Focus on the Students and Teachers

Recent events at the World Trade Center and the Pentagon have heightened the possibility that refugees currently being served in local programs will experience trauma or become re-traumatized. For many refugees, their ESL programs are the places where they will find their primary, in-depth contact with Americans with whom they can feel safe and where they can ask questions. Yet, teachers and administrators are themselves struggling with their own feelings and responses, while grappling with how best to assist refugees, especially those who were recently in other countries where war, trauma and uncertainty was a way of life.

Following are some brief tips both for working with refugees in the classroom and for paying attention to the needs of teachers and others in programs and agencies who serve them. Some brief information on the experience of “crisis” is also included.

The Balance: Providing Information and Class as Usual

On the morning of September 11, 2001, staff at the Spring Institute began the day wondering how to assist the refugees that would be arriving shortly for class. They developed a model for working with the adult students that proved helpful then and in the days that followed. It is likely that thoughtful attention to how we interact and work with refugees in the aftermath of this crisis, and in the face of new or additional crises, will be necessary. These basic guidelines have emerged:

• Above all, remember that your primary job is to be a teacher. Do not try to become a counselor or therapist for your students.

• Provide students basic information about what is happening. Ask them what they understand or already know, then offer clarification as you can. Great detail, which takes a lot of time, is probably not necessary.

• Give ample time for questions that students may have about current events.

• Provide factual information that is known; indicate when you do not know the answer to a question; and limit the amount of opinion or conjecture that you offer.

• The beginning of each day is a good time for acknowledging and briefly discussing news events. Take time before or after breaks if some particularly significant new event has occurred.
• If an interpreter is not available in the class or program, find an interpreter to convey essential information to students whose English is very limited.

• Give enough time to satisfy questions that arise, but proceed with a well-planned lesson as soon as possible.

• Students may not understand some terms being used in the context of the United States, but may have assumptions based on their experiences in their native countries. Provide opportunities for questions related to the language being used in news casts and general conversation, as well as for clarification. (For example, in our program a student from Africa asked what “national emergency” or “state of emergency” meant. The student’s question was very telling, since in her experience, this term carried the image of police or army check points, armed soldiers conducting indiscriminate searches, and imposed curfews.)

• Do not use the current crisis as content or context for lessons. Separate the brief discussions of events from the lessons.

• Be aware of reactions from students. Concern and even expressions of fear are normal, and it is probably a positive sign if students are willing to discuss these in the safe space of the classroom. However, if students seem unduly agitated or cannot proceed with the lesson, you may want to suggest they talk with someone outside class.

• Notice when students are having difficulty concentrating, are complaining of physical problems such as stomachaches and headaches, or are absent without explanation from class. This may be more typical of recent refugees who are still acculturating to new surroundings, but such symptoms may increase in the face of ongoing news coverage.

• If you do not know a referral source in your community who is knowledgeable about refugee mental health concerns, find out immediately by calling the state refugee office or a voluntary agency that resettles refugees. (A list of Centers for Survivors of Torture, funded by the Office of Refugee Resettlement is attached.)

• Often, the most helpful action is to LISTEN. Listen and acknowledge fear, concern, or pain. Do not minimize the situation or overreact--just listen.

• Active listening, i.e. repeating back some portion of what you have heard, can be a tool for acknowledging that you have heard and understand what is being expressed.

• Beware of imposing your own feelings on the students. Acknowledge that their feelings of horror, fear, and uncertainty are normal, but take care not to make these feelings even more intense through sharing your own.

• Resume a normal class mode as much as possible and build a classroom community that provides a safe space for students.

• Remember that people respond to a crisis in different time frames. Events may trigger responses differently throughout the crisis period. Students may surprise you with what they say or when they seem to become concerned.
• Take time to think and to find space to deal with your own reactions to events.

**Debriefing with Teachers and Other Staff**

Everyone has been affected by the recent events and will have reactions during the coming weeks and months. Each person will experience his/her own personal time frame and mode of reacting and coping. At the Spring Institute, staff met together later that day to debrief the events of September 11. Some staff were more ready than others for this exercise together. Recognize that there will be ongoing need to pay attention to specific reactions and needs if we are to heal and stay healthy in order to continue to serve our students and clients.

Following is the outline of a possible process that can be used for working through events as a staff group. It is strongly recommended that either a mental health group facilitator or a very experienced facilitator lead the group process, and that only tight-knit groups work together in this manner. Because the goal is to focus on feelings rather than political rhetoric, an outside facilitator can be helpful in that role. If a facilitator is unavailable, establish “ground rules” for sharing thoughts and feelings, e.g. using “I” statements to describe emotions and setting up a “safe space” to talk. Ensuring confidentiality of the discussion is also important. Groups who stray into politics may make the situation more uncomfortable for everyone.

• Get teachers and other staff together to share reactions, discuss feelings, and process the traumatic event.
  − As a group, talk about the experience of the event:
    − How did each person receive the news?
    − What were the emotions and thoughts?
    − How did individuals respond?

• Typical responses immediately following or continuing after the event include:
  − A strong desire to be with family
  − Difficulty in coming to work or staying focused once there
  − Being “glued to” the TV
  − Wanting to get away (go outdoors, take a break) but being unable to leave
  − Mentally replaying horrific images
  − Sleeplessness, irritability, and difficulty in concentrating

• Discuss practical steps to address concerns, including any safety issues. Provide reminders about the value of getting professional help if needed.

• Identify concerns related to students and discuss strategies for dealing with them. Key questions will arise quickly, particularly over safety and concern about the future.

• Continue to provide opportunities to come together in small or larger groups to discuss events, share emotions and find ways to appropriately work with students in terms of their questions and concerns.
• Enhance partnerships and networking with other agencies and organizations serving refugees or others that may be able to help, such as mental health groups.

• Emphasize the need for staff to care for themselves so that they can continue to effectively work with students and clients.

**Caring for Oneself**

Seeing and listening to horror produces images in the mind and can leave one with a sense of bewilderment. The effects of “being on overload” with what you see and hear may be both obvious and subtle. An additional cause of stress is not only listening to stories of horror, but also becoming involved in the well being of other individuals experiencing trauma. It is not easy to endure feeling helpless, and people may go to great lengths to defend themselves against this feeling. Listening to expressions of pain and fear is exhausting. It can produce fatigue which can inhibit normal reactions and make it difficult to remain professional. Teachers and other staff must take care to monitor their own stress level if they are to continue doing a professional job of assisting students and clients.

Coping strategies:
• Recognize what you are experiencing
• Prioritize which problems need to be addressed first
• Identify your coping skills
• Try to be patient with changes in your emotional state
• Ask for support from people who care about you and who will listen and empathize with your situation. Keep in mind that your typical support system may be weakened because those close to you have also experienced or witnessed the traumatic events.
• Become knowledgeable about what to expect as a result of trauma
• Avoid major life decisions such as changing careers or jobs, if possible, because these activities tend to be highly stressful in themselves

Keep in mind well-accepted stress management strategies:
• Cry
• Strong exercise, such a jogging, aerobics, bicycling, walking, swimming
• Relaxation exercises, such as yoga, stretching, massage
• Humor (even though this may be very difficult in times of trauma)
• Prayer or meditation

Remember that most of your reactions (and those of your students) are normal reactions to extremely abnormal stress. Experience shows that people are incredibly resilient, and that even the worst traumas and crises can lead to empowering transformations.
What Is A Crisis

Crisis can be understood as a response to an unexpected and/or overwhelming experience that disrupts one’s present relationship to the world and sense of mastery.

Acute Moment Of Vulnerability

A crisis, by definition, lasts from one to several weeks and is characterized by an acute period of active disorganization. If there is a failure to adapt to the crisis situation, a person will develop symptoms that are indicative of continued suffering and difficulty in coping.

Crisis Cycle

1. In the initial stage you are confronted by a stressful experience that gives rise to tension, frustration and anxiety. You try to cope with the stress using your traditional ways of solving problems and other techniques that normally restore psychological equilibrium.
2. In the second stage the initial problem or threat persists which leads to a further rise in tension and you become upset or distressed. At this point you are likely to resort to trial and error attempts to restore psychological equilibrium though these are frequently ineffectual and carried out in a disorganised way.
3. The third stage is characterised by the continued failure to restore the previous level of balance or equilibrium. Symptoms start to develop.
4. In the fourth stage the problem or threat is either overcome, or it cannot be overcome or avoided. The result is either the gaining of stability again or a period of “active crisis” in which there is confusion, bewilderment, anxiety and mental pain. At this point tension mounts beyond your breaking point and you may experience exhaustion and major personality or psychic disorganisation. In this stage you may lack a sense of reality or orientation to the world.

Crisis is not a pathological state but a struggle for adjustment and adaptation and also presents opportunities for personal growth as well as possibilities for serious psychological distress. Thus the eventual outcome of crisis may leave a person in a better or poorer state of functioning. When there is resolution of the crisis and learning from the experience you gain insight into how to cope with life. The challenge is learning new coping strategies as well as managing anxiety and accepting losses involved in the crisis.

The Experience

Common emotions during crisis include feelings of: shock, bewilderment, agitation, dread, apathy, fear, uneasiness, apprehension, confusion, emotional numbness, feelings of panic, desperation, helplessness, depression, or anger. At a thinking level a person is likely to find their judgment is poorer and may experience difficulties in concentration and become absent-minded. Intrusive memories (or flashbacks) may also occur.
Office of Refugee Resettlement
List of ORR supported Treatment Centers for Torture Victims
FY 2000*

Michael Hamerneh
ACCESS Family Counseling Community Mental Health Center
6451 Schaefer
Dearborn, MI 48126
Telephone: (313) 945-8137
Fax: (313) 624-9418
Email: mhamarneh@accesscommunity.org

Amor Santiago
Executive Director
Asian Americans for Community Involvement
2400 Moorpark Ave.
San Jose, CA 95128
Telephone: (408) 975-2766
Fax: (408) 975-2745
Email: amorsantiago@msn.com

Allen Keller
Program Director/Medical Director
Bellevue/NYU Program for Survivors of Torture
NYU School of Medicine
c/o Division of Primary Care Internal Medicine
550 1st Avenue
New York, NY 10016
Telephone: (212) 263-8269
Fax: (212) 263-8234
Email: ask45@aol.com

Lin Piwowarczyk
Boston Center for Refugee Health and Human Rights
Dawling 7
1 Boston Medical Center Place
Boston, MA 02118
Telephone: (617) 414-4238
Fax: (617) 414-6855
Email: piwo@bu.edu

Curt Krueger
Assistant Resettlement Director
Catholic Social Services
123 N 25th St.
Lincoln, NE 68503
Telephone: (402) 474-1600
Fax: (402) 474-1612
Email: Ckrueger@cshope.org

Gerald Gray
Executive Director
Center for Justice and Accountability, The
588 Sutter Street, No. 433
San Francisco, CA 94102
Telephone: (415) 544-0444
Fax: (415) 544-0456
Email: jerry@impunity.org

Judy Okawa
Director, Program for Survivors of Torture & Severe Trauma (PSTT)
Center for Multicultural Human Services
701 W. Broad Street, Ste. 305
Falls Church, VA 22046
Telephone: (703) 533-3302 x 143
Fax: (703) 237-2083
Email: okawaj@aol.com

Michael Bernstein
President and CEO
Gulf Coast Community Care
14041 Icot Blvd
Clearwater, FL 33760
Telephone: (727) 538-7150
Fax: (727) 507-6212
Email: mbernstein@gcjfs.org
Richard Mollica  
Director  
Harvard Program in Refugee Trauma  
8 Story St., 3rd Floor.  
Cambridge, MA  02138  
Telephone:  (617) 496-5550  
Fax:  (617) 496-5530  
Email:  rmollica@hprt.harvard.edu

David Kinzie  
Oregon Health Sciences  
Eugene, OR  
Telephone:  (503) 494-6148  
Email:  kinziej@ohsu.edu  
Grantee for Coalition

Stan Lieberson  
Project Director  
Program for Torture Victims  
7507 Sunset Blvd #211  
Los Angeles, CA  90046  
Telephone:  (323) 874-1868  
Fax:  (818) 704-1352  
Email:  DrStanL@prodigy.net

Paul Stein  
Executive Director  
Rocky Mountain Survivor Center  
1547 Gaylord Street, #100  
Denver, CO  80206  
Telephone:  (303) 321-3221  
Fax:  (303) 321-3314  
Email:  rmsc@earthlink.net

Ernest Duff  
Senior Director  
Safe Horizon/Solace  
On behalf of Metro Area Support for Survivors of Torture Coalition (MASST)  
74-09 37th Avenue  
Room 412  
Jackson Heights, NY  11372  
Telephone:  (718) 899-1233  X 101  
Fax:  (718) 457-6071  
Email:  eduff@safehorizon.org

Kathi Anderson  
Executive Director  
Survivors of Torture International  
P.O. Box 151240  
San Diego, CA  92175  
Telephone:  (619) 582-9018  
Fax:  (619) 582-7103  
Email:  SOTI@home.com

Douglas Johnson  
Executive Director  
The Center for Victims of Torture  
717 East River Road  
Minneapolis, MN  55455  
Telephone:  (612) 626-1400  
Fax:  (612) 646-4246  
Email:  104677.3412@compuserve.com

Scott Portman  
Program Coordinator  
The Marjorie Kovler Center for the Treatment of Survivors of Torture  
4750 N Sheridan Road, Suite 300  
Chicago, IL  60640  
Telephone:  (773) 271-6357  
Fax:  (773) 271-0601  
Email:  kovler@mcs.net

* ORR will announce 9 additional grants in 2001/2002.