Oasis in the Desert: Building Pathways to Occupational & Community Participation for Refugees and Asylum Seekers in Tumultuous Times

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Mary Black, MS, OTR/L, Elizabeth Harrison, OTD, OTR/L, Rooshey Hasnain, Ed D, M.A, Mansha Mirza, PhD, OTR/L
Learning Objectives:

- Demonstrate understanding of refugees’ lived experiences of occupational deprivation.

- Identify OT skills for working with refugee survivors of torture, refugees with disabilities, and LGBTQ refugees.

- Describe collaborative community-based strategies to enhance occupational and community participation among refugee groups.
Specifically~To leave session with shared knowledge of:

- basics of immigration status and recognition of how the migration process and the context of the resettlement process impacts access to services and occupational opportunities.

- global and US migration patterns and impact of protracted journeys.

- impact of trauma, culture and environment on occupational roles

- lessons learned from 3 distinct OT refugee service programs

- foundation for interventions and future directions/ relevant OT literature.
WHO IS A REFUGEE?

REFUGEE (internationally recognized, legal definition):
• has a well-founded fear of persecution based on
  • race, religion, nationality, social group or political opinion
• fled his/her own country and cannot safely return (UNHCR)

Dadaab Refugee Camp, Kenya
Population: 245,126
Immigrant:
One who leaves his/her country voluntarily and is able to become a lawful permanent resident and can legally reside in the U.S.

Undocumented Immigrant:
One who entered the U.S. without inspection or permission from the U.S. government and those who entered with a legal visa that is no longer valid.

Unaccompanied Minor:
A child under 18 years of age without lawful immigration status and has no parent or legal guardian in the U.S. to provide care and physical custody.

Refugee:
One who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution and they cannot return home or are afraid to do so. Refugees have been granted legal permission before arrival.

Asylum-seeker:
One who flees their own country and seeks sanctuary in another. Asylees apply for asylum in the new country. They may arrive legally with visas or illegally, but apply for asylum within one year of arrival. Persecution is defined according to the parameters set for refugees.
GLOBAL MIGRATION-HIGHEST IN DECADES

65.3 million people worldwide are forcibly displaced — roughly the population of France.

- 21.3 million Refugees
- 40.8 million Internally displaced people
- 3.2 million Asylum-seekers

Source: UNHCR / 20 June 2016
Amnesty International documents over 141 countries as practicing torture.

Many refugees and asylum seekers are survivors of state-sponsored torture.

1 in every 113 people on earth is an asylum-seeker, internally displaced or a refugee.
U.S. REFUGEE ADMISSIONS
CHANGES OVER THE DECADES
Department of State Office of Admissions - Refugee Processing Center
Refugee Admissions by Region
Fiscal Year 1975 through 31-Mar-2018

Regions (Based on the Nationality of the Principal Applicant)
- Africa
- Asia
- Europe
- Former Soviet Union
- Kosovo
- Latin America / Caribbean
- Near East / South Asia
REFUGEE RESETTLEMENT IN THE U.S.

REFUGEE VETTING PROCESS

Stage 1.
UNHCR
The UN Refugee Agency

Stage 2.
Resettlement Support Center
RSC

Stage 3.
U.S. Department of Homeland Security

Stage 4.
U.S. Citizenship and Immigration Services

Stage 5.
DEPARTMENT OF HOMELAND SECURITY

Stage 6.
Cultural Orientation Classes and Resettlement Location Chosen

Medical Screening
Recurrent Vetting

U.S. Arrival

www.cvt.org | ©2016 Center for Victims of Torture
FY 2016 Reception and Placement Programs Affiliates-US Dept of State

FY2016 Reception and Placement Program Affiliate Sites
December, 2015

Source: Bureau of Population, Refugees, and Migration, US Department of State
What happens after refugees arrive to U.S.?

**PRE-ARRIVAL**
- ✓ Locate and Furnish Apartment

**ARRIVAL**
- ✓ Airport
- ✓ Home Orientation

**WEEK ONE**
- ✓ Food/Medical Benefits
- ✓ Social Security

**FIRST 30 DAYS: CORE SERVICES**
- ✓ Cultural/home orientations
- ✓ Grocery Shopping
- ✓ MG Orientations
- ✓ Health Screenings
- ✓ TB/Immunizations
- ✓ Register Adults for ESL
- ✓ Enroll Children in School
- ✓ Transportation
- ✓ Employment
- ✓ Childcare

**6 MONTHS**
- ✓ IOM Travel Loan

**1 YEAR**
- ✓ Green Card

**5 YEARS**
- ✓ Citizenship

**5 YEARS**
- ✓ Citizenship
Asylum Process in the U.S.

How Refugees Get to the U.S.

OVERSEAS

A. Refugee Resettlement Process
   Fleeing Persecution
   U.S. Refugee Status Granted
   U.S. Dept. of State

B. Affirmative Asylum Process
   Fleeing Persecution
   Enters on Valid Visa
   U.S. Dept. of State

C. Process for "Arriving" Asylum Seekers
   Fleeing Persecution
   Requests Asylum
   Transported to Immigration Detention

D. Defensive Asylum Process
   Fleeing Persecution
   Tourist, Student, EWI, etc.
   Does Not Request Asylum
   In U.S. without status

U.S. BORDER

U.S. Dept. of State

UNITED STATES

Volunteer Agency Assists with Resettlement

Asylum Application and Interview with USCIS

Possible Parole

Immigration Judge on Asylum Claim

Credible Fear

ICE Enforcement Action [NTA]

Denied: Appeal (may remain in detention)

Asylum Application

Denied

Human rights first

Office of Refugee Resettlement
ICE: Immigration and Customs Enforcement (within DHS)
UNHCR: U.N. Refugee Agency
The impact of protracted journeys: a continuum for refugees

THE TRIPLE TRAUMA PARADIGM

circumstances & stressors that are unique to forced migration

- 1) "Pre-flight": often years of societal chaos, harassment, fear, and torture;

- 2) *Flight*: the escape, negotiating dangerous borders, guarding against further exploitation and violence while in hiding or in refugee camps; and

- 3) *Post-flight*: the initial relief of arrival, often followed with overwhelming feelings of loss, isolation and coping with marginalized status affecting everyday activities and occupational well being.
Pre-Flight Culture in Country of Origin

- Typically community oriented
- Town or village-or connection to
- Culturally homogenous
- May have had protective factors:
  - Extended family
  - Space for children to play
Or.. may have had vulnerable environments:
  prolonged or acute climate of crisis
Flight

- Fear of being caught and returned
- Crossing checkpoints and borders
- Robbery
- Crowded, unsanitary conditions
- Exploitation: bribes, lies, entrapment
- Lack of medical care/untreated conditions
- Malnutrition
- Long waits in centers
- Unpredictable shelter
- Uncertainty about future
- Danger from war/raids
- Gender-based violence
Post-Flight  e.g. Winter in Chicago!

- Urban setting
- Multicultural
- Densely populated
- Crime/Gun violence
- Scarce affordable housing
- Complicated transportation systems
- May feel chaotic
- Isolating
Trauma-Informed Model is Imperative
Judith Lewis Herman, MD

- Safety
- Reconstruction
- Reconnection
Culturally responsive approach

▪ Awareness of implicit biases
▪ How we see ourselves may be different than how others see us
▪ Culture = (not ) Race + Ethnicity
▪ Do not assume you understand
▪ Be aware of power and privilege
▪ Approach work with humility
▪ Consider modifying terminology in medical/mental health settings
▪ Explanatory models helpful
▪ Create environments reflective of populations served-collaborate
▪ Work collaboratively with interpreters ~ ”cultural broker”
WHAT HAVE OT’s BEEN SAYING and DOING?

The migratory and resettlement experiences of refugees and asylum seekers and the subsequent manifestations of forced displacement on occupational roles are being increasingly addressed by OT over the past decade but overall not integrated into academic curriculums, fieldwork and practice despite the fact that this work is in keeping with the founding traditions of OT practice. It is traditional OT!

(please see handout for references)
The current OT literature describes the new environments confronted by refugees and asylum seekers as fostering “occupational deprivation” which prevents access to potential opportunities and inhibits the essential need for belonging. The environment systemically excludes participation for many promoting marginalization and “occupational injustice”.
You are dealing with people who are not giving up, so why should you?’

Ayman Gharaibeh, UNHCR working in Yemen
Lessons Learned from OT Practice

3 OT programs working with refugees will be described highlighting collaborative community-based strategies

PRIDE Partners of Refugees in Illinois Disability Employment

Heartland Alliance Marjorie Kovler Center

Team Rainbow
A community-academic partnership to foster income-generating occupations for refugees with disabilities

Mansha Mirza, PhD, OTR/L, MSHSOSR
Rooshey Hasnain, Ed.D., M.A.
Context and Significance of Project

- Historically, the US has had one of the largest refugee resettlement programs, with nearly three million refugees resettled since 1980.

- Admission of refugees into the United States is based on processing priorities.
  - An important objective is to resettle the most vulnerable refugee populations, including those with physical injuries and psychological trauma.

- Consequently, many refugees arrive in the United States with pre-existing chronic health conditions and physical and mental disabilities as a result of their turbulent migration histories, war injuries, and trauma.
Context and Significance of Project

• Refugees with disabilities resettled in the US are at high risk of occupational deprivation
• Several systemic factors preclude disabled refugees from engaging in occupations of necessity and/or meaning.
  — The US refugee resettlement program emphasizes economic self-sufficiency for newly-arrived refugees.
  — However employment supports offered to refugees (e.g. ESL courses, job coaching) seldom address disability-related needs, such as wheelchair-accessible locations and sign language interpreters.
  — Refugee social service providers tend to perceive refugees with disabilities as ‘non-employable’, and consequently channel them toward welfare assistance rather than encouraging them to pursue income-generating opportunities.
  — Refugees with disabilities are also disconnected from mainstream support services available to people with disabilities (e.g. VR programs)
PRIDE’s Collaborative Mission

To support job-seeking refugees with disabilities in Illinois to navigate employment resources and services in order to create meaningful pathways to employment/careers, using culturally- and linguistically-appropriate approaches.
PRIDE’s activities map onto elements of the Participatory Occupational Justice Framework

- Raise consciousness about occupational justice
- Engage collaboratively with partners
- Advocacy for sustainability
- Mediate agreement on a plan
- Support implementation and evaluation
- Strategize resource funding

>35 PRIDE partners
Sampling of PRIDE’s Local Partners

- America’s Small Business Development Center
- Access Living
- Accion
- Asian Human Services
- Assistive Technology Unit
- Business and Career Services
- Catholic Charities
- Chicagoland Entrepreneurship Education for People with Disabilities
- Chicago Public Schools Office of Language and Cultural Education
- Division of Rehabilitation Services (DRS)

- Great Lakes ADA Center
- Heartland Human Care Services
- Illinois Bureau of Immigrant and Refugee Services
- Mayor’s Office for People with Disabilities
- Medill School of Journalism at Northwestern University
- Refugee One
- Rogers Park Chamber of Commerce
- Social Security Administration
- Syrian Community Network
- Upwardly Global
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Community and Business Advisory Boards
PRIDE’s activities map onto elements of the Participatory Occupational Justice Framework

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>35 PRIDE partners

Community and Business Advisory Boards

Community partner subcontracts
PRIDE’s activities map onto elements of the Participatory Occupational Justice Framework

- Raise consciousness about occupational justice
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>35 PRIDE partners
Community and Business Advisory Boards
Community partner subcontracts

Comprehensive employment program
Comprehensive Employment Program

PHASE 1: 8 Employment Training Sessions (Staggered Individual and Group)
- Results of comprehensive Vocational Assessment Inventory (VAI)
- Employment Portfolio
- Results of Person-Centered Planning (PCP) Session
- Employment Pathway

PHASE 2: Opening Cases with PRIDE’s Core Partners
- Worker Role Interview
- Life roles
- Environmental supports and barriers
- Client-centeredness

PHASE 3: Connecting to Additional Resources and Employers
PRIDE’s activities map onto elements of the Participatory Occupational Justice Framework

- Raise consciousness about occupational justice
- Advocacy for sustainability
- Support implementation and evaluation
- Strategize resource funding
- Engage collaboratively with partners
- Mediate agreement on a plan
- Capacity building among refugee service providers
- Comprehensive employment program
- Community partner subcontracts
- Community and Business Advisory Boards
- >35 PRIDE partners
Capacity Building Among Refugee Service Providers – Online Training Modules

Instructions

*Welcome to PRIDE’s training for service providers and peer mentors! Please read the following information before beginning the training modules:*

- The 8 modules are designed to be completed in sequential order. You can complete them at your own pace.

- Each module contains four parts:
  1. Five pre-questions
  2. Learning content
  3. Five post-questions
  4. A satisfaction question

- You must answer the pre-questions before you can access the learning content.

- The pre-questions and post-questions are the same and are designed to assess the effectiveness of the training.

- The learning content includes multiple formats in order to make the training as accessible as possible:
  - A narrated presentation (video) with captions that can be turned on or off
  - A transcript of the video
  - PowerPoint slides
Capacity Building Among Refugee Service Providers – IT tool
PRIDE’s activities map onto elements of the Participatory Occupational Justice Framework

- Participant and provider testimonials & case studies
  - Raise consciousness about occupational justice
  - Advocacy for sustainability
  - Support implementation and evaluation
  - Comprehensive employment program
  - Capacity building among refugee service providers

- Engage collaboratively with partners
  - Mediate agreement on a plan
  - Strategize resource funding
  - Community and Business Advisory Boards
  - Community partner subcontracts

>35 PRIDE partners
Website to Showcase Testimonials and Case Studies
Lessons learned

• Balancing community expectations with the realities of funded research
• Engaging in advocacy and community consciousness while protecting participant confidentiality
• Ensuring research rigor without compromising sustainability
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The PRIDE Team

Principal Investigator: Rooshey Hasnain
roosheyh@uic.edu

Co-Principal Investigator: Mansha Mirza
mmirza2@uic.edu

Project Coordinator: Kathryn Duke
kduke3@uic.edu

Senior Research Associate: Sumithra Murthy
smurthy@uic.edu

IT Staff:
Aman Khan
akhan255@uic.edu

Research Assistant: Elizabeth Harrison
eharri20@uic.edu

Kelly Cloninger
kcloni2@uic.edu

Co-Investigators:
Sarah Parker, CEED
Maija Renko, CEED
Robin Jones, Great Lakes ADA Center
Sources

- Krogstad JM, Radford J. Key facts about refugees to the U.S. Available from: http://www.pewresearch.org/fact-tank/2017/01/30/key-facts-about-refugees-to-the-u-s/
Sources

- Krogstad JM, Radford J. Key facts about refugees to the U.S. Available from: http://www.pewresearch.org/fact-tank/2017/01/30/key-facts-about-refugees-to-the-u-s/
Marjorie Kovler Center began in 1987 as a community-based program developed with an eco-systems model. Small multi-disciplinary team working in tandem with a host of volunteers and partners.

- Program of Heartland Alliance for Human Needs & Human Rights in Chicago
- Member of National Consortium of Torture Treatment Programs in the U.S.
- Member of International Rehabilitation Council for Torture Victims (IRCT) which represents Treatment Centers Worldwide.
Initiating practice- 1990
My teachers~ KONOJEL JUNAM
Bring what you know about OCCUPATION
Explored PLAY with the kids~ in Guatemala & U. S.
Experience can be transforming for clients and OT
COLLABORATE
TORTURE
Used systemically and systematically around the globe

The ultimate corruption of human relationships breaks the spirit, silences, shames and is meant to **break bodies and minds** (Stover and Nightengale, 1985)

“Torture as an instrument of political and social control is intended to rob its victims of their "voice" and their agency, to have them serve as abject warnings to the general populace” (Gorman 2001)

Torture creates discord in families, perpetuates fear and distrust among communities, and stifles opposition to the ‘status quo’ fueling a cycle of intimidation, and alienation, ultimately corrupting human connections and creating isolation.
Sequelae of Torture & Forced Migration

often manifest as:

- diffuse bodily pain
- headaches
- sleeplessness
- nightmares
- poor concentration
- flashbacks
- intrusive thoughts
- disorientation
- post-traumatic stress disorder (PTSD)

- shame, guilt, hopelessness
- feelings of betrayal
- depression
- emotional numbing
- hypervigilance
- withdrawal, isolation
- feelings of profound loss
- diminished status, loss of occupational roles and routines *
Recognize core vulnerabilities

- Normal human response to abnormal human experiences
- Torture is the pathology not the symptoms
- Power & control
- Fear & uncertainty
- Lack of trust & safety
Eco-systems Model

- The systems that are involved in human development are the same systems that are involved in supporting torture and trauma.

- Understanding what trauma means in terms of occupation is incomplete until we understand the impact on the person and the system in which he or she participates (Keilhofner, G.)

- In sync with and informs many OT frames of reference, e.g.,
  
  Canadian Model of Occupational Performance & Engagement CMOP-E
  Participatory Occupational Justice Framework POJF
  Person Environment and Occupation Model- PEO
What environments can best support resilience and minimize risk for this particular child in this family and community?
Occupational Therapy services at the Kovler Center are primarily concerned with how the effects of torture, displacement and acculturation affect a survivors’ ability to perform meaningful occupational roles in multiple domains including self-care, leisure, and work/productivity.

Engagement in positive experiences offers a means for clients to use their survival skills and capacity to re create meaningful connections and communities-while adapting to environmental obstacles-which can be essentially transforming.
OT Assessment & Interventions
Occupational hx, adapted COPM, clinical observations and collaboration with client, family and team.

(sample)

Section 1: Self-care
• **1A. Personal Care** (e.g. Sleep/rest; health management and maintenance, including fitness and nutrition; caregiving for others (emotionally, physically, or financially); childrearing; energy level; time management; limited access to familiar and healthy food)

Section 2: Productivity
• **2B. Living Arrangement** (e.g. Home establishment; negotiating living arrangements if “doubling up” or in a shelter; access to cooking; laundry)

Section 3: Leisure-Time spent when not working @ school/home
• **3C. Other** (e.g. Opportunity for spiritual expression; language as barrier to local participation; homesickness)
COPM Visual Importance & Performance/Satisfaction Scales

How important is this activity to you?

10—Extremely Important
5—Moderately Important
1—Not Important at all

How do you feel you perform this activity now?

1—Not able to do it
5—Able to do it somewhat well
10—Able to do it extremely well
barriers to meaningful employment (long waits for work authorization, lack of readily available jobs, difficulty transferring existing skills)

isolation (lack of social opportunities that feel safe and culturally comfortable, homesickness) and

diminished status (secondary to loss of occupational roles, e.g. in role as family provider, parent, community leader)

rumination ("thinking too much")
OT at the Kovler Center-
Individual interventions

vocational and pre-vocational skill acquisition, seeking and creating employment and volunteer opportunities, educational pursuits and plans, avocational interests
maximizing strengths and skills while noting the impact of trauma and the obvious and nuanced cultural changes in occupational roles and status.
OT GROUPS
International Cooking Group
All ages, like a family
Open-includes clients and community members
PHOTOVOICE

Take a Moment and Smell the Roses

Bees for nourishing purpose
Immigrants for belonging purpose,
Feeling home purpose,
Adaptation purpose.

Find out what our environment has to offer:
city events, neighborhood parks, community gardens, and include ourselves.

Participate, be a part of, make it home.
We might be away from home, but we can still feel like home.

Lack of mint, clover, dandelions and milkweed, the bees adapt to their Environment,
They find the sunflower for nutrition.

They learn to appreciate. It is all about adaptation.
Let it be our journey.
When you don't have what you like,
like what you have.
ANGELIC ORGANICS FARM
THE RUBY GARDEN
SUSTAINING

In kitchen there are witnesses to my private moment that welcome me and break down the isolation creating a community of acceptance. In the kitchen, not only are we appreciated, but we are excited, because we like each other. In this setting I am telling the torturer, ‘No!’ meaning the torturer did not succeed in destroying the essence and goodness of who I am. Here I am of value and this is shared by others. This means there must be goodness in me!’ (Arantza Juaregi)

Anthony concurs ‘It is all about acceptance. That is our tradition. In English I can’t capture the experience but I can touch the feeling when we’re creating, when we’re doing. You feel it. It’s alive…The greatest joys are simple. When we’re eating nothing else counts. We’re no longer a survivor. We are celebrating family. We are happy.’
Team Rainbow

a community support network for LGBTQ refugees & asylees

Elizabeth Harrison, OTD, OTR/L
Who are LGBTQ refugees and asylum seekers?

- Individuals who became refugees because they were fleeing persecution on the basis of ethnicity, religion, nationality or other protected social group who did not disclose they were LGBT as a primary reason for seeking international protection.

- Individuals who are fleeing persecution and seeking protection specifically on the basis of their sexual orientation or gender identity.
LGBT Refugees and Asylum Seekers

- Are more likely to be survivors of trauma and torture
- Come from many different countries in many regions, including Europe, Asia, Latin America and Africa
- Are *numerous!* About 3,500 LGBT refugees and 1,250 LGBT asylees arrive in the US each year
  - More than 30,000 LGBT refugees and asylees entered the US between 2001 and 2010
- Experience marginalization on multiple dimensions
- Are at increased risk of experiencing discrimination, social isolation and mental health concerns.
- Experience high levels of occupational injustice.
Team Rainbow Chicago

• Small organization that we founded to address:
  • Social Isolation
  • Occupational Deprivation
  • Importance of Community
  • Mental Health

• Founded in 2015

• Funded through Schweitzer Fellowship and Schweitzer Fellows for Life Seed Grant (through Health and Medicine Policy Research Group)
What We Do

• Before 2017: More focus on social activities, community exploration - museums, concerts, events, volunteering, speaking, storytelling, educating

• Now: More focus on meeting members urgent needs, more behind the scenes work
Perspectives of group members

- The group provides me with “community” and allows me to “relate with people with a similar story”
- The group helps me feel “connected”
- Sometime the group is my “only way to step out of the house. Otherwise I am just in the house waiting”.
- “It is always a happy day when you get the text that a group meeting is coming up”

- “One of my favorite things is the food.”
- “What I want from the group is just to be a part of a community of people like me.”
Why this matters

• We find social support to be a major protective factor for members experiencing depression, anxiety, suicidality and PTSD.

• Social support matters to our members, even as they try to get other basic needs (housing, food, healthcare) met.

• Our members have pressing needs for healthcare, housing and other basic services – we try to be a trusted source in times of crisis.

Traditional Model: Maslow’s Hierarchy of Human Needs
Challenges for sustainability

- Anti-immigrant political climate
- On call, per diem and other unpredictable work schedules
- Resources – funding, transportation, etc.
- Institutional support
- Burnout and vicarious trauma
Lessons Learned with Refugees and OT to co-create an oasis in the desert

- Initiating
- Nurturing
- Sustaining
The Big Picture: Refugee and asylum related information/resources globally and in the US

http://www.pewglobal.org/2017/10/12/u-s-resettles-fewer-refugees-even-as-global-number-of-displaced-people-grows/
http://www.wrapsnet.org/admissions-and-arrivals/
https://www.uscis.gov/

National and Local Service Resources:
National Consortium of Torture Treatment Programs
Office of Refugee Resettlement
LGBT Freedom and Asylum Network
Heartland Alliance Rainbow Welcome Initiative
Queer Detainee Empowerment Project
ORAM (Organization for Refuge, Asylum and Migration) Rainbow Bridges

http://www.ncttp.org/
https://www.acf.hhs.gov/orr/refugees
http://www.lgbt-fan.org/community-support/
http://www.rainbowwelcome.org/service-providers
http://www.qdep.org/
Occupational Therapy Resources and Selected Literature re: Refugees & Asylum Seekers:


Bennet, S., Campbell, E. (2014) People detained for prolonged periods in immigration detention experienced significant psychological and interpersonal difficulties that make it difficult to rebuild their lives following release from detention. Australian Occupational Therapy Journal, 61 (1), 33-34.


OOFRAS Occupational Opportunities for Refugees & Asylum Seekers  http://www.oofras.com/


World Federation of Occupational Therapists., et al. (2016) Responding internationally to disasters: A do’s and don’ts guide for rehabilitation professionals  


World Health Organization. (WHO) (draft) Minimum technical standards and recommendations for rehabilitation: Emergency medical teams  

**Speaker Contacts:**

Mary Black, MS, OTR/L  Heartland Alliance Marjorie Kovler Center, Chicago, IL
mblack@heartlandalliance.org

Jennifer Crandall, OTD, OTR/L, CBIS  Tapestry, Phoenix, AZ
jcrandall@lifetapestry.org

Elizabeth Harrison, OTD, OTR/L  University of Illinois, Chicago, IL & Team Rainbow Chicago
eharri20@uic.edu

Mansha Mirza, PhD, OTR/L  University of Illinois, Chicago, IL
mmirza2@uic.edu

Yda Smith, PhD, OTR/L  University of Utah, Salt Lake City, UT
yda.smith@hsc.utah.edu