

SECTION 4

GENERAL FSI-R
DELIVERY GUIDELINES
FOR TRAINING

Overview: Section 4

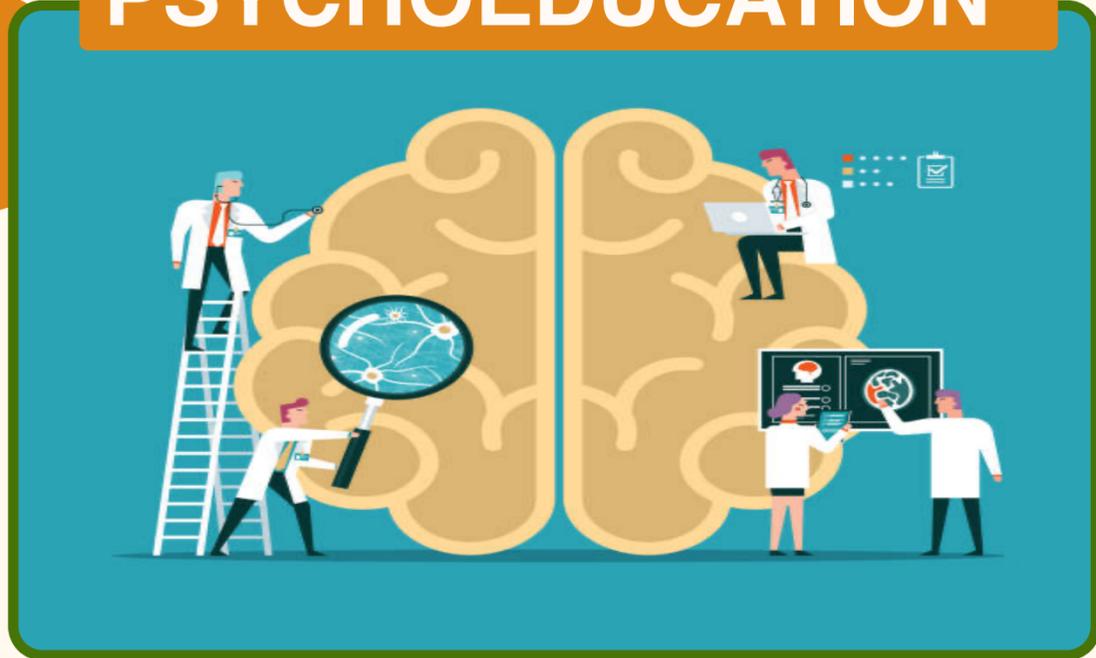
- Check-in
- Learning Objectives
 - General and practical skills for delivering the FSI-R training to FSI-R trainees
 - Role of the FSI-R Interventionist
 - Safety & Risk of Harm
 - Referrals
 - Mental Health

SECTION 4

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.

PSYCHOEDUCATION



Provide **psychoeducation** on:

- **Psychological concepts**
- **Mental health**
- **US education system**

Role of the FSI-R Interventionist

RESETTLEMENT



Support families through **the resettlement process**

Key Responsibilities

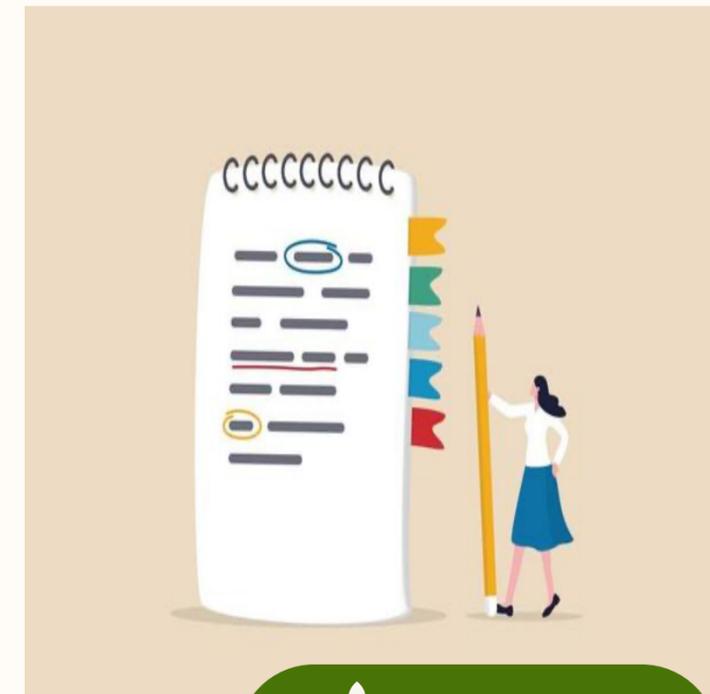
Act as Partners

Respect parents' leadership roles

Build on families' existing knowledge while offering guidance.

Focus on skill-building in:

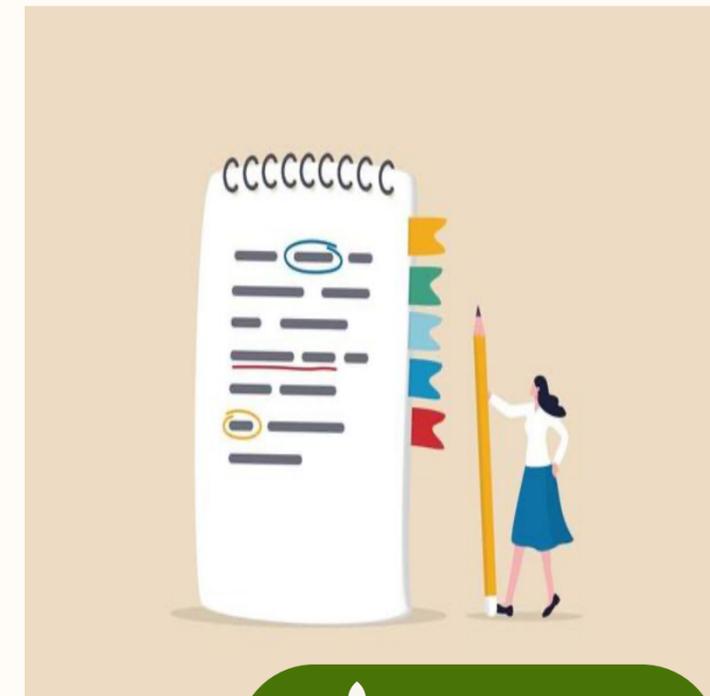
- Problem-solving
- Communication
- Social support



Key Responsibilities

Approach & Impact

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



07 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).

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?"*

Tips for Maintaining a Positive & Resilient Tone

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?"*



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.

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.**



13 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

25% = 1 in 4



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.

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.**

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.

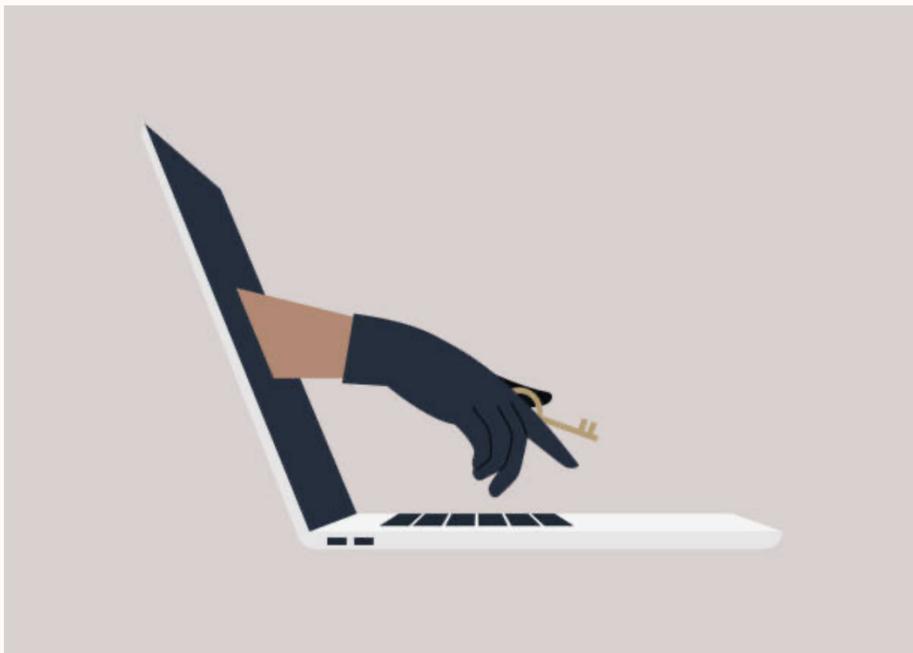
2. Conversations with Caregivers

- 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.

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

Key Takeaways for Trainers



Prioritize confidentiality while maintaining family trust.



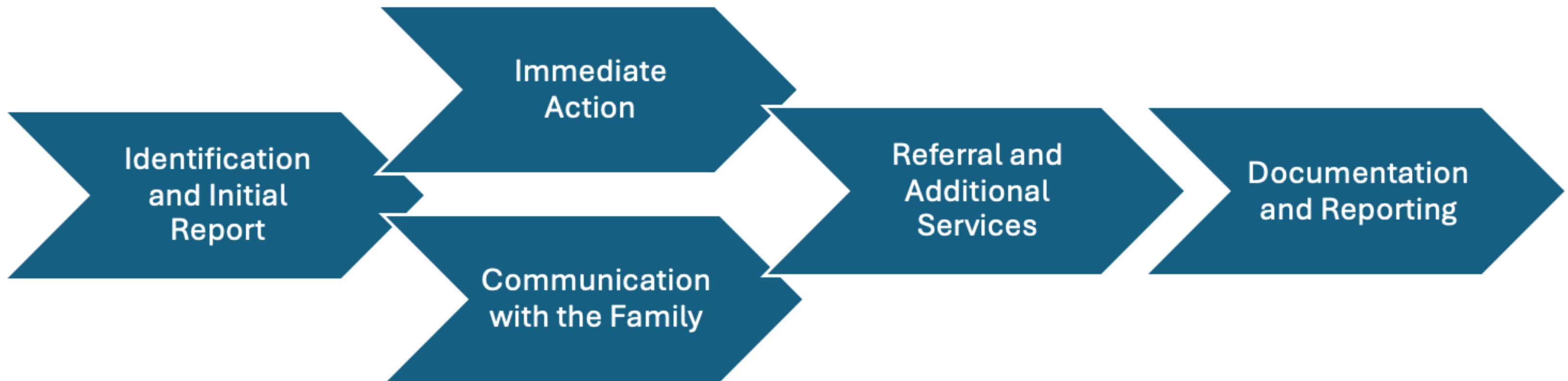
Report safety concerns immediately to protect family members.



Work collaboratively with supervisors while upholding ethical standards.

Risk of Harm Process Overview

[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**.

21 Risk of Harm Process Overview

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.

4. Referral & Additional Services

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

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.

⚠ Important Note:

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

Key Takeaways for Trainers

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

Risk of Harm Decisions FlowChart

See page 34 in manual

25 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.”*

26 Informing the Person at Risk About Follow-Up

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]



[Risk of Harm Process Follow-Up]



28 Program Follow-Up: Process Details

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).

29 Program Follow-Up: Process Details

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.

Key Takeaways for Trainers

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



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**

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.

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.



Key Takeaways for Trainers



Recognize when a referral is needed.



Always consult supervisors before making referrals.



Follow protocols for RoH & non-RoH cases.

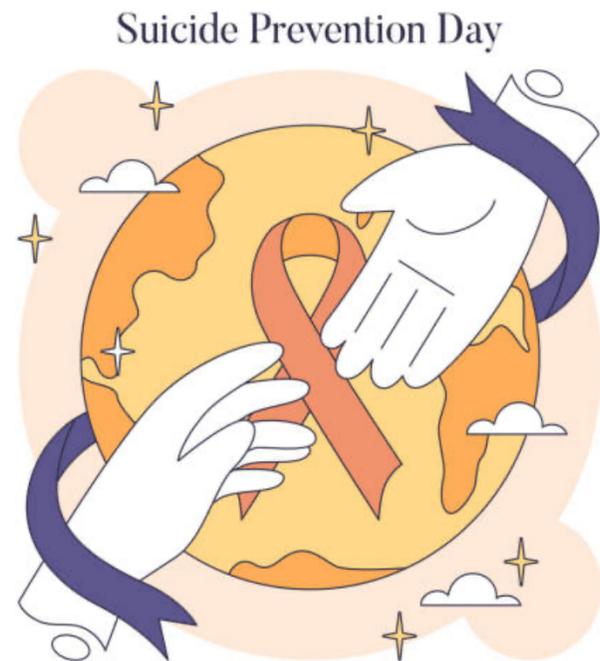


Connect families with the right resources to support their needs.

Mental Health



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.

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

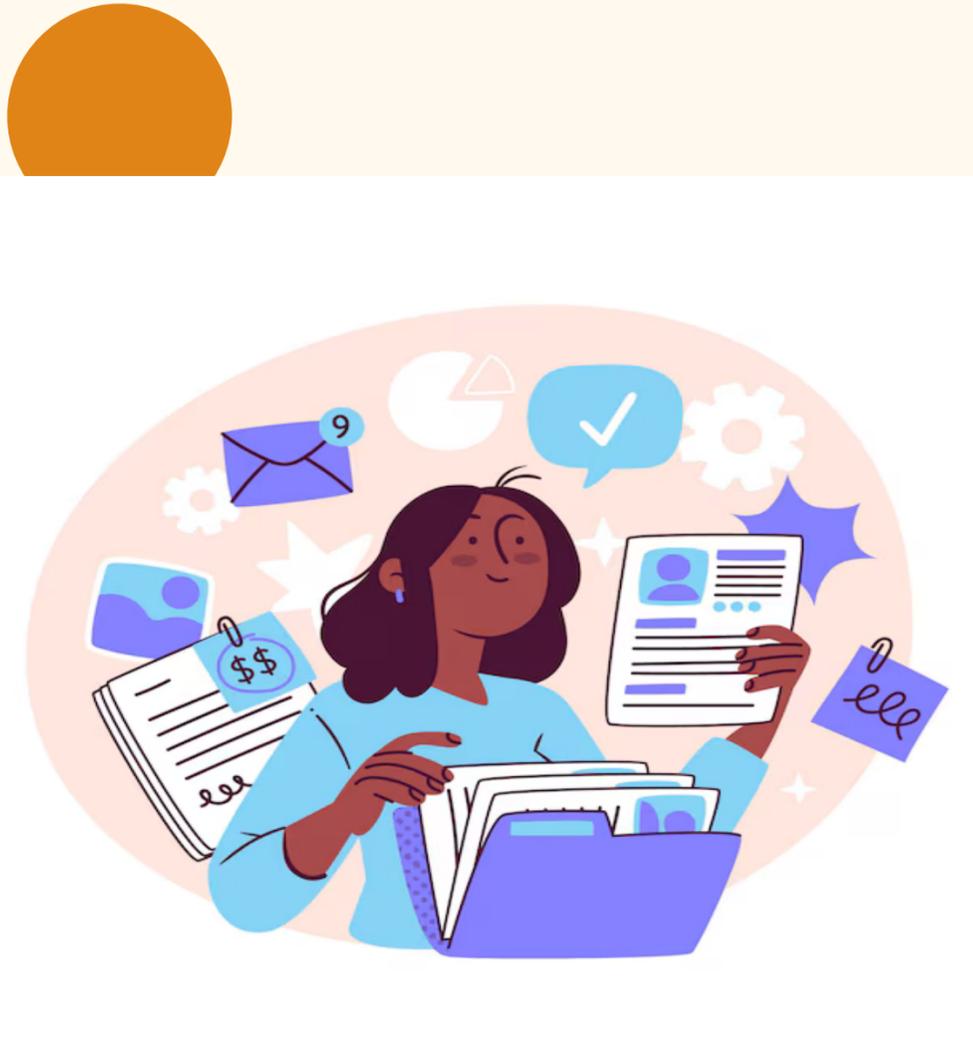
- If there is a potential risk of harm, FSI-R trainees must immediately consult their agency supervisor.

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.

41 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.**

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.

44 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 Trainers



Understand how trauma affects mental health & daily functioning.



Foster a safe, supportive space for families processing trauma.



Use strengths-based strategies to support healing.