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Traumatized Refugee Children

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At a special early morning meeting at Citrus Grove Elementary School in Miami, Florida, the school psychologist is frantically greeted by the school administrator. She says, "I am glad to see you. Forty-eight Cuban refugee children arrived on rafts this week and are registered here." She explains that the children range in age from 5 to 11 years. All experienced a life-threatening escape from Cuba and a treacherous crossing to the United States. Some reported witnessing a child drowning and being eaten by a shark. The children do not speak English, do not understand the American culture, and are unaware of appropriate behaviors and expectations in their new American school. She concludes with an urgent query, "What do we do?"

Refugees are considered to be involuntary migrants forced to flee their homeland. Reasons for fleeing include impending threat of violence, injury, or death caused by political, economic, social, religious, or natural disasters. Refugee children are considered vulnerable to the effects of migration (Guarnaccia & Lopez, 1998). This vulnerability partially stems from their status as children, which involves dependence on others, usually their parents, who decide to migrate. The refugee child's level of cognitive development and lack of knowledge contribute to the challenges he or she may experience in understanding the changes associated by migration. In addition, refugee youths typically lack the necessary material resources to get established in their new homeland. However, young refugees may also be protected from some negative effects of the migration because of their flexibility, ability to learn a new language, and naivete.

The number of refugee children in schools throughout the world continues to increase. Currently, there are approximately 23 million reported refugees in the world (United Nations High Commissioner for Refugees, 1996), of which half are children. These refugee children offer new challenges to school personnel and crisis workers in providing educational and psychological services.

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The refugee experience reflects great diversity in conditions, ranging from the relatively benign, such as flying first-class on a commercial airline to a luxury residence in Miami for political or religious migration with intact families, to the horrible and traumatizing experience of escaping genocide, mass destruction, and the loss of community and family, such as in Cambodia, Bosnia, or Tibet. The literature addresses the stressors associated with refugee migration (Aronowitz, 1984; Esquivel & Keitel, 1990; Hovey & King, 1996; Hulewat, 1996; Gonslaves, 1992). However, not all youth or groups migrate under similar circumstances, nor do people migrating under similar conditions experience the same levels of distress or trauma.

This chapter provides information for understanding the experience of many refugee children, adolescents, and families. This chapter highlights unique issues, such as the refugee experience and resettlement stages, psychological adjustment of refugee children, developmental issues, cultural issues and acculturation stress, preparing for crisis management with refugee students, and school-based interventions for refugee children. It also offers general suggestions for working with traumatized refugees in the school setting.

Unique Crisis Issues: The Refugee Experience and Resettlement Stages

For traumatized refugee youth the refugee experience and resettlement are often life crises. Whether the refugee children are from Europe, Africa, the Far East, or Central America, they leave behind all that is well-known to them and all that has shaped their sense of self (e.g., food, clothing, books, toys, friends, pets, and family members). Falicov (1998) eloquently describes this experience:

Physical uprooting entails living without the familiarity of people's faces and the sound of their voices; without the feel of the streets and the comfort of the houses, without the odors of foods, the myriad of smells, sounds, and sights, the cold and heat of the air, without the color of the sun, or the configuration of stars in the night sky. The landscape that had been internal as well as external—a very part of the immigrant's soul is gone. (p. 52).

The migration stressors and effects on refugee youth need to be understood from a dynamic interaction of many factors (Guarnaccia, 1997; Hulewat, 1996). The most salient stressors are likely to be the physical and psychological traumatic experiences encountered in the homeland. These refugee children may have witnessed or experienced war, political and social unrest, torture, disappearance or death of family members or friends, forced labor, or environmental disaster (Howard & Hodes, 2000). Living with the fear of anticipated violence, torture, and loss motivates many families to seek a "strange" but "safe" haven, often risking death (e.g., rafters from Cuba and boat people from Haiti). Usually, this means forfeiting one's status, possessions, and

social support. Moreover, traumatized youths may also suffer from the loss of their parents through disappearance, detainment, or death in the homeland.

Refugees are diverse in terms of their national origins and languages, as well as economic, social, and cultural factors. However, the common thread of sharing experiences such as preimmigration, migration, and resettlement unites them (Hulewat, 1996). Sluzki (1979) noted a definite progression of five resettlement stages: (a) preimmigration or preparatory, (b) migration, (c) arrival, (d) decompensation, and (e) transgeneration. Each stage has implications for assessment and crisis intervention work with refugee children in schools. It is important for mental health providers to understand each stage and assess the status of the refugee children and parent(s) or guardian(s).

Preimmigration or Preparatory Stage

Most refugees are overwhelmed by political, social, religious, economic, or natural events, which are frequently out of their control before they flee their homeland. Many have experienced events such as life threats, imprisonment, torture, war, disappearance or death of family members or friends, school closings, religious persecution, curfews, or confinement to home or shelters. Hence, refugees experience migration stressors before the actual migration. Children may be excluded from the preparatory stage and may become anxious as daily activities and parents are secretive or stressed. For example, youths may see or experience the selling of household belongings, frequent talks behind closed doors, or a sudden, unplanned journey in the middle of the night (Gonslaves, 1992). Such events may affect the child in numerous ways. After these children arrive in the new host country, the crisis intervenor needs to assess the trauma experienced or witnessed in the homeland.

Migration Stage

Migration is unique for each refugee population, family, and child. Some refugees endure shark-infested, turbulent waters on homemade rafts or boats; others are smuggled on cargo boats or run across unknown borders during the night. The more fortunate families travel by commercial or private ships, planes, or trains. Upon arrival many families are placed in refugee or detention camps where crowded living conditions usually exacerbate their distress, despair, and hopelessness (e.g., Guantanamo Naval Base in Cuba, Krome Detention Center in Miami, Florida, or Casa Romero in Texas). When long-term detention occurs, depression and suicidal ideation are common. Carlin (1979) reported assault and torture in refugee camps in Southeast Asia, which produced traumatized children who had symptoms of posttraumatic stress disorder (PTSD) such as psychic numbing, anxiety, and recurring nightmares.

Refugee migration is a major life event that challenges adaptive capacity as well as the entire family system. Kunz (1972) posited that the flight phase was a predictor of the intensity, duration, and the number of psychological traumas and resettlement

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problems experienced in the new homeland. Crisis intervenors must understand how an uprooting experience can affect the refugee in the arrival process, which is often associated with painful and intrusive memories.

Related to this stage, the crisis intervenor needs to assess the child's separation from attachment figures, including parent(s) or guardian(s), siblings, extended family, and friends. Unaccompanied youngsters who leave without their parents, guardians, or relatives pose the highest risk for serious psychological impairment (Looney, 1979). It is critical to assess the number of separations as well as the child's age and developmental level at the time of separation. Other factors affecting the adjustment of refugee children include the context of their arrival, economic situation, birth country, and rural or urban origin (Canino & Spurlock, 2000).

In 1994 I worked with Cuban rafter children in Miami who drew pictures of pirate flags on small rafts, people being eaten by sharks, children drowning in the turbulent waters, and armed Cuban patrol boats. The children reported that leaving their homeland was an illegal act punishable by death. During this stage, the children may believe that their stay in the host country is only temporary. This may be a short-term, healthy way of coping with a transitory crisis—the migration. As one Haitian refugee child told me: “I am on vacation in America until my country is fixed.”

Arrival Stage

Arrival in the new homeland can be an exhilarating, exhausting, optimistic, and relief-filled experience for some refugees; for others, arrival can be a disorienting, sad, angry, and guilt-ridden experience. The resettlement community plays a critical role in the refugees' adaptation process. Factors that relate to adaptation include: (a) the community's economy; (b) the refugee's legal status; (c) the number of relatives in the community; (d) housing conditions of the family in the community; (e) the number of children, friends, and classmates that arrive together; (f) institutional support available for incoming refugees; and (g) the age of the child upon arrival (Gonslaves, 1992). The parents' or guardians' education, income, and employment status also contribute to the adaptation process.

At this stage, the crisis intervenor can help the refugees connect to agencies that provide economic, medical, and social support. The goal during this stage is to help build a transition bridge for the refugees from their homeland to the new host country. The American Red Cross, Catholic Relief Fund, United Nations Development Program (UNDP), United Nations High Commissioner for Refugees (UNHCR), and the United Nations Children's Fund (UNICEF) agencies can reach out to refugees and aid in their adaptation. Agencies can help refugee children learn about the new school and community and meet fellow refugee children; supply immediate medical attention; provide housing and food; provide bilingual/bicultural services and interpreters when available; and help refugees enroll in language classes.

Decompensation Stage

During this stage the family and/or child frequently begin to realize and experience the complete impact of their losses. Refugees often struggle to integrate their previous cultural experiences into their new life. Refugees may doubt their ability to “make it” in their new homeland and may become vulnerable to the psychological impact of old memories. They are likely to miss their family members, school, neighborhood, friends, pets, and toys, and often demonstrate extreme nostalgia (Zwingmann, 1973).

Psychological symptoms experienced during this stage may include apathy, anxiety, depression, eating and sleeping difficulties, somatic complaints, and fears (Hubbard, Realmuto, Northwood, & Masten, 1995; McKelvey & Webb, 1996; O’Shea, Hodes, Down, & Bramley, 2000; Sack, 1998). For example, one Nicaraguan eight-year-old girl resettled in Miami drew her sadness as a “heartache.” Another refugee child in Miami played guerilla war with toy soldiers; he reported being “nerviosa”(nervous), very sad, unable to sleep, and worried about his father and brother who remained in El Salvador. An unaccompanied Nicaraguan adolescent, who arrived in Miami after asylum in Texas, tearfully shared she was very “triste”(sad) and could not sleep because she had recurring nightmares about the “coyotes” (paid smugglers who helped her cross the U.S.-Mexico border). She remembered running across the land “for her life” and seeing the bodies of dead people. Even though this stage is termed “decompensation,” serious decompensation, which may necessitate psychiatric intervention, is rare. Gonslaves (1992) proposed four major issues accounting for refugee collapse: (a) personal adaptation failure, (b) disintegration of the family system, (c) environmental isolation, and (d) existential crises. Sluzki (1979) warned against stigmatizing “overwhelmed” refugees. In most cases, though the refugees become overwhelmed, they do not require hospitalization or intensive psychiatric intervention.

In the decompensation stage, the crisis intervenor may want to assess the current family atmosphere, including family cohesion and conflict, social networks to include members from the homeland and the host country, acculturation/adaptive levels, feelings of marginality and oppression, coping strategies, academic stress, pre- and postmigration stress, caregiver’s parenting effectiveness, and caregiver’s emotional availability. During this stage, psychological issues may reemerge. The crisis intervenor must recognize the tremendous strain placed on the refugee to learn a new culture and must understand that multiple losses may not yet have been recognized and worked through at this time. Behavioral and emotional changes in the refugee youth, such as risk-taking, acting out, and survivor guilt, also may need monitoring.

Transgeneration Stage

This stage involves passing on to the following generations any unresolved conflicts stemming from the refugee experience and migration. Even though refugee children may be in a safer environment, they have to deal with and work through multiple

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losses produced by exile, acculturative stress, and adaptation. The refugee experience and resettlement may create increased separation between parents and children. Parents may be forced to work several jobs to survive and may not be available for their children. Moreover, children often acculturate faster and easier, which can lead to intergenerational conflict. In turn, parents may strengthen family values and tradition to protect family integrity and provide continuity and stability (Strier, 1996).

The crisis intervenor may want to assess the different acculturation levels within the family, the ethnic identity of each refugee youth, and the cultural values and belief systems of each child. More family interventions as well as individual strategies are usually required during this stage because the refugees are dealing with psychological adaptation rather than survival. For instance, parents may not want their children to lose their native language and customs. Family disappointments stemming from the children's acculturation may lead to family conflict and parental and adolescent depression (Guarnaccia & Lopez, 1998; Gil & Vega, 1996).

Psychological Adjustment of Refugee Children

A few scientific studies have looked at the psychological adjustment of refugee children (Aronowitz, 1984; Esquivel & Keitel, 1990; Hovey & King, 1996; Hulewat, 1996; Gonslaves, 1992). Refugee children do not necessarily develop psychological problems; however, some may experience high distress levels as well as psychiatric disorders resulting from their adverse experiences (Hubbard et al., 1995; Sack, 1998; Weine et al., 1995). A wide range of psychological symptoms was reported for those who were adversely impacted. Depression, PTSD, and anxiety were especially prevalent. In addition, refugee children may exhibit suicidal behavior, sleeping difficulties, somatic complaints, learning problems, or antisocial conduct (Arroyo & Eth, 1985).

Developmental Issues

Children and adolescents may experience various stressors and effects depending on their developmental levels of functioning. Young refugee children typically exhibit challenging behaviors, while refugees who arrive as adolescents often present with identity issues (del Valle, McEachern, & Sabina, 1999). For example, a young child may present as overanxious with clinging behavior and may feel confused, frightened, and overwhelmed (Stronach-Bruschel, 1990). Adolescents, who are in the normal process of developing more independent identities, are further confused by the difficulty of being submerged in a new culture (Guarnaccia & Lopez, 1998). Despite the growing literature on the effects of immigration on refugee youth, the role of gender in refugee experiences has been neglected. In one of the few studies examining gender effects, Huyuck and Fields (1981) found that parent-child separations lead to greater psychological risk, especially for boys aged 6 to 11.

Cultural Issues and Acculturative Stress

Perceived cultural differences between the home and host culture may affect acculturation outcomes of these children. For example, gender role expectations may add to the intergenerational conflict. The male/female roles and expectations differ considerably from culture to culture. Most Western European nations offer females more equality, freedom, and flexibility than non-Western nations. The gender role difference often causes tension among adolescent refugees and their traditional adult family members. Other examples of differences between home and host cultures may center around such issues as which language the child should speak at home; what career choice is best for the adolescent; or how traditional parental expectations about the youth's friends, dating, clothing, and curfew are resolved.

Crisis intervenor must be able to distinguish symptoms related to resettlement difficulties from PTSD (Rousseau, Drapeau, & Corin, 1996). Children with PTSD require more intensive psychological services. In addition, the psychological distress in the refugee child must be repeatedly assessed to examine the child's acculturative stress. Acculturative stress occurs from the difficulties encountered when the refugee child attempts to adapt from the original culture and family systems to those of the new host country. Acculturation may involve changes in behavior, values, self-identity, and attitudes (Williams & Berry, 1991).

Language difficulties or an inadequate academic background of refugee children often contribute to their acculturative stress. Distress will be increased if children and their family do not know or have difficulties with the host language. Language difficulties contribute to academic problems, such as lower levels of academic achievement, especially in reading and language arts (Cumins, 1982). Furthermore, lack of proficiency in the new host language may affect social competence in the community. Children who are unable to communicate find it harder to make friends and to participate in team activities and organizations (Taft, 1979). The acquisition of a new language is especially problematic for youths who had limited formal education in their homeland. These problems frequently cause refugee children to experience academic failure, increased frustration, and low self-esteem (Esquivel & Keitel, 1990). Another variable adding to acculturative stress in children is the perceived discrimination against the refugee group because of such factors as language, skin color, other physical characteristics, clothing, food, and customs. For example, I have found that many Haitian refugee youths deny they speak Haitian/Creole, because this language connotes a lesser status than does French.

Acceptance by the existing ethnic enclave may be critical to the adjustment of the new refugee youth. McKelvey and Webb (1996) investigated Vietnamese-Americans support expectations from their preimmigration community and their American Vietnamese arrival community. Those refugee children with higher U.S. Vietnamese support aspirations had the highest depressive symptoms when assessed several months

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later. This study showed that aspiration levels and their consistency with reality affect the adjustment of such refugees.

Crisis Prevention in the School Setting

School crisis prevention related to refugee students requires a team approach. The refugee experience may result in short- or long-term psychological distress. Preventive interventions may target the refugee subgroup and identify individual youngsters who are displaying psychological distress. School personnel can help by teaching appropriate coping skills, building a strong supportive relationship with parent(s) or guardian(s), and fostering a positive school-home partnership.

Developing a School Support Team

Forming an ad hoc school team composed of an administrator, school psychologist, counselor, social worker, school nurse, and the teachers of the refugee children is recommended. The team should meet on a regular basis. Areas to address may include: (a) assessing the difficulties and problems faced by the refugee students, their families, and the school staff; (b) identifying student and school strengths and resources; (c) designing adaptation/acclimation programs for the school and home; (d) developing individually tailored interventions for specific students; and (e) evaluating the results of any intervention.

Administrative Support

Administrative support is necessary to integrate the refugee students and their families into new schools and communities. Some school staff will be more engaged in this process than others. For example, crisis intervenors, including school psychologists, counselors, social workers, and nurses, may be providing short-term interventions with this population. Hence, modifications in job duties may occur during this time (e.g., the teacher of refugee children may be expected to postpone a daily lesson so a class discussion or a group activity can occur). In addition, physical space and privacy is needed to work with the refugee students. Translators may also need to be hired and trained to facilitate communication among the refugee students, their families, and the school staff.

Training School Personnel

Offering training to the entire school staff may be necessary depending on the number of refugee students. This training will enable any staff member who has contact with the refugee students to understand the refugee experience, provide necessary support, and link the student to a helping resource. Often, school staff and students may not have knowledge, understanding, or skills related to the specific culture of the refugee students. Training needs to be offered that explains the students' culture, values, belief systems, and worldview. An effort needs to be made to develop awareness and sensitiv-

ity of the staff. It is essential to teach school staff and students about the effects of trauma, typical reactions, and the identification of psychological stress. Consultation to assist teachers to develop innovative strategies and help promote refugee coping and adaptation is recommended. In addition, it is important for the team to work with the previously enrolled students to help them understand the refugee children and their culture. An activity that may be used to teach the host students about the newcomers' culture is to sponsor a cultural week in the school. This cultural week allows the sharing of such elements as art, music, history, dance, and food from the refugee students' cultural backgrounds. The refugees may choose to give presentations about their homeland and culture at school assemblies, or on the school radio or television.

Hiring Interpreters and Consultants

The need for interpreters may occur when the refugees are not proficient in the host language and where there are few multilingual/multicultural crisis intervenors (O'Shea et al., 2000). The interpreters may assist in interviewing and communicating. Figueroa, Sandoval, and Merino (1984) recommend that interpreters be trained in: (a) establishing rapport, (b) preventing information from getting lost in the interpretation process, (c) understanding how nonverbal communication supplants the interpretation, and (d) maintaining confidentiality. In addition, cultural consultants and individuals in the community who know the specific culture, such as priests, folk healers, and social workers, may serve as valuable resources to explain the culture to crisis interventionists and to communicate with refugees (Guarnaccia & Lopez, 1998).

Collaboration, Consultation, and Advocacy

Collaboration and consultation with school staff, parent(s) or guardian(s), and community agencies are needed to meet the complex needs of refugee students and their families. The crisis intervenor needs to collaborate and consult with administrators, teachers, and school staff to secure therapeutic support and resources for students and families. Refugees may need such services as free meals, housing, medical services, legal aid, job training and placement, language classes, access to social services, and mentors.

The crisis intervenor may serve as an advocate for these children in schools. Often, the advocacy role involves promoting, respecting, and valuing cultural diversity. It may also include advocacy to dispel prejudice against the recent arrivals and may entail revisiting school policies and services related to job roles, staff allocation, and the use of physical space (del Valle, McEachern, & Sabina, 1999).

Support for Crisis Intervenors and School Personnel

Weekly support groups for the crisis intervenors and school personnel offer necessary support for the caregivers to reduce stress. Crisis intervenors and school personnel

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need an opportunity to share and process their experiences, feelings, and thoughts about any unusual and intense interactions. These groups may also address the stress and fatigue involved in caring for traumatized youth (Figley, 1995).

Conducting a Needs Assessment

It is helpful to conduct a needs assessment with the refugee students, their parent(s) or guardian(s), and teacher(s). The needs assessment will help the crisis intervenor determine the type and severity of the difficulties refugee children and their families face. Specific needs and issues may be identified immediately for targeted interventions. The assessment should be conducted in the native language of the individual being assessed. If this is not possible, a trained interpreter may be used.

Assessing for Learning and Emotional Problems

Assessment tools to diagnose learning and emotional problems in traumatized youths may include formal and informal approaches. Evaluation of receptive and expressive language in the refugee child's native language is important. If the child speaks the host language, it is also necessary to conduct a thorough assessment of his or her language proficiency. Reading, written language, mathematics, and content areas should be included in the evaluation. Many standardized, structured and unstructured tools are available; however, it may be necessary to use a trained translator for those languages for which no assessment tools are available. Informal methods of language assessment may include (a) language samples of the refugee child; (b) performance and portfolio assessments; (c) teacher-made tests; and (d) observation of the child's interactions with fellow refugee peers, nonrefugee peers, adult refugees, and adult non-refugees (Sax, 1997). Understanding the behavioral effects of second language acquisition should also be taken into consideration.

Interviews with the individual children and their parent(s) or guardian(s) may provide helpful clinical information about (a) preimmigration history and experiences; (b) adjustment problems; (c) family relationships; (d) ethnic identity issues (e.g., minority status); (e) family's acculturation level; and (f) attitudes regarding school, culture, values, and expectations. It also may be necessary to conduct an in-depth evaluation to rule in or rule out PTSD. A number of diagnostic clinical interviews, both structured and unstructured, have been developed for this purpose. (See Chapter 30, Diagnosing Child-Adolescent Posttraumatic Stress Disorder, in this volume.)

Crisis Intervention in the School Setting

Expressive Art

Expressive art may be used to help refugee children express feelings, issues, and memories that they may not entirely understand and that may be too difficult and/or

painful to verbalize (Kellogg & Volker, 1993). Expressive art can facilitate communication despite language barriers, culture, repressed memories, and resistance. In addition, expressive art may help encourage self-expression and disclosure without the child feeling overwhelmed and may help the child understand and work through his or her feelings, issues, and concerns. For example, refugees may draw pictures of their migration, flags of their homeland and their new host country, their homeland school and their new school, their family in their homeland and their family in the host country, or they may illustrate a book about their journey. Moreover, through expressive arts the child produces an end product, which allows for the emergence of mastery and competence (Nickerson, 1983).

Expressive Writing

Expressive writing, like expressive art, can be a vehicle for catharsis and for dealing with painful and traumatic memories. Pennebaker (1993) found that writing about stressful situations had psychological benefits. Using creative writing or poetry can often help children express themselves by providing an outlet other than talking. They can write letters to their family and friends who remained in their homeland or to those they have lost (Orton, 1996). For example, Cuban refugee students were eager to write about their pre- and postmigration experiences, refugee experiences, fears and worries as well as positive memories and hopes for the future (del Valle, McEachern, & Sabina, 1999). For children who have undergone migration experiences, expressive writing can aid the healing process and promote personal growth.

Bibliotherapy

Bibliotherapy involves reading and discussing texts related to the current situation and problems. The refugee children may have difficulty verbalizing their thoughts and feelings. With this intervention, the refugee students may deal with their difficulties, traumas, and stressors from an emotional distance. This intervention involves identifying with a story character, projecting the student's feelings and thoughts upon the story character, and experiencing catharsis and self-reflection (Thomas & Rudolph, 1996). Directed reading can facilitate expression of the child's feelings or problem-solving techniques. With bibliotherapy, discussions may focus around the story character's behaviors, thoughts and feelings, or on the refugees' experiences, stressors, coping mechanisms, and support systems.

Transition Crisis Group Counseling

Transition crisis groups can reduce psychological risk and maximize wellness of refugee students (Cardenas, Taylor, & Adelman, 1993). The group serves to facilitate adaptation/acclimation, reduce stress, teach coping skills, and foster bicultural development. These groups are especially important because the transition period into the new host country and school is a time of great risk for these newcomers. Additionally,

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these groups provide the clinician with ongoing diagnostic assessment and allow identification of students needing more intensive mental health or educational interventions.

Play Therapy

Play therapy as a sole treatment method or in combination with other methods can be a successful intervention with traumatized children (Arroyo & Eth, 1985; Eth & Pynoos, 1985; Gardner, 1993; Thomas & Rudolph, 1996; Webb, 1991). Terr (1990) described an approach to working with the child's posttraumatic play. She suggested that therapeutically reconstructing the event(s) and interpreting the child's spontaneous play can undo painful memories and helplessness and can lead to a feeling of mastery and control. The play sessions may include activities such as drawing, storytelling, and playing games.

Conclusion

To date, we lack the desirable level of research and knowledge about school adjustment and mental health issues affecting refugee children (Aronowitz, 1984; Guarnaccia & Lopez, 1998). As described in this chapter, there are some tentative findings that are helpful in guiding our work with refugee children. All refugee children do not suffer from impaired mental health. Special subgroups appear to be at higher risk for psychological difficulties. Refugee children who have experienced severe traumas or witnessed violence, whose families are socially disadvantaged, who are unaccompanied in migration and resettlement, and who have poor school performance seem to be at greater risk for mental health problems (Guarnaccia & Lopez, 1998).

The attitude of the host community and larger society also impacts the well-being of these children. Acceptance and tolerance contribute to the adaptation and acculturation of refugee youth. The schools offer a critical context for the adaptation, acculturation, and biculturalization of these youngsters. Schools should conduct a needs assessment and early interventions for refugee children in order to prevent more serious psychological impairment. Schools also should provide instruction to facilitate the acquisition of the new language, which will impact their academic performance. Most refugee youth need assistance and support to adapt, develop, and thrive in their new homeland. The schools function as a critical stabilizer for dislocated, disoriented, and traumatized children who may have difficulty learning in the traditional school environment of their new homeland. Thus, the school serves as the central hub, providing mental health and social services such as housing, food, medical services, language instruction, job training and placement, and counseling for the families.

Because of the increasing number of refugee children and families around the world, schools will continue to face the multiple challenges of working with this population. Therefore, as professionals in the mental health and education fields, we have a responsibility to continue to explore the issues, circumstances, and implications sur-

rounding the development of refugee children. Directions for future research include: (a) developing accurate assessment procedures and tools; (b) promoting in-depth exploration of trauma, posttraumatic stress, and psychological impairments associated with refugee children and youth; (c) understanding the characteristics, behaviors, and circumstances of nontraumatized refugee children and youth; (d) improving multicultural and crisis intervention training for school personnel; (d) designing effective, research-based individual and group counseling interventions; (f) implementing creative, nontraditional teaching strategies and mental health interventions for refugee children; and (g) creating and evaluating programs for adaptation, acculturation, and biculturalization for refugee children and families. It is important to take steps to review and improve current political, social, and educational policies, procedures, and services available to refugee children and their families.

This chapter has focused on refugee experiences, including the effects of uprooting, migration, and resettlement. To assist crisis intervenors and school personnel in assessment and treatment, I have presented a number of important factors that impact refugee adaptation and acculturation. Follow-up evaluations are necessary to monitor the refugees' progress and to identify their emerging needs. In addition, it is important that crisis intervenors be open and willing to explore their own values and worldview.

Capable staff may work with refugee children to diagnose and ameliorate problems, gain the trust of refugee children and families, and help to restore faith and hope to these vulnerable children. Developing school-based interventions is crucial to educating these youths whether they return to their homeland, resettle in another country, or remain in their new host country. Schools that are committed to developing and sustaining comprehensive programs for refugee children offer the best chance for promoting their survival and success.

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