

Occupational Therapy with Forcibly Displaced Individuals

The “Bridging Occupational Gaps with Refugees and Asylum Seekers” Clinical Practice Project

A Short Guide



I. Louta, P. Psychouli, C. Christodoulou, E. Kapnisi

Occupational Therapy with Forcibly Displaced Individuals

The “Bridging Occupational Gaps with Refugees and Asylum Seekers” Clinical Practice Project

A Short Guide

Contributors

Ioulia Louta

Pavlina Psychouli

Constantina Christodoulou

Elena Kapnisi

Special thanks to Elena Andreou, Danae Arcadiou, Katerina Argyrou, Maria Katsigianni, Aggeliki Mouratidou and Nefeli Paleki.

Contact

European University Cyprus

School of Sciences

Department of Health Sciences

Occupational Therapy Program

bridgingotgaps.euc.ac.cy

6 Diogenis Str., 2404 Engomi

+35722559486

bridgingotgaps@euc.ac.cy

Image courtesy of

Loris Marinoni (2022), <https://nadircommunicationvideo.com>

UNHCR Cyprus (2023), <https://www.unhcr.org/cy/publications/>

Nicosia, 2024



About the contributors

Dr. Pavlina Psychouli, coordinator of the BSc Occupational Therapy Program

Dr. Pavlina Psychouli is an Assistant Professor of Occupational Therapy and coordinator of the BSc Occupational Therapy Program at the European University of Cyprus. Her research interests include the input of occupational therapy in the socio-economic integration of refugees and asylum seekers within the Western societies.

Ms Ioulia Louta, clinical practice coordinator

Ioulia Louta, MSc, OT, Psych, is the coordinator of the “Bridging Occupational Gaps with Refugees and Asylum Seekers” occupational therapy clinical practice program at the European University of Cyprus. Her research interests involve the contribution of occupational therapy in social transformation and inclusion of diversity.

Ms Constantina Christodoulou, clinical supervisor

Constantina Christodoulou, BSc, OT, is an Occupational Therapist, currently working as a clinical supervisor in the “Bridging Occupational Gaps with Refugees and Asylum Seekers” clinical practice project. Her research interests relate to the identification of the needs of refugees and asylum seekers from an occupational therapy perspective.

Ms Elena Kapnisi, clinical supervisor

Elena Kapnisi, BSc, OT, is an Occupational Therapist, currently working as a clinical supervisor in the “Bridging Occupational Gaps with Refugees and Asylum Seekers” clinical practice project. Her research interests relate to the role of occupational therapists in advocating for displaced persons and to influencing aspects relevant to occupational justice.



(Marinoni, 2022)

European University Cyprus

Abbreviations

ADL: Activities of Daily Life

EUC: European University Cyprus

IADL: Instrumental Activities of Daily Life

COPM: Canadian Occupational Performance Measure

ICTs: Information and Communication Technologies

NGO: Non-Governmental Organization

OT: Occupational therapy/ therapist

OTPF: Occupational Therapy Practice Framework

PTSD: Post Traumatic Stress Disorder

RASOS: Refugees and Asylum Seekers Occupational Satisfaction

UAMs: Unaccompanied Asylum-seeking Minors

UNHCR: United Nations High Commissioner for Refugees



(Marinoni, 2022)



Contents

1. Part 1	6
1.1. About the Guide	6
1.2. About the program	7
1.2.1. Services for participants	7
1.2.2. Learning outcomes for students	8
1.2.3. Evidence - based practice and research.....	10
1.2.4. Participants' perspectives on occupational therapy.....	11
1.3. Introduction	12
1.3.1. Key Concepts	12
1.3.2. The role of occupational therapy with refugees and asylum seekers.....	17
1.3.3. Displaced persons through the lens of occupational therapy	17
1.3.4. Occupational needs of the displaced individuals	220
1.3.5. Challenges of occupational therapy practice in the field.....	21
1.4. Philosophy and Theory	23
1.4.1. Core Concepts.....	23
1.4.2. Models of Occupational Therapy and Frames of Reference	27
2. Part 2	30
2.1. Elements of the assessment and intervention process	30
2.1.1 Process steps.....	30
2.1.2. Occupational profile	31
2.1.3. Analysis of occupational performance	32
2.1.4. Synthesis of evaluation information	32
2.1.5. Intervention implementation	333
2.1.6. Intervention approaches	33
2.1.7. Types of intervention.....	34
2.1.8. Expected outcomes	35
2.1.9. Future directions	36
2.2. Incorporation of cultural competency standards.....	38
2.3. Promotion of JEDI (Justice, Equity, Diversity, Inclusion).....	39
2.4. Practice considerations.....	40
2.4.1 Key considerations	40

2.4.2. Key challenges that affect OTs well-being.....	44
2.4.3. Self-care strategies for mental health resilience of OTs.....	44
3. Part 3	45
3.1. An example of an intervention	45
4. References	50
5. Appendices	55
5.1. Appendix 1 - Terminology	55
5.2. Appendix 2 - Resources	62
5.3. Appendix 3 - Other services and entities in the field	66
5.4. Appendix 4 - Essential documents and forms	70

Part 1

About the Guide

The purpose of this guide is to help pre-final and final year occupational therapy students doing their fieldwork in emerging placements with the displaced population navigate their experience, achieve the expected learning outcomes, and equip with the critical thinking, problem-solving, and adaptability skills needed to thrive as occupational therapists.

This short guide could also serve as a reference tool for international students, volunteers, academics or professionals that would like to broaden their understanding of the role of occupational therapy in the field of human displacement, delve into a social innovation mindset that fosters the core values of the occupational therapy discipline and gain practical insights of the way occupational therapy in real-world settings can contribute to the academia, but also to local communities.

An occupational perspective, however, refers to occupational therapists' focus on humans as occupational beings, who perform and engage in occupations that impact on their health and wellbeing within the context of their environments. (Kielhofner, 2009)

Occupation is not just a choice, but a fundamental right, essential to human dignity, well-being, and fulfillment. (AOTA, 2014)

(Occupational therapists) to have the reflexivity to understand their position of power and expertness, and humility to let that go. (Brown et al., 2021)

Communities are equal collaborators with practitioners. (Brown et al., 2021)

About the program

Occupational therapy has recently expanded its presence in the field of human displacement. In 2018, the clinical practice program with refugees and asylum seekers was created, with the aim to organize occupational therapy assessments and interventions and to examine the role of occupational therapy in emerging contexts.



Services for participants

The program offers free of charge occupational therapy assessment and intervention services to adults, adolescents and children who are recognized refugees, refugees with subsidiary protection or asylum seekers.

Services are offered at shelters for unaccompanied minors, semi-independent houses, community venues and a refugee reception center, in collaboration with UNHCR Cyprus and other governmental and non-governmental organizations.

Unaccompanied asylum-seeking teenagers and young adults are supported as they transition into adulthood and integrate into the social, cultural, and economic environment of Cyprus. Occupational therapy students assess their needs, as they themselves express them. The needs that are identified concern participation in occupations, both in the community and at home. Interventions are organized at shelters for unaccompanied asylum-seeking minors and semi-independent houses of the Social and Welfare Services of Cyprus, coordinated by the Hope for Children CRC Policy Center.

Adult men and women participate in programs at the Kofinou Reception and Accommodation Center for Applicants for International Protection to enhance the necessary skills for participation in daily life occupations in Cyprus, such as entering the job market.

Children and adolescents have the opportunity to take part in interventions at the Kofinou Reception and Accommodation Center for Applicants for International Protection with the aim

to enhance participation in occupations at home, at school and in the community, through play.

Box 1: Overarching goal of interventions.

The intervention is built around therapeutic activities to enhance participation in meaningful and relevant occupations that concern the overall well-being of the individuals, as well as the integration in the host society, while taking into consideration the cultural, social, and personal context of the participants' daily lives and the personal and environmental factors that promote or hinder participation.



Learning outcomes for students

Upon successful completion of this course, students are expected to be able to analyze, assess, intervene, adapt, grade, and choose purposeful and occupation-based activities as a therapeutic intervention during treatment, demonstrate management and administrative skills, fully communicate within the multidisciplinary team, document occupational therapy services to ensure accountability of service provision and provide evidence-based effective therapeutic interventions related to performance areas, performance components, and performance contexts directly and in collaboration with the client and the family.



Interventions are founded on the principles of community-based participatory and experiential learning, using the therapeutic relationship. Students use an inquiry-based approach that promotes problem solving, guided and self-exploration, reflections, self-

awareness, meta learning, coping strategies, original work and offers positive ways of active engagement.



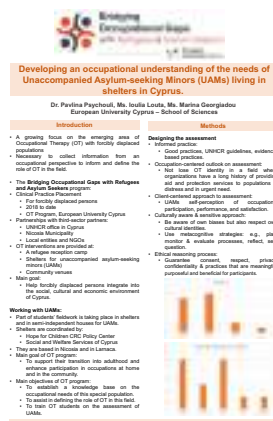
Box 2: Short description of selected interventions.

Education on the use of new technologies to enhance participation: New technologies can change the way people engage in occupations and can promote participation, especially in contexts where resources and support systems are scarce. Parents that reside in refugee camps can have a hard time communicating with the local school their children attend to due to various personal or environmental factors (e.g., the language barrier). OTs organized an intervention where they educated the mother of a young girl on the use of a smartphone translation application, which could be used offline as well, to help her communicate more efficiently with the school staff and administration about the progress and needs of her daughter.

Developing health and wellness routines in the community: UAMs residing in shelter facilities can often experience social isolation and disengagement. Through the OT intervention, an unaccompanied asylum-seeking teenager was able to seek occupations that would support his social health. He expressed the need for physical activity that would improve the quality of his life and decided to join the gym. With the support and guidance of the OT students, he was able to explore and plan gym participation. Making this choice led to successful interactions at the community level and further supported the teenager's social, but also physical and emotional health.



Evidence-based practice and research



Methods	Results
Key features of the assessment - OT students are guided into designing and implementing initial assessments of UAMs to define the understanding of occupational needs of the population group. - The assessment plan includes: - Initial assessment - OT observation in UAMs' natural environment - Unaccompanied minors: asylum-seekers & rejected-asylum - Qualitative data collection - Duration: 2019 to date Challenges & solutions - Lack of operational assessment tools - Complexity of the assessment tool - Insufficient scientific evidence - Consistent expert OTs with experience in this field - The emphasis on data collection and analysis - Lack of literature during interview due to insufficient occupational conditions - Encouraged by field as well as verbal without interpretation - Language barrier - Collaboration with translators for non-Greek or English speakers - UAMs' literacy to participate - Ensured full role and aim & provided information about the project - Respected cultural differences that discourage answers from sharing personal information - Appointed process with sensitivity and the guidance of the clinical supervisor to avoid trauma trigger - Statistical test of knowledge & experience in this field - Field awareness and information sessions - Initial grant supports for activities - Statistical information about OT with the highest population of OT courses	Pressing needs of UAMs: - Cost of education - Language - Education - Social participation - Alone - Monitoring a balance of leisure activities with other occupations - Home management - Meal preparation - Communication with public services - Mobility by public means of transport - Participation in educational programs - Shopping in the market Inhibitory factors that affect UAMs' occupational participation, performance and satisfaction - Personal factors - Skills and values (e.g., cultural attitudes to work) - Mental dysfunction (e.g., PTSD) - Social skills (e.g., poor language skills) - Resilience (e.g., daily mothers due to religious discrimination) - Environmental factors (e.g., low educational background) - Environmental factors (e.g., poor housing conditions) - Environmental factors (e.g., social policies)



Research opportunities within the project offer an enriching platform for students to delve into the intersection of academic inquiry and real-world OT challenges. Through engagement in reviewing of literature, systematic reviews and research studies, students explore gaps in global OT literature in the field, which provides them with the opportunity to translate their findings into tangible and innovative solutions. In collaboration with the participants as active contributors, they shape the learning material, as well as the processes of project design and implementation themselves, but also, ultimately, they shape the future of OT.



Article

Development of the Refugees and Asylum Seekers Occupational Satisfaction (RASOS) Assessment Tool

Pavlina Psychouli ^{*}, Ioulia Louta and Constantina Christodoulou

Department of Health Sciences, European University Cyprus, 2404 Nicosia, Cyprus; i.louta@external.euc.ac.cy (I.L.); c.christodoulou@external.euc.ac.cy (C.C.)
^{*} Correspondence: ppsychouli@euc.ac.cy; Tel: 4387-22890878

Abstract: The objective of this study was to develop an occupation-centered and client-centered assessment tool for refugees and asylum seekers. A preliminary tool outline was produced based on a literature review, while considering previous published tools' strengths and limitations. A qualitative study was undertaken via focus groups to improve on the tool's design and adequacy for its purpose, resulting in the creation of a pilot version of the tool. Convenience sampling included 8 Greek and Cypriot professional and student occupational therapists with experience in the field, 8 international expert occupational therapists, 4 laypeople, 4 humanitarian professionals, and 5 refugees and asylum seekers. Basic qualitative content and thematic analysis led to topics regarding tool modifications that concerned categorization, formation/structure, wording, administration, and assessment scale. Corresponding tool revisions ensued. This study led to the development of the pilot version of the Refugees and Asylum Seekers Occupational Satisfaction (RASOS), which can also be used to identify underlying personal and environmental factors that contribute to self-perceived low satisfaction. A future quantitative study is required to establish the psychometric properties of the tool.

Keywords: refugees; asylum seekers; assessment tools; barriers; occupational needs

Participants' perspectives on occupational therapy

- There is no limit to what we can do. There are barriers but occupational therapy can help to overcome them move forward. (Fatima, 17, Syria)
- Occupational therapy opened my eyes to see the place I am at in a new light. But for OT, things would be much harder for everyone. (Ahmed, 20, Syria)
- Occupational therapy helps me to create my own future. I now have a CV and I know everything about searching for a job. (Mariam, 20, Somalia)
- I am very happy to work with the occupational therapists because now I know how to take the bus, manage my house and shop at the supermarket in Cyprus. (Gloria, 22, Congo)
- When I am with the occupational therapy students, I feel like I am with my family. (Ola, 16, Nigeria)
- We are all humans but many times I feel discrimination against me. I am a better person than the person you think I am, and occupational therapy helps me to show that. (Abdul, 30, Syria)
- Having all these sessions with you makes me feel like I am finding myself again. The woman I used to be! (Amena, 25, Syria)



Introduction

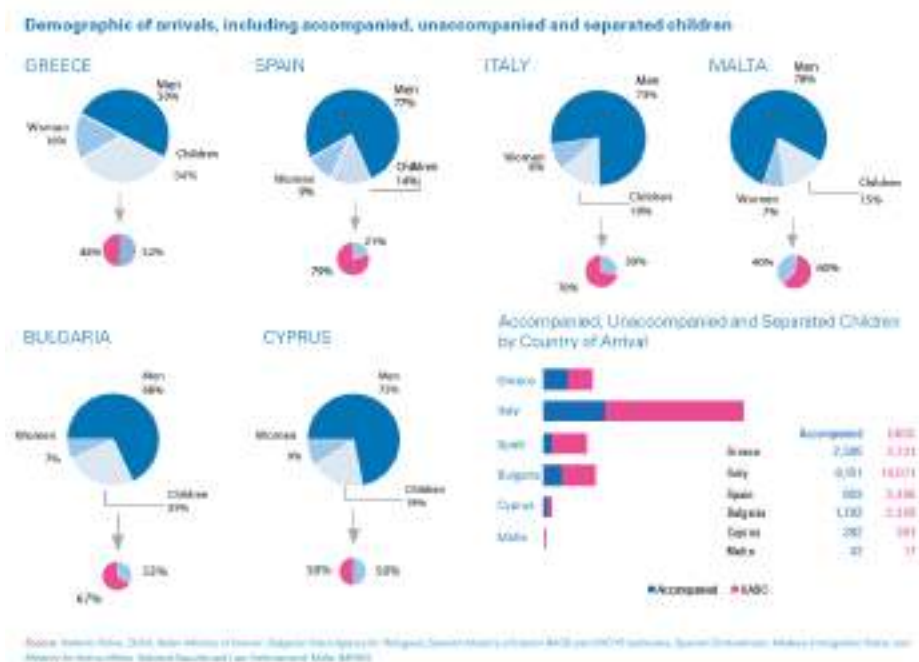
Key concepts

Displaced persons are individuals who have been forced to flee their homes or places of habitual residence due to conflict, persecution, natural disasters, or other circumstances. Displaced persons may include refugees, internally displaced persons, and other affected populations [1].

Refugees meet the criteria for refugee status as defined by the 1951 Refugee Convention and its 1967 Protocol. They are individuals who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, are outside the country of their nationality. Refugees are typically unable or unwilling to return to their home country due to fear of persecution or danger. They often face significant challenges in their new host country, including language barriers, cultural differences, and limited access to resources. **Refugees with subsidiary protection** do not qualify as refugees but are still at risk of serious harm and are granted a form of international protection under the legal framework of the host country [2].

Asylum seekers are individuals who flee their home country due to persecution, violence, or other forms of danger, and seek protection and refuge in another country. They typically apply for asylum upon arrival in the new country and often undergo a legal process to determine whether they qualify for refugee status under international law [3].

The refugee crisis in Cyprus persists as a pressing issue. Cyprus, as a Mediterranean island, has been a frequent destination for refugees from the Middle East, Africa, and Asia. Thousands of asylum seekers face challenges in accessing basic services and opportunities for integration [4].



(UNHCR Cyprus, 2023)

8 February 2024

From Jan-Dec 2023 some **11,617** persons applied for asylum in the Republic of Cyprus (RoC).

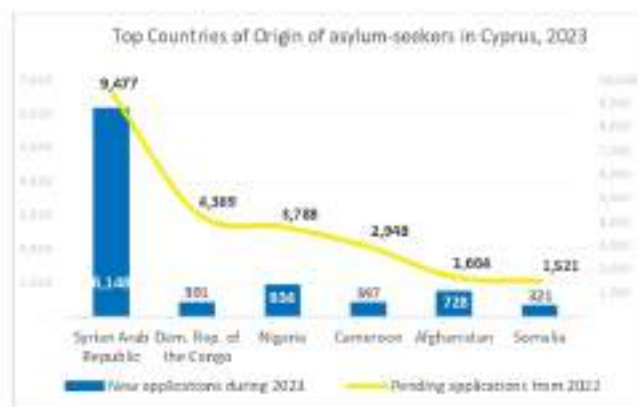
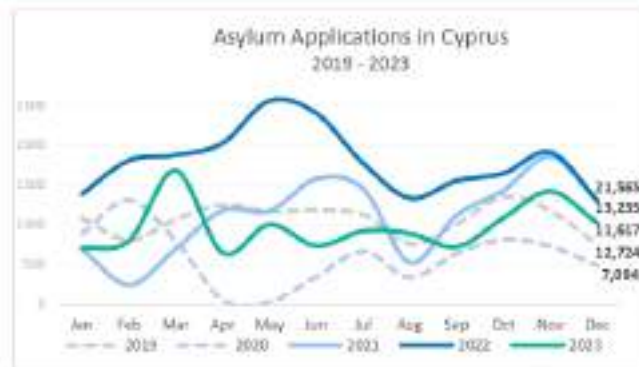
As at end December, some **26,599** persons' applications are pending decision at the Asylum Service. Another **5,073** persons' appeals are pending at the International Protection Administrative Court (IPAC).

There are some **19,498** persons currently registered as international protection beneficiaries in the RoC, of whom **3,265** have been granted refugee status, and **16,233** are subsidiary protection beneficiaries.

Some **138** refugees are under UNHCR's mandate in the northern part of Cyprus.

In 2022 some **925** unaccompanied and separated children (UASC) applied for asylum in the RoC. From Jan-Nov 2023, some **380** UASC applied for asylum, per EASO data, while a total of **1,015** UASC were registered as having arrived at Poyraz in 2023.

Up until 14th Jan 2024, some **20,127** refugees from Ukraine have applied for Temporary Protection in the RoC.



8 February 2024

Cyprus is one of Europe's frontline states and since 2015 has been faced with an increasing trend of mixed migration arrivals. In 2022 some **21,565** new asylum applications were made. In 2023 some **11,617** persons applied for asylum in the Republic of Cyprus (RoC).

As at end December, there are some **26,599 persons'** applications pending decision at the Asylum Service. Another **5,073 persons'** appeals are pending at the International Protection Administrative Court (IPAC).

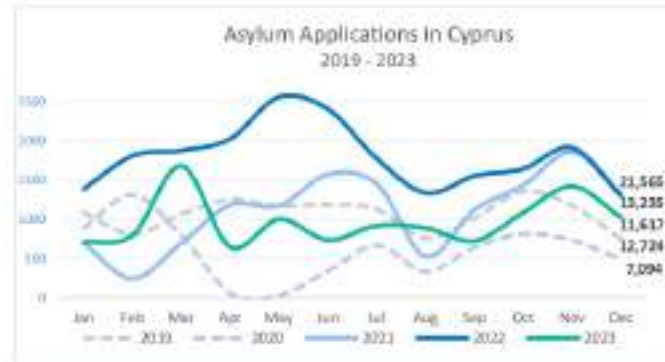
There are some **19,498 persons** currently registered as international protection beneficiaries in Cyprus, of whom **3,265** have been granted refugee status, and **16,233** are subsidiary protection beneficiaries.

Up until 14th Jan 2024, some **20,127 refugees from Ukraine** have applied for Temporary Protection in the RoC.

Asylum processing

UNHCR advocates for the implementation of fair, effective and fast procedures for examining asylum-seekers' applications. This is to everyone's interest as the asylum system should be preserved for those needing international protection.

As part of its work to improve the quality of the asylum procedures, UNHCR provides guidance* to the Asylum Service in addressing the backlog. In particular, UNHCR advocates for the adoption of an effective screening mechanism and accelerated procedures to quickly decide on applications from persons who are in need of international protection, as well as on applications with unbounded claims.



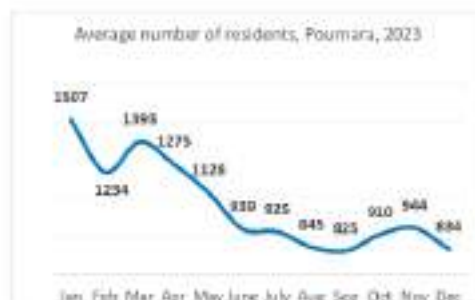
The significant increase in the number of arrivals have led to an overstressing of the already limited reception structures of the country. Newly arrived asylum-seekers are faced with multiple challenges with regards to their first reception and subsequent transition to the community, such as in ensuring affordable housing, employment or state support, and access to language and vocational training. The asylum examination procedures, which on average take up to three years, further exacerbate the difficulties faced by asylum-seekers.



*For more information see UNHCR's paper: *Effective processing of asylum applications: Practical considerations and practices* (<https://www.refworld.org/docid/6241b38d.html>)

First Reception Centre (Pournara) in Kokkinotrimithia

The reception centre located in Kokkinotrimithia, on the outskirts of Nicosia, was originally established in 2014 as a tented facility with a 350-person capacity with EU funding to help deal with increased arrivals from Syria. It was envisaged only to provide 72-hour emergency accommodation to newly arrived asylum-seekers.



Today, the centre comprises of pre-fabricated housing and tents and has an official capacity of 1,000 persons. Since 2020, the centre has received all newly arrived asylum-seekers, including families with children as well as unaccompanied children, and has been operating as a long-term reception facility. Asylum-seekers are allowed to exit the camp and live in the cities after they complete the initial registration procedure, and if they have a valid address in Cyprus – a requirement that is difficult to meet as they are not allowed to leave the camp to find accommodation. In 2022, the centre was operating considerably beyond capacity, with up to 2,000 to 3,000 residents at times. In 2023, the number of residents has decreased. IOM Greece started the construction for the expansion and refurbishment of the centre in June 2023. The first phase is expected to be completed in March 2024. This action is expected to raise the capacity of the centre from 1,000 to 3,000 persons.

The centre is not suitable for long-term stay as it lacks adequate infrastructure, is in a remote location, and outbreaks of violence are recurrent. High-security fencing around the perimeter of the centre was completed at the beginning of June 2023.

Unaccompanied children reside at Pournara in precarious conditions for several months without access to education. As at end December 2023 some 222 unaccompanied children were residing in the centre. Due to limited capacity, approximately half of children were residing the Safe Zone and the other half in the main camp. The sanitation facilities in the Safe Zones improved over the past year with the assistance of the Watershed NGO.

With the shelters for unaccompanied children operating at full capacity, the welfare services have adopted some interim measures to accommodate the children in hotels, which however lack in various regards, including freedom

of movement, access to education and recreational activities. Semi-independent living programs have also been developed with EU funding. However, children who reach the age of 18 are requested to leave the programs without meanwhile having acquired the means to live independently in the community. It is notable that the unaccompanied children who reside at the shelters once they attain the age of 18 are also required to move into independent living without support to help them integrate into the community.



UNHCR and its main NGO partner have physical presence at Pournara to assist the authorities in ensuring adequate reception conditions for asylum-seekers and vulnerable groups. To that end, UNHCR conducts vulnerability assessments; informs the authorities of the daily challenges; provides advice to address exploitation risks for children and women at the camp and assists in finding solutions for issues that vary from medical needs to information provision to the asylum-seekers and their transition into the community. At the end of 2021 until mid-2022, UNHCR employed a camp management expert who proposed solutions for the improvement of infrastructure and for faster and more efficient asylum processes in the camp. UNHCR also recommended that emergency preparedness plans are adopted for a possible sudden influx, while longer term improvements are pursued in Pournara. Meanwhile, UNHCR has donated blankets, plastic sheets, family tents, refugee housing units, camp beds, benches, a shaded area for cover during food distribution and other non-food relief items.

Kofinou Reception Centre for Applicants of International Protection

The sole state-run reception centre is located in a remote area of the village of Kofinou with a capacity of approximately 600 persons. Kofinou hosts families with children, single women and single men. The centre is a model of good management with an on-going effort to further improve infrastructure and services. This is

evidenced by the recent refurbishment and extension of the centre, which saw the capacity of the centre double. Accessibility for persons with disabilities have been improved and sports and leisure areas are forthcoming. In addition, the centre is currently undergoing further renovations, which, once completed will increase its capacity by an additional 100 persons.



UNHCR has donated among others, trees, housing units and playground equipment to improve the living conditions for the residents at the Kofinou Reception Centre.

Urban living for the majority of asylum-seekers

Most asylum-seekers live in the towns and cities. Some live in rented private accommodation, but many more are left homeless or at risk of homelessness and destitution. Since 2017 homelessness has been on the rise due to a number of factors, such as the employment policy that applies to asylum-seekers, which is not conducive to their integration into the labour market; the amount of state aid granted to unemployed asylum-seekers that is less than the Guaranteed Minimum Income (GMI) granted to other destitute groups of the population, including unemployed citizens and refugees; the surge in the rent prices caused by an increase in the demand for rented accommodation and the prolonged period for the examination of asylum applications.

Sectors of the economy in which asylum-seekers can work are limited mainly to low-skilled jobs. Also finding a job in those sectors remains problematic for most asylum-seekers due to language barriers and red tape. Access to the labour market for asylum-seekers will be further restricted as of September 2023. While asylum-seekers are currently allowed to work, one month after they submit their asylum-claim, a circular was enacted at the beginning of 2023 providing that as of September 2023 asylum-seekers will be allowed to work nine months after they submit their asylum claim.

State aid is in the form of cash-based allowance and consists of rental allowance, utilities and food and clothing. Many asylum-seekers continue to face obstacles in opening basic bank accounts that are required in order to access their monthly allowance, hence they are exposed to the risk of destitution. Furthermore, the total monthly allowance for asylum-seekers (Euros 361 per applicant to

cover rent, utilities and food) remains well below the Guaranteed Minimum Income (GMI) that applies to recognised refugees and subsidiary protection beneficiaries. The GMI allowance provides a basic income to the applicant of EUR480 per month, an additional allowance for spouses (EUR240) and for children under age 14 (EUR144) or for children over age 14 and up to age 28 (240), as well as a rental allowance, which is calculated based on various criteria, and according to a specific formula. For more details about the material reception conditions provided to asylum-seekers, visit our **Help Platform**: <https://bit.ly/3PcQ830>



Increasing numbers of asylum-seekers are at risk of homelessness, and even those who find accommodation are living in squalid conditions.
 © UNHCR Cyprus

Centre at Limnass

The centre at Limnass was established in 2021 to host failed asylum-seekers coming directly from Pournara and pending deportation as well as asylum-seekers who are part of voluntary return or relocation programs. The centre is in a remote location with no local bus to the main towns for to access services, including the appeal court that is based in Nicosia. The funding for refurbishment was availed by the European Commission in 2022 and residents have been transferred to the reception centre in Kofinou pending the completion of the renovation works.

The role of occupational therapy with refugees and asylum seekers

Occupational therapy plays a crucial role in supporting refugees and asylum seekers as they navigate the challenges of resettlement and adaptation to new environments. Occupational therapists work with these populations to address physical, emotional, psychological, social, and political barriers to participation in meaningful and relative activities and daily life tasks. Through occupation-centered and client-centered interventions occupational therapists help refugees and asylum seekers rebuild their lives and regain a sense of independence and belonging. By focusing on strengths, resilience, and holistic well-being, occupational therapy empowers individuals to overcome adversity and thrive in their new communities [5].

Box 3: The role of OT and OT students.

The role of OT is to:

- Identify specific and personalised occupational needs of participants.
- Identify current stakeholders and introduce interdisciplinary collaborations.
- Advocate for occupational justice.
- Provide scientific evidence to guide health and social policies.
- Expand understanding of OT profession.
- Promote culturally informed practices.

OT students are trained to:

- Have a better understanding of displaced peoples' needs and of this field.
- Identify and apply approaches of OT for social transformation.
- Expand their understanding of the professional identity of an OT.
- Critically reflect on future perspectives of emerging areas of OT.

Displaced persons through the lens of occupational therapy

Occupational therapy is defined as the therapeutic use of everyday life occupations with persons, groups, or populations to enhance or enable participation. The primary focus is always on occupation and the ensuing occupational participation, performance, and satisfaction. A core belief in occupational therapy is the positive relationship between occupation and health and its view of people as occupational beings. Participation is affected by the dynamic and complex interplay among the person, the environment, and the occupation and the factors that hinder or promote participation [6].

Table 1. Aspects of the occupational therapy domain in the case of displaced persons (AOTA, 2020).

Aspects	Explanation	Example
Occupations		
ADLs	Taking care of one's own body, on a routine basis.	Personal hygiene norms can vary across different socio-cultural contexts. Displaced persons may not always be familiar with the host country's hygiene products and their use.
IADLs	To support daily life within the home and community.	Living in conditions of social isolation and exclusion may mean that displaced persons are unaware of the landmarks of the area they live in or where basic services are situated around the community.
Health management	Developing, managing, and maintaining health and wellness routines.	Communication challenges due to the language barrier and different cultural perspectives can lead to misinformation or under information about medical rights or necessary actions for seeking help in a medical situation.
Rest and sleep	Obtaining restorative rest and sleep.	Ensuring a quiet environment (e.g., turning off lights at night, having a comfortable resting space) can be difficult for residents who find accommodation in cramped rooms of reception centres.
Education	Activities needed for learning and participating in the educational environment.	Unaccompanied asylum-seeking minors who haven't completed compulsory schooling in their home country may not be able to handle the demanding process of exploration for formal or informal education opportunities in the western cultural context.
Work	Labour or exertion related to the development, production, delivery, or management of objects or services; benefits may be financial or nonfinancial.	Refugees and asylum-seekers from non-western societies may need support to meet work-related requirements (e.g., getting educated about their work rights, preparing a CV, or participating in job interviews) in the demanding western labour market. Additionally, asylum seekers often face unemployment, exploitation or are forced to do menial jobs or work illegally due to discriminating work policies.
Play	Activities that are intrinsically motivated, internally controlled, and freely chosen and that may include suspension of reality, exploration, humour, risk taking, contests, and celebrations.	Play opportunities can be significantly limited for children residing in the complicated context of a reception centre. A lack of safe and child-friendly spaces combined with the occupational chaos of these placements can lead to play deprivation.
Leisure	Non-obligatory activity that is intrinsically motivated and engaged in during time not	Newly resettled displaced individuals living in shelter or reception facilities often experience

	committed to obligatory occupations such as work, self-care, or sleep.	occupational imbalance, having too much unstructured free time.
Social participation	Activities that involve social interaction with others, including family, friends, peers, and community members, and that support social interdependence.	Engaging in socially desired roles can be disrupted in a strange socio-cultural context. As families are often separated, solo women, unaccompanied children, or single mothers are especially vulnerable. Left without a supportive social system, they struggle to make meaningful social connections.
Contexts		
Environmental factors	Aspects of the physical, social, and attitudinal surroundings in which people live and conduct their lives.	Living conditions in a refugee centre are unsuitable for a balanced and healthy life. Overcrowding, poor sanitation, limited access to basic needs, dependency on humanitarian aid and occupational deprivation lead to reduced quality of life.
Personal factors	Personal factors are the background of a person's life and consist of the unique features of the person that are not part of a health condition or health state.	A low socioeconomic background can make it difficult for young refugees to afford to study at the university. Cultural attitudes can limit displaced women's involvement in decision-making processes. Anxiety and psychological trauma can affect participation in daily occupations with peers.
Performance patterns		
Habits	Specific, automatic behaviours performed repeatedly, relatively automatically, and with little variation.	Majority group members of the host society have cultural stereotypes and prejudices towards refugees concerning their spiritual habits during Ramadan.
Routines	Patterns of behaviour that are observable, regular, and repetitive and that provide structure for daily life.	Muslim families may be forced to cook in a common kitchen with limited access to suitable ingredients for their Halal diet.
Roles	Aspects of identity shaped by culture and context.	Refugee mothers are at risk of mental health problems (e.g., depression, PTSD, or anxiety) as they experience occupational challenges disproportionately having the additional burden stemming from their role as mothers.
Rituals	Symbolic actions with spiritual, cultural, or social meaning.	Prayer times that differ from the ones of the majority group may hinder participation.
Performance skills		
Motor skills	Small, observable actions related to moving oneself or moving and interacting with tangible task objects.	Refugee children who face gross and fine motor skills problems have less opportunities than non-refugee children to participate in early childhood development programs.
Process skills	Small, observable actions related to selecting, interacting with, and using tangible task objects and carrying out individual actions and steps.	Refugees often use smartphone devices and applications to manage communication to overcome the language barrier.

Social interaction skills	Small, observable actions related to communicating and interacting with others.	Touching and making bodily contact in an appropriate way during social exchanges in the host country may differ from the one of the home country.
Client factors		
Values, beliefs, and spirituality	Values: Acquired beliefs and commitments, derived from culture, about what is good, right, and important to do. Beliefs: Something that is accepted, considered to be true, or held as an opinion. Spirituality: A deep experience of meaning.	Commitment to attend religious services regularly can coincide with commitments in the western work environment.
Body functions	The physiological functions of body systems, including psychological functions.	Refugee women who have gone through physical and emotional abuse often experience depression due to the psychological trauma they have experienced, which affects occupational engagement and performance.
Body structures	Anatomical parts of the body that support body function.	Disabled refugees are often overlooked and lack the targeted support they need.

Table 2: Types of occupation demands to consider during clinical reasoning process in the field (AOTA, 2020).

Type of demand	Explanation	Example
Relevance and importance	Meaning of activity, which is general within a culture, or meaning of an occupation, which is personal and subjective for the person.	Participating in traditional music and dance activities during traditional holidays.
Objects used and their properties	Tools, supplies, equipment, resources, required and their features.	Shelter materials, e.g., tents or makeshift shelters used to provide temporary housing and protection from the elements to homeless displaced individuals at informal settlements or urban areas.
Space demands	Physical environment requirements.	Arrangement of communal living areas at a refugee camp.
Social demands	Elements of the social and attitudinal environments required.	Nonverbal cues such as eye contact, facial expressions, gestures, and posture conveying meaning which may vary significantly across cultures.
Sequencing and timing demands	Temporal process required.	Preferred sequence and timing of a participant's praying routine to affirm spiritual identity.
Required actions and performance skills	Motor, process, and performance skills required.	Body movements required to wear a headscarf.
Required body functions	Physiological functions of body systems required.	Regulation of strong emotions and tensions when individuals face discriminatory or xenophobic behaviors.

Required body structures	Anatomical parts of the body required.	Structures related to movement to facilitate moving about in the community as refugees often lack access to the transportation system.
--------------------------	--	--

Occupational needs of the displaced individuals

Refugees and asylum seekers often face unique challenges related to displacement, trauma, and cultural and socio-economic adjustment. These individuals may struggle with activities of daily living, such as cooking, cleaning, and personal care, due to physical disabilities, mental health issues, or unfamiliarity with their new environment.

Box 4: Urgent occupational needs of displaced individuals.

Finding work and housing, participating in education activities, and engaging in occupations in the community can be listed as the clusters of needs that are often identified as the most pressing.

Occupational therapists work with them to develop skills, adapt activities, and overcome barriers to participation in meaningful occupations, aiming to enhance their independence and quality of life. This may involve providing assistive devices, modifying living spaces, offering counseling, or facilitating community integration programs. By addressing the occupational needs of refugees and asylum seekers, occupational therapists contribute to their rehabilitation, resettlement, and empowerment as they rebuild their lives in unfamiliar surroundings [7].

Box 5: Factors that hinder participation as perceived by the program's participants.

Personal factors:

- Beliefs and values (e.g., cultural attitudes to self-care)
- Mental health (e.g., PTSD)
- Social skills (e.g., poor language skills)
- Routines (e.g., daily routines due to religious commitments)
- Personal background (e.g., low educational background)

Environmental factors:

- Physical environment (e.g., poor building conditions)
- Social environment (e.g., social policies)

Challenges of occupational therapy practice in the field

Occupational therapy practice with refugees and asylum seekers presents unique challenges due to a variety of factors, including language barriers, cultural differences, and limited access to resources. These individuals may have experienced significant trauma in their home

countries or during the process of fleeing and seeking refuge, leading to complex mental and physical health needs. Additionally, they may face challenges in adapting to a new environment and navigating the healthcare system. Occupational therapists working with refugees and asylum seekers ought to be sensitive to their unique backgrounds and experiences while also providing culturally competent care [8].

Box 6: Challenges & solutions during implementation of interventions.

- Lack of specialized assessment tools: Created the RASOS assessment tool.
- Insufficient scientific evidence: Consulted expert OTs with experience in this field and put emphasis on data collection and analysis for future use.
- Lack of privacy during interviews due to insufficient accommodation conditions: Ensured to find a safe space without interruptions.
- Language barrier: Collaborated with translators for non-Greek or non-English speakers.
- Reluctancy of displaced individuals to participate: Explained our role and aim, provided information about the project, created authentic therapeutic relationships, respected cultural differences that discourage persons from sharing personal information and approached the process with sensitivity and the guidance of the clinical supervisors to avoid trauma triggers.
- Students' lack of knowledge & inexperience in this field: Held awareness and information sessions, invited guest experts for seminars and introduced information about OT with the displaced population in OT courses.





Core concepts

Contemporary paradigm: There is a view that occupational therapy now finds itself within the Contemporary Paradigm (Kielhofner, 2009). This paradigm, in contrast with the previous paradigm, is focused sharply on occupation and recognizes that humans have an occupational nature and face occupational challenges [9].

Occupational Therapy Practice Framework: The OTPF-4 describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and vision of the profession [6].

Occupational rights are the fundamental entitlements of individuals to engage in meaningful and purposeful activities that contribute to their well-being, health, and quality of life. These rights encompass the ability to participate in activities that are personally meaningful, culturally relevant, and socially valued, while also respecting the autonomy, dignity, and preferences of individuals [10].

Human rights are fundamental rights and freedoms that are inherent to all human beings, regardless of race, nationality, ethnicity, religion, gender, or any other status. These rights are considered universal, inalienable, and indivisible, meaning they cannot be taken away or compromised. Human rights encompass a broad range of principles and protections, including civil, political, economic, social, and cultural rights [11].

Social justice refers to the fair and equitable distribution of resources, opportunities, and rights among all members of society, regardless of their race, ethnicity, gender, sexual orientation, socioeconomic status, or other characteristics. It encompasses the principles of equality, equity, and human rights, aiming to address systemic inequalities and promote a society where everyone has access to the same opportunities and can live with dignity and respect [12].

Social integration refers to the process by which individuals from diverse backgrounds interact and coexist within a society. There are several types of social integration:

- **Assimilation:** Assimilation occurs when individuals from different cultural or ethnic backgrounds adopt the customs, values, and behaviors of the dominant culture within a society. This often involves immigrants or minority groups abandoning aspects of their own culture in favor of the dominant culture to better integrate into mainstream society.
- **Multiculturalism:** Multiculturalism is a social integration model that emphasizes the coexistence of diverse cultural groups within a society. Unlike assimilation, multiculturalism celebrates and preserves the distinct identities, traditions, and languages of various cultural groups. It promotes mutual respect, understanding, and appreciation for cultural diversity while advocating for equal rights and opportunities for all individuals regardless of their cultural background.
- **Structuralism:** Structuralism focuses on the social structures and institutions that shape patterns of integration within a society. It examines how factors such as education, employment, housing, and social policies impact the inclusion or exclusion of different groups within society. Structuralism seeks to address systemic inequalities and barriers to social integration by addressing underlying power dynamics and promoting policies that promote equality and social cohesion [13].

Community development theory is a framework that aims to understand and address the social, economic, and environmental needs of communities through participatory and sustainable approaches. It emphasizes the empowerment of community members, collaboration among stakeholders, and the mobilization of resources to create positive change within a community. Community development theory can support occupational therapy practice aimed towards social justice. The coupling of occupational therapy and community development in pursuit of social justice is reflected in **social occupational therapy**. This field operates outside of health care, with people who do not necessarily have a health diagnosis or illness but who experience occupational issues due to societal barriers. Compared to traditional occupational therapy, or even community occupational therapy within health services, this field is more firmly and explicitly grounded in critical social theory

and focusses on working collaboratively with communities to effect change across micro, meso, and macro levels [14].

Critical social theory is an approach within social theory that examines society and its structures through a critical lens, seeking to uncover power dynamics, inequalities, and injustices. It emphasizes the role of ideology, culture, and discourse in shaping social reality, and aims to challenge dominant narratives and systems of oppression. Critical social theory is rooted in various philosophical traditions, including Marxism, feminism, postcolonialism, and critical theory, and often draws on interdisciplinary perspectives from sociology, anthropology, political science, and cultural studies [15].

Occupational justice is the fair and equitable distribution of opportunities, resources, and rights related to meaningful engagement in occupations for all individuals, regardless of factors such as age, gender, race, ethnicity, socioeconomic status, ability, or any other characteristic. It emphasizes the importance of promoting access to and participation in meaningful occupations to enhance individuals' well-being and quality of life, while also addressing systemic barriers and injustices that may hinder their ability to engage in such occupations. Occupational therapists advocate for social change and work to empower individuals and communities to overcome barriers and achieve occupational justice [16].

Occupational injustice refers to the systemic barriers and inequalities that prevent individuals from fully participating in meaningful occupations, such as work, leisure, and self-care, due to factors such as discrimination, social class, or limited access to resources and opportunities [16].

- **Occupational apartheid:** Systemic barriers and inequalities that prevent marginalized groups from accessing or fully participating in meaningful occupations and occupational therapy services. This term highlights the structural and institutional factors that perpetuate inequities based on race, ethnicity, socioeconomic status, disability, gender, sexual orientation, or other social identities. Occupational apartheid can manifest in various forms, such as limited access to resources, discriminatory practices, unequal opportunities for skill development, and exclusion from decision-making processes [16].

A young man with HIV, resident of a refugee camp, faces social exclusion due to his diagnosis.

- **Occupational deprivation:** The inability to engage in meaningful and necessary activities due to external factors beyond an individual's control, such as poverty, discrimination, or institutionalization [17].

A teenage girl has the desire to learn how to play the guitar, however, her parents, being asylum-seekers living on benefits by the social and welfare services, cannot afford the cost.

- **Occupational marginalization:** The exclusion or limited participation of individuals in meaningful occupations due to factors such as socioeconomic status, disability, discrimination, or systemic barriers [18].

Refugee women who aspire to become chefs are less likely to be able to train as one, as they face gender biases that dictate culinary professions as being more suitable for men. Asylum-seeking women are not allowed to be employed as chefs due to the legislation and they can only take on menial jobs in the industry.

- **Occupational alienation:** A state in which individuals experience a sense of powerlessness, meaninglessness, and isolation in relation to their daily activities, resulting in disengagement and disconnection from their occupational roles and identities [19].

A 50-year-old asylum seeker, father of 5 children, experiences frustration as he can no longer provide for his family because he is offered low-paying, menial jobs with little opportunity for growth or fulfilment.

- **Occupational imbalance:** A state in which an individual's engagement in meaningful and purposeful occupations is disproportionate or lacking in variety, intensity, or balance, leading to negative consequences on their overall well-being [20].

A young refugee, diagnosed with depression, spends his days engaging in mundane tasks, such as queuing for food and water, and aimlessly wandering around the camp. His daily life is devoid of purpose or participation in meaningful occupations, amplifying his sense of isolation and despair.



Box 7: Limitations and challenges within the theory of occupational justice.

- It lacks a well-defined structure and measurable constructs.
- The pursuit of justice on a systemic level requires collaboration with other disciplines and advocacy beyond the scope of traditional OT practice.
- It has limited consideration of intersectionality and the complexities of identity (e.g., race, gender, sexual orientation, and social class).
- It has predominantly emerged from Western perspectives and may not fully capture the nuances of justice within non-Western societies [21].

Models of Occupational Therapy and Frames of Reference

The Person-Environment-Occupation Model (PEO) [22]

The PEO model offers a valuable framework for understanding the multifaceted interactions between individuals, their occupations, and their environments, and the interconnectedness among them. It emphasizes empowerment and client-centered care and uses a strengths-based approach that fosters resilience and community integration.



Figure 6-2: Person-Environment-Occupation Model. Adapted from "The Person-Environment-Occupation Model: A transactive approach to occupational performance," by M. Law, B. Cooper, S. Strong, D. Stewart, P. Rigby, & L. Latta, 1998, *Canadian Journal of Occupational Therapy*, 55(1), 9-28. Adapted with permission. Copyright (1998) by Canadian Journal of Occupational Therapy, CJOOT Publications ACE, Ottawa, Canada.

(Baptiste, S. et al., 2017)

The Ecological model [23]

By recognizing the interconnectedness of individuals and their environments, the ecological model empowers OTs to provide more holistic and culturally sensitive interventions, as the psychological, social, and cultural challenges resulting from forced migration that displaced individuals face profoundly influence their occupational engagement.



(Evans, O. G., 2020)

The KAWA model [24] [25]

The Kawa Model offers a unique and culturally sensitive approach to OT. Its holistic view encompasses not just the individual but also their cultural context and environment. By focusing on the metaphorical river representing a person's life journey, it acknowledges the dynamic and fluid nature of human experience. Its emphasis on collective well-being and community support fosters a sense of belonging and social integration. Additionally, the model's non-linear and narrative-based approach allows for flexibility and creativity in intervention planning, catering to diverse cultural backgrounds and individual experiences.

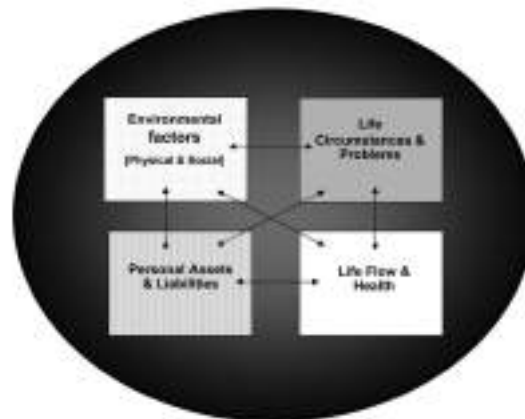


Figure 1. Schematic box and arrow relation of the Kawa model.

(Iwama, et al., 2009)

The students created an interactive introductory activity based on the KAWA model. They simulated the river by placing cardboards on the floor and used visualizations of occupations and obstacles. Translators facilitated communication. Participants took turns to indicate one or two occupations they would like to engage in but face difficulties with participation. Holding the pictures of the desired occupations, and guided by a student, they navigated through the obstacles and named the factors that limit their participation. At the same time, they focused on their unique personal attributes that will help overcome the obstacles in a culturally respectful and relevant manner.

The Occupational Justice Framework (OJF) [26]

The OJF focuses on promoting fairness, equity, and dignity in occupational engagement, and encourages collaboration with community organizations, policymakers, and other stakeholders to address structural inequalities and create inclusive environments. Moreover, by focusing on the socio-political dimensions of occupation, it facilitates a deeper understanding of the complex interplay between individuals, occupations, and broader societal forces.



(Stadnyk et al., 2010)

The Participatory Occupational Justice Framework (POJF) [27] [28] [29]

The POJF emphasizes the empowerment of displaced individuals by actively involving them in decision-making processes. By valuing their lived experiences, cultural backgrounds, and aspirations, this framework promotes a sense of agency and autonomy, fostering dignity. It also encourages collaboration with displaced communities, promoting cultural humility. By working in partnership with displaced individuals and communities and acknowledging the importance of addressing systemic inequalities and barriers faced by displaced populations, occupational therapists can co-create meaningful and contextually relevant interventions.



Figure 2. Participatory Occupational Justice Framework contextual drivers

(Whiteford et al., 2018)

The students worked in partnership with families during the decision-making process. They prioritized their voices and actively involved them during assessment to identify what they considered as barriers to participation concerning local systems, practices, and policies using client-centered tools, such as the RASOS. During goal setting they used the Family Goal Setting to set family-centered goals in collaboration with the parents, who had the opportunity to choose the occupations that they themselves considered as the most important for their children. The children also participated actively in the assessment process, using the PEGS to indicate activities that they wanted to do better at.

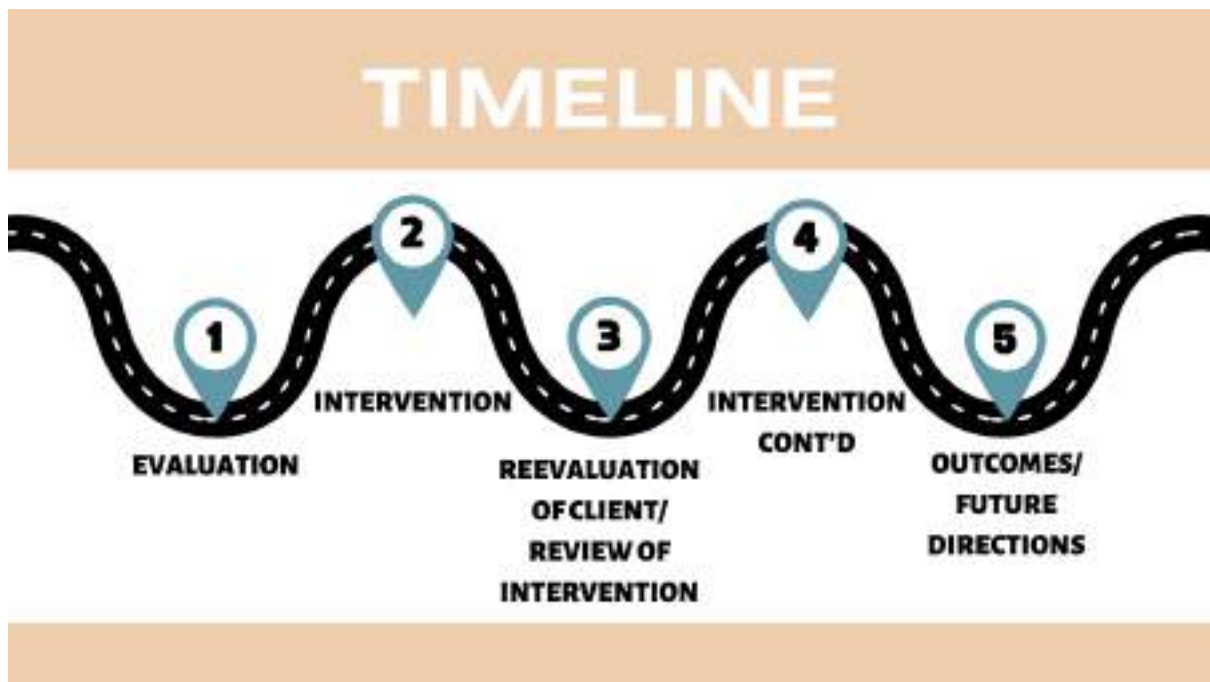
Part 2

Elements of the assessment and intervention process

Process steps

Table 3: Process checklist (AOTA, 2020).

Phase	Step	(✓)	Notes
Evaluation	Occupational Profile		
	Analysis of occupational performance		RASOS, COPM, Other, more specified tools (e.g., Mayer's Lifestyle Questionnaire, Family Goal Setting, PEGS, BOT2) Occupational analysis, Environmental analysis
	Consult with interprofessional team		
	Synthesis		Assessment report
Intervention	Intervention plan		Weekly schedule, Interventions timetable, Intervention plan, COAST goals
	Intervention implementation		Occupation-centered, Client-centered
	Ongoing evaluation/ reevaluation of client		
	Intervention review/ modification		
	Clinical notes		SOAP notes or other
Outcomes	Expected outcomes		
	Outcome measures		
	Goal adjustment		
	Interventions adjustment		
	Future direction of intervention		



Occupational profile

The occupational profile delves into the multifaceted aspects of displacement, considering factors such as pre-migration experiences, cultural background, language proficiency, educational and vocational history, as well as resettlement challenges and aspirations.

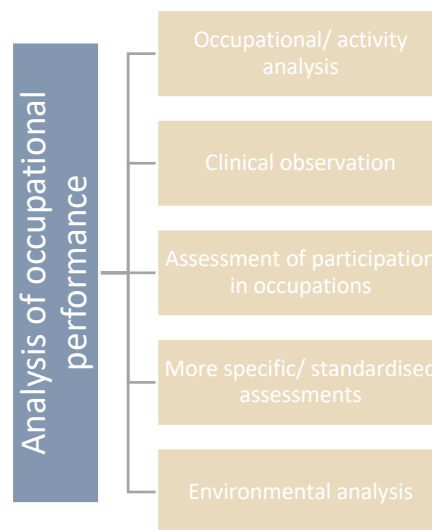
Chart 1: The use of the occupational profile (AOTA, 2020).



Analysis of occupational performance

By meticulously assessing a displaced individual's ability to engage in meaningful activities within the specific context of the host community during resettlement, OTs can gain insights into the unique challenges and strengths faced by refugees and asylum seekers as they navigate new environments and cope with the aftermath of refugeeism.

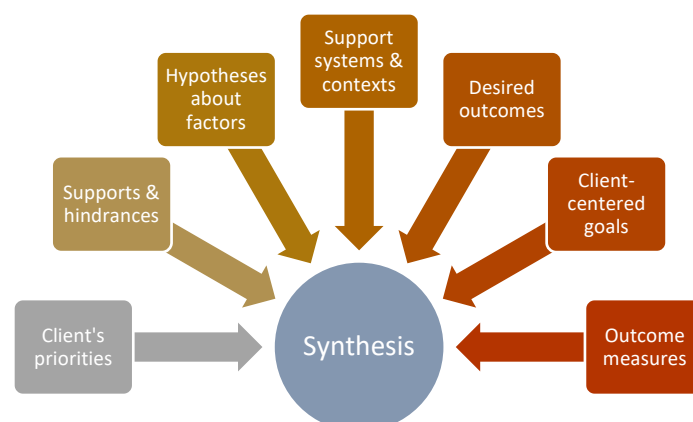
Chart 2: Components of the analysis of the occupational performance (AOTA, 2020).



Synthesis of evaluation information

Through a holistic understanding of the dynamics among personal and environmental factors that influence occupational engagement, performance and satisfaction, occupational therapists can design interventions that promote resilience, facilitate community integration, and address barriers to participation in meaningful activities.

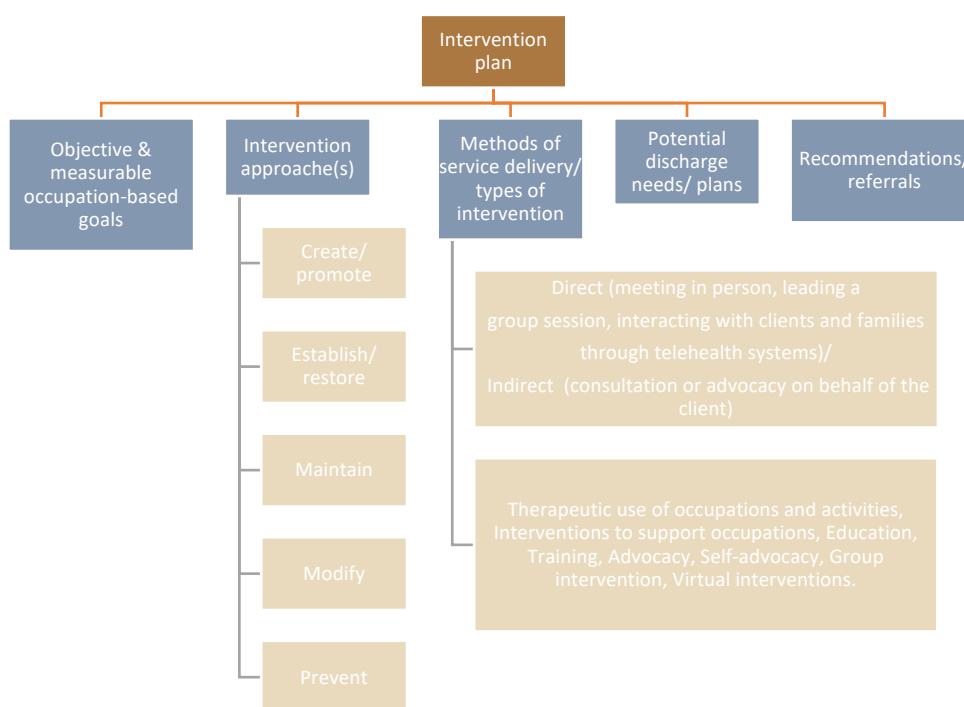
Chart 3: Synthesis of information acquired during the evaluation process (AOTA, 2020).



Intervention implementation

Through collaborative goal-setting and ongoing evaluation, therapists work alongside displaced persons and communities to empower them in reclaiming their sense of identity, purpose, and belonging and foster participation in meaningful and relative occupations amidst the challenges of displacement.

Chart 4: Components of the intervention plan (AOTA, 2020).



Intervention approaches

Table 4: Intervention approaches that can be applied (AOTA, 2020).

Intervention approaches	Explanation	Example
Create/ promote (Health promotion)	Enriched contextual and activity experiences that will enhance performance for all people in the natural contexts of life.	Develop an early intervention program for play participation to help new parents that reside in a reception camp to encourage play development of their children through developmental play activities in a context where the variety and quality of play opportunities is restricted.
Establish/ restore (Remediation/ restoration)	Change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired.	Educate a person to help establish the necessary interpersonal skills to effectively participate in a job interview in the new socio-cultural context.

Maintain	Provide supports to preserve performance capabilities regained.	Provide the necessary supports to a mother to help her maintain her performance capabilities for meal preparation for her family in a shared kitchen at a reception establishment where there is limited space and equipment.
Modify	Revise the current context or activity demands to support performance in the natural setting.	Use compensatory techniques, such as a smartphone app, to support a man's performance in shopping at the supermarket for translation of product labels in his first language.
Prevent (Disability prevention)	Prevent the occurrence or evolution of barriers to performance in context.	Prevent health hazards by creating an educational program on routine strategies to help avoid the numerous health risks at a refugee camp due to poor sanitation, inadequate access to clean water and limited healthcare services.

Types of interventions

Table 5: Types of interventions that can be used during intervention implementation (AOTA, 2020).

Types of interventions	Explanation	Example
Occupations and Activities	Occupations: Broad and specific daily life events that are personalized and meaningful to the client. Activities: Components of occupations that are objective and separate from the client's engagement or context to support the development of performance skills and patterns for occupational engagement.	A child plays hide and seek at the playground of the reception center to improve social participation.
Interventions to support occupations	PAMs (Physical Agent Modalities) and mechanical modalities, orthotics and prosthetics, assistive technology and environmental modifications, wheeled mobility, and self-regulation.	The OT provides play opportunities for group activities, such as outdoor games, that encourage collaboration and models positive social behaviors, e.g., how to take turns, to promote developmentally appropriate play and effective communication with peers.
Education and Training	Education (enhanced understanding): knowledge and information about occupation, health, well-being, and participation to enable the client to	OTs educate the staff members of the management of the reception camp responsible for external activities, about the role of OT

	acquire helpful behaviours, habits, and routines. Training (enhanced performance): facilitation of the acquisition of concrete skills for meeting specific goals in a real life, applied situation.	in the field and the scope of OT practice to promote interprofessional collaboration.
Advocacy (by practitioner) & self-advocacy (by client)	Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to support health, well-being, and occupational participation.	OTs communicate with the teachers at the local elementary school that students from the refugee camp attend and educate them about inclusive practices and strategies to support participation in education in a cross-cultural context.
Group intervention	Functional groups, activity groups, task groups, social groups, and other groups in health care settings, within the community, or within organizations to explore and develop skills for participation.	Individuals participate in a group for adults focused on time management to foster participation in the community.
Virtual interventions	Telehealth (telecommunication and information technology) and mHealth (mobile telephone application technology).	Participants use new technologies, such as virtual language learning platforms, to improve their skills in the language of the host country to support community participation and integration.

Expected outcomes

Table 6: Possible expected outcomes of the intervention (AOTA, 2020).

Expected outcomes	Explanation	Examples
Occupational performance	Act of doing and accomplishing a selected action (performance skill), activity, or occupation that results from the dynamic transaction among the client, the context, and the activity.	Refugees and asylum seekers actively participate in the organization of an event in collaboration with the project team, with the aim to express solidarity and appreciation to them.
Improvement	Increased occupational performance through adaptation when a performance limitation is present.	A young refugee woman attends a job interview successfully and finds employment.
Enhancement	Development of performance skills and performance patterns that augment existing performance of life occupations when a performance limitation is not present.	A young mother that faces anxiety experiences increased competence in childcare as a result of participation in an intervention focused on parenting.

Prevention	Education or health promotion efforts designed to identify, reduce, or stop the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries.	A program of leisure and art activities is provided at a shelter for unaccompanied asylum-seeking minors for adolescents with psycho-social difficulties, where usually the teenagers do not receive OT services.
Health and wellness	Health: State of physical, mental, and social well-being. Wellness: Active process, a state of mental and physical balance and fitness.	Young refugees residing in semi-independent houses decreased time spent watching TV and playing videogames and increased active time in their daily routines.
Quality of life	Dynamic appraisal of the client's life satisfaction, hope, self-concept, health, and functioning, and socioeconomic factors.	A refugee with a motor difficulty participates fully and actively during daily activities at home and expresses satisfaction about his performance.
Participation	Engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture.	A teenage refugee has access to language and sports programs in the host community.
Role competence	Ability to effectively meet the demands of the roles in which one engages.	Young asylum-seeking adults coexist effectively at a semi-independent house and engage successfully in their role as house mates.
Well-being	Contentment with the total universe of human life domains, including physical, mental, and social aspects, that make up what can be called a "good life".	Unaccompanied asylum-seeking children feeling safe and having a sense of belonging at the shelter where they reside.
Occupational justice	Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and resources to participate in occupations to satisfy personal, health, and societal needs.	Participants of the program collaborate with OTs and contribute to the design of the intervention plans to address more effectively their occupational needs.

Future directions

Table 7: Future directions of an intervention (AOTA, 2020).

Future directions	Explanation	Example
Continue	Positive outcomes are observed, indicating that the client is benefiting from the intervention. The client still has unmet goals or areas of difficulty.	The client participates in a vocational skills training workshop. He has successfully learnt how to create a CV and will now continue with the intervention to learn how

		to prepare for a job interview and how to look for work and communicate with potential employers about job positions that interest him.
Modify	The intervention is not yielding the expected results. The client's needs and priorities have shifted.	A child with sensory processing difficulties that lives in a refugee camp participates in a sensory activities program. Reducing sensory triggers or creating a sensory-friendly space has not yielded the expected results. OTs will observe the child's sensory processing patterns, preferences, and sensitivities more closely and explore other sensory strategies that are feasible in this context.
Transition	Facilitate client's move from one life role or experience to another: moving to a new level of care, transitioning between providers, moving into a new setting or program.	An unaccompanied asylum-seeking teenager transitions from living at a shelter for UAMs to living at a semi-independent house.
Discontinue	Discontinue care after short- and long-term goals have been achieved or client chooses to no longer participate. Implement discharge plan to support performance after discontinuation of services.	A refugee participant can stop receiving services as he has achieved his goal of finding work that is relative and meaningful.
Provide follow-up	Regular communication and monitoring, scheduled check-ins, reassessment of goals and objectives, evaluation of intervention outcomes, and collaborative problem-solving.	OTs scheduled a follow-up session to monitor and evaluate the participant's independent use of the bus to move around in the community.
Refer for other services	The needs of clients extend beyond the scope of OT (requiring specialized medical care, mental health support, vocational training, or social services). OTs facilitate appropriate referrals to relevant professionals and connect participants with the necessary resources and support systems.	A resident of the refugee camp that has suffered mental trauma needs specialized mental health support. OTs facilitate a referral to the camp psychologist to help the individual access the support needed.





Incorporation of cultural competency standards

- Use open-ended questions to identify each person's unique cultural outlook.
- Survey clients and OTs to elicit their understanding of cultural competence and culturally competent practice.
- Identify resources, such as natural supports, within the community that will help an individual participate.
- Re-evaluate intake and assessment documentation, as well as policies and procedures, to be more inclusive.
- Design and implement culturally informed treatment plans.

During Ramadan, the intervention plan is reviewed and modified. Work on goals related to cooking is suspended and resumed after Ramadan is over. Interventions are rescheduled for optimal times when participants can be the most active. A smartphone application is used to help identify praying times and adjust the schedule accordingly. Students show respect by avoiding eating or drinking in the presence of the participants.



- Understand the cultural biases in program design.
- Evaluate procedures and programs for cultural sensitivity and effectiveness.
- Understand the cultural biases of OTs and provide training to address educational needs. [30]

Students are often unaware of their own prejudices and biases. With the support of their clinical supervisors, they use strategies to identify, understand and deconstruct biases by researching evidence, practicing self-reflection, taking an approach in cultural humility, having the willingness to broaden their knowledge, and understanding of different cultural attitudes and norms, using active listening towards participants, and showing empathy, acceptance and understanding.



Promotion of Justice, Equity, Diversity & Inclusion

- Ensure your practice reflects altruism, equality, freedom, justice, dignity, truth, and prudence.
- Intentionally practice cultural humility, engage in active listening, be open to new ways of thinking and doing.
- Engage in reflective practice: “What did I learn from this?”, “How can I grow from here?”.
- Hold brainstorming sessions.
- Ensure your workspace is emotionally safe for learning, working, and healing.
- Decolonize your practice, bring the voices of displaced persons to the forefront.
- Survey participants to better understand their lived experiences.
- Explore non-Western ways of doing and thinking.
- Look for opportunities to engage in advocacy. [31]

Box 8: Opportunities to engage in advocacy.

- Supporting integration directly by enhancing participation in occupation through the project actions and initiatives.
- Raising awareness using various platforms such as a website, social media, videos, and community events (e.g., TEDx Talks organized by the European Migration Network).
- Promoting solidarity by participating in advocacy campaigns championing displaced persons' rights (e.g., the Street Festival organized by the UNHCR Cyprus on the occasion of World Refugee Day).
- Fostering policy change through public participation (e.g., public consultations organized by the Ministry of the Interior of Cyprus on the subject of the integration and social inclusion of immigrants).
- Amplifying refugee voices by providing opportunities for refugees to share their stories and perspectives through social media, community events, videos, and informative leaflets.
- Combating discrimination and honoring displaced persons by promoting positive narratives through social media, videos, and community events about refugees and asylum seekers and their contributions to society.
- Collaborating with stakeholders (e.g., the UNHCR Cyprus) and building partnerships with organizations (e.g., the Hope for Children CRC Policy Center) and government agencies (e.g., the Social and Welfare Services of Cyprus).

Practice considerations

Key considerations

- Learn about the asylum procedure and legal aspects of resettlement in Cyprus.
- Learn about the demographics of the displaced population in Cyprus.
- Learn about the internal rules of operation of the placement.
- Meet with the residents of the placement and learn about their occupational history.
- Identify personal and environmental factors that enhance or hinder participation.
- Ensure that goals are appropriate, relevant, significant, and meaningful for clients.
- Organize individual as well as group interventions.
- Create a weekly schedule and a timetable of the interventions.
- Keep meticulous online records of data and client folders.

- Seek ways to deal with participation fluidity and motivate clients to participate in the program.
- Seek ways to overcome the language barrier.
- Meet with the staff and specialists of the placement, build rapport for interprofessional work and create pathways for referrals.



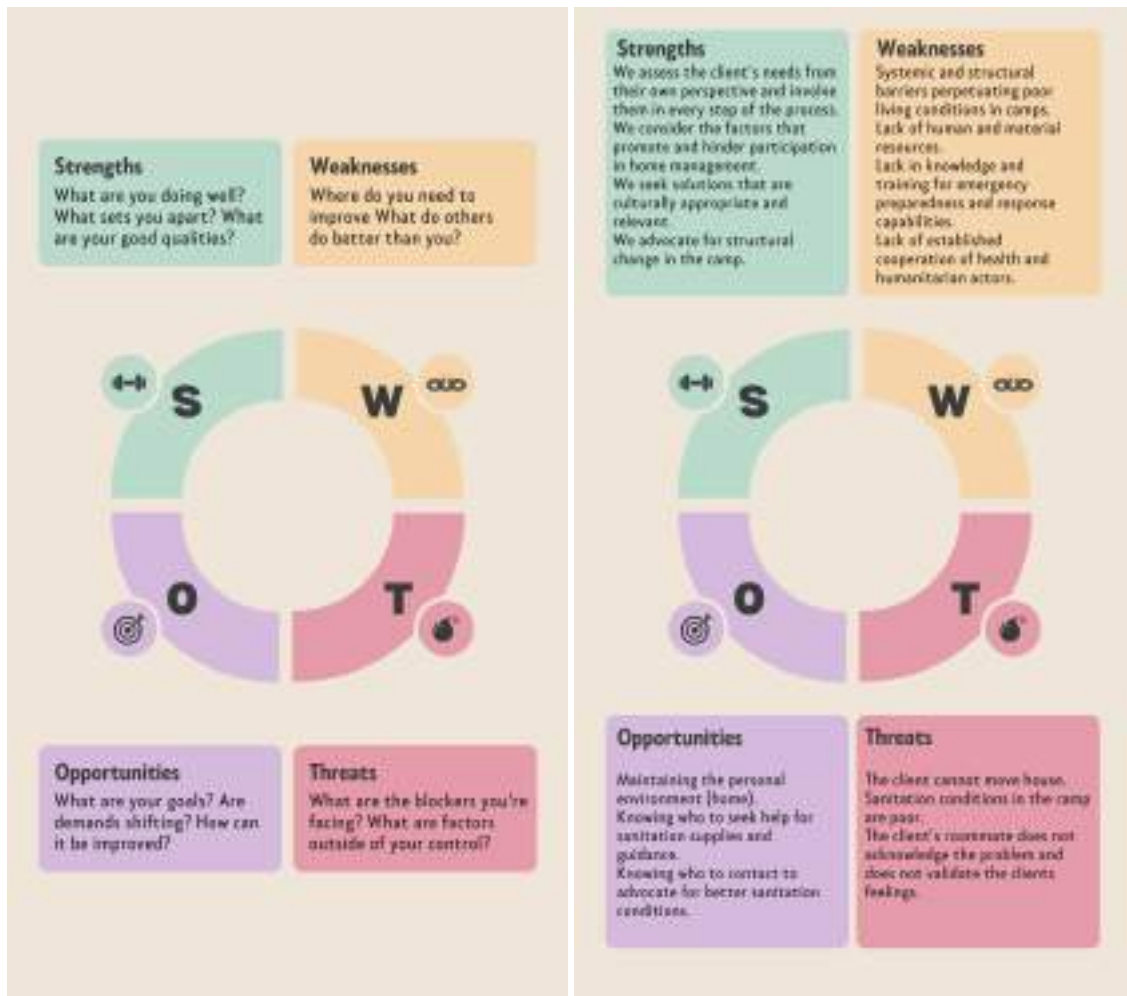
- Seek to create connections with specialists and entities of the community outside the placement.
- Provide your clients with a consent form about privacy and confidentiality.
- Acknowledge the boundaries and challenges concerning the therapeutic relationship with your clients.

Students always maintain a professional demeanor, seek informed consent from participants before implementing interventions and establish clear boundaries around communication, such as phone calls, emails, or social media interactions, providing formal contact information.

- Apply continuous critical self-reflexivity to identify, examine and manage your socially constructed perspectives, assumptions, and biases.
- Familiarize yourself with techniques to manage sensitive situations with clients and negotiate tensions.
- Create a safe (do no harm practices) and functional space.
- Familiarize yourself with key terminology and literature in the field.
- Identify needed and available resources.
- Know your limitations and turn to experts for help.

The students make referrals to other health experts, such as psychologists, when they recognize the need for specialized mental health assessment, diagnosis, or treatment beyond the scope of their practice.

- Use scientific evidence for decision making throughout the intervention process.
- Do a SWOT analysis before planning your intervention.



- Develop research projects that have also a tangible impact on a micro or meso level.
- Organize activities to help explain and establish the role of OT in the field.
- Organize an event to help increase the visibility of refugees and asylum seekers, spread information about human displacement and debunk stereotypes.

Box 9: Goals of events open to the community.

- Create awareness and provide information about human displacement.
- Connect with the local community.
- Explain the role of occupational therapy and health professions in refugees' integration.
- Show appreciation to the displaced persons.
- Give voice to the displaced persons themselves.
- Create networks among refugees and asylum seekers, service providers and locals.



- Explore ways to achieve sustainability.
- Plan future steps and goals and propose necessary changes/ modifications.
- Assess the project and its quality, e.g., use the QUEST, <https://wfot.org/quest>, to assess quality, questionnaires, focus groups or the Group Assessment Template (see Appendix 4) for the participants' outlook, feedback, and input.

Key challenges that affect OTs well-being

Factors unique to their roles and the populations they serve, such as exposure to trauma, compassion fatigue, frustration and feeling overwhelmed can have a significant impact on the well-being of OTs working with refugees.



Self-care strategies for mental health resilience of OTs

Prioritizing self-care is essential for the members of the OT team to maintain their physical, emotional, and mental well-being amidst the demands of this challenging project.



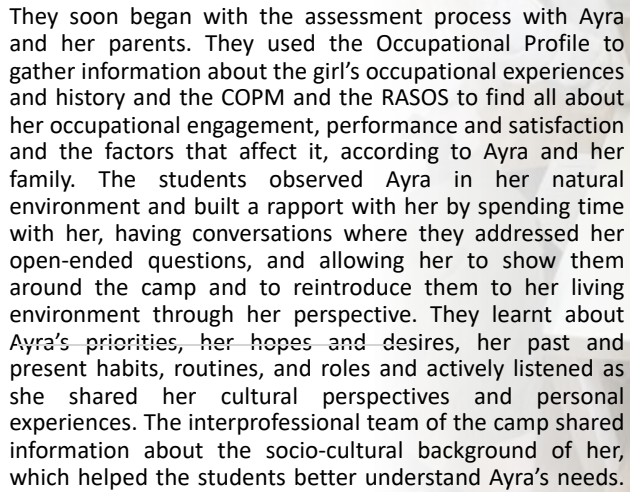
Part 3



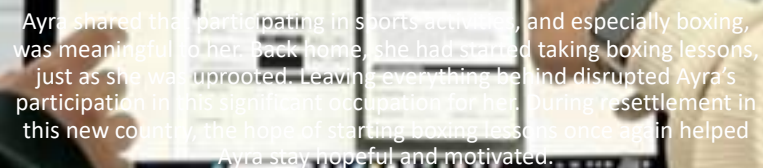
An example of an intervention

The intervention took place at a refugee reception center. The students asked the camp's administration to make announcements about the initiation of the program. They also asked the camps' social workers to refer clients that could benefit from the program. At first, the students organized a presentation to inform the residents about the role of OT in the field. There were certain communication difficulties due to the language barrier. As there were no translators or cultural mediators available to facilitate the process, the students had to be resourceful and decided to use alternative ways to share information, using new technologies and visualization. An eager teenage asylum-seeking girl, Ayra, 17, from Syria, approached the students and expressed an interest for their services. The students booked an appointment and this way a unique occupational journey had started!



A person with long brown hair, wearing a green long-sleeved shirt and dark pants, is sitting on a wooden floor next to a white table. They are looking at a document on the table. A laptop is also on the table, and a white sneaker is visible on the floor.

They soon began with the assessment process with Ayra and her parents. They used the Occupational Profile to gather information about the girl's occupational experiences and history and the COPM and the RASOS to find all about her occupational engagement, performance and satisfaction and the factors that affect it, according to Ayra and her family. The students observed Ayra in her natural environment and built a rapport with her by spending time with her, having conversations where they addressed her open-ended questions, and allowing her to show them around the camp and to reintroduce them to her living environment through her perspective. They learnt about Ayra's priorities, her hopes and desires, her past and present habits, routines, and roles and actively listened as she shared her cultural perspectives and personal experiences. The interprofessional team of the camp shared information about the socio-cultural background of her, which helped the students better understand Ayra's needs.

A person's hand is pointing at a laptop screen. The screen displays a form titled 'COPM' (Canadian Occupational Performance Measure). The form has several sections with checkboxes and text boxes. The person is wearing a green long-sleeved shirt.

Ayra shared that participating in sports activities, and especially boxing, was meaningful to her. Back home, she had started taking boxing lessons, just as she was uprooted. Leaving everything behind disrupted Ayra's participation in this significant occupation for her. During resettlement in this new country, the hope of starting boxing lessons once again helped Ayra stay hopeful and motivated.

In the camp, Ayra was deprived of the opportunity to take boxing lessons. Her family faced economic hardship having limited access to financial support, which meant that they could not afford the cost of the lessons. Also, the location of the camp was far from the nearest city, which added to the exclusion from participation in daily activities in the community.



The students performed an environmental analysis to address the challenging living conditions in the camp, that undoubtedly affected her participation in boxing. These included poor living conditions, limited access to basic services and dependency on humanitarian aid. They also performed an occupational analysis to help analyze her occupational performance in relation to exploring, planning, and participating in boxing lessons and identify any cultural aspects that could influence participation in boxing classes in the new socio-cultural context. Before proceeding with the next steps, they researched evidence to make sure that they based their practice on the best available evidence.

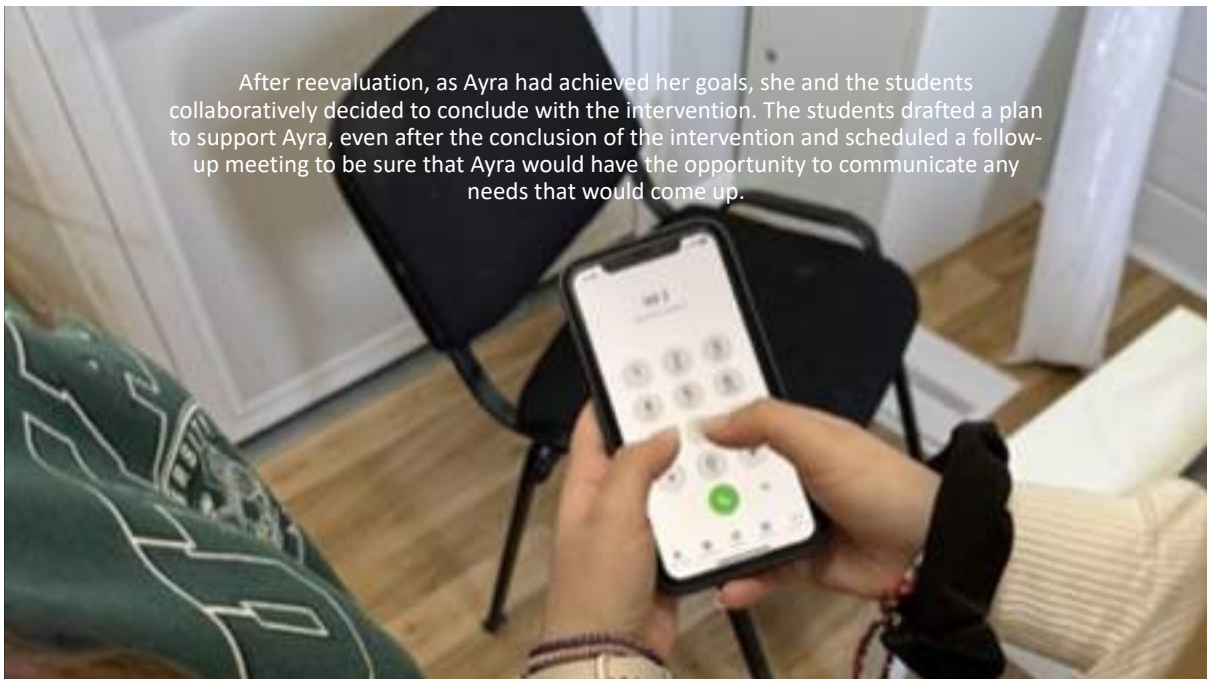
The students synthesized all the information they had gathered and in collaboration with Ayra they set goals that were meaningful and relevant for her. They also created an intervention plan that suited her desired outcomes, which involved identifying boxing classes, enrolling, and joining them. They decided to use the create/ promote approach to enhance her performance in her natural context and organized a direct intervention, based on education and training and the principles of occupational justice, to enhance participation. Before intervention implementation, they tried to identify any cultural biases in the intervention plan using critical reflexivity. They reflected on their thoughts, emotions, and reactions during the process and asked themselves what thoughts, beliefs or emotions may have influenced their actions and decisions.



Using various strategies to guide and support her exploration, such as role-playing, simulation and the use of smartphone applications, Ayra learned to effectively find about free boxing options offered online, as well as means and ways of transportation to the potential boxing classes. She found out ways to contact the boxing academies and enroll in these classes. After examining her options, she successfully joined a class and was excited to attend her first training session! Ayra managed to find classes that didn't clash with her praying times. She also chose to participate in women-only classes run by a female instructor, where she felt most comfortable.



After reevaluation, as Ayra had achieved her goals, she and the students collaboratively decided to conclude with the intervention. The students drafted a plan to support Ayra, even after the conclusion of the intervention and scheduled a follow-up meeting to be sure that Ayra would have the opportunity to communicate any needs that would come up.



The students were drawn to the situation of Ayra and bonded with her, as they witnessed the impact of refugeeism on another young person experiencing life in their country so differently. This took an emotional toll on them and, along with their clinical supervisor, they engaged in self-reflection and organized a fun activity in the camp playground to wind down and destress.



References

1. United Nations High Commissioner for Refugees (UNHCR). (2019). "Glossary of Key Terms." Retrieved from: <https://www.unhcr.org/glossary.html>.
2. UNHCR, "Convention and Protocol Relating to the Status of Refugees," 1951.
3. United Nations High Commissioner for Refugees (UNHCR). (n.d.). Asylum-Seekers. Retrieved from <https://www.unhcr.org/asylum-seekers.html>.
4. UNHCR, "Cyprus: 2023 Country Operational Update," 2023.
5. Trimboli, C., & Halliwell, V. (2018). A survey to explore the interventions used by occupational therapists and occupational therapy students with refugees and asylum seekers. *World Federation of Occupational Therapists Bulletin*, 74(2), 106-113.
6. American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Supplement 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>.
7. Cipriani, J., Davis, M., Gralinski, E., Monforte, S., & Strausser, J. (2020). Examining the occupational needs and OT intervention strategies used with refugee populations: a scoping review. *The American Journal of Occupational Therapy*, 74(4_Supplement_1), 7411505203p1-7411505203p1.
8. Smith, Y. J., Cornella, E., & Williams, N. (2014). Working with populations from a refugee background: An opportunity to enhance the occupational therapy educational experience. *Australian Occupational Therapy Journal*, 61(1), 20-27
9. Gustafsson, L., Molineux, M., & Bennett, S. (2014). Contemporary occupational therapy practice: the challenges of being evidence based and philosophically congruent. *Australian Occupational Therapy Journal*, 61(2), 121-123.
10. Hammell, K. W. (2022). Securing occupational rights by addressing capabilities: A professional obligation. *Scandinavian journal of occupational therapy*, 29(1), 1-12.
11. Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in 1948. Article 1 of the UDHR.
12. The United Nations. "What is Social Justice?" United Nations Research Institute for Social Development, UNRISD, www.unrisd.org/about-us/what-is-social-justice.
13. Rauhut, D., & Laine, J. P. (2023). Theorising immigrant integration: A critical examination. In *New Methods and Theory on Immigrant Integration* (pp. 13-32). Edward Elgar Publishing.
14. Irvine-Brown, L., Ware, V. A., Malfitano, A. P. S., & Di Tommaso, A. (2021). Re-engaging in our role with communities: the coupling of occupational therapy and community development. *Australian occupational therapy journal*, 68(4), 308-316.
15. Ritzer, G., & Stepnisky, J. (2022). *Contemporary sociological theory and its classical roots: The basics*. Sage Publications.
16. Wilcock, A., & Hocking, C. (2015). *An Occupational Perspective of Health* (3rd ed.). Slack Incorporated.
17. Crawford, E., Turpin, M., Nayar, S., Steel, E., & Durand, J. L. (2016). The structural-personal interaction: Occupational deprivation and asylum seekers in Australia. *Journal of Occupational Science*, 23(3), 321-338.
18. Hocking, C. (2017). Occupational justice as social justice: The moral claim for inclusion. *Journal of Occupational Science*, 24(1), 29-42.

19. Durocher, E., Kinsella, E. A., McCorquodale, L., & Phelan, S. (2016). Ethical tensions related to systemic constraints: occupational alienation in occupational therapy practice. *OTJR: occupation, participation and health*, 36(4), 216-226.
20. Mayne, J., Lowrie, D., & Wilson, J. (2016). Occupational experiences of refugees and asylum seekers resettling in Australia: A narrative review. *OTJR: occupation, participation and health*, 36(4), 204-215.
21. Gupta, J. (2016). Mapping the evolving ideas of occupational justice: a critical analysis. *OTJR: Occupation, Participation and Health*, 36(4), 179-194.
22. Baptiste, S., Hinojosa, J., Kramer, P., & Royeen, C. B. (2017). The person-environment-occupation model. *Perspectives on human occupation: Theories underlying practice*, 137-159.
23. Guy-Evans, O. (2020). Bronfenbrenner's ecological systems theory. *Simply Psychology*.
24. Iwama, M. K., Thomson, N. A., Macdonald, R. M., Iwama, M. K., Thomson, N. A., & Macdonald, R. M. (2009). The Kawa model: The power of culturally responsive occupational therapy. *Disability and rehabilitation*, 31(14), 1125-1135.
25. Ober, J. L., Newbury, R. S., & Lape, J. E. (2022). The dynamic use of the Kawa model: a scoping review. *The Open Journal of Occupational Therapy*, 10(2), 1-12.
26. Stadnyk et al., 2010, p. 336; From Christiansen, Charles; Townsend, Elizabeth. Introduction to occupation: The art and science of living, 2nd ed. Upper Saddle River; Pearson Education, Inc.
27. Townsend, G. W. E., & Whiteford, G. (2011). Participatory occupational justice framework (POJF 2010): Enabling occupational participation and inclusion. *Occupational therapies without borders-Volume 2: Towards an ecology of occupation-based practices*, 65.
28. Whiteford, G., Jones, K., Rahal, C., & Suleman, A. (2018). The Participatory Occupational Justice Framework as a tool for change: Three contrasting case narratives. *Journal of Occupational Science*, 25(4), 497-508.
29. Whiteford, G. E., Townsend E., Bryanton, O., & Pereira, R., (2017). The Participatory Occupational Justice Framework: Salience Across Contexts. In D. Sakellariou, & N. Pollard (Eds), *Occupational therapies without borders: integrating justice with practice* (2nd. ed.) (pp. 163-174). Elsevier.
30. Crouch, R., & Alers, V. (Eds.). (2014). *Occupational therapy in psychiatry and mental health*. John Wiley & Sons.
31. Suarez-Balcazar, Y., Arias, D., & Muñoz, J. P. (2023). Promoting Justice, Diversity, Equity, and Inclusion Through Caring Communities: Why It Matters to Occupational Therapy. *The American Journal of Occupational Therapy*, 77(6), 7706347020.
32. Guzaldo, T., Kim, A., Lieberman, K., Thrasher, E., & VanPuymbrouck, L. H. (2021). Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature. *The Open Journal of Occupational Therapy*, 9(4), 1-11.
33. Rodriguez-Bailon, M., Lopez-Gonzalez, L., & Merchan-Baeza, J. A. (2022). Client-centred practice in occupational therapy after stroke: A systematic review. *Scandinavian Journal of Occupational Therapy*, 29(2), 89-103.
34. Carrier, A., Levasseur, M., Bédard, D., & Desrosiers, J. (2010). Community occupational therapists' clinical reasoning: Identifying tacit knowledge. *Australian occupational therapy journal*, 57(6), 356-365.

35. Wilcock, A., & Hocking, C. (2015). *An Occupational Perspective of Health* (3rd ed.). Slack Incorporated.
36. Farias, L., & Rudman, D. L. (2019). Practice analysis: Critical reflexivity on discourses constraining socially transformative occupational therapy practices. *British Journal of Occupational Therapy*, 82(11), 693-697.
37. Castro, D., Dahlin-Ivanoff, S., & Mårtensson, L. (2014). Occupational therapy and culture: a literature review. *Scandinavian Journal of Occupational Therapy*, 21(6), 401-414.
38. Crawley, R. (2022). Cultural competence in occupational therapy to reduce health disparities: a systematic literature review. *International Journal of Therapy And Rehabilitation*, 29(10), 1-14.
39. Agner, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *The American Journal of Occupational Therapy*, 74(4), 7404347010p1-7404347010p7.
40. Grady, S., Brungardt, K., & Doll, J. (2018). The impact of classroom instruction on cultural awareness and sensitivity in occupational therapy students. *Journal of Occupational Therapy Education*, 2(2), 1.
41. Parente, M., Tofani, M., De Santis, R., Esposito, G., Santilli, V., & Galeoto, G. (2017). The role of the occupational therapist in disaster areas: systematic review. *Occupational Therapy International*, 2017.
42. Muñoz, J. P., Hoyt, C., Hamed, R., Anvarizadeh, A., & Taff, S. D. (2023). Generative Disruptive Questions: Operationalizing Diversity, Equity, Inclusion, Justice, and Accessibility in Occupational Therapy Education. *Journal of Occupational Therapy Education*, 7(4), 13.
43. Lussi, I. A. D. O. (2020). Social emancipation and occupational therapy: approaches from Epistemologies of the South and the Ecology of Knowledges. *Cadernos Brasileiros de Terapia Ocupacional*, 28, 1335-1345.
44. De Klerk, L. M., Kramer, M., Pieterse, B., Smith, K. A., van Tiddens, A., Jansen, A., & Aluko, O. (2023). Empathy and associated influencing factors in occupational therapy students: A cross-sectional study. *South African Journal of Occupational Therapy*, 53(2), 32-42.
45. VanderKaay, S., Letts, L., Jung, B., & Moll, S. E. (2020). Doing what's right: A grounded theory of ethical decision-making in occupational therapy. *Scandinavian Journal of Occupational Therapy*, 27(2), 98-111.
46. Krueger, R. B., Sweetman, M. M., Martin, M., & Cappaert, T. A. (2020). Occupational therapists' implementation of evidence-based practice: A cross sectional survey. *Occupational Therapy in Health Care*, 34(3), 253-276.
47. Hammell, K. W. (2020). Action on the social determinants of health: Advancing occupational equity and occupational rights. *Cadernos Brasileiros de Terapia Ocupacional*, 28, 378-400.
48. Suarez-Balcazar, Y., Arias, D., & Muñoz, J. P. (2023). Promoting Justice, Diversity, Equity, and Inclusion Through Caring Communities: Why It Matters to Occupational Therapy. *The American Journal of Occupational Therapy*, 77(6), 7706347020.
49. Wagenfeld, A., Reynolds, L., & Amiri, T. (2017). Exploring the value of interprofessional collaboration between occupational therapy and design: A pilot survey study. *The Open Journal of Occupational Therapy*, 5(3), 2.

50. Smith, D. L. (2023). Social and environmental determinants of occupation: An intersectional concept focused on occupational justice and participation. *Journal of Occupational Science*, 1-7.
51. Robinson, M. L., Kroll, C., & Sabransky, E. (2022). Use of metacognitive techniques in occupational therapy education: a scoping review. *Journal of Occupational Therapy Education*, 6(3), 5.
52. Darawsheh, W., Chard, G., & Eklund, M. (2015). The challenge of cultural competency in the multicultural 21st century: A conceptual model to guide occupational therapy practice. *The Open Journal of Occupational Therapy*, 3(2), 5.
53. Nunes Farias, M., & Esquerdo Lopes, R. (2023). Occupational therapy and the progressive neoliberal trap: challenges for an anti-oppressive praxis. *Journal of Occupational Therapy of University of São Paulo/Revista de Terapia Ocupacional da Universidade de São Paulo*, 33(1).
54. Fisher, A. G. (2014). Occupation-centred, occupation-based, occupation-focused: Same, same or different? Previously published in Scandinavian journal of occupational therapy 2013; 20: 162–173. *Scandinavian journal of occupational therapy*, 21(sup1), 96-107.
55. Walsh, S., & Pollard, N. (2020). 'Seeing the bigger picture': a post-graduate online learning community facilitates political competence for occupational therapists. *Journal of Further and Higher Education*, 44(7), 971-983.
56. Pollard, N. (2016). Post-colonial occupational therapy: perspectives from an old empire. *Revista Ocupación Humana*, 16(1), 70-83.
57. Márquez-Álvarez, L. J., Calvo-Arenillas, J. I., Talavera-Valverde, M. Á., & Moruno-Millares, P. (2019). Professional reasoning in occupational therapy: A scoping review. *Occupational Therapy International*, 2019.
58. Frawley, E., Cowman, M., Lepage, M., & Donohoe, G. (2023). Social and occupational recovery in early psychosis: a systematic review and meta-analysis of psychosocial interventions. *Psychological Medicine*, 53(5), 1787-1798.
59. Torchalla, I., Killoran, J., Fisher, D., & Bahen, M. (2019). Trauma-focused treatment for individuals with posttraumatic stress disorder: The role of occupational therapy. *Occupational Therapy in Mental Health*, 35(4), 386-406.
60. Goodwin-Gill, G. S., McAdam, J., & Dunlop, E. (2021). *The refugee in international law*. Oxford University Press.
61. Krueger, R. B., Sweetman, M. M., Martin, M., & Cappaert, T. A. (2020). Self-reflection as a support to evidence-based practice: A grounded theory exploration. *Occupational Therapy in Health Care*, 34(4), 320-350.
62. Whiteford, G. E. (2023). Towards salience and solidarity: The importance of epistemic development in occupational science, occupational therapy, and the relationship between them. *Journal of Occupational Science*, 30(4), 546-559.
63. McCorquodale, L., & Kinsella, E. A. (2015). Critical reflexivity in client-centred therapeutic relationships. *Scandinavian Journal of Occupational Therapy*, 22(4), 311-317.
64. Nayar, P. K. (2018). *Posthumanism*. John Wiley & Sons.
65. UNHCR. "Resettlement." United Nations High Commissioner for Refugees, <https://www.unhcr.org/sites/default/files/legacy-pdf/559ce97f9.pdf>.
66. Cunningham, M., Warren, A., Pollard, N., & Abey, S. (2022). Enacting social transformation through occupation: A narrative literature review. *Scandinavian Journal of Occupational Therapy*, 29(8), 611-630.

67. Buitrago, A. O. (2011). Statelessness and human rights: the role of the United Nations High Commissioner for Refugees (UNHCR). *Ejil-EAFIT Journal Of International Law*, 2(2), 7-23.
68. Pollard, N., Galvaan, R., Hudson, M., Kåhlin, I., Ikiugu, M., Roschnik, S., ... & Whittaker, B. (2020). Sustainability in occupational therapy practice, education and scholarship. *World Federation of Occupational Therapists Bulletin*, 76(1), 2-3.
69. Pizzi, M. A., & Richards, L. G. (2017). Promoting health, well-being, and quality of life in occupational therapy: A commitment to a paradigm shift for the next 100 years. *The American Journal of Occupational Therapy*, 71(4), 7104170010p1-7104170010p5.

Appendices

Appendix 1 - Terminology

Advocacy

The proactive and collaborative efforts undertaken to empower clients, promote their rights within their social, cultural, and environmental contexts, and facilitate access to resources, services, and opportunities that enhance their occupational engagement and well-being, while also advocating for systemic changes to address barriers to participation and equity [32].

Client-centered practice

An approach that prioritizes the individual needs, preferences, and goals of the client. It involves collaborating with clients to actively involve them in decision-making about their care and treatment, empowering them to take ownership of their therapeutic process [33].

Clinical reasoning

It refers to the process by which occupational therapists analyze and interpret information gathered from assessments, client interactions, and clinical observations to make informed decisions about the most appropriate interventions and treatment plans for their clients [34].

Community-based intervention

It refers to therapeutic strategies and programs that are implemented within the natural environment of individuals, such as their homes, schools, workplaces, or neighborhoods, rather than in a clinical setting, to address the client's occupational needs and goals within the context of their daily life and community, emphasizing the importance of considering environmental factors, social supports, and community resources in promoting health, well-being, and participation in meaningful activities [35].

Critical reflexivity

The therapist's ability to critically reflect on their own assumptions, biases, values, and actions in relation to the therapeutic process. It involves being self-aware and mindful of how one's own perspectives may influence interactions with clients and the therapeutic outcomes [36].

Cross-cultural occupational therapy

It refers to the practice of providing culturally sensitive and appropriate occupational therapy services to individuals from diverse cultural backgrounds, considering their cultural beliefs, values, customs, and practices [37].

Cultural competence

The ability of therapists to effectively understand, respect, and respond to the cultural beliefs, values, practices, and needs of clients from diverse backgrounds, while developing awareness of one's own cultural biases and stereotypes, as well as acquiring knowledge and skills to provide culturally sensitive and appropriate care, to ensure that interventions are meaningful, relevant, and effective for clients of all cultural backgrounds [38].

Cultural humility

The recognition, understanding, and acknowledgment of one's own cultural biases and limitations, while maintaining an open and respectful attitude towards the diverse cultural backgrounds, beliefs, and values of clients through an ongoing process of self-reflection, self-awareness, and continuous learning, to approach each client with a willingness to listen, learn, and adapt their practice to better meet the unique needs and preferences of individuals [39].

Cultural sensitivity

It refers to the awareness, understanding, and respect for the cultural beliefs, values, practices, and needs of clients from diverse backgrounds. It involves recognizing the influence of culture on individuals' perceptions of health, illness, and disability, as well as their attitudes towards healthcare and therapy to acknowledge and respect the diversity of their clients [40].

Disaster management

It refers to the specialized area within the field of occupational therapy that focuses on preparing for, responding to, and recovering from disasters or emergencies such as natural disasters, pandemics, or terrorist attacks. Occupational therapists play a crucial role in disaster management by addressing the physical, emotional, and environmental factors that can impact an individual's ability to perform meaningful activities and roles during and after a disaster [41].

Diversity

Diversity in occupational therapy refers to the recognition and celebration of differences among individuals, including but not limited to factors such as race, ethnicity, culture, language, gender, sexual orientation, age, ability, socioeconomic status, and religion [42].

Emancipation

The process of empowering individuals to gain autonomy and independence in their daily activities and roles despite any physical, cognitive, or emotional limitations they may experience. It emphasizes the importance of promoting self-determination, self-efficacy, and self-advocacy among clients, empowering them to make informed choices and take control of their lives [43].

Empathy

Empathy in occupational therapy practice refers to the ability of the therapist to understand and share the feelings, thoughts, and experiences of their clients, while maintaining professional boundaries and objectivity. It involves actively listening to clients, validating their experiences, and demonstrating compassion and understanding towards their challenges and goals [44].

Ethical reasoning

It refers to the process of analyzing and making decisions about morally complex situations that arise in the practice of occupational therapy. The ethical principles and values that guide the practice of occupational therapy include beneficence, autonomy, justice, and fidelity [45].

Evidence-based practice

It refers to the process of integrating the best available research evidence with clinical expertise and the values and preferences of the client to inform decision-making and intervention planning in occupational therapy [46].

Equity

Equity in occupational therapy refers to the fair and just distribution of resources, opportunities, and outcomes to individuals and groups, regardless of their social, economic, or cultural backgrounds [47].

Inclusion

It refers to the practice of ensuring that individuals with diverse abilities, backgrounds, and identities are actively involved and valued in all aspects of treatment and intervention and are able to participate fully in meaningful occupations of daily life [48].

Interprofessional collaboration

A coordinated and cooperative approach to healthcare, where professionals work together to provide comprehensive and holistic care to individuals and communities. It recognizes the unique contribution of each discipline while emphasizing the importance of working collaboratively to achieve common goals and improve overall quality of care [49].

Intersectionality

A concept that recognizes the interconnected nature of social categorizations such as race, socio-economic status, disability, gender, sexuality and more, and how intersecting identities and structures overlap to create unique experiences of oppression and privilege for individuals and is crucial to address social issues and injustices that affect access to meaningful occupations, from systemic racism to gender discrimination [50].

Metacognitive skills

The ability to understand, analyze, and regulate one's own cognitive processes and strategies involved in engaging in meaningful occupations. These skills enable individuals to effectively plan, monitor, and evaluate their performance in various tasks, as well as to adapt and problem-solve when faced with challenges [51].

Multiculturality

It refers to the recognition and inclusion of diverse cultural perspectives, values, beliefs, and practices in the assessment, intervention, and treatment processes within the field of occupational therapy. It involves understanding how culture influences an individual's perceptions of health, illness, disability, and occupational roles, as well as considering cultural factors in designing and implementing effective interventions to promote health and well-being [52].

Neoliberalism

A socio-economic and political ideology that emphasizes market-driven approaches to healthcare delivery and the prioritization of individual responsibility for health and well-being. This ideology can influence the organization, funding, and delivery of occupational therapy services, potentially shaping access to care and the types of interventions available to clients [53].

Occupation-based practice

A therapeutic approach that emphasizes the use of meaningful and purposeful activities, or occupations, to promote health, well-being, and participation in daily life. It recognizes the inherent value of engaging in activities that are personally meaningful and relevant to the individual and seeks to address barriers to participation in those activities [54].

Occupation-centered practice

Occupation-centered practice in occupational therapy refers to an approach that places the client's meaningful activities, roles, and routines at the forefront of assessment, intervention, and goal-setting processes [54].

Occupation-focused practice

Occupation-focused practice in occupational therapy refers to an approach that places emphasis on enabling individuals to engage in meaningful and purposeful activities, or occupations, that are essential to their daily lives. This approach recognizes that participation in meaningful occupations is central to health, well-being, and quality of life [54].

Political occupational therapy

A specialized area within the field of occupational therapy that focuses on addressing the impact of political factors on individuals' ability to engage in meaningful activities and occupations. This may include advocating for policies that promote accessibility, inclusion, and social justice, as well as providing therapeutic interventions to help individuals navigate barriers related to political systems and structures [55].

Post-colonial occupational therapy

Post-colonial occupational therapy is a critical approach within the field of occupational therapy that examines the impact of colonialism (a system of domination and exploitation in which a powerful nation extends its control over another territory), imperialism, and globalization on health, well-being, and occupational justice [56].

Professional reasoning

The cognitive process through which occupational therapists analyze, interpret, and integrate information to make informed decisions regarding client care. It involves critically evaluating a client's occupational performance, identifying potential factors that may influence their ability to engage in meaningful activities, and developing individualized intervention plans to address their needs [57].

Psycho-social intervention

Therapeutic approaches aimed at addressing the psychological and social aspects of a client's well-being to promote their overall functioning and participation in meaningful activities [58].

Psychological trauma

Psychological trauma in occupational therapy refers to the emotional and psychological distress experienced by individuals as a result of a traumatic event or series of events. This distress can impact their ability to engage in meaningful activities [59].

Refugeeism

The condition or status of being a refugee, which encompasses the experiences, challenges, and rights of refugees, including their legal status, access to protection, and integration into host communities [60].

Self-reflection

The process of critically examining one's own thoughts, feelings, actions, and beliefs in relation to their professional role and interactions with clients. It involves introspection and contemplation to gain insight into personal biases, strengths, weaknesses, and areas for growth to enhance the quality of client care and professional development [61].

Social occupational therapy

The use of occupation-based interventions to enhance social participation, foster social inclusion, and promote social justice for individuals, groups, and communities across the lifespan [62].

Social systems

The various levels of social organization that influence individuals' participation in occupations and their overall well-being.

- **Micro social systems:** the smallest unit of social organization (individuals or small groups), which may include family dynamics, peer relationships, and interactions within a therapy group. These systems play a crucial role in shaping an individual's daily routines, habits, and social roles.
- **Meso social systems:** intermediate levels of social organization, such as organizations, communities, or institutions, which may include schools, workplaces, healthcare facilities, and community centers. These systems influence individuals' access to resources, support networks, and opportunities for participation in meaningful occupations.
- **Macro social systems:** the largest levels of social organization, including societal structures, cultural norms, and government policies, which encompass broader social determinants of health, such as socioeconomic status, political climate, and access to healthcare services [63].

Solidarity

A concept that has its roots in collective action and mutual support. It emphasizes sharing responsibility and working together to address systemic injustices and advocate for structural change, unlike charity, which involves one-way acts from a position of privilege to the ones in need, perpetuating unequal power dynamics [64].

Therapeutic relationship

The collaborative and interpersonal connection between the occupational therapist and the client, characterized by mutual respect, trust, empathy, and rapport, with the goal of promoting the client's engagement in meaningful occupations and facilitating their overall well-being. It enables the therapist to gain insight into the client's values, preferences, strengths, and challenges, thus guiding the development of client-centered treatment plans by fostering open communication, active listening, and shared decision-making [65].

Posthumanism

Posthumanism is a philosophical and theoretical perspective that emphasizes the interdependence of all beings and the interconnectedness of humans, the environment and technology [66].

Resettlement

The process of transferring individuals or families who have fled their home countries due to persecution, conflict, or violence to a new country where they can seek safety and rebuild their lives. This process involves various stages, including selection, screening, and integration into the host community [67].

Social transformation through occupation

The process by which individuals engage in meaningful activities (occupations) that enable them to participate more fully in society, enhance their well-being, and effect positive change in their communities. This approach emphasizes the importance of occupation to address social justice, equity, and inclusion, and recognizes the interconnectedness between individuals, their environments, and societal structures [68].

Statelessness

The condition of not having citizenship or nationality in any country. A stateless person lacks the legal recognition and protection afforded by citizenship, which can result in significant difficulties in accessing basic rights and services, such as education, healthcare, and employment [69].

Sustainability

The incorporation of principles and strategies aimed at promoting long-term well-being and functional independence for individuals, communities, and populations while minimizing negative impacts on the environment and resources and implementing interventions that support a balanced and resilient approach to living [70].

Wellness

A holistic concept that encompasses physical, mental, emotional, social, and spiritual well-being. It goes beyond the absence of illness and emphasizes the pursuit of a balanced and fulfilling life, engaging in activities that bring joy and fulfillment, and nurturing a sense of purpose and meaning in life [71].

Appendix 2 - Resources

Literature

Adams, Emily and Peterson, Megan, "Occupational Justice Concerns for Muslim Refugees in the United States" (2018). Occupational Therapy Capstones. 380. <https://commons.und.edu/ot-grad/380>

Black, R. M., & Wells, S. A. (2007). *Culture and occupation: A model of empowerment in occupational therapy*. AOTA press.

Buitrago, A. O. (2011). Statelessness and human rights: the role of the United Nations High Commissioner for Refugees (UNHCR). *Ejil-EAFIT Journal Of International Law*, 2(2), 7-23.

Bryant, W., Fieldhouse, J., Bannigan, K., Creek, J., & Lougher, L. (2014). Creek's occupational therapy and mental health, 5th ed (W. Bryant, J. Fieldhouse, K. Bannigan, J. Creek, & L. Lougher (Eds.)). Churchill Livingstone.

Cole MB. (2018). *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice Application of Group Intervention*, Fifth edition. SLACK Incorporated.

Cole MB. & Tufano R. (2020). *Applied Theories in Occupational Therapy: A Practical Approach, Second edition: Vol.* Second edition. SLACK Incorporated.

Dublin Regulation: https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/country-responsible-asylum-application-dublin-regulation_en

Erickson, K. & Kjergaard, K. (2017). A Home away from Home: An Occupational Manual for working with Refugee Populations. Occupational Therapy Capstones 349.

Flemming Cottrel, R.P. (2000), *Proactive Approaches in Psychosocial Occupational Therapy*, 2nd edition, Slack.

Huot, S., Kelly, E., Park, SJ., (2016), Occupational experiences of forced migrants: A scoping review, *Australian Occupational Therapy Journal* (63), 186-205.

Kronenberg, F., Pollard, N., Sakellariou, D. (2011). *Occupational Therapies without Borders – v.2: Towards an Ecology of Occupation-based Practices*. Elsevier.

Lopes, R. E., & Malfitano, A. P. S. (2020). *Social Occupational therapy: Theoretical and practical designs*. Elsevier.

Lord, R. S., & Muñoz, J. P. (2023). Holistic, Person-Centered Evaluation to Understand the Experiences and Needs of Displaced Refugee Youths: A Descriptive Mixed Methods Narrative Study. *The Open Journal of Occupational Therapy*, 11(1), 1-15. <https://doi.org/10.15453/2168-6408.2028>

Morville, A-L, Erlandsson, L-K., Danneskiold-Samsoe, B., Amris, K., Eklund, M. (2015), Satisfaction with daily occupations amongst asylum seekers in Denmark, *Scandinavian Journal of Occupational Therapy* (22): 207-215.

Nadine Blankvoort, Muzeyyen Arslan, Ani Tonoyan, Ahmad Q. Damour & Liliane Mpabanzi (2018): A new you: A collaborative exploration of occupational therapy's role with refugees, *World Federation of Occupational Therapist Bulletin*, (doi): 10.1080 / 14473828.2018.1526560

Pollard, N. (2013). *Occupation in occupational therapy: A political perspective*. Sheffield Hallam University (United Kingdom).

Pollard, N. & Kronenberg, F. (2008). *A Political Practice of Occupational Therapy*. Elsevier Health Sciences.

Reninka De Koker, Sabine Lambers & Luc Vercruysse (2019): Occupational therapy at 'Klein Kasteeltje' in Brussels for children of asylum seekers who cannot participate in the Belgian schooling system, *World Federation of Occupational Therapists Bulletin*, (doi: 10.1080/14473828.2019.1570703).

Sakellariou, D. & Pollard, N. (2016). *Occupational Therapies without Borders: Integrating Justice with Practice*. Elsevier.

Schiller, S., van Bruggen, H., Kantartzis, S., Laliberte Rudman, D., Lavalley, R., & Pollard, N. (2023). "Making change by shared doing": An examination of occupation in processes of social transformation in five case studies. *Scandinavian Journal of Occupational Therapy*, 30(7), 939-952.

The Geneva convention: <https://www.unhcr.org/about-unhcr/who-we-are/1951-refugee-convention>

Trimboli, C. & Taylor, J. (2016). Addressing the occupational needs of refugees and asylum seekers. *Australian Occupational Therapy Journal* (doi: 10.1111/1440-1630.12349).

Trimboli, C., Abdo, S., Mirza, M., Black, M., Smith, Y., Christopher, C., & Huot, S. (2023). Global perspectives on migration and forced displacement: Theory, research, and practices for enacting an occupation-based approach. *Journal of Occupational Science*, 1-9.

Trimboli, C., Fleay, C., Parsons, L., & Buchanan, A. (2023). Occupational Therapy Psychosocial Interventions for Middle-Childhood Aged Refugee Children in High Income Countries: Focus Group Perspectives. *Occupational Therapy in Mental Health*, 1-27.

Trimboli, C., Parsons, L., Fleay, C., Parsons, D., & Buchanan, A. (2021). A systematic review and meta-analysis of psychosocial interventions for 6–12-year-old children who have been forcibly displaced. *SSM-Mental Health*, 1, 100028.

Trimboli, C.A.; Halliwell, V. A survey to explore the interventions used by occupational therapists and occupational therapy students with refugees and asylum seekers. *World Fed. Occup. Ther. Bull.* 2018, 74, 106–113.

Van Bruggen, H., Craig, C., Kantartzis, S., Laliberte Rudman, D., Piskur, B., Pollard, N., ... & Simó, S. (2020). Case studies for social transformation through occupation.

World Federation of Occupational Therapists (2012), Position Statement on Human Displacement.

Εγχειρίδιο για τις διαδικασίες και τα κριτήρια καθορισμού του καθεστώτος των προσφύγων (Στ' έκδοση)

<https://www.unhcr.org/cy/wpcontent/uploads/sites/41/2018/01/HANDBOOK.pdf>

ΕΥΡΩΠΑΪΚΗ ΣΥΜΒΑΣΗ ΓΙΑ ΤΗΝ ΙΘΑΓΕΝΕΙΑ (1997) Υιοθετήθηκε στο Στρασβούργο στις 6.11.1997 Έναρξη ισχύος: 1.3.2000, σύμφωνα με το άρθρο 27 Κείμενο: European Treaty Series, No. 166

https://www.unhcr.org/cy/wpcontent/uploads/sites/41/2018/03/European_Convention_on_Citizenship.pdf

Ο Περί Προσφύγων Νόμος του 2000-2014 6(Ι)/2000

http://www.cylaw.org/nomoi/enop/non-ind/2000_1_6/full.html

Online Courses

“Occupational therapy: working with displaced persons”:
<https://www.wfot.org/resources/occupational-therapy-working-with-displaced-persons>

“Disaster management for occupational therapists”:
<https://www.wfot.org/resources/disaster-management-for-occupational-therapists>

“Underlying the rehabilitation needs of displaced persons”, https://www.physio-pedia.com/Understanding_the_Rehabilitation_Needs_of_Displaced_Persons_Course

Tools/ Apps

Refugee Guide Cyprus

<https://play.google.com/store/apps/details?id=cy.euc.dcs.sp.refugeeguidecyprus&pli=1>

Athan: Prayer Times & Al Quran

<https://play.google.com/store/apps/details?id=com.athan>

Google Translate

https://www.google.com/search?q=google+translate&oq=googl&gs_lcrp=EgZjaHJvbWUqDggDEEUyJxg7GIAEGIoFMgYIABBFGEyBggBEEUYOTIOCAIQRRgnGDsYgAQYigUyDggDEEUyJxg7GIAEGIoFMgYIBBBFGDwyBggFEEUYPDIGCAYQRRhBMgYIBxBFGEHSAQgyODM0ajBqN6gCCLA CAQ&sourceid=chrome&ie=UTF-8

DeepL

<https://play.google.com/store/apps/details?id=com.deepl.mobiletranslator>

English Somali dictionary

<https://play.google.com/store/apps/details?id=com.fiftyThousandWord.somali>

Duolingo

<https://play.google.com/store/apps/details?id=com.duolingo>

Project digital media

(Website)

<http://bridgingotgaps.euc.ac.cy>

(Facebook)

www.facebook.com/OccupationalTherapyWithRefugeesAndAsylumSeekers

(X)

<https://twitter.com/OTwithRefugees>

(Instagram)

<https://www.instagram.com/bridgingotgaps/>

(YouTube)

<https://youtu.be/muxHM4Dmi7o?si=MXz5l4wdee84UGC7>

<https://youtu.be/8tJTieAuWoQ?si=dWh0A2Lxvd68exXM>

<https://youtu.be/D18zKDDu9uE?si=C6hcwilxRT46z9be>



Other links

Asylum Service

https://www.moi.gov.cy/moi/asylum/asylumservice.nsf/index_en/index_en?OpenDocument

United Nations High Commissioner for Refugees (UNHCR) in Cyprus

<https://www.unhcr.org/cy/>

Help Platform (UNHCR Cyprus)

<https://help.unhcr.org/cyprus/>

Help Refugees Work Platform (Cyprus Refugee Council)

<https://www.helprefugeeswork.org>

Appendix 3 – Other services and entities in the field

(Please, request the corresponding file.)

Appendix 4 – Essential documents and forms

1. AOTA (2020). Occupational therapy practice Framework: Domain & Process, 4th edition.
2. Attendance sheet (date, time, name, placement, clinical supervisor, students, intervention, notes)
3. Clinical practice manual/ Code of conduct
4. Consent forms template
5. Course outline template
6. ENOTHE 2022, *Action for Peace: Short Guide about Working with Displaced Persons for Students and Lecturers*, ENOTHE, accessed 31 October 2021 https://enotthe.eu/wp-content/uploads/2022/07/Action-for-Peace-Short-Guide-about-Working-with-Displaced-Persons-for-Students-and-Lecturers-First-Edition.pdf?fbclid=IwAR0-T8AS9JEN1XkwXXILPXe_DLt4VlceCi08COBHn9_sAjqTEpczVT9sB1g
7. Environmental analysis
8. Group assessment template
9. Group protocol template
10. Intervention timetable template
11. Occupation-centered assessments
12. Occupational therapy assessments
13. Psychouli, P., Louta, I., Georgiadou, M. (2022). 'Developing an occupational understanding of the needs of Unaccompanied asylum-seeking Minors (UAMs) living in shelters in Cyprus', WFOT 2022 Scientific Programme Committee, 18th WFOT Congress Occupational R-evolution, Paris, 28-31/ 08/ 2022.
14. Psychouli, P., Louta, I., & Christodoulou, C. (2023). Development of the Refugees and Asylum Seekers Occupational Satisfaction (RASOS) Assessment Tool. *International journal of environmental research and public health*, 20(19), 6826. <https://doi.org/10.3390/ijerph20196826>.
15. RASOS Tool (pilot version)

16. Schedule (Indicate: organization, documentation, research, individual sessions, group sessions, self-care, break)
17. Templates of certificates of participation.