

REFUGEE CHILDREN IN OUR SCHOOLS: PREVENTION AND INTERVENTION
OF MENTAL HEALTH ISSUES

Wani Maria Fernandes Bhatti
B.A., Sonoma State University, 2006
M.A., California State University, Sacramento, 2010

Jennifer Sampson Iacuniello-Mullen
B.A., California State University, Sacramento, 2007
M.A., California State University, Sacramento, 2010

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OF MENTAL HEALTH ISSUES

A Project

by

Wani Maria Fernandes Bhatti

Jennifer Sampson Iacuaniello-Mullen

Approved by:

_____, Committee Chair
Stephen E. Brock, Ph.D.

Date

Students: Wani Maria Fernandes Bhatti
 Jennifer Sampson Iacuniello-Mullen

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_____, Graduate Coordinator _____

Bruce A. Ostertag, Ph.D.

Date

Department of Special Education, Rehabilitation, School Psychology, and Deaf Studies

Abstract

of

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Numerous research studies indicate that refugee children attending schools in California are at greater risk of developing mental health issues due to their experiences which may have included chronic adversities during pre-migration, migration and resettlement (Bhatti, 2010; del Valle, 2002; Fazel & Stein, 2009). Furthermore, prior research by the first author of this project indicated that there was a lack of awareness of refugee children by school psychologists. In addition, dialogue with school psychologists indicated that their lack of knowledge of refugee children was because refugee students can be recognized as English Language Learners and sometimes as homeless students. This lack of awareness prompted these authors to endeavor to assist school administration in the identification process. Knowing the history and cultural practices of the refugee families in California was considered important background information. A Response to Intervention (RtI) prevention/intervention approach utilized by school psychologists or counselors to screen or assess and address these students' social-emotional and academic needs was discussed.

The information presented in this project was used as the basis for a six-hour training workshop intended to be presented by school psychologists and/or counselors. The intended result is that educators working with refugee students will have empirically based information on how best to screen and intervene with refugee children in their schools.

_____, Committee Chair
Stephen E. Brock, Ph.D.

DEDICATION

Jennifer Sampson Iacuaniello-Mullen would like to dedicate this thesis project to her loving husband Craig who has been a wonderful support to her throughout her academic career. She would also like to dedicate this to her wonderful parents Mark and Willie Iacuaniello, mother-in-law Leslie Goslin Burrows, father-in-law Kenneth Burrows, step-son Taylor Mullen, brother Isaac Iacuaniello, sister-in-law Taya Iacuaniello, brother Byron Iacauniello, grandmother Eleanor Iacuaniello, to all of the Iacuaniello, Sampson, Stauss, Burrows families, and to her beloved grandfather Umberto Charles Iacuaniello, grandfather Willard Sampson, and grandmother Evelyn Sampson, for their everlasting love and support.

Wani Maria Fernandes Bhatti dedicates this thesis project to her daughters whose unending love and positive outlook on life inspired their mother to pursue her dreams. She would also like to thank her parents for their limitless encouragement and her brothers and their families for being so proud of her accomplishments.

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Chapter 1

INTRODUCTION

This project originated from previous research by the first author, Wani Bhatti. This prior research involved a brief survey of the perceptions and interactions of school psychologists in the Sacramento area with refugee children. Results indicated a lack of awareness of refugee children by school psychologists. Furthermore, dialogue with school psychologists indicated that their lack of knowledge of refugee children may be because children from refugee backgrounds are usually designated as English Language Learners and sometimes are referred to as homeless students. This lack of awareness prompted the author to discuss the traumatic experiences that refugee children may have experienced during the premigration, migration, and resettlement stages; culturally competent counseling techniques were also suggested (Bhatti, 2010). Furthermore, it appears that their status as refugees is important to know since research studies have indicated that refugees who have experienced premigration and migration traumas are more susceptible to anxiety disorders, depression, and posttraumatic stress disorder (PTSD; Sue & Sue, 2008).

For refugee students, attending school is often very challenging. Not only have many of the refugee students experienced varied degrees of trauma, but they are also experiencing resettlement stressors (Sack, Clark, & Seeley, 1996). According to research, children who have experienced traumatic events that led to traumatic stress could be at risk for academic problems (Cook-Cottone, 2004). Specifically, long-term exposure to the trauma can negatively affect memory, attention, emotional expression,

and ultimately learning. del Valle (2002) found that anxiety, depression, and PTSD symptoms were common in the psychological adjustment of refugee children. Due to these mental health problems, some refugee children may have sleeping difficulties, increased somatic complaints, learning problems, antisocial behavior, and suicidal tendencies. In addition to the traumatic stress, many refugees may have gaps in their education, while others have little to no formal education to begin with. It is also important to note that their country of origin may have a vastly different educational approach when compared to the US educational system. These challenges frequently cause refugee students to experience increased frustration, lowered self-esteem, and academic failure (Bemak, Chung, & Pedersen, 2003).

Statement of the Research Problem

Numerous research studies indicate that refugee children attending schools in California are at higher risk levels of developing mental health issues due to experiencing chronic adversities and cumulative stressors (Bhatti, 2010; del Valle, 2002; Fazel, Doll & Stein, 2009). Therefore, it is imperative that educators in California's schools help identify refugee students so that school psychologists or counselors may screen them for mental health challenges and relocation stressors within the three-tiered response to intervention model.

Purpose of the Project

The primary purpose of this project is to help the reader better understand the history and cultural practices of refugee families resettling in California. According to Sue and Sue (2008), it is important to understand the worldview of culturally diverse

students and to accept their perspectives in a nonjudgmental manner. This is sometimes referred to as cultural role taking that helps the individual gain practical knowledge about the refugee student's cultural background, and gain awareness of possible traumatic experiences during pre-migration and migration stages.

This project also endeavors to assist school administration in the identification process of refugee students for mental health issues, assimilation and acculturation challenges faced by these students. A secondary purpose includes a Response to Intervention (RtI) prevention/ intervention approach that can be utilized by school psychologists to screen or assess and address these students' social-emotional and academic needs.

The information presented here will be the basis of a training workshop intended to be presented by school psychologists and counselors. The intended result is that educators working with refugee students will have more solid, empirically based guidance on how best to screen and intervene with refugee children in their schools.

Limitations

In an effort to research the histories of the several groups of refugee populations who have relocated to California, the authors' encountered difficulty in obtaining peer reviewed research on refugees from Iran. Additionally, research was found to be limited on refugees from Africa living in California as these refugees are considered recent arrivals. Thus, the authors will discuss the history and cultural practices of refugees from Southeast Asia due to the abundance of research on these refugees. Furthermore,

relevant information about refugees from the Middle East, in particular, Iraq; the Former USSR and Africa (Somalia and Sudan) will be presented.

Statement of Collaboration

This project was developed by both authors who worked together to produce a complete and mutually agreed upon finished product. Each co-author contributed equally by sharing in the task of researching, collecting, and data gathering. Sections within the chapters were divided amongst the two authors to formulate a comprehensive project. Both authors shared tasks undertaken in the development of the project and training workshop equally.

Chapter 2

REVIEW OF THE LITERATURE

The purpose of this literature review is to provide evidence regarding refugee students' historical backgrounds and traumatic experiences for the purpose of identifying and distinguishing them from the school's other English Language Learner populations. Identification is an essential preliminary step that will alert school psychologists to screen for possible psychological challenges such as anxiety, depression, and more significantly, Posttraumatic Stress Disorder (PTSD).

This literature review has been organized in such a manner that the reader initially learns about the resettlement process that refugees need to go through to resettle in the United States. Demographic data on refugee population patterns of settlement in California indicated that refugees from four different regions, namely Southeast Asia, the Middle East, Former USSR, and Africa, are the most prevalent in California (California Department of Social Services, 2010b). Historic and traumatic experiences faced by these refugees were examined so that educators may gain a culturally competent perspective. Research behind appropriate methods in identifying, screening, and interviewing refugee students and families was conducted to determine their degree of distress. Lastly, using a Response to Intervention (RtI) theoretical model, classroom wide, small group and individualized interventions were suggested to address refugee students' psychological needs.

Resettlement Process

The Bureau of Population, Refugees, and Migration's (PRM) primary mission is

to “provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people” (US Department of State, 2010a, p. 2). PRM collaborates with international organizations to develop humane and long-lasting solutions for refugees. These solutions may include repatriation efforts when there is no longer a risk of persecution. Another solution may be to help refugees live permanently in the country to which they fled. The option of last resort is resettlement in a third country, which according to the United Nations High Commissioner for Refugees (UNHCR) occurs with less than one percent of refugees worldwide (US Department of State, 2010b).

The process for refugees seeking resettlement into the United States is based on a priority system. Refugees referred by UNHCR [a U.S. embassy or a non governmental agency (NGO) to the U.S. Refugee Admissions Program (USRAP)] are considered to be in priority one. Refugees with “special humanitarian concerns” (Martin, 2010, p.2) are in the second priority category while family reunification cases are in priority three. An Overseas Processing Entity (OPE) helps the refugee prepare a dossier. Next, an interview is conducted by an officer from the United States Citizenship and Immigration Service to check for eligibility. A security check is then completed; once approved the refugee goes through a medical examination and cultural orientation program before being assigned a sponsor (resettlement agency) who helps with transportation to the U.S. The sponsor also helps refugee families with housing and settlement (Martin, 2010; US Department of State, 2010b).

According to data for 2007 through 2009, California continued to be the leading state of resettlement for the world's refugees (Martin, 2010). The number of refugees entering California appeared to steadily increase in 2006 (Table 1) and 2007 with a significant rise in 2009 ($N = 11,272$) while numbers of refugees for 2010 dropped to 8,563 people.

Table 1

Refugees entering into California during Oct 2005 to Sep 2010
(Federal Fiscal Year – Oct to Sep)

Year	Number of Refugees
2006	5,200
2007	6,707
2008	9,478
2009	11,272
2010	8,563
Total Number of Refugees	40,169

Source: California Department of Social Services-Refugee Programs Bureau (2010a)

According to the California Refugee Resettlement Program, 688,000 refugees have resettled in California since 1975. Prior to 1990, refugees resettling in California mostly came from Vietnam, Cambodia, and Laos due to the Vietnam War. However, over the last five years (Table 2), it appears that the largest refugee groups coming to California are from Iran (37%), Southeast Asia (22%), Iraq (20%), the Former USSR (12%) and Africa (7%) (California Department of Social Services, 2010b).

Data for 2005 to 2009 (Table 3) reveal that Los Angeles, San Diego and Sacramento were the top three counties of resettlement for refugees. Significant numbers of refugees (see Table 3) from Iran ($N=11,249$) have settled in Los Angeles while 5,470 refugees from Iraq settled in San Diego. Considerable numbers of refugees from

Table 2

Refugees entering California from Country or Region of Origin during 2005 through 2009

Country/Region	% of Refugees
Iran	37
SE Asia	22
Iraq/Middle East	20
Former USSR	12
Africa	7
Afghanistan	1
Other	1

Source: California Department of Social Services-Refugee Programs Bureau (2010b)

Africa ($N=1,630$) and Southeast Asia ($N=1,267$) also relocated to San Diego during 2005 through 2009. Refugees from the Former USSR ($N = 3,142$) appear to be the largest group who moved to Sacramento while 1,258 Southeast Asian refugees were the second largest group that settled in Sacramento during 2005 through 2009.

Table 3

Refugees entering California's counties from Country or Region during 2005 though 2009

County	Iran	Southeast Asia	Iraq	Former USSR	Africa	Afghanistan	Other	Total
Los Angeles	11,249	453	949	358	89	35	121	13,254
San Diego	534	1,267	5,470	335	1,630	32	1,043	9,372
Sacramento	149	1,258	227	3,142	36	36	12	4,860
Santa Clara	813	762	250	68	411	16	44	2,368
Orange	386	1,070	331	15	165	16	27	2,010
Stanislaus	1,303	34	353	15	2	0	1	1,708
Fresno	26	1,407	25	84	4	0	4	1,550

Source: California Department of Social Services-Refugee Programs Bureau (2010c)

Southeast Asian Refugee Experiences

Rising political unrest and termination of U.S. involvement throughout Southeast Asia forced thousands of Cambodians, Laotians, and Vietnamese to resettle in the U.S. Over 650,000 Vietnamese, 230,000 Laotian and Hmong, and 147,000 Cambodian refugees are estimated to have settled in the U.S. between 1975 and 1992 (Rumbaut, 1995). Southeast Asian refugees typically had to wait for years in refugee camps before resettling in the United States where many experienced or witnessed torture and killings, sexual assaults and overcrowded poor living conditions (Sue & Sue, 2008).

Cambodian Refugee Experiences

During the early 1970's civil war raged in Cambodia (Carlson & Rosser-Hogan, 1993). In 1975, the U.S. withdrew their troops and the Khmer Rouge terror began. Under the Khmer regime, Cambodia was returned to a primitive form of Marxist communism that resulted in executions, starvation, and disease. One quarter of the Cambodian population was eliminated. Cambodian cities were evacuated and the people were sent to labor camps, re-education centers, collective farms, while many were killed. While in the camps, Cambodians were subjected to fear, hunger, and death. Families were separated and children as young as six years old were put to work. Select groups of children were taught to spy on adults in exchange for food or favors. Many Cambodians remained in those camps for several years until they could flee and seek refuge in other countries (Sack, Clark, & Seeley, 1996).

Sack et al. (1996) found that when Cambodian refugees immigrated to their new countries they experienced adjustment stressors due to cultural differences, loss of status,

poverty, illiteracy, prolonged dependency on government aid, and language barriers. Language was a huge obstacle, as it was the way to communicate in their new home and more importantly, it was essential when seeking employment and other supports (Bemak et al., 2003). In addition to the resettlement stressors, many refugees had significant mental health issues due to pre-migration traumas that they had experienced. Posttraumatic Stress Disorder (PTSD) and depression were prevalent among Cambodian refugees. In fact, refugees who had PTSD often experienced more intensive resettlement stressors within the first year of migration. Cambodian refugees as a group appeared to be the most traumatized of all the Southeast Asian refugees (Sack et al., 1996).

Chang, Rhee, and Berthold (2008) found that Cambodian refugee families were more likely, than their Asian Pacific counterparts, to be charged with neglecting their children. Substance abuse and mental illness were often the cause of neglect. Mental health challenges, resettlement stressors, and limited knowledge of the English language made it difficult for the families to gain employment. Unemployment and poverty contributed to feelings of hopelessness, manifesting in the form of depression. Therefore, refugee parents may end up turning to alcohol or other drugs in order to alleviate feelings of inadequacy. Some parents also abused substances as a way to self-medicate undiagnosed mental health symptoms of depression or PTSD.

Vietnamese Refugee Experiences

Vietnamese refugees began fleeing their country in the late 1970s and early 1980s to relocate to a safer and better place (Cravens, Gong-Guy, & Patterson, 1991). They were desperate to escape the traumatic experiences of war-time torture, genocide, death,

starvation, poverty, destruction, and refugee camps. Many studies have shown that Vietnamese Americans, who were once refugees encountered significant psychological difficulties due to their pre-migration traumatic experiences. The resettlement process has also proven to contribute and often exacerbate those psychological challenges (Bemak & Chi-Ying, 2002). Upon integrating into the U.S. culture, many Vietnamese refugees had a difficult time finding gainful employment without the knowledge of the English Language, and had little to no social networks or resources to support their emotional needs.

Bemak & Chi-Ying (2002) found that fewer years in the United States and low income were significant resettlement distress predictors for Vietnamese women, even those who had lived in the U.S. for up six years. They discovered that many Vietnamese refugee women had not been a part of the decision making process to leave their homeland. In addition, many of those refugee women had not wanted to leave Vietnam. These factors led to greater reported psychological stress in the Vietnamese refugee women. Vietnamese men, however, reported that having a large family in the U.S. as well as experiencing multiple traumatic events were significant resettlement distress predictors that led to increased psychological stress. These factors, coupled with the initial pre-migration traumas, appeared to negatively affect the Vietnamese men's psychological wellness interfering with their ability to find and maintain employment (Bemak & Chi-Ying, 2002).

Bauman et al. (2007) noted that the impact of the pre-migration trauma often resulted in long-term mental health repercussions, manifesting in the form of

Posttraumatic Stress Disorder (PTSD). However, the Vietnamese Australians often reported having more physical impairments suggesting they had a tendency to focus on somatic symptoms rather than emotional components.

Hmong Refugee Experiences

In 1954, French Protectorate in Indo-China ended which meant that Vietnam, Cambodia, and Laos were recognized as independent states. A struggle for power erupted between the Royal Lao government, which was supported by the U.S. government and Pathet Lao who were aligned with Viet Minh in North Vietnam (Timm, 1994). The Hmong were recruited by the Central Intelligence Agency (CIA) to fight Laotian communists, rescue American pilots shot down in North Vietnam and to protect the US radar system. In exchange the Hmong were promised U.S. protection regardless of the outcome of the war (Timm, 1994; Ying & Han, 2008). After the 1973 ceasefire and withdrawal of American troops, civil war between North and South Vietnam erupted again; this led to a mass exodus of the Hmong population to Thailand and the jungles of Laos. Hmong refugees were housed in overcrowded camps in Thailand where they experienced traumatic incidents such as horrendous physical abuse and witnessed murders and rapes of loved ones and other refugees (Fong, 2004).

A study by Su, Lee and Vang (2005) found that Hmong Americans manifest symptoms of depression, a variety of anxiety disorders and posttraumatic stress disorder (PTSD) due to traumatic experiences during premigration, length of time in refugee camps, few pre-, post immigration resources, and marketable skills such as a limited formal education and financial savings. Family conflict due to intergenerational

differences in acculturation is one of the most critical issues that Hmong families are facing. Children acculturate at faster rates than their parents, which lead to intergenerational tensions such as family separation, social humiliation and dishonor.

Middle Eastern Refugee Experiences

Middle Easterners are generally those peoples who have inhabited several regions of northern Africa, southwestern Asia, and Europe. Mainstream Americans generally conceptualize them as one homogenous group, namely Arab American. However, there are substantial populations of non-Arabic speaking Middle Eastern groups like Afghanis, Iranian and Turks, which make them a very diverse group. Therefore, it is necessary to consider that this group's background is based on their unique history, country of origin, religion, level of education, acculturation and socioeconomic status (Hakim-Larson & Nassar-McMillan, 2008).

Refugees from the Middle East have been involved directly or been explicitly exposed to wars such as the civil war in Lebanon, the Palestinian-Israeli conflict, the Iran-Iraq war, the war in Afghanistan and the Persian Gulf War (Hakim-Larson & Nassar-McMillan, 2008). These experiences have accumulated into wartime traumas that have caused extreme psychosocial risk factors in refugees from the Middle East; for example, a national survey in Afghanistan found high rates of depression, anxiety, and PTSD in adolescents due to decades of war, drought and displacement (Cardoza et al., 2004). Due to the blending of core cultural values throughout the history of Middle Eastern culture, presently, many individuals may adopt both a collectivistic and individualistic view. However, in typical Middle Eastern families, several generations of

family members live together with fathers and male members of the family exercising authority and serve as spokesperson for the family. Families from refugee backgrounds may lack the male role, which causes conflict within the structure of the family.

Additionally, the lack of extended family members and social support augment risk factors for mental health issues.

Iraqi Refugee Experiences

Data from the Bureau of Population, Refugees, and Migration (PRM) indicates that between 2006 and 2007, 1608 Iraqi refugees resettled in the United States. However, between 2007 and 2008, the US admitted 12,118 Iraqi refugees due to changes in U.S. legislation. This new legislation created new categories for refugees who helped the U.S. with its efforts in Iraq. These refugees are able to contact an Overseas Processing Entity (OPE) directly and do not need a referral from the UNHCR or the U.S. embassy (U.S. Department of State, 2010c).

The city of El Cajon (a suburb in San Diego) in Southern California appears to be the nation's top city for *Iraqi* refugee resettlement. This may be because an established Iraqi community existed in El Cajon since the 1980's when Chaldean Christian Iraqis immigrated here. Many of the newcomers to EI Cajon are Chaldean but they also include other *Iraqi* minority groups, such as Sabians and Syrian Christians and Muslims (Zehr, 2010).

Results from case studies indicate that refugees from Iraq and the Middle East suffer from “the most severe forms of cumulative trauma and torture” (Jamil et al., 2007, p.23). Cumulative trauma is known to enhance the possibility of developing PTSD

symptoms, however, possessing a higher education and fluent language skills and a strong religious or political belief appear to serve as protective factors (Brune et al., 2002). Additionally, family and ethnic community centers also provide protective factors (Hakim-Larson & Nassar-McMillan, 2008).

Former USSR refugee experiences

The majority of refugees from the former USSR were permitted to emigrate after 1988 when President Mikhail Gorbachev granted them permission to leave. These refugees who were persecuted for their beliefs belonged to religious minorities such as Jewish and evangelical Christians and certain members of the Ukrainian Catholic or Ukrainian Orthodox churches (Hume & Hardwick, 2005). About a year later, the U.S. Congress passed the Lautenberg Amendment, which focused on persecution based on group identity. It proposed to help ease immigration regulations for members of a protected group of refugees with a plausible, but not necessarily individual, fear of persecution (Bruno & Bush, 2002). With the passing of the Lautenberg Amendment and the break up of the Soviet Union, large numbers of Soviet Jews relocated primarily to the San Francisco Bay Area and Los Angeles while Russian and Ukrainian evangelical Christians settled in the Central Valley and Sacramento area (Hume & Hardwick, 2005).

According to Birman (2002), refugee children from the former Soviet Union were better adjusted when they 'added' the American culture to their own culture, thus becoming bicultural. Another study by Birman, Trickett and Vinokurov (2002) looked at Soviet Jewish refugee adolescents who embraced both cultures. They tended to earn higher grade point averages since this blending of cultures permitted the adolescents

contact with both Russian and English-speaking social networks. Assimilation into the American culture appears to bring positive outcomes for former Soviet Jewish refugees since they are able to join the white majority whereas in their homeland they belonged to the minority (Trickett & Birman, 2005).

African Refugee experiences

Ethnic tensions which have led to armed conflict and civil wars have been the cause of repeated instances of dislocation for millions of Africans across the whole continent. Table 4 shows the top seven countries in Africa that have produced refugees who for the most part live in refugee camps awaiting repatriation back home or resettlement to a third country. From 1980 to 2009, more than 200,000 African refugees have been estimated to be admitted to the United States for permanent resettlement. The largest groups are from Somalia (over 65,000) and Ethiopia (over 43,000), however, in 2008, refugees from twenty-four African nations were admitted to the United States (U.S. Department of State, 2010d).

Table 4
African Refugees

Country	Number of refugees
Somalia	450,000
Sudan	250,000
Congo	150,000
Eritreans	150,000
Central Africa	100,000
Chad	60,000
Ethiopia	34,000

Source: United States Department of State (2010e)

Note: Estimates as of April 2008

Somali Refugee Experiences

According to the United Nations High Commissioner for Refugees (UNHCR), Somalia continues to be one of the most insecure nations in the world, with an exceptional humanitarian crisis (United Nations High Commission for Refugees [UNHCR], 2010). Civil war and natural disasters such as drought and flooding have worsened the crisis thus sending hundreds of thousands of Somalis into exile. Somalis make up the third largest refugee group under UNHCR's responsibility with 678,000 persons at the end of 2009 (UNHCR, 2010). Somalia lies on the east coast of Africa and borders Ethiopia, Kenya and Djibouti. Its people are one of the most homogenous in Africa with 98% described as Somalis (Bhui et al., 2006).

A study by Ellis, MacDonald, Lincoln and Cabral (2008) of Somali adolescent refugees was consistent with previous research studies that concluded that cumulative trauma was related to PTSD and depression. They also found that post-settlement stressors, acculturative stressors, and perceived discrimination were also correlated with PTSD symptoms. One reason for this may be that the presence of PTSD symptoms upon arrival may affect the child's ability to adjust to a new environment. Perceived discrimination appeared to be the strongest predictor of depression, which may indicate that developing a unified sense of self may be more challenging for refugee youths encountering discrimination associated to their ethnicity, religion or race.

Sudanese Refugee Experiences

Sudan is Africa's largest country; however, a decade of civil war has led to

political, and economic turmoil that has resulted in persistent poverty and under-development. In Darfur, about 2.6 million people have been internally displaced, and about 250,000 Sudanese have fled to neighboring countries. Expectations to return home appear to be affected by fighting between state and non-state groups, and political complications (UNHCR, 2010).

According to Paardekooper, de Jong, and Hermanns (1999) Sudanese refugee children experienced significantly more traumatic events while in refugee camps. They also discovered that these children felt less social support from parents, which may be for their families. Many Sudanese children have only experienced the effects of the war such as the Southern Sudanese children better known as the 'Lost Boys of Sudan' who fled to Ethiopia after their families were killed. They were forced to flee again through South Sudan to Kenya where many died from hunger and thirst, or crossfire or by wild animals (Jeppsson & Hjern, 2005).

A study by Brown, Miller, and Mitchell (2006) indicated that many Sudanese refugee children arrived with little to no literacy in either first or second languages. Teachers also found that these children were withdrawn, anxious or aggressive and had a hard time concentrating.

Thus far, the history of several groups of refugee populations who have relocated to California has been reviewed. Mental health challenges that were caused by and related to refugees' varied traumatic histories were also examined. Next, prevention and interventions using the Response to Intervention theoretical model will be discussed.

Response to Intervention (RtI)

Many schools across the country have begun to investigate and utilize the Response to Intervention (RtI) model (Christo, 2008). The idea behind the RtI model is to provide academic and emotional supports to students long before they become behind in school and require more intensive interventions. RtI is based upon a three-tiered model where Tier-I provides academic and emotional supports to all students within the general education classroom. Tier-II interventions are for students that are not making adequate progress in their academics or social-emotionally, within the general education classroom. Therefore, they need additional support and practice in a specific area of academics or social-emotional support. Volunteers or aides can provide that additional support. Small groups can also be provided in other classrooms or learning centers. Tier-III interventions are for those students that despite the Tier-I and Tier-II supports are still struggling and are beginning to fall significantly behind their peers. Tier-III interventions are more intensive and most often individualize to fit the students specific academic or social-emotional needs (Christo, 2008). This three-tiered model is especially helpful in addressing and providing adequate academic and social-emotional support/interventions to refugee and ELL students. In order to address and provide refugee students with adequate support, schools must first begin by identifying their refugee population and then assess the refugee student's level of academic and social emotional needs.

School Wide Identification Process

Screeners

According to the National Association of School Psychologist (NASP; 2004) bringing awareness and maintaining a current profile of the school/districts community cultural composition are important steps towards becoming culturally competent. It is especially important for districts and schools to be aware of refugee students in their schools as many have a history of trauma, torture, and/or wartime experiences. These experiences can lead to significant mental health issues, such as, PTSD and depression (Fong, 2004; Jamil et al., 2007; Sue & Sue, 2008). Therefore, a school-wide screener to identify refugee students would be a necessary tool. However, a screener has not yet been developed for this process. The California Department of Education (2005) provides districts with the *Home Language Survey* form in order for schools to identify student's primary language and if necessary the need for language support (see Table 5). The authors of this project propose adding two questions to the *Home Language Survey* to eliminate the burden of additional paperwork for parents to complete. The first question would be "Are you a refugee?" and the second "What country or region are you from?" The first question would alert school personnel that the student is from a refugee background while the second question would help identify from where the student resettled. Research suggests that refugees from the Middle East, Southeast Asia and Africa have often experienced significant traumas. Consequently, if the student was determined to be from any of those regions it would be important to complete a risk assessment to ascertain his/her level of emotional distress.

Health and Educational History

Many refugees have experienced extreme poverty, malnutrition, and even starvation (Lau & Blatchley, 2009). This can have significant negative impacts on the refugee's cognitive and physical development. In many countries there are often a lack of basic health and preventative measures like prenatal care and vaccinations. Consequently, many children are exposed to childhood diseases such as polio, measles, and severe fevers that could cause brain damage. In addition some refugees have had prolonged exposure to gunfire and bomb explosions and the extreme noise can lead to hearing loss (Lau & Blatchley, 2009). A study by Rondinelli et al. (2011) investigated nutrition-related issues of newly arrived refugees to San Diego County, CA. It found that refugee youth gained weight at faster rates due to being unfamiliar with foods in their newly adopted home, poor food choices such as eating more processed foods instead of fresh fruits and vegetables and social pressures to fit in. Due to the variation of experiences refugee students have endured, it is important for schools to obtain their health history. A *Health and Developmental Questionnaire* would provide vital information about the refugee student's current health as well as health and developmental history.

A refugee student's educational history is a very important component for schools to consider. The educational systems of other countries can differ significantly from the United States. The quality and consistency, of a refugee's educational experiences, is important for educators to consider. Many refugee have had limited formal education or have gone without education for considerable lengths of time.

Interpreters

The use of interpreters is often necessary when interviewing refugee students and/or their parents. Interpreters, at least should be equally fluent in English and the native language of the interviewee since the risk of error within the interpretation process is high under ideal circumstances (Rhodes, Ochoa, & Ortiz, 2005). According to Langdon (1994), interpreters should possess at minimum a high school diploma and the skills to accurately communicate meaning from one language to another. They should also be familiar with the culture of the interviewees and be able to regulate linguistic differences within the conversations (Rhodes et al., 2005). Most interpreters obtain little to no training when working with traumatized refugees and therefore may experience emotional distress when they are required to interpret since they may have experienced similar traumatic events (Miller, Zoe, Pazdirek, Caruth, & Lopez, 2005). Figueroa, Sandoval, and Merino (1984) propose that interpreters should receive training in establishing rapport; avoiding adding, deleting, condensing, and substituting information but rather maintaining context as closely as possible; paying attention to nonverbal communication and most importantly maintaining confidentiality. Figueroa et al. (1984) also advise that accuracy can be achieved when interpreters avoid offering personal evaluations (del Valle, 2002; Sandoval & Lewis, 2002).

Culturally Sensitive Interview Techniques

The purpose for interviewing the refugee student, his/her parent or caregiver and teachers is to gain a “better understanding of the child’s developmental, environmental, educational, and family history” (Rhodes et al, 2005, p.103) across various areas of inquiry. Other advantages of the interviewing process are so that the interviewer is able to clarify and communicate with the interviewee while building rapport. The interviewing process also enables the interviewer to determine if subsequent mental health assessment is required. Family members or caregivers with the best knowledge of the student are the most appropriate interviewees; these may include a grandparent, aunt or foster parent. Interviewees may require the emotional support of other family members or friends; the interviewer should remember that the more comfortable the interviewee is the more accurate the information gleaned from them (Rhodes et al., 2005).

Before the interview with the student and his or her parent or caregiver, it is vital that the interviewer has background knowledge of the interviewee’s ethnicity, and religion; this reflects their cultural values. Refugees are guided in their thinking and decision making by their cultural values; consider their cultural perspectives towards mental and physical disorders. Some refugees may not have the vocabulary to describe their mental health issues and tend to take a somatic view of psychological disorders (Fong, 2004; Sue & Sue, 2008).

The pre-migration and refugee camp experiences of many refugees may have been extremely traumatic so that it may be difficult to talk about with the interviewer. It

may be helpful to begin the interview by explaining the reason for the meeting and the reason for this process that is for the interviewer to gain a better understanding of the child's experiences. This information from the interviewee will aid in providing the help that the student needs to succeed at both school and home. Wisdom and good judgment are needed by the interviewer when carefully selecting the most relevant and sensitive questions. By providing a structured interview format, the interviewee may not feel the questions are targeted toward them due to their experiences. Some may be suspicious about revealing personal information due to shame or distrust with government officials. Therefore stating confidentiality and again, the reason for the interview may offer some relief and render truthful responses (Rhodes et al., 2005; Sue & Sue, 2008).

Since the interviewer is unfamiliar, the refugee student may feel uncomfortable and therefore it is important to build rapport with the refugee student before the interviewer can begin gaining any information. Limitations in language comprehension, and expression, conceptual abilities, and memory should be taken into consideration when interviewing refugee children and adolescents. According to Sattler and Hoge (2006), young children especially find it more difficult to retrieve information from their memories due to undeveloped information-processing skills. Alternatively, children may want to block out painful memories (Sattler & Hoge, 2006). Morrison (1995) advises the interviewer to "appear relaxed, interested and sympathetic" (Morrison, 1995, p.24) which will help the student feel secure and at ease. A list of questions (see Table 6) developed by Jones (2009) and Rhodes et al. (2005) may assist in the process of gathering background information and facilitates integration of cultural variables.

Table 6

Interview questions for Children and Adolescents

Domain	Questions
Family	When did you and your family arrive in the United States? How did you get here? What were the circumstances of you and your family's arrival? Where were you born? Whom do you turn to when you are scared, sad or worried about something? When something bad happens, what does your family do?
Peers	Who are your friends? What are some characteristics about you that make you different from people in your class? Do you seem to have trouble keeping the same friends? What do your parents think of your friends? When there is conflict with peers, what is the cause?
Race	How does your race impact your relationships with others? What experiences do you have with racial conflict?
Ethnicity	How do religion and spirituality impact your family? What do you believe are the responsibilities of men and women? What are some of the rules about behavior in your house?
Health/ Social- Emotional Functioning	How well do you sleep at night? Do you ever have difficulty seeing or hearing things clearly? What are your greatest strengths and weaknesses? What situations are the most stressful to you? How do you help yourself feel better when you have sad/angry/afraid feelings? What is something that would surprise people to know about you? What was one of the best/worst days of your life?
Education	Did you go to school in your home country? How do you like this school, is it very different or similar to your old school? What is your favorite/least favorite subject in school? Are you having any difficulties in school now? What kind of extra help have you been given in school? What could your teacher/s do to help you? Is there someone at home who could help you? What would you change about school?

Source: Jones, 2009; Rhodes et al., 2005

Refugee Student's Social-Emotional Risk Assessment/Screeners

Administering the *Achenbach System of Empirically Based Assessment (ASEBA)* as a screener to determine behavioral and emotional strengths and weaknesses in refugee students may be helpful during the initial stages of working with this population. This brief assessment can be completed in about 25 minutes and uses a cross-informant strategy with teacher, parent and student. A multicultural supplement has recently been developed that is based on extensive research from twenty-four societies. Besides the syndrome and DSM-oriented scales, a Stress Problem scale has been developed which may be very useful with refugee students. Research by Rescorla et al. (2007), compared data from countries in Africa, Asia, Australia, the Middle East, Europe, the Caribbean and North America. Results indicate small to medium magnitude of statistically significant differences between problem scale scores from different societies. However, scores from some societies were enough lower or enough higher than the omnicultural mean (the mean of scores from all societies) to warrant different sets of norms. Since the multicultural supplement is new, information from this scale should be viewed with caution.

The *Strengths and Difficulties Questionnaire (SDQ)* is a brief behavioral screening questionnaire for children aged 3 to 16 years old that can be completed by caregiver, teacher and student. All versions of the *SDQ* ask questions about emotional problems, conduct, prosocial and peer relation problems. The *SDQ* has been used worldwide as a screener whose results influence what interventions are needed. Results from a study by Goodman, Renfrew and Mullick (2000) with patients attending child

mental health clinics in Britain ($N = 101$) and Bangladesh ($N = 89$) found the SDQ to be sufficiently accurate and robust to be of practical value in planning the assessment of new referrals to a child mental health service.

The *Hopkins Symptoms Checklist-37A* (HSCL) for refugee adolescents has been modified from the *Hopkins Symptoms Checklist-25*, a well-known and widely used screening instrument which assesses symptoms of internalizing and externalizing problems associated with reactions to trauma. The construct, content, and criterion validity of the *HSCL-37A* were examined by Bean et al. (2007) and were found to be good. The findings of Bean et al.'s study suggested that the *HSCL-37A* is a reliable and valid instrument that can be used among culturally diverse refugee adolescents to assess emotional distress and maladaptive behaviors.

If information gathered during the interviewing process suggests that the student suffered significant trauma, it will be important to find out from parents or caregivers exactly what happened to the child, when it occurred and how the child has functioned since the trauma; details “involving premorbid medical or psychiatric conditions” (Saigh & Yasik, 2002, p. 620) will also be necessary. If the interviewer suspects the student may meet DSM-IV criteria for PTSD, a systematic inquiry about the presence of symptoms across home, school and community through interviewing will be appropriate. Diagnosis of PTSD requires investigation of the presence of functional impairment such as avoidance of social interactions, or fighting at home or school. Parents, teachers or someone who the student is familiar with should introduce the examiner to the child if the student appears significantly traumatized. Building rapport with the student by using

appropriate body language during the content of discussion will emphasize that the examiner is attentive as well as sympathetic. Attempts should be made to seek out answers that go beyond yes and no; having the child relate in his or her own words the traumatic events will help the examiner determine if functional impairment may be evident. Accomplishing this most probably will be difficult since discussing traumatic experiences may induce a great amount of situational distress and therefore the examiner will need to appear relaxed and sympathetic towards the child (Saigh & Yasik, 2002).

The *UCLA PTSD Index* is a 22 item scale which is a self-report instrument. The scale may be administered verbally or in a paper and pencil format. Items are rated on a 5-point frequency scale that can be summed to form a severity score which likely yields a diagnostic grouping. A study by Ellis, Llewa, Charney and Cabral (2006) tested the reliability of this instrument for PTSD symptoms for use with Somali adolescent refugees; results indicated good reliability and internal.

Tier I- Intervention for Academic and Emotional Health

In California, especially, teachers are faced with meeting high state educational standards and may feel limited in their educational approach and structure. Reading curriculums such as “open-court” have strict implementation structures and many teachers may not have the time or the background knowledge to understand refugee or English Language Learners (ELL) educational needs. Therefore, they may not be able to adequately adapt their instruction and refugee and EL learners often need additional instructional time and strategies, especially in the area of Language arts (Ajayi, 2005).

Ajayi (2005) found that when the open-court instructional vocabulary plan is delivered with set activities and without additional strategies for learning, the ELL students were unable to create meaning of the words based on their life experiences. In order for ELL students to pick up the dominant English language they need to build meaningful connections with the language, through life experiences in a relaxing, fun, engaging environment. The open-court implementation and instruction did not provide this type of environment. Therefore, for refugee and ELL students to be knowledgeable about English they must be given adequate tools and environment to initiate that success.

For all students, especially ELL and Culturally Linguistic Diverse (CLD) students, it is important to use research-based strategies within the daily instruction. By utilizing strategies like visuals, tangible objects, repetitive language, gestures, modeling, and monitoring student's progress, students are ensured to have sufficient background knowledge of the topics or subject matter being taught. For example, visuals are helpful in reinforcing vocabulary and other concepts. Peer-tutoring and cooperative learning strategies are also beneficial, so are using the students' native languages. When these strategies are utilized in the classroom, they will help support students in acquiring the English Language (Lau & Blatchley, 2009).

In addition, providing a stable comforting environment, consistency with rules and expectations, and being sensitive to student's background experiences, can truly help refugee students (Children of War Resource Guide, 2005). It is important for teachers to let their students know that they are available to talk to before or after class. Teachers can make their classroom inviting by hanging welcome signs in different languages

around the classroom and have photographs of many different countries. Providing a structured classroom with clearly stated and posted classroom rules is also very beneficial for refugee students as they may not be familiar with their new school system. Peer support groups that focus on positive solutions can create connections between both the refugee student's country of origin and their new community can be helpful. In addition, when preparing lesson plans in social studies or history, it is important to be mindful of the material that will be reviewed. For example, history lessons that pertain to war may be distressful for refugee students (Children of War Resource Guide, 2005).

To address language skills, *Total Physical Response* (TPR) is a great language teaching approach that pairs words with actions to portray a given meaning. The teacher both physically demonstrates the meaning and uses gestures and dramatization. For example, the teacher may verbally ask the class to pick up their book and place it on the table, in addition to physically modeling the directions (Paquette & Rieg, 2009).

Providing exposure to the outside environment through activities, like field trips, helps refugee and ELL students gain more knowledge of the English language and vocabulary skills. It also gives them an opportunity to interact socially with their class and provides them with an awareness about American mainstream culture (Tuzzolino-Werben, 2001). It also gives students access to visual, auditory, and kinesthetic learning styles. Teachers may choose to incorporate a writing lesson around the students' experience on the field trip; it is also a good way to practice writing skills.

Another good way to enhance academics, while creating a fun and engaging environment, and addressing social and emotional health is through drama and movement.

Research shows that movement and drama provide creative opportunities for refugee and ELL students to tell their story, build important literacy skills, such as listening; language, reading, and writing production (Paquette & Rieg, 2009). Integrating movement within the daily curriculum in subjects like science, math, and social studies can enhance the students learning skills as well as verbal and environmental knowledge. For example, Paquette and Rieg (2009) suggested supplementing science class with a trip to the park, ocean, or swamps. This is a way students could observe the environment and science topics being discussed first hand. If a lesson plan was on the anatomy of a tree, the students could go outside and observe the tree. Vocabulary about parts of the tree could be addressed by examining the leaves and then discussing each part of the leaf, such as the veins and stems. Students would then have the visual and tactile knowledge of the anatomy of a tree and by discussing the parts of the leaf; it would help the students comprehend the vocabulary words.

Movement and drama also provide students, especially ELL or CLD students, with the opportunity to develop creative expression, problem solving skills as well as enhancing social skill interactions. Acting out stories or events can be a helpful approach for students to process and share their experiences and perspectives of their life. The ability for students to express safe or neutral experiences into thoughts and words may help them to become more comfortable sharing other more difficult experiences. According to Paquette and Rieg (2009), drama also provides additional benefits such as enhanced language acquisition for ELL students, increased motivation, and reduction in anxiety. However, it is important for teachers to be aware of the student's family beliefs

and cultural experiences. In addition, the activities should be presented in a non-threatening and relaxing environment. Puppets or masks are a good way to assist in creating such an environment.

A social and emotional learning curriculum can be a highly beneficial intervention for the entire class as well as refugee and ELL students. The *Strong Start, Strong Kids* program is an evidence-based social emotional curriculum that can be used with students in Preschool through twelfth grade. This curriculum is a prevention/early intervention program that was designed to promote students emotional and social resiliency and competence (Merrell, Parisi, & Whitcomb, 2007).

Tier II- Interventions for Academic and Emotional Health

Tutoring, small group, and one-to-one instruction in the ESL classroom are excellent strategies for refugees and ELL students, especially those students with lower language and academic skills. Tutors for refugee or ELL students are extremely beneficial in order to supplement their reading instruction. In the early years, giving the refugee or ELL students added support and increasing the level of intensity in reading instruction enhanced the students overall language acquisition (Otaiba & Pappamihiel, 2005). In addition, the one-to-one support can provide a relaxing environment, establish a positive adult-student relationship and boost overall self-esteem due to the student's increased reading ability and social relationships.

Tier II interventions for ELL or CLD students actually involves more intensive support and usually uses a reading specialist to deliver the program (Otaiba &

Pappamihiel, 2005. Overall the student's need more exposure to specific language and vocabulary instruction in order to fully understand the concepts.

The ESL classroom can be one of the safest places for refugee students. First, the ESL classroom is a place where there are other students who share similar cultural transition experiences. This provides the refugee student with an environment where they can feel less embarrassed when they speak English and are less likely to be singled out because of their different style of dress, behavior, or accent. The ESL classroom is often smaller in size and utilizes a lot of small group activities. Small groups help students get to know each other socially, and creates a relaxed atmosphere. In addition, the ESL teacher is a great resource for the refugee students as they are often the one adult at school that takes added interest in their culture, background history, and is an empathic attentive adult (Birman, 2002). While the ESL classroom is a safe environment for the refugee student, they may find that it is a safe place to let out their emotions, come out in the form of externalizing behaviors.

ESL teachers can help refugee students learn and adjust to their new school culture by explaining the rules to them both orally and by visually posting them around the classroom. Posted slogans can be very helpful as well. Reward systems can be helpful to reinforce appropriate behavior and serve to establish routines and rules. Active listening on the part of the ESL teacher can also be an essential tool. This communicates to the refugee student that they are being heard and can be offered support if necessary. In addition, refugee students may be afraid of talking about their memories because they are afraid of falling apart. However, when they choose to share an experience, if the

teacher is able to show empathy and maintain composure, this can help reinforce and reassure the student that they have the ability to maintain composure as well. (Birman, 2002).

Other helpful strategies that the ESL teacher can provide are defining the U.S. norms, values, beliefs, and customs that the refugee students might not be familiar with yet. Utilizing curriculums that teach problem-solving skills is also very beneficial for the refugee students. This type of curriculum gives them the opportunity to review difficult social situations and then discuss them, role-play, and learn strategies for handling those situations, or ones that are similar. A social emotional curriculum, similar to, *Strong Start, Strong Kids*, can also be helpful for ELL and refugee students by promoting their social-emotional health and resiliency skills. This curriculum can be adapted to specifically address cultural variables, such as, language and levels of acculturation (Merrell et al., 2007).

A final helpful strategy or intervention is the concept of peer mentoring and peer mediation. When a refugee student has the opportunity to take on a leadership role or help other students, their self-confidence and self-esteem increases (Birman, 2002).

Tier III- Interventions for Academic and Emotional Health

Some refugee students require more intensive, individualized academic support, when deemed appropriate. According to Bozan and Honnert, (2005) these students need strategies and repeated exposure to the academic material. Presenting vocabulary and concepts audibly, presenting the terms visually, and kinesthetically with the use of vocabulary cards and creation models within each science lesson has been found to

increase learning, enhances student's self-esteem, and increases social and learning skills (Bozan & Honnert, 2005).

Tier III interventions are necessary for refugee students that are experiencing significant mental health challenges, often in the form of moderate to severe symptoms of PTSD or depression. Research suggests that children and adolescents who are exposed to violent conditions and ongoing war are at greater risk for developing depression, functional and behavioral problems, developmental impairments, psychological stressors and other health problems. According to the study conducted by Gelkopf and Berger (2009), the educational setting is an ideal environment to provide mental health interventions. The classroom helps to promote a sense of normalcy, reduces stress, while providing students with peer group support. In addition, they are able to learn and practice coping skills to reinforce the healing process from the initial trauma. Therefore, programs like the *Enhancing Resiliency* among students experiencing stress (ERASE-stress) can be helpful as an intervention for students with moderate to severe psychological symptoms like PTSD and depression.

Strong Start, Strong Kids social-emotional curriculum can be adapted to address the refugee's mental health needs. The curriculum was designed specifically to target more intensive mental health problems such as depression and anxiety (Merrell et al., 2007). It can be utilized in a small group format or adapted to work with the student individually. Another comprehensive intervention program to address more significant depressive challenges is *The Adolescent Coping with Depression Course*. This program was designed to work with students ages 14-18 and is a set of 16 sequenced two-hour

sessions with additional sessions for parents/caregivers of the group members. *The Taking ACTION Program* is a comprehensive cognitive-behavioral program that can be utilized in a group setting or used individually with students ages 9- late adolescence. This program was designed for the treatment of depression, includes outlines, and objects for 30 sessions - 1 hour each (Merrell, 2008).

Cognitive Therapy is also helpful in targeting and treating depression in children and adolescences and utilizes several strategies. There are four specific steps in cognitive therapy: a) developing awareness of emotional variability; b) detecting automatic Thoughts and Identifying Beliefs; c) Evaluating Automatic Thoughts and Beliefs: and d) Changing Negative Automatic Thoughts and Maladaptive Beliefs. Each of the four steps fit together, building upon one another as the student moves from step to step (Merrell, 2008).

Interventions for students with moderate to severe PTSD include Cognitive Behavior Therapy (CBT) techniques and can be address in the school setting by a psychologist as well as in the clinical setting. CBT works by breaking the connection between the traumatic stimuli or cognitive event and the anxiety response. Systematic Desensitization techniques including relaxation techniques, development of the anxiety hierarchy, and desensitization proper are particularly helpful for the treatment of anxiety. Modeling, Differential Positive Reinforcement, Positive Self Talk, and Self-Instructional Training are also great interventions to address anxiety issues in students of all ages. The program *Coping Cat* and *C.A.T Project for Anxious Youth: An Innovative, Comprehensive Treatment Approach* are beneficial for children with anxiety ages 8-17.

These two 16 session programs can each be utilized in a group of students or can be used with students individually (Merrell, 2008). Stress management and cognitive restructuring are also helpful techniques, which can address anxiety challenges and can be provided within the school setting. Those techniques as well as exposure techniques can be addressed within a clinical setting (Cook-Cottone, 2004).

Stress management techniques or strategies include controlled breathing and progressive muscle relaxation, stopping negative thoughts, and positive imagery. The ability for students with PTSD to master anxiety symptoms, through CBT techniques are found to have increased self-efficacy and self-confidence. Cognitive restructuring is designed to address the student's cognitive distortions in order for them to re-construct more realistic or practical "attributions". These techniques can be used for addressing daily coping, reducing over responsibility for the event, as well as reducing negative assumptions in relation to the traumatic event (Cook-Cottone, 2004).

Trauma interventions that are beginning to show empirical support include art, play, and narrative therapies. Art and play techniques are especially helpful when working with primary school students with PTSD. Research suggests that working with the student on reconstruction the event(s) therapeutically and lead to the spontaneous play that can help the student undo feelings of helplessness, the painful memories, and can help the student have a greater sense of mastery and control (del Valle, 2002). In more intensive or extreme cases of PTSD some students may be unable to attend school and will need clinical support before reintegrating back into school (Cook-Cottone, 2004).

In addition to the various strategies and treatments for anxiety, depression, and PTSD it is also extremely important that each refugee's cultural background or belief system are considered and incorporated in the therapy. Specifically it is essential that the therapist is aware of the indigenous healing methods utilized by refugee cultures. It is not uncommon for refugee belief systems to incorporate concepts of ancestral spirits and spiritual communication between themselves and a deceased family member. Traditional healing methods are often sought out by the refugee and their family. Therefore, it may be helpful to include a traditional healer in the therapy sessions (Bemak et al., 2003). A genogram may also be a helpful tool to assist the therapist and refugee student with understanding past heritage (Sciarra, 1999). The therapist should remain flexible and open to other forms of therapy including for example, the middle/eastern cultural practices.

Concluding Comments

This literature review focused on the historical backgrounds and traumatic experiences of four culturally diverse groups of refugees that have settled in California. Research shows that refugees from Southeast Asia, Iran and Africa are at significant risk for anxiety, depression and PTSD due to the severe traumas they have experienced. However, former USSR refugees appeared to have lower levels of psychological problems since they did not appear to have experienced similar levels of trauma as the other groups. Academic and social emotional interventions were found to address the varying levels of emotional needs of refugee students using an RtI model.

Chapter 3

METHODOLOGY

This project was drawn together primarily from information based upon current psychological review and research. Participation in graduate courses through the Department of Special Education, Rehabilitation, School Psychology and Deaf Studies, California State University, Sacramento, between Fall 2007 and Spring 2011, as well as the authors' personal experiences within the field of school psychology were all incorporated within this project.

The project idea originated from previous research by Wani Bhatti (2010) and was formulated in the California State University, Sacramento, graduate course EDS 239 Education Specialist Seminar in Fall 2010. Guidelines for the Education Specialist degree culminating project were presented by instructor Dr. Melissa Holland, to be given in the form of a training workshop. The specific workshop topic was formulated through a collaborative effort based upon prior research on the topic as well as members' experiences working in the field of practicing school psychologists. A review of literature was performed during Fall of 2010 and a 25 minute outline of the projected workshop was presented to the instructor and classmates in December 2010.

The final literature review was created in Spring 2011 based upon feedback from instructors Dr. Melissa Holland and Dr. Stephen Brock as well as EDS 239 class members, and was a part of the California State University, Sacramento, graduate course EDS 542 Education Specialist Thesis/Project. The information gathered in the literature review was utilized to create the project addendum workshop and final presentation. The

final presentation specifically followed the literature review format and minor changes were made after piloting the presentation. Information for the literature review was gathered from various sources. These sources were discovered on databases such as *Psych Info* and search terms included “refugees in California, Southeast Asian refugees, Middle East refugees, former USSR refugees, African refugees, refugees and depression, refugees, and anxiety, and refugees and PTSD. Introductory, methods, and workshop presentation chapters were included. Dr. Stephen Brock and Dr. Catherine Christo provided helpful suggestions and feedback related to all materials prepared during EDS 542.

The project’s development was based upon current and previous information related to refugee populations in California, particularly in the Sacramento area, as well as relevant research about mental health challenges faced by those refugee populations. The workshop’s basis was developed according to this research information.

Chapter 4

RESULTS

The information obtained during the completion of Chapter Two of this project was used to create a training workshop for school psychologists, counselors, teachers, and administrators. The workshop was designed to last at least six hours. The manual, and slides with presentation notes, and activities are included in the project addendum and are designed to be used by any trained school psychologist or counselor. This research project and related workshop review the history of several groups of refugee populations who have relocated to Sacramento California. Mental health challenges that were caused by and related to refugees' varied traumatic histories were also examined. Finally, the authors provide three tiered interventions or accommodations, based upon the Response to Intervention model. This can be provided to help refugee students cope with resettlement stressors they encounter in their new country and any specific mental health difficulties they may be experiencing.

Summary

According to data for 2007 through 2009, California continued to be the leading state of resettlement for the world's refugees (Martin, 2010). The number of refugees entering California appeared to steadily increase in 2006 and 2007 with a significant rise in 2009 ($N = 11,272$).

Research shows that many refugees, particularly from the Southeast Asian, Middle East region, and Africa are at significant risk for anxiety, depression, and PTSD due to their severe traumatic experiences (Sack, Clark, & Seeley, 1996). Therefore, it is

important that refugee students be identified separately from the English Language Learner populations. This would allow school psychologists and/or school counselors to screen those identified refugee students to determine their individual level of risk for mental health challenges.

Once the refugee students have been assessed, the school can provide interventions or accommodations appropriate for the level of mental health risk identified. This could be in the form of Tier I interventions for those students with mild mental health or academic challenges; Tier II interventions for those with moderate mental health or academic challenges, and Tier III interventions for students with more severe mental health or academic challenges.

Refugee History

Rising political unrest and termination of U.S. involvement throughout Southeast Asia forced thousands of Cambodians, Laotians, and Vietnamese to resettle in the U.S between 1975 and 1992 (Rumbaut, 1995). Southeast Asian refugees often had to wait for years in refugee camps before resettling in the United States. During those years many experienced or witnessed torture and killings, sexual assaults and overcrowded poor living conditions (Sue & Sue, 2008). Those experiences have led to severe psychological risk factors, such as PTSD, anxiety, and depression in Southeast Asian refugees, especially in adolescent refugees (Sack et al., 1996).

Refugees from the Middle East have been involved directly or been explicitly exposed to several different wars (Hakim-Larson & Nassar-McMillan, 2008). These experiences have accumulated into wartime traumas that have caused extreme

psychosocial risk factors in refugees, such as depression, anxiety, and PTSD in adolescents (Cardoza et al., 2004).

African refugees, from Somali and Sudan, have experienced civil wars and countless natural disasters (UNHCR, 2010). Research indicates that these cumulative traumas have led to PTSD and depressive symptoms in adolescent refugees particularly (Ellis et al., 2008). In addition, research suggested that post-settlement stressors, acculturative stressors, and perceived discrimination were also correlated with PTSD symptoms.

A majority of refugees from the former USSR refugees were granted permission to leave by President Mikail Gorbachev after 1988 due to persecution for their religious beliefs (Hume & Hardwick, 2005). However, while these refugees experience many resettlement stressors, research indicates that refugee children from the former Soviet Union were better adjusted when they ‘added’ the American culture to their own culture, thus becoming bicultural (Birman, 2002). In addition, Sacramento has a large Russian and Ukrainian community. Thus, from the authors’ own experiences, they conclude that since many former USSR refugees have access to social support and community services this may reduce their levels of resettlement stress and mental health problems.

Response to Intervention- Three Tiered Interventions

Many schools in California have begun to utilize the Response to Intervention (RTI) model to provide academic and emotional supports to students. RTI is based upon a three-tiered model with Tier-I providing academic and emotional supports to all students. Meanwhile, Tier-II provides small group interventions for students not making adequate

progress within the general education classroom, and Tier-III offers individualized interventions for students not making adequate progress at the Tier I or Tier II level. This three-tiered model is especially helpful in addressing and providing academic and social-emotional support/interventions to refugee and ELL students.

Modifications and Recommendations for Future Research

It is recommended that future research, in this area, review California districts with the highest refugee populations to determine whether they have modified their Home Language surveys or other school documents for the purpose of identifying refugee students. After completing the literature review for this project authors, Wani Bhatti and Jennifer Iacuniello-Mullen, found that a local Sacramento school district has an additional form that supplements the Home Language survey. Due to the diversity of cultures in the Sacramento City Unified School District, they developed an informal primary language survey, which attempts to find out how well the student knows his/her language. There is also a need to continue reviewing research about specific refugee ethnic groups by culturally informed experts.

In the process of identifying refugee students, it would be especially important to interview the refugee parents or caregivers. Research has indicated that certain populations of refugees, such as the Southeast Asian, have been at greater risks for mental health problems due to their traumatic experiences. However, not all refugees from those populations have experienced the same traumatic events or same level of trauma. Not all students will require the same level of mental health support even if they come from the same culture. Refugees who are unaccompanied during their migration

and resettlement process or who are socially disadvantaged are often at greater risk for mental health challenges (de Valle, 2002). Therefore, it is vital that each school screen, interview, and provide appropriate support based upon each refugee's personal experiences.

Guidelines for Presentation: Supplement Information in Appendix A

Similar to the written report, the verbal presentation should include the educational history about refugees in, for example, Sacramento, California and provide visual aids to assist in the presentation of interventions/accommodations that can be used at each of the three tiers within the school. The primary focus should be on how to identify refugee students in the school and interventions to aid those students with their specific challenges.

Workshop Objectives

The workshop is designed as a summary of what is known regarding research and issues related to refugee students in Sacramento, California. It is hoped that workshop participants will gain knowledge about the specific groups of refugee students located in Sacramento, California; how to identify refugees from English language learners. Attendees will gain a better understanding of the refugee students varied history and traumas as well as mental health challenges they may face as a result of those traumatic events. The intended result is that school psychologists, counselors, teachers, and administrators will gain knowledge on how to identify refugee students from English language learners and be given tools in the form of interventions or accommodations that

can help those identified students work through their mental health challenges and relocation stressors within the three-tiered response to intervention model.

Recommendations

It is recommended that school personnel view the contents of this project with the understanding that the workshop is also intended for use by those school personnel who are in contact with refugee students. The primary purpose of this project was to bring awareness and inform school personnel about the prevalence of refugee students in California. A secondary goal was to serve as an educational tool with suggested mental health and academic prevention and intervention techniques that teachers, counselors, and school psychologists can use when working with refugee students in their schools.

APPENDIX A

Presenter's Handbook

Presenter's Handbook

The presentation can be performed with one or more presenters. If there are two presenters, you may want to change presenters after the first break when the topic changes from Refugee Experiences to Screeners. You may decide to have additional presenters be in charge of activities. There are no specific rules regarding presenter changes or segments, this is simply a guideline. However, it is recommended that each presenter introduce themselves at the beginning of the presentation and again before they begin a later topic. **Note:** Presenters can choose to present all refugee groups, within the refugee experiences, or they may choose to present only the relevant groups related to their region. For example, El Cajon California is in the San Diego area and they specifically have the largest resettlement of Iraqi refugees. Therefore, presenters in Southern California may choose to focus on Middle Eastern refugees as well as other refugee cultures prevalent in that area.

A recommended timeline for the workshop follows:

9:00- 10:00 - Objectives, Introduction, Resettlement Process, Population in California, Refugee Experiences

Break (*approximately 15 minutes*)

10:15-11:15 - School Wide Identification Process, Screeners, Health and Educational History, Interpreters, Interviewing Techniques, Social-Emotional Risk Assessment

Lunch (*approximately 60 minutes*)

12:15-1:45 - Interventions – Response To Intervention (RtI), Tiers I,II & III

1:45-2:45 –Supplemental Workshops (Optional) Handbook-Appendix A

2:45- 3:00 - Questions & Wrap up

About the Authors

Wani Bhatti is a Nationally Certified School Psychologist. Both Wani Bhatti and Jennifer Iacuaniello-Mullen completed their Masters and Education Specialist degrees at California State University, Sacramento. This workshop was completed to satisfy part of the requirements of their Education Specialist degrees. Wani Bhatti is a school psychologist in the Sacramento City Unified School District. Jennifer Iacuaniello-Mullen is a school psychologist in the Rocklin Unified School District. The following tables will be used to supplement information presented and lead to further discussions if deemed necessary by the presenter(s).

Table 1

Refugees entering California from Country of Region of Origin during 2005 through 2009

Country/Region	% of Refugees
Iran	37
SE Asia	22
Iraq/Middle East	20
Former USSR	12
Africa	7
Afghanistan	1
Other	1

Source: California Department of Social Services-Refugee Programs Bureau (2010b)

Table 2

Refugees entering California's counties from Country or Region during 2005 through 2009

County	Iran	Southeast Asia	Iraq	Former USSR	Africa	Afghanistan	Other	Total
Los Angeles	11,249	453	949	358	89	35	121	13,254
San Diego	534	1,267	5,470	335	1,630	32	1,043	9,372
Sacramento	149	1,258	227	3,142	36	36	12	4,860
Santa Clara	813	762	250	68	411	16	44	2,368
Orange	386	1,070	331	15	165	16	27	2,010
Stanislaus	1,303	34	353	15	2	0	1	1,708
Fresno	26	1,407	25	84	4	0	4	1,550

Source: California Department of Social Services-Refugee Programs Bureau (2010c)

Table 3*African Refugees*

Country	Number of refugees
Somalia	450,000
Sudan	250,000
Congo	150,000
Eritreans	150,000
Central Africa	100,000
Chad	60,000
Ethiopia	34,000

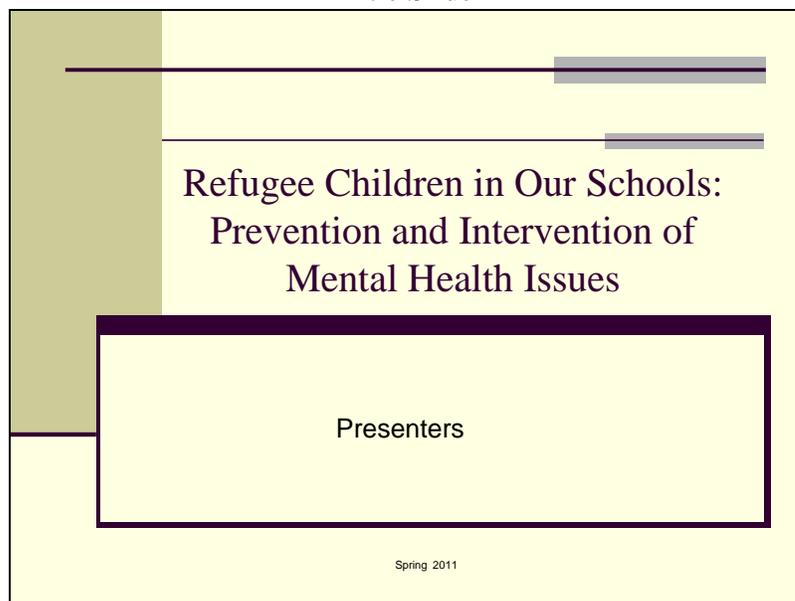
Source: United States Department of State (2010e)

Note: Estimates as of April 2008

APPENDIX B

Workshop Presentation

Slide 1
Title Slide



Sample Presentation Language:

Welcome to this workshop on Refugee Children in Our Schools: Prevention and Intervention of Mental Health Issues. I am... [Introduce yourself and give your background. Have any additional presenters do the same. Allow approximately 2 minutes per presenter.]

ASK:

Ask participants to indicate by raising hand whether they are aware of any refugee students in their school or school district. If so **ASK** participants if they have had any experience working with refugee students. Call on two to three people and allow approximately 2 minutes to share their experiences.

Sample Presentation Language:

This presentation will provide you with background information on the cultural history of four groups of refugees most prevalent in California. You will be given screeners, interviewing tips, and risk assessment tools to help identify refugee students' level of need for interventions. This information will be helpful for school psychologists, counselors, administrators, registrars, teachers, and parents. This workshop includes activities and discussions that call for the active involvement of all participants. There will be opportunities for break out groups and resources for helping refugee parents and students will be provided. This workshop is scheduled to last 6 hours. We will have one 15 minute break and an hour lunch.

Slide 2
Presentation Outline

Presentation Outline

- Objectives
- Introduction
- Resettlement Process
- Population in California
- Refugee Experiences
- School Wide Identification Process
 - Screeners, Health and Educational History, Interpreters, Interviewing Techniques, Social-Emotional Risk Assessment
- Interventions – Response To Intervention (RtI)
 - Tiers 1,II,III

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Sample Presentation Language:

We will start by reviewing the agenda and outline.

1. 9:00- 10:00 – Objectives, Introduction, Resettlement Process, Population in California, Refugee Experiences
2. **Break** (*approximately 15 minutes*)
3. 10:15-11:15 – School Wide Identification Process, Screeners, Health and Educational History, Interpreters, Interviewing Techniques, Social-Emotional Risk Assessment
4. **Lunch** (*approximately 60 minutes*)
5. 12:15-1:45 – Interventions – Response To Intervention (RtI), Tiers I,II & III
6. 1:45-2:45 –Supplemental Workshops (Optional) Handbook-Appendix A
7. 2:45- 3:00 – Questions & Wrap up

Slide 3
Objectives

Objectives

- Objectives of this presentation
 - Increase understanding of historical backgrounds and essential traumatic elements of the experiences of refugee children
 - Greater awareness of the necessity to screen those children who are at greater risk for mental health problems
 - Discuss appropriate interventions using a Response To Intervention (RTI) model

Spring 2011 Presenters

Sample Presentation Language:

This presentation was designed to increase understanding of refugee children and the essential traumatic elements of the experiences they may have faced. It will provide greater awareness of the necessity to screen those refugee children who are at greater risk for mental health problems. We will also discuss appropriate interventions utilizing the Response to Intervention (RtI) model.

Slide 4
Introduction

Introduction - Definition

- Refugees are regarded as *involuntary* migrants who have been forced to leave their homeland due to imminent threats of violence and death due to reasons such as:
 - political
 - religious
 - economic

Spring 2011 Presenters

Sample Presentation Language:

Let's begin by finding out who are considered to be refugees. Refugees are regarded as involuntary migrants who have been forced to leave their homeland due to imminent threats of violence and death due to political, religious or economic reasons. What distinguishes refugees from immigrants is the fact that immigrants choose to leave their homelands while refugees often flee somewhat abruptly.

Slide 6
Introduction

Introduction

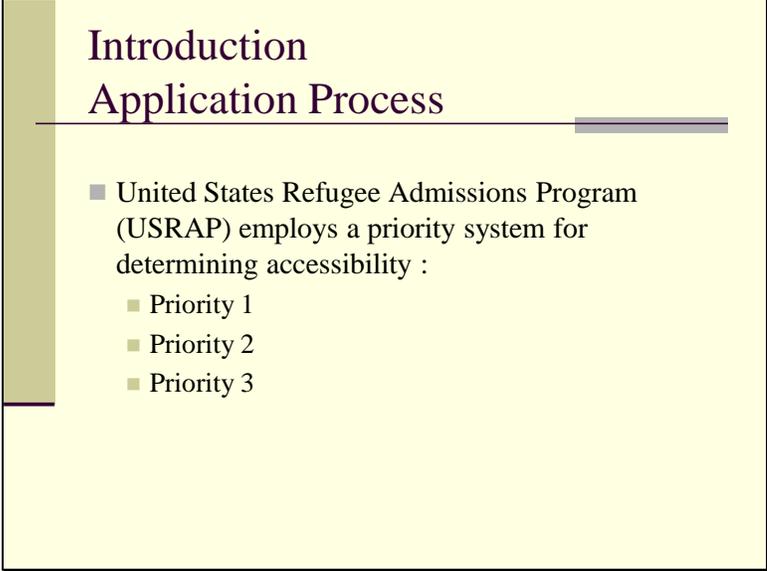
- The Bureau of Population, Refugees, and Migration's (PRM) primary mission is to:
 - “provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people” (US Department of State, 2010a, para. 2).

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Sample Presentation Language:

The Bureau of Population, Refugees, and Migration (PRM) is a department within the US Department of State. PRM's primary mission is to “provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people” (US Department of State, 2010a, ¶ 2). PRM collaborates with international organizations to develop humane and long-lasting solutions for refugees. The USA is traditionally a nation of immigrants, and takes its responsibility towards providing a safe place for all persons who are being persecuted very seriously. It is estimated that between 1975 and 1999, the United States had granted sanctuary to more than two million refugees, which were more than the rest of the world altogether (Cutts et al., 2000).

Slide 7
Introduction



Introduction
Application Process

- United States Refugee Admissions Program (USRAP) employs a priority system for determining accessibility :
 - Priority 1
 - Priority 2
 - Priority 3

Sample Presentation Language:

Before a refugee can enter into and reside in the USA, they must follow a standard procedure. The process for refugees seeking resettlement into the United States is based on a priority system. Refugees referred by UNHCR [a U.S. embassy or a non governmental agency (NGO) to the U.S. Refugee Admissions Program (USRAP)] are considered to be in priority one. Refugees with “special humanitarian concerns” (Martin, 2010, p.2) are in the second priority category while family reunification cases are in priority three.

Slide 8
Introduction

The slide features a light yellow background with a dark green vertical bar on the left side. The title 'Introduction Application Process' is written in a dark purple serif font, with 'Introduction' on the first line and 'Application Process' on the second line, separated by a horizontal line. Below the title, a list of steps is presented in a dark green sans-serif font, starting with a square bullet point.

Introduction Application Process

- The steps that a refugee must follow before approval to enter the United States are:
 - pre-screening interview
 - completing application materials
 - passing security checks
 - satisfying health requirements
 - assigned a sponsor

Sample Presentation Language:

An Overseas Processing Entity (OPE) helps the refugee prepare a dossier. Next, an interview is conducted by an officer from the United States Citizenship and Immigration Service to check for eligibility. A security check is then completed; once approved the refugee goes through a medical examination and cultural orientation program before being assigned a sponsor (resettlement agency).

Slide 9
Introduction

Introduction
Application Process cont.

- When a refugee's application is approved, the International Organization for Migration (IOM) provides travel arrangements for the refugee to the United States
- Once in the United States, a resettlement agency (the sponsor) makes initial arrangements such as housing and a settlement plan

(Martin, 2010; US Department of State, 2010b)

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Sample Presentation Language:

A sponsor (resettlement agency) who helps with transportation to the U.S. The sponsor also helps refugee families with housing and settlement (Martin, 2010; US Department of State, 2010b).

Slide 10
Services and Benefits

Services and benefits

The Refugee Resettlement Program (RRP), within the California Department of Social Services helps assist eligible refugees to successfully resettle in California. It is fully funded by the federal government (California Department of Social Services, 2010d).

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Sample Presentation Language:

The Refugee Resettlement Program (RRP), which falls under The California Department of Social Services assists eligible refugees to successfully resettle in California; it is federally funded (California Department of Social Services, 2010d).

Slide 11
Services and Benefits

Services and benefits

- RRP is made up of federal, state, county and community partners who assist eligible refugees to successfully resettle in California. Benefits can include:
 - the Refugee Cash Assistance Program
 - California Work Opportunity and Responsibility to Kids (CalWORKs)
 - Refugee Medical Assistance
 - Supplemental Security Income
 - State Supplementary Payment programs
 - Food Stamp benefits

(California Department of Social Services, 2010d)

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Sample Presentation Language:

RRP is made up of federal, state, county and community partners who assist eligible refugees to successfully resettle in California. While eligibility varies, benefits can include the Refugee Cash Assistance Program, California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Medical Assistance, Supplemental Security Income and State Supplementary Payment programs, and Food Stamp benefits (California Department of Social Services, 2010d).

Slide 13
Educational Services for Refugees

Educational services for refugees

In 2010, RRP received a \$1 million federal grant for educational services for refugees. Eligible school districts in counties that have received more than 300 refugee school-age children within past three years (2007-2009) are:

- Alameda
- Los Angeles
- Orange County
- Sacramento
- Santa Clara
- San Diego

*(California Department of Social Services, 2010e)

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Sample Presentation Language:

In 2010, RRP received a \$1 million federal grant for educational services for refugees. This grant allows CDSS to issue a Request for Proposal (RFP) worth \$950,000 to school districts in counties that have received more than 300 refugee school-age children within the past three fiscal years (2007-09), including: Alameda (583), Los Angeles (11,064), Orange (1,166), Sacramento (1,801), Santa Clara (1,502), and San Diego (7,851). CDSS plans to award five to eight school districts with amounts ranging from \$75,000 to \$200,000 for refugee students (California Department of Social Services, 2010e).

Slide 14
Data and Statistics

Data & Statistics

California resettled 688,000 refugees, the highest number of refugees entering the United States compared to other states since 1975.

In 2008 approximately 37% of refugee arrivals into the United States were children under the age of seventeen.

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Sample Presentation Language:

Now, let's look at some of the data on refugees resettling in the U.S. and California.

ASK:

Does anyone want to take a guess at how many refugees have been resettling in California since 1975? [Wait for response either by calling on participant with raised hand or someone calling out].

Give out Table 1 and 2 handouts.

These significant numbers offer new and important challenges to educators in California's schools. Not only do recent arrivals of refugee children bring with them changes to the school environment, but those students with refugee backgrounds already in our schools pose new challenges in providing educational and psychological services (Bhatti, 2010; del Valle, 2002).

Slide 15
Refugee Arrivals in CA

Refugee Arrivals in CA

Prior to 1990, refugees mostly came from Vietnam, Cambodia, and Laos due to rising political unrest and termination of U.S. involvement throughout Southeast Asia

Spring 2011 Presenters

Sample Presentation Language:

Prior to 1990, refugees resettling in California mostly came from Vietnam, Cambodia, and Laos due to political unrest and termination of U.S. involvement throughout Southeast Asia.

Slide 16
Refugee Arrivals in CA

Refugee Arrivals in CA

Over the last five years, the largest refugee groups are from:

- Iran (37%),
- Southeast Asia (22%),
- Iraq (20%),
- Former USSR (12%)
- Africa (7%)

(California Department of Social Services, 2010).

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SAY: *Let's look at the Table 1 Handout.*

Sample Presentation Language: *Over the last five years, it appears that the largest refugee groups coming to California are from Iran (37%), Southeast Asia (22%), Iraq (20%), the Former USSR (12%) and Africa (7%) (California Department of Social Services, 2010).*

Slide 17
Refugee Arrivals in CA

Refugee Arrivals in CA

Data for 2005 to 2009 reveal that Los Angeles, San Diego and Sacramento were the top three counties of resettlement for refugees

(California Department of Social Services, 2010b).

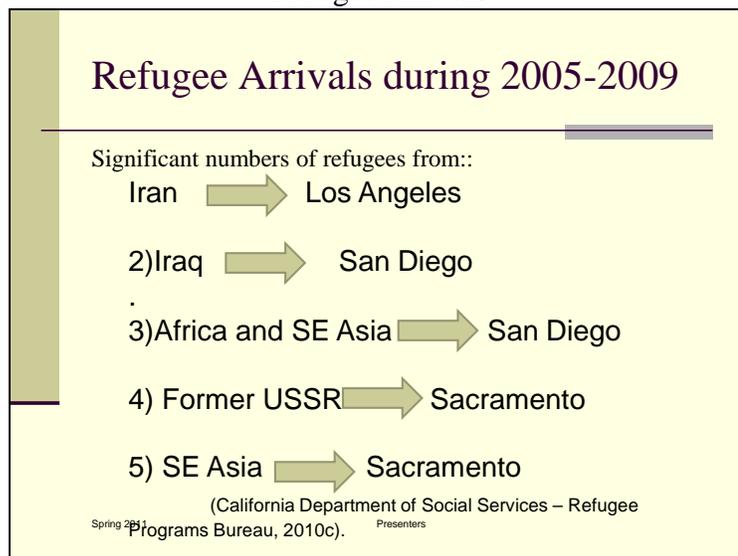
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SAY: *Let's look at the Table 2 Handout.*

Sample Presentation Language:

Data for 2005 to 2009 reveal that Los Angeles, San Diego and Sacramento were the top three counties of resettlement for refugees.

Slide 18
Refugee Arrivals



Sample Presentation Language:

Significant numbers of refugees from Iran (N = 11,249) have settled in Los Angeles while 5,470 refugees from Iraq settled in San Diego. Considerable numbers of refugees from Africa (N=1,630) and Southeast Asia (N = 1,267) also relocated to San Diego during 2005 through 2009. Refugees from the Former USSR (N = 3,142) appear to be the largest group who moved to Sacramento while 1,258 Southeast Asian refugees were the second largest group that settled in Sacramento during 2005 through 2009 (California Department of Social Services-Refugee Programs Bureau, 2010c).

Slide 19
Refugee Experiences

Refugee Experiences

- Refugees come from diverse backgrounds
 - National origin, language, economic, social and cultural
- However they share similar experiences:
 - Pre-migration
 - Migration
 - Post-migration

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Sample Presentation Language:

Not only do refugees differ in their qualifications for refugee status, but demographic data indicates that they also belong to significantly diverse cultural backgrounds, values, traditions, viewpoints, and social practices (Bemak, Chung, & Pedersen, 2003; Bhatti, 2010; Birman, 2002). Nevertheless, they all share similar experiences that occur at three different stages: a) in their native country - pre-migration, b) during their flight to a securer location - migration, and c) resettling in a place of safety - post-migration (Bemak et al., 2003; Bhatti, 2010, del Valle, 2002; Fazel et al., 2009).

Slide 20
Southeast Asian Refugee Experiences

Southeast Asian Refugee Experiences

Rising political unrest and famines throughout Southeast Asia forced thousands of Cambodians, Laotians, and Vietnamese to flee their homelands and resettle in the U.S.

Over one million of these refugees are estimated to have settled in the U.S. between 1975 and 1985.

(Rumbaut, 1995)

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Sample Presentation Language:

Over 650,000 Vietnamese, 230,000 Laotian and Hmong, and 147,000 Cambodian refugees are estimated to have settled in the U.S. between 1975 and 1992 (Rumbaut, 1995).

Slide 21
Southeast Asian Refugee Experiences

Southeast Asian Refugee Experiences

- Typically had to wait for years in refugee camps where many experienced or witnessed:
 - separation from family
 - deaths of loved ones
 - torture and killings
 - sexual assaults
 - overcrowded and poor living conditions
 - loss of all personal possessions

Spring 2011
(Sue & Sue, 2008)

Presenters

Sample Presentation Language:

Southeast Asian refugees typically had to wait for years in refugee camps before resettling in the United States where many experienced or witnessed torture and killings, sexual assaults, and overcrowded poor living conditions (Sue & Sue, 2008).

Slide 22
Southeast Asian Refugee Experiences

Southeast Asian Refugees - Cambodians

- During the early 1970's, civil war raged in Cambodia that resulted in the Khmer Rouge regime introducing Marxist Communism in Cambodia.
- Many experienced poverty, hunger, separation and death of loved ones.
- Sack et al., (1996) found that when Cambodian refugees immigrated to their new countries they experienced adjustment stressors due to cultural differences, loss of status, poverty, illiteracy, prolonged dependency on government aid, and language barriers.

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Presenters

Sample Presentation Language:

During the early 1970's civil war raged in Cambodia (Carlson & Rosser-Hogan, 1992). In 1975, the U.S. withdrew their troops and the Khmer Rouge terror began. Under the Khmer regime, Cambodia was returned to a primitive form of Marxist communism that resulted in executions, starvation, and disease (Sack et al., 1996). One quarter of the Cambodian population was eliminated. Cambodian cities were evacuated and the people were sent to labor camps, re-education centers, collective farms, while many were killed. While in the camps, Cambodians were subjected to fear, hunger, and death. Families were separated and children as young as six years old were put to work. Select groups of children were taught to spy on adults in exchange for food or favors. Many Cambodians remained in those camps for several years until they could flee and seek refuge in other countries. Sack et al. (1996) found that when Cambodian refugees immigrated to their new countries they experienced adjustment stressors due to cultural differences, loss of status, poverty, illiteracy, prolonged dependency on government aid, and language barriers.

Slide 23
Southeast Asian Refugee Experiences

Southeast Asian Refugees - Cambodians

- Language was a huge obstacle, as it was the way to communicate in their new home and more importantly, it was essential when seeking employment and other supports.
- Many refugees had significant mental health issues due to pre-migration traumas that they had experienced. Posttraumatic Stress Disorder (PTSD) and depression were prevalent among Cambodian refugees.

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Presenters

Sample Presentation Language:

Language was a huge obstacle, as it was the way to communicate in their new home and more importantly, it was essential when seeking employment and other supports. In addition to the resettlement stressors, many refugees had significant mental health issues due to pre-migration traumas that they had experienced. Posttraumatic Stress Disorder (PTSD) and depression were prevalent among Cambodian refugees. In fact, refugees who had PTSD often experience more intensive resettlement stressors within the first year of migration. Cambodian refugees as a group appeared to be the most traumatized of all the Southeast Asian refugees (Sack et al., 1996).

Slide 24
Southeast Asian Refugee Experiences

Southeast Asian Refugees - Cambodians

- Chang, Rhee, and Berthold (2008) found that Cambodian refugee families were more likely, than their Asian Pacific counterparts, to be charged with neglecting their children.
- Substance abuse and mental illness were often the cause of neglect.

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Presenters

Sample Presentation Language:

Chang, Rhee, and Berthold (2008) found that Cambodian refugee families were more likely, than their Asian Pacific counterparts, to be charged with neglecting their children. Substance abuse and mental illness were often the cause of neglect. Mental health challenges, resettlement stressors, and limited knowledge of the English language made it difficult for the families to gain employment. Unemployment and poverty contributed to feelings of hopelessness, manifesting in the form of depression. Therefore, refugee parents may end up turning to alcohol or other drugs in order to alleviate feelings of inadequacy. Some parents also abused substances as a way to self-medicate undiagnosed mental health symptoms of depression or PTSD.

Slide 25
Southeast Asian Refugee Experiences

Southeast Asian Refugee – Vietnamese

- Due to pre-migration traumas, time in refugee camps and resettlement stressors, many Vietnamese experience significant mental health issues such as:
 - Posttraumatic Stress Disorder (PTSD)
 - Depression
 - Anxiety disorders

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Presenters

Sample Presentation Language:

Many studies have shown that Vietnamese Americans, who were once refugees encountered significant psychological difficulties due to their pre-migration traumatic experiences. The resettlement process has also proven to contribute and often exacerbate those psychological challenges (Bemak & Chi-Ying, 2002). Upon integrating into the U.S. culture, many Vietnamese refugees had a difficult time finding gainful employment without the knowledge of the English Language, and had little to no social networks or resources to support their emotional needs.

Slide 26
Southeast Asian Refugee Experiences

Southeast Asian Refugee – Hmong

- In 1954 French Protectorate in Indo-China ended; Vietnam, Cambodia, and Laos recognized as independent states.
- Struggle for power erupted between Royal Lao government (supported by America and Hmong) and Pathet Lao (aligned with Viet Minh in North Vietnam)
- Between 1955 – 1975, Hmong land occupied by both Royal Lao or Pathet Lao (Timm, 1994)

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Presenters

Sample Presentation Language:

In 1954, French Protectorate in Indo-China ended which meant that Vietnam, Cambodia, and Laos were recognized as independent states. A struggle for power erupted between the Royal Lao government, which was supported by the U.S. government and Pathet Lao who were aligned with Viet Minh in North Vietnam (Timm, 1994). The Hmong were recruited by the Central Intelligence Agency (CIA) to fight Laotian communists, rescue American pilots shot down in North Vietnam and to protect the US radar system. In exchange the Hmong were promised U.S. protection regardless of the outcome of the war (Timm, 1994, Ying & Han, 2008). After the 1973 ceasefire and withdrawal of American troops, civil war between North and South Vietnam erupted again; this led to a mass exodus of the Hmong population to Thailand and the jungles of Laos (Fong, 2004).

Slide 27
Southeast Asian Refugee Experiences

Southeast Asian Refugee – Hmong

- Traditionally Hmong have held clearly defined role expectations.
 - Organized around patrilineal clans with respect for elders and ancestral ties.
 - Father was ultimate authority.
 - Prefer a collectivist perspective.
 - Relationship oriented.
 - Group accomplishment
 - Helpfulness
 - Interdependence
 - Social-emotional control

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Presenters

Sample Presentation Language:

Traditionally Hmong may follow clearly defined gender roles and prefer a collectivist perspective.

Slide 28
Southeast Asian Refugee Experiences

Southeast Asian Refugee – Hmong

Family conflict due to intergenerational differences in acculturation is one of the most critical issues that Hmong families are facing. Children acculturate at faster rates than their parents, which lead to intergenerational tensions such as family separation, social humiliation and dishonor (Su, Lee & Vang, 2005).

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Presenters

Sample Presentation Language:

A study by Su, Lee and Vang (2005) found that Hmong Americans manifest symptoms of depression, a variety of anxiety disorders and posttraumatic stress disorder (PTSD) due to traumatic experiences during pre-migration, length of time in refugee camps, few pre-, post immigration resources, and marketable skills such as a limited formal education and financial savings. Family conflict due to intergenerational differences in acculturation is one of the most critical issues that Hmong families are facing. Children acculturate at faster rates than their parents, which lead to intergenerational tensions such as family separation, social humiliation and dishonor.

Slide 29
Middle Eastern Refugee Experiences

Middle Eastern Refugee Experiences

- Generally are from regions of northern Africa, southwestern Asia, and Europe
- Misconception that persons from Middle East are one homogenous – Arab-American/Muslim group.
- Substantial populations are non-Arabic speaking Middle Eastern groups like Afghanis, Iranian and Turks.

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Presenters

Sample Presentation Language:

Middle Easterners are generally those peoples who have inhabited several regions of northern Africa, southwestern Asia, and Europe. Mainstream Americans generally conceptualize them as one homogenous group, namely Arab American. However, there are substantial populations of non-Arabic speaking Middle Eastern groups like Afghanis, Iranian and Turks, which make them a very diverse group. Therefore, it is necessary to consider that this group's background is based on their unique history, country of origin, religion, level of education, acculturation and socioeconomic status (Hakim-Larson & Nassar-McMillan, 2008).

Slide 30
Middle Eastern Refugee Experiences

Middle Eastern Refugee Experiences

- Refugees from the Middle East have been involved directly or been explicitly exposed to wars
- Experiences have accumulated into wartime traumas that have caused extreme psychosocial risk factors

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Sample Presentation Language:

Refugees from the Middle East have been involved directly or been explicitly exposed to wars such as the civil war in Lebanon, the Palestinian-Israeli conflict, the Iran-Iraq war, the war in Afghanistan and the Persian Gulf War (Hakim-Larson & Nassar-McMillan, 2008).

These experiences have accumulated into wartime traumas that have caused extreme psychosocial risk factors in refugees from the Middle East; for example, a national survey in Afghanistan found high rates of depression, anxiety, and PTSD in adolescents due to decades of war, drought and displacement (Cardoza et al., 2004).

Slide 31
Middle Eastern Refugee Experiences

Middle Eastern Refugee Experiences

- Middle Eastern culture- a blend collectivistic and individualistic views
- Typical families, several generations live together
- May lack the male role

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Sample Presentation Language:

Due to the blending of core cultural values throughout the history of Middle Eastern culture, presently, many individuals may adopt both a collectivistic and individualistic view. However, in typical Middle Eastern families, several generations of family members live together with fathers and male members of the family exercising authority and serve as spokesperson for the family. Families from refugee backgrounds may lack the male role, which causes conflict within the structure of the family. Additionally, the lack of extended family members and social support augment risk factors for mental health issues.

Slide 32
Iraqi Refugee Experiences

Iraqi Refugee Experiences

Between 2007 and 2008, the US admitted 12,118 Iraqi refugees due to changes in U.S. legislation that created new categories for refugees who helped the U.S. with its efforts in Iraq

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Sample Presentation Language:

Data from the Bureau of Population, Refugees, and Migration (PRM) indicates that between 2006 and 2007, 1608 Iraqi refugees resettled in the United States. However, between 2007 and 2008, the US admitted 12,118 Iraqi refugees due to changes in U.S. legislation. This new legislation created new categories for refugees who helped the U.S. with its efforts in Iraq. These refugees are able to contact an Overseas Processing Entity (OPE) directly and do not need a referral from the UNHCR or the U.S. embassy (U.S. Department of State, 2010c).

Slide 33
Iraqi Refugee Experiences

Iraqi Refugee Experiences

- El Cajon is nations top city for Iraqi resettlement
- Case studies indicate that refugees from Iraq and the Middle East suffer from “the most severe forms of cumulative trauma and torture”
- Cumulative trauma is known to enhance the possibility of developing PTSD symptoms,.

(Jamil, Farrag, Hakim-Larson, Kafaji, Abdulkhalef & Hammad, 2007, p.23).

Sample Presentation Language:

The city of El Cajon (a suburb in San Diego) in Southern California appears to be the nation's top city for Iraqi refugee resettlement. This may be because an established Iraqi community existed in El Cajon since the 1980's when Chaldean Christian Iraqis immigrated here. Many of the newcomers to El Cajon are Chaldean but they also include other Iraqi minority groups, such as Sabians and Syrian Christians and Muslims (Zehr, 2010).

Results from case studies indicate that refugees from Iraq and the Middle East suffer from “the most severe forms of cumulative trauma and torture” (Jamil, Farrag, Hakim-Larson, Kafaji, Abdulkhalef & Hammad, 2007, p.23). Cumulative trauma is known to enhance the possibility of developing PTSD symptoms, however, possessing a higher education and fluent language skills and a strong religious or political belief appear to serve as protective factors (Brune et al., 2002). Additionally, family and ethnic community centers also provide protective factors (Hakim-Larson & Nassar-McMillan, 2008).

Slide 34
Former USSR Refugee Experiences

Former USSR Refugee Experiences

- Majority of refugees permitted to emigrate after 1988 with break up of Soviet Union and U.S. Congress passed the Lautenberg Amendment which focused on persecution based on group identity.
- Persecuted for their religious beliefs.
- Belonged to religious minorities such as:
 - Jews
 - Evangelical Christians
 - Certain members of the Ukrainian Catholic or Ukrainian Orthodox churches

Sample Presentation Language:

The majority of refugees from the former USSR were permitted to emigrate after 1988 when President Mikail Gorbachev granted them permission to leave. These refugees who were persecuted for their beliefs belonged to religious minorities such as Jewish and evangelical Christians and certain members of the Ukrainian Catholic or Ukrainian Orthodox churches (Hume & Hardwick, 2005).

About a year later, the U.S. Congress passed the Lautenberg Amendment, which focused on persecution based on group identity. It proposed to help ease immigration regulations for members of a protected group of refugees with a plausible, but not necessarily individual, fear of persecution (Bruno & Bush, 2002). With the passing of the Lautenberg Amendment and the break-up of the Soviet Union, large numbers of Soviet Jews relocated primarily to the San Francisco Bay Area and Los Angeles while Russian and Ukrainian evangelical Christians settled in the Central Valley and Sacramento area (Hume & Hardwick, 2005).

Slide 35
Former USSR Refugee Experiences

Former USSR Refugee Experiences

- Refugee children from the former Soviet Union were better adjusted when they 'added' the American culture to their own culture thus becoming bicultural.

Spring 2011 Presenters

Sample Presentation Language:

Refugee children from the former Soviet Union were better adjusted when they 'added' the American culture to their own culture, thus becoming bicultural (Birman, 2002).

Slide 36
Former USSR Refugee Experiences

Former USSR Refugee Experiences

- Another study by Birman et al. (2002) looked at Soviet Jewish refugee adolescents who embraced both cultures. They tended to earn higher grade point averages since this blending of cultures permitted the adolescents contact with both Russian and English-speaking social networks.

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Sample Presentation Language:

Another study by Birman et al. (2002) looked at Soviet Jewish refugee adolescents who embraced both cultures. They tended to earn higher grade point averages since this blending of cultures permitted the adolescents contact with both Russian and English-speaking social networks.

Slide 37
Former USSR Refugee Experiences

Former USSR Refugee Experiences

- Assimilation into the American culture appears to bring positive outcomes for former Soviet Jewish refugees since they are able to join the white majority whereas in their homeland they belonged to the minority.

(Trickett & Birman, 2005)

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Sample Presentation Language:

Assimilation into the American culture appears to bring positive outcomes for former Soviet Jewish refugees since they are able to join the white majority whereas in their homeland they belonged to the minority (Trickett & Birman, 2005).

Slide 38
African Refugee Experiences

African Refugee Experiences

- Ethnic tensions that have led to armed conflict and civil wars have been the cause of repeated instances of dislocation for millions of Africans across the whole continent.
- Refugees who live in refugee camps await repatriation back home or settlement in neighboring countries

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SAY: Let's look at the Table 3 Handout.

Sample Presentation Language:

Ethnic tensions which have led to armed conflict and civil wars have been the cause of repeated instances of dislocation for millions of Africans across the whole continent. Table 3 shows the top seven countries in Africa that have produced refugees who for the most part live in refugee camps awaiting repatriation back home or resettlement to a third country. From 1980 to 2009, more than 200,000 African refugees have been estimated to have been admitted to the United States for permanent resettlement. The largest groups are from Somalia (over 65,000) and Ethiopia (over 43,000), however, in 2008, refugees from twenty-four African nations were admitted to the United States (U.S. Department of State, 2010d).

Slide 39
African Refugee Experiences

African Refugee Experiences-Somali

- One of the most insecure places in the world, with an extraordinary humanitarian crisis
- Somalis make up the third largest refugee group.
- Civil war and natural disasters have worsened the crisis thus sending hundreds of thousands of Somalis into exile.

(UNHCR, 2010)

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Sample Presentation Language:

According to the United Nations High Commissioner for Refugees (UNHCR), Somalia is still one of the most insecure places in the world, with an extraordinary humanitarian crisis (UNHCR, 2010). Civil war and natural disasters such as drought and flooding have worsened the crisis thus sending hundreds of thousands of Somalis into exile. Somalis make up the third largest refugee group with 678,000 persons at the end of 2009 (UNHCR, 2010). Somalia lies on the east coast of Africa and borders Ethiopia, Kenya and Djibouti. Its people are one of the most homogenous in Africa with 98% described as Somalis (Bhui et al., 2006).

Slide 40
African Refugee Experiences

African Refugee Experiences- Somali

- Results from a study with Somali adolescents indicated that perceived discrimination appeared to be the strongest predictor of depression due to encountering discrimination associated to their ethnicity, religion or race.

(Ellis et al., 2008)

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Sample Presentation Language:

A study by Ellis, MacDonald, Lincoln and Cabral (2008) of Somali adolescent refugees was consistent with previous research studies that concluded that cumulative trauma was related to PTSD and depression. They also found that post-settlement stressors, acculturative stressors, and perceived discrimination were also correlated with PTSD symptoms. One reason for this may be that the presence of PTSD symptoms upon arrival may affect the child's ability to adjust to a new environment. Perceived discrimination appeared to be the strongest predictor of depression which may indicate that developing a unified sense of self may be more challenging for refugee youths encountering discrimination associated to their ethnicity, religion or race (Ellis et al., 2008).

Slide 41
African Refugee Experiences

**African Refugee Experiences-
Sudanese**

- Sudan is the Largest country in Africa
- Decade of civil war with political and economic turmoil

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Sample Presentation Language:

Sudan is Africa's largest country. However, a decade of civil war has led to political, and economic turmoil that has resulted in persistent poverty and under-development. In Darfur, about 2.6 million people have been internally displaced, and about 250,000 Sudanese have fled to neighboring countries. Expectations to return home appear to be affected by fighting between state and non-state groups, and political complications (UNHCR, 2010).

Slide 42
African Refugee Experiences

African Refugee Experiences- Sudanese

- A study by Paardekooper, de Jong & Hermanns (1999) showed that Sudanese refugee children experienced significantly more traumatic events while in a refugee camp.
- Discovered that these children felt less social support from parents.

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Sample Presentation Language:

According to Paardekooper, de Jong, and Hermanns (1999) Sudanese refugee children experienced significantly more traumatic events while in refugee camps. They also discovered that these children felt less social support from parents, which may be for their families.

Many Sudanese children have experienced the effects of the war such as the Southern Sudanese children better known as the 'Lost Boys of Sudan' who fled to Ethiopia after their families were killed. They were forced to flee again through South Sudan to Kenya where many died from hunger, thirst, caught in the crossfire or by wild animals (Jeppsson & Hjern, 2005).

Slide 43
African Refugee Experiences

**African Refugee Experiences-
Sudanese**

- Studies also indicate Sudanese refugee children arrived with little to no literacy in either first or second languages.
- Teachers found these children were withdrawn, anxious or aggressive and had a hard time concentrating.

(Brown, Miller & Mitchell, 2006; Paardekooper, de Jong & Hermans (1999))

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Sample Presentation Language:

A study by Brown, Miller and Mitchell (2006) indicated that many Sudanese refugee children arrived with little to no literacy in either first or second languages. Teachers also found that these children were withdrawn, anxious or aggressive and had a hard time concentrating.

Slide 44
Break

Break Time
Take 15 minutes

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Sample Presentation Language:

We will be taking a 15 minute break. Please feel free to ask any questions you might have.

Slide 46
School wide Identification Process

School Wide Identification Process

Screeners

- Bhatti and Iacauaniello-Mullen (2010) propose adding two questions to the *Home Language survey*.
 - “Are you a refugee?”
 - “What country or region are you from?”

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SAY: *Let’s look at the Table 4 Handout.*

Sample Presentation Language:

A school-wide screener to identify refugee students is a necessary tool. The California Department of Education (2005) provides districts with the Home Language Survey form in order for schools to identify student’s primary language and if necessary the need for language support (see Table 4).

The authors of this project propose adding two questions to the Home Language Survey to eliminate the burden of additional paperwork for parents to complete. The first question would be “Are you a refugee?” and the second “What country or region are you from?” The first question would alert school personnel that the student is from a refugee background while the second question would help identify from where the student resettled.

Research suggests that refugees from the Middle East, Southeast Asia and Africa have often experienced significant traumas. Consequently, if the student was determined to be from any of those regions it would be important to complete a risk assessment to ascertain his/her level of emotional distress.

Slide 47
School Wide Identification Process

School Wide Identification Process
Health & Developmental History

- Many refugees have experienced:
- *Extreme poverty, malnutrition, and even starvation- may have lead to cognitive and physical deficits*
- *Prolonged exposure to gunfire and bomb explosions - hearing loss*

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Sample Presentation Language:

Many refugees have experienced extreme poverty, malnutrition, and even starvation (Lau & Blatchley, 2009). This can have significant negative impacts on the refugee's cognitive and physical development.

In many countries there are often a lack of basic health and preventative measures like prenatal care and vaccinations. Consequently, many children are exposed to childhood diseases such as polio, measles, and severe fevers that could cause brain damage.

In addition some refugees have had prolonged exposure to gunfire and bomb explosions and the extreme noise can lead to hearing loss (Lau & Blatchley, 2009). A study by Rondinelli, Morris, Rodwell, Moser, Paida, Popper and Brouwer (2011) investigated nutrition-related issues of newly arrived refugees to San Diego County, CA. It found that refugee youth gained weight at faster rates due to being unfamiliar with foods in their newly adopted home, poor food choices such as eating more processed foods instead of fresh fruits and vegetables and social pressures to fit in.

Due to the variation of experiences refugee students have endured, it is important for schools to obtain their health history. A Health and Developmental Questionnaire would provide vital information about the refugee student's current health as well as health and developmental history.

Slide 48
School Wide Identification Process

School Wide Identification Process
Health & Developmental History

- Educational history is a very important component for schools to consider since many refugees may have:
 - *Limited formal education*
 - *OR*
 - *Gone without education for considerable lengths of time.*

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Sample Presentation Language:

A refugee student's educational history is a very important component for schools to consider. The educational systems of other countries can differ significantly from the United States.

The quality and consistency, of a refugee's educational experiences, is important for educators to consider. Many refugee have had limited formal education or have gone without education for considerable lengths of time. While these circumstances can have a significant impact on their academic and language acquisition ability it is not necessarily an appropriate reason for a referral for assessment or special education (Lau & Blatchley, 2009).

Slide 49
School Wide Identification Process

School Wide Identification Process

Interpreters

- Interpreters should
 - be equally fluent in English and the native language of the interviewee
 - possess at minimum a high school diploma and the skills to accurately communicate meaning from one language to another.
 - be familiar with the culture of the interviewees and be able to regulate linguistic differences within the conversations
 - receive training in establishing rapport; avoiding adding, deleting, condensing, and substituting information but rather maintaining context as closely as possible; paying attention to nonverbal communication and most importantly maintaining confidentiality

(Miller, 2005, 2008; Rhodes et al., 2005).

Sp

Sample Presentation Language:

The use of interpreters is often necessary when interviewing refugee students and/or their parents. Interpreters, at least should be equally fluent in English and the native language of the interviewee since the risk of error within the interpretation process is high under ideal circumstances (Rhodes, Ochoa, & Ortiz, 2005).

According to Langdon (1994), interpreters should possess at minimum a high school diploma and the skills to accurately communicate meaning from one language to another. They should also be familiar with the culture of the interviewees and be able to regulate linguistic differences within the conversations (Rhodes et al., 2005). Most interpreters obtain little to no training when working with traumatized refugees and therefore may experience emotional distress when they are required to interpret since they may have experienced similar traumatic events (Miller, 2005). Figueroa, Sandoval, & Merino (1984) propose that interpreters should receive training in establishing rapport; avoiding adding, deleting, condensing, and substituting information but rather maintaining context as closely as possible; paying attention to nonverbal communication and most importantly maintaining confidentiality. Figueroa et al. (1984) also advise that accuracy can be achieved when interpreters avoid offering personal evaluations (del Valle, 2002; Sandoval & Lewis, 2002).

Slide 50
School Wide Identification Process

School Wide Identification Process

Interviewing Techniques

- The purpose for interviewing the refugee student, his/her parent or caregiver and teachers is to gain a “better understanding of the child’s”:
 - Developmental
 - Environmental
 - Educational
 - Family history

(Rhodes, Ochoa & Ortiz, 2005, p.103)

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Sample Presentation Language:

The purpose for interviewing the refugee student, his/her parent or caregiver and teachers is to gain a “better understanding of the child’s developmental, environmental, educational, and family history” (Rhodes, Ochoa & Ortiz, 2005, p.103) across various areas of inquiry. Some of the other advantages of the interviewing process are the interviewer is able to clarify and communicate with the interviewee while at the same time building rapport.

The interviewing process also enables the interviewer to determine if subsequent mental health assessment is required. Family members or caregivers with the best knowledge of the student are the most appropriate interviewees; these may include a grandparent, aunt or foster parent. Interviewees may require the emotional support of other family members or friends; the interviewer should remember that the more comfortable the interviewee is the more accurate the information gleaned from them (Rhodes et al., 2005).

Before the interview with the student and his or her parent or caregiver, it is vital that the interviewer has background knowledge of the interviewee’s ethnicity, and religion; this reflects their cultural values (Fong, 2004). Refugees are guided in their thinking and decision making by their cultural values; consider their cultural perspectives towards mental and physical disorders. Some refugees may not have the vocabulary to describe their mental health issues and tend to take a somatic view of psychological disorders (Fong, 2004; Sue & Sue, 2008).

The pre-migration and refugee camp experiences of many refugees may have been extremely traumatic so that it may be difficult to talk about this with the interviewer. It may be helpful to begin the interview by informing the interviewees of the reason for this process which is for the interviewer to gain a better understanding of the child's experiences in order to provide the help that the student needs to succeed both at school and home (Rhodes et al., 2005; Sue & Sue, 2008). Wisdom and good judgment are needed by the interviewer when carefully selecting the most relevant and sensitive questions. By providing a structured interview format, the interviewee may not feel the questions are targeted toward them due to their experiences. Some may be suspicious about revealing personal information due to shame or distrust with government officials. Therefore stating confidentiality and again, the reason for the interview may offer some relief and render truthful responses (Sue & Sue, 2008).

It is important to build rapport with the refugee student before the interviewer can begin gaining information.

Slide 51
Social-Emotional Risk Assessment

Social-Emotional Risk Assessment

- Information gathered during the interview process that indicates the refugee student may have suffered a significant trauma should be assessed
- Consult and review DSM-IV criteria for PTSD symptoms

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Sample Presentation Language:

If information gathered during the interviewing process suggests that the student suffered significant trauma, it will be important to find out from parents or caregivers exactly what happened to the child, when it occurred and how the child has functioned since the trauma; details “involving premorbid medical or psychiatric conditions” (Saigh & Yasik, 2002, p. 620) will also be necessary.

If the interviewer suspects the student may meet DSM-IV criteria for PTSD, a systematic inquiry about the presence of symptoms across home, school and community through interviewing will be appropriate. Diagnosis of PTSD requires investigation of the presence of functional impairment such as avoidance of social interactions, or fighting at home or school (Saigh & Yasik, 2002). Parents, teachers or someone who the student is familiar with should introduce the examiner to the child if the student appears significantly traumatized.

Building rapport with the student by using appropriate body language during the content of discussion will emphasize that the examiner is attentive as well as sympathetic. Attempts should be made to seek out answers that go beyond yes and no; having the child relate in his or her own words the traumatic events will help the examiner determine if functional impairment may be evident. Accomplishing this most probably will be difficult since discussing traumatic experiences may induce a great amount of situational distress and therefore the examiner will need to appear relaxed and sympathetic towards the child (Saigh & Yasik, 2002).

Slide 52
Social-Emotional Risk Assessment

Social-Emotional Risk Assessment

- *Achenbach System of Empirically Based Assessment (ASEBA)*
- *The Strengths and Difficulties Questionnaire (SDQ)*

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Sample Presentation Language:

Administering the Achenbach System of Empirically Based Assessment (ASEBA) as a screener to determine behavioral and emotional strengths and weaknesses in refugee students may be helpful during the initial stages of working with this population. This brief assessment can be completed in about 25 minutes and uses a cross-informant strategy with teacher, parent and student. A multicultural supplement has recently been developed that is based on extensive research from twenty-four societies. Besides the syndrome and DSM-oriented scales, a Stress Problem scale has been developed which may be very useful with refugee students.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year old that can be completed by caregiver, teacher and student. All versions of the SDQ ask questions about emotional problems, conduct, pro-social and peer relation problems. The SDQ has been used worldwide as a screener whose results influence what interventions are needed.

Slide 53
Social-Emotional Risk Assessment

Social-Emotional Risk Assessment

- The *Hopkins Symptoms Checklist* (HSCL)
- The *UCLA PTSD Index*

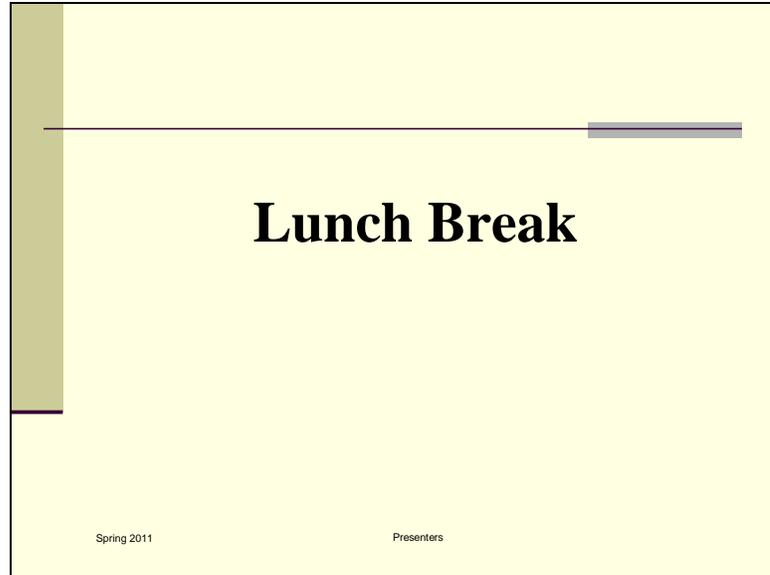
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Sample Presentation Language:

The Hopkins Symptoms Checklist-37A (HSCL-37A) for refugee adolescents has been modified from the well-known and widely used screening instrument (HSCL). The HSCL assesses symptoms of internalizing and externalizing problems associated with reactions to trauma. The findings of Bean et al.'s study suggested that the HSCL-37A is a reliable and valid instrument that can be used among culturally diverse refugee adolescents to assess emotional distress and maladaptive behaviors (Bean et al., 2007).

The UCLA PTSD Index is a 22 item scale which is a self-report instrument. The scale may be administered verbally or in a paper and pencil format. Items are rated on a 5-point frequency scale that can be summed to form a severity score which likely yields a diagnostic grouping. The UCLA PTSD Index assesses PTSD symptoms among children and adolescents who have experienced traumatic events. Results of a study with Somali adolescent refugees indicated good reliability and internal consistency.

Slide 54
Lunch Break



Sample Presentation Language:

We will be taking a 60 minute lunch break. Please feel free to ask any questions you may have.

Slide 55
Response to Intervention (RtI)

Response to Intervention (RtI)

- Is a three tiered model:
- Tier I-class wide strategies or interventions
- Tier II- small group interventions
- Tier III- intensive interventions

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Sample Presentation Language:

Many schools across the country have begun to investigate and utilize the Response to Intervention (RtI) model. The idea behind the RtI model is to provide academic and emotional supports to students long before they become behind in school and require more intensive interventions.

RtI is based upon a three-tiered model where Tier-I provides academic and emotional supports to all students within the general education classroom. Tier-II interventions are for students that are not making adequate progress in their academics or social-emotionally, within the general education classroom. Therefore, they need additional support and practice in a specific area of academics or social-emotional support. Volunteers or aides can provide that additional support. Small groups can also be provided in other classrooms or learning centers.

Tier-III interventions are for those students that despite the Tier-I and Tier-II supports are still struggling and are beginning to fall significantly behind their peers. Tier-III interventions are more intensive and most often individualize to fit the students specific academic or social-emotional needs (Christo, 2008).

This three-tiered model is especially helpful in addressing and providing adequate academic and social-emotional support/interventions to refugee and ELL students. In order to address and provide refugee students with adequate support, schools must first begin by identifying their refugee population and then assess the refugee student's level of academic and social emotional needs.

Have participants break into small groups of 3 to 4 people (including if possible, at least one psychologist or counselor and one teacher). Allow 10 minutes for the groups to discuss RtI and if/how it is being implemented in their school/district.

Slide 56
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier I- Academic

- **Research-based** strategies within the daily instruction:
- Utilize **strategies** like:
 - *Visuals*
 - *Tangible objects*
 - *Repetitive language*
 - *Gestures and Modeling*
 - *Monitoring student's progress*

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Sample Presentation Language:

For all students, especially ELL and Culturally Linguistic Diverse (CLD) students, it is important to use research-based strategies within the daily instruction (Lau & Blatchley, 2009). By utilizing strategies like visuals, tangible objects, repetitive language, gestures, modeling, and monitoring student's progress, students are ensured to have sufficient background knowledge of the topics or subject matter being taught. Visuals are especially helpful for reinforcing vocabulary and other concepts.

Have participants break into small groups of 3 to 4 people (including if possible, at least one psychologist or counselor and one teacher). Allow 10 minutes for the groups to discuss which techniques or strategies from those listed above that they have used with students and how they might use it with a refugee student.

Slide 57
Response to Intervention (RtI)

**Response to Intervention (RtI)-
Tier I- Academic**

- Peer-tutoring
- Cooperative Learning Strategies
- When preparing lesson plans in social studies or history be mindful of the material reviewed.

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Sample Presentation Language:

Peer-tutoring and cooperative learning strategies are also beneficial. When possible it would be helpful to pair the refugee student with a peer from their same cultural background. When teaching social studies or history lessons it is important to be aware and mindful of the material being reviewed. For example if you have a refugee student from Southeast Asia, lessons about the Vietnam War may be very upsetting for the student and bring back traumatic memories. Even lessons around wartime events may be traumatizing for the student.

Slide 58
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier I- Academic

- To address language skills:
 - **Total Physical Response (TPR)**
 - the teacher both physically demonstrates the meaning and uses gestures and dramatization
 - Provide exposure to the **outside environment** through **activities**, like *field trips*

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Sample Presentation Language:

To address language skills, Total Physical Response (TPR) is a great language teaching approach which pairs words with actions to portray a given meaning. The teacher both physically demonstrates the meaning and uses gestures and dramatization. For example, the teacher may verbally ask the class to pick up their book and place it on the table, in addition to physically modeling the directions (Paquette & Rieg, 2009).

Providing exposure to the outside environment through activities, like field trips, helps ELL students gain more knowledge of the English language and vocabulary skills. It also gives them an opportunity to interact socially with their class and provides them with an awareness about the American environment (Tuzzolino-Werben, 2001). It also gives students access to visual, auditory, and kinesthetic learning styles. Teachers may choose to incorporate a writing lesson around the students' experience on the field trip, and that is a good way for them to practice their writing skills. Another way to build vocabulary and concept is for the students to observe the environment around them first hand. If a science lesson plan was on the anatomy of a tree, students could go outside and observe the tree. Vocabulary about parts of the tree could be addressed by examining the leaves and then discussing each part of the leaf, such as the veins and stems. This would give students visual and tactile knowledge about the anatomy of a tree. The class could then discuss each part of the leaf, which would help the students comprehend the vocabulary words.

Have participants turn to their neighbors and discuss any strategies from the above slide in which they have personally used or are aware of. Allow 2-5 minutes for the groups to discuss how they might use those strategies with a refugee student.

Slide 59
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier I- Academic

- **Lesson plans** that allow students to visually and physically have contact with the topic
- **Drama and movement** enhance academics by building important literacy skills

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Sample Presentation Language:

Another good way to enhance academics, create a fun engaging environment, and address social emotional health is through drama and movement (Paquette & Rieg, 2009). Research shows that movement and drama provide creative opportunities for ELL students to tell their story, build important literacy skills, such as listening; language, reading, and writing production (Paquette & Rieg, 2009). Integrating movement within the daily curriculum in subjects like science, math, and social studies can enhance the students learning skills as well as verbal and environmental knowledge. For example, Paquette and Rieg (2009) suggested supplementing science class with a trip to the park, ocean, or swamps. Movement and drama also provide students, especially ELL or CLD students, with the opportunity to develop creative expression, problem solving skills as well as enhancing social skill interactions. Acting out stories or events can be a helpful approach for students to process and share their experiences and perspectives of their life. The ability for students to express safe or neutral experiences into thoughts and words may help them to become more comfortable sharing other more difficult experiences (Tuzzolino-Werben, 2001). According to Paquette and Rieg (2009) drama also provides additional benefits such as enhanced language accusation for ELL students, increased motivation, and reduction in anxiety. However, it is important for teachers to be aware of the student's family beliefs and cultural experiences. In addition, the activities should be presented in a non-threatening and relaxing environment. Puppets or masks are a good way to assist in creating such an environment.

Have participants turn to their neighbors and discuss any strategies from the above slide in which they have personally used or are aware of. Allow 2-5 minutes for the groups to discuss how they might use those strategies with a refugee student.

Slide 60
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier I- Social Emotional

- Providing a stable comforting environment, consistency with rules and expectations, and being sensitive to student's background experiences, can truly help refugee students.
- Clearly stated and even posted classroom rules
- Consider letting students know that you are available to talk to before or after class.

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Sample Presentation Language:

Providing a stable comforting environment, consistency with rules and expectations, and being sensitive to student's background experiences, can truly help refugee students (Children of War Resource Guide, 2005). Teachers can make their classroom inviting by hanging welcome signs in different languages around the classroom and have photographs of many different countries. Providing a structured classroom with clearly stated and posted classroom rules is also very beneficial for refugee students as they may not be familiar with their new school system. It is important for teachers to let their students know that they are available to talk to before or after class.

Have participants turn to their neighbors and discuss any strategies from the above slide in which they have personally used or are aware of. Allow 2-5 minutes for the groups to discuss how they might use those strategies with a refugee student.

Slide 61
Response to Intervention (RtI)

**Response to Intervention (RtI)-
Tier I- Social Emotional**

- Peer support groups
- A Social-emotional learning (SEL) curriculum

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Sample Presentation Language:

Peer support groups that focus on positive solutions and which create connections between both the refugee student's country of origin as well as their new community can increase self-esteem.

A social and emotional learning curriculum can be a highly beneficial intervention for the entire class as well as refugee and ELL students. The Strong Start, Strong Kids program is an evidence-based social emotional curriculum that can be used with students in Preschool through twelfth grade. This curriculum is a prevention/early intervention program that was designed to promote students emotional and social resiliency and competence (Merrell, Parisi, & Whitcomb, 2007).

Slide 62
Response to Intervention (RtI)

**Response to Intervention (RTI)-
Tier II- Academics**

- **In the ESL classroom-** Extra support
 - *Explain the rules*
 - *Tutoring*
 - *Small group support*
 - *Safe Environment*

Sample Presentation Language:

Tier II interventions for ELL or CLD students actually involves more intensive support and usually uses a reading specialist to deliver the program. The ESL teacher can help refugee students learn and adjust to their new school culture by explaining the rules to them both orally and by visually posting them around the classroom. Posted slogans can be very helpful as well (Birman, 2002).

Extra tutoring can be provided at the Tier II level in the areas of specific need (e.g. reading fluency, comprehension, math calculation, writing). This tutoring is often provided by trained volunteers.

Overall the student's need more exposure to specific language and vocabulary instruction in order to fully understand the concepts. The ESL classroom is often smaller in size and utilizes a lot of small group activities. Small groups help students get to know each other socially, and creates a relaxed atmosphere.

The ESL classroom can be one of the safest places for refugee students. First, the ESL classroom is a place where there are other students who share similar cultural transition experiences (Birman, 2002). This provides the refugee student with an environment where they can feel less embarrassed when they speak English and are less likely to be singled out because of their different style of dress, behavior, or accent. In addition, the ESL teacher is a great resource for the refugee students as they are often the one adult at school that takes added interest in their culture, background history, and is an empathic attentive adult (Birman, 2002). The ESL teacher can also provide one-to-one support which can help establish a positive adult-student relationship, create a relaxing

environment, and boost overall self-esteem due to the student's increased reading ability and social relationships. While the ESL classroom is a safe environment for the refugee student, they may find that it is a safe place to let out their emotions, come out in the form of externalizing behaviors.

Slide 63
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier II- Social Emotional

- Reward systems
- Curriculums that teach problem-solving skills
- One-to-one instruction
- Peer mentoring and peer mediation.

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Sample Presentation Language:

Reward systems can be helpful to reinforce appropriate behavior and serve to establish routines and rules. Active listening on the part of the ESL teacher can also be an essential tool. This communicates to the refugee student that they are being heard and can be offered support if necessary. In addition, refugee students may be afraid of talking about their memories because they are afraid of falling apart. However, when they choose to share an experience, if the teacher is able to show empathy and maintain composure, this can help reinforce and reassure the student that they have the ability to maintain composure as well (Birman, 2002).

Other helpful strategies that the ESL teacher can provide are defining the U.S. norms, values, beliefs, and customs that the refugee students might not be familiar with yet. Utilizing curriculums that teach problem-solving skills is also very beneficial for the refugee students. This type of curriculum gives them the opportunity to review difficult social situations and then have discussions about them, role play, and learn strategies for handling those situations, or ones that are similar.

A social emotional curriculum, similar to, Strong Start, Strong Kids, can also be helpful for ELL and refugee students by promoting their social-emotional health and resiliency skills. This curriculum can be adapted to specifically address cultural variables, such as, language and levels of acculturation (Merrell, Parisi, & Whitcomb, 2007).

Another helpful strategy or intervention is peer mentoring and peer mediation. When a refugee student has the opportunity to take on a leadership role or help other students, their self-confidence and self-esteem increases (Birman, 2002). This is especially helpful

for older students (middle school and high school). It is beneficial to pair an established student with the refugee student, and if possible pair with students of similar cultures. The mentor student can introduce the refugee student to their new school and provide information about school and social rules.

Slide 64
Response to Intervention (RtI)

**Response to Intervention (RtI)-
Tier III-Academics**

- One-to-one or groups- **intensive individualized academic support**
- *Strategies and repeated exposure* to the academic material by:
- presenting vocabulary and concepts *audibly*,
- presenting the terms *visually*
- *kinesthetically* with the use of vocabulary cards and creating models

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Sample Presentation Language:

Some refugee students require more intensive individualized academic support, when deemed appropriate. According to Bozan and Honnert, (2005) these students need strategies and repeated exposure to the academic material. Presenting vocabulary and concepts audibly, presenting the terms visually, and kinesthetically with the use of vocabulary cards and creation models within each science lesson has been found to increase learning, enhances student's self-esteem, and increases social and learning skills.

Have participants break into small groups of 3 to 4 people (including if possible, at least one psychologist or counselor and one teacher). Allow 5-10 minutes for the groups to discuss which techniques or strategies from those listed above that they have used with students and how they might use it with a refugee student.

Slide 65
Response to Intervention (RtI)

**Response to Intervention (RtI)-
Tier III- Social Emotional**

- **Moderate to Severe** symptoms of PTSD, anxiety, or depression:
 - ERASE-stress program
 - Strong Start, Strong Kids SE curriculum
 - The Adolescent Coping with Depression Course
 - Taking ACTION Program
 - Coping Cat and C.A.T Project for Anxious Youth
 - Cognitive Behavior Therapy (CBT) techniques
 - Stress management, relaxation techniques

Sample Presentation Language:

There are many different curriculums as well as techniques to help refugee students with moderate to severe symptoms of PTSD, anxiety, or depression. The Enhancing Resiliency among students experiencing stress (ERASE-stress) program is a school wide intervention that has been used in some schools in Israel and has been found to be a helpful intervention for students with moderate to severe psychological symptoms like PTSD and depression. The ERASE-Stress intervention consists of twelve classroom sessions of 90 minutes in length, held weekly. All sessions include homework review, warm-up introduction, experiential exercise, psycho-educational material, learned skill, and a closure exercise followed by a new homework assignment. The topics covered in the program are: the stress continuum, strengthening your personal coping style, being in your body, knowing your feelings, controlling your emotions with your mind, dealing with anger and rage, dealing with fears, coping with grief and loss, turning a crisis into an opportunity, boosting your self-esteem, building your support system and seeking a better future.

The program Coping Cat and C.A.T Project for Anxious Youth: An Innovative, Comprehensive Treatment Approach are beneficial for children with anxiety ages 8-17. Both programs have 16 sessions and can each be utilized in a group of students or used with students individually. Another comprehensive intervention program to address more significant depressive challenges is The Adolescent Coping with Depression Course (Merrell, 2008). This program was designed to work with students ages 14-18 and is

presented in 16 sequenced two-hour sessions with additional sessions for parents/caregivers of the group members. The Taking ACTION Program is a comprehensive cognitive-behavioral program that can be utilized in a group setting or used individually with students ages 9- late adolescence. This program was designed for the treatment of depression and includes outlines and objects for 30 sessions – 1 hour each (Merrell, 2008).

Slide 66
Response to Intervention (RtI)

Response to Intervention (RtI)- Tier III- Social Emotional

- Stress management, relaxation techniques
 - e.g. controlled breathing and progressive muscle relaxation, stopping negative thoughts, and positive imagery
- Cognitive Restructuring
- Art therapy
- Play therapy
- Narrative therapy

Sample Presentation Language:

Stress management, relaxation techniques, and cognitive restructuring are also helpful tools to address anxiety challenges and they can be provided within the school setting or in a clinical setting. Stress management techniques or strategies include controlled breathing and progressive muscle relaxation, stopping negative thoughts, and positive imagery. Students with PTSD to who are able to master their anxiety symptoms, through CBT techniques, tend to have increased self-efficacy and self-confidence. Cognitive restructuring is designed to address the student's cognitive distortions in order for them to re-construct more realistic or practical "attributions". These techniques can be used for addressing daily coping, reducing over responsibility for the event, as well as reducing negative assumptions in relation to the traumatic event (Cook-Cottone, 2004). Trauma interventions have begun to show empirical support and these include art, play, and narrative therapies. Art and play techniques are especially helpful when working with primary school students with PTSD. It can be helpful to therapeutically reconstruct the event or events with the student. Many times this approach can lead to the spontaneous play, which helps the student to gain a greater sense of mastery and control over their situation and life (del Valle, 2002).

Slide 67
Overview and Wrap Up

Overview & Wrap Up

This workshop was designed as a summary of what is known regarding research and issues related to refugee students in California. It is hoped that workshop participants gained knowledge about the specific groups of refugee students located in California;

-How to identify refugees from English language learners.

-A better understanding of the refugee students varied history and traumas, mental health challenges.

Sample Presentation Language:

A lot of information was provided today but here is a quick summary: Traumatic experiences and relevant historical information about the cultural practices was provided at this workshop so that participants could gain valuable information about the refugee children in their schools. Information was also provided on why it is so important to and how to screen refugee children.

Slide 68
Overview and Wrap Up

Overview & Wrap Up

- Tools in the form of interventions or accommodations were provided that can help those identified students work through their mental health challenges and relocation stressors within the three tiered response to intervention model.

Sample Presentation Language:

Once refugee children have been identified and screened for mental health wellness; prevention and interventions for academic and mental health problems was presented using a Response to Intervention (RtI) model.

Slide 69
Questions

Questions?

Thank you for coming to today's workshop, we hope you all gained some useful information that you can take back to your schools and share with your colleagues.

Any Questions?

Sample Presentation Language:

Thank the participants for coming and let them know how much you (we) appreciate their time. Answer any questions.

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