MEZZO SOCIAL WORK PRACTICE
WITH AFGHAN POPULATIONS

Afghan Newcomer Toolkit

Elizabeth Ringler-Jayanthan, LCSW, MPIA
Amaya Alexandra Ramos, MSW, CPH, MA
Dawn Brubaker, DSW, MSW

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Introduction

In April of 2021, and following two decades of war in Afghanistan, the Biden presidential administration announced the decision to withdraw all U.S. military forces from the country by August 31st of that year (White House, 2021), effectively ending the longest military campaign in U.S. history. The announcement of the withdrawals incited widespread panic, and as the forces retreated, the Taliban and other non-state actors (Hollingsworth, 2021) occupied this vacuum, rapidly encircling the major cities, taking siege of the infrastructure, and assuming control of the country. This abrupt regime change left many Afghans in dire circumstances and racing to identify the best path through which to seek safety.

A great number of Afghans had prior connections to the American government due to having worked with the US military, as well as programs sponsored by or associated with the U.S. government and a variety of collaborating NATO entities. Families connected to these activities therefore feared retribution for their involvement with foreign actors, which the Taliban regarded as treasonous activity. As the evacuations intensified following the Taliban take-over, and with the evacuation deadline fast approaching, approximately 75,000+ individuals were airlifted to the United States, including thousands of children.

Purpose and structure

The purpose of this toolkit is to provide social workers and other service providers with a better understanding of the strengths of Afghan newcomers, the potential challenges they may face due to their present circumstances in the U.S., as well as the ongoing impacts of prior experiences in the country of origin.

In terms of structure, this document first provides a general introduction to the history of U.S. military involvement in Afghanistan, the military's ultimate withdrawal, and the ensuing humanitarian crisis. The document then proceeds to offer population-specific content, with accompanying strategies for supporting newly arrived Afghans presented according to macro, mezzo and micro-level perspectives of engagement.

In order to enhance accessibility for a broader audience, and in order to balance academic, practical, and other perspectives, resources of a variety of different types and complexity are embedded throughout this document, as well as in the *Key Resources* section. They include: organizational websites, such as the websites of resettlement agencies and related technical assistance providers; governmental documents and websites; information from and links to other non-profit and specialty organizations; practical training videos and webinars; continuing education opportunities; academic literature; literature from international organizations; and other relevant materials.

Relevance to social work

Social workers may have the opportunity to serve Afghans across a spectrum of settings, such as: school systems; healthcare systems, including mental health services; and within other social service environments.

Regardless of specialization, social workers across a range of disciplines are committed to a set of core professional values, which include:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

Equitably serving forcibly displaced populations requires the incorporation of these essential values into all interactions, as well as humility and a commitment to continuous learning.

Supporting forced migrants from Afghanistan will require ongoing cross-sectoral collaboration and advocacy, as many Afghans continue to face barriers to accessing services due to unfamiliarity with U.S. systems, language barriers, trauma histories, discrimination, as well as U.S.-based service providers' lack of familiarity with the population. Practitioners can help to bridge this information gap by staying current with emerging resources on how to best assist this cohort of newly-arrived individuals, as well as by helping to create welcoming spaces across the various settings in which they may come to interact with them.

With reference to the latter, a core aspect of social work as a discipline is observation of [trauma informed practice](#) (SAMHSA, 2014). Trauma informed practice includes awareness of environmental, interpersonal, and internal factors that can lead to emotionally charged experiences, as well as sensitivity and reactivity to certain situations. Social workers are trained to explore how these experiences currently impact an individual or community; however, trauma-informed practice also includes continuing to practice responsibly within one's domains of competence, as well as seeking resources and inputs whenever unfamiliar situations are encountered.

Another essential aspect of trauma-informed practice recognizing that while many persons who have endured life-threatening or violent situations may deny being affected out of concern about how they may be perceived, others may genuinely not experience adverse outcomes arising from these events. Practitioners are therefore advised to explore the client's own understanding of

circumstances, as well as their ongoing impacts prior to making unverified assumptions. A similar variety of responses to adversity may be observed among newly-arrived Afghans.

Nevertheless, many individuals from the wider cohort of Afghan evacuees are currently seeking services, including mental health services, within their communities. This has led to a need to rapidly equip various kinds of systems with the information and resources that would enable social workers and other service providers to better support them. As there can be considerable variance within a population, especially in a country as diverse as Afghanistan, no single resource can be complete or can apply fully to the entirety of a population. Therefore, in addition to the resources provided herein, social workers not yet accustomed to working with resettled groups are urged to continue seeking guidance on working with Afghans, as well as other resettled groups with which they may interact.[1]

Key considerations with regards to cultural background

There exist a variety of resources to support those seeking to provide culturally and linguistically appropriate services for Afghans, some of which are included within this document; however, additional resources for providers continue to emerge.

In brief, key considerations for serving newly-arrived Afghans include:

- Most Afghan evacuees will speak Dari or Pashto, though some will speak other languages. It will be important to provide services in the client's preferred language by using interpreters and by having documents translated, wherever possible.
- Education levels may vary widely among the evacuees. Some may be multilingual and even highly literate in various languages; many more, however, may be monolingual, and may not be literate in any language, including their primary language.
- Most Afghan evacuees will identify as being Muslim and may adhere to religious guidance, such as observation of certain core tenets of the Islamic faith, as well as related behavioral codes, such as observation of dietary standards, cleanliness, and personal hygiene.

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[1] Please note that the best possible effort has been made to ensure that all enclosed resources are up to date and accurate; however, as the political, social service, and academic environments around newly-arrived Afghans continues to evolve rapidly, readers are encouraged to verify that sources remain current. Wherever policy changes do occur, readers are encouraged to learn the previous information for historical reference, which is an essential aspect of working with resettled populations given they are subject to many policy changes that have real-world impacts.

Essential terminology

It is important to note that due to the various mechanisms used for entry into the U.S. during humanitarian emergencies, the use of related terminology can be complex and nuanced. Maintaining a person-centered focus when using these terms to navigate both legal and practical descriptions of migration experiences can also be challenging; however, there are some broad terms that are helpful to define, as immigration status shapes many aspects of a resettled individual's outcomes. The below are practical definitions that may prove helpful, though practitioners may wish to verify assumptions with clients, and when in doubt, they should consult with appropriate legal, governmental, or non-profit supports.

Migration: Migration often refers to any human movement, often implying the traversing of long distances. Those who engage in migration can be referred to as migrants. In the U.S. context, the term "migrant" frequently refers to a person migrating to the U.S. from Central and South America, as well as the Caribbean, though the term need not be restricted to this use.

Displacement/forced migration: This term may apply when a person has had to leave their residence or country of origin due to reasons beyond their control.

Afghan: Afghanistan is a country with a high degree of ethnic and linguistic diversity. For the purposes of this document, the term "Afghan" refers to individuals who identify as being of Afghan nationality or heritage regardless of ethnic origin. In this document, the term Afghan primarily addresses those Afghans who were evacuated to the U.S. following the military withdrawal in 2021; however, in the context of cultural discussions, it may also be used to include persons from Afghanistan generally.

Refugee: The term "refugee" can be subject to numerous ambiguities, and as such is often misused in media and other venues. In a simplified legal sense, a person with refugee status is an individual who crosses national boundaries due to a well-founded fear of persecution for reasons of race, nationality, membership of a particular social group or political opinion, and who subsequently undergoes a specific manner of formal processing. Refugees are identified by international organizations and are then resettled in a destination country, or offered safety in a host country via official programs through which they are vetted prior to arriving in the receiving country. Those who do not cross an international border and remain in-country are generally referred to as internally displaced persons (IDPs). A person who has undergone formal identification and processing, whether or not they have already been resettled, could be referred to as a refugee, person with refugee status, and or a resettled individual, if applicable.

Refugee Resettlement Agency: A refugee resettlement agency is a non-profit organization recognized by the U.S. government or other national government as having the authority to provide assistance to persons with refugee status (and in the U.S., for similarly eligible categories, such as SIV recipients) upon their arrival to the destination country. Refugees are eligible for certain social supports upon arrival to the country through reception and placement services (U.S. Department of State, n.d.), and for those qualifying for more intensive supports, the duration of certain types of assistance may be extended. Most of the resettlement agencies have local offices, and others partner with affiliated nonprofits for initial placement, as well as ongoing local service delivery. They may also serve similar groups of individuals depending on the latest eligibility criteria for programs.

Parolee: A parolee is an individual who holds parole status. Parole status is granted by the Department of Homeland Security (DHS) (Department of Homeland Security, 2012), and authorizes certain non-citizens to temporarily remain in the United States for a set period of time on humanitarian grounds.

Asylum Seeker: An asylum seeker is an individual that is requests protection in a country outside of their own due to a well-founded fear of persecution, but who declares their intent to seek protections from within the new country without having been formally identified as a "refugee" and being processed accordingly by a specific set of national and/or international actors in advance of their arrival. Asylum seekers are not automatically eligible for legal status and must demonstrate the legitimacy of their claims to protection through the immigration court process. Many of the Afghans who were granted humanitarian parole in order to be able to remain in the United States are currently applying for asylum. Once asylum is granted, the person can be said to be an asylee, which is a status that allows access to certain services.

Afghan evacuees: For the purposes of this document, Afghan evacuees are those individuals that were brought into the U.S. via the airlifts from Afghanistan in August 2021 following the 2021 U.S. military withdrawal. Due to the variety of immigration statuses held, this non-legal terminology helps to distinguish this cohort of arrivals from individuals who were previously resettled from Afghanistan to the U.S. prior to the 2021 military withdrawal. Depending on the context, additional terms and phrases may be used, such as "recently resettled Afghans" etc.

SIV (Special Immigrant Visa): The Special Immigrant Visa program is designed for individuals who worked for the United States government in Iraq or Afghanistan, usually as interpreters. Typically, SIV recipients and their families are eligible for resettlement and other services.

Temporary Protected Status: While this term is not used extensively in this document, persons with Temporary Protected Status (TPS) are eligible to remain in the country for a designated period of time without this benefit directly leading to legal permanent residency. Individuals holding TPS may be present for a variety of different reasons. For example, the U.S. offered

many Haitian families Temporary Protected Status following the 2010 earthquake. On March 16, 2022, Secretary Mayorkas announced the designation of Afghanistan for Temporary Protected Status for a duration of 18 months. (Department of Homeland Security, 2022)

Newcomer/newly-arrived: These and similar phrases are non-legal terminology that can be used to describe a person that may be new to the United States and who may fall under any of the categories already described.

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Trauma-Informed Practice

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Trauma-informed practice is an essential consideration at all levels of service and for all systems through which Afghans or other forced migrants may interact with social supports. Given the history of Afghanistan, it is likely that the individual would have experienced trauma within a larger societal context (i.e. exposure to war, systems that discriminated against women), as well as in an interpersonal context, including violence in the household. Social workers should prioritize the avoidance of re-traumatization by familiarizing themselves with trauma-informed practice generally, as well as trauma-informed services tailored for the Afghan population.

Summary of a few possible approaches to implementing trauma informed practice with newly-arrived Afghans:

Trauma- informed practice at the systems level:

· Entities should consider becoming trauma-informed organizations and receive training on implementing appropriate care. This may include being trained in specific frameworks such as the Sanctuary Model (Sanctuary Institute, n.d.)

· Ensuring that appropriate language services are available for clients, either via professional telephonic or via an in-person interpreter in the client's preferred language, is essential.

· Organizations may wish to access trainings outlining promising practices in using interpreters (National Partnership for Community Training, 2016)

· Agencies working with clients from Afghanistan should consider inviting specialized training on working with this population, such as the following training (American Counseling Association, 2023), as well as several other resources listed under the *Resources* section of this document.

· Those working in government agencies that administer benefits, as well as the staff of supportive non-profit agencies, should ensure that staff are being trained on benefits eligibility for this population (as well as other resettled groups) given that policy is subject to change.

Trauma-informed practice at the micro-level

· Whether providing mental health or other specialized services to clients from Afghanistan, practitioners should consider the possible impacts of trauma during all phases of working with this community, as well as the impact of social norms on therapeutic interactions.

· One-on-one therapy and direct discussion of mental health challenges may be a new experience for some Afghan clients, yet practitioners should not assume that all clients will be unwilling to try one-on-one modalities; however, community-based models and alternative approaches may also be effective and well accepted. Such interventions include organizing groups by gender and age, or integrating faith-based approaches (Switchboard, 2023) when appropriate. The gender of the provider may also become relevant.

· Organizations may wish to obtain training on evidence-based alternative approaches to delivering mental health interventions (National Partnership for Community Training, 2016), as offering culturally appropriate interventions is an essential component of trauma-informed service provision. [2]

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[2] More information is provided below in the section titled "Afghan-specific clinical considerations"

Macro

Afghan immigrants/refugees residing in the U.S. prior to the evacuations of 2021:

The Migration Policy Institute estimates that the U.S. had approximately 132,000 Afghan immigrants as of 2019, and that approximately 60% of these arrived after the year 2010. Prior waves of displaced Afghans had migrated to the U.S. as a result of political instability in the country due to the Soviet Union's invasion of Afghanistan and the ensuing civil war.

Prior to the evacuations of 2021, Special Immigrant Visa holders and their families formed the largest group of Afghans in the U.S. (Batalova, 2021).
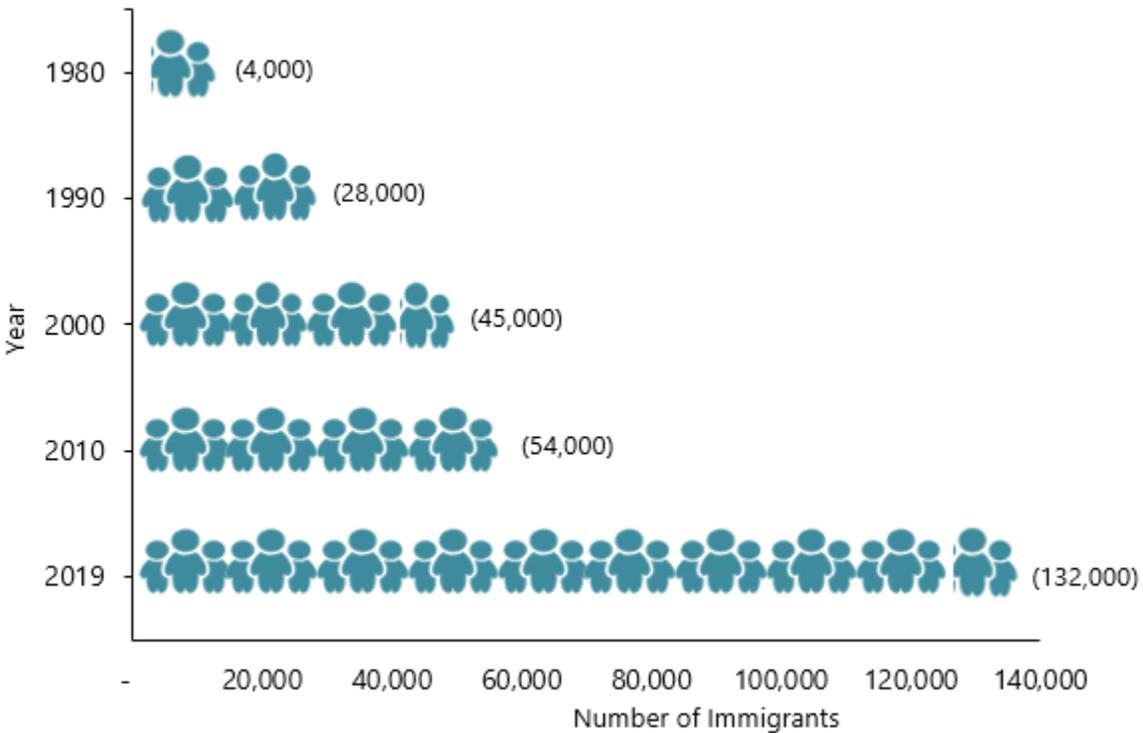

Image Source: Migration Policy Institute (Batalova, J, 2021)

History of the SIV program and related challenges

Special Immigrant Visas (SIV) are a type of Visa granted to Iraqi or Afghan nationals who served with ISAF (Nato.int, n.d.; Travel.state.gov, n.d.), often as interpreters. Many Afghans had previously applied to the SIV program for recognition of their service and as a pathway for immigration to the United States; however, despite significant advocacy on the part of U.S. veterans who served alongside these Afghans, the continuous advocacy of non-profit groups, and pressure applied by international organizations and Afghan communities, bureaucratic delays meant that by the time of the 2021 evacuations, many applications had not yet been processed despite individuals qualifying for the SIV program (Travel.state.gov., n.d.).

These delays resulted in some Afghans being killed by the Taliban and other forces while they waited for their applications to be processed in the years preceding the evacuations. The longstanding backlog also meant that once the emergency evacuations began, the SIV caseload increased even further. At the time of writing, the U.S. Department of State (U.S. Department of State) continues to process Special Immigrant Visa applications.

Parole status:

Many of the evacuees brought to the U.S. have applied for asylum due to a fear of persecution were they to be returned to Afghanistan; however, applying for asylum is a prolonged, difficult and uncertain legal path that can sometimes have adverse outcomes since the threats a person faces need to meet certain criteria and thresholds.

Many evacuees were granted parole status for a period of two years upon entering the United States and were eligible to apply for temporary benefits and employment authorization. This period of parole was set to expire, but avenues to apply for re-parole were announced in May of 2023 (Department of homeland Security, 2023).

History of the 2021 humanitarian crisis and response

Approximately half a year following the withdrawal, CBS provided a snapshot of evacuees according to status and distribution (including states with the largest numbers of Afghan refugees/parolees). The following were the numbers of arrivals by February 22nd, 2022, though current numbers may vary.

Breakdown of evacuees according to status and distribution:

    Number of arrivals by state:

        ·   Texas, California, and Virginia received the majority of the Afghan evacuees. Texas received 10,494; California received 8,301; and Virginia received 5,171.

Other states also received high numbers. Washington received 2,856; New York received 2,295; Pennsylvania received 2,423; Florida received 2,083, and Arizona received, 2,064. (Montoya-Galvez, 2022)

These patterns are largely reflective of the states in which Afghan immigrants resettled in the United States prior to the 2021 evacuations had been residing.

Breakdown of evacuees by status:

In a May 25, 2022, article, The Washington Post (Kessler, 2022) reported that:

- 36,000 of the Afghans that boarded planes bound for the US in the immediate aftermath of the crisis had no prior ties to the United States. This group of individuals were presumed to be at risk and were granted humanitarian parole, which allowed them to reside and work in the United States for a period of two years. Despite new opportunities for re-parole, at the time of writing, many Afghans do not yet have a direct legal pathway for remaining in the U.S. on a permanent basis. As a result, there have been legislative efforts to help to adjust their temporary status to a permanent one under the Afghan Adjustment Act. (One hundred seventeenth Congress., 2021)
- An additional 37,000 of the evacuated individuals worked directly for the U.S. government in some capacity and have been given SIV (Special Immigrant Visa) status. Another 3,290 individuals already held SIV status, but were evacuated as part of the airlifts.
- There were approximately 1,450 unaccompanied Afghan children that arrived via the airlift. These youth were processed through the shelter system (CNN, 2021) that supports unaccompanied children. The majority of these individuals have been released to sponsors, though some remain in long-term foster care or state custody.

Priority for SIV Application Processing

More information available at https://fam.state.gov/FAM/09FAM/09FAM050205.html

Priority	Traveler Type	Notes
1	Interpreters and Translators	Afghans who worked with the US military and US government personnel as interpreters or translators, with extra consideration for those who assisted in combat operations.
2	U.S. Government Direct Hire Employees	Afghan locally employed staff under personal services agreement or personal services contracts for the DoD, DoS or other US government agencies. This includes direct-hire employees of the International Security Assistance Force (ISAF), the Resolute Support (RS) mission, NATO and other governments participating in ISAF or RS in Afghanistan.
3	Contractors with U.S. Government Installation Badges	Afghan third-party contractors or subcontractors employed on behalf of the US government who worked at a US government installation in Afghanistan. This includes employees of companies that provided on-compound support for the US Embassy, DoD or other US government installations.
4	Implementing Partners (IP)	Afghan third-party contractors or subcontractors who were employed on behalf of US government entities such as USAID and INL, implementing instructions in the field in Afghanistan.
5	All Other Applicants	Afghan US government contractors, logistics or transportation service providers and companies that were contracted by the US government to provide services to the Afghan National Army or Afghan National Police installations.

Priority order consistent with Section 7076 of the Consolidated Appropriations Act, 2019 (Public Law 116-6), enacted on February 15, 2019

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www.afghanevac.org

Image source: (AfghanEvac.org, n.d.)

Families with mixed immigration Status:

As is common with many families having experienced migration, the families of Afghan evacuees may be composed of individuals holding various immigration statuses. As a result, the services for which individuals may be eligible can vary, even within households. Though not an exhaustive list, the following are a few examples of how families may come to hold mixed immigration statuses:

- Some families have had children born in the United States in the time since the evacuations. Many of these children may therefore be U.S. citizens, and may have parents who are parolees or who hold other statuses.
- There are also some individuals who previously held SIV status, but their visa lapsed while they were in Afghanistan. Some of these individuals may have returned to the U.S. as part of the evacuations or emergency repatriation.
- Similarly, there exists a small group of individuals that already held green cards and who arrived to the U.S. as part of the evacuations or repatriation efforts.

- A significantly smaller proportion of the individuals brought from Afghanistan may have been full U.S. citizens.

Frequently observed population-level challenges

Policy challenges

During the Trump Administration of 2017 to 2021, the ceiling on the number of refugees to be resettled in the US was lowered drastically. As resettlement agencies primarily receive federal funding for resettlement activities based on the number of persons served, some local offices were forced to close (Sigler, 2019), leaving staff displaced and also creating significant capacity gaps. With the sudden influx of Afghan arrivals following the withdrawal, agencies had to rapidly expand their staffing to serve this population, including identifying individuals that had the linguistic and cultural knowledge necessary to appropriately support incoming families.

The prior reduction in resettlement funding, combined with sudden increase in the number of arrivals, has continued to present a challenge for local service providers who have had to rapidly scale their activities and become better equipped to adequately serve this population. Similarly, interpretation companies were quickly overwhelmed with requests for interpreters fluent in the various languages spoken in Afghanistan. Another ongoing challenge for resettlement agencies and similar service providers has been securing suitable housing for newly-arrived families, (U.S. Department of Housing and Urban Development, n.d.), especially given that many of the families had numerous children.

Limited capacity to support asylum applications

There have been significant nationwide challenges to providing appropriate legal representation to evacuated Afghans. Prior to the emergency, the national legal system (comprised of governmental, nonprofit, and for-profit entities), was already limited in the degree of sociolinguistically appropriate and historically-informed supports it could provide to migrants of a variety of different nationalities. With the groundswell of Afghan evacuees, finding legal service providers with knowledge specific to this population presented even greater difficulty.

As a note, due to extended familial and social networks in Afghanistan, some families have faced legal challenges due to perceived connections to groups designated as terrorists (United States Citizenship and Immigration Services, n.d.), even if the individual in question did not participate in any manner of illegal activity. Where encountered, these circumstances have caused further delay in the processing of asylum or other legal cases and can be a source of significant anxiety for those undergoing heightened scrutiny.

The strain on the immigration legal system continues to be considerable, and delays can have numerous health and mental health impacts on displaced individuals. This is especially the case

when uncertainties interact with material, educational and social needs. Some families may also be seeking support for family reunification.

Nevertheless, at the time of writing, resettlement agencies, non-profits, and a variety of other organizations have united to help clients apply for a more stable status through workshops and other outreach efforts, thus helping to further extend legal capacity. One such example is the [Hebrew Immigrant Aid Society, which has partnered with the American Bar Association](#) (Hebrew Immigrant Aid Society, 2023) to help establish pro or low-bono services for evacuees. While many of these programs do not offer the same level of support as full legal representation, they aim to increase the availability of more generalized legal services to evacuees.

Securing essential documentation

Individuals and families evacuated from Afghanistan were initially brought onto military bases for processing prior to their entry into everyday communities, a process in which numerous international and domestic organizations, as well as state and local governments participated. Once the evacuees began to be released from the military base camps into local communities, among other challenges, severe lags in obtaining social security numbers and [Employment Authorization Documents (EADs)](#) (United States Citizenship and Immigration Services, n.d.) were encountered. Many of the delays in obtaining employment authorization were due to bureaucratic difficulties within Social Security offices or were due to the delayed mailing of materials. Some contents were misdirected, and others were lost in the post. Additionally, evacuees may have arrived to the U.S. without critical documentation given that many families were forced to leave their files behind, lost documents in transit, or destroyed their documents to avoid persecution. Other materials, such as evidence of employment history within international organizations and contracting companies, may also have been very difficult to obtain.

Delayed access to and difficulties in obtaining public benefits

Documentation challenges led to disrupted access to services, including public benefits. Additionally, major misalignments in benefits policy, and a lack of coordinated guidance issued to state and local agencies about changing eligibility guidelines made it difficult for providers to administer benefits, such as SNAP. Due to the scale of needs, there were also delays in providing the specialized supports that are typically offered to individuals that arrive through the traditional refugee or SIV resettlement system. At the time of writing, governmental policy around benefits and services continues to change rapidly in order to more comprehensively address the needs of evacuees, but some areas of programming remain underdeveloped.

Limited access to mental health services

One such underdeveloped area is the severely limited access to specialized mental health services. In overview, displaced and resettled populations are known to confront significant

mental health challenges.[3] Currently, resettlement agencies and their partners continue to expand their internal capacity for providing specialized psychosocial supports to evacuees. For example, the Office of Refugee Resettlement has established a new initiative for [Afghan Survivors Impacted by Combat](#) (Office of Refugee Resettlement, n.d.) that aims to expand mental health services for the Afghan community through resettlement agencies; however, at the time of writing, this and similar programs' efficacy has undergone limited validation, and services are not yet offered at the scale needed.

Given the numerous trauma potentials within Afghan society even prior to the evacuations, as well as the known mental health implications of resettlement, specific interventions may take time to be researched and developed into more comprehensive and accessible programming. Still, social workers and other mental health specialists can take relevant continuing education courses as they emerge in order to better support evacuees in the post-emergency period.

Overview of services for which evacuees are eligible

Navigating the myriad of services for which Afghan evacuees may be eligible can be complex, especially considering the added complexity of working with families holding mixed-immigration statuses. [Switchboard](#), the division of the International Rescue Committee that provides Technical Assistance (TA) to resettlement agencies and similar organizations, has compiled these [resources](#) (Switchboard, 2023), which may be helpful in determining eligibility by immigration category. The Office of Refugee Resettlement has also compiled [materials specific to eligible Afghans.](#) (Office of Refugee Resettlement, n.d.).

Full discussion of program eligibility criteria is beyond the scope of this document, especially as policy and programs continue to evolve. As a general overview, at the time of writing, Afghan evacuees may be eligible to receive the following, depending on the specifics of their cases: [4]

- [TANF (Temporary Assistance for Needy Families)](#). Must have dependents. As the program is a block grant, eligibility thresholds depend on the state. (Administration for Children and Families, Office of Family Assistance, n.d.) TANF cannot be combined with Refugee Cash Assistance, as they are mutually exclusive.
- [SNAP (Supplemental Nutrition Assistance Program)](#); In addition to adults, children under 18 are also eligible. (Food and Nutrition Services, n.d.)
- [Employment Authorization (granted at the discretion of DHS)](#) (United States Citizenship and Immigration Services, n.d)

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[3] Mental health stressors and related supports affecting evacuees are discussed in further detail under the heading "*Afghan specific clinical considerations.*"

[4] Program eligibility is subject to policy changes, and criteria may vary by state.

- [Refugee Cash Assistance (up to 12 months)](#) (Office of Refugee Resettlement, n.d.)
- Refugee Medical Assistance (Office of Refugee Resettlement, n.d.
- [Matching Grant Program](#) (Office of Refugee Resettlement, n.d.)
- Initial Medical Screening
- [Refugee Support Services (RSS)](#) (Office of Refugee Resettlement, n.d.)

The provision of benefits to Afghans arriving through the evacuations was severely delayed due to confusion about and rapid changes in eligibility, as well as related policy emerging since their arrival. Given mounting pressure to help support evacuees as a single cohort, the Biden Administration promoted policy adjustments to help more efficiently provide families with services. The [Migration Policy Institute](#) provides greater detail on prior eligibility for public benefits and supportive programming by category, as well as information on the continuing resolution regarding eligibility for services, stating:

> "Congress passed and President Joe Biden signed into law on September 30, 2021 a [continuing resolution](#) that ended the distinction between humanitarian parolees, SQ/SI parolees with pending Special Immigrant Visa (SIV) applications, SIVs, and refugees for purposes of eligibility for benefits and services. **All of the statuses are now treated the same with regards to eligibility for benefits and services.** The law also appropriated nearly $1.7 billion for the Department of Health and Human Services Administration for Children and Families to carry out refugee and entrant assistance activities in support of Afghan parolees and other Afghans eligible for these services." (Greenberg, Reynolds, and Workie, 2021); One Hundred Seventeenth Congress of the United States of America, 2021).
>
> For information regarding the most current services and related eligibility, providers should contact their local resettlement agencies, or local and state government agencies.

Conflict and resettlement trauma

Overview of displacement-related trauma

Forced migrants may experience what is referred to as the Triple Trauma Paradigm, a framework that describes the adverse experiences a person may endure during the three stages of migration (pre-flight, flight, and post-flight). The Center for Victims of Torture outlines a few of these adversities.
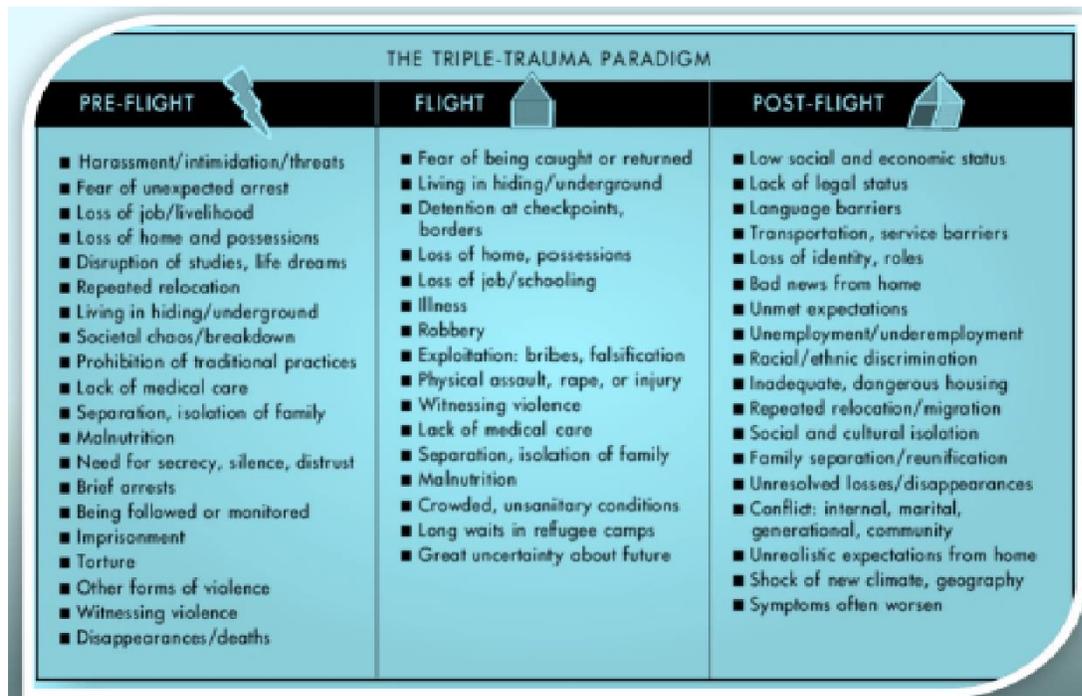

THE TRIPLE-TRAUMA PARADIGM

PRE-FLIGHT	FLIGHT	POST-FLIGHT
■ Harassment/intimidation/threats	■ Fear of being caught or returned	■ Low social and economic status
■ Fear of unexpected arrest	■ Living in hiding/underground	■ Lack of legal status
■ Loss of job/livelihood	■ Detention at checkpoints, borders	■ Language barriers
■ Loss of home and possessions	■ Loss of home, possessions	■ Transportation, service barriers
■ Disruption of studies, life dreams	■ Loss of job/schooling	■ Loss of identity, roles
■ Repeated relocation	■ Illness	■ Bad news from home
■ Living in hiding/underground	■ Robbery	■ Unmet expectations
■ Societal chaos/breakdown	■ Exploitation: bribes, falsification	■ Unemployment/underemployment
■ Prohibition of traditional practices	■ Physical assault, rape, or injury	■ Racial/ethnic discrimination
■ Lack of medical care	■ Witnessing violence	■ Inadequate, dangerous housing
■ Separation, isolation of family	■ Lack of medical care	■ Repeated relocation/migration
■ Malnutrition	■ Separation, isolation of family	■ Social and cultural isolation
■ Need for secrecy, silence, distrust	■ Malnutrition	■ Family separation/reunification
■ Brief arrests	■ Crowded, unsanitary conditions	■ Unresolved losses/disappearances
■ Being followed or monitored	■ Long waits in refugee camps	■ Conflict: internal, marital, generational, community
■ Imprisonment	■ Great uncertainty about future	■ Unrealistic expectations from home
■ Torture		■ Shock of new climate, geography
■ Other forms of violence		■ Symptoms often worsen
■ Witnessing violence		
■ Disappearances/deaths		

Image source: (Center for Victims of Torture and the National Capacity Building Project, 2015)

Pre-Flight

The pre-flight stage may have been particularly anxiety-provoking for Afghan evacuees, especially since many may not have had any intention of leaving Afghanistan prior to the U.S. withdrawal. In either case, families had little time to plan before their departure.

As the Taliban began to overtake the major cities, many individuals with known connections to the U.S. and other international forces began to receive verbal and written death threats as the Taliban went door to door asking about individuals of interest. Others were stopped and interrogated in traffic or at check-points, and some had to undertake arduous migration on foot. Many families stayed in hiding for months, with others continuously relocating across various cities and provinces to avoid discovery, continuously remaining indoors, and often without

adequate access to food. A great number of these individuals were unsure as to whether they would be able to access protections, and at the time of writing, some eligible parties have not yet been able to exit Afghanistan despite having credible cases for SIV status or other protection. Many remain in hiding.

Flight

The acute flight stage had very high trauma potential for Afghan evacuees. This includes the chaos that ensued at the Kabul airport as thousands of individuals rapidly attempted to board planes, resulting in fatalities. Others spent days or weeks waiting outside of the airport or appealing to authorities to gain access to evacuation flights. Additional trauma potentials exist in evacuees having had to leave family members behind, as well as the fear of the unknown in leaving their country for the United States. Families may also have been separated while boarding planes, or during other processing. Some individuals were also held in third countries for varying periods of time prior to being transported to the United States.

Following their arrival to the U.S., evacuees were held on US air force bases, often for very long durations (Jordan and Steinhauser, 2021) before being released to family members, local resettlement agencies, or other sponsors in order to receive services, such as support in finding housing. These crowded and chaotic base camp conditions may have led to elevated anxiety levels and may have affected mood.

Post-flight

Forced migrants who are subsequently resettled often experience trauma during the post-flight phase. Upon resettlement or arrival to a host country, trauma can arise in the form of needing to rapidly learn complex social and public systems, confronting language barriers, difficulty in accessing services, holding an unstable immigration status, and experiencing discrimination. Those who were forced to leave family members behind may also continue to worry for the safety of their kin, communities, and nation. Additionally, many Afghans who were resettled in the U.S. have been unable to access employment (including appropriate level employment), in a timely manner due to delayed arrival of their employment authorization documents or other essential information.

Historical factors contributing to a high overall trauma load for Afghans

Independent of the 2021 crisis, most Afghans will have experienced traumatic events over the course of their lives given that the country has experienced repeated conflicts and regime changes, leading to chronic instability. In recent history, major political events include the Soviet

invasion lasting from 1979-1989[5] (Office of the Historian, n.d.), the subsequent take-over by the Taliban in 1996, and the prolonged involvement of the U.S. military, which spanned from 2001-2022. For women, these various trauma potentials are exceptionally high due to the prevalence of gender-based violence. Individuals are therefore likely to have experienced one or more of the following events:

- Witnessing armed conflict
- Death of family, friends, and community members due to conflict
- Missing, kidnapped, imprisoned, or forcibly disappeared family members
- Torture history
- Exposure to terrorism
- Persecution and violence due to gender
- Chronic and acute poverty
- Inability to access education
- Interpersonal and gender-based violence
- Lack of access to health and mental healthcare

Possible torture history

Practitioners should have a general understanding of the impacts of torture on client mental health expressions, as well as an understanding of factors and situations that could be potentially triggering to survivors.[6] It is also important for practitioners to understand that not all events that might meet "common sense" definitions of torture may qualify as torture under international conventions.

Nevertheless, whether in the official or "common sense" use of the term, for individuals coming from conflict-affected, highly militarized countries, as well as for those coming from theocratic societies, it may be good practice to assess for possible torture history. Individuals may also be secondary survivors of torture, meaning that they are the dependents or close kin of survivors. These secondary survivors may be affected by having witnessed violence, or they may have been harmed by witnessing, overhearing, or having knowledge of the torture inflicted on loved ones. Direct survivors meeting eligibility criteria, as well as secondary survivors (meaning the dependents of qualified survivors), are eligible for specialized services.

Family left behind

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[5] While the outlines of historical accounts across various sources may largely align, it is recommended that those interested in historical details verify information and read multiple perspectives.

[6] More information on working with torture survivors is provided in the section *Afghan specific clinical considerations.*

Though many families were able to flee Afghanistan with all immediate family members via the airlifts, as well as by escaping to third countries, others had to leave behind family members and kin, such as elderly or disabled individuals, family members ineligible for evacuations, and beloved community members. While most families are likely to be able to maintain contact with their loved ones via phone or other communications systems, many may continue to struggle deeply with this separation. These emotions are amplified given the anxiety around the Taliban's current control over Afghanistan, as well as worries about the country's political and economic future.

Post-arrival barriers

[Post-arrival barriers, such as daily living difficulties](#) (Graef-Calliesse et al. 2023), are frequently cited by resettled individuals as being among the most impactful factors affecting their mental health. Ensuring timely and smooth access to employment, medical services and other essential supports can therefore significantly improve client well-being**.**

Resettled individuals frequently face barriers to accessing services, such as:

> Financial problems
> Housing instability
> Few days off from work
> Language barriers
> Lack of understanding of available services and eligibility criteria
> Lack of childcare
> Transportation challenges
> Lack of medical insurance
> Lack of documentation
> Fatigue, health issues, chronic pain, disability or mobility concerns
>
> Trauma and anxiety-related reluctance, or similar barriers to pursuing services

The enduring impact of ties to global forces

There may exist mixed feelings among newly-resettled individuals about the nature of the military withdrawal and the resultant collapse of the country. While many individuals may express thankfulness to the U.S. and NATO allies for their activities in fighting radical groups and encouraging Afghanistan's infrastructural development, many Afghans may carry some feelings of anger and betrayal. These feelings may be due to: the challenges which they encountered in obtaining recognition for their prior service on behalf of U.S. and NATO forces; challenges in obtaining security around their legal status; misaligned expectations around the realities of resettlement and evacuation; or due to casualties resulting from the withdrawal. More broadly, some individuals may also have disagreed with U.S. and international efforts during the

two decades of military involvement leading up to the 2021 crisis. Providers should be aware that resettled individuals may feel compelled to suppress mixed feelings due to concerns that voicing these emotions may destabilize their status, cause them to be perceived as ungrateful, or other concerns.

Notes on linguistic diversity in Afghanistan and language barriers in the U.S.

While some service systems are legally required to provide interpretation or translation services upon request, overall, the limited availability of language supports to individuals with limited English proficiency in the U.S. may hinder access to social services. Language barriers may also frequently lead to a sense of isolation among resettled individuals. Consequently, addressing the language barriers that evacuees may face is essential to promoting individual and community wellbeing.

The following are a few key observations for better supporting Afghans through language-based supports:

- Many evacuees and/or their families may have limited English proficiency, and many may be pre-literate. Estimates regarding literacy rates in Afghanistan vary, but most are fairly low. According to UNESCO, only an average of 43 percent of the overall Afghan population was literate by the time of the evacuations. (UNESCO, 2021)
- There may be significant differences in educational levels even within nuclear families.
- Individuals may speak multiple languages, and those having connections with international systems may speak one of many NATO languages to varying degrees, including full fluency and literacy. Though they constitute a smaller proportion of the Afghan population, some Afghans may have received second or third language training in schools, with some being trained in English, some in French, and others in German or Turkish, etc.. Some may have also studied, traveled or worked abroad.
- While the proportion of women who have received higher education in Afghanistan is non-negligible (Ramos, 2023), it is not uncommon for family members, especially women, to be minimally literate, or fully pre-literate.
- Afghanistan has long been a highly diverse society in terms of ethnolinguistic background. The official languages of Afghanistan are **Dari** (a variant of the Persian language[7] having a high degree of mutual intelligibility with Iranian Farsi), as well as **Pashto**, the language reflective of the largest ethnic majority of Afghanistan. **Tajik**, another variant of Farsi, and other languages are also spoken. In fact, "there are between 40 and 59 languages spoken in Afghanistan. Dari and Pashto are the official and most widely spoken languages, by 77% and 48% of the population respectively." Other

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[7] The classification (or not) of Dari as a separate language, as a dialect of Persian, or as a political construct is sometimes an object of debate for Afghans and Central Asians.

languages spoken in the country include "**Uzbeki** (11%), **English** (6%), **Turkmeni** (3%), **Urdu** (3%), **Pashai** (1%), **Nuristani** (1%), **Arabic** (1%), and **Balochi** (1%)," among others. ([Translators Without Borders](#), n.d.) Though from a different language group, the language has a large proportion of Arabic loan words due to historical factors, and it is therefore also traditionally written in the Arabic alphabet.

● Providers working with Afghans should recognize that even if two individuals share the same language, especially the national languages of Dari and Pashto, or even other languages, they should not be presumed to be of the same ethnicity without verification. As with most languages, there can be some degree of variance, and speech patterns may also differ slightly by region and socioeconomic bracket. This should not pose a significant challenge, but patience in finding appropriate interpreters is important. It is sometimes possible to request a specific interpreter who is known to have efficient communication with the client, though this may involve long waits or scheduling interpretation in advance.

● Providers may wish to check with the interpreter about the degree to which he or she is able to understand the client and vice-versa, rather than assuming that communication is flowing efficiently. Providers should also be aware that in order to save face and be deferential, clients may sometimes not reveal challenges in understanding interpreters or other instructions. Given the large-scale hiring of Dari speakers since the evacuations, the availability of Dari-specific translators has vastly improved; however, it is also possible that an interpreter may be an Iranian or other Farsi speaker rather than a native Dari speaker from Afghanistan. Given a high degree of mutual intelligibility, this may still work very well; Nevertheless, comprehension should be assessed, and providers should note that some clients may speak both Dari and Pashto. Interpretation should be provided in the preferred language wherever possible.

● It is essential that medical and legal interactions be supported by certified medical and legal translators to avoid critical misunderstandings.

● To avoid re-traumatization and parentification, minors should not be expected to interpret for family members. In general, it is also preferred practice not to use family members as interpreters whenever possible.

● Preferred practice when using an interpreter who is physically present during an appointment is to speak directly to the person to whom you are relaying the message, and not to the interpreter. Speakers may also wish to break up their thoughts into manageable units so that the interpreter is better able to accurately convey the details and tone of the information being relayed. Women may also prefer to be supported by a female interpreter for more sensitive matters.

Mezzo

Overview of the traditional refugee resettlement process in the U.S.

The U.S. Refugee Resettlement process is a complex system that requires the cooperation of the federal and state governments, as well as local agencies charged with administering direct services. These efforts may also be supported by other nonprofits and appropriately screened volunteers. As is described elsewhere in this document, new processes for bringing persons into the U.S. have recently been introduced through sponsorship models; however, providers should have an understanding of the traditional refugee resettlement process, as described by the following infographic:

Image source: (Office of Refugee Resettlement, 2015)

Due to the urgency of the fallout from military withdrawal, as well as the unique circumstances of their journeys to the United States, Afghans who were part of the evacuations generally did not undergo the traditional resettlement process and were instead brought into the country as humanitarian parolees; however, these individuals eventually became eligible to receive reception and placement services (US Department of State, n.d.) and transitional services.

Under typical resettlement processes, the federal government is responsible for overseeing the national refugee resettlement program, which involves working with international agencies to bring refugees to the United States. This includes coordinating with the International Organization for Migration (IOM); the Bureau of Population, Refugees and Migration (PRM) and the Office of Refugee Resettlement (ORR).

Resettlement Agencies are non-profit organizations that work with federal agencies to identify local offices able to provide supports to those being resettled, as well as other qualifying individuals. They may have offices across the country, or they may work through affiliated non-profits within their networks.

Upon transferring a case to the organization's local offices or their local partners, resettlement agencies continue to monitor the quality of services offered until the individual or family times out of services. At the time of writing, the 10 national resettlement agencies include:

> Bethany Christian Services
> Church World Service
> Ethiopian Community Development Council (ECDC)
> Episcopal Migration Ministries (EMM)
> Hebrew Immigrant Aid Society (HIAS)
> International Rescue Committee (IRC)
> US Committee for Refugees and Immigrants (USCRI)
> Lutheran Immigration and Refugee Service (LIRS)
> United States Conference of Catholic Bishops (USCCB
> World Relief Corporation (WR)

State-level coordination

Most states have a State Refugee Coordinator and State Refugee Health Coordinator (Office of Refugee Resettlement, n.d.) who works with the state and local agencies to coordinate resettlement processes as well as services to eligible population in their areas. Some state governments have elected to not formally participate in the resettlement program. In these cases, the federal government coordinates directly with a non-profit organization that takes on the same function as that of the State Refugee Coordinator's office. The individual in charge of resettlement and related operations in these states is referred to as the Replacement Designee (Office of Refugee Resettlement, 2018). As of the time of writing, the state of Wyoming does not formally participate in the national resettlement program.

Building local community supports

Working with communities is a vital part of social work practice. Perhaps one of the most critical aspects of working with communities comprised of people with heritages different from one's own is cultivating the understanding that intra-group differences can sometimes be more substantial than the differences between groups, especially given the impacts of varying educational and socioeconomic levels.

Scholars have noted the significant influence of national and ethnic history, socioeconomic factors, tribal affiliation, education level, and gendered experiences, as well as other well-known

demographic influences on social perception and behaviors. These factors can influence differences in behavior between persons of the same group, and groups are not monolithic; however, in general, Afghan and some other resettled groups demonstrate a broader conceptualization of kin relationships than those in western society, where relationships are characterized by a higher degree of individualistic orientation. Family reputation is also exceedingly important.

Collectivist societies can, to varying extents, imply a greater sense of shared responsibility among members for the wellbeing of acquaintances and family members. Moreover, generosity and altruism are core concepts of the Islamic faith, as is concern for the plight of the poor.

As such, evacuees or individuals from the wider Afghan diaspora may be highly motivated to support friends and loved ones, even when under duress themselves. This can create added strain on families who are already struggling to establish themselves in the new country, but who may be compelled to provide their financial, material and time resources to others. Due to these social ties, evacuees may therefore continue supporting family members abroad, particularly through sending remittances (United Nations, n.d.). Those working with resettled families may wish to consider both the healing and adverse impacts of these social obligations, as well as their centrality to both Afghan and Islamic identity.

Working with diaspora groups

Iran, Turkey, and Pakistan have historically hosted large numbers displaced Afghans, and the people of these countries, as well as their diaspora across the globe, have shown Afghans considerable generosity in the form of humanitarian activity both prior to and during the present crisis.[8] (The Visual Journalism Team of BBC Asia, 2021)

Working with diaspora groups, including non-Afghan communities, to support newly-arrived families may provide them some comfort in the form of interpersonal and material supports and may be able to help to buffer against the impacts of isolation and rumination; however, compatibility needs to be continuously assessed due to potential challenges created by interethnic friction, educational or socioeconomic divides, differences in religious orientations, or attitudes towards gender, as well as historical reasons. The political orientation of the groups providing support to resettled families must also be considered, as some individuals may prefer to not associate with political activity, or their political orientation may differ from those of the group.

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[8] Steep rises of new arrivals, both in the past and following the military withdrawal, have not been without some degree of backlash. (Najafizada, 2015)

While usually not the case, there can sometimes be mild social or ideological tensions between Iranians, Afghans, and other groups, who may sometimes perceive themselves as having significant class, educational, and societal differences. It is also worth considering that some Afghan families may have worked in or spent time in Iran, Pakistan, Turkey, and neighboring Central Asian countries due to displacement or due to economically-motivated migration, with the latter sometimes being a point of contention in the host countries.

Providers hoping to make the connection to local diaspora communities should be sure to ask the client about their desire to engage certain groups or not, especially as there may be adverse experiences connected to reluctance. Providers should also be aware that the clients whom they seek to support may feel socially obligated to accept help or take the advice of those assisting them, lest they be perceived as rude. Clients may also acquiesce due to the perceived social power of the individual providing the support, as well as worries about being cut off from assistance if they refuse help or voice concerns.

Additionally, while many Afghans will readily interact with persons of other ethnicities, clients may sometimes feel uncomfortable participating in activities due to the presence of individuals from other ethnic groups. Therefore, compatibility solely on the basis of nationality should not be presumed, and while it is helpful to foster social connections, relationships should not be forced.

Examining the evacuations from a social work perspective

When planning to work with Afghan newcomers, it may be useful to conceptualize the work from the Person-in-Environment (PIE) approach.
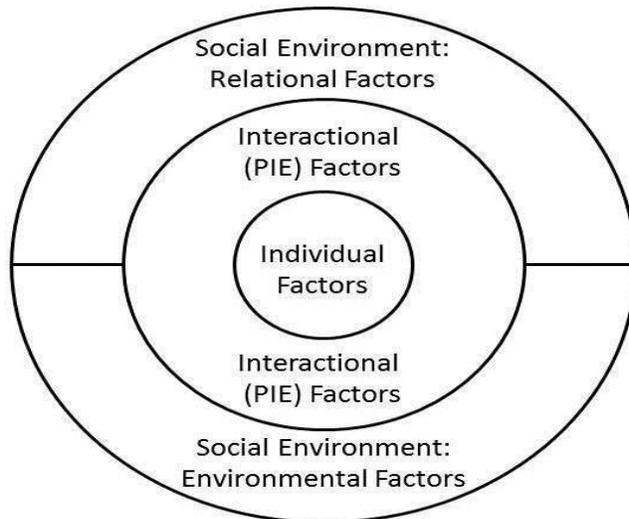

Image source: (Breda, 2016)

Considerations that may be relevant for working with this population include: having lived through multiple conflicts; unexpected flight to the United States; possible conflict trauma history; possible torture history; separation from family; limited educational and employment record; inability to access education; and factors specific to a given individual's family system. The Person-in-Environment model also considers the individual's strengths and capacity for resilience.

Refugee core stressors

Common stressors that resettled individuals may face include: the initial push factors that led to migration; the trauma that may have been experienced during travel to the destination country; and the challenges that they may face following resettlement.

Resettled individuals may sometimes experience a "honeymoon" period after initial resettlement that may last a few weeks or a few months. After this honeymoon period subsides, individuals may experience culture shock, and it is not uncommon for them to begin reminiscing about their

lives in the country of origin. It is also not uncommon for individuals phasing out of the honeymoon period to declare that they wish to return home, even if the circumstances in the country of origin were and continue to be dire, or to make statements such as "life was better back home." Furthermore, trauma symptoms that were previously not apparent may start to arise during this period. While mood and outlook fluctuations are normal and frequently stabilize, evaluation and the provision of additional supports should therefore follow any pronounced changes in affect so as to better support families through these transitions.

Culture Shock

Honeymoon Phase

The culture is new and exciting; their dreams and expectations about the future seem to be coming true.

①

Rejection Phase

The realties of life (housing, employment, and family) can become overwhelming. Many things do not go according to plan, and refugees may feel misunderstood.

②

Reverse Culture Shock

A person may become so accustomed to their new culture that they would exhibit culture shock if they returned to the home country.

④ ⑤

Recovery Phase

If a person can work through the regression phase, they may be able to accept and feel accepted by American culture.

③

Regression Phase

In order to deal with the stressful changes, a refugee may only try to surround himself with people of their own culture.
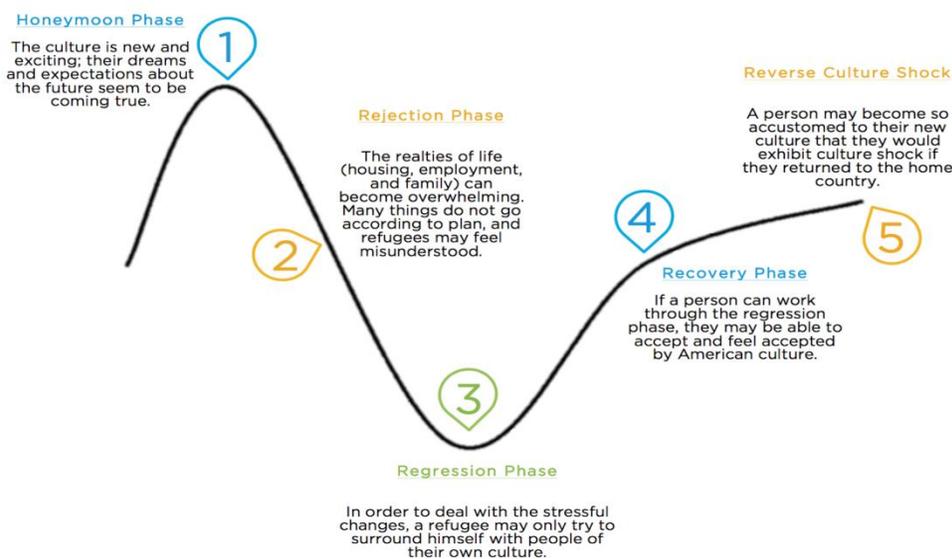
Image source: (Newton, 2018)

Afghan newcomers may benefit from connection to mental health services. Social workers should be equipped to connect clients to services and identify appropriate referrals when necessary. There are limitations, however, as many standardized mental health screening tools have not been translated into the languages common to Afghanistan and have also not been validated for this population. Some considerations in providing services include the following:

- Agencies should be equipped to provide services in the client's preferred language.
- While official processes, such as legal and medical screenings, should be supported by certified interpreters whenever possible in order to avoid critical misunderstandings, for general services, it may be beneficial to connect families to a service provider that speaks the language of the client.
- Providers may hire professional, and ideally, certified or formally trained translators to convert documents into the client's preferred language.

- Agencies should utilize screening tools that are designed to capture the experiences of the Afghans. These may include:

    RHS-15 (Refugee Health Screener) (Pathways to Wellness, 2011)
    Harvard Trauma Questionnaire (HTQ) (Harvard Program in Refugee Trauma, n.d.; Mollica et al. 1992)
    Dari International Trauma Questionnaire (Andisha, Shahab, & Lueger-Schuster, 2023).
    Heal Torture also has several assessment tools specific to screening for torture. (Heal Torture, n.d.)

Notes:
- The RHS-15 (Refugee Health Screener) (Pathways to Wellness, 2011) is a mental health screening tool that is commonly used for evaluating resettled individuals' mental health status after arriving in the United States and may have been administered during initial medical screening.
- Please note that as with all screening tools, **education as well as training on their proper use and interpretation is advised.** Practitioners are also advised to continue to review relevant literature on instrument efficacy, as well as new developments.

Afghan specific clinical considerations

Across all societies worldwide, there are numerous environmental factors that have the potential to impact mental and physical health. The country conditions of Afghanistan, as well as the well-known trauma potentials inherent to migration, created an environment of ongoing, and extreme stress for many evacuees, many of which can act synergistically to create enduring emotional challenges.

This more extended section aims to provide the reader greater depth on micro-level work with Afghans, including considerations relating to gender, spirituality, mental health stigma, torture history, and other factors. Resources and references are provided as appropriate. Nevertheless, trauma-informed practice necessitates consideration of the individual and his or her unique interaction with the environment, including the understanding that an individual may not conform to broader trends in the social behavior of the country of origin or the behavior of other groups. Practitioners are therefore advised to follow the client's lead in terms of comfort/discomfort with topics and to be attuned to where the client may hold differing values or varying levels of education and health literacy. It should also be noted that values around ideology, gender, sexuality, and politics may vary significantly between families.

Discussing mental health with Afghans

An important consideration in working with resettled individuals is how to best discuss mental health and social services. This is of heightened importance with Afghan families. Though it would be incorrect to state that all individuals from Afghanistan are not receptive to mental health support, especially since many are actively seeking help, individuals from societies that view mental health challenges as highly stigmatizing (such as Afghanistan) may not fully identify with the biomedical model (Tutor2U, 2022) that characterizes many Western mental health interventions.

Though Afghans tend to have respect for highly educated individuals, such medical providers and similar providers, the gender, national origin, and ethnicity of the mental health practitioner may also be critical in assessing compatibility and creating the conditions for longer-term adherence to treatment. Moreover, education plays a significant role in how mental health is understood. Though some Afghans with higher education may not subscribe to these beliefs, among the general Afghan population, some mental illnesses are seen as biologically-rooted, whereas others may sometimes be attributed to *jinns* (spirit-like entities), or other supernatural causes. (Guthrie, Abraham, Nawaz, 2016)

A core part of trauma-informed practice is creating an environment in which the client is able to set priorities wherever possible. Importantly, though the profiles and preferences of the cohort evacuated from Afghanistan will have to be confirmed by research and differentiated from previously resettled Afghans (if applicable), numerous prior studies have found that Afghans, as well as other resettled groups, may prioritize social and daily functioning (Miller, Omidian, Rasmussen, Yaqubi, Daudzai, 2008) at least as much, if not more so than emotionally-driven concerns. Therefore, supporting practical problem-solving, as well as clients' ability to take care of routine tasks may be helpful. As with many displaced populations as well as survivors of violence and conflict, mental health concerns can also be expressed somatically (Rohlof, Knipscheer, & Kleber, 2014). This may be of particular interest given Afghans' more integrated concepts of health and mental health, though due diligence in ruling out any underlying conditions is imperative due to communication challenges, as well as the fact that refugee populations' concerns may sometimes be dismissed during healthcare. Resettled Afghans may also feel more comfortable in accessing mental health care if it is offered within the setting in which they receive other healthcare services, such as their general practitioner's office.

In attempting to identify or develop appropriate treatment strategies, the degree of individual biological and psychological health literacy (Centers for Disease Control n.d.) should be assessed. The desired outcome should also be asked of the individual in order to establish clear goals (for example whether addressing emotional concerns versus daily functioning is most important to the client). For cases requiring less intensive support, first-line interventions may help to significantly reduce stress levels.

Whatever the approach, and whatever the system providing the intervention, clinicians making referrals to local community supports may also wish to assess the level of services being provided through community systems or other NGOs to ensure that service providers are qualified for the level of intervention being provided beyond simply sharing nationality and language with the client.

In keeping with social work values, as well trauma-informed practice, clinicians working with Afghans should also be respectful of client agency and should allow the client opportunities to explore and express what he or she believes to be the most effective strategy, regardless of the educational level or level of health literacy. Additionally, practitioners should keep an open mind about client perspectives on psychological and pharmacological approaches.

As in all social work, it is important that clients feel respected during interactions and that they feel that their care team is forthcoming. Clinicians and other providers should therefore provide psychoeducation appropriate to the client's educational level and should avoid statements that over-promise since such statements may be seen as misleading. Similarly, providers should fully, but calmly disclose risks and parts of treatment that may at first seem unfamiliar or feel uncomfortable, explaining how these approaches could build to eventual relief; however, for those Afghan clients who are skeptical of more formal interventions, framing programs in practical terms (such as having the ability to support self-efficacy, reduce overwhelm, improve inner strength, restore wellness, strengthen relationships, and/or improve daily functioning), may be helpful. Afghans may also respond well to interventions that improve their self-efficacy in parenting, or programs which may be in the interest of their children.

While it may not be needed, given possible concerns about the relationships of different institutions, some clients may need to be reassured that seeking services will not harm their immigration status. Some clients may also be worried that seeking services will not result in the removal of their children. If they feel it necessary, practitioners may also find it helpful to clarify that they are not connected to the government (wherever applicable), and if the entity providing services is indeed connected to the government, it may be helpful to explain how their information will or will not be used; however, practitioners should leverage their experience and judgment regarding the tone of interactions to identify trust-building strategies.

Compatible therapeutic modalities

It is important to note that prior to the evacuations, too few clinical studies had been performed with resettled Afghans in general to be able to confidently identify a full range of therapeutic modalities for those having more intensive mental health needs, as with the exception of a few works, most studies on interventions with Afghans focused on more benign, group-format treatments and/or mindfulness-based work. At the time of writing, many new programs and research projects focusing on mental health programming for this population have since emerged, and practitioners having previously worked with resettled Afghans are collectively

amassing a body of personal perspectives on how to support these individuals; Even so, as this current cohort may or may not have different needs as compared to previously resettled groups, the most appropriate means of addressing the unique experiences that this group has sustained are still under evaluation. Also, as with many under-researched topics, some studies may also have limited generalizability, contradictory elements, or methodological issues.

Simply receiving attention to their cases and feeling supported by caring staff can have significant value for resettled families, often due to the increased social contact alone. Social workers of a wide array are well-positioned to use their skills to help their new community members; however, wherever possible, practitioners not accustomed to working with resettled populations may wish to refer more concerning cases, such as clients reporting a history of severe torture or sexual violence, clients having severe dissociative episodes, or those responding with aggression, to institutions specializing in trauma treatment, and ideally, mental health as it relates to migration. These specialized supports may be located in research universities, specialized non-profits, or they may be contacted through the local resettlement agencies, particularly those working with the new ORR program for Afghan Survivors Impacted by Combat (Office of Refugee Resettlement, n.d.)

However, specialized supports may not always be available due to capacity or distance, and even if they are available, forging these connections may take time. Fortunately, there exists a vast body of literature on other benign, evidence-based supports shown to be effective for resettled groups generally. With careful consideration, introduction, and framing, such approaches may be adapted for use as first-line supports for those with mild to moderate levels of distress and potentially in more severe cases until specialized help is obtained. First-line approaches may also be helpful in rural contexts where social services of a variety of types might be limited. Therefore, while improved supports to Afghans continue to be evaluated, clinicians may wish to begin exploring available literature and avail themselves of educational opportunities specifically addressing the needs of this population in order to be able to assist where they feel comfortable doing so.

In overview, Afghan clients may indeed be receptive to standard one-on-one talk-based therapy, but it may be an uncomfortable format for many individuals given social preferences for modesty and discretion in personal matters; however, research on displaced populations generally, as well as research performed with Afghans, has found certain modalities to be compatible with people from collectivist and highly religious societies where talk-based therapy might feel too confrontational. Most frequently cited among these compatible modalities are expressive therapies (Dieterich-Hartwell, & Koch, 2017) and other mindfulness-based psychosocial techniques, both in individual and group formats. Adapted CBT (Hinton et al., 2012) has also been found to be well accepted and is effective at reducing baseline stress among a variety of displaced populations. Though also requiring further study, treatment could also be stratified

according to gender, the nature of trauma, and educational levels (Ramos, 2023), and may also be conceptualized according to stressor type and presentation (PTSD vs. C-PTSD).[9]

Concepts such as those used on the frontlines of humanitarian crises or in refugee camp settings, such as the World Health Organization's PM+[10], available in both individual and group formats (World Health Organization, 2016; World Health Organization, 2020), or other systems, may also warrant adaptation, as they have been shown to be both well tolerated and effective at reducing anxiety despite not necessarily addressing the trauma itself to a major degree. Where more sustained treatment might be challenging, significant value may be found in reducing social isolation, as well as enhancing social mobility and economic status wherever appropriate.

Women, in particular, may also find socialization or educational opportunities highly motivating, if it would be safe for them to receive such services. During previous waves of mass resettlement, women's groups, including sewing circles, and other guided social interventions, as well as microfinance (UNHCR, n.d) and educational programs, have proven helpful. For their part, men may struggle with loss of social status due to social reorganization following displacement, or due to limited access to appropriate level employment (Disney, & McPherson, J., 2020). Targeting higher levels of employment that both ensure economic mobility, as well as a social status congruent with the client's self-concept may therefore be helpful in reducing distress, though realistic expectations and paths forward in navigating the labor market should be encouraged.

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[9] The applicability or appropriateness of certain psychiatric constructs outside of Western contexts is a subject of ongoing study and discussion; however, the use of these constructs as a general framework may help guide social workers in understanding practical care needs, and they may also be required by health systems as part of treatment. Given that displaced populations, especially those from low-income countries, such as Afghanistan, frequently face numerous adversities over a prolonged period of time, clinicians should consider following the evolving literature as it relates to Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder as defined in the ICD-11 (C-PTSD) (Menachem, 2018; Mind, n.d.), as well as these constructs' intersection with migration and post-migration challenges. (Schiess-Jokanovic et al., 2021).

[10] As the PM+ and similar systems are designed primarily for use in low resource and conflict settings, and given the wider availability of mental health providers in U.S. communities, clinicians drawing inspiration from the PM+ may wish to do the clinical work through their professional networks, as opposed to providing services through community health workers.

Providers may also wish to continue learning about the impacts of intergenerational trauma (Migration Policy Institute, 2019) As such, supports should also be provided to children (National Child Traumatic Stress Network, n.d) as they navigate their own life transitions, particularly given the pressures of new school environments, as well as the possible impacts of parental stress. Also important is understanding the impact of food scarcity or few material resources in the post-resettlement period, since post-migration difficulties, poverty (Carswell, Blackburn, & Barker, 2011) and under-employment are risk factors for poor mental health among resettled families.

Additionally, while some individuals may adapt very well, for clients phasing out of the honeymoon period and beginning to take in the full scope of the challenges that lie before them in habituating to the new country, it is important to acknowledge the grief and loss they may feel. It is also important to note that in seeking services, some clients may be looking to quickly "fix" their challenges. Here too, psychoeducation is important, as is instilling the understanding that health is achieved through time and through process; however, those who are stable, amenable, and nearing acceptance of their circumstances, may benefit from gentle motivational interviewing and support, including resource identification, strategic planning around problem management, as well as planning for their family's future at whatever pace seems comfortable to them.

Working with survivors of violence and torture

In discussing past difficulties with clients, some individuals may be very private about their experiences with violence and torture, whereas others may be forthcoming and may find value in telling their stories. Those having survived violence and torture may require more sustained support and may benefit from psychoeducation[11] and related approaches to help manage feelings such as grief and shame. Additionally, survivors often benefit from stable, predictable environments that minimize surprises or unexpected events or changes.

While many newly-arrived Afghans will understand the general nature of services and related formalities, survivors of torture and severe violence may also appreciate preparation before interrogation-like formalities, such as official interviews, or contact with agencies and institutions that may be perceived to have connections to state control. There may also be sensitivity around access to documents and other personal information.

While some clients may find excessive detail irrelevant, it may therefore be helpful to explain processes, and it may also be helpful to be fully transparent about anticipated wait times,

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[11] There are many organizations offering helpful, general psychoeducational content. These kinds of informal tools (Psychology Tools, n.d.) have not been validated for the population in question, but may serve as helpful resources or inspiration.

especially uncertainties about process timelines. It is also helpful to establish boundaries around communication and scheduling so that the client understands that an occasional lack of communication with a provider may be due to unavailability or policies around client contact rather than rejection or abandonment.

Clients should also be provided all possible tools to make informed decisions. While this would seem obvious, service providers may often default towards minimizing formalities, such as the signing of forms, believing that the client is likely uninterested in the contractual details and is only interested in the services; however, in many countries that have a heightened presence of international development bodies or other international actors, even pre-literate individuals may be very familiar with the concept of contracts and their importance. Not allowing clients who desire such information full access to details may thus be regarded as deceptive.

Conversely, formalities and extended questioning may be triggering to those with specific trauma histories or those with anxiety, so practitioners should allow clients to express, verbally or nonverbally, their desired degree of engagement with programmatic and contractual details. As such, entering into contractual relationships and other processes should be seen as having potential significance to clients. In cases where documents are not available in the target language, or where literacy is limited, sufficient interpretation time should be allotted for this phase, which can help to develop trust given that trust-building is an essential aspect of trauma informed practice.

Working with Muslim clients

Religion and spirituality have frequently been shown to be important coping strategies in a variety of different populations (Shaw & Linley, 2005). This may also apply to individuals from low-income countries, as well as those with lower educational levels, and lower personal incomes. The Afghan population has historically been highly religious, and a large number of evacuees will likely identify as Muslim. Even so, it's important to note that styles of dress, the use of everyday phrases invoking religion, and even attending mosque, may or may not be indicators of religiosity, since these outward expressions could sometimes be more socially-rooted than religiously rooted.

Practitioners should also be cognizant that even religious clients may sometimes be skeptical of religious leaders, or they may have been injured by religious rhetoric. Though uncommon, some individuals may also not consider themselves religious. To this end, it is important to note that some studies, such as studies among Latino immigrants in the U.S., have demonstrated that religious coping in some individuals can become problematic, since "feelings of hopelessness, frustration, and disillusionment with one's religion, may create a maladaptive cognitive style in which ineffective coping leads to greater feelings of distress and exasperation" (Silva, et al., 2017). Therefore, while the incorporation of religion is generally a good idea given Afghans'

high degree of religiosity, social workers should continue verifying with the client that these activities are going well.

If an individual has stated or clearly demonstrated that he or she is religious and would be interested in religiously-based or faith-based programming, the incorporation of expert-led spiritual components into interventions may help. Should it seem appropriate, religious leaders, such as imams with basic mental health or other scientific or academic literacy, or practitioners knowledgeable about the religion, may support clients through spirituality-based mindfulness or other coping strategies, and even simply connecting clients to their religious community of choice may be effective for both emotional recovery and rebuilding community.

With regards to religion, it is important to keep in mind that the number of Muslims worldwide (Pew Research, 2017) is growing at an increasing rate, and the religion and its variants span the continents. While interpretations of Islam therefore vary considerably across the world depending on the region, sect, and tradition, there are important, general clinical considerations for working with Muslim clients. Practitioners are also encouraged to keep in mind that religious behavior may be complex, though there do exist some common practices that span a variety of Muslim communities.

One of the most essential aspects of working with Muslim clients is the recognition of the importance of the five pillars of Islam (Oxford University Press, n.d.) for many who are pious. Also, while people are recognized as having free will in Islam (BBC Bitesize, n.d.), and while people do sometimes pray for divine intervention, there is an understanding and acceptance that life unfolds largely according to whether events and hopes were compatible with *Allah's* will. [12] Cultural factors may also be interwoven with religion, such as the avoidance of jealousy, reverence for parents and elders, and reverence for the prophet Muhammad (whose name is often followed by the veneration "Peace Be Upon Him") and his teachings. Additionally, in certain interpretations, gender roles and their appropriate expression may also be tied to religion. Though some Afghans may not adhere strictly to these norms, individuals from more rural or conservative families (where tribal norms may be more pronounced) may be very private about personal matters, such as the details of their marriage, the names of their female family members, details about economic difficulties, as well as mental health challenges since these issues may be

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[12] Given this complex interplay of human will and Allah's will, many Muslims avoid putting their will before that of *Allah*, even in speech or in making plans. For example, Muslims will often say or interject "in shāʾ Allāh *"* ("if Allah wills [it]", transliteration varies) when someone expresses a significant plan to be realized in the future as a sign of deference to Allah's authority. Difficult situations may also be perceived as tests imposed by Allah and may be seen as serving to strengthen the spirit despite the pain being endured.

seen as having some connection with religion. Some may also restrict the degree of female family relatives' engagement with males outside of their family.

Gender-based violence

Political rhetoric and oversimplification around gender issues in Afghanistan often minimize the significant advocacy that was occurring within the country on behalf of women's rights prior to the 2021 military withdrawal, including activities by both male and female activists. The two decades of U.S. military presence leading up to the evacuations had witnessed critical advancements in Afghanistan around legal protections for women (at least nominally), as well as considerable support for the improvement of women's education, which was supported by many kinds of actors. Nevertheless, in practicality, Afghan women have historically faced considerable difficulties, as Afghanistan has a well-documented history of restrictions around women's autonomy (Human Rights Watch, 2022), including limited access to education and resources, as well as limited physical and social mobility.

Gender-based violence [GBV], and other systemic disadvantages for women are prevalent in Afghanistan (UN Women Data Hub., n.d.), though in general, practitioners working with the displaced may wish to be attentive to domestic concerns, especially since household violence may be exacerbated when families are under duress. Also, while attitudes around women's appropriate role in society vary considerably by family and educational level, statistics from a variety of sources, including governments and nongovernmental organizations from the Middle East (Belhaj, Soliman & Kalle, 2021) Central Asia (Saida, 2022), and South Asia (Rasier, 2022) (regions to which Afghanistan has varying levels of historical ties)[13], indicate that gender-based violence may be an elevated concern for these broader regions.

The authors offer that while it may be applicable in some circumstances, the term "intimate partner violence" (IPV) may not be a sufficiently comprehensive framework through which to discuss violence around women from countries with extended family networks, since violence may be perpetrated on women by a variety of family or community members, both male and female, including children, siblings, and in-laws. As such, matters relating to gender among Afghans can be very complex, and until more research is performed on appropriate supports for Afghan evacuees affected by gender-based violence, this report abstains from offering concrete guidance as to procedural best practice; however, practitioners should be aware of the nuanced dynamics surrounding gender relations within much of Afghan society and should avoid making unverified assumptions about attitudes around gender and rights.

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[13] Note that as with many societies, discussions of identity, related historical influences, matters of ethnicity, as well as relationships to and between certain societies can sometimes be highly political and charged.

Social workers should recall that Afghan women have often been portrayed as largely disempowered figures in the popular media and political rhetoric; however, many do view and openly confront gender-based oppressions as violent and undesirable acts, moreso than some sources may portray. Fortunately, research and news coverage increasingly demonstrate a recognition that Afghan women hold a diversity of opinions and levels of agency on the topic, through to some women being willing to openly protest, despite grave risks (Mukhtar, 2023).

In terms of relevance for everyday service encounters, some women may therefore find certain gender-based roles, inequities, censures, oppression and violence to be problematic, while others may not. Those who do find physical or psychological violence problematic may sometimes still choose not to disclose these concerns, since revealing intimate personal matters may be seen as shameful. Moreover, following resettlement, women may not understand the supports available to them in the new environment. Some may also minimize disclosure out of concern for burdening others, or due to the perception that their situation is not unique given the ubiquity of these kinds of gender dynamics within Afghanistan. Additionally, women may be concerned about the number of men with which they may need to interact to access services. Given the range of possible experiences in the country of origin, as well as in their new environments, social workers are encouraged to support Afghan women in identifying their strengths and areas of influence, as well as support in the mitigation of barriers to service whenever it would be safe to do so.

Staffing of household violence and other crisis cases

For many women from countries where GBV is prevalent, there may also be underlying fears of marital separation, since estrangement from a spouse may mean loss of contact with social supports and community or persecution (Ahmadi, 2021). Additionally, social workers need to be aware that while domestic violence shelters have made considerable efforts to improve their services to diverse populations, in large part, shelter systems and emergency services are often not well prepared to support the more intensive language, cultural and psychological needs of resettled individuals.

With the exception of cases involving extreme violence, minors or other vulnerable persons, and as with all instances of domestic violence among the general population, practitioners supporting adult survivors would do well to consider the social and practical complexities of the issue. This includes the implications of encouraging clients to take undesired steps based on value judgements alone, especially given the dangers of leaving and the numerous barriers survivors can encounter in seeking services (Waller and Bent-Goodley, 2023).

While the use of a shelter may sometimes become necessary, alongside addressing immediate safety concerns, practitioners may wish to guide the client in assessing the social and financial

fallouts from separation, and they should also be aware that obtaining proper supports for resettled individuals using these services may require significant advocacy.

An enduring, promising practice is multi-sector, community-level planning (Switchboard, 2023) for the appropriate staffing of domestic violence, as well as cases that might interact with mandated reporting. In this manner, community providers (in conjunction with individuals from the population in question) can lay out plans as best as possible in advance of any urgent needs. This is especially important given that culturally competent providers, survivor-centered advocacy, and interpretation services may be difficult to bring together rapidly enough to prevent negative outcomes during interactions with protective services, criminal justice, and other emergency supports.

Where non-emergency gender-based violence cases do emerge, providers with an understanding of the underlying dynamics can begin to work through the complexities of solutions in order to allow clients the maximum level of choice. Oftentimes, this community-level planning is brought together through task forces and similar bodies overseeing the wider array of services, though sometimes it may be helpful to develop dedicated sub-committees (e.g., those focusing on child welfare and those focusing on domestic violence), that include mental health professionals and other key personnel. Practitioners are encouraged to remember that reporting gender-based and other violence could sometimes lead to retribution or other negative consequences in Afghanistan; nevertheless, where safe and not perceived as triggering, community service providers may also wish to acquaint their client communities with local emergency supports in order to help instill mutual trust.

Summary

The urgency of the humanitarian crisis that followed the 2021 U.S. military withdrawal from Afghanistan has led to the emergence of many resources, as well as ongoing research on best practices for supporting Afghan community members. Due to the core values of the profession, as well as their highly developed understanding of systems and resources, social workers are well positioned to help support newly-arrived Afghans in the process of rebuilding their lives and sense of community following resettlement and are therefore encouraged to continue learning about how to serve this population and other resettled groups.

Take action by helping evacuees and welcoming newcomers

Afghan Adjustment Act

Social Justice is a core value of social work and part of serving the Afghan population should include advocacy at the macro level. Among the greatest challenges that Afghan evacuees currently face is uncertainty with regards to the legal ability to remain in the U.S.. One proposal for addressing these needs on the population level is the [Afghan Adjustment Act](#) (Library of Congress, 2022), which would provide Afghan evacuees a path to US citizenship. Social workers should reach out to their elected representatives to advocate for the passage of the bill and educate others on this bill.

Welcoming Communities

An important aspect of supporting Afghan evacuees the creation of welcoming communities. Providers may consider connecting with a local chapter of [Welcoming America](#) or learning more about how to support efforts to become a welcoming city.

Welcome Corps

The Biden Administration has introduced a new program titled the [Welcome Corps](#) (Welcome Corps, n.d.). This program allows groups of individuals to sponsor refugees for resettlement in the United States. An example of this may be church a group wishing to sponsor a resettled family.

Hire an Afghan newcomer

To better support their integration and social mobility, organizations may consider hiring an Afghan newcomer. To learn more about hiring resettled Afghans, connect with your local refugee resettlement agency and access resources developed by [Upwardly Global](#).

Key resources:

Office of Refugee Resettlement, Afghan Assistance Resources
The Office of Refugee Resettlement has organized a comprehensive list of resources (Office of Refugee Resettlement, SOURCE, n.d.) for Afghan newcomers, including connections to legal services as well as benefits for which Afghan newcomers may be eligible.

International Rescue Committee, Switchboard
The technical assistance provider the Switchboard (Switchboard, n.d.)with the International Rescue Committee, has developed in-depth resources on working with refugee populations, including Afghan evacuees. These resources span providing mental health services, to interpretation and translation, employment and housing.

Heal Torture
Heal Torture (Heal Torture, n.d.) is a technical assistance program through the Center for Victims of Torture (The Center for Victims of Torture, n.d.). https://www.cvt.org/
that focuses on providing resources to providers working with torture survivors.

National Partnership for Community Training
NPCT (National Partnership for Community Training, n.d.) is a former technical assistance and training provider that was contracted by the Office of Refugee Resettlement and has achieved many great resources on delivering mental health services to refugee populations.

Refugee Council USA
Refugee Council USA (Refugee Council USA, n.d.) is a coalition of non-profit organizations that advocate for refugees at the policy level.

Upwardly Global
Upwardly Global (ns) is a national organization that focuses on bridging the transition for immigrant newcomers to their employment search in the United States, with a special focus on those with professional backgrounds from their home countries.

Welcoming America
Welcoming America (n.d.) is a national program that seeks to welcome immigrant newcomers to their new communities.

Additional Courses on Serving Afghan Newcomers:
American Counseling Association (2023). Newly Arrived Afghan Refugees

National Association of Social Workers (2022). Supporting Afghan Evacuees in U.S. Resettlement Through a Social Work lens

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Author biographies

Elizabeth Ringler-Jayanthan, LCSW, MPIA
Bethany Christian Services, Barry University, Lighthouse Therapy Services Pittsburgh

Elizabeth Ringler-Jayanthan is a Licensed Clinical Social Worker in Pittsburgh, Pennsylvania, where she serves as the Behavioral Health Advisor for Bethany Christian Services in the Afghan Resilience Program. During her time as a social worker, she has worked primarily with survivors of forced migration including refugees, asylum seekers, unaccompanied immigrant children and survivors of human trafficking.

Elizabeth is also a graduate of the Harvard Program in Refugee Trauma (HPRT) Global Mental Health Certificate program. She has published on best practices in implementing trauma-informed care for survivors of forced migration and has presented nationally on these topics. She is also a Doctoral candidate (DSW) in Barry University's School of Social Work.

Contact: eringler-jayanthan@bethany.org
lighthousetherapyservicespgh@gmail.com

Amaya Alexandra Ramos, MSW, CPH, MA
Founder and Chairperson, HazRav (HazRav.org)

Amaya Alexandra Ramos (Alexandra) demonstrates a sustained commitment to social development, imparting a unique interdisciplinarity to her service with displaced populations, and maintaining a research focus on mental/public health programming for survivors of forced migration, torture and targeted violence. Committed to bridging the gap between research and practice, Alexandra advocates for ethnography as a vehicle for institutional learning, the enforcement of human rights, and the furtherance of equitable access to integrated health systems.

Multilingual and proficient in all levels of engagement, she has supported humanitarian and development efforts from direct service provision through to administration for global bodies, including national and international-level: psychosocial program design and related research; crisis stabilization; immigration policy alignment; communications; monitoring and evaluation; education; and curriculum development. Alexandra worked with the International Organization for Migration (IOM) in support of emergency evacuations from Afghanistan, and has also worked in anti-human trafficking, post-disaster gender-based violence, and infectious disease research.

Certified in Public health, Alexandra holds Masters degrees in Social Work, International Affairs (Middle East and modern languages emphasis), and Music (Ethnomusicology emphasis). Her regional specialization is working with Persian-speaking populations, as well as the broader Middle East/Central Asian regions. In addition to her work in social services, Alexandra is a lifelong visual and performing artist and seeks to incorporate the arts into holistic human rights practice.

Alexandra is the founder of HazRav, a research organization focusing on displacement mental, medical, and public health, as well as programming for survivors of torture, conflict, and violence.

Contact: aark@hazrav.org

Dawn Brubaker, DSW
Affiliation: DAYBreaking Ideas

Dr. Dawn Brubaker is the founder and owner of DAYbreaking Ideas, a consulting company that provides content development and facilitation in areas of professional development. Her primary experience includes diversity, equity, inclusion, intercultural communication, and creating trauma-informed environments. Dr. Brubaker has collaborated with local, national, and international organizations to provide ongoing education to providers in the field. For over twenty years, Dr. Brubaker has supported individuals and families in mental health, crisis case management, and program management. She currently provides clinical services for people with substance use and mental health diagnoses. She has six years of experience in graduate social work instruction. Dawn Brubaker received her doctorate in social work from the School of Social Work at St. Catharine University and St. Thomas University. She received her masters in social work from the School of Social Work at the University of Pittsburgh.

Contact: dawnsbrubaker@gmail.com

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