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**Refugee Children Transitioning into Schools: Suggestions for School  
Counseling Programs**

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**Refugee Children Transitioning into Schools: Suggestions for School  
Counseling Programs**

**by**

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**Report**

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## **Dedication**

I would like to dedicate this report to the refugee and immigrant families I have had the privilege of working with. These families have inspired me to learn more about how I can better support my future students who are entering the American school system for the first time. I would also like to dedicate this report to my father who came to the United States at the age of 13 and experienced challenges that led him to pursue working full-time before the age of 15. The stories my father and mother have shared of their migration process and adjustment to the United States have always served as an inspiration for my work with students and families.

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## **Abstract**

# **Refugee Children Transitioning into Schools: Suggestions for School Counseling Programs**

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With approximately 70,000 refugees entering the United States each year and nearly 40% of those refugees being children, the need to help these children successfully transition into their new schools is critical (Office of Refugee Resettlement, 2015). In order to provide these students with appropriate support we must understand each refugee child individually by learning of their exposure to trauma, their current struggles, how traumatic experiences manifest themselves in behavior, and the valuable perspectives and strengths they bring into their host communities. This report sheds light on some of the traumatic experiences refugee children and their families have survived, challenges that arise during post migration as well as other multicultural considerations. This report also highlights several studies that have been conducted to demonstrate the efficacy of trauma-based interventions and school-based programs that can potentially be helpful when working with refugee students within a school setting. Suggestions are made for school counselors and school staff to raise awareness on the needs of refugee students and how to promote multicultural awareness campus-wide. In addition, this report recognizes the limitations of short-term counseling for refugee children and discusses the

importance of further research in the area of providing school counselors with effective strategies to support refugee students within American schools settings.

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## **Chapter 1: The Refugee Population**

Approximately 70,000 refugees entered the United States in 2014 (Office of Refugee Resettlement, 2015). A portion of these refugees, are children who are likely to end up in American Schools. Prior to coming to the United States, refugee children are likely to have survived traumatic events that may have a profound effect on their development and may lead to symptoms of post-traumatic stress disorder as well as depression, both prevalent within the refugee population (Ellis, MacDonald, Lincoln & Cabral, 2008). Roxas (2008) found that refugee children are faced with rejection, lower academic achievement that could result in feeling isolated and higher dropout rates. Research on how to help refugee children face these challenges as they transition into American schools is necessary in order to alleviate psychological distress and prevent placing refugee children at-risk of academic failure.

Before one can begin to address what can be done to help refugee children transition into American schools, one must understand what it means to be a refugee and how the experiences of refugees differ from other non-refugee individuals who migrate to the United States. Some families who come to the United States have previously received documentation to reside in the country legally, while others come to the United States without documentation but may have extended family networks, a potential job, or housing established prior to migrating.

Strekalova and Hoot (2008) state:

Rather than immigrating with a goal of improving their lives, they do so simply to save their lives. Often they arrive in a strange country (sometimes a country they have never heard of before) with their entire belongings reduced to the clothes on their bodies.

(p. 21)

### **DIFFERENCES WITHIN THE REFUGEE POPULATION**

Regardless of the circumstances leading children and families to the United States, every child should be provided with academic and social support that meets their individual needs. With this being said, one can further emphasize the importance in providing specialized support to refugee students that addresses trauma, stress, and challenges that arise while transitioning into American schools. According to a study conducted by Fazel and Stein (2003), “more than 25% of the refugee children in the sample reported experiencing significant psychological disturbance more than three times the national average and significantly greater than the non[-]refugee children surveyed” (as cited by Ellis, 2008, p.184). This finding emphasizes the importance in recognizing the differences among refugee students and non-refugee students in our schools.

In addition to the differences between refugee children who have fled their country of origin and others who have migrated under other circumstances, one must also consider differences in the legal statuses among refugee children and families in the United States.

Ellis, Lincoln, MacDonald, and Cabral (2008) explain:

Not all members of a particular ethnic group arrive through the same channels, so while some may have entered the country as refugees, and accordingly, are identifiable through resettlement agencies, others may have immigrated under other mechanisms or may be residing in the U.S. without legal documentation.

(p. 186)

Identifying differences within refugees' upon arrival to the United States raises another distinction; some refugee children arrive in the United States unaccompanied by their parents and families. These children may be placed in foster care or temporary homes, thus differentiating the support provided to them from those who arrive accompanied by family.

Given the challenges refugee children encounter prior to entering our schools, one can conclude they will need special instruction in the classroom as well as social emotional support. An effective way to address these needs is through teacher training and effective school-counseling programs that culturally respond to students' unique needs by creating a welcoming environment inclusive to all cultures along with specialized interventions for both students and families. Providing a culturally responsive school counseling program will serve the unique needs of refugee children leading them to an improved transition process into American schools.

## **EXPOSURE TO TRAUMA**

As previously mentioned refugee children experience trauma that can have a significant impact on their social and psychological development (Strekalova & Hoot, 2008). For this reason, becoming aware of the different types of traumatic events that refugee children experience is essential. Furthermore, gaining knowledge of the level of trauma refugee children are exposed to can serve as a catalyst for developing effective interventions for school counseling programs.

As one continues to learn about the traumatic experiences refugee children encounter, it is helpful to define refugee as “someone outside his or her own country with a well-founded fear of persecution in that country based on race, religion, nationality, membership in a particular social group, or political opinion” (Refugee Council USA). All refugee children enter American schools with unique experiences. Children and their families may have moved in search of safety, food, religious freedom, or shelter. Families may have left to escape violent acts of crime related to war, torture, or persecution (Warr, 2010). Many have left for a combination of reasons. Prior to fleeing their country, refugee children may have personally experienced or witnessed physical, emotional or sexual abuse; witnessed the death of a family member or friend; or were forced to separate from family. It is also possible that refugee children have been discriminated against for their religion or race. Acknowledging differences in the child’s experience is key but finding a common thread such as experience of displacement, oppression, loss, and seeking peace or safety (Lerner, 2012), is valuable as well.

Commonalities can assist in providing specialized support for refugee children, such as, connecting them to other classmates that are going through similar experiences.

After fleeing their country, many refugee children and families continue to experience trauma as they search for safety. Bates, Baird, Johnson, Lee, Luster, & Rehagen (2005) noted that, “Many Sudanese refugees... report having survived starvation, attacks by lions, near-drowning infested rivers, and long treks across deserts with insufficient food and water” (as cited by, Strekalova & Hoot, 2008, p.21). Some refugees arrive at resettlement camps, which are a part of the migration process for many refugees. Unfortunately, arrival at a resettlement camp does not guarantee safety. Refugees may continue to experience violence, starvation, illnesses, and loss of family members. When they find themselves in these situations refugees may consider leaving but choose to stay out of fear because they realize that although the camp is not the most secure place to stay, if they leave they may be killed or persecuted if they return to their countries (Bolea, Grant, Burgess, & Plasa, 2003).

Trauma and stress continue once refugee children and their families relocate to their host country, during post migration. Once they have arrived to their host community, refugee children may experience shortage of food, poor living conditions, separation from family members, new medical conditions, and limited opportunities for emotional support. Once in their host communities and schools refugee are discriminated against through acts harassment and teasing (Strekalova & Hoot, (2008).

The post migration challenges mentioned above are amplified when children are unfamiliar with the language spoken in their host country. Not able to communicate,

express one's needs, or defend one's self against discriminating acts can add to trauma caused by resettlement stress. A Sudanese refugee child described the role language played in their traumatic experiences, "When I first came here it was different from what I know. I tried to control myself, I was afraid to talk to people. The language was my trauma" (Bolea et al., 2003, p. 228). Another Sudanese child expressed the impact of unfamiliarity with the dominant language differently, "you are depressed all the time, because you can't speak and can't ask for help; and if you like to talk, you can't" (Bolea et al., 2003, p. 228). As we continue to explore trauma, challenges to interventions, and acculturation one will find that language consistently plays a role in refugee stress.

While it is very important to have knowledge of the child's exposure to trauma during the migration and resettlement process, one must be aware that not all families will feel comfortable disclosing information of past trauma and loss. According to Strekalova & Hoot (2008), "refugee parents are often unwilling to share the extent of their children's trauma"(p.22). Experiences of trauma may be very personal and painful to share; therefore, respecting what the family chooses to disclose is important.

When there is a lack of information, finding subtle ways of gathering more details can be helpful in providing specialized support for refugee children. For example, it is important for the child's teacher, as well as others who work with the child, to take note of any behaviors that are preventing social interactions or successful academic performance (Strekalova & Hoot, 2008). Paying close attention to cues can lead to learning more about the child and strengthening one's ability to address every child's needs.

Nonetheless, whether one learns very little about the child's exposure to trauma or an extensive amount about their past experiences, all information can give context to the child's presenting behaviors. Gaining context can help to create a safe school environment for the child and their family, which will allow the child to grow academically and personally.

### **POTENTIAL CHALLENGES TO EFFECTIVE INTERVENTIONS**

Learning to identify potential challenges in helping refugee children transition into their new schools is equally as important to understanding the child's exposure to trauma. The challenges identified in this section are factors that contribute to resettlement stress and are relevant to working with not only the child, but their family as well.

McMichael, Gifford, and Correa-Velez (2011) list potential challenges children and families face, including: "changes in roles and responsibilities within the family, financial difficulties, under-employment, or difficult working conditions, lack of affordable housing, language barriers, discrimination, and racism" (p. 186). Before discussing this topic more in depth, one must be mindful of the connections that exist between these challenges and trauma.

Familiarity with the language refugee children and their families speak is essential for schools to have in order to seek appropriate resources for building relationships with parents and students. Not having appropriate tools for communication, such as interpreters, can prevent refugee children and their families from communicating their needs. Medical conditions, changes in behavior, transportation issues, as well as many other complications that need to be resolved, are at-risk of not be communicated due to



language barriers. Learning where interpreters can be found and hired is extremely important for schools as well as the communities hosting refugees. Collaborations with local organizations can be a resource for finding interpreters (Strekalova & Hoot, 2008). One must also be aware that while there may be interpreters readily available, it is not guaranteed they will speak the primary language of some refugee families. For example, many recent arrivals are from Somalia, where 80 different languages are spoken (Strekalova & Hoot, 2008). When an interpreter is not available for the child and family during a time of crisis or when an urgent issue arises, the child, family, and school staff involved can become overwhelmed with a great deal of stress.

Mobility rates are also a challenge for refugee children and families. When refugee families are forced to move often they are not be able to benefit from appropriate interventions due to limited time in their host communities. As a result, they may not be able to benefit from local resources provided from the community, it may be difficult to track results from behavior and academic interventions, as well as prevent the family or child from ever requesting assistance from the school if they are aware of the short period of time they will spend in their current location.

Fear of seeking help is also a limitation to receiving appropriate interventions. Disclosing personal information may cause refugees to feel threatened because of a past history of fear in sharing information and not being able to trust others (Strekalova & Hoot, 2008). Schools must also be aware that refugee parents and families may refuse to share important information about their child out of fear of being exposed or discriminated against. These parents may also withhold their child's history of trauma to

protect them from becoming defined by their traumatic past. Additionally, withholding information out of can impact research. When families participating in research studies withhold important information, the results from the study may not be an accurate representation of what is being measured, (Ellis, et. al., 2008). It is important to keep in mind while using research to inform the types of interventions that are created for refugee children.

Financial burdens significantly impact resettlement stress as well. For example, refugee families may have to adjust from one parent being the sole provider for the family to both parents having to work in order to survive financially. Working multiple jobs, or poor working conditions cause additional stress for parents and families. Parents may also have to shift from an established career they obtained after many years of studying and earning higher education degrees or perhaps a job with high paying salary, to working a job that pays minimum wage and is not related to the career they once had. If both parents are working long hours this could cause the roles of other family members to shift, with each gaining more responsibilities at home and limiting the time available to spend time together. Additionally, parents may have to take on a role that they otherwise would not have held (McMichael, et. al., 2011). For example, a mother may now have to work, along with a father, in order to provide for the family. In many cultures, the role of a mother and father are viewed differently. This change can be challenging for not only the mother, but the rest of the family as well. If both parents work, there may be less time spent together as a family as well as limiting time the mother and father have to engage in their child's academic progress. Awareness of these potential challenges can

give context to becoming more knowledgeable on how to approach children and their families in a supportive and culturally responsive way.

### **ADDITIONAL CONSIDERATIONS**

Thus far, examples of exposure to trauma and potential challenges to interventions have been identified. Evidently both are major pieces in working with refugee children because they provide information that assists school counselors in creating effective counseling programs. In addition to recognizing these two components, it is crucial to understand cultural perceptions of counseling and mental health, understand the difference between acculturation and assimilation as well as how it impacts refugee children, and any important medical history.

Before implementing a school-counseling program and interventions, school counselors should identify any features of the program that may be culturally insensitive to the populations being served. A step in ensuring that counseling programs are inclusive to all students is to gain knowledge of different cultural perceptions of counseling within the school. According to Bemak and Chung (2002), and Tribe (2002), for some cultures, it may be a sign of weakness to express feelings. In other cultures, it may be inappropriate to disclose personal information. These authors also recognize the impact culture has on our views and ways of thinking. (as cited by Warr, 2010).

Understanding various cultural perceptions applies not only to counseling, but also to other types of support such as providing resources, conducting home visits, building relationships with the student and family, and creating a welcoming school environment among many other components of school counseling programs. School counselors need

to be aware of how their own background and identity shapes their way of interacting and working with students from diverse populations.

Aside from learning about different cultural perceptions of mental health, counselors must also understand the difference between assimilation and acculturation and the impact these two processes have on refugee children and families. Lustig and Koester (1996) define assimilation as “the adaptation of the new (host) culture’s beliefs, values, and norms and rejection of one’s, original cultural identity” (as cited by Sanchez, Del Prado, and Davis III, 2010, p. 97). Merali (2002) illustrates the impact differing levels of assimilation can have on families through a study comparing the degree of family assimilation and disparity among Hispanic refugees. In a study Merali (2002) found that where there is a difference in the level of assimilation amongst family members social support from family members may be affected. In contrast, if parents and children perceive their levels of assimilation to be congruent, it is more likely that their family support system will be conserved (Merali, 2002). Merali (2002) also found that when parents felt their children were holding onto their culture they were less likely to develop depressive symptoms. These findings illustrate real experiences that many refugee families and children face and will possibly need support with.

The findings above should lead one to reflect on the role teachers, administration and counselors have on assimilation. At times these individuals set expectations for student behaviors that are incongruent with the child’s culture without realizing the negative affects it has on the development refugee children (Lerner, 2012, p. 10). Suárez-Orozco and Suárez-Orozco (2001) and McBrien (2005) state, “Refugee children are

expected to leave behind their past lives, to shed memories of their previous experiences, and to quickly assimilate into American culture” (as cited by Lerner, 2012, p. 10). One must be aware of expectations that can potentially cause refugee children to feel they have to adjust to American culture and rid of their cultural traditions and values in order to be successful.

Chun, Organista, and Marin (2003); Roysircar-Sodowsky and Maestas (2000) define level of acculturation as, “individual and group-level changes in cultural patterns as a consequence of contact with the ethnic majority” (as cited by Sanchez et al., 2010, p. 97). Differing levels of acculturation can exist within the family and can impact families in ways similar to those who experience differing levels of assimilation. For example, children attending American schools may have the opportunity to a more fast-paced adjustment than their parents, resulting in children acquiring English language skills more quickly than their parents. Zhou (2001) points out that, refugee children are positioned to become a translator for their parents and potentially take on other important responsibilities, resulting in role reversal. This can become confusing or frustrating for refugee children and parents because of the drastic change in family member roles and the power shift between parents and children (Lerner, 2012). This rapid adjustment also positions the child to learn quickly about their host society and retain the host society’s values and expectations (McMichael, et. al., 2011). This, too, can be stressful as it can cause a drift in the relationships within the family members due to parents maintaining focus on cultural traditions and values that differ from those of the host country (McMichael, et. al., 2011). It is important to note that acculturation levels associated

with children acquiring language and cultural customs more quickly than their parents is similar amongst the non-refugee immigrant populations as well.

In addition to role reversal, child-rearing practices may differ greatly in the host country and may cause problems when parent actions are misunderstood. For example, in Southeast Asia, the role of the father is viewed, as the leader of the family and physical punishment is a common form of discipline, whereas in the United States physical punishment is frowned upon and in some cases illegal. In the United States children may speak back to their parents, whereas in South East Asia this would not be the case (Lerner, 2012). Furthermore, refugee parents are boxed into child-rearing styles that are not ideal for their family and may not align with their old child-rearing practices (Lerner, 2012).

In like manner, awareness of significant medical history is also important in guiding the type of support provided to refugee children and families. As mentioned in the DSM V, symptoms of mental health disorders can present themselves as a result of medical conditions or use of medication (American Psychological Association, 2013). To emphasize, it is helpful to know if the child, or any family members had pre-existing medical conditions, mental disorders as well as medications they currently need.

Lastly, one must be conscious of the complex identities of refugee children and families. Taking into consideration the gender, sexual orientation, religion, and culture the child identifies with is a part of understanding the child as an individual. This chapter stresses the importance of trauma and challenges but as one continues to work with refugee children, one must remember that they should not be defined by their traumatic experiences. Instead, they should receive support for their traumatic experiences but

recognized for who they are. Counselors in Warr's (2010) study share that although refugees have faced trauma they are resilient and willing to share their story and have the ability to adapt, which is often underestimated. With this in mind, one must recognize that refugee children may need specialized support but at the same time they have survived horrific experiences and continue to survive current challenges. Identifying their strengths and capitalizing on their individual contributions to their host communities and schools, is extremely important in validating who they are versus defining them by their trauma.

#### **CURRENT SCHOOL EFFORTS**

Schools across the country are growing diverse as they continue to receive refugee students each year. Some districts and schools have made changes to provide resources and support for refugee students and their families. For example, some districts have parent support specialists or parent liaisons that facilitate programs and provide resources to families.

Despite these efforts, it is still unclear what the best approach is to facilitate a more helpful transition for refugee children. For some schools it could be a lack of funding, resources, and staff that are available for extra support. For others, it could be a knowledge gap on how to work with diverse populations. According to Lerner (2012), schools have yet to set in place a formal framework for refugee children in American schools emphasizing the importance of further research in this area.

Regardless of the reasons why schools continue to struggle with helping refugee children transition, one must continue to think critically about the programs that are currently set in place, and the unique experiences of refugee students.

### **MOVING FORWARD**

Trauma, loss, resettlement challenges, and other multicultural considerations all play a valuable role in the creation of school-counseling programs. School-counseling programs that are crafted with cultural considerations in mind have the potential to better help refugee children transition into American schools. Although each topic was discussed briefly, it is extremely important to consider other possible traumatic experiences and challenges that weren't mentioned and learning more about the topics that were discussed.



## **Chapter 2: Trauma in the Schools – Variation Approach**

### **TRAUMA IN THE SCHOOLS**

Before reviewing some of the behaviors that may arise when working with refugee children, it is important to clarify that not all refugee children will struggle academically or with building and maintaining relationships (Hart, 2009). Rutter (2003) further emphasizes this point by reminding us that refugees are resilient and do well when facing adversity in schools. It is important not to assume that all refugee students will enter our schools with behaviors that will affect their academic progress and emotional well-being.

Among some of the challenges that impact refugee children's behavior is unfamiliarity with the host country's language. Language barriers make concentrating difficult and can be frustrating for children. Frustration can then lead to disruptive behaviors (Strekalova & Hoot, 2008), or other reactions depending on the individual child's experience. For example, some children may react in ways that seem as though they are defiant or angry and may experience a difficult time trusting authority figures (Strekalova & Hoot, 2008). It can be challenging for teachers and school staff to understand the underlying reasons causing the behavior, and as a result, refugee children are often misinterpreted and misdiagnosed with conduct disorders (Hart, 2009). When this occurs, an emphasis is placed on the importance of the symptoms causing one to lose sight of prior trauma experiences that are potentially manifested in the child's behavior.

Similarly to the effects of frustration, some refugee children may have a difficult time concentrating due to reoccurrence of post-traumatic stress. Children may experience

flashbacks to memories from past problems or current challenges they are facing, causing them to become predisposed to social isolation (Strekalova & Hoot, 2008). Teachers and school staff must operate with caution when attempting to find appropriate interventions for the child and must avoid misdiagnosing the child with ADHD or other mental health disorders (Hart, 2009).

Post-traumatic stress may also affect the child's development causing them to demonstrate behaviors that are age inappropriate. Gabarino and Kostelny (1996) conclude that the stress and trauma refugee children encounter has the potential to disrupt their progress through important developmental phases. Additionally, post-traumatic stress may affect their academic development. Subjects that require high levels of thinking and concentration are most impacted (Hart, 2009). When teachers, counselors and other school staff understand the impact of trauma on the development of a child, they are in a better position to find resources and interventions that will best help refugee children transition into their new school.

Lastly, it is important to understand the child's cultural background in order to understand the values and traditions they hold. Parents and families have instilled in their children certain cultural values and traditions that differ from western culture. These traditions and values play a role in the child's behavior. For example, a child may react to the teacher or an assignment, in a way that may be mistaken for defiance or disrespect, when in reality the child may not be able to participate due to their cultural beliefs. It is important for school staff to be aware of activities, content, and expectations set for the child that misalign with their cultural beliefs.

## **THERAPEUTIC APPROACHES**

Several adaptations of Cognitive Behavioral Therapy (CBT) have been modified to target traumatic grief. Among these treatment models are Childhood Traumatic Grief – Cognitive Behavioral Therapy (CTG-CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Grief and Trauma Interventions (GTI) with coping skills or constructive narratives. Studies based on these treatment models of CBT have helped to minimize the effects of trauma by diminishing symptoms of post-traumatic stress, while allowing the child to grieve over their loss. Although these interventions have been proven to have a positive impact on mental health, we must keep in mind that these interventions may need to be further adapted to address the needs of refugee children.

### **Grief and Trauma Intervention**

The following is a description of one of the grief-related trauma interventions that includes two highly used strategies in school counseling interventions: coping skills and constructive narratives.

The Grief and Trauma Intervention emphasizes learning coping skills or constructing narratives (Salloum & Overstreet, 2012); which are two strategies that are currently used in school counseling interventions. In a study conducted by Salloum & Overstreet (2012), GTI-C and GTI-CN were compared to see which intervention would be most effective. The most significant difference between GTI-C and GTI-CN is that GTI-CN includes a restorative retelling phase and GTI-C does not. The restorative retelling phase consists of a process in which, “children told their stories about the traumatic event(s) and/or losses by following a systematic process labeled DDWW”

(Salloum & Overstreet, 2012, p.173). DDWW stands for draw, discuss, write, and witnesses. For the restorative retelling process, children were asked to draw imagery associated with the topic. After drawing, they were then instructed to discuss their drawing. As the child discussed their drawing, the facilitator would write the child's story in the child's words. The child would then share their story with the other group members (Salloum & Overstreet, 2012).

The GTI-C version, focused on coping skills rather than creating a narrative. In this version, the children engaged in activities such as role-plays, making coping puppets, and creating coping collages. Throughout the treatment, the children created a coping skills book that they later shared with an adult they previously identified as someone they trust (Sallouma & Overstreet, 2012). Salloum & Overstreet (2012) found that children from both groups made improvements in distress symptoms. Additionally, they found that children who were in the coping skills group were able to identify more ways to cope than those in the narrative group. Children in the narrative group reported "expressing their thoughts and feelings more than the coping skills group" (Salloum & Overstreet, 2012, p. 177). It is recognized that although the coping skills group focused on building coping skills they might have had some opportunities to process their loss as they discussed coping with the loss. (Salloum & Overstreet, 2012).

Although the results of this study were positive overall, one must recognize that this intervention was not created for the refugee population. One must also acknowledge that this intervention is a short-term intervention. When working with trauma that has occurred consistently over time, this intervention may not provide enough time and space

to allow refugee children to fully benefit from these strategies. More research is needed in order to evaluate how a school counselor can effectively implement this treatment model within a school day for refugee children.

### **Culturally Adapted Cognitive Behavioral Therapy**

Culturally adapted CBT (CA-CBT) was created for use with particular cultural groups to address the unique challenges they face (Hinton, Rivera, Hofmann, Barlow, & Otto, 2012, p. 341). Hinton et al. (2012) describes the main goals of CA-CBT as providing a unique approach to exposure, providing strategies for the treatment of somatic sensations, and address mental wellness through addressing PTSD symptoms and comorbid anxiety disorders (p. 340).

There are 12 key components that make this form of CBT a culturally sensitive treatment for traumatized refugees and ethnic minorities. The components include exposure, creating new associations to trauma, emotion regulation, targeting somatic sensations, targeting generalized anxiety symptoms, as well as a few other components tied to the goals. Each component stresses the importance of using imagery that is culturally relevant to the populations being treated. This includes using music, symbols, healing rituals, proverbs, and religious beliefs as healing techniques (Hart, 2009). The following example is provided to illustrate how this form of CBT attempts to adapt to the culture of individuals being treated.

From a school counselor perspective, this program would be difficult to implement within a school setting, and may need to be further investigated for its effectiveness in helping individuals develop coping skills to manage trauma and

minimize anxiety and PTSD symptoms. Future research should also explore what this treatment model could look like when treating school-age populations.

## **THERAPEUTIC APPROACHES USED WITHIN SCHOOLS**

### **Cognitive Behavioral Intervention for Trauma in Schools**

Often children and families do not have the opportunity to receive counseling services outside of school. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) was created to target students who had been exposed to trauma and would benefit from school-based treatment. According to Stein, et al. (2002), CBITS is an early intervention that originated as a result of schools wanting to support immigrant students who were dealing with the aftermath of exposure to violence (as cited by Jacox, Katakoa, Stein, Langley, & Wong, M., 2012). The intervention works toward identifying youth that are exhibiting symptoms of PTSD and emphasizes education for parents and teachers on how to recognize these symptoms (Jaycox et al., 2012).

CBITS consists of 10 group sessions for children and includes 1-3 individual sessions to allow children to begin talking about their experiences with trauma. CBITS also has a parent component, consisting of 2 group educational meetings as well as a teacher component that consists of 1 educational session (Jaycox et al., 2012). The goal of CBITS is to, “directly reduce psychological reactions... and to mobilize resilience factors in order to allow the student to function more adaptively at school, at home, and socially” (Jacox et al, 2012, p.242). In order to meet these goals, CBITS has included the following elements as a part of the intervention: a) psychoeducation about common reactions to trauma provided for students, parents, and teachers; b) thoughts-feelings-

actions triangle, explains how these three pieces impact each other and guide thinking; c) relaxation training taught to both students and parents; d) feeling thermometer ranging from 0-10 to allow for students to gauge how upset they are in different situations and monitor changes; e) cognitive therapy; f) real-life exposure to help students identify areas of avoidance and triggers; g) 1- 3 individual sessions for exposure to trauma memory, creating a trauma narrative; and h) social problem solving through use of coping and anxiety-reduction skills (Jaycox et al., 2012).

In a study conducted to evaluate the effectiveness of CBITS, two groups of students received the intervention; one group began early in the year, while the other group began later in the school year. It was found that those who received CBITS early in the year reported a greater reduction in PTSD and depression symptoms during a 3-month follow-up using the Child PTSD Symptom Scale and the Children's Depression Inventory. Parents also reported a 35% reduction in psychosocial dysfunction in their children from baseline compared with a 2% increase reported by the parents participating in the control group. (Jaycox et al., 2012).

Overall, the results from the study had a positive impact on the students who participated in CBITS; however, there are some limitations to implementing an intervention like this at a school. Jaycox et al. (2012) Langley, Nadeem, Kataoka, Stein, & Jaycox (2010), identified some barriers to implementing CBITS on campus mainly consisting of logistical issues, lack of support from parents, administrators, and teachers. Educators were recruited to help redesign the program to make it more easy to use within the regular school day. Adaptations were made to CBITS in hopes of creating an easier

implementation. Some of these modifications included eliminating the individual sessions and the parents meetings, as well as incorporating the trauma narrative into more academic exercise (Jaycox et al., 2012, p. 249). Lastly, one must recognize that the short-term treatment this program provides may not be appropriate for all refugee children, especially those who have experienced a high level of exposure to trauma.

### **Project SHIFA**

Project SHIFA (Supporting the Health of Immigrant Families and Adolescents) was established to provide support for Somali and Somali Bantu refugee youths. Ellis, Miller, Abdi, Barrett, Blood, & Bentacourt (2013) describe SHIFA as, “a multi-tiered program including prevention and community resilience building for the community at large, school-based early intervention groups for at-risk students, and direct intervention using an established trauma model (trauma systems therapy) for those with significant psychological distress” (pg. 129).

SHIFA consists of four different tiers that provide support to all refugee students and families based on the level of support they need. The first tier is the broadest level of support; it is provided to the entire Somali community and works to build community resilience through engagement, psychoeducation, and outreach (Ellis et al., 2013, p. 131). The second tier services are school-based group services that are provided to all Somali ELL students attending the target school. According to Ellis et al. (2013), these groups serve as preventative interventions by building on skills that help to manage acculturative stress and emotions. During these sessions, facilitators can gain more insight into which students need additional support and can refer them to more intensive services provided



through the other tiers. Tiers 3 and 4 are the most targeted levels of service that students can receive. These services consist of direct mental health services through trauma systems therapy. Refugee children placed in tier 4 receive a variety of services including: “home-based mental health care, advocacy, and case management in addition to school-based skill-building psychotherapy” (Ellis et al., 2013, p. 131). Students placed in tier 3 receive direct services at school only.

The study conducted by Ellis et al. (2013) proved that students with higher mental health needs were appropriately placed in tiers 3 and 4. In addition to proper placement, the findings also demonstrated that lack of resources plays a role in exacerbating PTSD symptoms. Through Ellis et al. (2013) study, SHIFA proved to be an effective program that impacted all ELL Somali refugee students by providing varying levels of support. The results provide valuable information that should be used in future planning an implementation of SHIFA and similar programs.

Equally important to understanding the positive impact of this program, we must also identify limitations. This program was created specifically for Somali refugee adolescents; therefore, it is important to know that the results of this study may not be generalizable to other cultural groups (Ellis et al., 2013). The small sample size may have allowed higher positive results. (Ellis et al., 2013). Working with school staff to come up with strategies to implement a program like SHIFA with a larger population of refugee students may be necessary.

## **Art Therapy**

After the 1994 Los Angeles earthquake, art therapy was used as a crisis intervention to help children process the traumatic event. The use of materials such as markers, crayons, paper, watercolors, and clay helped the children to begin forming a trauma narrative. The use of art therapy allowed children to discuss the event, ask questions and make meaning of the traumatic event through retelling of the event (Roje, 1995). Directive statements acknowledging and validating feelings of being scared, angry, and helpless were provided to the children before they began constructing their drawings and art. This allowed for the children to acknowledge how they were feeling and have the opportunity to expression of feelings.

Roje (1995) found that after the implantation of art therapy at the targeted school, most issues related to trauma had been processed. Additionally, Roje (1995) found that children who had a higher level of exposure to trauma were going to need on-going support for previous trauma experiences that became apparent during treatment.. Children who had been exposed to trauma before the earthquake needed additional support to continue working through their PTSD symptoms (Roje, 2009). This piece of information is particularly important for school counselors working with refugee students to know because it demonstrates how interventions can unfold feelings and symptoms of trauma that need attention beyond a few sessions of art therapy, or other therapeutic techniques. Leaving refugee children with unresolved thoughts and feelings is something a counseling program must work toward avoiding.

### **Expression Workshops**

Expression workshops are part of a program that has been implemented as a preventative program that works to enhance self-esteem in immigrant and refugee children (Rousseau, Drapeu, Lacroix, Bagilishya, & Heusch, 2005). The expression workshops studied in Rosseau et al. (2005), aim to 1) enable the children to create/recreate a meaningful and coherent world around their pre-migration and migration experience; 2) to foster reciprocal respect of differences in identity and experience so as to promote bonding between children; 3) to bridge the gap between home and school (p. 181).

The results from this study compared students from the treatment and control group and demonstrated that those who participated in the program presented lower mental health symptoms and higher feelings of self-esteem than those who participated in the control group (Rosseau, et al., 2005). The results presented positive outcomes for refugee and immigrant students in terms of self-esteem and a decrease in behavioral symptoms. Areas of challenge to consider when implementing this program are the differences in results for gender, as well as serving multiple cultural groups, and concerns surrounding possible traumatization.

### **IMPLICATIONS FOR SCHOOL-COUNSELING PROGRAMS**

The therapeutic approaches highlighted in this chapter provide information that can inform school counseling programs and interventions. When using this information to plan support for refugee children, school counselors must keep in mind that these treatment models should not be used in isolation. The needs of refugee students will not

be met solely through the use of one treatment model or intervention. Refugee students may need on-going treatment in order to meet those needs and may only temporarily benefit from short-term treatment of these models. With this being said, using an integrative approach when working with refugee students may be useful in order to provide a range of support that will best meet the needs of each child. To further emphasize the importance of meeting individual needs, Warr (2010) found that some counselors prefer to work from an integrative approach in order to provide flexibility in working with refugee clients.

The first chapter of this report stresses the importance of getting a holistic view of the child's life in order to fully support them as they transition into American schools. One should never lose sight of this important piece in working with children and continue to keep in mind the impact one can make when we provide support for each child with their individual story in mind. As mentioned before, these treatment models may not be sufficient in meeting the needs of refugee children. Therefore, school counselors must advocate for these students by creating a culturally responsive counseling program that will raise awareness of the needs of individual students.

## **Chapter 3: Suggestions for School Counseling Programs**

### **CREATING A CULTURALLY RESPONSIVE COUNSELING PROGRAM**

We have discussed the challenges, behavioral symptoms, and stresses that refugee children and families encounter when arriving to their host country. We have also discussed several approaches that help to address the needs of these students as well as work toward minimizing symptoms of PTSD. Now we have the opportunity to learn of various approaches and strategies that should be included within a school-counseling program. These strategies ensure a shift toward raising awareness of multicultural considerations and addressing the needs of refugee children as they transition to their new school community.

As school counselors, it is helpful to begin with reviewing current policies and programs that our schools have set in place. Using screenings tools, needs assessments, surveys and observational notes can help detect gaps in current counseling programs. A useful tool for gathering information is the School Wide Cultural Competence Observation Checklist (SCCOC). The SCCOC “was designed to guide observations of culturally competent policies, programs, and practices” (Nelson, Bustamante, Wilson, & Onwuegbuzie, 2008, p. 209) and has been used as a guide in conducting culture audits in schools.

This 33-item checklist includes items relevant to school-wide cultural competence that were based on the researchers’ experiences working in schools and existing literature (Nelson et al., 2008). The items were grouped into 8 domains: (a) school vision, (b) curriculum, (c) student interaction and leadership, (d) teachers, (e) teaching and learning

(f) parent and community outreach, (g) conflict management and, (h) assessments (Nelson et al., 2008). School principals, school counselors, lead teachers, and guidance directors can complete the checklist. Changes were made to the original checklist moving away from “yes/no” responses to a 4-point likert scale; the likert scale can potentially be a way of identifying gaps in policies and practice as well as giving more detailed information for goal setting and prioritizing. This scale allows leaders within the school to view school-wide cultural competence versus their own cultural competence, which is what principals and counselors are usually asked to reflect on. In addition to the filling out the SCCOC, extra information can be gathered through surveys provided to school staff and parents, analysis of pre-existing data, and evidence or documentation that supports the checklist ratings. (Nelson et al., 2008, p. 214).

Based on the literature around multicultural competence in schools and the results on the effectiveness of SCCOC, researchers have identified some key indicators of cultural competence that are important to note (Nelson et al., 2008). Holcomb-McCoy (2004) identified 9 different categories to cultural competence specifically for school counselors: a) multicultural counseling, b) multicultural consultation, c) understanding racism and student resistance, d) multicultural assessment, e) understanding racial identity development, f) multicultural family counseling, g) social advocacy, h) developing school-family-community partnerships, and i) understanding cross-cultural interpersonal interactions.

As we continue to discuss an effective way to help refugee children transition into their new schools, we will keep in mind the 9 categories of counselor cultural

competence identified by Holcomb-McCoy as well as following the specific practices that Nelson et al. (2008) suggests for school counselors to follow.

### **Creating Partnerships with Principals**

Building a relationship with the principal is one of the most critical steps in creating a school-counseling program. Principals create a vision for their schools that will set the foundation for helping students succeed. When schools receive refugee students, counselors and principals must work closely in order to provide services that cater to the needs of refugee students as well as the rest of the school community. Thus, engaging principals in the assessment process of school-wide cultural competence can be powerful in receiving support for changes in school counseling programs.

Aside from engaging principals in assessing school-wide cultural competence, principals can support counselors by helping determine a system for receiving parent and teacher feedback through surveys on school climate and culture. One example of this would be to interview parents from diverse cultural backgrounds to understand their perceptions of the school's environment (Blake, Foster, & Gressard, 2009). School counselors and principals may work hard towards creating a school environment that is inclusive and welcoming to all families, but what the counselor and principal may perceive as welcoming, may not be the same for individuals of other cultural backgrounds. Seeking input from the refugee population and those within the community who interact with them is critical in creating a welcoming and safe environment for refugee students.

### **Identify a Diverse Team of Teacher Leaders and Stakeholders**

In addition to creating partnerships with principals, counselors must also build partnerships with teachers and community stakeholders. Allowing for teachers and stakeholders to provide feedback for school-wide cultural competence can assist in the assessment process as well. One way to open space for feedback and assessment is to form task forces. Including students, parents, teachers, stakeholders, and other school staff can bring in various perspectives of the school community that can work to continuously improve school-wide cultural competence.

Furthermore, school counselors can learn about a school community by reaching out to teachers who have been working at the school for a long period of time and have experience and training working with diverse populations. Stakeholders within the community can also provide context to cultural and traditional values within the community. These individuals can also serve as a resource for finding information on community resources. Examples of community resources are ESL classes provided by libraries or churches in the community, recreational activities hosted by community centers, resources specific to refugee populations that help with the resettlement process, or school district departments designed specifically to support refugee families. Lastly, one must work within the community to gain contacts for counseling services provided community-based mental health programs.

### **Use Research-Based Instruments to Determine School-Wide Cultural Competence**

Using the School Wide Cultural Competence Observation Checklist (SCCOC) is emphasized because of its usefulness in diagnosing areas of need and guidance in



targeting areas that will help increase the school's cultural competence (Nelson et al., 2008). This tool has been created specifically for schools, which makes its use extremely relevant for modifying counseling programs. Using results from this tool can help aid task forces in creating a cultural competence action plans (Nelson et al., 2008).

Collecting data from tools such as this one, as well as data from needs assessments and surveys can help to determine the highest needs within refugee student population.

### **Culturally Competent Activities in Comprehensive Guidance Programs**

Programs such as CBITS and SHIFA can provide counseling services that fit the needs of refugee students and should be included as a part of school counseling programs. In addition to these programs other interventions that require less involvement of additional school staff and community resources can be provided as well. For instance, a counseling group can be established aside from the groups run through CBITS and SHIFA. This group can address topics that are relevant to adjustment and the process of acculturation (Thorn & Contreras, 2005).

F.A.C.E. Time is an after school program that provides refugee students with the opportunity to strengthen "academic skills, social/behavioral adaptation and cultural expression" (Cairo, Sumney, Blackman, & Joyner, 2012). This is a program that school counselors can use as a guide to create or modify existing after school programs to meet the needs of refugee students in their school community. F.A.C.E. Time was offered for 11 weeks from Monday through Thursday and consisted of a weekly music lesson, an hour of academic instruction three times per week and a social/behavioral exploration or cultural expression session three times per week. F.A.C.E. Time was staffed with

volunteers from a local University and a local high school. Parent support groups were established during the 11 weeks and concluded with a family/community picnic.

F.A.C.E. Time Summer program was also made available as well as the Prime Time Reading program offered at a local library. According to Cairo et al. (2012), “Teachers have commented that the refugee and migrant children seemed more outgoing and confident since participating in F.A.C.E. Time” (p. 57).

The Positive Youth Development (PYD) programs for immigrants and refugees are strengths-based programs that support refugees to successfully overcome resettlement challenges by capitalizing on the values and qualities these groups contribute to their new communities (Morland, 2007). Ensuring the effectiveness of PYD programs, “Bridging Refugee Youth and Children’s Services (BYRCS) developed a “Promising Practices” initiative that has resulted in the documentation of over 60 successful programs for immigrant and refugee children and youth across the U.S.” (Morland, 2007, p. 19). The following are seven principles that were established by BYRCS and have been used in effective implementation of PYD programs: 1) partner with the immigrant community from the start, 2) engage the entire family especially parents or guardians, 3) support and develop bicultural and/or bilingual staff, 4) strengthen positive ethnic identification and bicultural identity, 5) encourage youth leadership in the program and in their communities, 6) support academic success and career development for youth, 7) build bridges with mainstream organizations and businesses (Morland, 2007). Strategies such as visiting community gathering places, creating events where youth can demonstrate what they have learned thus far, recognizing and celebrating cultures represented in the

program, conduct a participatory community needs assessment, and gather information on different colleges and schedule college tours are some of the best practices used in PYD programs.

In addition to programs and approaches suggested previously, Purgason & Villalba (2015) have provided suggestions on how to support refugee students in schools. Pairing refugee students with peer mentors that were born in the United States can be helpful. These peer mentors can serve as, “cultural brokers, providing homework support, in-class assistance, or an opportunity to practice English” (Purgason & Villalba, 2015, p. 25).

Hosting family nights is another useful strategy. Family nights serve as an opportunity to give parents useful information about the school as well as provide an opportunity to meet and connect with other families. Family nights are also a great way of connecting families to outside counseling services and other resources (Purgason & Villalba, 2015).

Starting a cultural club (Purgason & Villalba, 2015), is another idea that can be helpful for providing space for students to discuss cultural issues, raise awareness of cultural differences, and promote contributions of different cultures to the school. For tips on starting a cultural club you can visit [racebridgesforschools.com](http://racebridgesforschools.com) as well as reach out to cultural organizations established in local universities to gather volunteers and individuals interested in sharing their school experience. (Purgason & Villalba, 2015).

An additional idea, that is applicable to the implementation of the programs and interventions mentioned, is engaging refugees that have gone through the resettlement process to volunteer in the school or become a part of the school staff.

### **Become Knowledgeable about Racial Identity Development**

Choosing curriculum for school counseling programs that address cultural competence and diversity in schools is a great way to attend to the needs of different populations. Highlighting differences and similarities among cultural traditions and values can facilitate meaningful learning experiences for not only students but teachers as well.

School counselors should also provide multicultural trainings for teachers and school staff. Some topic examples include training on diversity counseling curriculums, trauma and how it impacts student development, identifying triggers and symptoms of PTSD, resettlement stress, and cultural traditions and values of the cultural groups served in their school.

### **Model Cultural Competence and Advocate**

Modeling cultural competence and advocating for refugee students, as well as other students, is an important piece in providing appropriate interventions and resources for refugee students. It is the school counselor's role to continuously attend trainings that will strengthen multicultural counseling skills. School counselors can serve as a resource for promoting learning opportunities for all staff. Counselors must also stay up to date with training being offered within the school district as well as in community settings in

order to provide this information to teachers and school staff. Lastly, school counselors must advocate for refugee students and their families by working with those who can change state, district, and school-wide policies to benefit and support these cultural groups.

### **CONCLUDING THOUGHTS**

Getting to know each refugee child's story has been an area of focus. Limitations of the approaches mentioned in the second chapter have been acknowledged.

Suggestions have been made for school counselors on how to promote multicultural competence amongst school staff. With this in mind, the importance of creating partnerships with community stakeholders cannot be stressed enough. As recognized previously, these children and families may need on-going support and treatment that cannot be met solely through our schools. One must know whom to contact within communities that can provide on-going counseling and resources to these families in addition to those that are provided within the school. As refugee students and families are referred to outside counseling programs, one must understand the role school counselors continue to play in this process. There has to be collaboration with outside counselors in planning interventions and programs within and outside of schools.

Teachers, families, administrators, counselors, and community members must collaborate to help refugee children transition into American schools through a variety of approaches.

Additionally, there is a need for more community-based programs that specialize in working with the refugee population to partner with schools districts. School counselors

may have contacts to services provided outside of the school but finding a service that caters specifically to the refugee population may be challenging.

The need for research in this area must continue to grow in order to provide more evidence of the approaches that are currently being used as well as provide evidence for the suggestions provided in this report.

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