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Mental Health of Refugee Children: A Guide for the ESL Teacher

Dina Birman

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Preface

ESL teachers often are some of the first resources available to help refugees cope with a new cultural environment. Their role as cultural informants is very important. Although the identified role of the teacher is to teach English language skills, there is potential for the classroom to be an environment where refugees can make significant progress on the path toward adjustment to a new life in an unfamiliar culture.

In order to conceptualize the purpose of this booklet, which is designed for ESL service providers and focuses on the topic of cultural adjustment and mental health for youth, it also seems essential to point out what it is not:

- It is not meant to turn ESL providers into therapists or mental health specialists.
- It does not provide a diagnostic tool or suggest that ESL providers are, in general, qualified to make definitive judgments about students' mental health or need for therapy.
- It is not an ESL curriculum utilizing the topic of mental health.
- It does not imply that many or most refugees suffer from any symptoms which require mental health intervention.

In providing this information we hope teachers can do a better job of meeting needs and knowing how, when, and where to refer students to other parts of the service provider network. There is now substantial research and experience on cultural adjustment and mental health issues which refugees face; but not as much attention has been focused on youth. We know that refugee youth come with not only the residue of the refugee experience, but with the anxiety of becoming adults, "fitting in" and "belonging" in a family and with a peer group.

We recommend that schools, agencies and other groups who want to fully utilize the information here contact the English Language Training Technical Assistance Project to schedule training to accompany the use of this resource.

Part I

INTRODUCTION AND BACKGROUND

For many years the focus of the U.S. refugee resettlement program has been on assisting adults and families transition into American life. “Refugees” refers to a legal status granted to those migrants entering the U.S. for resettlement who are fleeing their country of origin due to a well-founded fear of persecution (The Refugee Act of 1980). Since its beginnings, the refugee program has resettled large numbers of Vietnamese, Cuban, Soviet Jewish and Evangelical Christian, and Bosnian refugees. In recent years increasing numbers of refugees from Africa, Central Asia, and the Middle East have also been entering the country.

Voluntary Agencies and other state and local organizations provide re-settlement services to refugees to help ease their transition. Initially refugees received cash assistance for as long as 3 years. The program has gradually decreased the length of time refugees can receive such support to the current time frame of 4-8 months, depending on the program. As a consequence, the primary focus of the refugee resettlement programs has been on helping refugee adults become employed as quickly as possible after resettlement in order for the family to become economically self-sufficient. This includes assistance with preparing for and finding employment and learning English in order to become gainfully employed. Further, with recent changes in welfare reform, efforts have also focused on citizenship training to enable refugees to become U.S. citizens as quickly as they are eligible in order to maintain their eligibility for welfare, unemployment, and social security supplemental income benefits, should they need them.

Because of these great pressures on refugee adults to secure employment, the needs of refugee children have not been the focus of resettlement programs. Similarly, within the refugee families, as adults focus on employment, learning English, and taking care of the family’s basic needs, the lives of the children can go unattended. Refugee adults often make the assumption that the children’s transition into life in the U.S. will be easier because they will learn the language more quickly, and adapt more easily to

their surroundings. In some refugee communities adults refer to themselves as the “sacrifice generation”, feeling that they’ve made a move to a country where they will never feel at home for the sake of their children. However, the needs of these children during the resettlement process itself often can go unaddressed because of the assumption that their adjustment will be relatively automatic and uncomplicated. ESL teachers can and do play an extremely important role in the lives of newly resettled children. This manual will:

- Review developmental and mental health issues for children in general,
 - Highlight two important factors in lives of refugee children that are layered onto developmental and mental health issues: acculturation and trauma
 - Explain treatment options, and
 - Give specific suggestions on the role of ESL teacher.
-

II. CHILDREN'S ADJUSTMENT AND MENTAL HEALTH ISSUES

For refugee children resettlement involves managing several important tasks. The main ones involve:

- a) moving
- b) adjusting to school
- c) mental health issues in general.

Before reviewing special considerations for refugee children involved in coping with these issues, it is useful to consider what we know about how children in general cope with them. This can help identify aspects of a “normal” or usual process of adjustment and adaptation that occurs as children develop. This is useful for two reasons. First, it allows us to apply what is known about how children cope with these processes to refugee children. Secondly, it helps us understand which issues and needs of refugee children are similar to those of other children, and which are unique, requiring special considerations and services.

A. STRESSFUL EVENTS FOR CHILDREN IN GENERAL

Moving

Moving is generally considered to be one of the most stressful life events, ranked near the top on various “life events lists” that assign points to the level of stress produced by these events. Moving is considered to be extremely stressful because of the extent to which it disrupts one's routines and demands readjustments to many aspects of life. Further, life events such as moving are considered to be even more stressful when they are unanticipated, and when the person experiencing them has little control over when or whether this event occurs. For these reasons, moving can be particularly stressful to children because they don't make the decision to move—for them the move is out of their control—and sometimes they are not told about it until right before it occurs. While parents may hope that the move will be a positive experience for their children, children may approach it with apprehension. Moving involves the loss of the familiar environment, friends and neighbors, as well

as demands that the child cope with adjustment to the new environment.

There are many things that parents can do to help ease this transition for their children. For example, they can help children anticipate the transition, perhaps even take them to the new town, visit the school, share information about the new place in order to prepare them for the move. After the move parents can help children recreate aspects of their environment that they miss, such as bringing familiar items and furnishings, and re-establishing family routines. Finally, many parents may encourage their children to continue their relationships with friends and neighbors left behind through phone calls, email or visits.

Because moving is stressful, it is not uncommon for children to be very distressed about this process, but children may not express this through words or may not even appear sad. However, changes in behavior may be signals that the child is very upset and having difficulties adjusting. For example, some children may revert to bedwetting even though they have mastered toilet training a long time ago, or may exhibit irritability, aggressive behavior, or act unusually withdrawn. In general, mental health professionals suggest that parents explore whether the child is indeed upset and help the child talk about these feelings. It is also very important not to ignore the behaviors that are inappropriate, and to help the child cope with new problems. Parents may need to consult a professional about bedwetting, establish more explicit rules for behavior, or encourage the child to reach out socially. Although the child is suffering, it is not unkind to establish the same rules and structure that existed before the move. The sooner routines are reestablished and the child's and family's functioning return to normal, the easier it will be for the child to adapt.

School Transitions and Adjusting to School

For school-age children school is one of the most important settings in their lives; it is their “work”, the place where they interact with peers and reach developmental milestones. Transition to school is one of the most important changes in a child's life, a key developmental step toward independence. For many children, particularly those who did not attend preschool, entering school represents their first experience with adjusting to a peer group, the need to attend to teachers, and separation from parents. U.S. parents frequently anticipate the challenges of this transition, as evidenced by parents exhibiting as much anxiety as the children when they drop them off at school.

Similarly, transition from one school environment to another has been noted to be stressful for children. For example, research has shown that following transition to

high school children tend to have more disciplinary problems, lower grades, and are more likely to engage in high risk behaviors. These changes are attributed to difficulties in adjusting to new school norms and a reshuffling of the peer group. Upon moving from middle school into the high school building, adolescents who had been the oldest in their school building become the youngest. They experience new and unfamiliar stressors and often need to renew patterns of friendships and relationships with peers. Three important factors have been identified by researchers that help ease school transitions for children: (1) having friends and peers from the old school accompany them in their move; (2) having smaller classes; and (3) having significant relationships with important adults, such as a special teacher, counselor, or someone else in the school system to help with the transition.

Having old friends around provides a comfortable environment because the child both knows these peers and is known to them. Smaller classes are positive for a number of reasons, but in this case they allow for greater contact with other students and the teacher, helping everyone to get to know one another sooner and establish stronger relationships. The positive influence of an important adult (other than parents) in a child's life is attributed to the fact that the adult can provide guidance and support to the child at a time when children may not be receptive to parental authority, and peer relationships can be particularly complicated.

Mental Health Issues

All children may experience mental health issues. While it is probably cumbersome and unnecessary for teachers to know the range of mental disorders in children, teachers are often the first to observe symptoms of such disorders and problems. Many times inappropriate behavior in the classroom may be merely a signal that the child needs help in adjusting at school. However in some cases signs that the child's functioning at school is impaired may be symptoms of a mental disorder. In general symptoms of mental disorders can be characterized as "internalizing" and "externalizing" behaviors.

| SYMPTOMS OF MENTAL DISORDERS | |
|---|---|
| Types of Behaviors | When extreme, behaviors may be symptoms of disorders such as: |
| “Externalizing” Behaviors: | |
| <ul style="list-style-type: none"> * Fights * Difficulty in sitting still * Difficulty in following rules/expectations | <ul style="list-style-type: none"> * Attention Deficit Disorder (ADD) * Conduct disorders |
| “Internalizing” Behaviors: | |
| <ul style="list-style-type: none"> * Unusually withdrawn * Sad or display little energy | <ul style="list-style-type: none"> * Depression * Anxiety |

In general externalizing behaviors are more likely to draw a teacher’s attention, and create problems in the classroom.

Public schools have processes for addressing needs of children who may be exhibiting behavioral problems or signs of a mental disorder. Traditionally, in such cases a child is disciplined, and if the behavior continues the child may be referred to the school’s mental health team, which decides whether an assessment is called for. As a result of the assessment, the child may then be referred for individual, family, or group therapy, and/or special education classrooms. In this way the focus of the intervention is on how to help the individual child, and the approach is to pull the child out of the classroom environment in order to give him the skills necessary to adjust to the classroom and school setting. In this approach the assumption is that it is the child who lacks the skills to handle the classroom, and not the classroom that needs to be changed in order to accommodate the needs of the child.

Recently some psychologists have questioned the effectiveness of such a traditional approach, particularly in schools and classrooms in urban, low income, and ethnic minority settings where behavior problems (or externalizing behaviors) are so rampant that teachers spend more time on discipline than teaching. The strategy of referring each child for assessment and treatment seems hardly practical when this would require referring most children in a classroom.

As an alternative, interventions are now being proposed (Atkins et al., 2001) that attend to problem behaviors at different levels. Methods include not only finding

ways to help the children adjust to the classroom, but also techniques to create classroom environments that can help all children function better. One example of this approach is Positive Behavioral Interventions and Supports (PBIS) a program that puts into place behavioral interventions at the school-wide and classroom level for all students, and offers individualized interventions for students who need more intensive services. This program is now being widely disseminated nation-wide with funding from the U.S. Department of Education.

While the details of this program are beyond the scope of this paper (see www.pbis.org for more information on PBIS), the positive and proactive philosophy of the program is reflected in several ways. It attends to children at different levels of need, from those who need a little extra structure and support to those who need intensive special education service. This affords interventions ranging from school-wide interventions that improve the social and learning environment for all students, classroom interventions that clarify rules and create a positive environment for the class, and individualized interventions that provide mental health, special education, academic support, or other needed services to individuals for whom the class-wide and school-wide interventions are not enough. It uses behavioral intervention techniques that have been shown to be effective in helping individual children with behavior problems, and that can be applied at the school-wide and class-wide levels. At the same time, the program creates a positive and supportive climate at the school and in the classrooms for the benefit of all students and teachers.

Although PBIS is designed as an approach to address only externalizing behaviors, psychologists working with PBIS teams (Atkins) are interested in expanding its scope to include internalizing behaviors and disorders as well. Using the PBIS philosophy, the idea would be to enhance school and classroom environments so that they can not only reduce disruptive behaviors, but also encourage full participation and engagement of all students. When some children do not improve as a result of the preventive approach, individualized interventions can then be developed to address their specific needs with participation of their families.

Because the PBIS approach encourages thinking across multiple levels of analysis and intervention (child, family, classroom, school), it can be particularly useful in developing ways to intervene with refugee students for reasons discussed in the next section.

The next section will consider in more detail the special processes and issues that refugee students confront, including acculturation and post-traumatic stress. It continues with a discussion of school-based mental health services that can address refugee concerns, and offers specific suggestions for ESL teachers.

B. STRESSFUL EVENTS FOR CHILDREN IN A REFUGEE CONTEXT

The previous section described some general developmental and mental health issues experienced by all children as they cope with stressful life events such as moving, and school adjustment. Now we shift the focus to a refugee child going through the transitions described above.

With respect to **moving**, similar issues to those experienced by non-refugee children are likely to be salient, including feelings of loss and sadness, and difficulties readjusting to a new environment. However, there are also additional issues brought about by the extreme nature of the move from one culture to another, often in the context of war and other political conflict, which are outlined below:

1. Refugee families often leave under extremely stressful circumstances, making it impossible to anticipate problems and prepare the child for the move. Thus moving for them is extremely stressful, and may be “traumatic.”
 2. The circumstances of resettlement are also very stressful, as refugees often resettle in low income communities, and experience a substantial drop in their standard of living that they had prior to their move, or prior to the war or other violence that forced them to move. They may live in unsafe neighborhoods and run-down buildings, their apartments filled with donated furniture, worn clothing and toys.
 3. For refugee families it is much harder to comfort the child with familiar objects and reassurances from loved ones left behind. Refugees generally do not arrive in resettlement countries with their possessions, as they often had to leave them behind, perhaps under traumatic circumstances. Refugees have also often lost family members and neighbors, and don't have the
-

opportunity to stay in touch with them across geographic and political boundaries.

4. Parents have a hard time re-establishing a sense of “normalcy” and setting up appropriate rules and expectations for their children following the move because of how unfamiliar the new culture is. The norms and rules of behavior on the playground, available activities that are safe for children, and many other aspects of life are unfamiliar and confusing. Parents themselves may be very anxious about the future making it difficult to reassure the children that everything will be fine.
5. Parents have little time to devote to such tasks in resettlement as they struggle to survive economically. If and when children then begin to show signs of distress, they may be misunderstood or overlooked.

For these reasons, the losses suffered by refugee children as a result of moving are more extreme. Eisenbruch (1992) has written about “cultural bereavement” as part of the psychological experience of migration, suggesting that refugees are grieving for their culture and country as they might for a lost loved one. In addition, because the move can be so traumatic for parents, they may be particularly stressed, irritated, and unsure of themselves. Moreover, though parents are physically present, the children may be grieving for the way their parents *used to be*. In a poignant article about the refugee adolescent experience, Miriam Yaglom (1991) wrote about the experience of refugee children essentially “missing” their parents, seeing them become relatively powerless, confused, stressed, and unavailable in resettlement, whereas they seemed all-powerful, competent, and strong when the family was leaving their homeland. Overwhelmed with the need to provide for the family, the parents may not even realize the impact their own difficulties have on the children. To justify the hardships to themselves, they may reinforce in their minds that the move is much easier for the children, since it appears that children adapt to the culture faster. Because from the outside it may appear that children are doing fine, many of the needs of these children and families that were stimulated by the move may go unaddressed in the resettlement process.

With respect to **school transitions**, for refugee children such transitions are even more extreme because they are faced with the developmental task of moving up in grade levels while at the same time coping with the cultural transition that makes it extremely difficult to understand what is expected of them. Yet school is an extremely important setting for refugee children, because it is at school that they encounter the U.S. American culture, and are socialized into its norms.

Refugee families arrive in the U.S. with very different expectations of the structure and role of school. For example, in many cultures the relationships between teachers and students in the classroom are much more formal than in the U.S. school. Rules that require students to stand up when speaking to the teacher, discourage class discussion, and in general defer to the teacher as authority and expert are very common in other countries. Some students have never experienced having a teacher ask them to express their opinions (rather than report a fact or solution to a math problem) out loud or in writing during class. Some students have never experienced small group discussions in a classroom. Others come from cultures where boys and girls do not attend school together, and may find it uncomfortable to participate in activities with students of the opposite sex. Perhaps most importantly, U.S. schools differ from school in many countries where refugees come from because they expect children to develop their analytic skills and de-emphasize accumulation of factual knowledge. This can be extremely confusing to a child who is trying hard to do well, yet cannot understand why the teacher finds her or his work unsatisfactory. Regardless of the specific differences in rules and expectations, the most important point is that most of the rules and norms in U.S. schools and classrooms are implicit. In other words, schools don't explain to students how to sit at a desk, how to use a locker, what to do when the bell rings, how to take a multiple-choice test, or how to ask a teacher a question. These are things that U.S.-born children absorb from their past school experience, from talking with their parents, from watching sitcoms on TV, and through other experiences of "enculturation" or socialization into their own culture. For refugee children even the most simple and basic of rules may need to be made explicit because of lack of experience with U.S. type of schooling.

For example, with respect to discipline, there is frequently a perception on the part of refugee children that U.S. schools are extremely permissive, with children not paying attention in class, misbehaving in hallways, etc. Teachers may appear very nice rather than stern, and as having less authority than teachers in other countries. Observing this, some children may conclude that there are no rules in U.S. schools, and that children have extreme freedoms in this country. They, too, may want to have this much freedom in their behavior. However, in truth, while U.S. schools may be and appear to be more permissive, they do have rules and norms, though some may be implicit. For example, while in other countries schools may rely on close monitoring, strict punishment, and discipline to manage student academic work and behavior; U.S. schools expect children to take responsibility for their own work and behavior. Refugee parents may assume that schools and teachers are closely monitoring their child's behavior and performance at school, and when they don't see any negative notes from the child's

teacher, they may assume that the child is doing fine. These parents may then be shocked when at the end of the semester the child's grades are very poor. This "rule" or "norm" of being responsible for one's own work without constant monitoring is particularly subtle, yet extremely important for children and parents to understand. For all of these reasons it is very important for schools and teachers to be extremely explicit about rules and provide refugee children with extensive orientation to classroom.

With respect to coping with these transitions, refugee children are unlikely to have around them the support and company of peers who went through similar experiences. This is made even more difficult because being "different" is not easy in U.S. schools, especially for middle and high school age children. However, the ESL and bilingual classrooms provide unique opportunities to be extremely helpful to these children not only with English language skills, but also with the emotional aspects of this transition. It is not uncommon for refugee children to say that ESL class is their favorite during the school day. The presence of other children, either of the same ethnic group, or even of other ethnic groups but engaged in the same acculturation and adaptation process, can be very supportive for refugee children. Additionally, the smaller size of many ESL or bilingual education classes can allow teachers to give individual students more attention and to form a mentoring relationship with them.

The ESL teacher can then become an important adult in these children's lives and help guide them through this transition. Refugee children frequently express that they feel they have a special relationship with their ESL teacher who understands some of the ways in which they are different and appreciates many of the hardships they face. This holds great promise for having ESL/bilingual education teachers meet some of the needs of these children; however, this expectation can surely feel overwhelming for a teacher, whose main job is to teach rather than provide counseling and mentoring. This can become even more overwhelming if teachers suspect that serious mental health issues are involved.

With respect to **mental health**, it is sometimes easy to forget that refugee children are just as likely to experience a range of mental disorders as non-refugee children, such as Depression, Attention Deficit and Hyperactivity Disorder (ADHD), and many others. The earlier discussion about mental health issues in childhood generally applies to refugee students as well. All students, including refugee students, can benefit from school-wide and class-wide interventions that set clear expectations for behavior and create a positive atmosphere where appropriate behavior is encouraged and rewarded. In addition, it is inevitable that there will be situations when assistance of mental health professionals is required, and a referral to the school mental health team needs to be made in order to

determine if the child requires mental health treatment that the teacher cannot possibly provide. However because many refugee children have suffered traumatic events, their internalizing and externalizing behaviors at school may also be signs of Post Traumatic Stress Disorder (PTSD). An added complication is that it is particularly difficult to determine whether problem behaviors such as not following school rules are symptoms of a disorder or signs of the child's being unfamiliar with the school rules and culture. Further, the child may be following particular school traditions that come from her or his culture, but which may be perceived as insubordinate in the current school environment. To the child, these behaviors make sense. For example, chewing gum, engaging in fist fights, or speaking out of turn in class have all been perceived as problem behaviors by teachers and interpreted as possible symptoms of mental disorder; but in some instances these behaviors were the result of the child's not knowing or fully understanding school rules. The special considerations in addressing the mental health needs of refugee children are discussed in more detail in the following section.

III. REFUGEE CHILDREN'S MENTAL HEALTH: COPING WITH ACCULTURATION AND TRAUMA

Special considerations in adjustment and mental health of refugee issues stem from two important issues that are highlighted below: (a) the need to adjust and adapt while simultaneously going through a **cultural transition**, and for many, (b) the legacy of **trauma**. The next section discusses aspects of the cultural transition and its implications for the child's adaptation and mental health. It also explains in more detail how children cope with traumatic stress and how it is treated.

A. CULTURAL TRANSITION

Acculturation is a term used to describe the cultural transition, or cultural change experienced by immigrants and refugees. In addition, three important implications of acculturation are particularly relevant to understanding refugee children: the acculturation gap, the role of "culture broker", and the implications of acculturation for school adaptation and school transitions.

Acculturation: to assimilate or not to assimilate, this is the question. Perhaps the most important task faced by refugee children is acculturation, or the need to learn the new culture in order to function within it successfully. Generally, we think of many aspects of acculturation: learning about the new culture and how things work, learning the language, and over time, perhaps even identifying with this culture and considering oneself an "American". It is clear to most scholars, teachers, parents, and students that learning the English language, as well as the norms, customs, institutions, and traditions of American culture, is very important, adaptive, and beneficial for children. However, there is some disagreement about whether or not it is also important for these children to abandon their old culture and stop using their native language, in other words "assimilate" to the U.S. culture. Some of the information shared below comes from a series of studies on adaptation of different immigrant and refugee groups including

Central American adolescents (Birman, 1998), former Soviet refugee children and parents (c.f. Birman, 1994; Birman & Trickett, 2001; Birman, Trickett, & Vinokurov, 2002), and Vietnamese and Somali families (manuscripts in preparation).

With respect to language, traditionally it has been assumed that as children learn the new culture they lose the old, as if the new knowledge somehow displaces that which they knew before. Indeed, this may happen for many refugee children. In our research with former Soviet refugees, for example, we found that children who were on average 10 years old when they came to the U.S. learned English very quickly. In a typical pattern, they also discontinued using Russian in approximately 4-5 years, after they became more fluent and comfortable speaking English than Russian (Birman & Trickett, 2001). For children who were younger when they arrived, this process occurred even more quickly, with English becoming their better language in 2-3 years. In other refugee and immigrant groups, however, particularly those living within ethnic enclaves, the tendency may be to maintain their native language. However some researchers have suggested that immigrant children who learn English and also retain their native language actually do better in school in the long run than those who do not maintain it (Crawford, 1992). For this reason maintaining fluency in their native language can be very helpful for refugee children, as long as they are also learning English. Another important aspect of acculturation is identity. Having a strong and positive sense of their ethnic identity has been noted as being very important for refugee and immigrant children's adjustment. In psychological literature it is generally believed that a strong ethnic identity is related to positive self-esteem (Phinney, 1990). As with language, most scholars believe that there is nothing wrong with encouraging newcomer children to identify with American culture and consider themselves "American" in principle, as long as this does not preclude their continuing to identify themselves with their ethnic culture at the same time. If a child feels that being part of both cultures and considering oneself Vietnamese-American or Cuban-American is not possible, either choice can be detrimental. Having an exclusively Cuban identity can prevent the child from integrating into the American culture; yet having an exclusively American identity can be accompanied by a feeling that being Cuban or Vietnamese is inferior, contributing to low self-esteem and perhaps other psychological outcomes.

In our research with former Soviet refugees, we found that children who embraced both cultures simultaneously were better adjusted psychologically. We found that children across different communities of resettlement became more identified with American culture over time. However, we also discovered that in one community this process tended to be "additive", so that over time the American identity was "added" to

their Russian identity. These children tended to become bicultural and consider themselves both Russian and American. However, in a different community, in which these children experienced discrimination, they felt that this was an “either-or” process, and they had to choose between being “Russian” or “American”; it seemed impossible for them to be both simultaneously (bicultural). For example, the children in this community had to essentially choose whether to sit at the “Russian” *or* the “American” tables in the lunchroom. Yet at other schools in a different community, no such distinctions were evident, and tables were mostly multicultural. Thus, while it is clear that becoming more identified with American culture can be very positive for children who become bicultural, it is also evident that identifying with American culture can be detrimental if children must do so at the expense of losing their ethnic identity. And in some communities and schools, becoming bicultural may be difficult or nearly impossible. For these reasons schools and communities that acknowledge and respect cultural differences and encourage biculturalism can foster positive adjustment and mental health.

Another reason that biculturalism may be advantageous for refugee children involves the concept of “acculturation gap”. Because adults (and parents) acculturate at a slower rate than their children, and because those who arrived in the U.S. as adults are less likely to lose their language and culture, a “gap” develops between children and parents over time. In our research (Birman & Trickett, 2001), parents did not lose their fluency in Russian over time, and while they did learn English, their fluency level in English was much less than that of their children. Parents also identified with American culture less than their children did. As a result of the acculturation gap at home children live according to the norms of their native culture and speak their native language; whereas at school they have to switch cultures and be “American”.

Because parents are immersed predominantly in one culture and children in another, refugee parents often know little of their children’s lives outside the home. Adult refugees didn’t attend school in this country, and have a hard time imagining what school is like. They may also not know what to expect of school, and assume that the role of school in the U.S. is similar to what it was in their country. This can result in many misunderstandings between the parents and child, and between the parents and school.

In our research we’ve talked to many parents from a variety of refugee cultures who have felt confused by academic standards and requirements in U.S. schools, by the ways that discipline is handled, and by the extent to which U.S. schools in general

expect parents to be involved. Parents from several cultures (we've found this with Somali, Vietnamese, and former Soviet refugees particularly) have complained that U.S. schools are not strict enough, and they don't understand why schools ask parents to discipline the children for infractions committed at school. "Why doesn't the school punish them appropriately?" is a question we've heard often from parents in our research. Parents have also been confused by curriculum in U.S. schools ("Why don't they just use a textbook?"), and don't know how to assess the importance of achievement tests or the significance of standardized tests. In general, the expectation in the U.S. that parents function as advocates for their child's schooling is quite incomprehensible to those who come from foreign countries where education is much more standardized and schools have more authority over the child.

The result is that refugee parents often can't be helpful to their children with respect to various aspects of school and school transitions. This can include homework and preparation for tests, choice of classes or academic program in higher-grade levels, or orientation to options for work, college, or further training after high school. Perhaps most importantly, it is difficult for parents to buffer children from unnecessary stress when parents themselves lack the knowledge of how various developmental milestones and school transitions are handled in this culture.

Another consequence of the acculturation gap is that it not only diminishes the capacity of parents to help their children, it also *undermines their authority*. In the U.S. growing up often means adolescents' continually testing parental limits, with parents gradually giving children increasing independence. For parents in refugee families, this transition toward greater independence can be extremely complicated. Without sufficient knowledge or understanding of their children's lives outside the home, parents may set rules that are overly strict, too permissive, or both. For example, not knowing about the danger of crime, gangs, and drugs in the inner city, parents may not supervise their adolescent children enough with respect to what they do after school while parents are at work. Children may grow adept at forging excuse notes for school, or concealing how they are doing at school. At the same time, parents may be overly strict with the same children in the evenings, requiring unusually early curfews, or even restricting contact with peers of the opposite sex. As a result, refugee adolescents may be reaching developmental milestones without sufficient supervision or guidance.

For adolescents, this experience can be extremely alienating, because in essence it implies that there is no one who truly understands their experience. Their parents

don't fully know or understand their circumstances outside the home; their American peers can't fully appreciate what it's like for them at home; and school personnel may try to be helpful without understanding that huge adjustments need to be made in their usual practices in order to effectively communicate with refugee parents and children.

Further, not only do refugee children often need more supervision and guidance than their parents can provide them, but they may also find themselves serving the role of "Culture Broker" for their family. Because refugee children are generally better able to communicate in English than parents, they may be the most fluent in the family, and even younger children may be assigned the role of translating and helping parents communicate with others (including school personnel). It is not uncommon in refugee families to find that children make phone calls to schedule doctors' appointments, handle conversations with the public aid office, or fill out various forms and applications for employment, aid, housing, etc. While many children are delighted to be able to be helpful to their families, this role may place an undue burden on them. This is particularly true when it may not be appropriate for children to be in this role. For example, translating during a medical exam for one's parent or grandparent may be inappropriate, embarrassing, and result in the child's knowing far more than parents may want the child to know about their own health, etc. In the spring, it is not uncommon to find that many refugee adolescents help their parents fill out tax forms, which results in the children's knowing exactly how much their parents earn – a position that U.S. born children are rarely in. Moreover, in many families adolescents must work to help support the family. Though many U.S. born youth work, they can generally keep their earnings for spending money rather than contribute to the family income. In all these ways, children act more like "adults" in their families, and the adults more like "children", a role reversal that can have negative consequences.

A final comment about acculturation: because many children pick up the English language relatively quickly, begin to adopt clothing styles and haircuts fashionable among U.S. youth, and in other ways seem "American", it is often assumed that they have become completely "American" and do not have any further acculturation or orientation needs. However, refugee children may require continued orientation and guidance to aspects of U.S. culture many years after resettlement. For example, a child entering high school may find its structure, academic requirements, and other nuances extremely confusing, not having grown up in this country, and not having parents who have themselves gone through high school experience in the U.S. Adolescents may be confused by career and higher educational options, and their parents may not be able to help them. They may not know the norms about what to do at

graduation, how to act at a school event, or what the “rules” of dating are. For these reasons many of these youth need adult support and orientation long after they’ve mastered English. Teachers can serve a critically important role in this regard.

| Acculturation: Concepts, Examples and Implications | | |
|---|---|---|
| Definition | Examples | Implications |
| <i>Acculturation</i> | | |
| Cultural change | Learning English, wearing same styles of clothing and haircuts as U. S. children, being friends with U. S.-born children, listening to same music and eating same foods as Americans, and considering oneself “American”. | Acculturation takes a long time, and even when children learn English very quickly and appear “American”, they may continue to need orientation to the culture and what is expected of them in school many years after resettlement. |
| <i>Acculturation Gap</i> | | |
| The difference that develops over time between and children and parents as the result of the rate and degree of cultural change – children adapt to the U.S. culture much faster than parents | Refugee parents don't know about their children's lives outside the home because their acculturation process is slower. This diminishes the capacity of parents to help their children. Refugee children feel that their parents don't understand them and can't help them. | The relationship between refugee parents and children may become increasingly strained after resettlement. Programs that try to help refugee children adapt to the U.S. culture must involve their parents to support their relationship with their children. Family problems may emerge several years after resettlement, as the acculturation gap widens with time. |
| <i>Culture Broker</i> | | |
| The role refugee children take on in translating and helping parents communicate with others | Making phone calls to schedule doctors' appointments, going with parents to a medical exam, handling conversation with the public aid office, or filling out various forms and applications. | Role reversal between adults and children can lead to children not respecting their parents' authority, and thus not receiving the guidance and supervision they need. |

B. TRAUMATIC EXPERIENCES

Another factor that makes understanding adjustment and mental health issues of refugee children more complex involves the fact that many have suffered trauma. The diagnosis of **PTSD, or PostTraumatic Stress Disorder**, is made when a constellation of symptoms is present in those who have experienced a horrifying or frightening event. It is difficult to specify what exactly is traumatic, because something that is extremely upsetting and distressing for one person may not be for another. Nonetheless, the assumption is that experiencing or witnessing physical or emotional violence with the potential of serious injury or death is traumatic. A car accident, death of a loved one, surviving an earthquake, being lost in the woods for extended periods of time, torture or concentration camp experiences, and living through war or bombing can all be extremely traumatic events. In general, it is assumed that traumas that result from natural occurrences (such as earthquakes) are somewhat less devastating than those that result from accidents; with acts willfully committed by other people, such as torture or murder, being the most traumatic because they can undermine one's ability to trust or feel close to others.

However, it is also possible that less violent events may also *feel traumatic* to the child, and result in PTSD. For example, the migration itself may be "traumatic", particularly when the child has lost the safety, familiarity, and connections to an entire world that used to surround him or her. The stress and response to loss experienced by parents can add to these feelings. As a result, the child can demonstrate many of the symptoms in the table below without an apparent event (other than the migration) that is generally thought of as "trauma".

| <i>Symptoms of Post Traumatic Stress Disorder:</i> | | |
|--|--|---|
| <i>Types of Symptoms for children</i> | <i>Example</i> | <i>Special considerations</i> |
| The traumatic event is persistently re-experienced | Distressing and intrusive memories and thoughts, dreams, feeling that the traumatic event is happening again, intense distress and even physical reactions when there is a reminder of the event | Symptoms may be: repetitive play in which themes or aspects of the trauma are expressed without recognizable content or trauma-specific reenactment |
| Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) | Efforts to avoid thoughts, feelings or conversations about the trauma; Efforts to avoid activities, places, or people associated with the trauma; Inability to recall an important aspect of the trauma; Markedly diminished interest or participation in significant activities. Feeling of detachment or estrangement from others, Restricted range of affect (e.g. unable to have loving feelings), Sense of a foreshortened future | It may be difficult to observe some of these symptoms in young children because it is not clear if they are avoiding or truly forgetting the event. |
| Persistent symptoms of increased arousal behavior (not present before the trauma) | Difficulty falling or staying asleep, Irritability or outbursts of anger, Difficulty concentrating, Hypervigilance, Exaggerated startle response | May be expressed as problems with school work, classroom and difficulties paying attention in class. |

In response to such intense feelings, children may cope by trying to avoid thinking about what happened and to distance her/himself from what is currently happening. As a result, they experience “numbing” of feelings and “avoidance of stimuli associated with trauma” (see description of symptoms of PTSD). These symptoms are referred to as “**dissociation**”. Dissociation allows children to block out that which is too painful to think about or to remember. At the same time, the child copes not only by blocking out the memory itself, but also by trying to block the painful feelings associated with the memory. As a result, the child may try to suppress **all** feelings, including feelings of joy as well as feelings of fear, in an effort to stop the pain of the memories. Some children may use dissociation to cope with the stresses of migration and resettlement. Children sometimes report not being able to remember what happened when they first came to the U.S., which implies that they probably worked hard to numb the feelings they were experiencing at that time. Some refugee children talk about their initial experiences of speaking in a new language and being in a completely different culture and environment as an almost “out of body” experience—as somehow not real, as if they were not really there, or watching themselves in a movie.

It is important to remember that dissociation is a very adaptive coping mechanism in many situations, especially when the trauma has been recent. Numbing ones feelings may be a way to get through the day without getting so upset that one can’t handle daily tasks. However, over time, because efforts to forget and to repress feelings require so much energy (though the child may not even realize she or he is doing this), it may become necessary that the child cope with the trauma in a different way. Ways of coping that seemed to have worked before begin to interfere with the child’s ability to pay attention and function well at school, have good relationships with peers, or get along with family members. This is the point where treatment may be recommended.

Most people have heard that the process of treating PTSD may involve having the person retell the traumatic event. In fact, most mental health providers believe that this can be helpful for children; but it is also important to remember that the re-telling of the memory itself is not what’s helpful. Rather, it is the retelling of the memory in the context of a trusting relationship with another person who will not judge, but who will be supportive, that is helpful.

To put it another way, this type of treatment can be described as “**desensitization**”. Desensitization is a behavioral technique used by psychologists when they are treating phobias, such as fear of flying, fear of snakes, or fear of elevators. Imagine someone

who is afraid of flying coming to treatment. The recommended treatment involves many different steps in order to help the client get as close as possible to the situation that causes the greatest fear (e.g. flying on an airplane). These steps may include talking about airplanes, closing one's eyes and imagining being on an airplane, boarding a airplane but not flying, and finally getting on a plane and flying. Throughout this process the therapist helps the client get closer and closer to that which is most feared. First the therapist helps the client to imagine coping with this situation, and then the therapist provides support when the client is in the situation itself (on the plane). Gradually, the therapist helps the client relax when thinking about being in an airplane, then while actually on a plane, so that the client learns to associate flying with relaxation rather than panic. Just being exposed to the situation that is feared without this gradual process and ongoing support and reinforcement would not work. Placing this person into an airplane too quickly would simply terrorize him or her, and perhaps cause an even greater fear. It is the gradual, supportive process that facilitates the transition from panic to calm.

Treatment for PTSD involves a similar process, and with children Cognitive Behavioral Therapy has been shown to be effective. In this case the feared situation is the memory of what happened and the feelings (fear, helplessness, guilt) associated with it. The task of the therapist is to help the child gradually approach thinking and talking about this situation in the context of a supportive relationship, including family when possible. With younger children techniques such as drawing can be used to help the child express thought and feelings. The "telling" of the story may take a very long time, as the child shares some parts but not others. The story is gradually reconstructed, and as it is, the child describes the events and feelings associated with the trauma. Through this gradual process, the task, as it is in treating a phobia, is to help the child first strategize about how she or he would cope with the feared situation (in this case, remembering what happened and the attendant feelings of intense pain and fear). While it is not possible to eliminate the memory itself, treatment can help diminish the intensity of feelings associated with it, over time.

There are several implications of this that may be helpful to teachers. First, it is important that teachers don't assume that it is their job to help children tell their story of trauma. Rather, the teacher can become aware that there may be a traumatic story that the child has to tell. If and when it does come up, *the most important part to remember is not that the story be told, but that the child experience trust and support while telling it or trying to tell it.*

Second, symptoms of PTSD may be evident through observing the behavior of the child, as the child may “internalize” (seem tearful, sad, exceedingly shy), or “externalize” the symptoms (by getting into fights or displaying temper tantrums). When children externalize symptoms of PTSD, service providers may feel reluctant to discipline the child or to insist that the child follow rules of behavior in school and other settings, fearing that this will further traumatize the child. However, when done in a caring way, setting limits and helping the child observe and monitor her own behavior is extremely helpful to the child, helps normalize the situation, and gives the child skills to cope with trauma as well as every day life.

C. SECONDARY TRAUMATIZATION

Secondary traumatization is the term used to refer to the stress of workers providing services to those who have suffered trauma. Doctors, nurses, psychologists, rescue workers, and teachers are some of those who may learn about horrific experiences because they listen to stories, and witness the wounds of trauma survivors. While secondary traumatization is not nearly as severe as actually living through the trauma, it is important that workers attend to their feelings to avoid burnout and maintain enthusiasm and optimism in their work. Mental health professionals frequently use supervision with more experienced professionals or time with colleagues to “process” such experiences. Rescue workers have “debriefings” to do the same. Teachers, however, rarely have mechanisms for creating a “safe space” and setting aside the time to discuss, share, and reflect on what they are feeling and thinking as a result of working with children who have lived through extreme trauma and are now going through difficulties in their adjustment process. It is important for teachers to find ways to create such opportunities, whether it’s getting together informally as a group on a regular basis with other teachers to discuss such experiences, or seeking out another colleague one-on-one to share thoughts and feelings. Learning a few relaxation techniques and finding other ways to cope with stress can also help. What is important is to remember to attend to one’s own feelings and to take care of oneself while taking care of others.

IV. THE ROLE OF THE ESL TEACHER

ESL teachers frequently find themselves in uncomfortable situations in a classroom, knowing that some of the children may have experienced horrific traumatic events, but not knowing how to deal with them. All of the following situations are instances that have happened in ESL classrooms:

- * A boy came to class with a headset and a CD player, and during class would always wear the headset and listen to music. When the teacher asked him to remove the headset and attend to class, he became very upset. The teacher stopped approaching him in class after that, assuming that he needed to go through a process of adjustment before she could ask him to engage in the classroom again.
- * Several teenagers who had been in violent situations before coming to U.S. were very prone to escalating any disagreement into a fight. The level of rage expressed during these occasions was frightening. Some of the other students engaged in the fighting, and some were frightened by it.
- * On one occasion a student brought very graphic pictures of war, violence, and murder to class. He proceeded to pass these pictures around, and watch the other students' and teacher's reaction. The other students became very upset, and the teacher did not know how to deal with this situation, because this was the first time this boy opened up in any way, and she was afraid of hurting his feelings by asking him to stop.
- * During a class discussion, a student brought up having witnessed his uncle being murdered in front of him, and proceeded to describe the graphic details of what he saw.

In all of these cases, the teacher either knew or suspected that these children had been exposed to trauma. Teachers in such situations are frequently at a loss about how to respond to these children. They are afraid to cause harm by saying or doing

something that exacerbates the child's distress; at the same time they are afraid to do nothing because it is possible that the event represents a "cry for help". Teachers may be reluctant to approach the parents because they fear that the parents may severely punish the child if the school contacts them. However, it is important for ESL teachers to have some guidelines to follow in these situations, not only to help the child who is displaying such behaviors, but also to help the other children cope with it. Classmates are also likely to feel uncomfortable and not know what to do during such outbursts.

First, ESL teachers cannot be expected to be mental health service providers, nor should they expect this of themselves. It is important to identify mental health resources and seek help when needed. It may be helpful to keep in mind that mental health professionals can recommend or provide treatment, and can also give suggestions to the teacher about techniques to use in the classroom. However, while ESL teachers can't treat severe mental disorders, they can play a very special role in the lives of refugee children, and improve their adjustment and mental health. The classroom can be a setting for teaching newcomer children not only English language skills, but also what is expected of them in U.S. classrooms and school buildings, and what the rules and norms for behavior are. Teachers can implement class-wide behavioral interventions to clarify rules, and this can be used as a technique to identify children who need additional help outside the classroom. Children whose behavior does not improve sufficiently to function appropriately in the classroom after such interventions may be candidates for additional help.

A. ESL CLASSROOM AS A SAFE SPACE

The ESL or Bilingual Education classroom can be a very special place in a refugee child's life, whether she or he attends it for only a few periods or for the entire day. As mentioned earlier, refugee children frequently comment that ESL is their favorite class, that the ESL teacher is the one teacher they feel most connected to in the school, and that most of their friends are other ESL students. This occurs for several reasons. First, the ESL classroom is a place where there are other children who are experiencing similar cultural transitions. Refugee children feel less embarrassed here when they speak English and are less likely to be made fun of for their "strange" accent, dress, behavior, or contents of their lunchbox. Second, the ESL classrooms are frequently smaller. If classes themselves are not smaller, activities are often conducted in small groups to accommodate the variety of ability levels among children in the process of learning English. This helps create a more relaxed atmosphere, and small group work further helps children get to know one another. Finally, because of the nature of the work, ESL

teachers are perhaps the only adults in the school building (and perhaps the only English-speaking adults in each child's life) that take an interest in each child's background, communicate that they value their culture, and express empathy for their circumstances. These *three factors*— *the smaller classroom or small group work, peers who are going through similar experiences, and an attentive adult*— have all been found to be extremely helpful for children in general during school transitions. In the experience of refugee children, the ESL teacher is most likely to meet these needs.

There are several implications of this. On one hand, ESL class is indeed where many children unwind from the stresses of the mainstream school. Here, they are able to express themselves and be understood by the teacher and other students who may be patient enough to listen, and not feel alone in their new environment. This is what is meant by a “safe space”. On the other hand, children are also more likely to “act out” in this safe space, because their guard is down, and because they may feel that in this setting their distress will be noticed. If a child is a survivor of trauma and is trying to repress a recurring memory, it is more likely to come up when she is relaxed, and it is more likely to happen in ESL class than elsewhere. For this reason ESL teachers can be faced with difficult psychological issues that come up in the course of daily classroom activities.

However, safe doesn't mean unstructured, or without limits or expectations. In fact, an overly liberal and unstructured classroom atmosphere may be very frightening to children who have experienced trauma and dislocation. An environment with regular routines, clear rules and expectations may be more comforting to children who have lived through traumatic events beyond their control. It may be helpful to think about any outbursts of emotion or inappropriate behavior in an ESL classroom as “teachable moments”, or opportunities to provide support and orientation to students in need.

B. WHAT CAN ESL TEACHERS DO TO HELP REFUGEE CHILDREN WITH THEIR MENTAL HEALTH ISSUES?

Setting Expectations for behavior. One of the most helpful things any teacher, and an ESL teacher in particular, can do in a classroom is to begin by orienting children to what is expected of them. Explaining the rules to children orally and posting rules around the classroom can be helpful by allowing limited English speakers to hear them as well as see them in writing. Posters and posted slogans that clarify classroom rules will serve as ongoing reminders. Younger children often enjoy pretending to show appropriate and inappropriate classroom behavior. The teacher can ask them to show

how to behave inappropriately by jumping up and down in class, and then practice appropriate behavior by sitting quietly for a minute, getting up from the desk slowly, or lining up for lunch. A reward system can be put into place to help reinforce appropriate behavior and help establish the rules and routines. When integrated into classroom practices, setting expectations doesn't need to take away from class time, but can greatly enhance the classroom environment. Further, English language activities can be built around understanding classroom rules early in the year.

Expectations can also be set about to how to handle traumatic content if and when it comes up in the classroom. In some ways this is easier to do after the first time someone brings it up. This can be a "teachable moment" to explain to students how important it is to listen and be respectful at such times. The teacher may model this behavior by expressing support to the child. Perhaps some "rules", guidelines or norms, or even classroom traditions can be developed for times when a student shares something important. One technique is to ask each child, going around the room, to say something kind to the person who has revealed something painful. It may be important to explain that there are also places and times that students can approach the teacher in private. A suggestion can be that some things are best shared in private with the teacher. Perhaps class time can be structured to ensure such opportunities, e.g. when students are working on their own or in groups, so that you can be available for brief, one-on-one conversations for students who prefer to seek you out.

While it can be helpful for children to tell their stories, it is not useful to probe about traumatic events. At the same time, children do like to be asked about themselves, about their culture, and about where they came from. It is important not to fall into the other extreme and never ask a child anything about his or her background and past. Find a way to let children know that you're interested in the cultures and countries they have come from, and invite them to share what they would like you and their classmates to know.

Problems with Punishment. While structure can be extremely helpful, strictness is not. To the extent possible, the teacher can be more successful at behavior management by rewarding appropriate behavior, doing so consistently, and giving reminders about the rules. It is also important, to the extent possible, to avoid using punishment for inappropriate behavior for several reasons. While punishment can be very effective at stopping a behavior, there are other consequences associated with it. First, the person administering the punishment can become extremely "aversive" to the child. If the

child is humiliated as a result of punishment, he or she may try to retaliate in some other way. Second, **punishment stops the undesirable behavior only in the presence of the person who is doing the punishing.** When the teacher steps out of the room—when there is a substitute, or in the halls or cafeteria—the behavior will continue, and the child will not have learned how to act appropriately at school. Third, when it is absolutely unavoidable to use punishment, it is important to combine it with rewards when the child acts appropriately. If rewards for desirable behavior are not used together with punishment, the teacher can enter the “slippery slope” of punishment, where in order to maintain its effectiveness the intensity of punishment will need to be continuously increased. The escalation in punishment is bound to reach a point where it’s impossible to think of a punishment that’s powerful enough to stop the undesirable behavior.

Active Listening and offering support. When structure and routines are paired with a supportive atmosphere, the classroom environment can be most conducive to feeling comfortable and learning. A key tool that counselors often employ with clients is active listening. Active listening involves periodically restating to the speaker what the listener has heard. For example, after listening to a story, the listener may say something such as “Let me see if I understand..” or “You mean that .”, and repeat what has been said. This restatement helps the speaker feel listened to and understood, and allows both parties to clarify any misunderstandings. Further, restating can be used as an excellent English language teaching tool in the ESL classroom. Children can practice “active listening” with each other and with the teacher.

It is important that active listening, particularly at emotionally laden moments, not be done mechanically, but in a way that the child hears concern in the listener’s response. By taking the time to try to understand, the listener is essentially “sharing the burden” of the problem by actively engaging with the speaker rather than finding a solution. As mentioned earlier, children may be afraid of their memories because they think that if they remember, they will feel such unbearable pain that they will not be able to stand it. When a child sees that an adult can hear the story, be saddened by it, but not fall apart, it can be very reassuring, and can help the child feel as if she or she can do the same. Feeling understood is particularly important for refugees, (who so often feel that they cannot express themselves), and offers the child tremendous support. Active listening is one tool to provide such support.

Providing orientation to aspects of the U.S. culture and lives of U.S. students.

ESL teachers are not just teaching language, but also the culture of the U.S. to the newly arrived children. Culture has been defined in many ways, but perhaps the best definition is that it is those values, norms, beliefs, behaviors, and customs in our lives that seem so obvious to us, that we do not even realize they are there until we are confronted with a different culture. Culture to us is as water is to fish, or the air around us—we hardly ever think of it. Why do we light candles on a birthday cake? Why is it that in this country grown children living with their parents are seen as having failed; whereas in other countries leaving one's parents in adulthood would be described as the parents' failure to raise the child properly? These are difficult if not impossible questions to answer, and acculturation, or learning the culture, occurs in many subtle ways. For these reasons structuring activities, setting expectations, and using a variety of verbal and non-verbal techniques to teach about U.S. cultural situations can make absorbing this culture easier for the refugee students.

In addition to the classroom, children and teens find themselves in many situations that are difficult for them to understand. The importance of team sports in this culture, dating customs and the ways boys and girls relate to each other more generally, appropriate playground behavior, what to bring to a birthday party, and many other aspects of every day life may be very difficult for these children to learn about or adapt to. Activities that involve reading about various social situations, and then engaging in discussions about how one might resolve this situation can be a useful tool not only to teach culture but also as an English language exercise. For example, a number of curricula to teach "social problem-solving" to children have been developed (c.f. Elias & Tobias, 1996). In such a curriculum the teacher can use a series of scripted sessions in which children are asked to examine uncomfortable or difficult social situations through watching videotapes, discussions, and role plays, and are taught specific skills and strategies to come up with ways to handle them. These curricula can easily be adapted to help refugee children learn about social situations in the lives of U.S. children.

Peer Mentoring and peer mediation are approaches that have frequently been used in schools. Peer mentoring involves pairing a child who needs some guidance with a more experienced peer, or a slightly older child. Peer mediation refers to a program that trains selected students at the school how to step in when conflict between students occurs and de-escalate the confrontation. Extensive research on such programs has shown that peer mentoring and mediation can be helpful to children who are mentored, but are extremely helpful in furthering the social and emotional development **of the mentor**. In other words, the opportunity of being in a leadership role, being taught

specific skills, being looked up to, and being helpful to another student has been shown to be a very positive experience for students. The implication of this is that mentoring programs can be helpful, but also that it is important to find ways *to put newly resettled refugee students in the position of mentor, because it can be extremely helpful to their adaptation*. For example, asking a refugee child to teach someone else, perhaps a U.S.-born classmate, about her or his culture, may create a mentoring relationship that goes both ways. Each child learns about the culture of the other. Classes that study Africa and/or African-American history can benefit a great deal from having an African refugee student give a talk or bring in pictures. The ESL classroom can support refugee children in these roles by being a place where the child can develop such a presentation and practice it. Asking refugees who have been in the U.S. for a year or more to “mentor” new arrivals may be another approach. Because refugees are so often in the position of understanding less than those around them and needing help with even the most basic things, it is extremely valuable for them to be in the position of having something to offer to others.

C. BEHAVIOR MANAGEMENT TOOLS

Some of the approaches described above, such as setting expectations and rewarding behavior, are based on principles of behavior management. Some basic principles and tools of behavior management are offered below. This is not to suggest that a teacher should implement a comprehensive behavior management program. Rather, the intent is to offer some tools and concepts that may be useful in creating a supportive and structured environment.

“Behavior Management 101”

The first principle of Behavior Management is that all behavior is learned. This includes children behaving both “appropriately” at school or doing things such as fighting and “tuning out”. A child may be behaving inappropriately for two reasons: either she or he has not learned the correct or appropriate behavior for a given situation, or she or he has learned incorrect or inappropriate behaviors. It is possible that children engage in a behaviors simply because they don’t know what else to do, or because this behavior has worked for them in other settings. For example, small children who throw tantrums at school might be doing this because it has worked for them at home. They will keep trying this with you until you show them that it won’t work with you by teaching the child the new rules.

With refugee children in particular, most have not yet had an opportunity to learn how to act in class and at school in the U.S., nor what is expected of them. If a child is speaking in class out of turn, we must assume either that she has learned to do this by being reinforced for it in the class, or that she has not learned that it is inappropriate to speak out of turn in class. In addition, refugee children have learned patterns of behavior in very different school environments in their own country. Further, children who have lived through trauma may have learned to protect themselves in some ways that may be inappropriate in their new setting – the U.S. school. For all of these reasons, teaching and learning behaviors can be extremely helpful when working with refugee children.

The second principle of behavior management is that behavior is learned because it is reinforced, or that a desired consequence follows this behavior. In order to teach behavior, the teacher must do two things: explain what is expected of children in the classroom, and reward (reinforce) desired behaviors. Children will engage in behaviors either because by doing so they get rewards (positive reinforcement), or because they can get out of doing something they don't want to do (negative reinforcement). For example, a child may be speaking out of turn in class to **get** attention, or to **get out of** engaging in a classroom activity which is difficult for her or him by being sent to the principal's office for misbehaving.

“Reinforcers” or rewards. Many different things can serve as a reward for children of different ages. Treats or stickers are most commonly offered to smaller children. Token economies, i.e. allowing a child to accumulate a certain number of “points” to earn a reward, can also be used. Another technique is to reward the entire class for appropriate behavior. For example, if a teacher wants to make sure that children complete their homework, a point can be given to the class for each homework assignment turned in. After a set number of points has been earned, a group reward can be administered, such as a class party, watching a movie in class, or going to recess early. In choosing a reward, it is important to start with something relatively small and manageable, but significant enough to motivate students. This way, as requirements for children's behavior become greater, the reinforcer can be increased, as needed.

Some rewards can be “natural reinforcers”, that involve allowing children to do activities that they find intrinsically enjoyable. For example, running around or jumping up and down can be fun for small children, and a teacher may allow them 3 minutes of running around in return for paying attention for 15 minutes in class. Being able to sit

and read a book may be something an adolescent particularly enjoys, so this can be used as a reward for turning in a homework assignment early.

Cueing is a tool teachers can use to teach behaviors. Cueing refers to consistently giving students a “sign” of some kind before starting a particular activity, so that they can prepare to transition to this activity. For example, a teacher may raise her hand or turn off the lights before she begins her lesson. When done consistently, it signals to students that a particular behavior (e.g. being quiet) is expected of them. For children who are distracted, have trouble paying attention, or who don’t understand verbal instructions, cueing, when done consistently, may be particularly helpful. Cueing can become a welcome routine, and a non-verbal way to help students understand what is expected from them, since they can watch what other students do when the cue is given.

Modeling refers to teaching a behavior by having a child watch someone else be rewarded for this behavior. For example, praising another student who demonstrates appropriate behavior makes it likely that other children will learn this behavior. Modeling also works because it illustrates to children what is expected of them, and can be particularly useful when the children’s English language skills are poor.

The same rewards don’t work for everyone.

Why is it that one child learns appropriate behavior right away; whereas another seems to never sit still in class or keep his or her voice down? One possible reason is that the reward chosen is reinforcing for the first student, but not for the second. For example, having a note sent home to tell parents how well the child did in school today may be very positive for the first child, who feels proud and enjoys his parents sharing in his or her accomplishments. But for another child, sending a note home may involve having to translate it to parents who may assume that if the school is trying to contact them, the child must be in trouble. Or, parents simply ignore the note, and bringing it home makes the child sad because parents don’t acknowledge it. In order to teach behavior to this second child, it is important to find a reward that will be reinforcing and that he or she will enjoy and want to receive.

Teachers frequently confront situations in classrooms in which it seems that several children are always doing something disruptive to “get attention”. The teacher is then caught in a bind, because if she makes a comment about the behavior, sends the child out of the room, or does anything else to try to make it stop, this very act may be

gratifying the child's need for attention. Teachers then may try to ignore this disruptive behavior in an effort to withhold attention, but the child may escalate the disruptive behavior in an attempt to try even harder to garner attention. Even without this escalation, it is hard to ignore someone who is disrupting the class. What should the teacher do?

One solution is to find a way to reward appropriate behavior and gradually discontinue rewarding inappropriate behavior. First, the teacher can determine what the child is "getting" through this behavior - is it positive reinforcement (such as attention), or negative reinforcement (such as getting out of doing something he or she doesn't like to do). If the behavior is being reinforced because other students pay attention to this child, the teacher could begin finding a way to reinforce other students for not paying attention to the disruptive behavior when it occurs. Next, the strategy is to identify times when the disruptive child displays appropriate behavior and reward this with attention. Perhaps most importantly, after analyzing what the child is trying to obtain through this behavior, *it is most helpful to find another way to give it to him or her*. If the child is trying to get attention, the teacher might think of a way to structure classroom activities to give this child attention at times that are more convenient and less disruptive. The teacher might give the child some one-on-one time on a regular basis, give the child a special role that allows him or her to be the center of attention in class, ask the child to speak in front of the class, or otherwise satisfy the child's need to be noticed while teaching him or her to do it in an appropriate way. If the child is trying to get sent to the office to get out of participating in a math exercise because it's too hard, the teacher may offer some tutoring. If the child is trying to get sent to the office to get out of recess because interacting with other children is too stressful, the teacher may find a way to help this child interact in positive way with other children during class, or to find other resources within the school to address the problem on the playground. What is important is to discourage inappropriate behavior *while trying to attend to the need that the child is expressing*.

Successive approximation is another useful tool in behavior management. It involves taking very small steps to reach a bigger milestone. When the desired behavior is very different from what the child is able to do, the strategy is to start small, and progressively increase expectations and rewards. For example, a child who does not stay in his chair during class can be rewarded for sitting in it for 5 consecutive minutes. Gradually the expectation can increase to 7 minutes, and so on. If reinforcement does not help this child sit in the chair for 5 minutes, perhaps the expectation is too great, and it makes more sense to start with 3 minutes. Of course, in these situations, if the

behavior of the child is extremely disruptive or suggests great distress, the help of a mental health professional may be required.

In sum, behavior management tools can be extremely useful in most classrooms, but can be particularly helpful to ESL teachers with refugee students. Behavior management tools described above can help in explaining expectations, structuring classroom activities, and providing feedback to refugee children about their behavior in the classroom. Mental health professionals can assist teachers in finding techniques to use in the classroom to meet the needs of particular students.

Summary

ESL teachers can greatly improve the mental health and psychological adjustment of refugee children. Refugee children may be just as likely to misbehave or not apply themselves at school fully in the same ways and for the same reasons as children in general. However, in addition, refugee children may lack understanding and knowledge of the culture of schools and classrooms in the U.S. For these reasons ESL teachers can be extremely helpful to refugee children by orienting them to the culture and setting clear and consistent rules for behavior and expectations for performance. ESL teachers can use a number of tools to set and explain expectations, create structure and routines in the classroom, and reward desirable behavior. Various techniques, such as tools of behavior management, can be used not only to create a more predictable and understandable classroom environment, but also reinforce English language skills. When inappropriate behavior does occur, an ESL teacher can use these tools to clarify rules and re-evaluate the ways in which behavior in the classroom is rewarded. In addition, the teacher can use this as an opportunity to find a way to address this child's needs whether they are expressed in words or behavior.

Whether or not refugee children have experienced extreme trauma, all are going through a difficult and stressful psychological adjustment. ESL teachers can ease this process by finding ways to provide support to these students. Support can be provided through a variety of tools, such as allowing for students to receive individualized attention from the teacher and structuring classroom activities that encourage students to interact with one another. Active listening is a tool that teachers can use and can teach to students, in order to improve communication and mutual understanding, a tool that can also be used for English language learning. Such support can be particularly important for students who suffer from PTSD. In general, the ideal combination of a classroom climate for refugee children is clear expectations and structure coupled with emotional support.

Finally, ESL teachers cannot be expected to treat mental disorders in children and need to turn to mental health professionals when needed. Mental health professionals not only can help provide referrals or treatment for children, but also can suggest strategies that can be incorporated into classroom routines for the entire group, or to meet specific needs of a particular child.

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Additional Resource

Refugee Children Traumatized by War and Violence: The Challenge Offered to the Service Delivery System, Prepared by Marva P. Benjamin and Patti C. Morgan, April, 1989, CSAT Technical Assistance Center, Georgetown University, Child Development Center

REFUGEE MENTAL HEALTH PROGRAM

The Refugee Mental Health Program (RMHP) originated in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA,) in 1980, in response to the arrival of nearly 125,000 Cubans on the South Florida shores. The basic mission of the RMHP was to provide mental health assessment, treatment, and consultation to Cuban and Haitian migrants, and their providers. In 1992, in conjunction with the reorganization of ADAMHA, the activities of the RMHP were transferred to the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). In 1995, the original Cuban/Haitian activities of the RMHP were transferred to the Department of Justice. Concurrently, the consultative activities of the RMHP were retained in CMHS, SAMHSA.

Since 1995, the RMHP, through an intra-agency agreement (IAG) with ORR, provides refugee mental health consultation and technical assistance (TA) to any public or private federal, state, local or agencies. Priority is given to ORR-funded programs. There is no cost for RMHP TA Services. Specific RMHP activities include: on-site and distance consultation community assessments, program development and dissemination of technical assistance documents development and provision of workshops and training programs for resettlement staff and mental health personnel. Special missions have included: planning for Operation Provide Refuge in 1999, and serving on the ORR Director's staff overseeing all mental health planning and services for Kosovar Albanians processed at Fort Dix, N.J. Later, RMHP staff participated in a Presidential Delegation to Kosovo. The delegation completed a comprehensive psycho-social needs assessment of returning refugees.

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The CMHS National Mental Health Services Knowledge Exchange Network (KEN) provides information about mental health via toll-free telephone services, an electronic bulletin board, and publications.

Write:

P.O. Box 42490
Washington, DC 20015

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1-800-789-CMHS (2647)

Monday to Friday,

8:30 A.M. to 5:00 P.M., EST

Electronic Bulletin Board System (BBS): 1-800-790-CMHS (2647)

Telecommunications Device for the Deaf (TDD): 301-443-9006

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National Depressive and Manic Depression Association: 1-800-826-3632

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