

Section 4 General FSI-R Delivery Guidelines for Training

- **OVERVIEW**

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- Learning Objectives
 - General and practical skills for delivering the FSI-R training to FSI-R trainees
 - a. Overall understanding of the role of an interventionist
 - b. Risk of Harm
 - c. Referrals
 - d. Mental Health
 - Role of the FSI-R Interventionist
 - e. Interpersonal Skills as an Interventionist
 - Safety & Risk of Harm
 - f. Risk of Harm
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 - Referrals
 - Mental Health
 - k. Suicide Prevention
 - l. Additional Mental Health Resources for Interventionists
 - m. Understanding Trauma

- **NOTES FOR INTERVENTIONIST (learning objectives)**

- after this training you will be able to
- Identify the role of the interventionist and interpersonal skills needed when working with families.
- Demonstrate an understanding of the Risk of Harm and referral procedures and be able to explain these processes to FSI-R trainees.
- Explain the significance of mental health concepts when conducting the FSI-R training.

Section 4.1 Role of the FSI-R Interventionist

What Do FSI-R Interventionists Do?

- Support families through the **resettlement process**.
- Provide **psychoeducation** on:
 - **Psychological concepts**
 - **Mental health**
 - **U.S. education system**

Key Responsibilities

- **Act as partners** → Respect parents' leadership roles.
- **Build on families' existing knowledge** while offering guidance.
- **Focus on skill-building** in:
 - Problem-solving
 - Communication
 - Social support

Approach & Impact

- **Strengthen** family dynamics & foster resilience.
- **Use a strengths-based approach** to empower families.
- Promote **mutual respect** & support long-term family well-being.

Exercise: Setting Boundaries as an Interventionist

Background:

The Al-Najjar family recently resettled in the U.S. after years in a refugee camp. The family consists of parents (Amir and Hana) and two children (Samah, 10, and Rami, 6). While they appreciate the opportunity to start anew, they face challenges such as language barriers, financial instability, and emotional stress.

Scenario:

During the FSI-R intervention session, Hana begins sharing her struggles managing the household and expresses that she feels unsupported. She asks for your advice on whether she should take on additional work outside the home. Meanwhile, Amir, who remains mostly quiet, suddenly asks if you could help them find a better apartment, as their current housing is too small. Samah mentions that her school counselor told her about after-school programs, and she asks if you could call the counselor on her behalf.

As an FSI-R interventionist, your role is to focus on guiding the family through the FSI-R process, which involves helping them identify strengths and build resilience. However, the family's requests fall outside the scope of your role and veer into responsibilities typically handled by caseworkers or other service providers. You must set boundaries while remaining empathetic and ensuring the family feels supported.

Discussion Questions:

- What might be the challenges that the FSI-R interventionist encounters in this case?
- As a Seed Team trainer, how would you ensure that FSI-R trainees remain mindful of their boundaries as interventionists, rather than taking on the roles of case workers or managers?

Section 4.1.1 Interpersonal Skills as an Interventionist

Why Are Interpersonal Skills Important?

- Critical for **navigating difficult conversations**.

- Help interventionists **foster trust & demonstrate empathy**.
 - Essential when working with refugee families facing:
 - **Trauma & distress**
 - **Cultural differences**
 - **Varying gender role perspectives**
 - Support **safe, strengths-based discussions** (See Section 4.2).
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Tips for Maintaining a Positive & Resilient Tone

✓ 1. Acknowledge Emotions Without Amplifying Negativity

- Validate feelings **without reinforcing negativity**.
- Example: *"I hear that this situation feels overwhelming, but it's great that you're taking steps to address it."*

✓ 2. Redirect Focus to Strengths & Accomplishments

- Highlight **past successes** to boost confidence.
- Example: *"You've overcome similar challenges before, which shows how capable you are."*

✓ 3. Ask Open-Ended, Strengths-Based Questions

- Encourage **positive reflection**.
- Example: *"What has helped you cope in similar situations before?"*

✓ 4. Use Positive Reframing

- Shift perspectives from **setbacks to opportunities**.
- Example: *"This may feel like a setback, but it could also be a chance to reassess and strengthen your approach."*

✓ 5. Model Positive Communication

- Use **solution-focused language**.
- Example: Replace *"This is a big issue"* with *"This is a challenge we can work through together."*

✓ 6. Practice Active Listening

- Show **empathy & understanding** by repeating back key points.

✓ 7. Encourage Future-Oriented Thinking

- Guide conversation toward **actionable steps**.
- Example: *"What's one small step you could take today to start improving this situation?"*

Exercise: Supporting Family Members Struggling with Trauma and Low Participation

Background:

Trauma experienced by refugee families can manifest in various ways, including withdrawal and disengagement during interventions. Family members may struggle to participate fully due to emotional distress, feelings of shame, or differing understandings of the intervention's purpose. It is essential for interventionists to approach such situations with empathy and to create a safe environment for all family members to engage meaningfully.

Scenario:

The Hossain family has recently started the FSI-R intervention. The family includes Fatima (mother), her two teenage sons, Ibrahim (17) and Khalid (15), and her younger daughter, Noor (9). Fatima expresses concerns about Ibrahim's behavior, saying he often isolates himself, refuses to join family discussions, and avoids school. Khalid appears dismissive, interrupting his mother to say, "He's fine. He just doesn't care." Noor remains quiet and clings to her mother throughout the session.

When invited to speak, Ibrahim avoids eye contact and says, "This is pointless. Nothing is going to change." Fatima looks visibly distressed, and Khalid becomes defensive, saying, "You're blaming us, but you're the one who dragged us here." Fatima sighs and says she feels unsupported by her sons and overwhelmed by her role as the sole caregiver after losing her husband in their home country.

Discussion Questions:

1. How might Fatima's role as a sole caregiver impact her ability to manage family challenges effectively?
2. What strategies could you use to encourage Ibrahim to participate without pressuring him?
3. What advice would you offer to the FSI-R trainee who encounters this situation during the intervention?

Section 4.2 Safety & Risk of Harm

Why Is Safety Important?

- FSI-R interventionists may **encounter safety concerns** during interventions.
- Seed Team trainers must equip trainees to **prioritize their own safety** and the safety of others.

Section 4.2.1 Risk of Harm

What is Risk of Harm (RoH)?

- Any situation where a **client's safety or well-being is at significant risk**.
- Includes **immediate threats** and **severe mental, emotional, or physical harm**.
- Trainers must teach **FSI-R trainees** to **identify, address, and intervene** effectively.

Examples of RoH Situations:

- **Risk of suicide or self-harm**
 - **Intimate partner violence**
 - **Harm to another person**
 - **Child abuse (including sexual abuse) or neglect**
 - **Severe, untreated illness, disability, or malnutrition**
 - **Death of a caregiver or enrolled child**
 - **Risk of victimization, violence, or exploitation**
 - **Severe emotional or psychological distress impacting daily functioning**
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Key Takeaways for Trainers

- Teach **FSI-R trainees** how to recognize & respond to RoH cases.
- Encourage **early intervention** to prevent escalation.
- Emphasize **trainee safety** while supporting refugee families.

Section 4.2.2 Confidentiality & Risk of Harm

Confidentiality in FSI-R

- **All discussions** between the interventionist and the family are **private**.
 - **No information** will be shared **without permission**, except in cases of **safety concerns** (e.g., suicide risk, harm to others, abuse).
 - If an interventionist identifies a **risk of harm**, they **must take steps** to ensure safety.
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Confidentiality Guidelines

◆ 1. Conversations with Children

- Private discussions **will not be shared**, including with caregivers, **unless safety concerns arise** (e.g., suicidality, abuse).
- Children should know that **general well-being updates** and session agendas **may be shared** with caregivers.

◆ 2. Conversations with Caregivers

- Discussions with caregivers **remain private** and will not be shared with children or others, **except in cases of safety concerns**.

◆ 3. Sharing Information with Supervisors

- Interventionists **may consult supervisors** for guidance.
 - Shared information **must remain confidential** and only be used to enhance support for the family.
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Breaking Confidentiality: When Is It Required?

-  **Confidentiality must be broken to ensure safety.**
 -  **Interventionists must take immediate action** in cases of:
 - **Child sexual abuse**
 - **Severe family violence**
 - **Significant challenges affecting child resettlement & family functioning**
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Key Takeaways for Interventionists

- **Prioritize confidentiality** while maintaining family trust.
- **Report safety concerns immediately** to protect family members.
- **Work collaboratively** with supervisors while upholding ethical standards.

Exercise: When Confidentiality Must Be Broken Due to Risk of Harm

Background:

Confidentiality is a cornerstone of ethical practice, but there are specific circumstances where it must be violated to protect individuals or others from immediate harm. These situations are often referred to as “Risk of Harm” (RoH) cases and require careful handling to ensure safety while maintaining professional integrity.

Scenario:

Amal, an FSI-R interventionist, is working with a refugee family who recently arrived in a host country. During a one-on-one session with Kareem during Module 8, the teenage son, Kareem discloses that he has been feeling deeply depressed and has been thinking about ending his life. Kareem asks Amal not to tell his parents, as he fears they will blame him or dismiss his feelings. This underscores the need for the interventionist to handle the situation delicately, balancing cultural sensitivity with the ethical obligation to address the risk of harm.

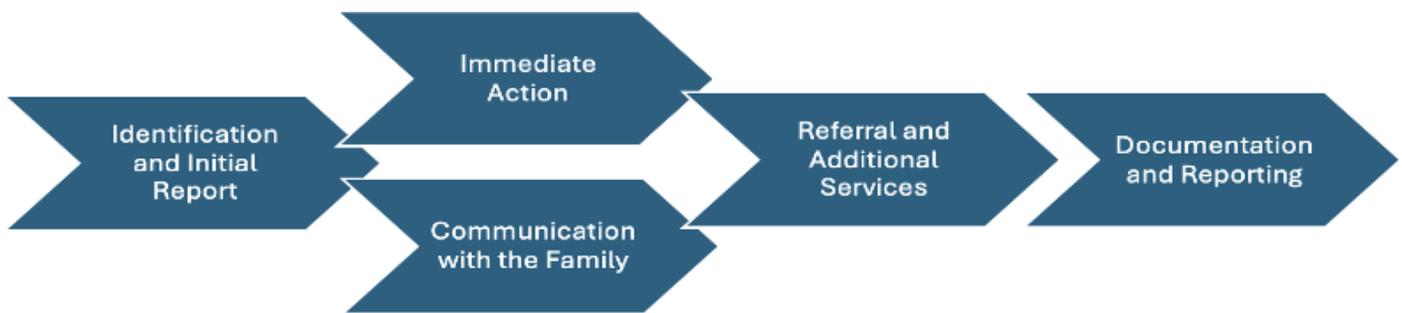
Considering his cultural background, it must be assumed that this behavior or way of thinking would be a huge source of shame and challenge for the family. Amal is concerned about Kareem’s safety and the potential risk of suicide. She decides to break confidentiality to address the immediate risk of harm but is unsure how to approach the family and involve other support systems.

Discussion Questions:

1. Why is breaking confidentiality necessary in this scenario, and what ethical principles justify this decision?
2. How should Amal inform Kareem about the need to share this information with others to ensure his safety?
3. How can Seed team trainers use this scenario to teach FSI-R trainees about balancing confidentiality and ethical responsibilities when addressing ROH?

Section 4.2.3 Risk of Harm Process Overview

[Risk of Harm Process Overview]



Prioritizing Safety in Risk of Harm (RoH) Cases

- **FSI-R interventionists must act immediately** to protect family members.
- Follow these **five key steps** to ensure **ethical & legal compliance**.

1 Identification of RoH

- Risk of Harm may be identified through:
 - **Spontaneous reports** from family members.
 - **Observation** of concerning behavior or situations.
 - **Flagged responses** during intervention discussions.

2 Immediate Action & Reporting

- **Notify your supervisor immediately** if a RoH situation is identified.
- **Examples:** Child sexual abuse, severe family violence, self-harm risk.

3 Communicating with the Family

- **Explain the necessary steps** and why confidentiality must be broken.
 - Reassure the family that these actions **are in their best interest**.
 - Emphasize **ongoing support** and available resources.
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4 Referral & Additional Services

- Ensure the family is **connected to the right support services**.
 - Follow **best practices** to maintain **dignity & safety**.
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5 Documentation & Legal Reporting

- **Thoroughly document** the situation with **accurate & objective details**.
 - If legally required, **report the case to relevant authorities** in coordination with your supervisor.
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Important Note:

-  **Referral requirements vary by state.**
 -  Follow **agency training guidelines** to ensure compliance with **local laws & policies**.
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Key Takeaways for Interventionists

- **Act swiftly & follow protocol** in RoH cases.
- **Communicate transparently** with families.
- **Ensure appropriate referrals & documentation** to protect all involved.

[Section 4.2.4. Risk of Harm Decisions FlowChart](#)

[Section 4.2.5. Follow-up after Informing the Person at Risk](#)

Informing the Person at Risk About Follow-Up

1 Express Concern

- Address the child or caregiver who disclosed a **Risk of Harm (RoH)**.
- Emphasize **seriousness & safety**.
- Example:
“You mentioned having thoughts of hurting yourself or wishing you were dead. I am very concerned about you and want to ensure your safety. As we discussed during the consent process, if we believe someone is at serious RoH, we are obligated to share that information to help keep them safe.”

2 Explain Next Steps

- Outline what will happen next.
- Example:
“To ensure your safety, I will notify someone from the agency who will follow up with you. They will reach out to discuss what can be done to keep you safe.”

3 Provide Reassurance & Answer Questions

- Ensure they **understand why follow-up is necessary**.
- Encourage them to **ask questions** and address concerns with care.

Program Follow-Up: Process Details

[Risk of Harm Process Follow-Up]



1 Initial Contact with Person at Risk

- Speak **directly** with the person at risk before involving others.
- Ensure contact **does not endanger** them.
- **Immediate phone contact** should be made to assess the situation.
- If consent is given, **relevant stakeholders** may be contacted for support.

2 In-Person Visit

- Must occur **within 72 hours** of the report.
- Multiple visits may be needed for thorough support.

3 Immediate Counseling & Safety Contract

- Provide **counseling or support** if necessary.
- Introduce a **contract for safety** where the individual agrees not to harm themselves or others.

- Encourage **signing the safety contract** (refer to Supplemental Materials for an example).
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4 Permission for Sharing & Identifying Support Services

- Obtain **permission** to share information with stakeholders.
- Identify **support services** with the person at risk.
- Balance interventionist expertise with the **individual's comfort level**.

5 Connection to Support Services

- **Coordinate** appointments with service providers.
- **Accompany** the person at risk when necessary.
- **Advocate** for high-quality, **consistent** services.
- Share information on a **need-to-know basis** while maintaining confidentiality.

6 Ongoing Follow-Up

- Conduct **regular follow-ups**.
 - Ensure support services **are actively helping** and safety is maintained.
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Key Takeaways for Interventionists

- Always prioritize **safety & confidentiality**.
- Obtain **consent when possible** before sharing information.
- **Follow up regularly** to ensure ongoing support.
- **Advocate** for effective, high-quality care.

Section 4.3 Referrals

Why Are Referrals Important?

- Interventionists may encounter **families needing additional support**.
 - Referrals extend beyond **Risk of Harm (RoH) cases** to other essential needs:
 - **Housing**
 - **Legal assistance**
 - **Education**
 - **Community resources**
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When to Make a Referral?

1 Mental Health Concerns

- Consult **clinical supervisor** to identify appropriate services.

2 Risk of Harm (RoH) Cases

- Immediate action is required for:
 - **Domestic violence**
 - **Severe mental health crises**
 - Follow **Section 4.2.4 Risk of Harm Flowchart** & consult your supervisor **without delay**.

3 Non-RoH Needs (e.g., Housing, Legal Aid, Education)

- Connect with your **agency supervisor and/or Seed Team trainer** to discuss resources.
 - Determine **best referral options** based on family needs.
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Key Steps for Effective Referrals

- **Consult supervisors** for guidance on appropriate services.
 - **Follow agency-specific policies** on referrals & RoH reporting.
 - **Ensure compliance** with legal & ethical guidelines.
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Key Takeaways for Interventionists

- Recognize when a **referral is needed**.
- Always **consult supervisors** before making referrals.
- Follow **protocols for RoH & non-RoH cases**.
- **Connect families with the right resources** to support their needs.

Section 4.4 Mental Health

Section 4.4.1 Suicide Prevention

Why Is Suicide Prevention Important?

- **Psychological stress is common**—it affects health, relationships, and daily life.
 - **Prolonged stress** (e.g., job loss, trauma) can lead to suicidal thoughts.
 - Suicide rates are **higher in some resettled communities** → early intervention is critical.
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Key Points for Seed Team Trainers

1 Recognizing Warning Signs

- **Behavioral changes** (withdrawal, mood shifts).
- **Expressions of hopelessness** or discussing self-harm.

2 Encouraging Open Communication

- Create **safe spaces** for individuals to share their struggles.
- Reduce **stigma** around discussing mental health.

3 Promoting Available Resources

- Provide **FSI-R trainees** with:
 - Crisis hotlines (**1-800-273-TALK**).
 - Local **mental health services & support networks**.

4 Understanding Cultural Sensitivity

- Suicide prevention must be **culturally informed**.
- Recognize **unique stressors** in resettled communities.

5 Taking Immediate Action When Needed

- If there is a **potential risk of harm**, FSI-R trainees must **immediately consult their agency supervisor**.

Key Takeaways for Trainers

- Train FSI-R trainees to **identify & respond** to suicide risks.
- Foster **open discussions** about mental health.
- Ensure trainees **know support resources** & how to refer individuals.
- Promote **culturally sensitive approaches** in suicide prevention.

 *For more details on stressors, warning signs, and interventions, see Appendix 4.4.1*

Exercise: When Confidentiality Must Be Broken Due to Suicidal Ideation

Background:

Suicidal ideation is a serious concern that can arise in families during times of stress or crisis. Non-specialists, such as community workers or volunteers, may encounter family members experiencing these thoughts while

delivering interventions. Knowing how to identify warning signs, approach the situation, and connect individuals with appropriate resources is crucial for effective intervention and support.

Scenario:

Maria is a mother of three who has been struggling with financial difficulties and health challenges during the resettlement process in the U.S. Her family has noticed concerning changes in her behavior, such as withdrawing from family activities, frequently expressing feelings of hopelessness, and making comments like, “I just don’t think I can do this anymore.” During the intervention, you as an interventionist also heard her say, “It would be better if I wasn’t here.”

You feel deeply worried but are unsure how to address Maria’s statements or how to guide her toward help. You know that handling this situation carefully is important but lacks the confidence to intervene effectively.

Discussion Questions:

1. What behaviors or statements from Maria suggest she may be experiencing suicidal ideation?
2. How can you create a safe and open environment to talk to Maria about her concerns as an interventionist?
3. If Maria confirms that she is having suicidal thoughts, what immediate actions should you take to ensure her safety? How would you talk about this scenario as a Seed Team trainer when training?

Section 4.4.2 Additional Mental Health Resources for Interventionists

Available Resources in Appendix 4.4.2:

- Tools for identifying mental health concerns.
- Strategies for engaging with families.
- Guidance on accessing additional support services.

Why Use These Resources?

- Enhances interventionists' ability to support FSI-R trainees.
- Provides practical strategies for navigating complex situations.
- Ensures confident, compassionate intervention.

 Refer to Appendix 4.4.2 for detailed instructions & resource links.

Section 4.4.3. Understanding Trauma

What Is Trauma?

- A deep psychological wound that can impact all areas of life.
- Can replay life-threatening events, making individuals feel stuck in the past.
- Trauma is not erased but can be managed & healed.

How FSI-R Addresses Trauma

- Helps families navigate challenges through strengths-based support.
- Builds resilience by nurturing hope & self-efficacy.
- Empowers families to rewrite their narratives and thrive.

Key Takeaways for Interventionists

- Understand how trauma affects mental health & daily functioning.
- Foster a safe, supportive space for families processing trauma.
- Use strengths-based strategies to support healing.

 For basic facts & common trauma responses, see Appendix 4.3.4.

Exercise: A Family Struggling with Past Trauma from Evacuation

Background:

The Omar family, originally from Afghanistan, has been resettled in the U.S. for the past six months. The family consists of parents (Omar and Leila) and their three children (ages 8, 12, and 15). They have been trying to adjust to their new life but face ongoing challenges. Omar, the father, often withdraws and avoids conversations, while Leila, the mother, shows signs of heightened anxiety, frequently checking on the children and overreacting to minor incidents. The children have become irritable and struggle to focus at school. The family rarely talks about their experiences in Afghanistan or the trauma they endured during their displacement journey.

Scenario:

During Module 7, Leila expresses concern about Omar's lack of involvement and the children's difficulty adjusting. She shares that Omar sometimes wakes up shouting in the middle of the night but refuses to talk about it. She also feels overwhelmed by her own fears and responsibilities. During Module 8, the children mention that they miss their friends and struggle to understand the new school environment but feel they cannot share this with their parents because "they have enough to worry about."

Discussion Questions:

1. What signs of trauma can you identify in the family members (e.g., Omar, Leila, and the children)?
2. What strengths can you identify in the family? How can you help the family use these strengths to address their challenges and build resilience?
3. What strategies will you use when leading the FSI-R training regarding this topic?
4. As a Seed Team trainer leading the FSI-R training, how do you understand the FSI-R intervention's role in reframing family narratives toward hope and resilience?