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Evidence-Based Practice Project: Ukrainian Refugee Family

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Abstract

The purpose of this project was to create an effective treatment curriculum for Ukrainian families experiencing displacement and the effects of trauma. To better understand the population of focus, a literature review was done which includes statistics, characteristics/common issues, risk factors, major concerns, engagement, terminology, and frameworks. Then, existing research studies and practices were analyzed to determine the most effective forms of intervention for these families. With the effective theory, a 6-week evidence-based curriculum for a pseudo-family was created.

Ukrainian Refugee Family Literature Review

1. **Statistics about the population**

Ukrainian refugees are the population of focus in this literature review. Ukraine is located in eastern Europe, and it is the second-largest European country behind Russia. Bordering countries include Russia, Belarus, Poland, Slovakia, Hungary, Romania, and Moldova. In 2022, the estimated population of Ukraine was 43,528,136 (Central Intelligence Agency, 2022). The top two languages spoken in Ukraine are Ukrainian and Russian; however, there are 40 additional minority dialects native to the Soviet Union.

Central Intelligence Agency [Online image]. (2022). https://www.cia.gov/the-world-factbook/countries/ukraine/

Ukraine is valued for its “Chernozem,” or fertile soil, making it the “breadbasket of Europe.” It is very rich in resources, but unfortunately, its economy is unstable due to Russia’s invasion of Ukraine. Currently, one U.S. dollar is equivalent to 36.95 Ukrainian hryvnia, and The World Bank asserts that, “Ukraine’s economy is expected to shrink by an estimated 45.1 percent this year” (Handlon et. al, 2022).

On February 24, 2022, the Russian Federation invaded Ukraine. The United Nations Refugee Agency (2022) reports that since the invasion, more than 7.2 million individual refugees have crossed into Europe, more than 6.9 million people are estimated to be internally displaced in Ukraine, and there have been over 12.6 million border crossings from Ukraine. The following data tables were taken from the UNHCR website.

Countries featured in the Refugee Response Plan

Country	Date	Refugees from Ukraine registered for Temporary Protection or similar national protection schemes	Refugees from Ukraine recorded in country	Border crossings from Ukraine*	Border crossings to Ukraine**
Hungary	9/27/2022	30,000	30,000	1,467,441	Data not available
Romania	9/18/2022	67,064	80,498	1,246,945	959,826
Slovakia	9/27/2022	95,179	95,375	817,350	554,702
Poland	9/26/2022	1,409,139	1,409,139	6,431,533	4,465,934
Republic of Moldova	9/27/2022	Not applicable	92,443	627,796	276,096
Total		**1,601,382**	**1,707,455**	**10,591,065**	**6,256,558**

Other countries neighbouring Ukraine

Country	Date	Refugees from Ukraine registered for Temporary Protection or similar national protection schemes	Refugees from Ukraine recorded in country	Border crossings from Ukraine*	Border crossings to Ukraine**
Russian Federation	9/26/2022	Not applicable	2,772,010	2,772,010	Data not available
Belarus	9/26/2022	Not applicable	14,219	16,705	Data not available
Total		**Not applicable**	**2,786,229**	**2,788,715**	**Data not available**

The UN Refugee Agency [Online Data Tables]. https://data.unhcr.org/en/situations/ukraine

Most Ukrainian refugees have sought protection in Poland, with Slovakia, Romania, Hungary, and Moldova also being featured in the Refugee Response Plan. Other countries who have had an influx of refugees from Ukraine include Belarus and the Russian Federation (The UN Refugee Agency, 2022).

2. Characteristics and common issues

The people of Ukraine have been suppressed by the Soviet Union/Russia for several decades. In the 1920s, Ukrainians began to challenge the “old Russian-centered imperial narrative of the past, but in the late 1930s and 1940s the imperial vantage point was rehabilitated under the guise of the slogan ‘friendship of peoples’ according to which the

Russians were the older brothers for the rest of the peoples" (von Hagen, 1995). Any deviance from Soviet rules was punishable as a political crime.

In 1991, Ukraine achieved its independence; however, Russia has not accepted Ukraine's independence. The fight for freedom began again in the 2014 "Maidan Revolution" and it continues today. In fact, Russia is still using the same propaganda as it did in the 1930s and 1940s. Russia claims to be protecting their Ukrainian brothers; however, according to a University of Chicago June 2022 poll, "97 percent of Ukrainians see Russia's invasion as a major threat to Ukraine's security, and 97 percent want Russia to compensate Ukraine for the destruction it has caused" (NORC at the University of Chicago, 2022).

When working with this population, it is important to be aware of both recent and past traumas. The Holodomor famine that took place from 1932 to 1933 has lasting effects on Ukrainian families today, and it must not be overlooked. Approximately 4.5 million Ukrainians died because Soviet officials confiscated the entire grain supply from the eastern and central villages of Ukraine and they closed the roads to restrict freedom of movement (Volkan & Javakhishvili, 2022).

Ukrainians' national identity is incredibly important to them because they have been oppressed for so long. This must be remembered when working with families who are of Ukrainian descent.

3. Risk factors

There are different risks associated with families who have males between the ages of 18 and 60. On the imposition of martial law in Ukraine, males between the ages of 18 and 60 are prohibited from traveling abroad because they may be called to fight in the war.

There are a few exceptions to this law (for example, if they are raising a child or children under the age of 18 on their own).

Many Ukrainian families have had to leave their husbands and fathers. A woman who fled Ukraine during World War II was interviewed by the Chicago Tribune, and she expressed sympathy for today's Ukrainians: "The difference is, my father was with us. But a lot of these kids are here without their dads, without their older brothers, so that's a big difference for this group of people that are leaving Ukraine. One of the two parents is staying behind. So that creates a whole different kind of trauma" (Angie, 2022).

It will also be important to consider trauma and the impacts of war on mental health—especially when working with youth. *European Child & Adolescent Psychiatry* did a research study looking at the impact of war on children. They found significant implications including "stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety" (Bürgin et. al, 2022). The study, specifically geared for Ukrainians, stresses the importance of multileveled, trauma-informed, and strength/resilience-oriented interventions. Further, the supportive interventions should focus on providing physical and emotional care to help children regain external and inner security (Bürgin et. al, 2022).

4. Major concerns or problems for this population

One of the biggest concerns for this population is the idea that children could lose their culture. Any time people leave their home countries due to economic opportunities, safety concerns, or war, chances are that they may assimilate to the culture that they find themselves in. In a newspaper article that was recently written about Ukrainian children preparing for school and life in America after escaping the Ukraine-Russia war, it was

noted that “she [a Ukrainian mother and refugee] thinks many of the newly arrived Ukrainian kids fear coming here might mean they'll lose their culture, ethnicity and language”(Angie, 2022). While working with refugee children, it is important that the social worker has a full understanding of contextual and cultural traits that are important to their identities.

Two other key issues that go hand in hand are employment and other legal battles. Because men and boys aged 18-60 are not allowed to leave Ukraine, separation and divorce issues are raging. Refugees are also being exploited in neighboring countries by their employers. Paul Waldie recently reported on a group of women who are helping fight these too-common issues. He wrote,

> Some of the most common questions concern immigration, business start ups and family law, she added. With so many families divided between Poland and Ukraine – adult men aged 18 to 60 can’t leave Ukraine – issues such as divorce, separation and child support can be difficult to sort out. Employment law is also topical, and many refugees want to understand how they can protect themselves from unscrupulous employers. Most refugees in Poland have ended up in low-skilled jobs such as cleaners, factory workers and restaurant kitchen staff. Those areas can be open to abuse, and the center helps ensure refugees have proper employment contracts (Waldie, 2022).

These issues are not going anywhere any time soon so it is important to understand the context behind them so that refugee children and families can receive the best possible resources and job training.

5. **Engagement**

Clearly, there are many issues that can arise from engaging with refugee families. One of the most glaring issues is the cultural difference between Ukraine and America. However, it is a social worker's job to become educated and aware of the cultural contexts of the families that they work with to engage in such a way that their client's values and core beliefs are respected.

Along with the cultural differences, there could be a potential language barrier. If the family does not speak English, then the social worker must be prepared to find a translator so that a possible language barrier does not stop the family from receiving the resources or services that they need.

Finally, Ukraine is actively going through war. Families that escaped may have left behind or lost extended family, brothers, fathers, friends, and countless others. Understanding and being empathetic towards the emotional and traumatic experiences is essential in building rapport and trust with these families. Extending grace to these families is the best possible outlet so that they receive the counseling, resources, and services that they need and deserve.

6. Terminology

Terminology is necessary to understand when working with refugee families. By understanding the "buzzwords" we can be sure that we have a clear grasp on the values that are associated with working with this specific population.

- *War* – "a state of usually open and declared armed hostile conflict between states or nations."
- *Refugee* – "A refugee is a person who has fled their own country because they are at risk of serious human rights violations and persecution there. The risks to their

safety and life were so great that they felt they had no choice but to leave and seek safety outside their country because their own government cannot or will not protect them from those dangers. Refugees have a right to international protection" (Amnesty International).

- *Asylum seeker* – "An asylum-seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim. Seeking asylum is a human right. This means everyone should be allowed to enter another country to seek asylum" (Amnesty International).

7. Frameworks

When applying knowledge of human behavior and the social environment, there are two important frameworks to keep in mind when working with refugee resettlement families from Ukraine. First, it is important to consider Maslow's hierarchy of needs—level one being physiological, level two being safety, level three being love and belonging, level four being esteem, and level five being self-actualization.

A study explored unmet needs of displaced Syrian girls. Once their basic needs were met, they communicated a common need for safe spaces to go and socialize, learn, and create. Further, they communicated a need for peer and social support (Davidson et. al, 2021). This confirms Maslow's theory does not only apply to those in America. It also applies to individuals of other cultures; therefore, it is also applicable to Ukrainians.

Systems theory should also be considered when working with refugee resettlement families from Ukraine. This theory looks holistically at a client's (family's) condition and all of the environmental factors influencing them. A scholarly article published in September of 2022 analyzes the impact of war on the environment and health. While war has immediate life-threatening implications, there are also "increased short-term and long-term risks to health and wellbeing... Non-communicable diseases pose an increased risk to the population, for example through exposure to contaminated water, food, air, soil, and damaged building materials, such as those containing asbestos. Exposure to outdoor and indoor air pollution caused by the unsafe burning of fuels, further compounded by often overcrowded living situations, poses a health risk. Extreme weather events, such as heatwaves, cold winters, and floods, could further amplify many of these risks, increasing demands on the already overstretched health system and on the reduced human resources available to provide health care, repair, rescue, clean-up, and operate and monitor the safety of essential services needed to save lives" (Racioppi et. al, 2022)

Research-Informed Practice

Five Article Summaries of Family Practice Interventions

Bürgin, D., Anagnostopoulos, D., Doyle, M., Eliez, S., Fegert, J., Fuentes, J., Hebebrand, J., Hillegers, M., Karwautz, A., Kiss, E., Kotsis, K., Pejovic-Milovancevic, M., Räberg Christensen, A. M., Raynaud, J., Crommen, S., Çetin, F. Ç., Boricevic, V. M., Kehoe, L., Radobuljac, M. D., . . . Fegert, J. (2022). Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. *European Child & Adolescent Psychiatry, 31*(6), 845-853. https://doi.org/10.1007/s00787-022-01974-z

This study was designed to evaluate the effectiveness of multilevel, needs-oriented, and trauma-informed approaches on the mental health of children who are impacted by war and forced displacement. Research has shown "a higher prevalence of certain mental disorders among children during and post-conflict as compared with the general population"—specifically stress reactions, PTSD, depressive disorders, and anxiety disorders. Because this study was prompted by the events in Ukraine, the researchers worked quickly to compile relevant publications, and these publications were assessed qualitatively. Keywords used in the search were 'children', 'war', 'flight', 'trauma', 'trauma-informed', and 'mental health.' The researchers found that the most effective way to support war-affected children is by using a comprehensive and multilevel model that is trauma informed and specifically tailored to the group or individual. From this research, the Inter-Agency Standing Committee proposed a multilevel intervention pyramid for psychosocial support in emergencies. It is closely related to Maslow's hierarchy of needs, as the four levels are basic services and security, community and family supports, focused and non-specialized supports, and specialized services. The following multilevel intervention was developed from the study for children exposed to war and forced migration: (a) Provide immediate aid and intervention, (b) Assess and screen for mental health burden and needs, (c) Provide evidence-based interventions for groups and individuals, (d) Provide appropriate post-migration infrastructures and social environments that foster mental health, (e) Support parents during and after war, (f) Support indirectly affected children. For people—especially children—it is important to first provide basic services and security. If an individual does not feel safe, they will be unable to focus on abstract concepts or think about the future in any capacity. This article fits with the applicable population because the study was designed specifically with

displaced Ukrainians in mind. Further, it uses extensive existing literature including literature of several similar cultures to that of Ukraine. While the study does not support a specific theory, it supports a specific framework that can be applied to many theories. Therefore, using a multilevel approach is something to consider when working with a Ukrainian refugee resettlement family.

Nosè M, Ballette F, Bighelli I, Turrini G, Purgato M, Tol W, et al. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. PLoS ONE 12(2): e0171030. https://doi.org/10.1371/journal.pone.0171030

The purpose of this study was to evaluate the effectiveness of psychosocial interventions for PTSD in refugees and asylum seekers once they resettled in high-income countries. Between 2008 and 2017, 1.1 million asylum seekers held refugee status in Europe, and in 2017, 100,000 asylum seekers were diagnosed with PTSD. The researchers compiled both randomized and controlled clinical trials from CINAHL, EMBASE, PILOTS, PsychINFO, PubMed, and Web of Science up to July 2016 that compared psychosocial interventions with other treatment in adult refugees and asylum seekers with PTSD. Fourteen studies were included (9 conducted in Europe; 5 conducted in USA) and the mean study sample size for each study was 63 participants. The mean length of follow-up was five months and the time since resettlement ranged from 2 to 16 years. The study found that the psychosocial interventions used for PTSD in the general population may not be the most effective for refugees and asylum-seekers. Further, they found that torture survivors respond better to NET and other CBT forms than they do to psychosocial interventions. From existing literature, the researchers concluded that NET, a manualized short-term variant of trauma-

focused cognitive behavioral therapy, is the best-supported model when treating individuals with PTSD. From the study, I learned that PTSD treatments may need to be different depending on where the PTSD stems from. Those suffering with PTSD in the general population may respond to treatments that those in the refugee population may not respond to. This article fits with the population of interest because the study narrows in on treatments done specifically with refugee and asylum-seeking people. Additionally, over 60% of the participants in the studies were European refugees and asylum-seekers. If Ukrainians were included in this study, they would be considered a part of the European group. The study which is clearly applicable to Ukrainians supports different trauma focused cognitive-behavioral therapies—specifically NET.

Acarturk, C., Uygun, E., Ilkkursun, Z., Carswell, K., Tedeschi, F., Batu, M., Eskici, S., Kurt, G., Anttila, M., Au, T., Baumgartner, J., Churchill, R., Cuijpers, P., Becker, T., Koesters, M., Lantta, T., Nosè, M., Ostuzzi, G., Popa, M., Purgato, M., … Barbui, C. (2022). Effectiveness of a WHO self-help psychological intervention for preventing mental disorders among Syrian refugees in Turkey: a randomized controlled trial. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, *21*(1), 88–95. https://doi.org/10.1002/wps.20939

This article's purpose is to evaluate the effectiveness of self-help psychological intervention in preventing mental disorders in refugees. In fact, the World Health Organization reports that those exposed to conflict are 10.8% more likely to develop depression, 15.3% more likely to develop PTSD, and 22.1% more likely to develop any mental health disorder. The subjects of the study had to be 18 years or older, fluent in Arabic, and under temporary protection according to Law on Foreigners and International Protection.

Further, they had to be experiencing psychological distress (shown by their score on a 12-item general health questionnaire) but not have any existing mental disorder. The study was a parallel group randomized controlled trial, and the intervention group completed Self-Help Plus, a pre-recorded intervention with discussions and exercises. 642 individuals were included in the study (322 allocated to Self-Help Plus and ECAU; 320 allocated to ECAU only); however, 95 individuals dropped out of the study. From those who completed the 6-month follow-up, those assigned to the Self-Help Plus group were significantly less likely to meet criteria for a mental disorder compared to the control group who only received ECAU. According to the researcher's knowledge, this study was the first randomized controlled trial that studied refugees without existing mental disorders. Since the study found that there were advantages for the Self-Help Plus group, it would be a potentially effective intervention for preventing mental disorders in refugees. Most studies that are done do not exclude participants because of existing mental illness, so it was interesting to investigate a study beginning with all participants being mentally healthy. At the follow-up, the Self-Help Plus group proved to have a greater mental well-being than the control group. The control group only received "Enhanced Care as Usual." The chosen article fits with the applicable population considering that they are refugees without pre-existing mental illness. Even if there is mental illness in a family, there are likely members who would benefit from preventative care. The findings from this study are significant. Because so many Ukrainian refugees need care and there are only so many people who can provide care, Self-Help Plus may reach farther than providers can in providing mental health care.

Vasserman, D. S. (2019). *Thinking, moving, and feeling: A proposed movement and behavioral intervention for refugee children with trauma* (Order No. AAI10812711).

Available from APA PsycInfo®. (2284627368; 2019-41134-245). http://ezproxy.nwciowa.edu/login?url=https://www.proquest.com/dissertations-theses/thinking-moving-feeling-proposed-movement/docview/2284627368/se-2

The purpose of this study was to combine two EBP interventions – trauma cognitive behavioral therapy and movement therapy – to refugee children aged 6-8 who have shown signs of PTSD and trauma. Upon further reading, because this was a thesis paper, 6 “expert consultants” were enrolled into a 12-week program that consisted of 7 sessions. The intervention was conducted in a school setting in the form of a group session. Before and after each session, there was an individual “debrief" time in which the provider checked in with the client to ensure they were doing okay. Participants concluded the study by answering a feedback form in which four of the expert consultants felt that there was a benefit of combining both trauma CBT and movement therapy. The themes that emerged were that there was a solid basis for successful intervention, but flow, cultural considerations, and barriers must be addressed before direct implementation. I thought this article had a solid basis when they chose to combine both trauma cognitive behavioral therapy and movement therapy. Because each has been evidence based and successful in intervention before, combining the two, in theory, would be effective in treating refugee children. Although the sample size was small and, at the time, was not yet implemented into a clinical practice site, it is hard to say whether or not it would be completely effective in treatment. However, with the basis and knowledge of six experts, along with revision, the program would seem applicable to working with refugee children who suffer from PTSD. Overall, I thought that this was a good article to begin to understand that trauma cognitive behavioral therapy is

used as a steppingstone to treatment of this specific population. It deepened my understanding that clinical intervention with such a vulnerable population must be carefully considered and the treatment plan needs to be based on grounded theory and evidence-based practices.

Yohani, S. C. (2008). Creating an Ecology of Hope: Arts-based Interventions with Refugee Children: C & A. *Child & Adolescent Social Work Journal, 25*(4), 309-323. https://doi.org/10.1007/s10560-008-0129-x

This article was written on the basis of the human ecological theory and hope theory to create a hope-based intervention through art and crafts for refugee children. The procedure of this article included seventeen children aged 8-18 were enrolled into a 10-week Hopes Project. During this time, the children were involved in different creative projects that were based on the idea of hope for the present and future. After, an interview was conducted with the children so that they can explain what is going on in their art projects. One of the major findings is that when the children talked about their art and the hope that they found within it, their parents changed their perception on the art as well. It was noted that the parents changed their discussion to include a more positive outlook on life after they listened to their child's worldview. This is significant because when working with refugee children and families, even one worldview that there is hope can maybe change how others view their situation as well. The main conclusion from this article is that a hope-based intervention plan when working with refugee children and families seems effective. By giving the children a creative outlet – arts and crafts – to share their work, it provides a sense of purpose and hope to the family as a whole. Not only does this intervention empower children, but their families as well. I found this article to be really light compared to a lot of treatment plans that I have

read about. I enjoyed that this intervention was child-like and gave the children a sense of agency and autonomy all while working towards their betterment. This is a useful technique to use with refugee children because it gives them something tangible to do and that they can find hope in during a time where it may seem like there is no hope. Also, not only does it benefit the children, but their families gain a sense of hope from the work, as well. By treating both the children and their families simultaneously, overcoming the trauma becomes a little easier.

Three Article Summaries of Theory: Trauma-Focused Cognitive Behavioral Therapy

Edson, C. (2021). Is Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Effective in Reducing Trauma Symptoms among Traumatized Refugee Children? A Systematic Review. *Journal of Child & Adolescent Trauma, 14*(4), 545-558. https://doi.org/10.1007/s40653-021-00370-0

This systematic review was conducted to measure how effective trauma focused cognitive-behavioral theory is in treating refugee children. It was done because of the high rates of refugee children: “In 2019, more than 25.9 million children under 18 were displaced due to unending political conflicts.” The review included 4 peer-reviewed studies with a sample size of 64 refugee children from 21 different countries. The children’s trauma symptoms were measured upon beginning treatment and then measured during treatment and after treatment. Each of the studies found that trauma focused cognitive-behavioral therapy is effective and sustainable in decreasing trauma symptoms for refugee children; however, these studies are pilot studies, so there is not an abundance of additional supporting evidence. Though the children in these studies represented 21 different countries, there could be other cultures that do not thrive with this particular method of treatment. The researchers

concluded that trauma focused cognitive-behavioral therapy is very effective and should be utilized when working with refugee children, but they also recognize that there may be some limitations when working with new cultures. For a study to include individuals from 21 different countries is quite impressive. Because of the study's focus on children who are subjected to political conflict and displacement, this article fits with the applicable population. It is important that further studies are done to support the findings, but this evidence has shown notable promise. The trauma focused cognitive-behavioral therapy method includes three stages. Stage one is the stabilization stage, stage two is the trauma narration and processing stage, and stage three is the integration and consolidation stage. Parents are also key in TF-CBT treatment. Even when the child is the focus of treatment, the parents will need to be active in learning different parenting skills.

Murray LK, Skavenski S, Kane JC, Mayeya J, Dorsey S, Cohen JA, Michalopoulos LT, Imasiku M, Bolton PA. Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Trauma-Affected Children in Lusaka, Zambia: A Randomized Clinical Trial. JAMA Pediatr. 2015 Aug;169(8):761-9. doi: 10.1001/jamapediatrics.2015.0580. PMID: 26111066; PMCID: PMC9067900.

The purpose of this study was to analyze the effectiveness of trauma cognitive behavioral therapy on refugee children that have experienced at least one traumatic event in their lifetime. Children (8-18 years old) from the country of Zambia were randomly assigned to either receive highly specialized TF-CBT while the other group received a different, standard treatment from a local agency. After treatment, signs and severity of trauma-related symptoms were compared. After the treatment plan, it was found that the children who were randomly assigned to the TF-CBT group had a significant decrease in their trauma symptoms and compared to the children

who received standard treatment. This study supported the idea that TF-CBT is highly effective in treating children with PTSD and other trauma-related issues. This study seems to follow the trend when it comes to intervention plans that are TF-CBT focused. Although regular CBT is effective, when working with victims of extreme trauma, TF-CBT seems to be the better treatment plan. Refugee children face trauma that many – most – of us can never understand. Implementing standard treatment is not enough. This study further demonstrated that there needs to be an intensive, specific, and trauma-focused intervention plan when working with refugee children.

Patel, Z. S., Casline, E. P., Vera, C., Ramirez, V., & Jensen-Doss, A. (2022). Unaccompanied migrant children in the United States: Implementation and effectiveness of trauma-focused cognitive behavioral therapy. *Psychological Trauma: Theory, Research, Practice, and Policy,* https://doi.org/10.1037/tra0001361

This study was created to understand the effect that TF-CBT had on unaccompanied migrant children in America who have had at least one traumatic event in their lifetime.138 migrant children were enrolled to receive TF-CBT. It was found that, on average, each child had a little over three traumatic events in their lifetime. The purpose of this study was to understand the effects that TF-CBT had on the size and severity of trauma symptoms in the children. This study found that after the TF-CBT treatments, many of the children self-reported less signs and symptoms of trauma-related issues. This study further strengthened the argument that TF-CBT is highly effective in treating children with severe trauma. I thought this study was interesting because of how much trauma was found in the children that migrated to America. An average of 3 traumatic events in such a short lifetime is

something that needs to be taken very seriously. In fact, conventional CBT would not be sufficient for treating these children. TF-CBT has been supported by countless studies and evidence that its interventions are highly effective in addressing trauma symptoms. Although this study was done on migrant children, their trauma is still related to that of refugee children. Trauma is trauma and must be treated with evidence-based practices.

Family Treatment Curriculum

Family Treatment Plan:

Treatment Plan

This form will be reviewed again in no more than two months, and progress toward goals will be noted. Changes in interventions or goals should be noted immediately.

Identified Client(s) : Ruslana Markovich (44) & Halyna Markovich (12)

Clinic Record: N/A **Number Insurance**: N/A

Diagnosis: N/A

Summary of Client's Concerns: The identified clients fled Ukraine after Russia's invasion. Due to martial law, the father and son stayed in Ukraine. Daughter, Halyna, is experiencing a significant stress response (difficulty speaking). Mother, Ruslana, appears to be coping relatively well considering the circumstances.

Identified Patient Strengths and Resources (to be added to throughout therapy):

Strong national identity, healthy family relationships, strong Christian values

Interview Progress Narrative

Long-Term Goal: Clients will face the major event, accept the changes it has brought, and develop new methods for coping.

Problem/Concern #1: Father (Pavlo, 47) and son (Matvey, 18) serving in the war and splitting the family		
Objective	**Intervention**	**Progress Towards Goal**
1. Describe the impact that war has had on individuals and the family unit. 2. Engage in group activities as mother and daughter to build cohesiveness. Target Date: Completion Date:	1. Facilitate the expression of family member's feelings and begin to discuss the similarities/differences in perception of the event and how it has affected each of them differently (e.g. construct lists of changes, make drawings, write journals or poems) 2. Assign the pair to engage in cohesion-building activities (e.g. working together on a particular task).	
Problem/Concern #2: Fear surrounding possible long-term displacement		
1. Identify fears that cause resistance to leaving Ukraine. 2. Verbalize acceptance of the fact that sometimes a situation is out of their control and they must simply cope effectively with it (The reality that war	1. Address the issue of any underlying fears ("If we leave, we will lose our culture/identity") that might exist regarding resistance. 2. When dealing with problems outside of their control, instruct family members to avoid trying to solve external problems, but instead to support each other and decide how they can best react to the	

has no timeline). Mother and daughter will retain and celebrate their culture. Target Date: Completion Date:	unchangeable problem. ALSO, have family members imagine themselves in the near future coping successfully and share their thoughts about how they will handle the transition regarding the life-changing event that is out of their control.	
Problem/Concern #3: Significant war trauma		
1. Identify specific traumatic events. 2. Describe the manners of coping. 3. Identify a style of coping that fits individual strengths. Target Date: Completion Date:	1. Prompt each family member to explain the event in his/her own words (or drawings if needed). 2. Assess their coping using the Adolescent-Family Inventories of Life Events and Changes and Family Inventories of Life Events and Changes in *Family Assessment Inventories for Research and Practice* by McCubbin and Thompson. 3. Help each family member adjust to a style of coping that best fits him/her by using individual strengths as an advantage for self and the family unit.	

Theoretical Orientation:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for individuals and families who have experienced trauma. According to

research, TF-CBT effectively resolves a wide variety of emotional and behavioral difficulties that are correlated with single, multiple, and complex trauma.

This form of treatment was created in the 1990s for children who were victims of sexual abuse; however, it has since then been applied to children with various traumas. Four research studies done in 2021 (Edson) found that trauma-focused cognitive-behavioral therapy is effective and sustainable in decreasing trauma symptoms for refugee children. These children were from 21 different countries.

TF-CBT typically lasts anywhere from 8 to 25 sessions, and it is conducted with the child/adolescent and their parent/caregiver. It uses basic CBT techniques to modify unhelpful or negative thought patterns and behaviors. It also integrates other theories and interventions: psychoeducation, coping skills, gradual exposure, cognitive processing, and parenting skills. This makes TF-CBT more effective than CBT for refugees.

There are three phases of TF-CBT. Phase one is the stabilization phase, which emphasizes psychoeducation, relaxation, affective modulation, and cognitive coping. Phase two is the trauma narrative phase, which emphasizes trauma narrative and processing. Phase three is the integration and consolidation phase, which emphasizes in vivo, conjoint sessions, and enhancing safety (Mannarino, 2016).

Goals and Outcomes:

The primary goal of this approach (TF-CBT) is to process, understand, and cope with trauma that has occurred. It encompasses an empathetic approach to guide conversation and activities so that the client(s) can learn skills and patterns to control thoughts, fear, and emotions. TF-CBT is used to help conceptualize the trauma and to put

it into a perspective that is understood by the client(s). TF-CBT allows for the building of a safe, secure, and trusting relationship between the therapist and client(s).

Techniques and Methods:

These goals will be obtained through various interventions including psychoeducation, coping skills, gradual exposure, cognitive processing, and parenting skills. Clients will be asked to regularly identify thoughts and emotions in regards to their current situation, and they will be asked to share these thoughts and emotions with one another every morning and evening. Further, clients will learn new skills concerning coping and parenting.

Family Dynamics:

It has been noted that family dynamics play a key role in the lives of refugee families. The trauma of being forcefully separated by factors outside the family unit's control can cause extreme dysfunction both to individual members and the family's homeostasis. For this reason, each family member will have the chance to explain how they feel the roles and dynamics of the family have changed and what that means moving forward. Also, a number of activities will be done individually and then a reflection period with the entire present family will be conducted. This will allow for each voice to be heard before they come together to share their thoughts and feelings.

Roles:

In TF-CBT, the clients will share their experiences with the therapist and think critically about their situation. The therapist will act as a guide and show empathy towards the family. It is important to understand that the clients deserve to control – with strategic guidance – the conversation and outcomes due to the lack of control in their lives as a result

of the war. Self-determination of the clients' needs to be of the utmost importance so that clients feel a sense of autonomy and agency. Finally, the role of the social worker is to advocate for the identified needs of the clients.

Structure of curriculum – description of 6 sessions

Week 1: Initial engagement/assessment *(Phase 1: Stabilization)*

Weekly Goals/Objectives:	<u>Recurring goals of TF-CBT:</u> Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences ● Progress through life in a safe and positive manner <u>Session specific goals</u>: Clients will… ● Address the traumatic experience(s). ● Complete the chosen assessment. ● Understand the terms 'trauma' and 'PTSD'. ● Identify trauma reminders and learn grounding techniques. ● Learn relaxation skills.
Purpose of Session:	The purpose of this session is to gather information about the traumatic events and identify the needs of the clients.
Checklist of Items:	International Trauma Questionnaire Child and Adolescent Version (ITQ-CA), pillow
Psychoeducation component (describe the process verbatim)	**After the assessment is completed, begin the session by validating the clients:** ● I understand that your lives have changed a lot in these past few weeks. You have seen some really scary things, and you have also had to leave behind friends and family. You have probably felt scared, sad, overwhelmed, and maybe even angry. Does this sound right to you? ● It makes sense why you are feeling this way. Your feelings are valid. **Next, explain what trauma is and normalize PTS symptoms/PTSD**: ● I understand that since the distressing events occurred, Halyna has been experiencing difficulty engaging in conversations. It also sounds like it has

	been hard for her to show emotions and that she has had a low appetite. ● Have you heard of the term 'traumatic event'? A traumatic event is an experience that is significantly distressing. Those who experience a traumatic event often develop emotional and physical reactions. ● Common symptoms of trauma are trouble sleeping, feeling anxious, being easily startled, changes in appetite, changes in affect, etc. ● The symptoms that you are experiencing are normal. You have been through a lot, and "you're not crazy" for having this reaction. **Explain the process of TF-CBT:** ● TF-CBT is an evidence-based treatment for individuals/families who have experienced trauma. TF-CBT is designed to help individuals/families process, understand, and cope with trauma that has occurred. ● Speaking to the child: Through this treatment, you will learn skills to feel better when scared/worried, you will learn how your thoughts and feelings affect your behavior, and you will learn how to move past your traumatic experience. ● Speaking to the parent: Through this treatment, you will learn skills to effectively support your child. ● Ask the clients, "Do either of you have any questions before we begin?"
Interventions/Activities component (Describe all interventions/activities)	**Identify trauma reminders with the child:** ● Help the child identify the smells, sights, touch, sounds, places, and memories that initiate a fear response. ● Help the child and parent become aware of how the child responds to triggers. ● Identify effective grounding techniques for situations that trigger fear responses. ○ 5-4-3-2-1 5 things you hear, 4 things you see, 3 things you can touch, 2 things you can smell, and 1 thing you can taste. ○ Recite something Can identify an anchoring Bible verse or helpful mantra. ○ List favorites Favorite foods, games, movies, songs, books, places **Relaxation skills:** ● The therapist will provide instruction on two possible relaxation techniques: deep breathing and progressive muscle relaxation. ○ Deep breathing: "We are going to have you lie on your back. Here is a pillow for you to place under your head. Once you are in a comfortable

	position, I am going to have you breathe in through your nose. Let your belly fill with air. Then, breathe out through your nose. Now, place one hand on your belly and one hand on your chest. When you breathe in, pay attention to your hands. Feel your hand on your belly rise as you breathe in and fall as you breathe out. Breathe in through your nose, filling your belly with air… Now breathe out, releasing the air from your belly (repeat this)." ○ Progressive muscle relaxation: "Now, we are going to have you sit in a chair in a relaxed position with both feet on the floor. We will begin with a few deep breaths, and if you feel comfortable, close your eyes. First, bring attention to your forehead. Furrow your brows as if you are concentrating deeply. Now, completely release that tension. Next, move down to your eyes. Squeeze your eyes shut, purse your lips, and press your tongue against the roof of your mouth. Now, completely release that tension. Moving down, clench your jaw. Now, completely release that tension. Next, move down to your neck and your shoulders. Allow your chin to drop towards your chest and shrug your shoulders up to your ears. Now, completely release that tension. Now, let's move to your arms and hands. Extend your arms out, bend your hands back so that your fingers point straight up, and make tight fists. Now, release your fists and rest your arms/hands in a comfortable position. Release all of the tension. Moving to your back, arch your back away from the chair. Now, completely release that tension and move back to a comfortable position. Next, move down to the buttocks. Squeeze your buttocks together. Now, completely release the tension. Now, move down to your legs. First, clench your thigh muscles, and then flex and point your toes. Completely release the tension. Now, direct your attention to your feet. Curl your toes as tight as possible. Now, completely release the tension. Allow your muscles to remain fully relaxed. Pay attention to any areas that might be tense again. Then, release the tension from those areas." ● Child will identify which was the most useful. ● **Therapist will teach the parent this technique** so that they can practice it with their child.

Week 2: CBT and focus on safety (Phase 1: Stabilization)

Weekly Goals/Objectives:	<u>Recurring goals of TF-CBT:</u> Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences ● Progress through life in a safe and positive manner <u>Session specific goals</u>: Clients will… ● Understand the relationship between thought, emotion, and behavior. ● Learn how to reframe unhelpful thoughts. ● Create a new sense of normalcy.
Purpose of Session:	The purpose of this session is to help the clients regain their sense of safety.
Checklist of Items:	CBT Triangle Handout, schedule outline
Psychoeducation component (describe the process verbatim)	**Cognitive processing skills**: ● Therapist will help the child and parent understand the relationship between thoughts, emotions, and behaviors. ● Teach the CBT triangle (with the handout): ○ One corner of the triangle says **thoughts**, another corner says **emotions**, and another corner says **behaviors**. With this triangle, we can see how each one influences the others. <u>At the top of the triangle are thoughts</u>. Thoughts are connected to emotions on the right and behaviors on the left. <u>On the right of the triangle are emotions</u>. Emotions are connected to behaviors on the left and thoughts on the top. <u>On the left of the triangle are behaviors</u>. Behaviors are connected to thoughts on top and emotions on the left. ○ What we think influences our emotions and behaviors. Our emotions influence our thoughts and behaviors. Our behaviors influence our thoughts and emotions. ○ To interrupt negative feelings or behaviors, it is important to pay attention to our thoughts. **After teaching the CBT triangle, explain the concept 'Reframe':** ● Help the child recognize unhelpful or inaccurate thoughts, and help the child replace those thoughts with helpful and accurate thoughts. Have the child notice how the new thoughts affect her emotions and behaviors. ○ <u>With the child</u>:

	What is an unhelpful thought you have been telling yourself recently? (ex. "My life is ruined") Okay, and how has that thought made you feel? (ex. "It has made me feel depressed and hopeless) Okay, and how has that affected your behavior? (ex. "I don't feel like talking to anyone or doing anything or eating) <u>Now ask</u>: What if we replaced that thought with a more neutral thought? For example, "My life has changed." How do you think that thought would make you feel and behave?
Interventions/Activities component (Describe all interventions/activities)	**"Three Good Things" activity:** ● Consciously bringing to mind positive things can help a person foster positive thoughts and emotions. ○ Let's practice this activity. What are three positive things from your day today? These things can be small. For example, sunshine, birds chirping, coffee, etc. ○ Each night before going to bed, I want both of you to share your three good things with one another. **Create a schedule**: ● Schedules can be an effective way to restore a sense of normalcy and safety. The child and the parent will work together to create a daily schedule. Ask each of the clients: ○ What did your daily schedule look like at home? ○ What are the things that you most enjoyed about your schedule? ○ What things in your previous schedule can you integrate into your new schedule? ○ Are there ways that you can integrate your culture into your new schedule? ● Have the two work on their schedule together. Make sure each of them gets their needs met through the schedule.

Week 3: TF-CBT Hope Art Therapy (Phase 2: Trauma Narrative & Processing)

Weekly Goals/Objectives:	<u>Recurring goals of TF-CBT:</u> Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences

	● Progress through life in a safe and positive manner <u>Session specific goals</u>: Clients will… ● Address grief surrounding their situation. ● Identify which stage of grief they are presently experiencing. ● Add the word 'AND' to their vocabulary. ● Learn to think about their situation in a new way. ● Practice either putting words to their feelings or naming their feelings.
Purpose of Session:	The purpose of this session is to address grief and move through fears about displacement.
Checklist of Items:	Paper, markers, colored pencils, crayons, scissors, feelings wheel (one in Russian language and one in English language)
Psychoeducation component (describe the process verbatim)	**The stages of grief:** ● Grief is not just experienced by those who lose loved ones. Grief can also be experienced by those who have unexpected life changes. These life changes can be less serious (for example, a person can experience grief when switching schools) or more serious (for example, a person can experience grief when fleeing the country or losing a house to a disaster). ● Considering the major life changes you are going through; it makes sense that you are experiencing grief. Grief caused by leaving your country and family, and grief caused by not having the future that you had planned. ● There are five main stages of grief. We are going to walk through each one while also knowing that grief is not linear. You will not move from the first stage to the last. You might go from the second to the fourth and then back to the third. That is completely normal. ○ Stage 1 is denial. Denial can feel like shock, numbness, or confusion. It can look like avoidance, procrastination, mindless behaviors, or being easily distracted. ○ Stage 2 is anger. Anger can feel like frustration, resentment, or rage. It can look like pessimism, sarcasm, irritability, or being aggressive/passive aggressive. ○ Stage 3 is bargaining. Bargaining can feel like guilt, shame, blame, insecurity, or fear. It can look like ruminating on the future or past, thinking "I should have" or "if only," predicting the future and assuming the worst, or judging yourself or others. ○ Stage 4 is depression. Depression can feel like sadness, despair,

	helplessness, hopelessness, or disappointment. It can look like sleep and appetite changes, low energy, low social interest, low motivation, or crying. ○ Stage 5 is acceptance. Acceptance can feel like self-compassion, courage, or validation. It can look like engaging with reality as it is, being present in the moment, being capable of handling emotions, or adapting to the situation. ● What stage would you say you are in right now? ● It is okay if you are both in different stages at different times. There is not one "right" way to experience grief. **The importance of the word AND:** ● One of the hardest skills to develop is being able to live in the gray area. Things are not always black or white. Sometimes, two contrasting things can be held together as truth. ● For example, in your situation, "Pavlo and Matvey are not here." That probably makes you feel sad. However, "you two are together." That probably makes you feel a bit better. How about let's put those two things together? ○ "Pavlo and Matvey are not here" AND "we are here together." ● Let's try one more example. ○ How about, "Your country is not safe" AND "you are safe." ● By using AND, we can validate the hard things while also holding onto the good things. The word AND helps us be more neutral.
Interventions/Activities component (Describe all interventions/activities)	**"Snowflake" Art Therapy** ● The therapist will walk the child through an activity to demonstrate how the child can find hope even when things happen that are out of their control. ● Have the mother watch the process, but not participate. 1. Instruct the child to draw a picture that reminds her of her home back in Ukraine. 2. After completed, instruct the child to fold the piece of paper into a small square. 3. Next, the therapist will take the folded paper and explain that they are going to make a single, large cut in the paper; explaining how sometimes there are outside factors that cannot be controlled that cause harm. 4. The therapist will then give the paper back to the child and have the child process the feelings and fears that arose for her. 5. The therapist then will encourage the child to create more cuts in the paper, effectively creating a "snowflake".

	6. The therapist will then ask the child to open the folded paper and notice how the "snowflake" is beautiful and complex. 7. The therapist will then explain "sometimes there are things that cannot be controlled that happen. However, we can work to challenge our thoughts and our outlook to find something hopeful in the situation." 8. The therapist will remind the child of their new important word: AND. It is okay to feel sad about what has happened AND also look for things to be hopeful about. **Reflection Activity:** ● We have talked about a lot of difficult things today, so before we end the session, I want us to take some time to reflect. ● I have two different reflection activities we can do, and I am going to let you choose which one you would prefer (this gives the client a sense of control). ○ The first activity is a more independent activity. On a piece of paper, you will write a letter to anyone you want. This letter will not actually be sent. If you are feeling angry at someone, you can address the letter to them and write out your feelings. If you miss someone, you can address the letter to them and tell them about how you miss them. It is completely up to you. ○ The second activity is a group activity. Both of the clients will be given a "feelings" wheel (example in Appendix B). These wheels help clients name their emotions. ■ First, the parent will share one of their feelings (one on the wheel) along with the reason why they are feeling this. ■ Next, the child will share one of their feelings (one on the wheel) along with the reason why they are feeling this. ■ Then, each will voice what type of support they need from one another.

Week 4: Strengths-Based Approach (Phase 2: Trauma Narrative & Processing)

Weekly Goals/Objectives:	<u>Recurring goals of TF-CBT:</u> Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences ● Progress through life in a safe and positive manner

	Session specific goals: Clients will… ● Identify their individual strengths (can include cultural strengths). ● Identify the strengths in their relationship together. ● Work on building resilience.
Purpose of Session:	The purpose of this session is to identify the strengths of the clients and to help the clients build resilience.
Checklist of Items:	Chalk, rock, journal
Psychoeducation component (describe the process verbatim)	**Explain the strengths-based approach**: ● The strengths-based approach looks at an individual or family's strengths, and it gives insight on how to best navigate the challenges being faced. It teaches the clients that they are already strong, and they already have the skills needed to make it through their challenges. ○ With the child: First, let's think about your strengths. What are qualities that you like about yourself? What are you good at? What do you enjoy doing? Think of a time in the past when you had a conflict or struggle. Can you tell me how you worked through that? ○ With both the child and the parent: Now, let's think about the strengths in your relationship with one another. What is unique about your relationship? What do you value about one another? ○ With both the child and the parent: How can you address your current challenges by using those strengths? **Explain 'resilience':** ● A person's resilience is measured by their ability to bounce back from difficult events. Those who are able to adapt are highly resilient. ○ Important factors in resilience include: ■ Viewing change as a challenge or opportunity ■ Recognition of limits to control ■ Engaging the support of others ■ Personal goals ■ Sense of humor ■ Optimism ■ Faith

Interventions/Activities component (Describe all interventions/activities)	**Play "strengths hopscotch":** ● First, we are going to draw out a hopscotch pattern (the therapist and parent can also draw their own hopscotch patterns if the child wants everyone to participate). ● Now, I want you to think of your strengths. Instead of putting numbers in the boxes, I want you to either write a word or draw a picture that depicts one of your strengths. ● Now that you have your boxes filled in with your strengths, we are going to play hopscotch! First, you are going to toss your rock. Then, I want you to say that strength aloud when you hop. We are going to do this 5 times! (For example, if one of the client's strengths is 'strong,' they will say, "I am strong," while they hop). **With the clients, write self-affirmations in a journal:** ● Journaling is a helpful tool to use, especially for those who are internal processors. Because the child is having difficulties expressing herself aloud, journaling may be more effective. Journaling may also be an effective tool for the parent. ● Give each client a journal and ask them to write "I am" statements. They may need some examples at the beginning (ex. "I am smart," "I am a sister," "I am beautiful"). Give the clients 5-10 minutes to write some statements. Then, if they are comfortable, ask them to share some of her "I am" statements. ● Encourage the clients to look back at their "I am" statements every morning. Further, encourage her to continue their list on their own. **Build a 'resilience tool kit':** ● Ask the clients what resilience tools they already have in their 'tool kit'. ● Consider the clients lack of support: ○ Because the clients have been uprooted from their community, it is probable that they do not have a strong support system. ○ Brainstorm opportunities for the clients to find community support (Examples: churches, schools, refugee groups, support groups). ● Consider the clients short-term goals: ○ Help each client come up with personal goals. ○ These can be simple goals such as "eat three meals a day" or "go on a short walk every day" or "journal for 10 minutes every day." ○ RECORD THESE IN THEIR NEW JOURNAL!

Week 5: Address Evaluation/Closure (Phase 3: Integration & Consolidation)

Weekly	<u>Recurring goals of TF-CBT:</u>

Goals/Objectives:	Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences ● Progress through life in a safe and positive manner <u>Session specific goals</u>: Clients will… ● (Parent) bring attention to the hard skills that they have learned. ● (Parent) learn how to respond to their child when their child is distressed. ● Focus on their relationship with one another. ● Explore cohesion activities that they can do with one another.
Purpose of Session:	The purpose of this session is to focus on the child and parent's relationship and help them support one another.
Checklist of Items:	Blue yarn, yellow yarn, scissors
Psychoeducation component (describe the process verbatim)	**Parenting skills**: ● In TF-CBT, parents play a big role in their child's healing. The therapist will help coach the parent to effectively listen to their child, talk with their child, and help their child practice new coping skills. Parental involvement is correlated with better treatment outcomes. ● <u>The parent has already learned</u> how to help the child with the following: ○ Practicing grounding techniques ○ Practicing relaxation skills ○ Using CBT triangle ○ Practicing the "Three Good Things" activity ○ Maintaining a consistent schedule ○ Incorporating the word "AND" ○ Making journaling a routine ○ Using self-affirmations ● Here are some additional <u>SOFT</u> parenting skills for parents with children who have experienced trauma: ○ **Respond, don't react**. Trauma reminders can cause kids to react in ways that might be alarming to the parent. When your child is upset, do what you can to keep calm: Lower your voice, acknowledge your child's feelings, and be reassuring and honest. ○ **Don't take behavior personally**. Children may let more extreme emotions out on those closest to them. These behaviors are not a

	reflection of how they feel about you. Allow the child to feel her feelings without judgment. Help her find words and other acceptable ways of expressing feelings and offer praise when these are used. ○ **Give your child control when appropriate.** Reasonable, age-appropriate choices help give a child a sense of control of his or her own life. Simple choices, such as food choices or clothing choices or activity choices, are helpful. It enforces the idea that their voice and opinion matters.
Interventions/Activities component (Describe all interventions/activities)	**Cohesion Building Activities**: ● It is important to know what kind of activities Ukrainians enjoy. By engaging in cultural activities together, the clients will be able to strengthen their relationship while also remembering the beauty of Ukraine. ○ In Ukrainian culture, families often go to operas and ballet. They also typically enjoy football (soccer). An important aspect of Ukrainian culture is their embroidery. Encourage these activities. **Cohesion Building Activity <u>in Session</u>:** ● The parent and child are an inseparable unit in this journey. They are going through every step of it together, and it is important that they depend on each other in a healthy way. ● The clients will be given blue and yellow yarn to represent Ukraine (Ukraine's national colors). They will also be given scissors. With these tools, they will be asked to make friendship bracelets. The parent will make one for the child, and the child will make one for the parent. When they give them to each other, they will discuss the following with one another: ○ The qualities that each one values in the other ○ The things about the other person that are challenging ○ The things that each one likes doing with the other ○ What each of them commits to the relationship (better communication, the sharing of emotions, etc.) **Termination Homework:** ● Explain to the clients that week 6 will be your last week together. Ask the clients to prepare their transformation story (they can be creative with pictures or songs if they would like). ● Ask clients what would be helpful for their termination (example: music, balloons, cake).

Week 6: Provide a final wrap-up with closing ceremonial activities.

Weekly Goals/Objectives:	Recurring goals of TF-CBT: Clients will… ● Learn to cope with trauma ● Face and resolve trauma and related concerns ● Effectively integrate their traumatic experiences ● Progress through life in a safe and positive manner Session specific goals: Clients will… ● Reflect on their growth since their initial session. ● Feel closure in the termination of their relationship with the therapist. ● Know the resources that are available to them.
Purpose of Session:	The purpose of this session is to give the clients a sense of closure with the therapist and also give them direction for next steps.
Checklist of Items:	International Trauma Questionnaire Child and Adolescent Version (ITQ-CA), sunflower necklaces as commemorative tokens
Psychoeducation component (describe the process verbatim)	**Empowerment and Resources:** ● Termination may bring up feelings of anxiety. The therapist has been a consistent presence for the clients amidst all of the chaos, and now they must move forward without the therapist. The therapist can ask the client what coping skill would be useful in the moment, and then the therapist can ask the client to walk them through the coping skill. This gives the client a sense of empowerment and a sense that they can do it on their own. ● The therapist also needs to ensure that the clients are aware of their resources and what they can do moving forward. Without this psychoeducational component, the clients may feel as if they are once again alone and without any direction. **Empowerment:** With the clients: ● I understand that your life has been full of transitions these past several weeks, and I know this is another transition. Are there any difficult feelings that are coming up for you? ● What coping skill that we have learned would be effective for you right now? Can you walk me through it? (Now, we walk through a coping skill). ● Before we begin your closing ceremony, I am going to walk you through

	some different resources that you can access. **Resources:** <u>With the clients:</u> ● Ruslana, you are eligible to be a Ukrainian Humanitarian Parolee because you were paroled into the U.S. between February 24, 2022, and September 30, 2023. Further, this means you are eligible to apply for main-stream benefits, resettlement assis-tance, and other benefits available to refugees until the end of their parole term. Because Halyna is under 21, she is also eligible. ● Here is a sheet with the ORR resources that you can contact in Iowa. It includes their phone numbers. (https://www.acf.hhs.gov/orr/policy-guidance/state-iowa-programs-and-services-locality) CITY / LOCAL AFFILIATE / TELEPHONE Cedar Rapids — Catherine McAuley Center — 319.363.4993 Council Bluffs — Lutheran Family Services of Nebraska, Council Bluffs — 717.242.1040 Des Moines — Catholic Council for Social Concerns — 515.244.3761 Des Moines — Lutheran Services in Iowa — 515.271.7411 Des Moines — USCRI Des Moines — 515.528.7525 Sioux City — Lutheran Services in Iowa — 712.255.2505 ● Lutheran Services in Sioux City is who I recommend contacting first. Would you like any help contacting them? If so, I can connect you to a case worker who can help you navigate this. ● (The therapist will give physical copies of resources)
Interventions/Activities component (Describe all interventions/activities)	**<u>Termination ceremony:</u>** **Give the clients space to share their "transformation story."** ● At the end of week 5's session, the clients were given homework. They were asked to prepare to share their personal transformation story. **Highlight accomplishments in therapy:** ● After the clients share their stories, the therapist will highlight each of the clients accomplishments. ● The therapist will remind the clients about the skills that they learned and the therapist will give them encouragement to continue using these skills. **Celebration**: ● The therapist will give the clients sunflowers necklaces to take with them as a reminder of both Ukraine (it is Ukraine's flower) and of the blooming that has taken place in therapy. ● It is important to give refugees a token to take with them because they have already left so much behind.

Transitions/Endings

For effective termination, the social worker and client both need to agree that identified goals have been met. It is important to have the client have a say in whether or not they feel they have accomplished what they have wanted from the sessions. If goals have been met, then it is time to start the process of termination. One of the first things that can be done is give the client further resources and explain how coping from a trauma is a life-long journey and not the means to an end. Resources could be referring the client to specific war/grief support groups or a specific agency that could connect them with other Ukrainian refugees.

Next, to ensure an effective ending, the social worker should remind the client of the coping skills learned. Along with this, the social worker can explain the progress was made from the first session to the last. This gives a sense of autonomy and empowerment to the client so that they understand that they have the strength to overcome and/or work through their significant trauma.

Finally, the social worker should celebrate with the client. The progress that was made deserves to be acknowledged and celebrated by both the client and social worker. This could be done by giving a token of commemoration that they can take with them after the final session.

Methods for assessing outcomes and evaluation of practice:

To assess the client's (Halyna) progress, the therapist will utilize the International Trauma Questionnaire Child and Adolescent Version (ITQ-CA). It is a brief measurement that is simply worded, and it is used for assessing children and adolescents ages 7-17. The measure is available for several different language groups: those who speak English,

Traditional Chinese, Simplified Chinese, German, Greek, Lithuanian, Polish, Russian, Spanish, and/or Ukrainian. It is commonly used by the World Health Organization, and it has been proven to be a valid measure across different cultures (Haselgruber & Lueger-Schuster, 2020).

The questionnaire will be administered upon assessment in session one and evaluation in session six. The English version is available in Appendix A, but with the clients, the Russian version will be administered.

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Appendix A:

THE INTERNATIONAL TRAUMA QUESTIONNAIRE (ITQ)

OVERVIEW:
The attached instrument is a brief, simply-worded measure, focusing only on the core features of PTSD and CPTSD, and employs straightforward diagnostic rules. The ITQ was developed to be consistent with the organizing principles of the ICD-11, as set forth by the World Health Organization, which are to maximize clinical utility and ensure international applicability through a focus on the core symptoms of a given disorder. The ITQ is freely available in the public domain to all interested parties. Evaluation of the measure continues particularly as it relates to the definition of functional impairment for both PTSD and CPTSD and possibly the content of the items as they might relate to being predictive of differential treatment outcome.

DIAGNOSTIC ALGORITHMS are as follows:
PTSD. A diagnosis of PTSD requires the endorsement of one of two symptoms from the symptom clusters of (1) re-experiencing in the here and now, (2) avoidance, and (3) sense of current threat, plus endorsement of at least one indicator of functional impairment associated with these symptoms. Endorsement of a symptom or functional impairment item is defined as a score ≥ 2.

CPTSD. A diagnosis of CPTSD requires the endorsement of one of two symptoms from each of the three PTSD symptoms clusters (re-experiencing in the here and now, avoidance, and sense of current threat) and one of two symptoms from each of the three Disturbances in Self-Organization (DSO) clusters: (1) affective dysregulation, (2) negative self-concept, and (3) disturbances in relationships. Functional impairment must be identified where at least one indicator of functional impairment is endorsed related to the PTSD symptoms and one indicator of functional impairment is endorsed related to the DSO symptoms. Endorsement of a symptom or functional impairment item is defined as a score ≥ 2.

An individual can receive either a diagnosis of PTSD or CPTSD, not both. If a person meets the criteria for CPTSD, that person does not also receive a PTSD diagnosis.

Scoring instructions are available at the end of this document.

THE REFERENCE for the measure is:
Cloitre, M., Shevlin M., Brewin, C.R., Bisson, J.I., Roberts, N.P., Maercker, A., Karatzias, T., Hyland, P. (in press). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. *Acta Psychiatrica Scandinavica.* DOI: 10.1111/acps.12956

BACKGROUND PUBLICATIONS:
Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A.,…Reed, G. M. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review*, 58, 1-15. doi: 10.1016/j.cpr.2017.09.001.

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Shevlin, M., Hyland, P., Roberts, N. P., Bisson, J. I., Brewin C.R. & Cloitre M. (2018). A psychometric assessment of Disturbances in Self-Organization symptom indicators for ICD-11 Complex PTSD using the International Trauma Questionnaire, *European Journal of Psychotraumatology*, 9:1, DOI: 10.1080/20008198.2017.1419749

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre et al. (2018) *Acta Psychiatrica Scandinavica.* DOI: 10.1111/acps.12956

Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you.

How true is this of you?	***Not at all***	***A little bit***	***Moderately***	***Quit a bit***	***Extremely***
C1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
C2. I feel numb or emotionally shut down.	0	1	2	3	4
C3. I feel like a failure.	0	1	2	3	4
C4. I feel worthless.	0	1	2	3	4
C5. I feel distant or cut off from people.	0	1	2	3	4
C6. I find it hard to stay emotionally close to people.	0	1	2	3	4
In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:					
C7. Created concern or distress about your relationships or social life?	0	1	2	3	4
C8. Affected your work or ability to work?	0	1	2	3	4
C9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

1. Diagnostic scoring for PTSD and CPTSD

PTSD
If P1 or P2 ≥ 2 criteria for Re-experiencing in the here and now (Re_dx) met
If P3 or P4 ≥ 2 criteria for Avoidance (Av_dx) met
If P5 or P6 ≥ 2 criteria for Sense of current threat (Th_dx) met
AND
At least one of P7, P8, or P9 ≥ 2 meets criteria for PTSD functional impairment (PTSDFI)
If criteria for 'Re_dx' AND 'Av_dx' AND 'Th_dx' AND 'PTSDFI' are met, the criteria for PTSD are met.

CPTSD
If C1 or C2 ≥ 2 criteria for Affective dysregulation (AD_dx) met
If C3 or C4 ≥ 2 criteria for Negative self-concept (NSC_dx) met
If C5 or C6 ≥ 2 criteria for Disturbances in relationships (DR_dx) met
AND
At least one of C7, C8, or C9 ≥ 2 meets criteria for DSO functional impairment (DSOFI)
If criteria for 'AD_dx' AND 'NSC_dx' AND 'DR_dx', and 'DSOFI' are met, the criteria for DSO are met.

PTSD is diagnosed if the criteria for PTSD are met but NOT for DSO.
CPTSD is diagnosed if the criteria for PTSD are met AND criteria for DSO are met.
Not meeting the criteria for PTSD or meeting only the criteria for DSO results in no diagnosis.

2. Dimensional scoring for PTSD and CPTSD.

Scores can be calculated for each PTSD and DSO symptom cluster and summed to produce PTSD and DSO scores.

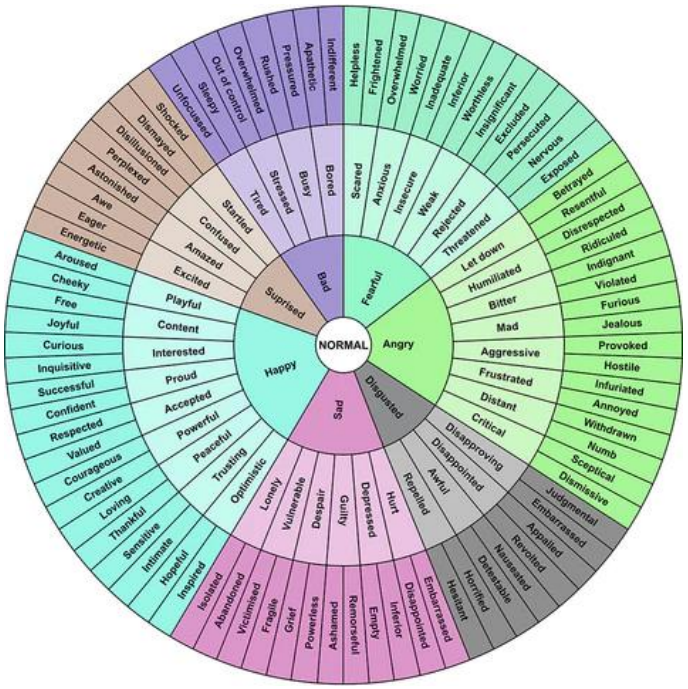
PTSD
Sum of Likert scores for P1 and P2 = Re-experiencing in the here and now score (Re)
Sum of Likert scores for P3 and P4 = Avoidance score (Av)
Sum of Likert scores for P5 and P6 = Sense of current threat (Th)
PTSD score = Sum of Re, Av, and Th

DSO
Sum of Likert scores for C1 and C2 = Affective dysregulation (AD)
Sum of Likert scores for C3 and C4 = Negative self-concept (NSC)
Sum of Likert scores for C5 and C6 = Disturbances in relationships (DR)
DSO score = Sum of AD, NSC, and DR

Appendix B:

Examples of feelings wheels (left is in Russian language and right is in English language)


Плохо
боязнь
Злой
Отвращение
Счастливый
Удивлен
Грустный


NORMAL
Fearful
Angry
Disgusted
Sad
Happy
Suprised
Bad
Scared
Anxious
Insecure
Weak
Rejected
Threatened
Let down
Humiliated
Bitter
Mad
Aggressive
Frustrated
Distant
Critical
Disapproving
Disappointed
Awful
Repelled
Hurt
Depressed
Guilty
Despair
Vulnerable
Lonely
Optimistic
Trusting
Peaceful
Powerful
Accepted
Proud
Interested
Content
Playful
Excited
Amazed
Confused
Startled
Tired
Stressed
Busy
Bored
Helpless
Frightened
Overwhelmed
Worried
Inadequate
Inferior
Worthless
Insignificant
Excluded
Persecuted
Nervous
Exposed
Betrayed
Resentful
Disrespected
Ridiculed
Indignant
Violated
Furious
Jealous
Provoked
Hostile
Infuriated
Annoyed
Withdrawn
Numb
Sceptical
Dismissive
Judgmental
Embarrassed
Appalled
Revolted
Nauseated
Detestable
Horrified
Hesitant
Embarrassed
Disappointed
Inferior
Empty
Remorseful
Ashamed
Powerless
Grief
Fragile
Victimised
Abandoned
Isolated
Inspired
Hopeful
Intimate
Sensitive
Thankful
Loving
Creative
Courageous
Valued
Respected
Confident
Successful
Inquisitive
Curious
Joyful
Free
Cheeky
Aroused
Energetic
Eager
Awe
Astonished
Perplexed
Disillusioned
Dismayed
Shocked
Unfocused
Sleepy
Out of control
Overwhelmed
Rushed
Pressured
Apathetic
Indifferent