

The 9th Annual Psychology Day at the United Nations

From Vulnerability to Resilience: Using Psychology to Address the Global Migration Crisis.

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On April 28th, 2016, the
United Nations (UN) held
its 9th Annual Psychology
Day, an event that
showcases psychological
scientists' contributions

to the organization's global human rights agenda. It is sponsored by non-governmental psychology organizations either accredited by the UN Economic and Social Council (ECOSOC), or affiliated with the UN Department of Public Information (DPI). These include the European Health Psychology Society (EHPS), the American Psychological Association (APA), the International Association of Applied Psychology (IAAP), and the Society for Industrial and Organizational Psychology (SIOP).

Co-sponsored by the Permanent Missions of both Palau and El Salvador, this particular year's event was themed "From Vulnerability to Resilience: Using Psychology to Address the Global Migration Crisis", with additional focus on the UN sustainable development goals. According to cohost Dr. Rashmi Jaipal, PhD of the APA, the overall aim was to "raise awareness about psychological approaches to addressing the migration crisis, and to promote dialogue and collaborations between mental health workers, governments, UN agencies, and civil society." Dr. Jaipal, who also served on the event's planning committee, further emphasized the importance of intercultural contact and mental health, as well as child rights and how "whole generations [are] growing into adulthood with impaired emotional and cognitive functioning."

Cohost Roseanne Flores later enumerated upon the upheaval, explaining how almost half of the 60 million people forcibly displaced from their homes are children, whose quality of life largely depends upon protection and fulfillment of their basic human rights to education and stable upbringing. Ruben Zamora, Ambassador to the UN of El Salvador, mentioned migration-associated impairments in physical and mental wellbeing in his opening remarks. He then described the need for international legal instruments and frameworks to protect international migrants and victims of forced displacement.

Clinical psychologist Dr. Ayorkor Gaba, PhD, of the University of Massachusetts and APA moderated the first panel, Cultural Integration in the Process of Resettlement. Brigitte Khoury, Director of the Arab Regional Center for Research, Training, and Policy at the American University of Beirut, delivered the first presentation in this thematic cluster. Her presentation, Psychology's Role in a Refugee Crisis: A Three-Phase Intervention, addressed the 4.2 million Syrian refugees currently hosted in bordering "transition" nations such as Lebanon and Jordan. These individuals ultimately aim to resettle in Turkey, EU nations, Canada, and the USA. Sudden influxes of migrants weaken support systems in host countries, especially small territories like Lebanon where Syrian refugees now comprise nearly half of the total population. In addition to the large-scale victimhood, culture clashes amplify political and interpersonal tensions. Khoury therefore explained, "Only through mutual understanding and learning from both sides about each other can we get to a better

situation.” Khoury then described the three phases of resettlement (preparation, arrival, and settlement), and how psychological techniques and principles apply to each one:

1) During the preparation phase, people first learn that they will be displaced and must react accordingly. During this time, the psychologist can prepare refugees for the resettlement process by being an educator, communicator, advocate, or resource, no role mutually exclusive. Although no actual therapy takes place at the preparation stage, the psychologist can use powerful yet comforting interpersonal skills to help people choose a host country (often where they have extended family), and learn about its laws, traditions, languages, norms, religions, expectations, and natural environment. The psychologist can also help people channel personal strengths to remain resilient during the transition process, as well as emphasize the importance of seeking professional help in the host country. “You can take people out of wars, but you can’t take wars out of people.”

2) During the arrival phase, a psychologist in the host country can act as an assessor, mediator, culturally sensitive clinician, and primary care team member, in addition to the roles from phase 1. Khoury emphasized that community intervention works best if addressed from multiple perspectives: social, psychological, educational, financial, and legal. For instance, it is almost guaranteed that new arrivals will be dealing with finance-related anxieties. They would therefore benefit immensely from psychologists’ provision of information about the financial laws, policies, and environment of the host country. Khoury also stressed the importance of engaging speakers of Arabic in host countries and encouraging them to join the process as interpreters and personal contacts. This will help put new arrivals at ease and help them navigate foreign environments more efficiently. Some Arabic speakers can even be trained as mediators to facilitate communication between refugee settlements and host country

communities and governments. This can help allow space for respecting religion, values, and traditions from the home country. Assessment and screening for symptoms of PTSD are further critical, especially since the DSM V definition of PTSD may not be immediately applicable at the outset to migrants’ behavioral phenotypes. To increase access to psychologists, whom many refugees will have never encountered before, it is encouraged to include them in primary care or medical teams. This way, migrants’ psychological states can be assessed along with their physical health. It will take time for new arrivals to build trust in the government, the surrounding community, and each other, so psychologists must consider the instability of the environment, especially when planning basic meetings and interventions.

3) During the resettlement phase, psychologists can then adopt the final three roles of expert clinician, psychotherapist, and referral source, in addition to those previously mentioned.

The second panelist, Dr. Monica Indart, PsyD of the Graduate School of Applied and Professional Psychology, Rutgers University presented Integrating Social Justice with Trauma-informed Care: Re-envisioning Crisis Intervention Theory and Practice for the Global Refugee Crisis. Indart began her presentation with a riveting photograph of a man holding a toddler by the forearm over a collapsing border fence, as many others try to climb over as well. After emphasizing how every statistic represents a human being’s life and suffering, she explained how the latter word, suffering, is much more universal and understandable compared to subjective words like “trauma” or stoic diagnoses like “PTSD.” The first part of her presentation discussed Traditional Crisis Theory and Intervention, whose three premises and underlying assumptions involve an eventual “return to normal” or reestablishment of a routine, stable lifestyle. In addition to the importance of ongoing, personalized recovery strategies, there is also an understanding that one’s personal experiences and

unique forms of suffering will shape their coping mechanisms. This will ultimately determine the nature of the normality they eventually resume. Second, a “psychological first aid” model should be in place during disaster responses. This would involve trauma-informed care, which “seeks to understand the profound effects of trauma” and “provide conditions of safety, security, compassion, and generosity.” The six key principles of trauma-informed care include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and attention to culture, history, and gender issues. She further asserts that, “by definition, these conditions require an orientation towards social justice,” forms of which include transitional, restorative, and distributive. The trauma aspect, which is past-oriented, focuses on what has been done, and the future-oriented justice aspect focuses on what needs to be done. Indart then relates these social justice issues to the fulfillment of Maslow’s hierarchy of needs, which can serve as an efficient lens or template for various social justice activities.

Indart then went on to explain how the current refugee crisis challenges the pre-established knowledge underpinning notions of trauma and social justice, which are both central to typical crisis theory and intervention approaches. Refugee challenges include traumatic stress, barriers to successful migration, stigmas and backlashes, cultural barriers, lack of access to care and resources, separation and isolation, and trafficking. Torture is also a much more common part of the refugee experience than previously understood. Current knowledge and theories about crises therefore do not provide an adequate, actionable explanation of how to care for modern refugees. Indart then discussed micro models, one of which is the H5 Model for Trauma and Recovery, the centralizing agent of which is the individual’s trauma story. When it comes to psychologists’ roles in all of this, their most pressing responsibilities

include being a psychological “first aid” medic, a physiological and emotional stabilizer, a companion, an advocate for fair treatment, a voice for justice, a member of a healing team (similar to Khoury’s emphasis on primary care teams), and, above all, a witness.

The final panelist in this thematic cluster was Ambreen Qureshi, the Deputy Executive Director of the Arab American Family Support Center. Her presentation, Cultural Integration through the Settlement House Model, began with a description of how the AAFSC provides Arab Americans and their families with the skills to “successfully acclimate to the world around them, and become active participants in their community.” The AAFSC is the first and largest trauma-informed agency of its kind in New York City, providing culturally and linguistically relevant services for low-income immigrants of Arab, Middle Eastern, Muslim, and South Asian backgrounds. The immigrant- and refugee-specific stressors common to AAFSC visitors include lingering or persistent effects of trauma, as well as stressors related to resettlement, acculturation, and isolation. Racial profiling, harassment, assault, and legislation such as the Patriot Act render clients disproportionately vulnerable to discrimination and additional hardship. The AAFSC also uses the 133-year-old settlement house model, whose multiservice, neighborhood-based approaches aim to reinforce the strengths of certain individuals, families, and communities. The settlement house model involves the four principles of embeddedness (“of, by, and for the neighborhood or community”), multiple points of entry (offering several programs and services that each link to others in the community), reciprocity (all participants are emboldened to give back to the organization or community in their own way), and community building. The three intended outcomes of the settlement house model include senses of possibility, belonging, and efficacy. Lastly, the service categories that AAFSC provides include

preventive, anti-violence, adult education and literacy, legal services, health navigation, and youth.

UN Representative Dr. Rachel Ravitch, PhD, moderated the second panel, Children, Youth, and the Migration Crisis. The first speaker in this thematic cluster of lectures was Dr. Michael Wessels, PhD, a professor in the Program on Forced Migration and Health and Columbia University's Mailman School of Public Health. His presentation was entitled Supporting the Rights and Well-Being of Children and Youth in Settings of Forced Migration: A Resilience Approach. Since roughly half of international crisis victims are under eighteen, Wessels emphasized the importance of a human rights approach to healing and resilience among youth, despite lack of preexisting validation in the psychological field. First and foremost, the importance of a child rights approach requires recognition of the dignity and rights of every child in terms of ability, gender, age, SES, and other social categories. Due to these moral obligations, human rights must supersede obstructive or austere state laws, and duty bearers (i.e. those who ensure the delivery of said rights) must consider international laws, norms, and standards. Wessels then described how governments tend to shirk supposed social responsibilities towards refugees on grounds of limited capability to accommodate sudden onslaughts of human needs. "Child rights are entitlements," Wessels explained. "They are not given by governments; they cannot be taken away by governments." As an example, he cited the developing impetus to prosecute governments whose armed forces continue to recruit children. Finally of note is Wessels's mention of participation rights, and how "too often, we tend to think of children as victims," and how "children are assets... one of the most precious sources of agency within any human society. Approaching children with dignity and compassion requires recognition of their agency, as well as eschewing the idea that they are fundamentally helpless. Structural

violence often inflicts children's deepest wounds, especially in refugee cases where children appear, behave and socialize differently than those whom psychologists are typically trained to examine. Wessels therefore recommended a holistic and multi-level approach to treatment, with specialized, professional services at the top of the "pyramid" and basic security at the bottom.

The next speaker on this panel was Dr. Dina Birman, PhD, a community psychologist and Associate Professor of Educational and Psychological Studies at the University of Miami. Her presentation, Needs, Rights, and Well-Being of Migrant Children and Youth, first addressed her description of the field of psychology in general. She defined it as the study of the mind and human behavior, with the understanding that neither flourishes in a vacuum. She then explained how, while examining the needs of refugees and forced migrants, psychologists tend to "err on the side of deficits" and describe people in terms of what they lack as a result of their experiences. However, a human rights approach is opposite in nature, as it describes the rights and entitlements that people do have, and how those should be most efficiently fulfilled. She also compared and contrasted immigrant children (who migrate alone) and children of immigrants (who are born in resettlement countries to parents who migrated), particularly with regard to acculturation versus enculturation. It is also critical to consider the changing nature of migration in general, given modern amenities such as more efficient methods of travel and communication. Understandably, the most common stressors of immigrant children stem from human rights violations such as food and water deprivation, lack of shelter, injury, and sexual assault.

Eskinder Negash, Senior Vice President of Global Engagement at the U.S. Committee for Refugees and Immigrants (USCRI), then delivered his presentation Mental Health and the Refugee Journey. He first briefly reminded listeners of the

unprecedented numbers of forcibly displaced persons experiencing hardships today (a total of 60 million reported in 2014, 51 percent of whom were under eighteen). He then encouraged listeners to question the definition of crisis, and whether to discuss or define a crisis in terms of number of refugees, location, or cause of displacement. In Negash's opinion, "the crisis started the day we decided to keep [refugees] in refugee camps," where they are often "warehoused" indefinitely. The worst refugee situations are in Africa, where refugee camps are the largest and most barren of food, potable water, and other living essentials. Many inhabitants are also considered missing.

The final speaker was Dr. Naqibullah Safi, the Senior Emergency Coordinator of UNICEF's Emergency Program Division (EMOPS). This presentation, *Migration and Children's Psychological Health: The Case of Refugees and Migrants' Crisis in Europe*, first addressed the concept of resilience and how certain stress responses should be considered normal and typical, rather than pathological. In addition to therapy, Safi cited social support services, community cohesion, material resources, and firm personal identity establishment as effective means to stress reduction. He also mentioned the same intervention pyramid as did Dr. Wessels, describing how specialized mental health care at the top of the pyramid does not yet exist in afflicted areas such as regions of Greece and Macedonia. The only existing resources are the most basic ones at the bottom, which more closely resemble the fulfillment of basic human rights and the requirements for a stable society. Safi also mentioned the key principles from a multi-agency guidance note, including treating all people with dignity and respect, disseminating information about social and legal support resources, providing relevant psycho education using the appropriate language and cultural references, and prioritizing protection for special-needs children.

In sum, the 9th Annual Psychology Day at the UN provided a novel forum to introduce the discipline of psychology into debates about sustainable development. In general, this annual collaboration of UN policy makers and psychologists yields opportunities to incorporate psychology into the international and public policy arena, focusing on social change at the individual and personal level. As this year's speakers illustrated, psychology has much to offer for the creation and implementation of sustainable development, and the hope is that these discussions can continue until the UN development agenda is finalized. As former US Surgeon General Dr. David Satcher once said, "There is no health without mental health".



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