Data Trends

Summaries of research on mental health services for children and adolescents and their families

November, 2008
No. 153

Birman, D., Beehler, S., Harris, E. M., Everson, M. L., Batia, K., Liautaud, J., Frazier, S., Atkins, M., Blanton, S., Buwalda, J., Fogg, L., and Cappella, E. (2008). International Family, Adult, and Child Enhancement Services (FACES): A Community-Based Comprehensive Services Model for Refugee Children in Resettlement, *American Journal of Orthopsychiatry 78*(1), 121-132.

Birman and colleagues investigated a comprehensive, community-based mental health program that addresses multiple forms of trauma witnessed or experienced by child refugees who resettled to the United States. Due to the types of trauma experienced by each child and their diverse cultural backgrounds, the authors recommend the use of small-scale, qualitative studies to research the use of evidence-based practices for this complex population.

The authors investigated mental health services provided to such children by the International Family, Adult, and Child Enhancement Services (FACES), a service component of the Heartland Alliance for Human Needs & Human Rights. Data on impairment and traumatic events were collected on children and youth who received services between September 2002 and August 2005 (N=97).

The FACES program is noteworthy because treatment teams include a range of mental health providers and ethnic/culturally diverse mental health workers who were previously refugees themselves. Also, unlike most treatment programs for trauma victims (which typically focus on a single traumatic experience), FACES staff address multiple traumatic events reported by these refugees. For example, children in the current study experienced an average of 4.5 traumatic events before fleeing to the United States from their homeland. Combined, the FACES staff spoke 15 different languages. Children came from 32 different countries and spoke 26 languages, as shown in Table 1. For each child, the staff provided an average of almost 100 hours of therapeutic treatment on site, at home, and in public places (e.g., parks, restaurants, etc.). Children received case management, family therapy, counseling, and consultation most often. Services were provided by an average of two-three FACES staff. The most common diagnoses were anxiety, adjustment, and mood disorders.

Functionality improved an average of almost four points on the CAFAS scale for every three months the child was in the program. Although there was a positive correlation between length of services and improvement, no relationship was found between that improvement and the types of services received. Age and language were associated with the intensity of services provided and length of participation in the program. Compared to adolescents, younger children received a greater number of interventions at more locations; they also had a higher likelihood of receiving services from multiple staff members. As expected from results of other studies, language barriers contributed to attrition rates.

In conclusion, the authors note that over 52,000 refugees from a wide range of countries resettled in the United States in 2004 (UNHCR, 2005), thus making the development of mental health service programs for child refugees a pressing and complex issue. The authors found that the tremendous diversity among these children and the FACES staff precluded the generalization of specific evidence-based practices to this group as a whole. Rather, they recommend the use of multiple methods and approaches to create "a hierarchy of interventions" (p. 130) when serving and studying this unique population. Such a hierarchy can be used for large groups of refugees but can be individualized to see which level works best for each child. Therefore, research should focus on gathering additional evidence through small-scale qualitative studies and successful interven-

Continued...

Prepared by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd. Tampa, FL 33612, (813) 974-4661. For more information, contact kutash@fmhi.usf.edu. Website: http://rtckids.fmhi.usf.edu The Center is jointly funded by the National Institute on Disability and Rehabilitation and the Center for Mental Health Services, SAMHSA, U.S. Department of Health and Human Services.

tion techniques to allow providers to personalize services for individual children who come from a diverse and dynamic group of refugees.

Reference:

UNHCR (United Nations High Commissioner for Refugees). (2005) 2004 Global Refugee Trends: Overview of refugee populations, new arrivals, durable solutions, asylum-seekers, stateless and other persons of concern to UNHCR. *Geneva: Population and Geographical Data Section of Operational Support UNHCR.* Available at http://www.reliefweb.int/library/documents/2005/unhcr-gen-17jun.pdf

Table 1

*Select Demographic Information on Children and Adolescents Receiving Services (*N = *97)*

Variables	Frequency (%)
World region of origin	
Africa	46 (47.4%)
Central/Eastern Europe	29 (30%)
Latin America	15 (15.5%)
Middle East/Central Asia	3 (3.1%)
South Asia	4 (4%)
Primary language spoken by child	
Amharic	7 (7.2%)
Anuak	2 (2.1%)
Arabic	8 (8.2%)
Bassa	3 (3.1%)
Bosnian/Serbo-Croatian	24 (24.7%)
English	5 (5.2%)
French	8 (8.2%)
Khmer	2 (2.1%)
Kpelle	3 (3.1%)
Ogoni	5 (5.2%)
Oromo	3 (3.1%)
Russian	2 (2.1%)
Spanish	13 (13.4%)
Other (Albanian, Aronak, Berber, Creole, Fullah, Krahn, Mam, Romanian, Swahili, Tigrenya, Ukrainian, Urdu)	12 (12.4%)
Legal status	
U. S. citizen	12 (12.4%)
Refugee/asylee	47 (48.5%)
Asylum status pending	8 (8.2%)
Other legal permanent resident status	22 (22.6%)
Undocumented	5 (5.2%)
Unknown	3 (3.1%)

From: Birman, D., et al. (2008). International Family, Adult, and Child Enhancement Services (FACES): A Community-Based Comprehensive Services Model for Refugee Children in Resettlement, *American Journal of Orthopsychiatry 78*(1), 121-132.

Prepared by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd. Tampa, FL 33612, (813) 974-4661. For more information, contact kutash@fmhi.usf.edu. Website: http://rtckids.fmhi.usf.edu The Center is jointly funded by the National Institute on Disability and Rehabilitation and the Center for Mental Health Services, SAMHSA, U.S. Department of Health and Human Services.