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Holistic, Person-Centered Evaluation to Understand the Experiences and Needs of Displaced Refugee Youths: A Descriptive Mixed Methods Narrative Study

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Holistic, Person-Centered Evaluation to Understand the Experiences and Needs of Displaced Refugee Youths: A Descriptive Mixed Methods Narrative Study

Abstract

Background: Refugee youth face acculturation stress, language barriers, xenophobia, and difficulty accessing resources. These factors, combined with migration trauma, negatively impact youths' psychosocial health. This study aimed to conceptualize evaluation in an occupation-focused, person-centered framework with the goal of informing therapists working with displaced children.

Methods: This mixed methods, descriptive study used narrative research methodologies to understand the experiences of refugee youths. A variety of assessment tools were used to elicit these youths' stories and create in-depth occupational profiles. The evaluation protocol that was created generated extensive data used to inform programming at a community non-profit to ensure interventions were person-centered and focused on meaningful participation.

Results: Eleven youths shared narratives of their experiences of being forcibly displaced. Each story included features of trauma, role loss, acculturation stress, and challenges to psychosocial health. The results suggest that a person-centered approach requires the therapist to create a trusting therapeutic relationship with the child and to intentionally consider the cultural relevancy of all evaluation processes.

Conclusion: Data from this study reflect the benefits of employing a person-centered evaluation framework to elicit narratives from refugee youths. This study may provide insights into the cultural considerations therapists should take when working with refugees.

Comments

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Keywords

culturally responsive evaluation, displaced youths, psychosocial health

Cover Page Footnote

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Credentials Display

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In 2020, over 82 million people were forced to flee their homes and livelihoods (UNHCR, 2022). Some were refugees, defined as people who are “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, 2023, para. 4). Many were internally displaced. They fled their homes to avoid conflict, violence, transgression of human rights, or to escape natural or human-made disasters, but they did not cross an international border (Migration Data Portal, 2022). Others pursuing international protection are considered asylum seekers because their claims for refugee status are not yet determined (UNHCR, 2022). Understanding the unique culture, needs, and experiences of each subgroup of forcibly displaced persons is critical to providing culturally responsive care.

The trauma of forced migration is an all-too-common experience for people who are displaced (Luci, 2020; Snel et al., 2021). Migration journeys are arduous, and Khan and colleagues (2020) suggest they unfold in three distinct phases: preflight, flight, and postresettlement. These journeys can extend over several years, and each phase has a set of traumatic challenges to manage (Khan et al., 2020; Luci, 2020). The occupational therapy profession has begun to explore the impact of displacement on occupation and participation (Crawford et al., 2016; Trimboli et al., 2019), but there has been less focus on understanding the needs and perspectives of displaced youths, particularly postresettlement (Copley et al., 2011).

Children are frequently caught up in the chaos and trauma displaced families encounter. As many as 42% of all those displaced, and over half of all refugees, are below 18 years of age (UNHCR, 2022). Children often witness incredible trauma and violence before and during their migration journeys. They can be separated from family, experience housing and food insecurity, and face significant disruptions in educational and other developmental roles (Cayabyab et al., 2020; Luci, 2020; Snel et al., 2021). Once resettled, refugee and immigrant youths continue to face major challenges. Those who resettle in the United States (US) often encounter acculturation stress, economic instability, language barriers, discrimination, xenophobia, and difficulty accessing health care (Cayabyab et al., 2020; Khan et al., 2020; Mace et al., 2014).

These challenges take a heavy toll. A recent systematic review reported that up to one-third of refugee youths could be diagnosed with depression, anxiety, or an emotional-behavioral problem, and up to half could meet the criteria for post-traumatic stress disorder (Kien et al., 2018). Prevalent post-traumatic stress disorder symptoms are nightmares, reactivity to confrontation, concentration problems, irritability, self-destructive behavior, and restricted affect (Pfeiffer et al., 2019). These symptoms directly impact a child’s participation in daily activities and relationships (Brown et al., 2020). In-depth multidisciplinary evaluations and histories could support the provision of culturally responsive services for refugee youths (Brown et al., 2020; Mace et al., 2014).

Children who are displaced are a vulnerable population. Occupational therapists are building evidence that suggests caregivers of these children experience prolonged occupational deprivation and injustices, impacting occupational participation and self-efficacy (Copley et al., 2011; Davy et al., 2014). Children are resilient, but it is inappropriate to assume they are immune to the impact of these same injustices. This study sought to understand the experiences and occupational needs of youths who are refugees and to review a person-centered evaluation process that may inform therapists working with children who have been displaced. The research question for this study asked, What are effective, culturally responsive strategies for eliciting occupational profiles of refugee youths in a community-based after-school program?

Method

This descriptive study employed a mixed-methods design, including narrative research methodologies, to elicit experiences as expressed in the stories of youths who had been displaced (Creswell & Poth, 2018). Narrative methodologies also informed our use of a range of assessment tools, including some that collected quantitative data. A broad intent was to employ various tools to test their suitability for eliciting the experiences and defining the needs of refugee youths. One purpose of this study was to better understand the occupational needs of these youths by gathering and analyzing each participant's narrative story. An additional intent was to assess whether the evaluation protocol used constituted a culturally responsive approach to assessing the occupational needs of the displaced youths.

Participants

This study included a convenience sample of youths attending the Newcomers Crew, an after-school program offered through a community-based non-profit organization serving the refugee community. The youths in this program had all relocated to Pittsburgh, and they all attended or were in the process of enrolling in the Pittsburgh Public School System. These youths lived in families whose countries of origin included the Democratic Republic of Congo (DRC) and Myanmar. The participants' first languages included Swahili, Kinyarwanda, Kibembe, Mon, Kirundi, or Lingala. Two community program staff members familiar with the Newcomers Crew collaborated with the first author to recruit 11 middle school-aged participants. These staff were key points of contact with all youths involved in the organization's programming and made recommendations on the need for interpretation services. The lead researcher completed follow-up recruitment via phone or in-person meetings based on the participants' preferences.

All of the study participants were minors, so consent to participate was garnered from their guardians. Each participant completed a child's consent agreement to reinforce the idea that their involvement was voluntary. Consent procedures occurred during an in-person meeting with the lead researcher and an interpreter. While a majority of the youths in the study had established conversational English capacities, an interpreter was on hand to ensure complete comprehension of informed consent for the participants and their guardians. The study underwent a full review and was approved by the Duquesne University Institutional Review Board.

Data Collection Measures

Multiple measures (see Table 1) were used in this study, including a Demographic Survey, the Kawa River Model process (Iwama, 2006), the Child Occupational Self-Assessment (COSAS) (Keller et al., 2006), the Preferences for Activities of Children (PAC) tool (King et al., 2004), and two researcher-designed habituation screenings (the Modified Role Checklist and Time Log). Narrative interviewing was a constant component of the data collection process. The lead researcher kept a journal to record observations, narrative data, reflections on her therapeutic reasoning, and memos about the evaluation process using these varied assessments.

Data Collection Procedures

The first author engaged the youths in a 5-week evaluation process designed to elicit stories and generate a comprehensive understanding of occupational needs. Each participant was scheduled for a series of up to five 1- to 2-hr data collection sessions. The extended data collection process allowed the youths and their families to establish a level of comfort with the lead researcher who administered all assessments. Each session involved unstructured conversation and playful activities to establish trust and rapport further. Assessments were administered following established protocols for the tools; however,

the lead researcher intentionally encouraged the youths to share examples and stories, elaborate on answers, and reflect on their responses. Data collection began with the demographic survey, followed by the COSA, the PAC, habituation screenings, and the Kawa. All data collection sessions occurred at the participants' homes and followed COVID-19 safety protocols. The caregivers typically would remain in the area but did not sit and observe data collection sessions. When appropriate, an interpreter was available to ensure the participants understood all assessment items.

Table 1
Data Collection Measures

Assessment	Description	Psychometrics
Demographic Survey	- Self-report; characteristics of participants, e.g., age, country of origin, family structure, etc.	- Untested researcher-designed tool
Kawa River Model (Iwama, 2006)	- Guided drawing and interview process. - Youths drew images portraying current life situations in context. - Youths identified/prioritized problem situations, defined strengths, and labeled factors in social and physical environments that helped or exacerbated problem situations	- Strong cultural validity; particularly effective with people from global South and Eastern cultures (Paxson et al., 2012).
COSA (Keller et al., 2006)	- 25-item self-report administered in checklist format. - Children reflect on a series of statements to self-assess their life situation and communicate strengths, concerns, and priorities.	- Significant test-retest reliability with children across different age groups, ethnicities, gender, and level of in-school support (Ohl et al., 2015).
PAC (Ullenhag et al., 2011)	- 55-item tool assesses preferences for participation in a variety of leisure activities. - Children presented images of activities to define preferences. - Useful with children with minimal English proficiency.	- Reworded some items to improve cultural validity per Ullenhag et al. (2011).
Time Log	- Self-report of time use for the previous 24-hr period. - Structured narrative process to complete discuss Time Log.	- Untested researcher-designed tool
Modified Role Checklist	- Self-report of role participation. - Kept eight of 10 roles from Role Checklist v3 (student, volunteer, caregiver, friend, family, religious participant, and hobbyist). - Reworded "community, civic, social" role (Scott, 2019) to "Being part of a Social Group." - Worker and home maintainer roles were eliminated. - Participants reported participation in these roles and prioritized the three most valued roles. - Narrative interviewing followed the ranking process to explore satisfaction, values, and current and future role engagement.	- Untested researcher designed tool based on Role Checklist, v3 which is designed for adults (Scott, 2019). No parallel tool exists for youths.

Data Analysis Procedures

Multiple strategies were developed to build a logical chain between evidence and analysis. Analysis of both quantitative and qualitative data always began by iteratively managing and organizing these data into spreadsheet software. Descriptive statistics for quantitative data were calculated using Microsoft Excel when nominal, ordinal (Demographic Survey, PAC), discrete (Modified Role Checklist), or continuous data (COSA) were elicited from an assessment.

Some assessments chosen for this study collected qualitative data. For example, the Kawa elicited images that were recorded digitally and interviews that were recorded and transcribed verbatim. Tools like the COSA, the Modified Role Checklist, or Time Logs secondarily elicited qualitative data in the form of the first author's documentation of the participants' responses. All qualitative data were entered into a spreadsheet for analysis and analyzed using a process of reading and rereading the data and memoing emergent ideas. Initial line-by-line microanalysis resulted in the identification of preliminary codes and the creation of a codebook to support iterative coding processes (Creswell & Poth, 2018). Each of the participant's data were analyzed to understand the person in context and to develop detailed narratives. This method parallels Polkinghorne's (1995) narrative configuration approach to

understanding a person’s experiences in the framework of their lives and perspectives (Kim, 2016). The researchers used compiled data from the various assessments to first configure the 11 participants’ individual narratives and then analyze these data across stories and categorize recurring patterns in the data (Creswell & Poth, 2018).

Several strategies were used to enhance trustworthiness (Cresswell & Poth, 2018). Field experiences of the first author were routinely logged in a journal. Journal entries included observations, descriptions of data collection and management processes, memos of therapeutic reasoning, and conceptual notes connecting ongoing interpretations to the professional discourse. In regular debriefing meetings, the researchers used journal excerpts to scrutinize the data collection and interpretation processes and to create an audit trail that could support dependability. Credibility was enhanced by the first author’s prolonged and varied field experiences with the participants (Lincoln & Guba, 1985). The researchers were intentionally reflexive and routinely questioned whether we were getting the youths’ stories right. We also deliberately scrutinized our predispositions to interrogate potential biases. Triangulation using multiple methods, varied sources, and comparative analysis of the two researchers further supports trustworthiness.

Results

This section describes the participants in this study and presents an analysis of the combined data collected from each measure. We present a composite occupational profile that highlights the occupational needs of these youths.

The Participants

Eleven participants, 9 to 11 years of age, joined this study. All were in middle school, and the majority were entering the fifth grade (see Table 2). Ten of the participants identified their country of origin as the DRC and one as Myanmar. More than one-third were born in a refugee camp. On average, the participants spoke three languages. Typically, these included Swahili, which most had learned in refugee camps, English, and an ethnic language such as Kibembe. The participants’ command of English varied. Four of them rarely needed interpretation services, while two needed minimal services. Five of the participants required moderate to maximal levels of interpretation to participate in some aspects of the evaluation process. Most (72%) of them lived with two parents in households of, on average, six people. All lived in small living spaces in subsidized housing located in resource-scarce neighborhoods of high disadvantage. This designation is based on the percentage of the population living below the federal poverty line, the percentage of single mothers, unemployment levels, and income rank (The Pittsburgh Neighborhood Project, n.d.).

Table 2
Demographic Characteristics of Participants

Characteristic	Sample (n = 11)
Age in years, mean (SD)	10.7 (1.104)
Grade (4th-7th grade), mean (SD)	5.1 (.944)
Number of languages spoken, mean (SD)	3 (.739)
Interpreter needs	7 [63.6%]
Country of origin	Democratic Republic of Congo
	Burma/Myanmar
Number of countries lived in, mean (SD)	2.6 (.481)
Type of housing	Subsidized housing
Household	Dual parent
	Single parent

KAWA

The Kawa Model process of guided drawing and narrative interviewing was well-received by the youths in this study. Table 3 shows the symbolic meaning of each component of the Kawa and the collective themes for each component identified in the analysis. The results of the KAWA suggest challenges to occupation were social and economic, trauma-related, and negatively impacted by some elements of the neighborhood and community context. Simultaneously, the more immediate family, social, cultural, and religious context offered opportunities for adaptation.

Table 3

KAWA Components and Meaning

Component	Symbolic Meaning	Collective Themes
Rocks	Problem situations Obstacles	Living with and through trauma Limited social capital Bullying Insufficient access to resources for daily living
Riverbank (negative side)	Environmental context Places, people, or things in the environment negatively impacting occupational participation.	Social contextual barriers Trauma Pittsburgh Access to resources
Riverbank (positive side)	Environmental context Places, people, or things in the environment positively impacting occupational participation.	Family/social supports Religion National identity from country of origin or country of refugee camp Resources and opportunities in their current living context
Driftwood	Personal strengths or attributes	Interpersonal, personal, skills-based, and identity-based strengths
River Flow	A person's life energy Reflects the most meaningful occupations a person continues to engage in despite obstacles.	Relationships Pursuit of their personal goals Play/leisure and cultural activities

A prominent collective theme in these participants' depictions of problem situations (rocks) was labeled living with and through trauma. Content fitting this theme was reported by 91% of the youths and was reflected in the participants' reports of managing post-traumatic stress symptoms, including nightmares, memory loss, and reactivity. Some labeled specific traumatic events, such as violence they endured, migration, medical suffering, or the distress of poverty. Others defined performance issues related to trauma, such as memory concerns that impacted their ability to participate. Eight of the youths (73%) identified problems categorized as limited social capital, including struggling to bond with peers and teachers in school, language barriers, and perceived cultural differences between themselves and others in the Greater Pittsburgh community. Seven of the participants (64%) identified bullying as a problem situation. The youths reported bullying took place in four contexts: at school, at home in the local neighborhood, at the park or soccer field, and previously in refugee camps. Problems that could be categorized as limited access to resources for daily living were reported by two-thirds of the participants. Common resource challenges included financial insecurity, access to food and water, shelter, and overall safety. Many shared that some problems in their current living contexts were historical challenges also experienced when living in refugee camps.

Many negative contextual environmental factors (riverbanks) identified by the youths mirrored barriers already listed as problem situations. All of the participants identified at least one social contextual barrier; for most, the presence of bullies in varied environments. Some of the youths identified family dynamics as a challenging contextual barrier. Almost two-thirds (64%) identified a trauma related

environmental factor. These included specific people who had inflicted trauma, postresettlement events, or a specific physical environment they experienced as traumatic (i.e., hospitals). Elements of their current neighborhood environment or living situation were identified by roughly one-third (36%) of the participants. These included living in a small, crowded apartment with poor living conditions (i.e., unsafe objects or pests, poverty, and the presence of gangs). Access to resources included challenges noted by 27% of the participants and included school participation, transportation access to school, and shopping.

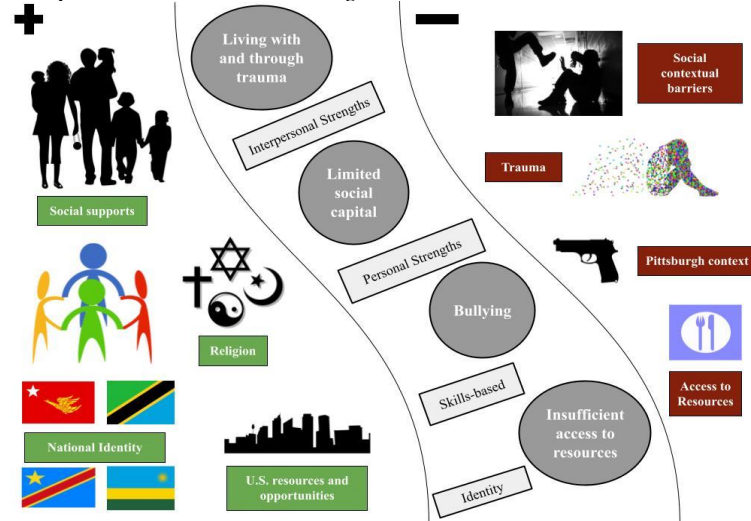
The participants reported the easiest section of the Kawa to complete was identifying positive environmental supports. Every participant listed family and social environment (i.e., family and friends, friends in their country of origin, teachers, and themselves). New opportunities in their host country were identified as a positive factor by most (82%) of the youths. These included recreational activities and physical spaces, such as schools and parks. Religion was identified by more than half (55%) of the participants. They listed specific places of worship, religious figures, and traditions. References to national and cultural identity were included by 45% of the participants who drew their country's flag or symbols representing their country. Many became more animated and expressive when discussing these images on their Kawa drawing.

Collectively, the participants struggled to identify personal attributes and seemed challenged or embarrassed when asked to identify strengths spontaneously. Many looked down or away, spoke in a soft tone of voice, or waited till the very end of this section before announcing a strength. The evaluator encouraged the participants to identify strengths used to overcome barriers they had already described and when necessary, provided examples. Most (82%) of them identified interpersonal characteristics, such as the ability to forgive, being a good listener or a good friend or sibling, being nice or respectful and helping others. Most participants (73%) identified a personal strength such as being funny, smart, determined, resourceful, honest, brave, or believing in themselves. Few (36%) identified a personal asset that could be categorized as skill-based. Finally, 27% of the youths defined a strength categorized as identity-related. When cultural identity was listed, it was specific to the family's ethnicity, cultural practices or beliefs, religious or spiritual identity, or national identity associated with their country of origin or the country where they lived in refugee camps.

A key aspect of their life energy in the participants' river flow included family, friends, school, teachers, and caregiving relationships. Continued occupational participation was supported by identified self-improvement, academic, and future career goals. Most (64%) of the participants identified sports and school activities as well as cultural activities related to their religion, cultural traditions and events, and activities associated with their country of origin or the country of their refugee camp. Figure 1 is a composite Kawa drawing reflecting primary categories derived from the analysis of Kawa data.

COSA

Using the COSA in a card sort or checklist format, the youths ranked their performance on 25 items using an ordinal scale where one is a *big problem*, and four indicates *really good* performance. The environmental factor with the highest mean ranking was doing things with family (4.00). Among performance items, dressing oneself and fine motor activities were ranked highest (3.91). Performance items ranked most difficult included sleep (3.18) and financial independence (2.45). The habituation item with the highest rating was following the rules (3.82), while the lowest item was completing homework (3.45). The two highest-ranked volitional items included being determined to work on hard things and finishing one's work (3.55); the lowest-ranked volitional items included choosing activities to do (3.36) and coping skills (2.91).

Figure 1*Composite Kawa River Drawing*

The COSA also asks participants to articulate the value they place on each item. Early in the data collection, the lead author noted patterns of assessment fatigue, such as becoming more detached, shifting in the chair, and repeating the same answer on both scales. Use of the value scale was discontinued in favor of a narrative interviewing approach using open-ended questioning. These conversations explored self-perceived areas of strengths, need, and identification of valued activities. This shift resulted in more enthusiastic engagement in the evaluation process. The overwhelming value identified by nearly two-thirds of these youths (64%) was family, and more than half (54%) identified school as an area of strength. Other relative strengths included sports, play, and home management, each identified by 27% of the participants. The primary areas of need could be defined in three categories, including social engagement (45%), skills-based occupations (36%), and English proficiency (27%).

PAC

The PAC assessment, administered in a picture card format, was well-received by the participants and facilitated narrative storytelling. Some items were reworded or described depending on the participant's level of familiarity with the activity pictured on the card. The images often facilitated engaged conversations about the activities. Storytelling was encouraged, resulting in some youths needing two sessions to complete the assessment. The PAC presents activities in five categories: social, self-improvement, physical, skills-based, and recreational activities. Of these, activities in the social and self-improvement categories were ranked highest (2.8/3.0). The top three activities the participants expressed interest in were biking, playing games, and getting a job. Activities in the recreational category were ranked lowest (2.6/3.0), and the lowest-ranked items included pretend play and horseback riding.

Habituation Screenings

A Time Log and a Modified Role Checklist were created to assess time use and role involvement. The first author and an interpreter, when needed, engaged the participants to recall a 24-hr schedule of their activities. In a given day, the participants spent most of their time on activities related to sleeping or resting (44%) or engaging in play and leisure activities (23%). They reported spending roughly equal amounts of time completing ADLs (16%) and engaging in productive roles such as school, caregiving, and home management activities (15%). The youths in this study reported spending roughly 2% of their time engaged in religious activities.

Many of the youths did not report time taking care of younger siblings on their Time Logs. The lead researcher frequently observed caregiving activities during in-home evaluation sessions, and these youths frequently initiated conversations on this topic in narrative interviews. Notably, every participant listed “caregiver” as a current role on the Modified Role Checklist, while only 18% of these youths reported any time engaging in caregiving on their Time Logs.

On the Modified Role Checklist, all of the participants reported engaging in three primary roles: being a student, caregiver, and sibling. A narrative interview process to elicit details of role engagement and the level of value placed on self-reported roles complemented the completion of the checklist. Table 4 presents the roles these youths identified as most valued. Narrative interviewing inevitably led to discussions of career goals. Notably, most of the participants (64%) indicated they wanted to enter a service-oriented profession (e.g., doctor or police officer). Others (18%) identified a science profession (e.g., engineer or scientist) or being a filmmaker (9%).

Table 4
Valued Roles and Occupations

Roles	Number of Participants (average %)
Student	7 (63.5%)
Family	7 (63.5%)
Caregiving	6 (54.5%)
Friend	6 (54.5%)
Sibling	3 (27.3%)
Religion	3 (27.3%)
Hobbies	2 (18.2%)
Volunteer	1 (9.0%)

A Composite Profile of Youths in this Study

The composite profile, presented in Table 5, highlights common occupational needs and details individual and contextual challenges and strengths gleaned from assessment data and the narratives of the study participants. The table is a modified version of the Occupational Profile template provided by the American Occupational Therapy Association (AOTA) (American Occupational Therapy Association, 2020). This modified version includes categories specific to the refugee or immigrant experience. For example, “assimilation” was added to reflect topics such as integration, culture, school supports/barriers, language, trauma, and resettlement journey.

Discussion

Therapists can use the narrative-focused processes and specific assessment tools employed in this study to create occupational profiles that reflect the strengths and needs of displaced refugee youths. However, the process of eliciting and analyzing these youths’ stories reinforces the need to consider carefully the cultural relevancy of each assessment used in the evaluation process (Iwama, 2016), including the obligation to thoughtfully consider language and functional literacy in the occupational therapy process (Grajo & Gutman, 2019). The results also challenge therapists to cultivate cultural humility intentionally (Agner, 2020). A therapist is culturally humble when they make deliberate efforts to learn, reflect, and be self-critical about the cultural identities of others as well as themselves (Foronda et al., 2016).

Table 5
Composite Occupational Profile for Refugee and Immigrant Youth

		Occupational Profile
Client Report	Reasons for seeking services	<ul style="list-style-type: none"> - Challenges and stress of acculturation noted by staff in community-based program serving children and families who are refugees and displaced from their country displaced and displace - Encounters with some youth in the neighborhood often results in physical altercations - Dissatisfaction with personal performance in school and neighborhood contexts.
	Successful occupations	<ul style="list-style-type: none"> - Completing home management tasks, ADLs, caregiving for younger siblings, social activities with family and Swahili-speaking friends, soccer, helping others, engaging in religious and cultural practices
	Barriers affecting success in occupations	<ul style="list-style-type: none"> - Presence of gangs and bullies in neighborhood constrains participation - Limited self-efficacy at school impacts motivation to attend/be punctual - Lacks language/interpersonal skills to engage peers or resolve conflicts - Limited repertoire of healthy coping skills; struggles with emotional regulation
	Occupational history	<ul style="list-style-type: none"> - Displaced youth from Democratic Republic of Congo entering the 5th grade - Family forced to flee home due to internal conflict, violence, and persecution - Has lived in refugee camps and 3 different countries including the U.S. - Some inconsistent schooling in home country and refugee camps - Responsibilities in home country included child and home care; herding family goats
	Personal interests and values	<ul style="list-style-type: none"> - Engaging in religious and cultural practices - Social activities with friends; playing soccer - Taking care of siblings and helping parents - Learning English and improving in school, especially math and science
Contexts	Physical Environment	<ul style="list-style-type: none"> - Supports: Friends in area; strong sense of family; large refugee community in area - Barriers: Lives with parents, grandmother, and 3 brothers in 2-bedroom apartment; gangs and bullies are constant presence in the neighborhood
	Social Environment	<ul style="list-style-type: none"> - Supports: Siblings, parents, grandmother; teachers and staff at refugee center; Congolese youth in area; Syrian friends in area also facing language/cultural barriers - Barriers: Frequent fights with bullies; compelled to defend brothers and friends
	Personal	<ul style="list-style-type: none"> - 11-year-old male from Democratic Republic of Congo entering the 5th grade - Speaks Swahili, Kibembe, and French and learning English; fluent in none of these - Identifies as African, Congolese, and Tanzanian - Resettled in U.S. 6 months prior to engagement in study - Character strengths: resourceful, determined, kind, clever, and compassionate
Performance Patterns	Daily Routine	<ul style="list-style-type: none"> - Typical morning routine is caregiving and meal prep for self and brothers - Late morning home management tasks and games with siblings, caring for brothers - Afternoon routine is more meal prep, putting baby down for nap, cleaning home - Late afternoon is time for playing games with brothers and maybe a game of soccer - Early evening shower, bathe siblings including 1 infant then help with evening meal prep - Late evening plays games with brother, watch YouTube videos on science; get brothers to bed - In bed by 10pm; up at midnight to prep food for father returning from work, then back to bed
	Roles	<ul style="list-style-type: none"> - Family, friend, caregiver, student, athlete, helping others, religious participant - Previously responsible for caring for and herding family's livestock in Tanzania
	Habits	<ul style="list-style-type: none"> - Routine caregiving; prioritizes needs of brothers and home care - Limits own self-care, school work and leisure to care for brothers - Sleeps often, but for short periods
Client Factors	Values	<ul style="list-style-type: none"> - Supporting Engagement: Values helping others, family, friends, Congolese/Tanzanian culture, being a good person, engaging in religious and cultural practices, being part of the refugee community
	Spirituality	<ul style="list-style-type: none"> - Supporting Engagement: Practices Christianity; strong cultural engagement as Tanzanian; attends local church - Inhibiting Engagement: Finds church service difficult because of language barrier
	Body functions and structures	<ul style="list-style-type: none"> - Supporting Engagement: Gross and fine motor skills are strong and all body structures support function; overall cognitive and perceptual abilities support function - Inhibiting Engagement: Minor difficulties with short-term memory/recall and some difficulty sustaining attention for > 20 minutes though responds well to short sensory breaks - Inhibiting Engagement: Difficulty with self-expression and regulating emotions; exhibits sensory seeking (proprioceptive and vestibular) behaviors; at times this may lead to fights with others

Assimilation	Migration history and trauma	<ul style="list-style-type: none"> - Family forced from home in DRC, lived in a large refugee camp in Tanzania for years - Describes food and water insecurity, transportation barriers, and frequently witnessed violence during migration journey - Ongoing experience of trauma related to bullying and acculturation stress; Reports nightmares, restlessness, and continued fear - Short-term memory recall deficits may be related to trauma - Observed and self-reported emotional dysregulation
	Navigation of new social systems and expectations	<ul style="list-style-type: none"> - Culture shock and adapting to U.S. customs, rules, and expectations - Struggles to connect with native born peers - Previous gaps in schooling leads to barriers in engagement across subjects - Resettled during COVID-19 pandemic; did not attend many in-person classes leading to digital literacy issues and reinforcing language barriers - Reports difficulty adapting to school rules and expectations as it differs greatly from previous educational experience
	Cultural identity	<ul style="list-style-type: none"> - Strong Congolese/Tanzanian cultural identity and Christian faith - Family engages in many Congolese cultural traditions and holidays - Strong community engagement with other Swahili + Kibembe speakers
	Language and literacy	<ul style="list-style-type: none"> - Language and literacy barrier; speaks 3 languages and learning English but not fully literate in any language - Home is not a place where he can practice English; school and community center have some language programs
Client Goals	Occupational performance	<ul style="list-style-type: none"> - Increase English literacy and proficiency - Be better expressing myself - Learn science and anatomy to one day become a doctor
	Prevention	<ul style="list-style-type: none"> - Handle conflicts better and learn healthy ways to cope - Practice managing my emotions, especially anger with people not being fair
	Health, Wellness & Well Being	<ul style="list-style-type: none"> - Take care of myself better, e.g., brush teeth, get sleep, and eat three meals a day - Improve how I feel about myself how I communicate my thoughts and ideas - Keep going to church and religious/cultural activities
	Participation	<ul style="list-style-type: none"> - Play more with other kids in the neighborhood; play more soccer - Take part in social activities with my school peers
	Role Competence	<ul style="list-style-type: none"> - Make more time for play and social engagement - Make U.S. friends - Stop the bullies
	Integration	<ul style="list-style-type: none"> - Learn the school customs/rules - Practice asking for help from teachers and peers

Occupational Needs of Displaced Youths

The middle-school-aged participants in this study shared histories and experiences consistent with those previously reported in the literature about displaced youths. Specifically, their narratives included examples of past traumas (Khan et al., 2020; Luci, 2020); confirmed disruptions in their educational roles (Scharpf et al., 2021); defined acculturation stressors, including literacy and language challenges (Cayabyab et al., 2020; Khan et al., 2020); and noted past and sustained challenges to their mental health, including PTSD symptoms and bullying (Kien et al., 2018; Luci, 2020). Their families and the fact that they lived in communities with other refugees, many of whom shared cultural and religious traditions, supported their resilience. Nonetheless, social and physical features in the resource-scarce communities where they lived created occupational performance challenges and limited participation in a full range of occupations. Culturally responsive, person-centered care demands therapists attend to these person and contextual factors impacting participation.

Implications for Culturally Responsive Evaluation

Tools that encouraged narrative storytelling, such as the Kawa River Model process (Iwama, 2006), and adding a narrative component to other tools, such as a Modified Role Checklist, were effective means to understand the needs of youths who are refugees. The Kawa Model process encourages narrative storytelling, which has deep roots in occupational therapy and occupational science (Townsend & Poltajko, 2013). When using narrative interviewing processes with this and other assessments, the first author

repeatedly witnessed the healing nature of telling stories. Notably, the participants freely shared stories of current and past traumas and cultural adjustment. The opportunity to express themselves artistically and label Kawa components in their own terms, coupled with guided reflection, was well received. Therapists should investigate the growing research demonstrating the efficacy of using art to solicit storytelling and for processing trauma (Feen-Calligan et al., 2020). A caveat when approaching these conversations is the importance of therapists learning and following principles of trauma-informed care to prevent retraumatization.

Therapists considering habituation interventions should view role involvement and time use through a cultural lens and be aware that refugee youths may struggle to balance the expectations of the new country with those of their native culture. For example, most of the participants reported significant responsibilities and habits of caregiving. This is a role not typically part of the pattern of 10 to 11-year-old children in the US. Estimates of the number of youths in caregiving roles in industrialized countries like the US range between 2% and 8%, and these are often adolescents and young adults providing care for a family member with a chronic illness or disability. Youth caregivers in the US often live in families with low incomes and few or no caregiving alternatives (Leu & Becker, 2017). In their stories, the youths described being in charge of and providing activities, cooking, feeding, and hygiene assistance for their siblings. Caregiving was a meaningful role for these youths, but it also limited time to engage in other valued occupations. Therapists could use a Modified Role Checklist combined with a narrative process to explore time use and role participation but should situate descriptive data in a cultural context. Another assessment to consider may be the Child and Adolescent Scale of Participation (CASP) (McDougall et al., 2013).

The Preferences for Activities of Children (PAC) tool (King et al., 2004) included several images of activities that were unfamiliar to the participants. Swedish researchers discovered similar cross-cultural challenges and replaced multiple images in their study to enhance the social validity of the scale (Ullenhag et al., 2011). The youths in this study expressed a strong interest in exploring unfamiliar activities presented in this assessment. When procedures were modified to encourage the youths to ask questions and create action plans for trying out some of the activities, valuable data were generated. The PAC and the COSA include long lists of items and/or multi-point rating scales. When using these tools, participants often exhibited signs of assessment fatigue, and therapists can integrate sensory breaks to increase engagement and attention.

The Child Occupational Self-Assessment (COSA) (Keller et al., 2006) included items these youths struggled to relate to, even with interpreter support. Data collection also features self-ratings of multiple items on two scales, a process that seemed to challenge this sample. Previous studies have raised questions about the social or construct validity of a few items in the Dutch (ten Velden et al., 2013) and Persian (Sattari et al., 2019) versions of the COSA. Based on observations early in this study, the evaluator ceased administration of the second COSA scale and used narrative interviewing combined with self-ratings of performance items only. Therapists may find a similar shift emphasizing narrative discussion of COSA ratings can result in the collection of some socially valid data.

Most of the participants seemed to resist being engaged in the process of reconstructing the 24 hrs of their day in the researcher-designed Time Log. It is unclear whether this is because of a lack of familiarity with self-reporting time usage, differences regarding the cultural perceptions of time use, or other challenges. In a report comparing time use surveys of 65 countries, Charmes (2015) reported that among the eight countries in Sub-Saharan Africa included in his review, evaluation of time use at a national level occurs most often in an interview format and considers seasonal variations that can have a strong impact on time

use. In the current study, the participants often struggled to recall how they spent time during a 24-hour period before assessment. Another potential explanation is that these difficulties may be because of memory deficits related to post-traumatic stress. Recent research found a correlation between cognitive deficits in working and short-term memory in refugee youths who have experienced trauma (Mueller et al., 2021; Scharpf et al., 2021), and several of the participants in this study shared their own traumatic experiences. When administering this assessment, therapists may find that breaking up the day into larger periods of time, such as the morning, afternoon, and evening, as opposed to hour-by-hour increments, will support better recall as it did for the researchers in this study.

Implications for Language and Literacy

Daily occupations require reading skills. Mastering a new language and functional literacy are critical developmental challenges for youths who are refugees, and proficiency is a gateway to success in education, vocation, and occupation (Grajo & Gutman, 2019; Pardis et al., 2020). This study's results reinforce the necessity for therapists to consider and differentiate between language acquisition and literacy development in evaluation and intervention. The youths in this study defined language as a serious challenge to full participation. It created misunderstandings, made them feel less capable in school, sometimes led to feelings of isolation or anxiety, and for many, made them a target of bullying. Humans acquire language early in life. Over one-third of the youths in this study were born in a refugee camp, and all experienced some gaps in schooling, which impacted literacy development. Based on weeks of observations throughout the evaluation process and routine interactions with the youths' parents and caregivers, the lead researcher determined that while, on average, the participants spoke three languages, none of these youths was functionally literate in any language and home was not a place to learn or practice English.

The evaluator in this study was most successful when she found ways to signal to the child unconditional acceptance of their language abilities. For example, most of the youths in this study seldom required significant interpretation during evaluation activities, typically only a word or a phrase. The evaluator learned words and phrases in the various languages these youths spoke and encouraged them to correct her mistakes. Once the youths understood they would not be penalized or made to feel inadequate when using language incorrectly, they quickly grew more comfortable conversing in English with the evaluator and needed minimal interpretation services. To better understand a young student's literacy occupations (Grades 1–3), therapists may consider using the pediatric version of the Inventory of Reading Occupations (Grajo & Gutman, 2019). Therapists might also consult with schools and afterschool programs to help develop mentoring and ESL programs that are activity-based and that include networking opportunities that promote cultural integration in pressure-free settings. Finally, it may be useful to seek out experts in ESL and seek best practices for language acquisition and how to best support functional literacy.

Implications for Cultural Humility

The participants shared multiple examples of cultural adjustment challenges that were consistent with those reported in the literature (Brown et al., 2020; Khan et al., 2020). They shared stories about how they and their families were seeking to find a balance between fitting into a new culture and maintaining their native culture. Many of the participants told stories that made it clear that some Americans resisted their efforts. Acquiring cultural humility is a life-long process that requires a willingness to lose one's own sense of self to be fully present with the other. It requires one to relentlessly remain open, self-reflective, and in tune with diversity, equity, and imbalances in power (Foronada et al., 2016). Critically, it requires one to engage purposefully in supportive interactions with others (Agner, 2020). Reflective practices the lead evaluator employed in this study may be useful for others working with refugee populations. One

practice was journaling to reflect on conversations and observations and to identify areas to assess personal beliefs, check for bias, and improve cultural responsiveness.

Another strategy was to seek out lectures, podcasts, and documentaries, specifically on the acculturation experiences of refugees and common cultural practices in the participants' home countries. Researching literature on migration journeys, forced displacement, and the history of conflicts in the participants' origin countries supported more intentional perspective-taking. Learning about and intentionally practicing trauma-informed care principles also supported more reflective practices. Therapists interested in improving their capacities to work with refugees must cross into the physical boundaries of the communities where these populations live. Completing all evaluation sessions in-person in people's homes helped develop rapport with participants and their families. Entering homes only when invited, respecting family boundaries, accepting small amounts of food or drink when offered, and spending extra time with the participants and their families before and after sessions also helped build trust. Practicing proper greetings and terminology to address the participants and their families was also a small but important strategy for gaining early acceptance by the parents and caregivers.

Limitations of the Study Design

A design limitation in this exploratory study was the small sample of participants ($N = 11$). The results are not generalizable to the broad population of middle school-aged youths who are refugees, but they may help inform therapists working with similar populations. Despite intentional efforts to maintain a stance of cultural humility, it is possible the researchers' cultural biases influenced data collection and interpretation. Language was an additional component of the difference between the researchers and the participants. While fortunate to have routine access to interpreter services, language barriers may have affected the participant or researcher's understanding and impacted data collection. The interpreters may also have worded things differently than the lead evaluator intended or understood, and thus interpreter reliability could have influenced results.

Conclusion

The results of this study illuminate some of the challenges to and approaches for person-centered, culturally responsive evaluation with youths who are displaced refugees. The results suggest a person-centered approach with this population requires the evaluator to consider the cultural relevancy of each assessment tool intentionally, remain alert to a person's literacy and language abilities, and craft an interpersonal approach for building therapeutic relationships that are grounded in cultural humility. Including a narrative approach when employing assessments can also be an effective means of approaching the evaluation process from a trauma-informed perspective and eliciting a nuanced understanding of evaluation data. Displaced children are a vulnerable population. Refugees experience prolonged occupational deprivation and injustices, impacting their ability to participate in meaningful occupations vital to their occupational participation and sense of self (Copley et al., 2011; Davy et al., 2014; Trimboli et al., 2019). Children, while resilient, are not immune to these same injustices, and it is negligent to assume otherwise. Research to evaluate the language and literacy requirements of existing occupational therapy assessments may help therapists make more informed choices in the evaluation process. The specific development of assessment tools that evaluate psychosocial needs, occupational performance, and occupational participation with methods that reduce language or literacy requirements can be crucial next steps to support therapists working not only with refugee youths but with all youths who may have experienced trauma.

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