# Culturally & Linguistically Appropriate Services for Afghans A Practical Handbook for Clinical & Educational Settings

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#### Disclaimer and Intellectual Property Rights

The authors, who are passionate about culturally and linguistically appropriate services, volunteered their time and expertise to support humanitarian efforts for Afghan refugees evacuated to the United States. They developed this handbook by integrating information regarding the current resettlement of Afghan refugees in the U.S. with their real-life experience. Considerable time and effort have been spent to ensure accuracy. In addition, first generation Afghans in the United States reviewed this material to ensure content accuracy and cultural sensitivity.

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#### **Foreword**



The United States is the biggest receiver of refugees worldwide. However, of the millions of refugees around the world, less than one percent (1%) are relocated to a third country like the United States. Virginia has been home to refugees from around the world since the 1980s.

The recent events that led to the mass evacuation of Afghans to the United States are historic and heroic. Historic in the sense that this has not been done before in the way we helped tens of thousands of evacuees. Even with all its challenges and difficulties, we managed to help so many in a short period. It is heroic because it was public, private, and community partnerships working together. As a director of Office of New Americans which is responsible for the mass repatriation program for the state, I was on the frontline receiving the evacuees and trying to help as many as I could. However, I could not have done it without lead persons as well as my whole team. They worked almost 24/7, because they saw the throngs of people that needed our help. Yet, just my team and I were still not enough. A community of in-person and online volunteers as well as thousands more helping behind the scenes, responded to the call. Each did their part. Each is a hero that made the scenes at Dulles Airport as Afghan refugees arrived part of the remarkable history of U.S. humanitarian response.

Moving forward, Afghan children will be enrolled in Virginia public schools and their parents will be participating in school events and activities. Both parents and children may need behavioral health support now or in the future. Having lived in a war-zone for all or most of their lives since Afghanistan was at war for three decades, trauma lives inside these newcomers. This information provides a foundation to help school personnel and clinical staff understand how to appropriately provide support to newly arrived Afghan refugees through services that align with their socio-cultural strengths and needs.

My hope is that teachers, behavioral health clinicians, healthcare personnel, and other professionals will find this handbook useful. It strives to provide basic and practical information on social, cultural, and linguistic aspects that distinguish the Afghan population from other refugee groups in the United States.

Seyoum Berhe Director, Office of New Americans Virginia Department of Social Services

#### **Key Terms**

**Bilingual Staff** are individuals employed by the school who have some degree of proficiency in more than one language. They offer "one of the best and often most economical options in providing language access services. However, to ensure their competency in interpretation, bilingual staff should be trained" (US DOJ, 2002).

**Interpretation** "is the act of listening to something in one language (source language) and orally converting it into another language (target language)" (US DOJ, 2002).

**Interpreter** is a person trained to convert oral messages from one language to another. A qualified interpreter is "an individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to interpret with skill and accuracy..." (National Council, 2012).

Language Access Services or Language Assistance Services are oral and written services that agencies use to bridge the communication barrier with individuals who cannot speak, read, write, or understand English, so they can access the services in the same way as those who can speak, read, write, or understand English (US DOJ, 2002).

**Limited English Proficient (LEP)** individuals "do not speak English as their primary language and who have limited ability to speak, read, write, or understand English" (US DOJ 2002).

**Refugee** is "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, 1951 Refugee Convention).

**Special Immigrant Visa (SIV)** holders are extended to "eligible Iraqi and Afghan translators and interpreters who have worked directly with the U.S. Armed Forces or under Chief of Mission authority at U.S. Embassy Baghdad or U.S. Embassy Kabul" (US Department of State).

**Translation** is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

**Translator** is "a person with formal training and extensive background to convert written text from one language to another." (National Council for Interpreters in Health Care, 2008).

#### Introduction

Afghanistan has been engaged in war for decades. In 1979, the former Soviet Union (present-day Russia) unsuccessfully invaded Afghanistan in a 9-year war. In the early 1980s, thousands of Afghans moved to other countries, and many came to the United States. By 2000, the number of Afghan residents in the United States was about 45,000. Then in 2001, in response to the terrorist attacks of September 11, the U.S. led the counter-terrorism and peacekeeping operations in Iraq and Afghanistan. Many Afghans directly supported the US-led NATO mission against the Taliban and Al-Qaeda. They served alongside the U.S. government or with the U.S. military in various positions that supported peacekeeping efforts. Their association with the U.S. made them vulnerable as targets of the opposing forces, and their lives and their family members' lives were in significant danger as a result. In 2006 and in 2009, the U.S. Congress created a Special Immigrant Visa (SIV) program granting a path to permanent U.S. residence for the Afghan and Iraqi interpreters and translators, as well as their families, who helped in the U.S. efforts. By 2019, the number of Afghans in the U.S. had increased threefold. In 2021, as the U.S. forces withdrew and the Taliban re-captured Afghanistan, it left many Afghans in grave danger, especially those who served the U.S. and its allies. A mass evacuation ensued. The U.S. government airlifted over 114,000 Afghans from Kabul (Reuters, 2021); more than 60,000 were flown to the U.S. mainland and the rest were brought to safe havens in Albania, Qatar, and other countries. The Afghan evacuees brought to the United States became part of the U.S. refugee resettlement program.

Afghanistan is home to one of the youngest populations in the world with 41.8 percent of Afghans under the age of 15. Less than 25 percent complete the first 9 years of education while less than 10 percent complete 12th grade (World Education, 2016). Even in the best of years, less than one-fourth of all Afghan children attend school (Batakova, 2021). Of the estimated 3.7 million children not attending school, 60 percent, or over 2.2 million, are girls. Children who do attend school very often receive a low quality education because only 48 percent of their teachers have the minimum academic qualifications. This minimum qualification is equivalent to an Associate Degree in the United States (Britannica, n.d.). Other challenges include lack of teacher training, outdated teaching styles, obsolete textbooks, and insufficient teaching materials. These issues are endemic at the primary and secondary levels, but also exist at the tertiary level (World Education, 2016). Cultural expectations combined with over three decades of conflict and instability have impeded equal access to education, especially in the case of women and girls (USAID, 2021; UNICEF, n.d.).

In the recent census, the number of Afghans residing in the U.S. totaled 132,000. However, based on a study done by Open Society Foundation in collaboration with the Afghan Embassy in the U.S. (2018), the number might be closer to 360,000 to 400,000. This discrepancy is attributed to the lack of responses to census questionnaires by the Afghan diaspora households (Babak, 2018). Currently, Afghans are concentrated in seven states: California (41 percent), Virginia (18 percent), New York (7 percent), and Texas (7 percent). The Washington DC area, to include the Arlington-Alexandria area, is home to 17,000 Afghan immigrants, the highest concentration in the country (Batakova, 2021).

The Virginia resettlement program supports refugees in housing, education, employment, medical and mental health, and addresses the needs of special populations like older adults and unaccompanied minors. Some benefits are in place for three months, some for eight months or a year, while others are in place for five years. Case managers, health liaisons, school liaisons, education specialists, other personnel, and volunteers keep the resettlement agencies operating across the state. Refugee resettlement agencies, along with communities, are trying to meet the challenges of the mass evacuations that brought Afghan refugees to Virginia and other states.

The chart below provides the locations of refugee resettlement agencies in Virginia and their website information:

Location	Agency	Website
Arlington	Ethiopian Community	https://www.ecdcus.org/
J	Development Council	
Charlottesville	International Rescue	
	Committee	https://www.rescue.org/
Dale City	CCDA Migration and	https://www.ccda.net/need-
	Refugee Services	help/immigrants-and-
		refugees/migration-and-
		refugee-services/
Fairfax	Lutheran Social Services	https://lssnca.org/
Fredericksburg	CCDA Migration and	https://www.ccda.net/need-
	Refugee Services	help/immigrants-and-
		refugees/migration-and-
		refugee-services/
Harrisonburg	Church World Service	https://cwsharrisonburg.org/
Manassas	CCDA Migration and	https://www.ccda.net/need-
	Refugee Services	help/immigrants-and-
		refugees/migration-and-
		refugee-services/
		1014500 001110001

Location	Agency	Website
Newport News	Commonwealth Catholic	https://www.cccofva.org/
	Charities	incipol//www.cocorraiors/
Richmond	Commonwealth Catholic	https://www.cccofva.org/
	Charities	
	International Rescue	
Richmond	Committee	https://www.rescue.org/unit
		ed-states/richmond-va
Roanoke	Commonwealth Catholic	https://www.cccofva.org/
Roanore	Charities	

Although refugee resettlement agencies are located in these areas, refugees may also reside outside of these areas due to:

- Secondary migration: moving from one state to another after the original resettlement;
- Family ties: moving to a place where the refugees have a family member, relative, or friend;
- Sponsorships: provided to individuals or families by non-profit organizations or faith based organizations; and
- Employment and other economic opportunities.

#### **Afghanistan: Basic Information**

Afghanistan is a culturally rich and diverse country. It has bountiful natural resources in over 652,860 km² of the country's land area. It is located in the heart of south-central Asia and is bordered by six countries: Pakistan, Iran, Turkmenistan, Uzbekistan, Tajikistan, and China. Each of these countries has influenced the culture of Afghanistan. Kabul is the largest city by population and the country's capital (Weinbaum, 2021; World Population Review, 2021).

#### **Afghan Society and Culture**

Afghanistan is a patriarchal and collective society. From birth onwards, children are integrated into strong, cohesive groups that protect them in exchange for unquestioning loyalty (Hofstede & Hall, 1980). As a collective society, individualism has no place in Afghan culture. As a patriarchal society, Afghans value assertive masculine traits. Men hold primary power in deciding political leadership, providing moral authority, maintaining social privilege, and controlling property. In rural areas, the father or male elder is considered as the primary authority and makes decisions for the entire family including adult children. By extension, these decisions influence the community as a whole.

Generally, Afghans value long-term commitments and respect for traditions, including respect for elders.

Anthropologist Edward T. Hall's concept of monochonic and polychronic cultures below generally represents the contrast between Afghan and American cultures:

#### Monochronic and Polychronic Cultures

	Monochronic Culture	Polychronic Culture
Interpersonal Relations	Interpersonal relations are subordinate to present schedule	Present schedule is subordinate to interpersonal relations
Activity Co-ordination	Schedule co-ordinates activity; appointment time is rigid.	Interpersonal relations co- ordinate activity; appointment time is flexible
Task Handling	One task at a time	Many tasks are handled simultaneously
Breaks and Personal Time	Breaks and personal time are sacrosanct regardless of personal ties.	Breaks and personal time are subordinate to personal ties.
Temporal Structure	Time is inflexible; time is tangible	Time is flexible; time is fluid
Work/personal time separability	Work time is clearly separable from personal time	Work time is not clearly separable from personal time
Organisational Perception	Activities are isolated from organisation as a whole; tasks are measured by output in time (activity per hour or minute)	Activities are integrated into organisation as a whole; tasks are measured as part of overall organisational goal

(Adapted from http://stephan.dahl.at/research/online-publications/intercultural-research/halls-classic-patterns/)

This representation illustrates how confusing it would be for Afghans from a monochronic culture to interact with Americans from a polychronic culture, unless both possess cultural awareness and sensitivity. Understanding how culture influences an individual's actions, decisions, and tendencies is the foundation to begin embracing diversity, equity, and inclusion in schools, service industries, and communities.

#### **Ethnic Groups**

There are seven major ethnic groups in Afghanistan: Pashtun (42 percent), Tajik (27 percent, Uzbek (9 percent), Hazara (8 percent), Aimaq (4 percent), Turkmen (3 percent), and Balochi (2 percent). All other people are minorities comprising less than five percent of the total Afghan population (World Atlas, 2019).

 Pashtuns by population make up the largest group of Afghans. The name Afghanistan translates to "Land of the Afghans", or "Land of the Pashtuns."

- They have a unique code of honor called Pastunwali and a way of life called Pashtinwali. They speak Pashto.
- Tajiks speak Dari, a Farsi dialect. They are the second most prominent ethnic group in Afghanistan and are largely located in the northern part of Afghanistan.
- Uzbeks form the largest Turkic group. They live in the northern region. They speak Uzbek, a Turkic language. Uzbeks have a special dish called "Uzbeki Pulao" made out long white rice, raisins and other "special" ingredients.
- Hazaras occupy the rugged central highland regions. They speak Hazaragi, a dialect of Dari language.
- The Aimaq are a group of Farsi-speaking tribes. They speak Aimaq or Aimaqi, a dialect close to the Dari language. They live in western Afghanistan. Women adorn themselves in brightly colored clothes while men wear cloaks and round caps. Aimaq women take part in group discussions with men and have a say in the choice of a groom for them, a trait that is unique among Afghan women.

Most Afghans live outside the cities and their mode of living can be described as peasant tribal. Kinship is the basis of social life and determines the patriarchal character of the community. "*Qawm*" is a term that can refer to affinity with any kind of social group. It helps to distinguish members of one ethnic or tribal group, or one clan or village, from another (Weinbaum, 2021).

#### Religion

Afghanistan is an Islamic country, with Sunni Muslim religious practices observed by 90 percent of the population. Pashtuns, Tajiks, Uzbeks, and Aimaqs are all Sunni adherents. Shia Muslim believers (9.7 percent) are a minority, and it is mostly observed by Hazaras. Less than half a percent (0.3 percent) are small residual communities of other faiths. Although the vast majority of Afghans believe in Allah and the holy Qur'an, not all are formally educated in Islam. Low literacy levels in Afghanistan mean that some people may have never read the Qur'an and rely on religious authorities or educated Afghans who have memorized the holy text to pass on the word of Allah (Cultural Atlas, n.d.).

Not all Afghans are strictly observant Muslims and practices vary. However, everyone engages with Islam on many levels as Muslim customs form the basis of the cultural norms (Cultural Atlas, n.d.; World Atlas, 2019). Salat is the obligatory daily prayers performed five times a day: Fajr (sunrise prayer), Dhuhr (noon prayer), Asr (afternoon prayer), Maghrib (sunset prayer), and Isha (night prayer). These timings are based on the position of the sun. Apart from Salat, Afghan Muslims also observe and practice fasting and alms-giving (Zakat) to the poor during Ramadan.

Everyday Afghan life and governmental policies are entwined with the Islamic religion. The laws in the country are based on Sharia or Islamic religious law and are strictly enforced on all citizens regardless of whether they are Muslim of not (World Atlas, 2019).

#### **Religious Holidays**

The cultural and national identity of Afghanistan is deeply shaped by the Islamic religion. The following major religious festivals are observed by Afghans:

- **Ramadan,** a month of holy fasting, occurs during the ninth month of the Muslim calendar. It begins and ends with the appearance of the crescent moon. All able-bodied adults fast from dawn to dusk. Exceptions are recognized for pregnant or nursing women, young children, the elderly, those in poor health, and the mentally ill. Those who are travelling are also exempt, but they are expected to make up fasting days (Britannica, n.d.).
- **Eid ul Fitr,** or "Feast of Fast-Breaking," marks the end of Ramadan. Some communities prepare elaborate celebrations such that new clothes are worn by children, women, and men, gifts are exchanged, treats and sweets are shared, graves of relatives are visited, and families pray in mosques. Many Afghans would visit friends and relatives to strengthen relationships with hugs or show respect with a kiss on elders' hands. Usually, these gatherings are marked by great feasts of traditional foods and specially baked pastries (Britannica, n.d.).
- **Eid ul Adha** marks the end of hajj, the pilgrimage to Mecca that all Muslims are expected to perform at least once in their lives if they are financially and physically able to do so (Britannica, n.d.). All Muslims are obliged to pay sacrifice (usually by slaughtering a lamb and distributing 2/3 of the meat to the poor and relatives) on the day of Eid-ul-Adha.

**Nowroz** or "new day" is not a religious holiday but is widely celebrated to mark the new year in the Zoroastrian or solar calendar. Afghans host parties for family and friends. Samanak, a traditional sweet delicacy made of wheat flour, is prepared, and girls and women sing traditional songs during its preparation. They also prepare Haft Mewa, meaning 'seven fruits,' which is a mixture of seven kinds of dried fruits.

#### Language

Pashto and Dari are the most widely spoken languages in Afghanistan. Per the Afghanistan constitution, Pashto is the official primary language and Dari is the official secondary language of the country. Pashto and Dari languages are part of the elementary school curriculum and Afghan children who attend school must learn to speak, read, write, and understand both languages.

The 2004 Afghan constitution officially recognizes six locally-spoken languages: Uzbek, Turkmen, Balochi, Nuristani, Pashai, and Pamiri, (Britannica, Afghanistan Facts & Data). Generally, the geographical location within Afghanistan influences the ethnic languages spoken by the community. For example, communities closer to Uzbekistan can speak and understand Uzbeki. Between 40 and 59 languages are spoken in Afghanistan (Translators, n.d.).

#### **Education**

Schools in Afghanistan are separated by gender with about 16 percent as girls-only schools. The low number of schools for girls may be due to a lack of female teachers or low enrolment of female students. Generally, girls in Afghanistan marry very young – 17 percent marry before their 15th birthday. (UNICEF, n.d.).



Photo Credit: The Borgen Project

In Afghanistan, two parallel education systems exist. Religious education is the responsibility of clerics at the mosques, while the government provides free education, with compulsory education up to grade 9.

- 1. **Primary Education** is provided from grades 1-6. In grades 1-3, the curriculum includes religious studies, first language (Dari or Pashto depending on the region), mathematics, arts, and physical education. In grades 4-6, all subjects taught in grades 1-3 are covered as well as natural sciences, history, geography, and a secondary language (in Dari or Pashto depending on the region). At the end of grade 6, students must pass an examination to pursue lower secondary education.
- 2. **Secondary Education.** Secondary school has two cycles. Grades 7-9 are referred to as lower secondary education and the curriculum includes subjects such as religious studies, local languages, mathematics, national science, social studies, foreign languages, and physical education. Students must pass an examination to continue to the next level. For grades 10-12, called higher secondary education, students have a choice between an academic path for a duration of 3 years that could lead to university attendance, or vocational studies in subjects like applied agriculture, aeronautics, arts, commerce, and teaching. Both programs culminate in a bacculuria examination (Scholaro, n.d.; World Education 2016).

Students who intend to take undergraduate education must pass Konkur, a college entrance examination. There are 39 public universities and 126 private universities in Afghanistan offering undergraduate and postgraduate degrees. (Counselor Corporation, n.d.). A comparison of the Afghanistan undergraduate grading scale and the U.S. equivalent is shown below:

US	Grade
A	
В	
С	
D	
E.	
	В

<sup>\*</sup>A review of the available literature indicates that the minimum passing grade varies between 40-50 depending on institution and level of study.

"The prevalence of underqualified faculty is well recognized both within Afghanistan and by the many international aid organizations... Teacher training at all levels is lacking. At both the primary and upper and lower secondary levels, official requirements for teacher certifications are rarely met, and many practicing teachers, especially in rural provinces and districts, have no formal training and have only competed primary or secondary school."

World Education News and Reviews, 2016

Since 2008, the United States Agency for International Development (USAID) has helped to increase access to education for three million Afghan girls, many for the first time in their lives. Student enrollment grew from 900,000 male only students in 2001 to more than 9.5 million students of both genders in 2020, 39 percent of whom were girls. However, insurmountable challenges to educational access continue, to include: 1) family insecurity due to war, 2) usage



Photo Credit: Center for Strategic and Regional Studies

of schools as military shelters, and 3) schools without buildings.

Teachers in the U.S. school system must be sensitive to the needs of Afghan evacuee students based on these circumstances. It will take a while before Afghan students adapt to the new school environment.

#### Literacy

Afghan immigrants are less likely to be proficient in English than the overall population of U.S. immigrants. In general, the adult literacy rate in Afghanistan is 43 percent compared to the international average of 84 percent (UNESCO Report, 2018). Data shows that 59 percent of Afghan women and girls were

limited English proficient (LEP) compared to 43 percent of Afghan men and boys. Thirty five percent of men are likely to have a college degree compared to 19 percent of women (Batakova, 2021).

Data of Afghan population in the United States show that:

- Sixty six percent of Afghan immigrants to the United States were born in Afghanistan (Babak, 2018).
- Fifty percent of Afghans ages 5 and over reported limited English proficiency, compared to 46 percent of all immigrants in the U.S.
- Six percent of Afghans spoke only English at home, compared to 16 percent of the total foreign-born population in the U.S.
- The languages spoken in Afghan homes include Farsi (42 percent), Pashto (25 percent), and Dari (20 percent).
- Afghans who have arrived in the U.S. since 2010 are more likely to speak Pashto (34 percent), followed by Persian (Farsi) (31 percent), and Dari (26 percent) (Batakova, 2021).

#### Healthcare

Physical health. The healthcare system in Afghanistan is underfunded. An estimated 1.2 million children are malnourished and 41 percent have experienced stunted growth as a result. About 9,500 children (or 12 percent) die from diarrhea each year (UNICEF, 2017). Adult diseases are communicable and epidemics are frequent. The most common are tuberculosis (nearly 35 percent), malaria, cholera, hemorrhagic fever (with outbreaks resulting in an average of 40 percent fatality rates), measles, meningococcal meningitis, hepatitis A, polio, rabies, and typhoid fever (Arnold, 2017).

Mental Health. Afghan children grew up in a war zone and have witnessed violence, lost loved ones, separation from family members, or sustained physical and psychological war injuries. Most of them will develop multi-layered, deep-seated trauma that can lead to impairment later in life without proper intervention. Teachers must be observant of trauma manifestations among Afghan children such as inability to focus, separation anxiety, eating disturbance, somatic complaints, irritability, and helplessness. Afghan youth may manifest signs and symptoms of trauma such as anxiety, confusion, aggression, depression, addictive behaviors, inability to deal with conflict, or low self-worth.

Afghan parents will be participating in the education of their children. Teachers and school personnel will be interacting with parents in many situations. Stigma, language difficulties, and lack of knowledge and information about mental health are barriers to active parent involvement and informed decisions. Teachers and school personnel can help Afghan parents by providing information about: 1) expected roles and responsibilities in the education of their children, 2) language

access support, both oral and written, for limited English proficient parents, and 3) onsite or online support groups and networking opportunities. When parents are involved, a student's performance is maximized and schools become better communities.

#### **Dress Code**

Afghan men and women practice a modest dress code. Most Afghans wear conservative, but not traditional clothing. The presence of U.S. military personnel in Afghanistan since 2011 slightly influences the younger generation to modify their manner of dressing to blend into U.S. culture.

The traditional clothing distinguishes one ethnic group from another. Pashtun women wear long dresses and cover their heads. Men wear loose-fitting shirts that are of knee length, and trousers are tied to the waist with string. Tajiks are famous for their elaborate designs including embroideries on fabric. The Aimaq women adorn themselves in brightly colored clothes while men wear cloaks and round caps (World Atlas, 2019).

In general, no matter what tribe or ethnic group they belong to, Afghan women wear either Burqa or Hijab while Afghan men wear Pakul (the rounded cap) or turban as part of their dress style. The brightly colored and elaborate hand embroidered designs worn by men and women in Afghanistan are common in all ethnic groups.

#### Food and Diet

The distinctions between halal and haram foods as prescribed in the Qur'an is the standard that all Muslims follow. Halal means lawful or permitted and haram means forbidden. Foods are classified into the following categories: mandatory, recommended, neutral, reprehensible, and forbidden. Halal does not just refer to meats and poultry, but also the way animals were slaughtered. During the process, a Muslim will recite a dedication known as tasmiya or shahada. Eating pork is haram.

Afghans eat three times a day: breakfast, lunch, and dinner. Bread (naan) is eaten with almost all meals. Bolani, a flatbread that is stuffed with a variety of ingredients and then fried, is the most popular street food. It can be prepared at home and presented as a side dish. Steamed rice is prepared mixed with various dried fruits including raisins and almonds, caramelized carrots and a range of sweet spices. Fruits such as grapes, pomegranates, and melons are commonly found, too.

Kabuli pulao, an aromatic rice dish with carrots and raisins prepared with or without meat, is Afghanistan's national dish. Pilaf is fried rice with Afghan seasonings. Pulao, a spiced rice meal, is traditionally cooked by Pashtuns while Halwa, a dessert made with butter, flour and sugar is a Tajik' specialty.

#### School-Behavioral Health Interface



Children aged 5-21 years will be enrolled in the U.S. public school system. Almost all refugee parents with children up to age 5 will meet the income-based eligibility requirements for Head Start services. Refugee students may have limited English proficiency, minimal formal education, or interrupted schooling. Their curriculum and standards of learning may be different

from the practices and policies in the U.S. school system. Due to many differences, they need time to adjust culturally, academically, and psychologically as part of the American schools. Refugee parents support their children to the best of their ability, but cultural, linguistic, and other barriers may prevent them from being involved in their children's education in the way that teachers expect them to be (Bridging, 2018).

Children in armed conflict areas, such as in Afghanistan, experience high rates of mental disorders including PTSD, depression, anxiety, attention deficit hyperactivity disorder, and other functional impairments. Supports for Afghan children in U.S. schools are necessary, as many will face significant challenges in: 1) adapting to the new school system, 2) healing from the effects of toxic stress of evacuation and resettlement, and 3) breaking the cycle of violence that they have endured or witnessed during the war (Samara, et al., 2020). Research has shown that:

- Long-term exposure to war and postwar stressors caused serious psychological consequences, with PTSD being only one of the disorders in the wide spectrum of posttraumatic reactions (Klaric, 2007)
- Postwar stressors did not influence the prevalence of PTSD but they did contribute to the intensity and number of posttraumatic symptoms (Klaric, 2007).
- The prevalence rates of symptoms of depression, anxiety, and PTSD were high (Lopes Cardoso, 2004).

The Individuals with Disability Education Act (IDEA) lists the following conditions where a student is eligible for an Individualized Education Plan (IEP). These screenings are a process in which a medical or behavioral health provider determines if a disability diagnosis is appropriate, so a plan can be developed to help the child succeed in school. If the student does not qualify under an IEP, a 504 Plan may be an alternative option.

Specific Disability	Related to		
		Behavioral	
	Physical Health	Health	
Autism Spectrum Disorders		/	
Developmental Delay	/	/	
Emotional Disability		/	
Intellectual Disability		/	
Learning Disability (Dyslexia &			
Dysgraphia)			
Multiple Disabilities	/	/	
Other Health Impairment	/	/	
Orthopedic Impairment		/	
Sensory Disabilities	/	/	
Speech-Language Impairment	/	/	
Traumatic Brain Injury	/	/	

- a) Many students with behavioral health issues, including both mental health and substance use, do not exhibit physical symptoms.
- b) Most students with physical health issues are at high risk for behavioral health issues such as bullying by their peers at school. It is important that these students are provided mental health support as early as possible.
- c) Parents may be reluctant to accept the need for an IEP because of a perceived educational or cultural stigma. Familiarizing parents with the acceptance of special education services in the U.S. school system could help the student to succeed.

#### Diversity, Equity and Inclusion: A Systems Approach

- 1. **School Administrators.** Provide strong professional development on cultural competence, equity, and language justice so that teachers and staff can enhance classroom instruction and provide equitable school management strategies that will improve achievement for all students. Suggested strategies may include:
  - Providing diversity in instruction, curriculum, and staffing, which is essential to effective change for students, staff, and other members of the academic community.
  - Planning strategies that engage stakeholders in diversity and social justice efforts as part of the transformational process.
  - Raising awareness about newly arrived Afghans in regards to general expectations and cultural sensitivity.

- Orienting school personnel and staff about authorized modifications related to mandated school documentation such as proof of residency, and birth certificates. Birth certificates of Afghan children may not be available to many evacuees given their sudden departure from Afghanistan.
- Opening opportunities for Afghan parents who have extensive work experience working for the U.S. military, USAID, or NATO for many years. They have developed good administrative or organizational skills and giving the opportunity to work or to volunteer will familiarize them with the U.S. school system.
- Forming a school advisory committee on socio-cultural events, if not available yet, to include Afghan parents for "buy-in" and community support.
- Bringing community outreach and information programs to Afghan communities if transportation, childcare, bus fare expense, and other barriers prevent them from attending meetings or information dissemination sessions held at the school campus.
- 2. **Resources.** When working with the newly arrived Afghan evacuees, remember that the resources provided may need explanation and/or instruction to ensure accuracy of understanding. Key members of the school assessment team should introduce their roles in the school setting so newcomer parents know whom to reach out. The concept of an IEP will be a foreign concept to new Afghan arrivals and will require both contextual and cultural orientation. Clearly identify other team members such as parent liaisons, social workers and guidance counselors and thoroughly explain the purpose of their role to new parents, especially those who have children with disabilities that may require specialized services.
- 3. **Right to Commemorate Holidays**. Emphasize that the U.S. is a land of diversity, and holidays, such as Eid, are openly celebrated. Encourage parents to inform teachers of these holidays, so that they can be included as part of class discussions, culture days, and other school events. It is important to inform parents that they are free to practice traditional beliefs in their new lives.
- 4. **School-Home Connection.** In some cultures, school is completely independent of student's home lives. It is important that the Afghan parents are provided with an orientation about school-home expectations, and parents are an important part of their child's learning process. For example, it is standard in the U.S. for teachers to give homework that may

need parent's support. This practice is often not common in other countries or cultures. In some cultures, corporal punishment from parents or teachers is acceptable as is leaving minor children at home by themselves. Afghan parents may not be aware of American laws regarding minors, and therefore, they risk legal ramifications or even the custody of their children if not provided with appropriate cultural orientation.

- 5. **Health**. There are legal mandates related to a child's health and safety before and after registration. It is also common to ask if the child has insurance. Insurance coverage information should be filed at the school for emergencies. Medicaid and the Children's Health Insurance Program (CHIP) provide no-cost or low-cost health coverage for eligible children in Virginia. These programs provide health coverage so that children can get routine check-ups, immunizations and dental care to keep them healthy (Centers for Medicare and Medicaid, n.d.)
- 6. **Behavioral Health**. School personnel and staff should be aware of the effects of war on children. Showing empathy and sensitivity to the experiences of Afghan children and what they may have endured before arriving to the U.S. is very important. Current and past events, as well as the loss of family, friends, and homes because of the sudden mass evacuations from Afghanistan should be considered in determining how to deal with discipline issues. When appropriate, offer sympathy to students and families, but do not push for details of personal experiences. Some practices may be considered "normal" in other cultures but are viewed differently in the U.S. and may entail potential legal consequences. Example, domestic violence may not be considered illegal in the home country, especially in male-dominated cultures, but in the U.S. it is considered a crime. Explaining to parents and students the U.S. legal ramifications of domestic violence, as well as the reporting mechanism for victims, is very important.

#### **Bridging the Language Gap**

- 1. Organizational Administration. Provide strong professional development training on cultural competence, equity, and language justice so that teachers and staff can improve classroom instruction and provide equitable school management strategies that will improve academic achievement for all students.
- **2. Literacy**. It is always important to check for understanding and to avoid miscommunication. Some individuals speak well enough to carry out

everyday conversations, but they are not literate enough to understand the nuances of communication about education or clinical related matters. If in doubt about the linguistic skills of newly arrived Afghan families, provide appropriate language assistance.

**3. Cultural and Linguistic Nuances.** Develop a language access plan, if one is not already available. If available, ensure that the plan is adequate to meet the needs of the newly arrived Afghan families. As needed, use qualified interpreters and translators to ensure effective and accurate communication. Many immigrants, including newly arrived Afghans, are not aware that interpreters can be provided to them free of charge through school divisions or service organizations. Informing parents about these available services could encourage effective communication. Written communications in English should have Dari/Farsi and Pashto translation when sent to Afghan parents.

It is important that teachers and school personnel are aware of the many nuances in Afghan language and culture, such as:

- Young Afghan children do not look adults in the eyes as a sign of respect, which can be easily misinterpreted by teachers and clinicians as disrespect, disinterest, dishonesty, or insincerity.
- Nodding does not necessarily mean agreeing to what was said by the other person. Many times, it's a gesture to mean "I hear you." and not a gesture of approval or consent.
- Silence does not mean understanding. Parents may not know what
  to ask simply because they are not familiar with the American
  system. They may not know that they are allowed to ask questions.
  In many cultures, teachers and clinicians are regarded as authority
  figures and to "ask questions" is regarded as rude and disrespectful.
- It is common to slip words of praise to Allah into casual conversations, or in between sentences.
- Be conscious about asking mothers for immediate response or decision. Decision-making is a "privilege" given to male members of the family in a patriarchal society.
- Be conscious about male-female interactions such as a mother meeting with a male school principal, or a father consulting a female teacher. Although this is normal in the U.S. culture, Afghan parents may not feel comfortable, so a 2<sup>nd</sup> female in the room could ease this social discomfort and demonstrate cultural sensitivity.
- **4. Bilingual Staff.** As presented by the U.S. Department of Justice (2002), bilingual staff offers one of the best and often most economical options if they are competent in the skill of interpreting. Some important aspects to know are:

- a) Being bilingual does not mean the person is competent to interpret or translate documents. Knowing how to speak the language does not make one competent and able to provide accurate transmission of messages specific to the subject of the discussion (medical, mental health, educational, etc.). Most importantly, untrained interpreters may not be aware of confidentiality rules that have legal implications for the child, the family, and the school system.
- b) <u>Clear, written policy</u>. To make the best use of trained bilingual staff as interpreters, there should be "effective, appropriate management strategies, including any appropriate adjustment in assignments and protocols for using bilingual staff" (US DOJ, 2002).
- c) Single role approach for dual role interpreters. Schools must have a clear, written policy for staff about who can provide interpretation services for the family/client. Trained interpreters are taught to follow their code of ethics and professional standards when they are interpreting. It is both unethical and unprofessional for interpreters who are also staff members to mix both roles in one setting. For example, the interpreter cannot correct what the parent has said even if he or she knows that it is not accurate from the school's point of view. On the other hand, school staff acting as interpreters at meetings cannot add or delete information from the meeting to the school record, or inform the class adviser or school principal about information that transpired during the meeting.
- d) Interpreters are not translators. Interpreting involves a different skill set than translation. Interpreters can verbally translate brief documents in a few minutes such as flyers, parent's consent forms, or next appointment cards. Interpreters should be given a few minutes to read over and understand the context of the document before being expected to verbally read it as a native speaker would. Longer documents of two or more pages such as school division policies or parental waivers, should be provided to interpreters ahead of time so they can be properly studied and ensure an accurate oral interpretation. Unless the interpreter is also a trained or certified translator, school divisions and service organizations should not expect the interpreter to translate documents.
- e) <u>Translated documents</u>. It is best practice to have native speakers of the target language review the material to ensure that culturally appropriate language is used. Sometimes, the sentence structure and word equivalents are not enough to convey the correct message due to cultural nuances. It is in this context that machine translations are not reliable as a translation strategy, especially for languages of lesser diffusion or rare languages. In some instances, Transcreation might be necessary to properly convey the message.
- f) <u>Informal interpreters</u>. Informal or ad hoc interpreters include untrained volunteers, family members, and other school personnel.

Their services can be used in emergencies or in everyday conversations, but not on matters that influence the academic progress, school career, or well-being of the child.

If, after being informed that the services of a trained interpreter are available free of charge, the parents still choose to have a family member or someone they trust as their interpreter, their choice must be honored. As best practice, however, the school should have the services of a professional interpreter during that session to ensure accuracy of communication.

- **5. Listen Actively.** Understand the speaker and the message in the context of their culture. Do not assume understanding; ask for clarification if needed. If the context needs correction, present it as information that they or you need to know. Experts recommend to observe the following practices (Farmer, 2021):
  - a) Speak calmly, slowly, and sensitively
  - b) Be comfortable with silence
  - c) Paraphrase
  - d) Validate
  - e) Provide anticipatory guidance (You expect it to be normal.)
  - f) Pay attention to safety (What support do they expect?)
  - g) Gather relevant but unobtrusive information
  - h) Respond within your role

#### **Tips for Culturally Appropriate Services**

To ensure that culturally appropriate services are provided in the school system or in the clinical setting, the following practices are suggested:

- 1. **Greetings.** A common verbal greeting is "Salam" or "Salam alaikum" meaning "Peace be upon you." People of the opposite gender typically do not touch when greeting each other unless they are a close family member. Placing your hand over your chest/heart in lieu of a handshake is considered a sign of respect.
- 2. **Name and title**. It is customary to use the person's last name and title when greeting them unless they permit you to use their first name. When using first names, it is customary to add the suffix "Jan" (sounds like John). For example, Farzana Jan. It is also customary to refer to a person by his/her profession. For example, a physician may be referred to as "Doctor" (applies to both genders).

- 3. **Nationality**. The general consensus is to use Afghan (singular) or Afghans (plural) to refer to people from Afghanistan. Afghani generally refers to Afghanistan currency.
- 4. **Ethnicity**. Be aware of ethnic differences and how they may affect the student's identity and personal experiences. Refrain from asking their ethnicity as it is considered not courteous and also divisive.
- 5. **Gender related nuances.** It is important to emphasize that the U.S. is a gender integrated society. Similarly, it is important to emphasize to Afghan parents that teachers of both genders teach students in a mixed gender settings. Male or female clinicians can attend to client of any gender.
- 6. **Eye Contact.** Eye contact should be kept to a minimum. It is considered disrespectful for children to look at adults in the eyes. Teachers and staff should gradually give time for Afghan children to talk to them and look them in the eye in the early days of their participation in class.
- 7. **Tone**. If possible, avoid speaking in a commanding tone. Be conscious that Afghans are a patriarchal society in which men make decisions. It may be a new experience of a male parent to receive instructions or information from a female teacher, school administrator, or clinician. Newly arrived Afghan parents are trying to adapt and follow U.S. school practices, but it will take time. Afghan refugees' first reaction when not understanding a new practice will be to revert to the culture that they grew up in and habits they have followed all their lives. It is best to interact with a high level of respect and formality to newly arrived Afghan refugees.
- 8. **Food Requirement.** Almost all Afghans are Muslims. They eat halal foods. Pork and pork products (such as can be found in hotdogs, pizza toppings, or luncheon meat) are not considered halal foods and should not be offered to Afghan children or adults.
- 9. **Dress Code**. Many school-age Afghans may wear their traditional dress when coming to school. It is important that they be allowed to do so while educating the other children to respect cultural variations in dress. In certain classes, such as in Physical Education, making modifications to allow pants in gym class instead of shorts should be considered.
- 10. **Individual scheduled meetings**. When scheduling individual meetings such as home visit, parent conference or child study, it is best to arrange it outside of prayer times. On Fridays, just after noon, men have to attend the communal prayer in person (Sabbath). Also, many Afghan adults pray five times a day; two of these prayer times (11:20 am and 2:30 PM) are within the common school hours. Refer to the annual Islamic Calendar for specific days and dates regarding prayer times and Islamic religious festivals to avoid confusion, disruptions in schedules, or a non-appearance by Afghan parents.

11. **Worldview**. What seems to be "safe and peaceful" in the U.S. may be perceived differently by children who grew up in war zones. Much of their thinking and actions are the result of living everyday in a "survival" mode in their home country. They may not understand that their behaviors are not be acceptable in U.S. society. As such, Afghan students will require cultural orientation, coupled with understanding and patience until they learn adapt to their new environment, and learn to trust the adults in their new school.

#### References

- Arnold, E. (2017, Jul 7). 10 of the most common diseases in Afghanistan. Accessed October 15, 2021 at http://borgenproject.org/common-diseases-in-afghanistan/
- Batalova, J. (2021, Sep 9). Afghan Immigrants in the Uni8ted States.

  Migration Policy Institute. Accessed September 10, 2021 at

  https://www.migrationpolicy.org/article/afghan-immigrants-unitedstates
- Bridging Refugee Youth and Children's Services. (2018). Schools. Accessed September 10, 2021 at https://brycs.org/blog/schools/
- Britannica. (n.d.) Languages of Afghanistan. Accessed September 10, 2021 at https://www.britannica.com/place/Afghanistan/Languages
- Britannica. (n.d.) Ramadan Islam. Accessed September 10, 2021 at https://www.britannica.com/topic/Ramadan
- Castro-Vale, I., Severo, M., Carvalho, D. *et al.* (2019). Intergenerational transmission of war-related trauma assessed 40 years after exposure. Ann Gen Psychiatry 18, 14 (2019). Accessed September 10, 2021 at https://doi.org/10.1186/s12991-019-0238-2.
- Center for Strategic and Regional Studies. (2020, Apr 1). Afghan education: Challenges and solutions Part (2) external challenges. Accessed September 10, 2021 at https://csrskabul.com/en/?p=4420
- Centers for Medicare and Medicaid. (n.d.) Children's medical coverage in Virginia. Insure Kids Now.gov. Accessed November 12, 2021 at https://www.insurekidsnow.gov/coverage/va/index.html
- Diwakar, A. (2021, Aug 24). A silent mental health crises plagues Afghans at home and abroad. Accessed November 12, 2021 at https://www.trtworld.com/magazine/a-silent-mental-health-crisis-plagues-afghans-at-home-and-abroad-49437
- Farmer, B.. (2021, Oct 4). Psychological First Aid (PFA) to support clients affected by the crisis in Afghanistan. Switchboard Webinar.
- Klaric, et al. (2007). Psychological consequences of war trauma and postwar social stressors in women in Bosnia and Herzegovina. National Institute of Health. Accessed September 10, 2021 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080525/

- Lopes Cardozo, B. et al. (2004) Mental health, social functioning, and disability in postwar Afghanistan. Accessed September 10, 2021 at https://pubmed.ncbi.nlm.nih.gov/15292083/
- National Council on Interpreting in Health Care, 2012. FAQ Translators and interpreters. Accessed September 10, 2021 at https://www.ncihc.org/faq-translators-and-interpreters
- Reuters. (2021, Aug 30). Factbox: Evacuations from Afghanistan by county. Accessed November 10, 2021 at https://www.reuters.com/world/evacuations-afghanistan-by-country-2021-08-26/
- Samara, et al. (2020). Children's prolonged exposure to the toxic stress of war trauma in the Middle East. https://doi.org/10.1136/bmj.m3155
- Scholaro Pro (n.d.). Education system in Afghanistan. Accessed September 10, 2021 at https://www.scholaro.com/pro/Countries/ Afghanistan/Education-System
- Stitt, E. (2021, Aug 31). Afghan refugees and SIVs in Virginia: Implications to behavioral health services. Webinar. https://www.youtube.com/watch?v=HhyaxMPvIwc
- Taeb, F. (2021, Sep 28). Strengthening mental health support for refugees in Virginia. Webinar. https://www.youtube.com/watch?v=BfSGasxLqLg
- Tamas, A.(Compiler) (2007). An intercultural organization development tool. Geert Hofstede's Dimensions of Culture and Edward T. Hall's Time Orientations. Accessed September 10, 2021 at http://www.tamas.com/sites/default/files/2019-06/Hofstede\_Hall.pdf
- Translators Without Borders. (n.d.). Language data for Afghanistan.

  Accessed November 10, 2021 at

  https://translatorswithoutborders.org/language-data-for-afghanistan
- United Nations High Commissioner for Refugees (2001, June1). Frequently asked questions about the 1951 Refugee Convention. Accessed September 10, 2021 at https://www.unhcr.org/en-us/news/stories/2001/6/3b4c06578/frequently-asked-questions-1951-refugee-convention.html
- United Nations Children's Educational Fund. (2017, Nov 2). 9,500 children dying from diarrhea each year in Afghanistan UNICEF. Accessed

- September 10, 2021 at https://www.unicef.org/press-releases/9500-children-dying-diarrhoea-each-year-afghanistan-unicef
- United Nations Children's Educational Fund. (n.d.). Afghanistan education. Accessed September 10, 2021 at https://www.unicef.org/afghanistan/education
- United States Agency for International Development. (2021, Sep 24). Afghanistan education. Accessed October 15, 2021 from https://www.usaid.gov/afghanistan/education
- US Department of Justice Policy Guidance Document. 2002. Federal Register 67(117). https://www.govinfo.gov/content/pkg/FR-2002-06-18/pdf/FR-2002-06-18.pdf
- US Department of State (n.d.). Special Immigrant Visas (SIVs) for Iraqi and Afghan translators/interpreters. https://travel.state.gov/content/travel/en/us-visas/immigrate/siv-iraqi-afghan-translators-interpreters.html
- Virginia Department of Education. (n.d.) Special education. https://www.doe.virginia.gov/special\_ed/disabilities/
- Virginia Department of Emergency Management. (2021, Aug 23). Cultural competency training for VDEM staff and partners to assist with the activation of the repatriation plan.
- Weinbaum, M.G. (2021, Sep 14). Afghanistan. Britannica. Accessed September 26, 2021 at https://www.britannica.com/place/Afghanistan
- World Atlas. (2019, Sep 10). The ethnic groups of Afghanistan. Accessed September 10, 2021 at https://www.worldatlas.com/articles/ethnic-groups-of-afghanistan.html
- World Atlas. (2019, Sep 10). Religious rights and freedoms in Afghanistan. Accessed September 10, 2021 from https://www.worldatlas.com/articles/religious-rights-and-freedoms-in-afghanistan.html
- World Education News and Reviews. (2016, Sep 6). Education in Afghanistan. Accessed September 12, 20212 at https://wenr.wes.org/2016/09/education-afghanistan

Worl	d Population Review. September 10, 2021	at				
	ttps://worldpopulat	ionreviev	w.com/coun	tries/afghanis	tan-popul	ation

#### Resources

### Afghan Refugees and SIVs in Virginia: Implications to Behavioral Health Services. Video https://www.youtube.com/watch?v=HhyaxMPvIwc

This webinar provides information for clinicians and personnel who are directly working with the Afghan population.

**FAQ Interpreters and Translators**. https://www.ncihc.org/faq-translators-and-interpreters

This document provides a clear definition of what makes a competent and qualified interpreter and translator.

#### Strengthening Mental Health Support for Refugees in Virginia. Video.

https://www.youtube.com/watch?v=BfSGasxLqLg

This webinar provides a cultural lens of Afghan life, needs, and support to thrive in the United States.

#### Virginia Office of Diversity, Equity, and Inclusion.

https://www.governor.virginia.gov/diversity/about-us/

This is the official website with links to the different state level officers and state programs of the Office of Diversity, Equity, and Inclusion including the One Virginia Plan.

#### Virginia Office of New Americans.

https://www.dss.virginia.gov/community/ona/index.cgi

This is the official website of the Virginia Office of New Americans. It provides essential information about the refugees and immigrants.

#### Virginia Office of New Americans Advisory Board.

https://www.governor.virginia.gov/onaab/

This is the official website of the Virginia Office of New Americans Advisory Board. The board supports the efforts of both the executive and legislative sectors of government through policy recommendations.

#### Frequently Asked Questions for Interpreting

In the school setting:

https://drive.google.com/file/d/18QNd\_C\_i9JxuvwEzU1T2EDEjjoC7DWwG/view?usp=sharing

In behavioral health setting:

https://drive.google.com/file/d/1wuH64GG YpTVVFiQskCblAiJgmzneO6U/view?usp=sharing

#### The Authors

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Dr. Eva Stitt coordinates the Virginia Refugee Healing Partnership (VRHP) since its inception in 2013. This initiative is a collaborative effort of the Virginia Department of Social Services (DSS) Office of New Americans and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness. In response to a pressing need for competent interpreters in behavioral health setting, she gathered

subject matter experts and professionals in various fields and worked on a framework to increase capacity building for competent behavioral healthcare for refugees. She became the primary author of the Virginia Behavioral Health Interpreting Curriculum (BHIC), a pioneering tool designed to train behavioral health interpreters. The offshoot of the BHIC is a new curriculum which she authored -- Behavioral Health Interpreting in Educational Settings. She moved on to work with several Virginia language service providers to establish the Virginia Interpreters and Translators Association, a marketplace for workforce and buyers of language access services. For her extensive work, numerous studies and researches, and far-reaching work on interpreting and refugee mental health, she has earned the recognition as a subject matter expert in language access services in behavioral settings, as well as language access services for refugees and marginalized populations. She is involved in local, regional, state, and national organizations as a consultant, organization leader, or board member. Dr. Stitt holds a Master's in Education degree in Guidance and Counseling and a PhD in Public Policy and Business Management.

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Freshta Taeb leads the Refugee Interventionists Program at Cornerstone Family and Marriage Intervention and spearheads intervention sessions that incorporate, but are not limited to, clients with PTSD, anger management, and domestic violence. She oversees a team that implements advanced wellness workshops for refugee teens and adults. Before joining

Cornerstone, Freshta advocated for individuals and families through her position

as the program director for a social services agency. As a subject matter expert, Freshta has advised and lectured on various topics relating to domestic violence, refugee rights, and holistic health. Freshta is also the managing director of FT Translation Services where she serves as the head Dari language specialist and Afghanistan Cultural Expert. She has acquired extensive translation experience through continual collaboration with renowned media outlets such as Al Jazeera America and The New York Times. Freshta has supervised several translation and subtitling projects for distinguished documentaries and movies. Her expertise in Dari, Afghan culture, and behavioral health interpreting makes her one of the best sought after conference speaker and trainer.

**Margie Bruce-Miguel**, hands-on interpreter in the school system and Level 3 trainer for the Virginia Behavioral Health Interpreting Curriculum.

Margie Bruce Miguel is a Level II interpreter for Fairfax County Public Schools, the largest school district in Virginia, and11th largest in the country. She has facilitated language access communication for school administrators, teachers, psychologists, parents and students during parent meetings, Individualized Education Program (IEP) conferences, 504 Plans, and other sessions mandated under ADA, IDEA and ESSA. As a Virginia

Department of Behavioral Health and Developmental Services (DBHDS) Behavioral Health Interpreter Trainer 3, she has conducted over a hundred hours of interpreter training and pioneered in training school interpreters using the Virginia Behavioral Health Interpreting Curriculum in Educational Settings (BHI-ES). Margie's Bachelor's degree in Design comes handy in creating audiovisual materials for use in teaching interpreters in behavioral health and educational settings. Margie leads the program for Behavioral Health Interpreting in the Educational Setting (BHI-ES)

## Intentionally included as Back Cover