

# A Framework for Understanding and Serving Refugees and Support for Those Who Are On the Front Lines

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# Five Key Questions Asked by Leadership Regarding the People We Serve

- ▶ At what rate do we support refugees and help them to integrate and move into their own accommodations? We want to help but not pressure them
- ▶ How do we educate host families and support them as they facilitate this transition?
- ▶ How do we find counseling for Ukrainians?
- ▶ How do we collaborate with other programs to provide access to mental health and cultural support ?
- ▶ Why do some refugees seem to be “frozen” or “stuck”?



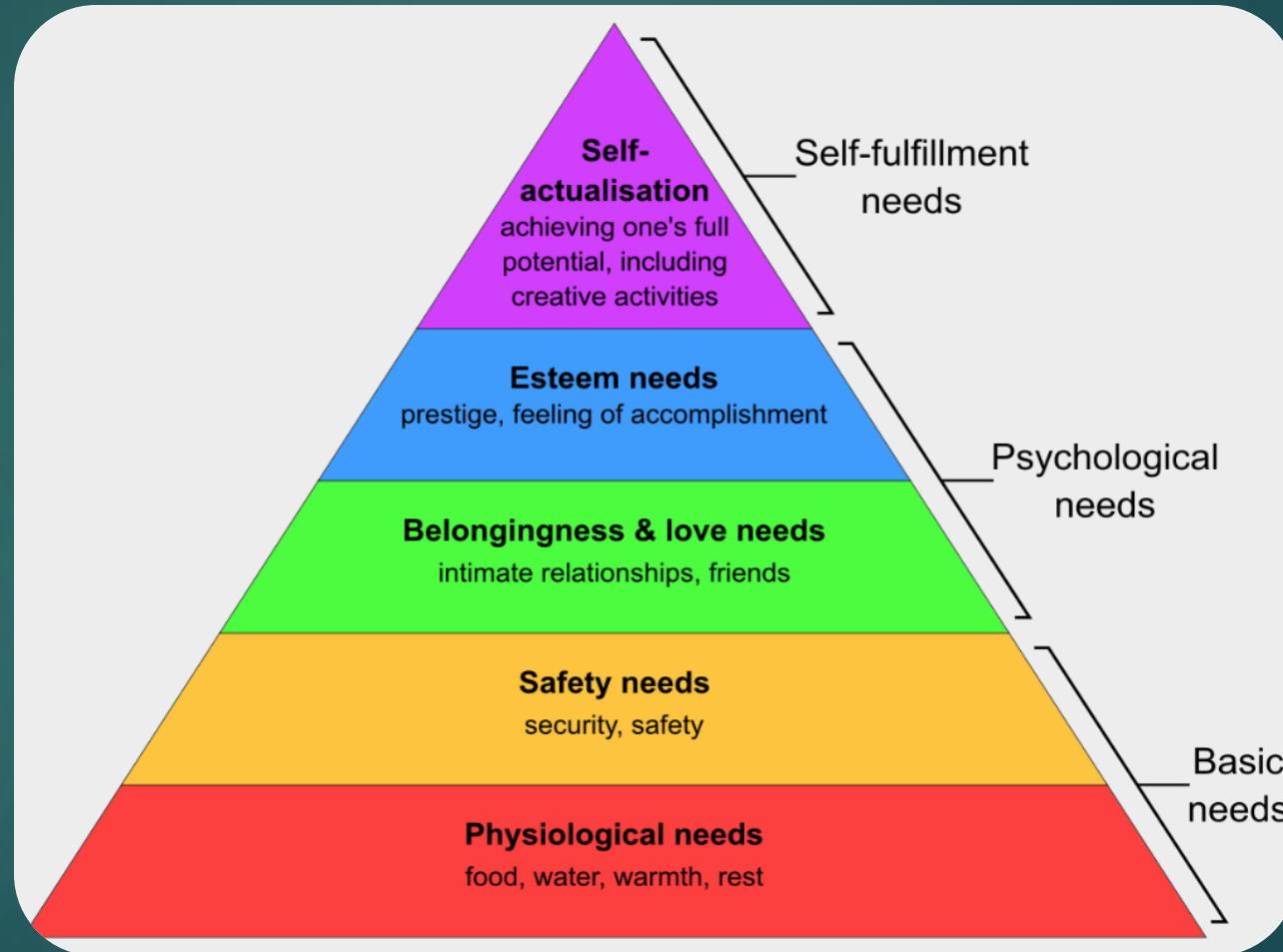
# Answering these questions requires an understanding of three things:

- ▶ What motivates people to strive for needs
- ▶ How people develop resiliency
- ▶ The special needs and differences among people who have been displaced

# MASLOW'S HIERARCHY OF NEEDS

- ▶ Maslow's hierarchy of needs is a theory of motivation which states that five categories of human needs dictate an individual's behavior. Those needs are physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs.

# Maslow's Hierarchy of Needs



# PHYSIOLOGICAL NEEDS

These most basic human survival needs include:

- ▶ food and water
- ▶ sufficient rest
- ▶ clothing and shelter
- ▶ overall health
- ▶ reproduction.

Maslow states that these basic physiological needs must be addressed before humans move on to the next level of fulfillment.

# SAFETY NEEDS:

Next among the lower-level needs is safety. Safety needs include:

- ▶ protection from violence and theft
- ▶ emotional stability and well-being,
- ▶ health security
- ▶ financial security.



# LOVE AND BELONGING NEEDS:

The social needs on the third level of Maslow's hierarchy relate to human interaction and are the last of the so-called lower needs. Among these needs are:

- ▶ friendships and family bonds—both with biological family (parents, siblings, children) and chosen family (spouses and partners).
- ▶ Physical and emotional intimacy ranging from sexual relationships to intimate emotional bonds are important to achieving a feeling of elevated kinship.
- ▶ Membership in social groups like a team of coworkers to forging an identity in a union, club, or group of hobbyists

# ESTEEM NEEDS:

- ▶ self-respect (the belief that you are valuable and deserving of dignity)
- ▶ self-esteem (confidence in your potential for personal growth and accomplishments). There are two types of self esteem:
  - esteem which is based on respect and acknowledgment from others
  - esteem which is based on your own self-assessment. Self-confidence and independence stem from this latter type of self-esteem

# SELF-ACTUALIZATION NEEDS:

**Self-actualization describes the fulfillment of your full potential as a person. Sometimes called self-fulfillment needs, self-actualization needs occupy the highest spot on Maslow's pyramid.**

- ▶ education, skill development
- ▶ the refining of talents in areas such as music, athletics, design, cooking, and gardening
- ▶ caring for others
- ▶ learning a new language
- ▶ traveling to new places
- ▶ winning awards.

# DEFICIENCY NEEDS VS. GROWTH NEEDS ON MASLOW'S HIERARCHY

- Self-actualization is a “growth need,” According to Maslow’s theory, if you fail to meet your deficiency needs, you’ll experience harmful or unpleasant results.
- Conditions ranging from illness and starvation up through loneliness and self-doubt are the byproducts of unmet deficiency needs.
- By contrast, self-actualization needs can make you happier, but you are not harmed when these needs go unfulfilled.
- Self-actualization needs only become a priority when the other four foundational needs are met.

# WHAT IS RESILIENCE?

- ▶ Resilience is a term which is hard to define, but it refers to a person's ability to cope with, and recover from a given situation.

# BASIC PH MODEL OF RESILIENCY

**Developed by Professor Mooli Lahad who is considered one of the world's leading experts on community, public behaviour and coping with disasters**

- ▶ The 'BASIC Ph' model was developed by Professor Lahad in 2004 and focuses on people's natural coping mechanisms, of which he has identified six types.
- ▶ The model suggests that we are each able to possess six potential characteristics that each represent a different style of coping
- ▶ The more of these styles we are able to utilise, the more resilience we are able to harness in order to regain a sense of control in an otherwise terrifying situation.

# THE SIX COPING STYLES

## ► **B – belief**

- Belief can be a powerful factor in resilience. This can be through faith or any other shared beliefs and relies on inner core values. Shared beliefs are particularly helpful as they also provide external support.

## ► **A – affect**

- Feelings or emotions. By expressing through emotions we are able to share fears, anger, sorrow etc and have these emotions validated externally to make us feel less alone.

## ► **S – social**

- Via support-seeking through friendships or organisations we can gain a sense of responsibility within a group which can help us to stay grounded. A decrease in isolation alongside an increase in social responsibility can restore emotional security.



## THE SIX COPING STYLES.....

### ▶ **I – imagination**

- Creativity is a method of coping with trauma which children are particularly adept at utilising. Expression of thoughts and feelings in a creative manner can allow a safer feeling release of expression through art, writing, drama or music.

### ▶ **C – cognitive**

- Cognitive coping skills utilise problem solving and a direct approach to the issue. Strategising with others can make people feel less alone, and more in control of their situation.

### ▶ **Ph – physical**

- Physical activity takes us back to our mammalian routes. It has the dual benefit of providing informal processing of a situation alongside a release of feelings in an indirect way.



## THE SIX COPING STYLES.....

- ▶ We each use these coping styles in our lives whether we are experiencing major crisis, or minor inconvenience.
- ▶ We are fluent in some, some are familiar and others are alien to our way of being
- ▶ The more we are able to utilize these coping styles, the more resilient we are.

# SERVING PEOPLE WHO HAVE BEEN DISPLACED

"No one puts their children in a boat  
unless the water is safer than the land."

— Warsan Shire

## SERVING PEOPLE WHO HAVE BEEN DISPLACED.....

- ▶ People do not need to match the immigrant's nationality or experiences in order to help. They do, however, need to understand the geopolitical, cultural, and legal realities these communities are navigating.
- ▶ Immigrant Paradox-Despite the myriad of challenges, immigrants can be incredibly resilient.
  - Upon arrival, immigrants can have better mental health than nonimmigrants
  - Once they settle in, mental health tends to decline—making support from psychologists central to the sustained well-being of these communities
- ▶ Understand the diverse circumstances that the community is facing-finding a job, overcoming language and cultural barriers, limited access to support, bias and discrimination
- ▶ Dispel your own biases, misconceptions and expectations that you may have about immigrants

## SERVING PEOPLE WHO HAVE BEEN DISPLACED ... ..

- ▶ Be mindful of misconceptions about culture or encouraging people to assimilate without care for cultural heritage. This can directly cause harm. For example, unconsciously, rewarding a person for giving up a cultural practice.
- ▶ Ask yourself how you feel a refugee should or should not behave
- ▶ Be aware of cultural nuances, such as conventions around values, time, family, eye contact, the desire to appease, and gender norms
- ▶ Be familiar with the barriers to accessing care that many immigrants and refugees face including childcare, busy schedules if they are working or caring for children, finances, and mental health stigma
- ▶ While there are moments that we may have to provide some “scaffolding” or support, it is important to respect and encourage the individual’s autonomy (self-governance and independence)

# DISTINCT DIFFERENCES AMONG UKRAINIAN REFUGEES

- ▶ Those who are strong enough, stress-resistant and have more of their own resources for being more motivated/active.

Among them we can notice some differences

- ▶ Those who don't want to go back to Ukraine and use the situation as a possibility to stay in the EU "for a better life" (This category is strong and more motivated/active.)
- ▶ Those who want to go back to Ukraine after the war but can't make long-term plans:
  - ▶ They don't know how long the war will last, don't speak German or English-so they need more time and can seem "frozen" for some period.
  - ▶ For being motivated/active it's important to have plans, because then you understand your future steps what you should do and have more possibilities to do it.
- ▶ When you have no plan, no understanding of your current situation or position, you'll try to save your energy and resources, so you can be "frozen".

## DISTINCT DIFFERENCES AMONG UKRAINIAN REFUGEES... ..

Those who suffered more because of the war fall into two categories:

- Those who have suffered pre-migratory trauma; for example, having their home destroyed or a loved one being killed, being raped, or those who have been displaced since the last war.
- Those who have experienced migratory trauma; for example, threats of danger while trying to flee; for example sexual assault, physical assault.

These individuals may have limited physical or emotional resources, so they need more time and psychological support or therapy

It's important to understand that for being motivated/active you need to have your own physical, mental, emotional and material resources. If you don't have it at the moment, you can't be active, you're frozen

- ▶ The process of revival is individual and takes different periods of time (from a few weeks to a few months).



# Questions and notes for Leadership and others serving refugees

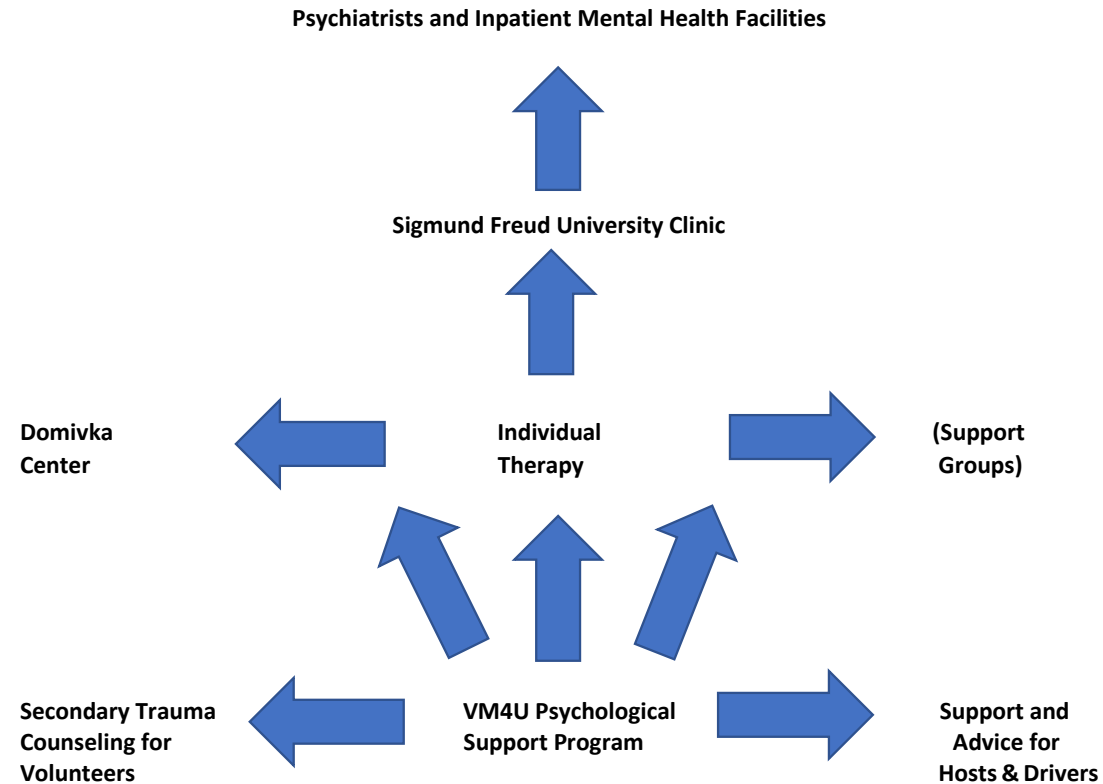
- ▶ Taking into consideration Maslow's Hierarchy of Needs and the BASIC Ph Model of Resiliency How do we support people in each of those categories?
- ▶ Is there a category that is less preferable for me to support? If yes, which one?
- ▶ If you keep the idea of “serving” rather than “helping” at the forefront of your mind, you will remind yourself and the refugee of their own strength and takes you out of the role of rescuer
- ▶ It is important to remember your own safety and boundaries. If you are hosting or transporting people, recognise and explain your rules at the beginning. To respect each other is very important.

# How do I know if someone needs more immediate advanced support?

**The following people need more immediate advanced support. People in these situations need medical or other help as a priority to save life.**

- ▶ people with serious, life-threatening injuries who need emergency medical care
- ▶ people who are so upset that they cannot care for themselves or their children
- ▶ people who are dissociating or depersonalizing (have amnesia or are unable to speak or move on their own, and seeing things that aren't real)
- ▶ people who may hurt themselves
- ▶ people who may hurt others





# VM4U Psychological Support Program Model of Service Delivery



# Your perspective is everything.

Helping



Serving



## HELPING

Sees people as weak and needing assistance

Burnout is high as it can be very draining

Leads with expertise, 'I am the only one who can do this'

Limits people from learning how to do things on their own

Can cause people to feel inept

Deepens the power differential

## FIXING

Sees people as broken and in need of repair

Burnout is high as it can be very draining

Leads with expertise, 'you need me in order to be whole'

Limits people from learning how to do things on their own

The fixer believes there's one way of being or of doing things

Can lead to low self-esteem and a feeling of being less-than in the person they're trying to fix

## SERVING

Lead with imperfection, personality and history

Integrates the experience of the person being served

A relationship between equals

Feels renewing and satisfying

Know that we are all connected



# SELF CARE FOR YOU

# COMPASSION FATIGUE VS BURNOUT

## WHAT IS COMPASSION FATIGUE?

- ▶ Compassion fatigue is more than burnout or exhaustion, this refers to the intense physical, mental, and emotional erosion that occurs when “helpers” are unable to refuel.
- ▶ This inability to recharge can leave some with little empathy for those they serve or work with. The situations that are incredibly depleting can deplete the person of their compassion.



# SYMPTOMS OF COMPASSION FATIGUE

include:

- ▶ Indifference
- ▶ Depression
- ▶ Anxiety
- ▶ Guilt
- ▶ Anger
- ▶ Changes in sleeping or eating patterns
- ▶ No boundaries

# WHAT IS BURNOUT

- ▶ Burnout can come from a variety of things, and isn't necessarily linked to trauma. Burnout can be exhaustion from the workload itself, work culture and toxicity, poor job satisfaction, feelings of powerlessness regarding the situation, or even poor leadership



# SYMPTOMS OF BURNOUT

- ▶ low physical, emotional and cognitive energy
- ▶ Exhaustion
- ▶ cynicism and mental distance from your work
- ▶ negative feelings towards work aspects of your job that you previously really enjoyed
- ▶ doubting the quality and meaning of your work
- ▶ reduced feelings of personal accomplishment
- ▶ feeling hopeless about your power to affect meaningful change through your work.



# SYSTEMIC AND LEADERSHIP ISSUES CAN REALLY CONTRIBUTE TO BURNOUT

Read that again.....

It is essential to make sure that we provide a positive work environment and to support, encourage and show appreciation-especially when working with volunteers

Pay attention to the patterns of systemic workload pressures, that's when people experience more burnout.

# SYMPTOMS OF BURNOUT

- ▶ Physical: Tension, chronic headaches, stomach problems, exhaustion, sleep problems.
- ▶ Emotional: Emotional blunting, helplessness, cynicism, depletion.
- ▶ Behavioral: Withdrawal, irritability, neglecting personal needs, loss of motivation.
- ▶ *BURNOUT IS CLOSELY LINKED TO PRODUCTIVITY AND ABSENTEEISM, AS WELL AS REDUCED WORK ENGAGEMENT AND LOWER JOB SATISFACTION.*

# HOW DO WE COMBAT BURNOUT

## Self-care:

- ▶ getting enough sleep
- ▶ looking at our diet
- ▶ drinking enough water
- ▶ exercise,
- ▶ limiting alcohol
- ▶ engaging in those activities that comfort us and make us feel good.
- ▶ **having boundaries, saying no, and really knowing what to prioritize so we don't neglect ourselves.**

# HOW DO WE COMBAT BURNOUT.....

## Challenging beliefs:

- ▶ We might think that we don't deserve to take time out, or that it's selfish.
- ▶ We might have unhelpful beliefs that act as internal stressors.
- ▶ We might have perfectionist tendencies or believe that we always need to give 120% in everything we do.
- ▶ We might think we need to fix problems on our own.

It's important to gently challenge those beliefs when they come up

# HOW DO WE COMBAT BURNOUT....

## Sphere of control:

- ▶ Create a good work-life balance
- ▶ Take time off
- ▶ Leave work at work
- ▶ have boundaries as to when you check WhatsApp and work emails
- ▶ leaving work on time when we can
- ▶ have boundaries around when we check work emails
- ▶ know when to delegate
- ▶ ask for help when you need it

The hard part for many is accepting the things we can't change. It doesn't mean that we don't care, it just means that we're making a conscious choice to put our energy into the things we do have power over.

# WHAT IS SECONDARY TRAUMA?

## WHAT IS VICARIOUS TRAUMA?

- ▶ Secondary trauma is sometimes used interchangeably with vicarious trauma. This is the most harmful because the individual's psyche and belief system are affected.
  - ▶ Shift in perspective and the way someone views the world.
  - ▶ It is more than just burnout or exhaustion
  - ▶ It is a profound shift that others might notice
  - ▶ It comes from prolonged exposure to traumatic experiences.
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- ▶ An example is that perhaps a therapist no longer believes in what they do, they begin to view the world from a place of helplessness, rather than helpfulness. They see the world as hopeless



## Common Symptoms of Secondary Trauma/Vicarious Trauma

- ▶ Dreams about peoples' traumas
- ▶ Intrusive thoughts about them
- ▶ Depression, anxiety
- ▶ Anger, irritability, and impatience
- ▶ Feelings of helplessness and hopelessness for the future
- ▶ Lack of focus, difficulty concentrating