When you notice that you are feeling physical tension that is not due to illness, you can use this strategy to help your mind and body feel more relaxed. If you have a history of injury to part of the body that we are stretching, please do only minimal stretching or do not participate in that practice. You should feel no pain when practicing, so start slowly and gently and stop immediately if you feel any pain.

Before we begin, close your eyes or look down, and notice if you feel body tension now, before we begin. [Wait 5 seconds] Now open your eyes and let us begin. Remember to go slowly and stop if you feel any pain. [Slowly guide the group through stretches that take into account clothing and positioning of people in the group. Demonstrate each stretch for the group.]

1. Ear to Shoulder: Very slowly lower one ear toward the shoulder on the same side and hold it. Now slowly come back to center. Very slowly lower the other ear toward the shoulder on the same side and hold it. Now slowly come back to center. Do this a few more times if the stretch feels good to you.

2. Look Left & Look Right: Very slowly look over one shoulder and hold it. Now slowly come back to center. Very slowly look over the other shoulder and hold it. Now slowly come back to center. Do this a few more times if the stretch feels good to you.

3. Shoulders Forward and Back: Very slowly bring your shoulders forward. Very slowly take your shoulders back. Do this a few more times if the stretch feels good to you.

4. Small Torso Twists: Very slowly twist your shoulders to one side. Now slowly come back to center. Very slowly twist your shoulders to the other side. Now slowly come back to center. Do this a few more times if the stretch feels good to you.

5. *Leg Stretches:* While standing or seated with your legs forward, slowly bend your torso forward being careful not to strain your legs or back. Now slowly come back. Do this a few more times if the stretch feels good to you.

6. *Ankle Rotations:* While seated or standing balanced, slowly rotate one ankle then rotate it in the other direction. Now slowly rotate the other ankle then rotate it in the other direction. Do this a few more times if the stretch feels good to you.

Close your eyes or look down again, and notice how your body feels now. [Wait 5 seconds] Do you feel any different after the practice? Can someone share what that experience was like?

If this was helpful or you think it will be helpful in the future, please practice it every day. It may be particularly helpful to do just before falling asleep or after waking. Any questions or concerns?

Part 5: Topic Discussion: Support-Seeking Behaviors

Aim: To strengthen members' support systems in the camp by discussing, normalizing, and reducing barriers to support-seeking behaviors.

Many refugees tell us that they feel lonely in this camp. Is loneliness a feeling that you have had here? [Pause and reflect on any response] Some are lonely because they know nobody else. Some because they have difficulty trusting other people. Some because they think others will not understand their struggles. Some because when they tried to talk to someone here they received a negative response. Have any of these experiences happened to you? [Pause and reflect on any response]

How did you overcome these experiences of loneliness? Can someone tell us what you did to meet other people in the camp after arriving alone? [Pause and reflect on any response] Can someone tell us how you began to trust someone in the camp? [Pause and reflect on any response] Can someone tell us if someone has understood your struggles when you finally talked with them? [Pause and reflect on any response] Can someone tell us another positive experience of talking to someone in the camp? [Pause and reflect on any response]

Almost half of the refugees we have assessed for psychosocial needs in this camp, tell us that they have nobody to talk to in the camp when they are feeling distressed. It is so important to have someone to provide you support when you need it, so we will practice seeking support from others. Will someone volunteer to practice seeking support from me, as a psychosocial worker in the camp? You can come to me and share something that you need support with and I will demonstrate how I might respond to you if we were sitting in the psychosocial office. [Allow time for one or two volunteers to seek support from you and demonstrate what you would do in an individual session. Discuss any important issues that arise during the role-play]

You know that staff are not always available at the camp, so let us also practice meeting a fellow refugee whom you may need support from in the future. Please imagine that the person sitting next to you in this group stays in the same shelter as you in the camp or is someone you have seen before at the camp, and you want to meet them or seek support from them. Please turn to the person next to you, introduce yourself and begin a conversation with them – such as telling them your name, sharing something about yourself or maybe even seeking support right now.

[Allow time for members to practice the role-play.] *How was that experience for you?* [Praise people for trying what may be a very difficult practice, discuss any important issues that arise]

Part 6: Psychosocial Support in the Camp

Aim: To inform group members of psychosocial resources available to them in the transit camp and where they are going next, if the group facilitators know of these resources.

Sample Script: *Who remembers the name of this group?* [Pause] *This Psycho-Social Support Group is one example of psychosocial support available in _____ camp. Has anyone accessed other psychosocial support services in this camp yet?* [Respond to any comments] *Our services are very limited because this is a transit camp where you stay for a short time, but at this camp, _____ are the organizations that provide psychosocial support [Include mental health, social work, family reunification, and other services]. Their offices are located _____.* *We have also seen how supportive refugees can be to each other, so we hope that you continue to meet and support each other on your own. As you know, most camp staff are available during the day, so at night we hope you call upon each other and offer support to each other.*

Who remembers our names? [Pause] *If you need additional psychosocial support and do not know who to talk to, please ask us. Our office is located _____.* *Most of you will go on to a resettlement camp, where there will be more psychosocial services available, such as individual counseling, group counseling, skills-building activities, and more. It is sometimes difficult to ask for psychosocial support when you need it, but if you have been struggling, and talking to family or friends in the camp does not help you enough, please reach out to a psychosocial worker to tell them about your struggles.*

Part 7: Community-Building Activity

Aim: To build a sense of connection to and trust of other refugees in the transit camp in order to begin to rebuild the support system that so many newly displaced refugees have recently lost.

Sample Script: *Before we end today's session, we will do two more activities to help us connect with each other. Some of you arrived alone. Please look around the room and see that you are not alone now.* [Pause] *This group represents people who have had very difficult experiences. Each of you has survived, and you are now together on a journey of recovery and healing. Let us help each other as you continue this journey.*

I am now going to lead you through an activity. [Facilitator selects a group-building activity that is appropriate for the culture, gender, religion, trauma history, etc. of the group; Examples: (1) Call and response clapping or sound – facilitator claps or sings rhythms and group copies. (2) Group stands in a circle with everyone's palm up right hand on top of the palm up left hand of the person next to them. The facilitator starts by taking her right hand and clapping the hand of her person on her left and then that person does the same action, etc. until the clapping comes back to the facilitator. Do a few rounds to help everyone understand and then play around with it by making it faster or having multiple claps going around. (3) Volunteer holds a ball and stands in the center of the group standing in a circle around them. Center person throws the ball to

someone and that person throws it back, etc. until someone drops the ball and they are then in the circle. Alternatives: each person who catches the ball names something like a color, emotion, food, their name etc.] [At the end of the activity, praise participation and reflect on any indicators of mood improvement or unity such as people laughing together, helping each other etc.]





Part 8: Member-led Song

Aim: Ending sessions with a unity-building activity that is culturally-syntonic – as singing is in many communities – again brings clients together in a familiar way that reinforces community-oriented resilience. Ending the sessions in this way bridges the client back into the larger camp community.

Sample Script: *For our last activity, we seek another volunteer to lead us all through a song. Please choose another song that you think everyone in the group will know. May we have a volunteer, please?* [After the song: Praise any demonstration of unity and expressions of positive feelings or affect, and thank the leader.] *I encourage you to continue this sort of activity here in the camp as you continue to build community.*

That is the end of our session today. We plan to have our next group session on _____ [Day of the week] at _____ [Time and Location]. We hope to see you. This group is an open group, so please encourage others to attend.

Session Adaptation Consideration

-  Consider cultural factors and the physical environment when selecting stretches to guide group members through
-  Consider contextual and cultural factors when recommending support-seeking behaviors to role-play in the group and to use outside the group
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References

- Alfadhli, K. and Drury, J. (2016) Psychosocial support among refugees of conflict in developing countries: A critical literature review. *Intervention*, 14, 2, 128-141
- Allden, K. & Murakami, N. (Eds). (2015). *Trauma and Recovery on War's Border: A Guide for Global Health Workers*. Dartmouth, NH: University Press of New England.
- Bunn, M., Goesel, C., Kinet, M. and Ray, F. (2016) Group treatment for survivors of torture and severe violence: A literature review. *Torture Volume*, 26, 1, 45-67
- Damschroder, L. J., Aron, D.C., Keith, R.E., Kirsh, S.R., Alexander, J.A., & Lowery, J.C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4:50, 1-15. doi 10.1186/1748-5908-4-50.
- Droždek, B. and Bolwerk, N. (2010) Evaluation of group therapy with traumatized asylum seekers and refugees - The Den Bosch Model. *Traumatology*, 16, 4, 117-127
- Foy, D.W. and Larson, L.C. (2006) Group therapies for trauma using cognitive-behavioral therapy. in V.M. Follette and J.I. Ruzek (Eds.) *Cognitive-Behavioral Therapies for Trauma*. 2nd ed. New York: Guilford Press (pp.388-404)
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence - from domestic abuse to political terror*. New York: Basic Books
- Inter-Agency Standing Committee (IASC). (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva, Switzerland: IASC.
- Kassam, A. & Nanji, A. (2006). Mental health of Afghan refugees in Pakistan: A qualitative rapid reconnaissance field study. *Intervention* 4(1), 58-66.
- LeMaster, J. W., Broadbridge, C. L., Lumley, M. A., Arnetz, J. E., Arfken, C., Fetters, M. D., ... Arnetz, B. B. (2017). Acculturation and Post-Migration Psychological Symptoms Among Iraqi Refugees: A Path Analysis. *American Journal of Orthopsychiatry*, Advance online publication. <http://dx.doi.org/10.1037/ort0000240>
- Levi, O., Wald, I., Svetlitsky, V., Zusmanovitz, S., Parasha, E., Shoval-Zuckerman, Y., Afik, G., Haikin, G. and Fruchter, E. (2017) Combat-related multifaceted trauma-focused group therapy: A pilot study. *The Journal of Nervous and Mental Disease*, 205, 2, 133-139
- Luthar, S.S., Lyman, E.L., & Crossman, E.J. (2014). Resilience and Positive Psychology. In M. Lewis and K.D. Rudolph (Eds), *Handbook of Developmental Psychopathology* (3rd ed.) (pp.743-759). New York, NY: Springer.
- McFarlane, C.A. and Kaplan, I. (2012) Evidence-based psychological interventions for adult survivors of torture and trauma: A 30-year review. *Transcultural Psychiatry*, 49, 3-4, 539-567
- Meyer, S. (2013). *Global review: UNHCR's mental health and psychosocial support for persons of concern*. Geneva, Switzerland: United Nations High Commissioner for Refugees.
- Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, 26(2), 129-138.
- National Capacity Building Project and Center for Victims of Torture (2005) *Healing the Hurt: A guide for Developing Services for Torture Survivors*. Minneapolis, MN: CVT. Retrieved from http://www.healtorture.org/sites/healtorture.org/files/Healing_the_Hurt_combined.pdf

- Porter, M. and Haslam, N. (2005) Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA*, 294, 5, 602-612
- Robertson, M.A.E., Blumberg, J.M., Gratton, J.L., Walsh, E.G. and Kayal, H. (2013) A group-based approach to stabilisation and symptom management in a phased treatment model for refugees and asylum seekers. *European Journal of Psychotraumatology*, 4, 1-8, DOI: 10.3402/ejpt.v4i0.21407
- Siriwardhana, C., Ali, S.S., Roberts, B. & Stewart, R. (2014). A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health*, 8(1), 1-6. Retrieved from <http://www.conflictandhealth.com/content/8/1/13>.
- Slobodin, O. and de Jong, J.T. (2015) Mental health interventions for traumatized asylum seekers and refugees: What do we know about their efficacy? *International Journal of Social Psychiatry*, 61, 1, 17-26
- Smith, H. and Impalli, E. (2007) Supportive group treatment with survivors of torture and refugee trauma. in H.E. Smith, A.S. Keller & D.W. Lhewa (Eds.) *“Like a refugee camp on first ave”: Insights and experiences from the Bellevue/NYU Program for Survivors of Torture*. New York: The Bellevue/ NYU Program for Survivors of Torture (pp.336-374)
- Tol, W. A., Song, S., & Jordans, M. D. (2013). Annual Research Review: Resilience and mental health in children and adolescents living in areas of armed conflict--a systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry, And Allied Disciplines*, 54(4), 445-460. doi:10.1111/jcpp.12053
- Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G. and Barbui, C. (2017) Common mental disorders in asylum seekers and refugees: Umbrella review of prevalence and intervention studies. *International Journal of Mental Health Systems*, 11, 51, 1-14, DOI: 10.1186/s13033-017-0156-0
- United Nations High Commissioner for Refugees (UNHCR). (2011). Convention and protocol related to the status of refugees. UNHCR. Retrieved from <http://www.unhcr.org/en-us/3b66c2aa10>.
- United Nations High Commissioner for Refugees (UNHCR). (2015). Site planning for transit centers. In *Emergency handbook: A UNHCR guide to agile, effective and community based humanitarian emergency responses*, 4th ed. Retrieved from <https://emergency.unhcr.org/entry/60632/site-planning-for-transit-centres>.
- United Nations High Commissioner for Refugees (UNHCR) (2017) *Global Trends: Forced Displacement in 2016*. UNHCR Retrieved from <http://www.unhcr.org/5943e8a34.pdf>.
- United Nations High Commissioner for Refugees (UNHCR). (2013). *Operational guidance: Mental health and psychosocial support programming for refugee operations*. Geneva, Switzerland: UNHCR
- United Nations High Commissioner for Refugees (UNHCR) (n.d.) *Who We Are*. Retrieved from <http://www.unhcr.org/en-us/who-we-help.html>
- World Health Organization (WHO), War Trauma Foundation, and World Vision International (2011). *Psychological first aid: Guide for field workers*. WHO: Geneva.
- World Health Organization and United Nations High Commissioner for Refugees. (2015) *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies*. Geneva: WHO.

APPENDIX 1: PSSG CLIENT ATTENDANCE AND FOLLOW-UP SHEET

Session #: _____ Facilitators: _____

Date: _____ Start Time: _____ End Time: _____

No.	Client Name	Client ID#	Notes/Next Steps
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Part 1: Overview of PSSG

Part 2: Member-led Song

Part 3: Rules, Safety, Privacy & Confidentiality

Part 4: Regulation / Coping Strategy

Session 1: Breathing Relaxation

Session 2: Thought Stopping & Replacement

Session 3: Physical Stretching

Part 5: Topic Discussion

*Session 1: Bio-Psycho-Social-Spiritual
Responses to Distress*

Session 2: Survival & Resilience

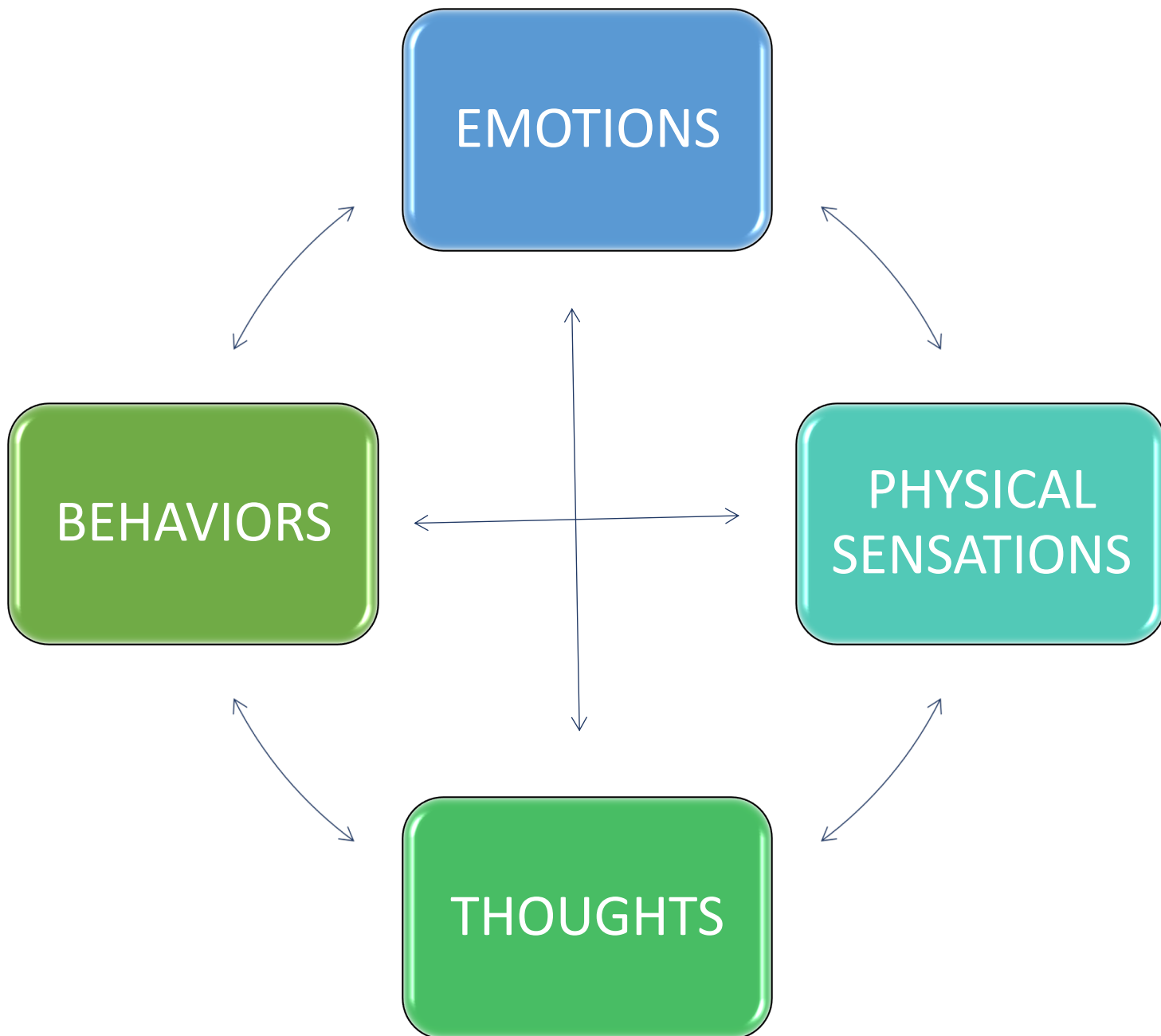
Session 3: Support-Seeking Behaviors

Part 6: Psychosocial Support in the Camp

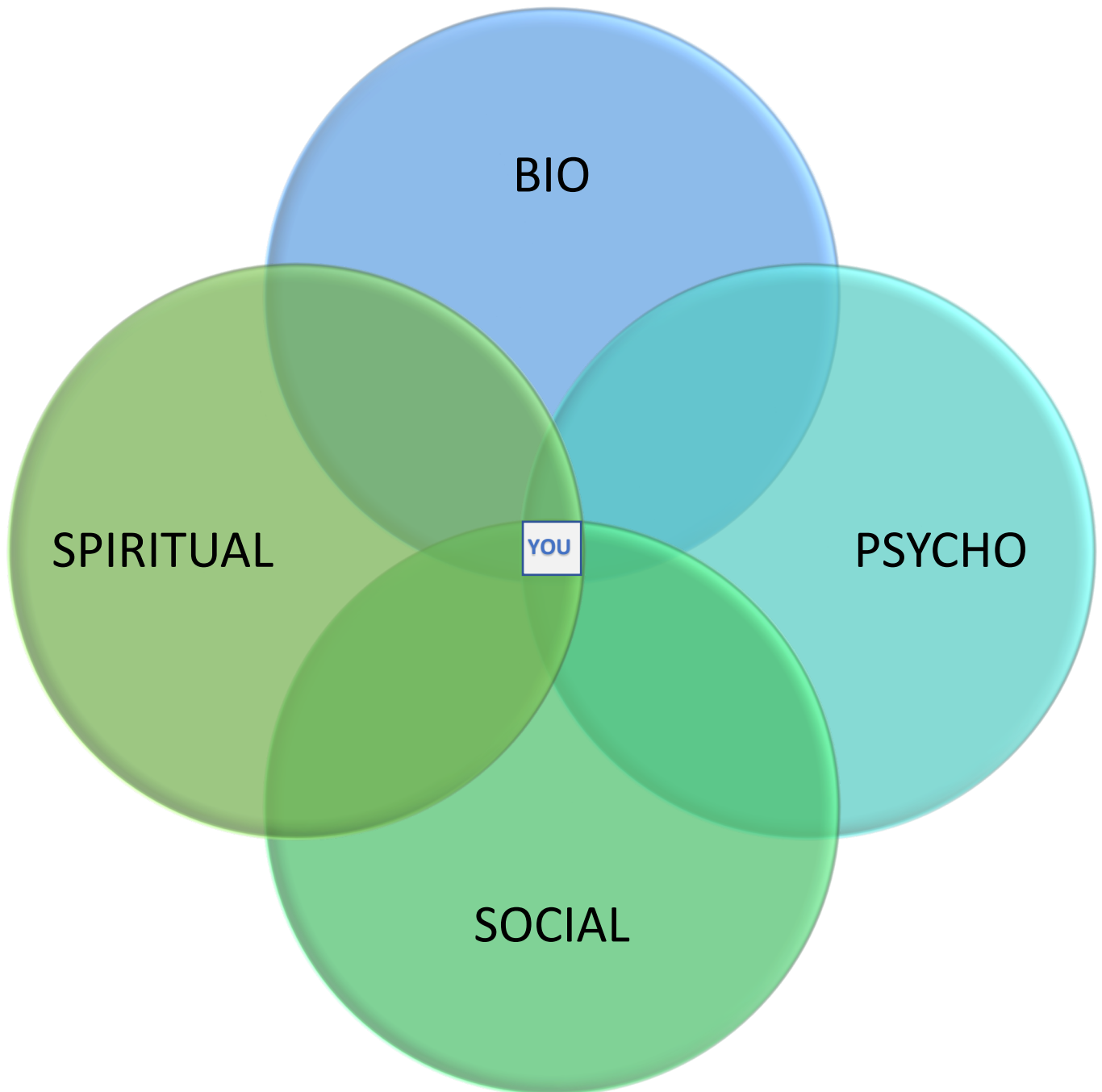
Part 7: Community-Building Activity

Part 8: Member-led Song

APPENDIX 3: EMOTIONS, PHYSICAL SENSATIONS, THOUGHTS, AND BEHAVIORS TRANSACTION



APPENDIX 4: BIO-PSYCHO-SOCIAL-SPIRITUAL RESPONSES TO DISTRESS



APPENDIX 5: RESILIENCE

