



Family Therapy for Afghan Communities in Georgia: Expectations, Goals, Outcomes and Key Insights

Program Description

In August 2021, rising violence in Afghanistan displaced many Afghans, with over 1,500 resettling to the U.S. State of Georgia as humanitarian parolees. High rates of PTSD, anxiety, and depression have been documented in Afghan survivors of the conflict, yet language and cultural barriers can hinder access to care in settings such as Georgia (Qais Alemi, 2023). MHPSS interventions that address needs and account for barriers to engagement are essential to improve well-being among Afghans, including those resettled to the U.S. (Shameran Slewa-Younan, 2017).

In Clarkston, Georgia, CVT provides culturally adapted interdisciplinary services to address challenges facing Afghan communities. This includes *family strengthening therapy* for recently resettled Afghans through a 10-week intervention focused on improving family functioning.

Evidence Collected

Data were collected through brief pre- post-intervention assessments using a structured family therapy measure. The pre-intervention was focused on *expectations* of family therapy prior to the start of services. The post-intervention measured *actual experience* following completion of 10-week family therapy services.

Participants responded to the following Likert-scale questions, using a five-point scale: *Not at all (1), A little bit(2), Somewhat(3), Quite a bit(4), Very much(5)*. Family sessions with CVT can help (have helped)...

- **Problem-Solving:** ...us to solve problems.
- **Support:** ...us to support each other.
- **Communication:** ...us to communicate with each other.
- **Valued/Respect:** ...us to feel more valued and respected by each other.
- **Family Efficacy:** ...us to solve problems *independently/without our therapist*.

Additionally, families identified *goals for family therapy* through ranking preferences for addressing four domains of common family challenges:

1. Solving problems within our family
2. Supporting each other when we are facing difficulties
3. Effectively communicating with and listening to each other
4. Respecting and valuing each other

At the time of this brief (January 2026), 82 clients had received family therapy. Among these, 59 completed 10 weeks of family sessions, 39 of whom provided both baseline and follow-up data, resulting in a response rate of 66%. Measures were administered to multiple members within one family. Of the 39 measures completed 26 were for children (<18) and 13 for adults (>18) representing 6 families. All members over age 16 provided responses for themselves. For those younger than 16, parents completed the measure on behalf of children.

Interpretation of Evidence

Results are based on 39 clients (6 families) with pre and post assessments. Measures were examined individually rather than by family. As a reminder, results measure expectations relative to actual experience (not preexisting levels of family abilities relative to post therapy levels).

Key Findings: Expectations vs Experience. Between baseline and follow-up, notable differences were reported in expectations relative to experience in areas related to *within family* communication, feeling valued and respected, and efficacy —indicating that *the actual experience of family therapy exceeded expectations in these areas*. Ratings for *within family* problem-solving and support however, showed a decline, suggesting the experience of therapy did not meet initial expectations in these areas.

Figure 1. Comparison of Family Therapy *Expectations* before therapy and *Experiences* after therapy

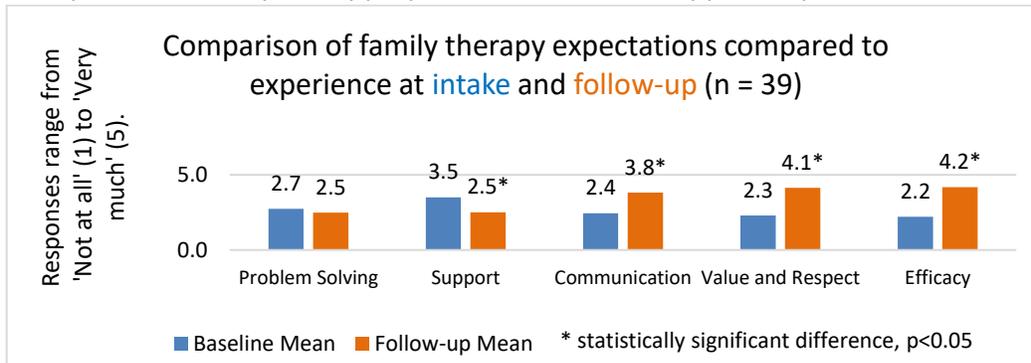
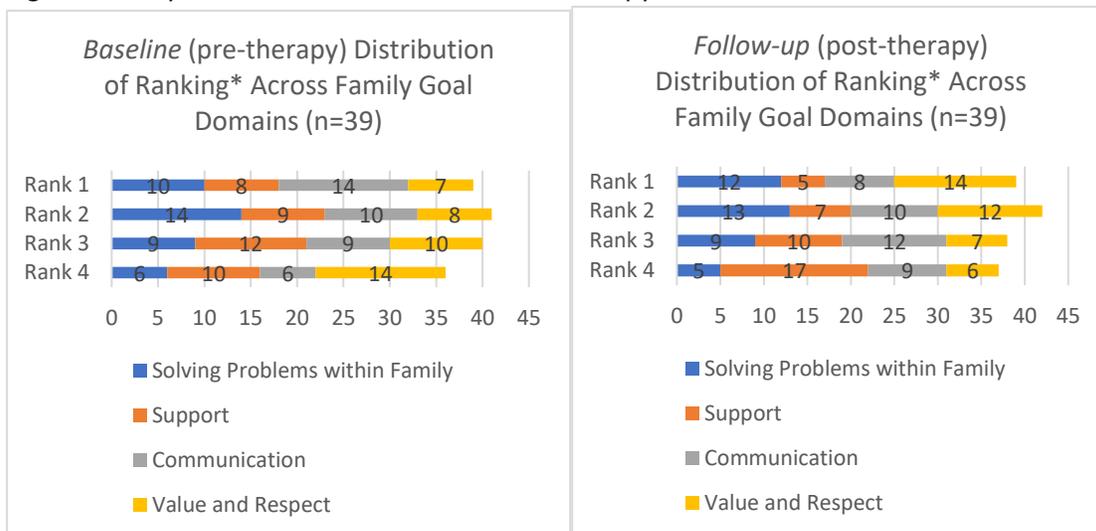


Figure 1 note: Family sessions with CVT can help (have helped) us to... solve problems, support one another, communicate with each other, feel more valued and respected by each other, solve problems independently/without our therapist

Family goals before and after therapy. Clients’ responses to family goal rankings indicate a *shift in family priorities over time*. While communication and listening was most frequently identified as a top priority before therapy, results after therapy show increased emphasis on family goals of problem-solving and feeling respected and valued. Supporting each other was a lower priority at both baseline and follow-up.

Figure 2. Changes in Family Goal Priorities before and after therapy



Rank 1 indicates the highest importance, and Rank 4 indicates the least importance. Figure 2 above presents client rankings of the four family therapy goals and the frequency of each rank (i.e., the number of clients who assigned each rank).

Discussion

The findings indicate that CVT sessions likely contributed to improvements in several key areas of family functioning.

Participants rated experience higher than expectations particularly for family therapy helping with *communication, feeling valued and respected, and family efficacy* (solving problems independently without the therapist). Findings suggest therapy helped families to interact more effectively, foster mutual recognition and respect, and address challenges independently.

Results also indicate a shift in family priorities for therapy over time. After family therapy, priority goals were more likely to be problem-solving and feeling respected and valued than at baseline. This shift may be partially influenced by the emphasis within the family therapy model on family problem solving.

Notably, participants indicated that family therapy did not help with *support within the family* as much as expected. Research suggests that perceptions of support within the family can vary over the course of treatment, particularly as challenges are surfaced early in the therapeutic process. Family members may have differing levels of engagement in therapy and perceptions of the value of focusing on and working through conflict. Differences in how individuals experience and evaluate within family support can influence post-intervention perceptions, even when overall engagement is high and progress is occurring during sessions (Friedlander et al., 2018; Todd et al., 2025). Lower ratings for support relative to expectations may reflect the complexity of family relational dynamics, and expected processes in therapy but may also signal a need to focus more on bolstering this component during sessions.

Conclusion

The evidence suggests the culturally adapted integrated family mental health services CVT provides may play an important role in supporting mental health and wellbeing among Afghan families in Georgia.

References

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Statement about Interpreting Evidence

Findings indicate that CVT family therapy likely contributed to outcomes mentioned in this brief. However, since the analysis is based on a limited follow-up sample (response rate 66%) and without a control group, results should be interpreted cautiously. Additionally, some family therapy clients received other services from CVT during the period of family therapy, so results may reflect outcomes related to overall services. On a final note, this data for 6 families (39 persons) was analyzed individually rather than as interdependent (nested), and/or separately for children and adults, which may have influenced results.

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