Cultural Adjustment, Mental Health, and ESL

The Refugee Experience, the Role of the Teacher, and ESL Activities

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Preface

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

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

- It is not an ESL curriculum utilizing the topic of mental health.
- It is not meant to turn ESL providers into therapists or mental health specialists.
- It does not provide a diagnostic tool or suggest that ESL providers are, in general, qualified to make definitive judgments about students' mental health or need for therapy.
- It is not a textbook or even a coordinated series of lesson plans for definitively addressing cultural adjustment or mental health issues in the classroom.

The role of, and challenges for, the ESL providers are already so enormous that we hope they will find relief in not needing to assume the role of mental health therapists as well.

ESL teachers, however, can be a critical link in a well-functioning team of providers attempting to help refugees establish a new life which is both productive and satisfying. They can be a crucial resource to their culturally diverse students as they grapple with concerns related to cultural adjustment and mental health. These issues are often imbedded in students' need for English language skills and the facility to manipulate the culture using these skills. Frequently, however, the ESL teacher seems to function outside the inner circle of the resettlement process. ESL providers often struggle for their voices to be heard, even as they assume the mandate to assist refugees in finding their own voices through the medium of English.

This booklet is designed to provide a backdrop of information and ideas for ESL practitioners related to the learners in their classroom, in whatever settings they meet them. Students come with their past experiences, their current challenges, and their need to quickly garner the information and the skills to give them back control over their lives and their futures. There is now substantial research and experience on cultural adjustment and mental health issues which refugees face. This publication includes enough general information on these issues and how they might manifest themselves in the classroom, so that teachers can do a better job of meeting needs and knowing how, when, and where to refer people to other parts of the service provider network. ESL service providers can be a great asset, not only for the learners, but for other providers in a holistic service structure. This booklet also provides sample pieces of lessons and specific strategies to help address issues related to mental health and to give teachers new insights to link what happens in the classroom to their students' cultural adjustment and mental health needs.

This booklet is divided into three parts. As a whole, these parts are intended to provide a framework that lays out the concepts and psychological theories that are useful to understanding refugee mental health. Part I is written to describe and define the basic concepts, and Part II is written to make the connection between ESL and Mental Health. Part III is written to apply directly to classroom experience, and there is also a section with additional selected resources and terms used.

Part I

Mental Health and the Refugee Experience

Teacher, It's Nice To Meet You, Too

An introduction

by Ruby Ibanez, Philippine Refugee Processing Center

Both student and teacher are locked into a world view created by language and culture that is difficult to transcend. Ruby Ibanez poignantly reminds us that we do not always honor, respect, or understand the lifetime of experiences she brings to us, and we can not really. But perhaps with a newer set of eyeglasses teachers can include activities which not only allow Ruby to ask and answer questions, but to share experience and emotion, and to include English and the increased capacity to use it in everyday life as an element of her mental health and cultural adjustment.

Hello! I'm one of the 20 students in your class. I come everyday. I sit here and I smile and I laugh and I try to talk your English which you always say will be "my" language.

As I sit here, I wonder if you, my teacher, are able to tell when I am sinking in spirit and ready to quit this incredible task. I walked a thousand miles, dear teacher, before I met you. Sitting here, listening to you and struggling to hold this pencil seems to be my "present." I want to tell you though that I, too, am a person of the past.

When I say my name is Sombath I want to tell you also that back in my village, I had a mind of my own. I could reason. I could argue. I could lead. My neighbors respected me. There was much value to my name, teacher, no matter how strange it may sound to your ears.

You ask, "Where are you from?" I was born in an land of fields and rivers and hills where people live in a rich tradition of life and oneness. My heart overflows with this that I want to share with you, all I can mutter is, "I come from Cambodia. I'm Khmer." I'm not even sure that I can say theses words right or make you understand that inside, deep inside, I know what you are asking.

"How old are you?" I want to cry and laugh whenever you go around asking that. I want so very much to say, "I'm old, older than all the dying faces I have left behind, older than the hungry hands I have pushed aside, older than the shouts of fear and terror I have closed my ears to, older than the world, maybe. And certainly much older than you." Help me, my teacher, I have yet to know the days of the week or the twelve months of the year. Now I see you smiling. I know you are thinking of my groans and sighs whenever I have to say, "house" and it comes out "how" instead. I think many times that maybe I was born with the wrong tongue and the wrong set of teeth. Back in my village, I was smarter than most of my neighbors.

Teacher, I tremble with fear now over words like "chicken" and "kitchen".

Now you laugh. I know why. I do not make sense with the few English words I try to say. I seem like a child because I only say childlike things in your English. But I am an adult, and I know much that I cannot yet express. This is funny and sad at the same time. Many times the confusion is painful. But do not feel sad, dear teacher. I wish very much to learn all the things that you are offering me, to keep them in my heart and to make them a part of me. However, there was this life I have lived through and now, the thoughts of days I yet have to face. Between my efforts to say "How are you?" and "I am fine, thank you," come uncontrollable emotions of loneliness, anger and uncertainty. So, have patience with me, my teacher, when you see me sulking and frowning, looking outside the window or near to crying.

What is Mental Health? What is Mental Illness?

Mental health is a term that is rarely defined, and frequently used incorrectly to refer to mental illness, such as in the phrase "a mental health problem". However, the term "mental health" deserves it's own definition, as it conveys not only the absence of mental illness and disease, but also an idea of wellness and well-being.

The definition of mental health includes two components: a psychological, internal experience of well-being, and behavioral markers, observable by others, that indicate whether the individual is able to handle life's challenges in adaptive ways.

Psychologically we expect mentally healthy individuals to have a psychological sense of belonging and purpose, control over one's fate, and satisfaction with one's self and one's existence. Mental health involves the ability to adequately cope with life's difficulties and demands, the capacity to experience joy and happiness when life events call for this, and also to be able to grieve and live through the painful and tragic times in our lives.

Behaviorally, we expect mentally healthy people to be able to handle various domains of life reasonably well, as observed and judged by others around them. We expect mentally healthy people to successfully accomplish basic life functions such as eating, and sleeping, and also to perform well in the occupational arena, and to have good and satisfying relationships with others. This general idea of "functioning" need not be judged by rigid external standards, and a thoughtful assessment of someone's mental health would include an assessment of both psychological as well as behavioral functioning.

So for example someone may have a nontraditional life-style or career choice, but is able to have satisfying relationships with others and channel her or his creative energy in a productive way. A careful assessment would suggest that such a person is in fact functioning well, even if not judged so by many in the society.

As the above suggests, mental health is inherently a construct laden with cultural bias. What constitutes healthy adaptive functioning in the culture that a refugee comes from can be quite different from what is expected in the American culture. For example, one of the most important ways in which cultures differ is that more traditional societies tend to be more collectivistic, whereas the American society is very individualistic in orientation. In the U.S., parents are expected to raise their children to be independent and self-reliant, to leave home early, and to be responsible for their own happiness and well-being. In collectivist societies, parents are expected to raise their children to be interdependent. In other words, parents socialize their children to grow up to be responsible for others, within a system of relationships where others in turn care for them. People in such societies are often expected to subjugate their own individual needs to the needs of the family or larger group, and to expect others to do the same for them. Thus, behavior of people coming from such cultures may be seen as overly dependent, "enmeshed", dysfunctional, and otherwise not healthy when seen from the perspective of the individualistic American culture. However, behaving in individualistic ways would in turn be seen as dysfunctional within the context of these other societies.

Mental illness is unlike physical illness in that the disease processes are not sufficiently understood, and the links between observed behavioral clues and underlying physical processes are not yet clear. There are no definitive tests that can reliably diagnose mental illness, such as x-rays or blood tests that exist to diagnose physical illnesses. Instead professionals rely on behavioral observations, psychological tests, and patients' self-report of their own distress to diagnose mental disorders. Because of this, the general public sometimes has the impression that severe mental disorders are somehow not as "real" or debilitating as severe physical disorders. Yet, the evidence suggests that severe mental disorders are indeed debilitating, and real. The good news is that with recent advances, many conditions are now treatable.

As with mental health, there are two elements that define mental illness. The first is psychological, or the extent to which someone experiences severe distress or emotional pain. The second is behavioral, and refers to functioning, or in the case of mental illness, disability and impairment which, based on observations of others, interferes with the individuals' functioning in one or more important areas of life. As with mental health, mental illness involves impairment in activities of daily living, such as eating and sleeping, performance on the job, and in relationships with others. If a patient reports severe emotional pain over a prolonged period of time, or if others around this person observe significant impairment in functioning, then a thorough examination is warranted to ascertain if mental illness is causing the distress or impairment.

The problem with the lack of precision in definition of mental illness is that in the case of refugees, many who arrive to resettle in the U.S. fit both of the criteria to diagnose mental illness. Many of the new arrivals are indeed suffering and feeling emotional pain, either as a consequence of the stresses experienced in resettlement, or as a consequence of severe trauma suffered prior to migration at the hands of oppressors or in the

context of wartime violence. Further, most refugees are not able to smoothly fit into the occupational demands of the U.S. society, at least not at first. Moreover, relationships with others may be complicated, as lack of knowledge of English language and American culture interferes with their ability to form and maintain relationships with others. Further, in many refugee communities, political issues and divisiveness within the ethnic community may also interfere with forming comfortable and trusting relationships with other refugees. Thus, from a psychiatric perspective, the vast majority of refugees may appear to be mentally ill.

This, however, cannot possibly be the case. First, mental illness is not as frequent as might be perceived by the layperson or in the media, and statistics can be misleading. For example, according to the National Institute of Mental Health (www.nimh.nih.gov), mental disorders affect 22% of the adult population in a given year. However, less than 7% of the population have symptoms for one year or longer, only 9% report some disability associated with the mental disorder, and in a given year 10.9% seek mental health treatment. Finally, only 2.8% of adults in the U.S. experience a severe mental disorder (National Institute of Mental Health). Such statistics are fairly constant across nations and societies. In most societies, approximately 2% of the population are disabled by a severe and persistent mental disorder. Research conducted with refugee populations does not provide definitive answers as to whether the prevalence of mental illness would be significantly higher among refugees than among other populations.

What Causes Mental Illness?

This question remains largely unanswered. Research done in the general field of Mental Health in the last decade has suggested that much of what we describe as mental illness may have a genetic component. Researchers have also speculated as to whether stress causes mental illness. There is a great deal of evidence that suggests that people living under conditions of stress, such as becoming a refugee or having financial difficulties, or the loss of a job, experience a great deal more distress and demoralization. Some studies have suggested that living in these circumstances is also related to a greater prevalence of mental disorders, such as depression. However, most researchers agree that it is probably more correct to say that stress can trigger rather than cause mental illness, or that it can make people vulnerable to mental illness. Further, living under conditions of stress, such as becoming a refugee, makes it more unlikely that the mentally ill will receive appropriate treatment or intervention. This too can increase the prevalence of mental illness among this population.

It is important to remember, however, that even if mental illness is more likely to occur among those under stress, it is still rare, and does not occur in the majority of any population. It is also reasonable to expect that some people under stress may be experiencing some of the symptoms of mental illness which are associated with depression, without suffering from a full-blown syndrome.

Types of Mental Disorders

There are three types of mental disorders that are most frequently diagnosed among adults.

- Schizophrenia and other psychotic disorders are generally thought of

as the most chronic and debilitating of the severe mental disorders and typically develop in the late teens or early twenties.

- Anxiety Disorders include Obsessive Compulsive Disorder, Panic Disorder, and Post Traumatic Stress Disorders (PTSD). PTSD is the disorder which frequently comes to mind in relationship to refugees who have been in a war or have been victims of torture.
- Affective (mood) disorders are a group of disorders that include Major Depression and Manic Depressive (Bipolar) Disorder. In recent years, Manic Depressive Illness has been successfully treated in many patients with medication, and new advances in both medication and psychotherapy have resulted in effective treatment of Depressive Illness.

While Schizophrenia is more easily diagnosed from the symptoms observed in the patient, the same is not true of Depression and PTSD. Symptoms of depression include depressed mood, significant weight loss or gain, difficulty sleeping, and difficulty enjoying life's positive events. Symptoms of PTSD include difficulty concentrating, having nightmares or flashbacks, startle response, difficulty sleeping, and active avoidance of stimuli that remind one of the trauma. Most people have experienced these symptoms at difficult times in their lives. In fact, if someone lives through a horrible experience, such as torture, we would expect them to experience such symptoms, including fear and revulsion of the event and difficulties concentrating. If someone is saddened or demoralized by a difficult experience, such as moving to and adjusting to life in a foreign country, it would be unreasonable for them NOT to feel down, perhaps have difficulties sleeping and eating, etc. For these reasons, the diagnosis of Depressive Disorder or PTSD is not made based on the symptoms alone, but on the criteria which states that the disability resulting from these symptoms must be clinically significant. What constitutes a clinically significant disability, however, is dependent on the judgment of the clinician and is very subjective.

Regardless of whether the distress experienced by refugees technically meets diagnostic criteria or not, the distress and emotional pain that many of them experience are real. While professional consultation needs to be sought out to address those whose functioning is severely impaired, all refugees who are living through stress and trauma can benefit from positive interactions with others which can help alleviate stress. Before turning to that discussion, the next section describes stress.

What is Stress?

Stress occurs when the burdens imposed on us by events or pressures in our lives (stressors) exceed our resources to cope with them.

- Stressors can be discrete events, such as a move, or chronic conditions, such as many refugees experience with the cumulative loss of status, loss of profession or job, poverty or reduced financial capacity, and the inability to function in daily life because of limited language capacity.

- Resources can be in the person, such as personality, skills, or abilities, or in the environment, such as friends, community organizations, etc.

One of the implications of the definition above is that different people will not perceive the same event (stressor) as equally stressful. This is so because some people may have sufficient resources to cope with the stressors, while others do not.

It is also important to note that there are positive as well as negative consequences of stress. For example, one way to cope with stress is to increase one's resources, such as acquiring a new skill or building new connections with other people. This can lead to growth and enrichment in one's life. Sometimes stress can stimulate people to do their best. Stress can also lead to despair, forcing people to become immobilized and overwhelmed, which can become "distress."

Stressors, or events that cause stress in our lives, are not only the "negative" types of events we typically think of, but include the more positive life changes, such as marriage, birth of a child, and getting a promotion or a good job. Many researchers have compiled lists of typical stressful life events in people's lives. Typical events included on such lists are death of a child or spouse, moving, losing a job, losing a friend, getting married, or starting a new job. In general, it is believed that unscheduled, unexpected events are more stressful than anticipated events that have been planned for. Also, some events may have a lasting impact on people's lives, whereas others are temporary. Stressors may be major life events, or just "daily hassles", that build up to create the experience of distress.

What are the Types of Stress Experienced in Resettlement?

For refugees resettlement involves three types of stress: Migration Stress, Acculturative Stress, and for many, Traumatic Stress.

Migration Stress, when the stressor is moving to a new country, results in experiencing most of the life events that are generally included on lists of stressful life events all at one time. For refugees, when migration occurs suddenly as a result of political violence, war, or other catastrophes, it represents an unscheduled event, out of the refugee's control. This makes it even more stressful. Moreover, many of the losses associated with migration represent the loss of the usual coping resources, such as family, friends, surrounding community, etc., which people would ordinarily rely on to help them cope with stress.

Acculturative Stress is defined as stress that results from having to function in a culture different from the one an individual is born and raised in. It refers to those times in the refugee's experience when misunderstanding of customs or norms, or being misunderstood by others, leads to difficulties. Acculturative stress can sometimes be extremely subtle, yet pervasive and influential in a refugee's life. Most immigrants and refugees make the assumption that life in a new country and culture will be *basically pretty much the same, except in a new language.* Immigrants often do not expect that the very fabric of the life around them will be profoundly different in a new cultural context. For example, it is difficult to imagine that the way in which people relate to each other, and how friendships are formed and sustained will be different; that their children will go to schools and be socialized in a completely different way of life from their own; that

even the most simple of daily tasks, such as shopping for food or asking for directions, can become challenges involving not only the language barrier, but also the potential for deep cultural misunderstanding.

Traumatic Stress generally refers to stress which results from extreme events that cause harm, injury or death, such as natural disasters, accidents, assault, war-related experiences, and torture. Because these types of events are seen as so overwhelmingly distressing, traumatic stress is seen as quite different from other kinds of stress. Generally, it is believed that injury that results from accidents and natural disasters is experienced as less traumatic than injury that results from willful acts by other human beings, such as torture. It is inevitable that individuals suffering such events will be changed by that experience, and new research suggests that these changes will be psychological, social, and physical.

As mentioned earlier, Post Traumatic Stress Disorder (PTSD) is a psychiatric diagnosis often used when patients present with symptoms the onset of which can be linked to their having experienced extreme traumatic stress. As with other types of stress, the diagnosis of PTSD must involve an occurrence of an event (stressor), and patients' subjective experience of that event as stressful, in this case resulting in fear, helplessness, or horror. The same traumatic event will not be experienced as stressful in the same way by all people, and traumatic stress occurs when the pressure produced by the event exceeds the individual's capacity to cope with it.

Coping with the Stresses of Resettlement

Many changes occur when a person comes to a new country or culture. How a person responds to the opportunities and challenges of the new situation can vary. In the U.S. ideas about what a successful transition should look like have changed over time.

Acculturation

Acculturation means culture change, or the extent to which the refugees' culture, in terms of their beliefs and values, the language they speak, the ethnic group they identify with, the behaviors they engage in, and so on, change as a result of living in a new country and culture. There are many different acculturative styles that refugees and immigrants may adopt in their process of adaptation to the new society. In a sense, the ways in which refugees choose to acculturate to the new country represent their ways of coping with acculturative and migration stress.

Historically, assimilation has been seen as the most desirable and adaptive acculturative strategy for immigrants resettling in the U.S. The Ellis Island facility, constructed early in the century as a checkpoint for new arrivals, conveyed the predominant sentiment toward immigration at the time. This sentiment was that newcomers, if they were healthy and competent, were expected to enter the U.S. "melting pot" and blend in, abandoning any affiliation or allegiance to the country they came from. This vision of immigration in America has changed over the course of this century. The U.S. is currently experiencing the third greatest migration wave in its history. This wave, which began in the early 1970's, is historically the largest in absolute numbers of new arrivals, with approximately 1 million refugees, legal immigrants, and undocumented immigrants

entering the country each year. The main difference between this and the previous waves is that the majority of immigrants today are coming not from European countries, but from Latin America and Asia. The country itself has also undergone many changes since prior large migrations, and the U.S. places greater emphasis on multiculturalism and cultural pluralism than earlier in the century.

For these reasons, the "melting pot" is no longer the metaphor describing successful immigration, and assimilation is no longer seen as the best possible outcome of adaptation to life in the U.S. Rather, it is now believed that it is more adaptive for immigrants to retain aspects of their old culture, and rather than assimilation, the idea of biculturalism is now popular.

Biculturalism is an acculturative strategy where immigrants learn about and adopt some aspects of the new culture, but also hold on to aspects of the culture they left behind, such as language, values, and way of life. Immigrants living in a multicultural society need to negotiate two cultural worlds. One is the world of the larger U.S. American culture, and the other is the world of their relatives, friends, and community members, who may continue to speak the language of the country of origin and hold on to some beliefs and values of their culture. In this context, assimilation would actually be maladaptive for some, because it would involve giving up their ability to relate to others from their own ethnic community and to take pride in their culture of origin.

Preserving the culture of origin is particularly important to successful adaptation of the family as a whole, but it is not easy to do. Research has shown consistently that children adopt the American culture and language much faster than their parents, resulting in a growing cultural gap between them. Studies with Latino immigrant youth have shown that "over-acculturation", or assimilating to the U.S. American culture without retaining one's native language and culture, is associated with higher rates of substance abuse and conduct disorders. Such teenagers tend to be alienated from their parents and families. They often have little interest in the culture of origin.

It appears to be helpful for children to have parents who are knowledgeable about the American culture. Immigrant adolescents frequently assume parental roles in the family, since they may be the ones with the best knowledge of the language and culture. Often, children of this age are asked to accompany family members to doctors' appointments, handle aspects of family finances, and assume other roles that they would not have ordinarily assumed in their culture of origin. With such responsibilities comes power, and with it a disturbance in the normal balance of parent-child relationships. The parents lose their authority over the children, and the children stop relying on their parents to help them with their own difficulties in the new country.

Biculturalism as an acculturation strategy can help such families bridge the culture gap, by helping parents become knowledgeable about the American culture within which their children spend much of their time, and also by helping children learn about and feel comfortable within the culture of their parents.

Biculturalism is now seen as one way to adapt to being an immigrant in America and to cope with acculturative and migration stress. Biculturalism is also a reminder that there is a difference between learning about aspects of the U.S. culture in order to be able to successfully negotiate in the mainstream culture, and adopting the values, beliefs, and traditions of the mainstream culture. Therefore, someone may be quite competent

in their ability to negotiate the American culture, but may prefer to continue to embrace the values, traditions, and language of their culture of origin, particularly at home. Refugees and immigrants have a variety of ways of adapting to their circumstances. Biculturalism allows them and their families the greatest flexibility.

The Stages of Cultural Adaptation

In thinking of refugee resettlement as a process, it is useful to think of the different stages within this process that refugees go through. In general this experience has four stages: Honeymoon, Culture Shock, Initial Adjustment, and Integration. The initial stage of resettlement can involve idealization, or a "Honeymoon" period, when the refugee family may be quite excited and hopeful about what to expect, happy to be out of immediate danger, and optimistic about the future. Such elation and optimism may in fact be very adaptive for refugees. This period of idealization may be psychologically useful and necessary in order to give the family the resources to withstand the stresses of the initial period.

The down side of the idealization period, is that refugees may be underestimating the extent of the difficulties they are likely to be facing in resettlement and have quite unrealistic expectations about their future. In terms of acculturation, this initial period can be characterized by very positive feelings toward the American culture, and an optimistic expectation that the newcomers will integrate successfully into the various aspects of American life. Thus, the positive aspect of this stage is its optimism, which while unrealistic, may in fact be extremely useful in helping the refugees cope with the initial stresses of resettlement. On the negative side, however, such idealization inevitably sets the refugee up for disappointment and disillusionment, which can occur during the second stage.

As the realities of the difficulties of acculturation and resettlement sink in, idealization gives way to the second stage, sometimes referred to as "Culture Shock." The onset of this stage may indeed involve a particular event, or series of events or stressors, which demonstrate to the individual that adjustment will be difficult. It may involve disappointment over obtaining employment, an episode of teasing at school for a child, or other such events. This period is marked by demoralization, and perhaps regret. Emotionally, this period may be marked by anger and frustration, or depression and withdrawal. In terms of acculturation, this may be a period when a refugee retreats into the comforts of her or his own culture and ethnic community, and may feel that integration into the American society socially and culturally may be impossible. With time, and perhaps help and support of others, the culture shock may begin to wear off, and a more realistic period of adjustment may begin.

The third stage, Initial Adjustment, is a process where the refugee may take more measured, realistic, and perhaps less ambitious steps toward adjusting to life in the new culture. The refugee may take a job which is clearly below his initial expectations, but yet allows the family to do better economically; the learning of English may be more intensive now, as a refugee appreciates how difficult a process this is.

The final stage, generally called Integration, refers to a period of time when the refugee finally feels part of the larger society, able to meet the various demands of life, and finally finds a style of acculturation, which is functional and comfortable. In terms

of the prior discussion of mental health, this is the stage where the refugee is able to attain good functioning across the varied life spheres. These include having success in the occupational realm, forming and maintaining good relationships with others, whether with Americans or within the ethnic enclave of the refugee community, and having positive relationships with one's family, including the ability to parent children in the context of the new and foreign culture. Finally, as with the definition of mental health, integration refers to a good psychological adjustment as well as a sense of comfort and satisfaction with oneself and one's life.

How long does this process take? There is no clear answer to that question, but we have some hints at what the important milestones are in the process of adaptation and acculturation. Several events built into the resettlement system may function as stressors that may help propel the movement of refugees from one stage to the next. Thus the moment that the initial period of financial assistance ends, at either 4 or 8 months, depending on the resettlement program, refugees are expected to become self-sufficient and employed. This is bound to be a stressful moment. It can be stressful if a refugee does not get a job. It can also be stressful if the refugee does take a job, because if the job is at a level much lower than the job he or she previously held in the country of origin, taking the job may make him/her feel that he/she will never again attain his/her former status. Such an event can induce a culture shock crisis, and dissipate the feelings of idealization and optimism, which the refugee may have initially experienced. Another difficult period is generally one year after arrival, because anniversaries are a time when people reflect on where they have been and where they are going. Thus the onset of culture shock can occur at any time, but most likely within the first year of resettlement.

Although it is very useful to understand the general stages of cultural adaptation, it's very important to note that the experience of many refugees may not fit the pattern described by these stages. Refugees arriving from war torn areas soon after a traumatic event may not experience idealization upon arrival, and may take a very different path toward integration. However, it is difficult to argue with the idea that integration, or some kind of accommodation to the new country and culture is a desirable goal and outcome of the resettlement process.

There is no predictable pattern as to how long it takes for refugees to feel that they have become integrated into the culture. One important milestone occurs after 5 years of residence in the U.S. At this point refugees become eligible to apply for citizenship. This can be an opportunity for taking stock of the experience in this country during the past five years. Four to five years is also how long it takes children to master the English language. In fact, many refugee children begin to speak English better than their native language after having been in the country approximately five years.

After five years of residence in the U.S. it is appropriate to expect that some kind of integration into the American society has taken place. This may be the formal integration of becoming a citizen. However, our previous discussion of biculturalism is an important reminder that there are many different adaptive ways to be integrated into the American life. Adult refugees who become productive participants in their ethnic refugee community have also adapted to life in the United States. Becoming part of the mainstream and becoming part of a particular community are both approaches to integration, and both have advantages and disadvantages.

The Importance of Social Support

The difficulties of the resettlement and acculturation process require many resources to assist the individuals coping with these stresses. The one resource that has consistently been found in research to alleviate or "buffer" the many effects of stress is social support. Social support is important for a number of reasons and works in a variety of ways. Social support can be tangible, such as when someone is able to give or help a person with something, like giving them a ride, helping them fill out a form, or helping them acquire a necessary skill, such as learning English. Support can also be emotional, such as when people listen, show respect and positive regard, or say a kind word.

What makes social support helpful? Tangible support is a resource that many newly arrived refugees do not have, because they are not yet connected to people in their community who have successfully negotiated the mainstream culture. Refugees are often "well-connected" within refugee networks, but not within mainstream networks. Social networks or "connection" can be extremely helpful in finding employment, a babysitter, or a used car to buy. We all rely on our friends and acquaintances, and on "weak ties," or acquaintances of our acquaintances, when we need such things. Creating opportunities where such connections can be formed can be extremely useful for newcomers to the country.

Emotional support. At the emotional level, social support allows people to feel cared about and not alone, to have their experience affirmed and validated, and to have a sense of belonging. The following are some ways in which social support can be useful and effective.

- Verbalizing emotions. Putting one's feelings into words and expressing them can be an effective way to help people under stress gain understanding and a sense of some control over their experience. It serves as a vehicle to define the problem, which is a necessary step before a solution can emerge. It is also the first step to receiving support of others - others can say helpful and supportive things if they hear and understand what the problem is.
- Validating feelings. Having others validate one's feelings is very important and powerful, particularly for refugees who may feel strange, different, and alone in the new culture. Inadvertently, others around them may send the message that refugees are themselves to blame for their circumstances, that if only they knew English, understood the culture better, and were willing to accept difficult jobs, their lives would improve. While it is indeed true that refugees themselves hold the solution to their problems, it is also true that they are living under very difficult circumstances. Empathy for their plight can go a long way toward making refugees feel comfortable and accepted and confident that they will be able to acquire the skills they need with time.
- Developing ideas and strategies. A simple but important truth: opportunities to talk with others about one's situations can provide

ideas about how to cope with stresses by learning from the experience of others. Refugees may have few such opportunities to talk with others, and the ESL classroom is one important setting where such interactions can happen.

- Being treated with respect. Frequently, refugees note that they feel others treat them as if they are not intelligent because they cannot speak English. Often, even those trying to help may treat refugees in condescending ways. Being treated in condescending ways can be insulting and demoralizing, and can chip away at one's confidence and self-esteem. A simple gesture, such as the experience of being treated with respect, can be extremely helpful in the refugee experience. It can build confidence and a sense of self-worth.
- Helping others. One of the most powerful ways in which people who have experienced difficulties can start to feel better is to have opportunities to be helpful to others. For refugees, having the opportunity to help others can help them feel confident and strong, and can also help them not feel so alone in their own plight. It can be somewhat uncomfortable and even humiliating to always be on the receiving end of helping. The ESL classroom can provide opportunities for refugees to interact with one another and to be helpful to others. This too can be an important vehicle for finding ways to adjust in resettlement.

Mental Health, Stress, and Resettlement: Summary

We do not expect ESL teachers to provide psychotherapy or any other kind of treatment for mental disorders in the classroom. However, ESL teachers can create opportunities for prevention of mental illness and create the conditions to enhance mental health. Increasing resources that refugees have to cope with stress, giving them knowledge and information, expressing an interest in their lives and giving them opportunities to share their experience, can make emotional pain easier to bear, and may even prevent the development of distress into mental illness.

ESL teachers can learn to recognize symptoms of mental illness, or abrupt behavioral changes which disrupt the class. Teachers can also collect information about community resources for dealing with refugee mental health. Then the teacher must make a decision about whether or not it is appropriate to contact resources, speak with other family members, bring the situation to the attention of a resettlement agency or sponsor group, or give the student the opportunity in classroom activities to discuss or disclose personal information.

It is not always easy to convince people who need psychiatric treatment to seek it. Recognizing signs or symptoms of mental illness and giving a student a referral for mental health services may not be an effective strategy in some cases. Some people who are very distressed and suffering from disorders such as Depression or PTSD may in

fact be willing to seek help. However, in many cases it is very difficult to convince people who are suffering from mental illness to seek treatment. First, in our society, and more so in many other societies that refugees come from, there is great stigma associated with seeking psychiatric help. In some countries there is great fear of the psychiatric profession, where psychiatry was used to control political prisoners. Further, sometimes the illness itself involves distortions in thinking that make it difficult for those suffering to seek help.

For example, some people suffering from severe Depression may have such profound feelings of hopelessness, that they cannot imagine that anything can possibly be helpful. Those suffering from Paranoid Schizophrenia can be extremely suspicious of others, and in fact may not see themselves as mentally ill. In these situations, it is particularly important to get access to professionals who can help assess the situations, and provide guidance on specific referrals that can be made. Laws about how to get someone into treatment who does not want to go vary tremendously from state to state. It also makes a great deal of difference whether the student is an adult or a child. It also may not be comfortable or even appropriate for the ESL teacher to take on the task of intruding in this way in someone else's life.

We are not able in this booklet to prescribe a specific plan of action for what to do when an ESL teacher becomes aware of potential mental health problems. Rather, our advice is that ESL teachers need to develop relationships with others in their community or local refugee resettlement network who are knowledgeable about these issues, and are able to help or find someone else who can. Useful contacts might be a provider at a local clinic or hospital, who is familiar with the situation of refugees, and is willing to serve as a resource or the local refugee resettlement office that may have experience providing interpreters in such situations.

Our intention is to encourage ESL teachers to be sensitive to their students' journeys. Where did the student come from? Where are they in their cultural adaptation process? What are the likely stressors for the students? What are normal responses to such events? When does the ESL teacher need to make others aware of what has been observed in the classroom? We hope by describing mental health and mental illness and by presenting preventative classroom strategies, that we will have given teachers a starting point for developing their own professional capacity to serve their students in a sensitive and appropriate manner.

Part II

The Connections Between ESL and Mental Health

The Classroom as a Safe Space

Refugees are not unique in their reticence to seek help from mental health professionals. Most people are reluctant to seek help. For refugees, the lack of institutionalized structures related to mental health in their native countries, the stigma attached to clinical mental health concerns, and their limited ability to manipulate English (which is the primary tool used by therapists) greatly decreases the likelihood that they will readily be willing to seek help and talk about their problems with mental health professionals. Indeed, mental health services have only become widely accessible to communities within the United States in the last forty years. Such a system is unknown in the countries of origin for most refugees. In fact, in many communist countries where such "hospitals" or practitioners existed, they were often used for thought control or other less than noble purposes related to the political arena. Simply put, the ESL classroom is a safe space where the students can have the opportunity not only to learn English, which can serve as a tool for enhancing mental health, but also to learn about and discuss many of the cultural adjustment issues and other facets of their new lives which can help engender stronger mental health. When refugees seek help from a medical doctor or a mental health professional, they often become uneasy when asked about details of their personal lives and backgrounds. In the ESL classroom, activities give the students ample opportunity to talk, discuss items of personal interest and concern, and problem solve issues related to survival, family, and employment which are natural components of the curriculum. This is viewed by students and teachers as part of the process of developing needed competencies using the English language.

This means that ESL service providers have an opportunity to promote cultural adjustment and mental health by learning about the challenges facing refugees, developing new strategies for providing material and activities in the classroom which will address some of the individual's particular needs, and becoming an integral part of a larger network of providers, which includes mental health professionals, sensitive to the particular needs of refugees.

The Importance of English and the Teacher

With the passage of the Refugee Act of 1980, recognition was given to the fact that refugees coming into the United States had some unique needs that were best addressed through special regulations. The large number of refugees who came in the 1980s and the cultural challenges faced by both the refugees and the service providers indicated the need for specialized services. During the intervening years there have been many shifts in the focus of resettlement concerns: new groups of refugees from outside Southeast Asia have brought new issues and challenges; funding patterns have changed; and the larger social services and educational systems have undergone dramatic scrutiny and restructuring. Through all of this change, however, one constant has remained in the resettlement picture: the identified need for English language training. Increasingly, however, funding challenges and the demand from government funders for almost immediate employment makes it difficult for refugees to acquire this needed skill.

Some of the old questions and debates continue: How long does it take for a refugee to learn English? How much English is needed before someone can function "adequately" on a job? What should be the focus of English language training: survival skills, job-related instruction, or a more specialized approach to individual needs? Although those involved with delivering ESL to refugees have sometimes themselves felt outside the mainstream of the resettlement process, their role has been, and continues to be, crucial to the entire process.

English as a Key Tool to Cultural Adjustment and Employment

When teachers, caseworkers and others ask refugees why they want to learn English, the answer is almost always related to their families, employment, and/or the community. (These responses are consistent with the recent results of focus groups, which were part of the Equipped for the Future System Reform Initiative, National Institute for Literacy, Washington, DC.) Very often, women in particular, will respond, "I want to be able to help my children with school;" or "I want to be able to take my children to the doctor." In the employment area, of course, refugees mention the importance of English not only in finding an appropriate job, but also in staying on the job, being able to advance, and interact with co-workers. Responses from newly arriving refugees are more diffuse, often having to do with well-identified "survival skills" as well as employment.

Even early on in the resettlement process, many refugees identify goals related to the community. A very memorable example was a newly arrived doctor from Bosnia. At the closing ceremony of a sixty-hour Spring Institute WorkStyles pre-employment program, he eloquently, although with limited English, stated his goal was not only to survive, but to give back to this country that had given him the opportunity for freedom and a new life. If such goals are paramount in the minds of some refugees, then it is easy to understand why helping them to acquire English skills not only is a key to their cultural adjustment, but also has a significant impact on their mental health. Becoming independent and establishing control over their personal lives is a major step to mental health for many refugees.

When working with employers, a key question always arises about the English language capabilities of potential employees. Given current legislative reality, early employment has become even more crucial than in the past. Helping refugees acquire not only English language skills, but also the tools to continue learning as expeditiously and efficiently as possible, is critical for their well being.

If the teacher is not required to be a therapist, but does play a supportive role in mental health, what signals may be available in the classroom to alert teachers to significant cultural adjustment or mental health distress being faced by students? Even a general idea of what the research says about how refugees manifest such concerns is helpful. In addition, since the early 1980s, asking refugees to identify how they feel or what happens when they are under stress has produced many lists of similar responses. Additionally, over many years, very similar lists have also been generated by teachers who have been asked to note what behaviors they have seen in the classroom that they think might reflect cultural adjustment or mental health challenges. These teacher lists overlap symptoms of distress that have been identified by mental health professionals, although their language of identification may be more specific, technical and/or clinical.

Signals teachers identify from reports from students or observation include:

- Headaches
- Backaches
- Stomachaches
- Sleeping in classes
- Withdrawal from participation
- Absences
- Lack of attention
- Students not being able to sleep
- Change in progress
- Excessive drinking of alcohol
- Frequent crying
- Behavioral problems

In addition to these signals, teachers learn much about their students if they listen to and observe what happens in the classroom as part of the English training. They then have the challenging opportunity to incorporate relevant material in the ESL lesson to assist with some of the challenges the refugees face, in addition to the more generic one of "learning English."

Appropriate Roles for the ESL Teacher

The role of the ESL teacher is to teach English to students. That sounds simple enough, but the task itself is complex:

- How do we teach?
- What content and context do we plan our lessons around?
- Why do we teach a certain content?
- How do the students respond in the classroom?
- What do they identify as important?

- What do we do when students discuss traumatic events or exhibit signs of distress in the classroom?
- Who can we call upon to help with this daunting task of teaching?

If the ESL provider views the teaching role as related to the general purpose of developing healthy, highly functioning individuals, families, and communities, perhaps the vantage point from which lessons are planned will provide a broader vista of content and competencies which can be selected for attention in the classroom. In addition to a host of topics related to language skills that are needed for employment, teachers need to expand their vision to include content that is related to mental health:

- going to the doctor
- finding an adequate place to live
- interacting with the school
- disciplining children
- developing healthy relationships between husbands and wives and other family members
- accessing available recreational activities
- identifying and shopping for food and drink
- learning conflict resolution strategies
- relating to the past, the native country and distant relatives and friends

All of these areas have content for potential lessons and ramifications for mental health. Strategies for addressing some of these areas will be discussed in more detail in section III.

In addition to crafting lessons with an eye to mental health content, teachers need to be prepared to handle crises before they occur. For example, teachers and students alike need to know how to call 911 and what to say to the dispatcher so help will be forthcoming. Developing relationships with interested local mental health providers, finding out how the local mental health system works, identifying community resources related to accessing help for cultural adjustment and mental health, and resources in the police department can all prove very useful to teachers and students.

Of course the ESL teacher is not expected to deal definitively with all of the challenges the refugees face. However, though it does make the job of the teacher less "simple," the myriad needs refugees bring to the classroom provide a richness of opportunity for lessons and the implications for positive impact of the teacher and classroom far beyond what might have been imagined.

Stress Management for ESL Teachers

The focus of this booklet is to help foster mental health for refugees. It is also very important for ESL teachers to be mindful of their own mental health and consciously utilize strategies to promote health and alleviate stress. Teaching refugees, which brings joy to teachers, can also be extremely stressful, particularly as teachers get in touch with resettlement stories and the challenges that their students have faced and are currently struggling with. Some teachers find they notice the same symptoms in themselves that

they see in their students. These symptoms could be warnings of unhealthy stress, more accurately called distress.

Teachers should be aware of what causes them stress. These factors, of course, may have to do with the classroom situation, or they may have to do with personal situations. Making a list of what causes stress for oneself and then noticing how this stress appears, whether in the form of such things as fatigue, headaches, anxiety, or frustration, can be an important first step in appropriately dealing with it. Equally important is an action plan for dealing with stress. Most teachers are aware of many of the tried and true methods such as: exercise, having alone time, talking with a good friend, having a support network, getting enough sleep, reading a good book, playing non-competitive sports, gardening, listening to music, prayer, meditation, and an infinite variety of other strategies. Each teacher should not only ask, "what works for me?" but should also develop a way to both monitor the stress and to engage in strategies to keep themselves healthy. ESL teachers have a responsibility to make sure they proactively deal with their own stress. If this does not happen, an important resource, the teacher, could be lost to the refugee community, or at the very least, classrooms may be less effective than they could be. In fact, perhaps stress management for the teacher should be listed as a key component in helping refugees attain positive mental health.

Part III

ESL Activities to Address Mental Health Issues

Picture Stories and Mental Health

By Margaret Silver

The following piece is an illustration of how cultural perspectives manifest themselves in the classroom. A student's response to a given activity in the classroom may be determined in part by the cultural filters he/she is looking through or by the stage in the cultural adjustment process where the student finds him/herself.

This example from the International Institute of Saint Louis illustrates the variety of responses which a teacher may expect from some of the activities outlined in the booklet.

Pictures are fairly common tools in the ESL classrooms to prompt writing activities. The pictures may be from a book or from the teacher's private collection. The pictures can prompt – depending on the skill level of the students – stories about a specific topic or may be a vehicle to practice a particular grammar point or narrative organization. The common feature of all the pictures should be that they nudge a memory that many adults will share, for example, a fire place with ash still smoldering; an old but very used rocking chair; a bicycle with a flat tire, etc. The most provocative pictures are absent of detail. Thus the student must search his own life experiences to find the words to express his thoughts and supply the detail. The focus in picture story lessons is on the student. The teacher is the facilitator and supplies the language and structure the students indicate.

However, in addition to being a language building vehicle, student-built narratives can be a two-way mirror providing teachers with a unique insight into the interaction of personality and culture on adaptation to a new country. They are analogs of a road-map indicating individual students' adjustment to their new culture and areas of that adjustment that need to be further explored or revisited.

Today's ESL classroom methodology focuses almost exclusively on language development

strategies. Little is available to cue teachers to the hidden messages students are sending about the status of their cultural adjustment, whether intervention is needed, or, if needed, what form it might take. Teachers must rely on their own intuition to "read between the lines" and assess not just the linguistic competence of what is being said but the significance of things omitted or the apparent non-sequiturs that students may include.

Two examples of picture stories follow. They show different aspects of cultural adjustment at work. In the first, intermediate level students at SPL V (Student Performance Level V) were working with a 4-picture series from *What's the Story?*, Student's Book 4 by Linda Markstein and Dorien Grunbaum, (published by Longman, New York, NY 1981. ISBN 0 582 79786 1). The first of the four pictures shows an older woman in an urban apartment unpacking her groceries. The second picture shows her laying her dining room table with flatware and wineglasses for three. There are flowers in a vase in the center of the table. In the third picture, she is answering the phone. In the fourth picture she sits alone at the table, a bowl of soup before her, her elbow on the table, her head on her hand and her eyes downcast.

In this instance, the teacher had done all the standard preparation. She had provided the students with whatever new vocabulary and grammatical structures they needed to recount the story. The class had also worked through the story orally. However, before setting the students to work writing the story, the teacher had asked a question of the 9 students (from 6 different countries) that produced some very revealing responses.

The question was very simple, "What advice would you give the woman in this story?"

A young woman from South America said three or four times with increasing emphasis: "She should change her clothes."

Two Bosnian girls (although only one would speak and then only after conferring with the other) said: "I would call a friend. Maybe go to a movie. But she is old, and I think she is lonely. I don't know how to help her."

A middle aged Chinese woman was quite emphatic with her advice: "She must put the food away. Put it in the refrigerator. She must not leave the food there."

A middle-aged male refugee from Bosnia bearing many of the signs of status disjuncture (although it was summer and very hot, this student always wore a suit and tie to class and carried a brief case): "She bought a lot of food, and cleaned the apartment. She made a nice meal. She laid the table. She laid china and silverware and crystal glasses. She put flowers on the table. Then she got a phone call. Her friends are not coming."

A retired air force officer from Pakistan thought a long time before he said thoughtfully: "I know what I would tell a man, but for a woman, I don't know."

A young Vietnamese male refugee (maybe 19 or 20) was apparently angry and said very emphatically: "I can't give her advice. I don't know any advice."

A young Bosnian male refugee who was new to the class let everyone else answer before he said: "I don't know. Maybe go to bed."

The young South American girl who had been first to respond was clearly being driven by some strong emotion and said once again very emphatically: "She must get up and change her clothes."

A middle-aged Japanese woman was discretely critical but clearly emphatic with her advice: "She must clear the table."

Students may hear the same words, but what they perceive is filtered through their culture, age and personal experiences. The four pictures that stimulated this lesson had done their job. They had elicited the facts of a story that the students could tell. However, when the teacher had asked the students to give advice, she had taken them out of language and vocabulary development and into an area hedged with conventions from their first culture.

The advice from the young South American woman was clearly deeply felt but so elliptical as to suggest the pictures had triggered some personal concerns for her. The Chinese woman was concerned to conserve resources: food should never be allowed to go to waste. The Japanese woman clearly felt that the pictures expressed an unwanted display of negative emotion that should end. The young Bosnian women struggled with the intergenerational issues of offering advice and, in particular, offering it to someone so "old." The middle-aged Bosnian man had either misunderstood the question or chose to ignore it, instead retelling the story at considerable length, omitting any form of advice. The two young men, one Bosnian and one Vietnamese, had both answered with an edge of anger in their responses. Whether the anger had to do with frustration at finding a suitable linguistic or emotional response was unclear. Even the Pakistani student, although engaged with the task, had been frustrated at finding a gender-suitable response.

From the simple request to give advice to someone saddened by disappointment, a whole agenda of cultural sensitivity opportunities became apparent. They ranged from an in-depth review of register and appropriate language forms with which to express it, to a look at American cultural patterns including acceptable forms of offering advice.

In this second story, the students (high beginner at SPL II & III) were in an evening class. It was the last period of the evening and the last evening of the week. The students were multi-ethnic. The student ages ranged between 25 and 35. Men outnumbered women in a ratio of about 5 to 3. These students had worked together on similar story-building activities in previous weeks. Thus, they were familiar with their task: that is, story-building, vocabulary development, and creative writing. Their prompt was a single picture of a flowering meadow in late spring. The picture had no buildings, fences or roads in sight.

Their story reveals not so much a shared experience as a shared dream. The students' language is direct and the first paragraph purely descriptive. However, the subsequent sentences show very clearly the wistful shared dream of a bucolic life away from the complexities of city living and the aggravations of "starting over." The teacher reported that as the "dream" caught hold in the class, the mood became electric and everyone (in this late evening class of about 30 students) had a contribution to make. In pursuit of this common dream, there were no protests even at the suggestion of wine and pork in a class where there were a number of Muslims. The women made no protest at the idea of no women in this halcyon world and they all rallied around the idea of being able to work every day. Interestingly, it was a woman who recommended that there be no police in this beautiful new world!

"I want to live in the country on a farm. Because it is beautiful and

quiet. There are good smells of flowers and grass. There is no smoke, no trash, no police, no women, no cars, no money. I plant vegetables and grapes. I work every day. I drink wine and go fishing. I hunt turkey, deer, ducks, and rabbits. I raise cows, goats, sheep, chicken and pigs. I work a lot every day."

Unlike the first story where the students tried to use their first culture to grapple with a problem in their new culture, this second story is fantasy and the students knew and enjoyed what they were doing. Even so, the story and the dynamics that accompanied it provide some insight into the stage of the students' cultural adaptation. They are clearly engaged but struggling. They suddenly discovered that they all had a shared dream of another life in which they regained control of their daily existence and could make choices once again. In this dream, although much is fantasy, the students join in a joyful listing of their frustrations and throughout maintain a constructive and realistic focus on the route to survival: work and individual effort.

Although revealing, this story was a spontaneous and joyous "insurrection" against reality and probably impossible to recreate or imitate with other students – even if one wished to. However, on the few occasions when students do take charge, the experience can provide valuable learning for them as they discover that they are neither alone in their frustration nor are they powerless. The teacher too has an opportunity to not only share in their epiphany but to gain insight into the issues with which the students are grappling.

What Kind of Teaching Strategies Help?

Note: Refugees from a variety of countries in Africa, Southeast Asia, the Middle East, and the former Soviet Union attend Spring Institute programs. Since Spring Institute started working with refugees in the early 1980s, teachers in the WorkStyles© pre-employment training as well as ESL classes have created ways to help their refugee students develop strategies to cope with the cultural adjustment challenges which all newcomers face and which can become mental health issues. The following activities include ideas for variations contributed by many of the Spring Institute teachers.

How can ESL teachers help refugee students develop strategies to cope with cultural adjustment and mental health issues? This section offers suggestions for techniques and activities which can be used in the ESL classroom. They are probably not so different from techniques teachers regularly use to teach English; in fact, all of these activities are appropriate for the process of developing competence in a language. The way the teacher approaches each technique turns a particular English language teaching activity into an appropriate technique for developing cultural adjustment and/or mental health strategies. It may help to ask, "How can this activity help my students gain confidence and develop skills which they can use not only to survive but also to thrive in their new society? How will this give my students an opportunity to talk about items of concern to them, to resolve issues related to their family and employment?"

Important to developing classroom activities is the understanding that refugees have

lost much that is familiar to them, including their language, their jobs, and the ability to use their skills. These actual losses result in the feeling of loss of control over everything in their lives. Many of the activities described below address this loss of control. Students depend on their teachers to help them build skill in their new language as the key element to their gaining control over their lives. Active listening, for example, which means repeating what you understand, gives the non-native speaking listeners control over the communication process by giving them an acceptable way to check their comprehension. Planning long- and short-term goals helps people gain control over the future. When realistic steps can be identified, the end goal becomes more attainable. Using skits, role plays, and case studies to explore problems people face on the job allows learners to ask questions, engage in frank discussions, and develop creative solutions that can be applied to real situations again and again to gain a sense of control.

Activities which help develop strategies for coping with cultural adjustment are actually activities to promote mental health. If people are able to deal with issues of cultural adaptation, which are normal issues for any newcomer, and they are able to develop skills in their English classes to cope with these challenges, they will also be enhancing their mental health.

Steps to the Future - Realistic Expectations

Goals:

- To identify long-term goals
- To clarify the actions or steps that need to be taken to reach those goals
- To acquire realistic expectations regarding both long and short-term goals

Mental Health-Related Goals:

- To develop a sense of control over the future
- To establish a reason for taking a job that isn't exactly what someone wants and seeing it as a step along the way to the long-term goal

Level:

- Intermediate to advanced, literate
- Learners with strong technical skills as well as those with limited employment experience

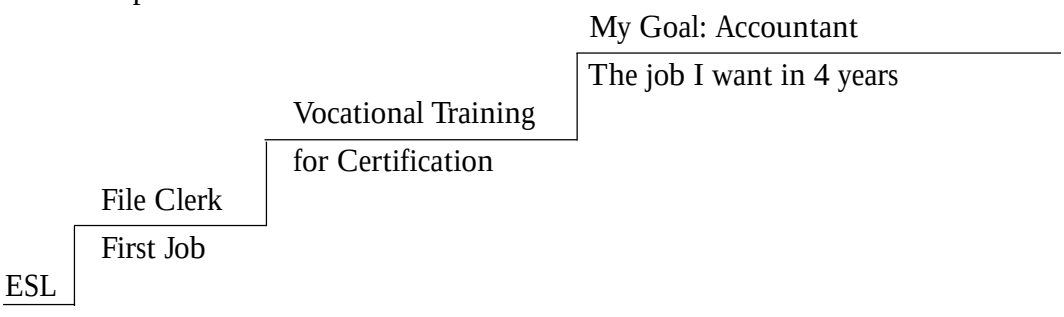
Classroom Configuration:

- Whole group, individual, and small groups

Procedure:

1. Ask people to think about what they would really like to be doing in 3 to 5 years. What job would they like to have? What education would they like to achieve? What skills would they like to acquire?

2. Draw a set of steps on the board or flip chart, and write the goal for one of the learners on the top step which represents 3 to 5 years from now. Have that student along with the others in the class identify the steps needed to get there. What entry-level job would be an appropriate first step for this person? What about further English language training? Is certification and further training in the field needed? Elicit as much from the people in the class as possible and write their suggestions on the steps.



3. Have all the learners identify a three to five-year goal for themselves and write down on their own paper some of the steps they must take to get there. Help with vocabulary and provide information when there are questions about requirements for different professions.

4. Have students share their steps to the future with other classmates. (It is okay if people do not want to talk about this with other students, but it is amazing how real and *possible* it becomes when people are willing to do this.)

5. As part of this activity or at another time, introduce the question, "Why is it okay to take a job that is not exactly what you want?" Most people are eager to get a full-time permanent job, so they may not have considered the benefits of an entry-level job or a part-time or temporary job if they are unable, at first, to get permanent employment in their field. Have students discuss in small groups reasons to take such a less than perfect job. Have each group select a secretary and a reporter. A person with stronger English skills can be asked to write the ideas on the flip chart as they are reported by each group. The reasons could include:

   - To earn money to live on
   - To learn more English on the job
   - To get job experience in the US
   - To do well so the boss will give you a good reference
   - To do well so you get promoted
   - To have a chance to work at other jobs in your field
   - To make contacts, network
   - With a part-time job, to have time to go to school
   - To have time to care for children

Mental Health Notes:

Often people feel hopeless when they think they will never be able to use the skills and training they have acquired, or that they will never be able to learn English well enough to function on a job in the United States, or when they believe they will be stuck in the first job they take in the US for the rest of their lives. Just having a chance to work through how they might actually get to their dream gives many people a sense of control over their lives.

Active Listening

Goals:

- To follow instructions
- To ask questions and to use feedback skills in asking for clarification
- To complete a task with a partner

Mental Health-Related Goals:

- To gain confidence in one's ability to understand and to confirm understanding of oral communication
- To gain control over the communication process

Level:

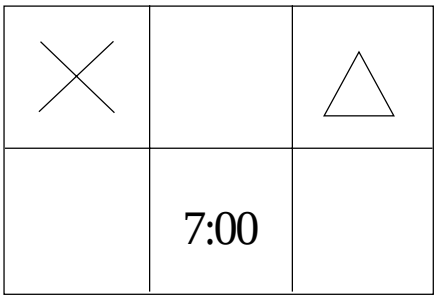
- Beginning to advanced

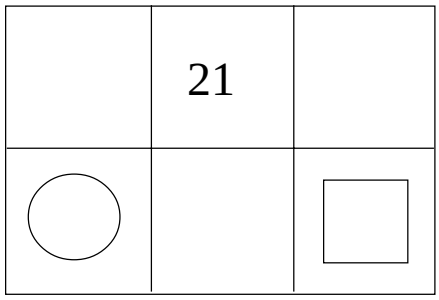
Classroom Configuration:

- Whole class for demonstration
- Small groups and pairs

Procedure:

1. Demonstrate active listening by using two different grids, one with half of the spaces filled in, the other with the remaining spaces filled in. Place a barrier (such as a folder standing up) between two people so that they cannot see each other's work. Grids for lower level English speakers can include shapes, letters or numbers, while grids for higher level students can include words. Have them complete the grids by asking questions and using active listening or feedback (repeating what was understood) to check their comprehension, and by filling in the blank squares.





2. Have students do the activity in pairs, preferably with someone who does not speak the same language.
3. Debrief the activity. What strategies did people use to communicate? How is the skill of active listening useful on the job, in following directions, on the phone, in all relationships?

Mental Health Notes:

Active listening gives the listener control over the communication loop. It provides the speaker a chance to clarify as the listener focuses on what was understood and alerts the speaker to what was not understood "So, I should stack all the chairs on the north (not south) wall?" "That's right, on the north wall." This seems like a small victory, but this strategy allows people to reinforce that they can understand something when it sometimes appears they understand nothing.

Islamabad

Goals:

- To practice active listening
- To describe a place or event that is significant to the speaker

Mental Health-Related Goals:

- To feel that others are really listening and care about the speaker's experience
- To contribute to the mental health of all students, but especially those who have experienced traumatic loss and displacement

Level

- Beginning to advanced

Classroom Configuration

- Whole class for demonstration
- Small groups or pairs

Procedure:

1. Demonstrate the activity for the whole class. Describe a place or event that is important to you. Using rods to illustrate, tell about a place, and step-by-step, create that place or story by building it with the rods (or other manipulatives).
2. Ask the students to recall your description and repeat your story or description while looking at the model. Each student can add a different detail until the whole model is described. If a detail is not mentioned, you can add it, or another person in the class can contribute the detail.
3. Disassemble the model and ask two or three students to rebuild the model together while saying the sentences that describe the place or event. Often people indicate a true understanding of the emotion that is attached to the story by adding words that describe feelings. Vocabulary is expanded as people replace your words with synonyms or by paraphrasing.
4. Have students work in pairs, each of them describing a significant place. When each person has completed his/her story, have the other person reflect back (active listen), repeating the description as it was understood. Learners often discover that their classmates truly understand some of what they felt but did not actually say.

Mental Health Notes:

Islamabad is an activity described by Earl Stevick (in *Teaching Language, A Way and Ways*) and named for the city that was described by the first student to do the activity. It is an excellent device for allowing people to express their feelings in English. Although the activity allows people to choose a neutral topic to describe, the ESL classroom is often the first place people tell their stories of the refugee experience. This kind of sharing in a safe space can contribute to healing the experience of loss; in this sense, Islamabad can be an activity which promotes mental health. Moreover, the experience of feeling listened to can also contribute to a sense of self-worth.

Language Experience / Group Writing

Goals:

- To write a poem or story in English
- To work together with other learners

Mental Health-Related Goals:

- To express feelings in English

Level:

- Beginning to advanced, literate

Classroom Configuration:

- Whole class, small groups

Procedure:

1. Have students work in groups by common culture.
2. Ask the learners to choose something they remember or love about their country or a topic that they all know something about. Pictures, music, folk tales, story cloths, craft items, jewelry, clothing all can provide the stimulus for group writing.
3. Give time for people to talk together suggesting words in English as well as the native language to describe the item or to tell a story. Encourage learners to work together to expand the vocabulary to include words for their feelings. Have one of the group members write the words.
4. Have the learners tell you a story or describe an experience in two to four sentences or phrases using the vocabulary they have generated. Have them take turns saying the sentences or thoughts while you write what they say.
5. Read the passage to the group.
6. Have the students read the passage aloud as a group, and then as individuals.
7. Make any changes that the students suggest.
8. This activity can be used with illiterate or beginning students if the teacher does all the writing as the students dictate. If some of the students in a multilevel class can handle the activity alone and some cannot, group the more advanced students together to create their own story or poem. The teacher can become a member of, and scribe, for the less academically experienced.

Following is an example of a poem written by newly literate students during a Group Writing activity:

A Beautiful Thing
by Kaying Vang, Houa Vue, and Youa Kue

In my country there is a beautiful sound. It is in the tree.
It is made by birds and insects. I like this sound because
it makes my heart fly away to Laos.

Mental Health Notes:

While it is important to be sensitive to whether or not talking about home will prove to be too emotional an experience for some students, often people have not had the opportunity to share their positive memories. This kind of activity both provides language to do that and a safe environment in which to give voice to their feelings. Students should never be forced to talk about memories or feelings, but, given the option, they may find it very helpful.

Culture Shock

Goal:

- To describe experiences in English

Mental Health-Related Goals:

- To raise the level of awareness about culture shock
- To express emotions in English

Level:

- Multilevel

Classroom Configuration:

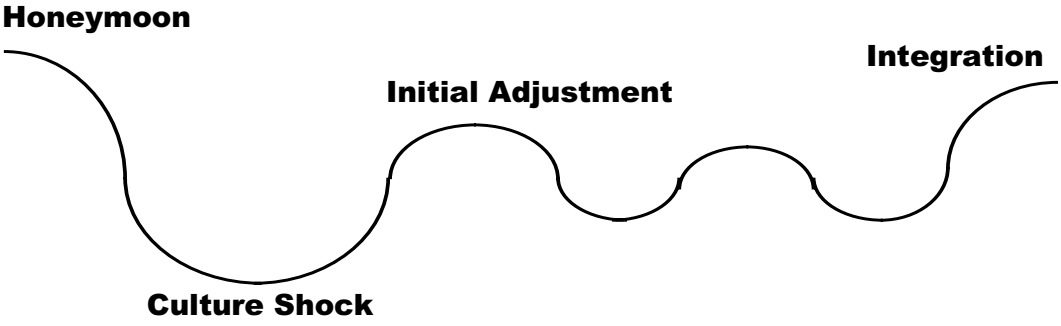
- Whole class

Procedure:

1. Ask people how they felt when they first arrived in the US. Ask them how they felt after four or five months. Write their responses on the flip chart or board. Responses may include:

When I first arrived, I felt....	Later I felt....
happy	*lonely*
excited	*homesick*
tired	*small*
scared	*depressed*
everything was interesting	*sad*
welcomed	*discouraged*
confused	

2. Draw the culture shock curve on the flip chart or board, and label the different stages.



3. While people have different experiences, almost everyone feels some sort of discouragement after the "honeymoon" (the idealization period) when things seemed exciting and at least hopeful. Culture shock is normal. Even after initial adjustment, there may be more ups and downs before integration is achieved. Ask people to share where they are at this moment on the curve.
4. Have them suggest strategies for dealing with culture shock. Ideas may include:
    - meet new people
    - help other people from my culture
    - take care of myself and be patient
    - talk to other people
    - study new things
    - volunteer to work in areas I am familiar with
5. Culture shock can be seen as a manifestation of people's regret about things they have lost, the things they miss. Another way to help people acknowledge the pain of leav ing their homeland which contributes to culture shock is to have them list the things they miss. Write them on the flip chart or board. These might include:

• friends	• relatives	• good food
• beautiful	• mountains	• the moon
• fruit	• big trees	• culture
• nature	• smells	• home
• the sea		

Mental Health Notes:

If people are still in the Honeymoon stage, it helps to know that while they will likely experience ups and downs, culture shock is a normal reaction to life in a new country. If they are feeling depressed, being able to acknowledge their feelings can be the first step toward recovery. Knowing that such feelings are not unusual and that they can change to a new phase is helpful for many students.

Total Physical Response

Goals:

- To use words which express emotion appropriately

Mental Health-Related Goals:

- To be able to express feelings in English
- To reduce stress through physical activity

Level:

- Beginning to advanced

Classroom Configuration:

- Whole class

Procedure:

1. Introduce the words for emotions by demonstrating facial expressions which are associated with those emotions. For example, a smile for happy, a bowed head for shy, a wrinkled forehead for worried, and a turned down mouth for sad. Show a sheet of faces which depict different emotions (such as one published by Creative Therapy Associates, Inc.), and have students practice identifying the faces which illustrate the emotions you have demonstrated.
2. Have everyone stand up. Make a face and say, "I feel sad." Have students repeat the sentence and imitate your face. (Total Physical Response)
3. Ask students to pantomime the way they feel. The rest of the class guesses the word they are acting out. Then all the students act out the emotion as well as say, "I feel _____."
4. Expand the activity to include the rest of the body. Illustrate emotions both with facial expressions and with actions of arms, torso and legs. For example, fling your arms up in the air, add a big grin on your face, and jump up and down to express really happy or ecstatic. Each day increase the number of words which express emotions; be sure to involve the whole body. Again ask students to pantomime the way they feel to include the new words.
5. Start out each day asking students to show how they feel. The rest of the class can guess the emotion from their actions. Try ending each day by checking in again.

Mental Health Notes:

English lessons often focus on teaching words for objects and actions. They do not always include words which express emotion. This activity gives people the words to express the way they feel, and it validates those feelings. When people can express their feelings (both positive and negative), they are more likely to be able to move on and not "get stuck" in negative emotions. The addition of physical action, a form of exercise, contributes to a feeling of well-being as more oxygen enters the system and the endorphins increase.

(Idea contributed by Terry Villamil, Long Beach Unified School District.)

Dialogue Journals

Goal:

- To communicate with another person in writing

Mental Health-Related Goal:

- To communicate ideas and feelings in writing

Level:

- Intermediate to advanced, literate

Classroom Configuration:

- Individual work

Procedure:

A dialogue journal is a written conversation between the teacher and each student. The "conversation" is private, regular, and ongoing. Students can write about anything that interests them, and the teacher responds to the message, as in a conversation, without grading or correcting.

1. To get started, have each student buy a notebook. If you feel people may be intimidated by the thought of having to write anything, have them buy a small notebook or give each student a simple paper booklet such as a "blue book" (which is used for exams at universities).
2. Initially, give students time to write in class. They are free to write as much as they want. They may write about their activities, issues that interest them, or simply whatever they are thinking about. (Later you may wish to have students write in their journals at home or when they think of something they want to add during the day.)
3. Collect the journals in class. (You may want to work out a schedule to exchange the journals perhaps two or three times a week if daily is not feasible.) Write a response to what the student has written. Your response should be more than "great" or "interesting". Write back to the student; respond to the content of the journal, and add your own thoughts or ask a question as you would in a verbal conversation.
4. Students may ask you to correct their journals. While, strictly speaking, this is not the purpose of a dialogue journal, you and the students will see improvement in their written expression as you model grammar structures, vocabulary, and spelling that they begin to incorporate. You could suggest that students ask you in the journal if they have used a word correctly or if a particular sentence is grammatically correct. This gives them an opportunity to take more responsibility for their learning by identifying what they want to clarify or learn.

(For additional background, read *Dialogue Journal Writing with Nonnative English Speakers: A Handbook for Teachers* by Joy Kreeft Peyton and Leslee Reed, TESOL, 1990.)

Mental Health Notes:

From a purely language learning perspective, journals provide a way for students to try out and gain confidence in using their writing skills. Journals give teachers a way to assess language skills and to identify problem areas to include in lessons. More significantly, they allow students to communicate in a safe environment about subjects that are important to them. Some of the topics may be neutral, but some may be about cultural differences and the students' responses to feelings of isolation or sadness. Writing about these feelings can be a step toward cultural adaptation and mental health. Journals permit students to experiment with, and can help to develop, appropriate strategies to communicate sensitive subjects to another person in this culture.

Teachers have sometimes expressed concern that students may write about serious issues such as suicide or domestic violence or may express strong emotions which could indicate a dangerous or crisis situation. Teachers need to think through ahead of time how they could deal with expressions of more severe problems. Most teachers are not psychologists or psychiatrists, but teachers are frequently on the front lines when topics that are better addressed by professionals come up. (Some national and state resources to contact are listed in the final section of this booklet starting on page 48. Teachers need to develop their own lists of local resources.)

Skits / Role Plays / Case Studies

Goal:

- To develop strategies to deal with stressful situations

Mental Health-Related Goal:

- To raise awareness that cultural adaptation issues can become mental health issues

Level:

- Intermediate and advanced, but all levels can benefit

Classroom Configuration:

- Whole class, small groups

Procedure:

1. Think of the many situations and critical incidents which cause and result in stress, especially for people from other cultures: a new job, changing gender roles, the challenges of raising children in the American culture. Make up skits to depict these situations and prepare a script which includes the issues in the dialogue. Learners should be able to identify the problems easily as well as suggest solutions during the debriefing.
2. Trainers or advanced students act the parts in each skit. Speak clearly and a little slowly but with feeling. Video tape the skit so that it can be shown again if some participants do not understand some of the issues.
3. Ask learners to identify the problems that the people in the skits have. Write them on the flip chart as they are mentioned. For example, some of the problems with a new job might include:
   - Not familiar with American measurements, tools, and equipment
   - Boss wants a job done quickly, is impatient
   - Concerned other workers are talking about him/her
   - Can't understand the supervisor because he/she talks too fast
   - Works through the break because he/she's behind in work
4. Point out that when people have to deal with problems like these, adjust to a new culture, and learn a new language, they often suffer "stress" and that stress itself can lead to health problems.
5. Ask participants to suggest solutions or ways people can reduce stress. Write their suggestions on the flip chart. Their ideas may include:
   - Take regular breaks
   - Get exercise, join a sports team

- Communicate with the people you have the problem with
- Identify a friend (American or from native culture) who will listen when problems occur
- Practice relaxation techniques
- Take walks
- Read
- Listen to music
- Talk to the boss and ask for help, get training
- Make friends on the job, talk with co-workers

6. Have several people role play the same situation incorporating some of the suggestions so that the skit has a different outcome.
7. Extend this activity with case studies. Write a brief description of other problem situations. Have students discuss the issues and solutions in small groups, write their main points, and share them with the larger group or role-play different solutions.

Mental Health Notes:

Discuss the importance of dealing with problems when they are small. If learners begin to experience depression or stress, or they know people who have difficulties, awareness that there are ways to reduce tension is a major step in solving problems.

Planning Activity for Lesson Content Relevant to Mental Health

The grid on the following pages was developed by Shirley Brod, Spring Institute for International Studies, and has proved to be very useful in helping teachers identify topics of concern to refugees that are very appropriate for the content of ESL lessons and have implications for mental health. All three columns are filled out for some of the topics as examples of how identification of certain competencies can lead to appropriate activities and materials for a lesson. Other components of good lesson planning could be added to this grid, such as identification of the grammar points to be included in the lesson. There are many other topics that could be added to this list.

This grid has been very useful in teacher training workshops as small groups of teachers work together to identify needed competencies related to mental health and to discuss how a lesson might result.

Preventive Mental Health Activities in the ESL Classroom

Stressors	Preventive Mental Health Activities	Materials
I. Feelings of isolation & abandonment	Introduction activities to get acquainted, create classroom rapport, establish support groups, develop cross-cultural sensitivity	Interview grids Human Bingo Islamabad Experience stories Class-produced newspapers or magazines Ethnic show & tell
A) Loss of support group in extended and/or nuclear family; no culturally acceptable individuals with whom to discuss private/personal problems	Set up hypothetical, depersonalized situations in the classroom in which "someone" has problems, and class helps work toward solutions	Puppets or masks Drawings & pictures Skits & role plays Class composition
B) Move from country to city or from city to country	Field trips to locate community resources for help and fun	
C) Ethnic harassment in the neighborhood, home, school or society	Open-ended close to elicit discussion; practice in role plays calling for police or help; classroom visit by police HR officer; neighborhood associations for self-help	Pictures and drawings
D) Changing culturebound "clues" for acceptable behavior in school, social, and employment situations	Films, role play, stories read silently by group or out loud by teacher, incorporating correct behavior (or incorrect behavior) which students point out, discuss; Problem-solving situation is set up, students determine appropriate behavior (such as critical incidents). Practice assertive/passive behavioral responses	Video is especially helpful here, as it incorporates "body language" as well as spoken English American Cultural Encounters, Ford & Silverman, The Alemany Press, 1980
E) Limited social/recreational opportunity due to inadequate contacts, shyness, lack of knowledge of culturally acceptable ways to meet people		

Stressors	Preventive Mental Health Activities	Materials
II. Economic stressors A) Loss of self-esteem: cannot get a job (or have a life-style) equal to that in native country Loss of face: female in family (esp. wife) goes to work; worse when husband cannot find work B) Fear of failure in applying for job 1. Literacy requirements of application 2. Oral/aural demands of job 3. Transportation problems 4. Fear of workplace (esp. if no other employees have same language/ethnicity) C) Fear of losing job D) Health care costs III. Family stressors A) Generational/culture gap 1. Children learn English faster, parents lose face, may be ridiculed 2. Children want customs of American classmates: clothing, attitude toward elders, family responsibil-ity, dating, drugs/ smoking/alcohol B) Pressure to sponsor relatives, send money to family in native country C) Survivor guilt D) Change in hierarchy of family structure, resulting loss of identity, esp. with elderly E) Necessity for wife/mother to work F) Child care costs, differ ences in laws/expecta tions about leaving children alone		

Some Resources:

Special Programs Development Branch IAG with ORR

The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF) has entered into an intra-agency agreement (IAG) with the Refugee Mental Health Program (RMHP), Special Programs Development Branch (SPDB), Division of Program Development, Special Populations, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) to provide refugee mental health consultations to the refugee resettlement network and to serve as the focal point in the federal government on mental health issues and services for refugees and torture survivors.

The Office of Refugee Resettlement (ORR) is charged with providing services that lead refugees to early economic self-sufficiency and long-term social adjustment through immediate access to refugee-specific services, particularly employment and English language training. However, as a result of trauma associated with flight and uprooting, many refugees exhibit social adjustment and mental health problems that pose barriers to their effective use of employment and language services and impede their progress to self-sufficiency. It is the services aimed at alleviating social adjustment and mental health problems that are the subject of the IAG.

Refugee Mental Health Program (RMHP) Activities:

1. Providing technical assistance and consultation on mental health and social adjustment issues to resettlement agencies and community-based organizations that are trying to establish and/or expand mental health services or collaborate with local professionals to respond to mental health needs of refugees

2. Providing consultations to ORR staff on refugee mental health program development, with particular emphasis on new program initiatives

3. Educating and providing consultations to public and private mental health clinics and programs about mental health needs and social adjustment issues of refugees, identification and management of severe mental illness in refugees, and variables involved in prevention of various psychiatric disorders

4. Conducting regional workgroup meetings, conferences, and symposia on special refugee populations, including newly arrived refugee groups, or special mental health and social adjustment issues, including but not limited to issues of violence, torture, and trauma

5. Identifying refugee mental health materials, programs and expertise available nationally and maintaining an up-to-date, retrievable collection of these resources

6. Providing technical assistance and consultation in the area of refugee mental health to scientists and health professionals within

Elzbieta Gozdziak, PhD. Elzbieta Gozdziak is currently a Public Health Advisor in the Refugee Mental Health Program, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (DHHS). Dr. Gozdziak has over a decade of experience in managing, teaching, and conducting basic and evaluation research and policy analysis in the area of international migration, admissions and resettlement policies, health and mental health, employment and English language programs, adaptation of refugees and immigrants in the U.S., ethnic diaspores, ethnic conflict, ethnic minorities, and gender and age issues.
Telephone: 301-443-2131; E-mail: egozdzia.samhsa.gov

John J. Tuskan, Jr., RN, MSN. John Tuskan is a Commissioned Officer (Captain) in the US Public Health Service, currently assigned as a Senior Public Health Advisor in the Refugee Mental Program, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (DHHS). While with the INS, he served as the Operations Officer for the provision of care to individuals detained by the INS and has also completed humanitarian field assignments in response to domestic disasters, mass immigration emergencies, and refugee emergencies in the Middle East.
Telephone: 301-443-1761; E-mail: jtuskan@samhsa.gov

Mailing Address for Elzbieta Gozdziak and John Tuskan:
Center for Mental Health Services
Refugee Mental Health Program
Parklawn Building, Rm. 18C-07
5600 Fishers Lane
Rockville, MD 20857

Further Resources

Immigration and Refugee Services of America announces two mental health publications to appear in summer, 1999

A. *Field Guide to Refugee Mental Health*, a comprehensive guide for refugee service providers containing information on topics of immediate concern including:

- The stages of acculturation and resettlement
- How to recognize the signs and symptoms of serious trauma
- How to assess suicide potential and determine intervention
- Signs and symptoms of post-traumatic stress disorder and depression
- The effects of torture on survivors and their communities
- Culture-specific information on recently arrived refugee groups
- Self care for providers serving traumatized populations

B. *The Healing Partnership: Primary Prevention in the ESL Setting* (a second edition of Preventive Mental Health in the ESL Classroom), originally published in 1986 by IRSA, is a monograph that recognizes the critical role played by the ESL teacher in assisting students in healing from trauma and creating a healing classroom atmosphere. The monograph will be updated to reflect current, newer refugee populations; have expanded sections dealing with adjustment and cultural adaptation; and be reissued in an attractive format.

Write:
Immigration and Refugee Services of America
1717 Massachusetts Ave. NW, Suite 701
Washington, DC 20036
Call:
(202) 797-2105
Fax:
(202) 347-2576

The Arab-American and Chaldean Council's (ACC) mental health service providers training manual *Culturally Competent Practice with Arab-Americans* can now be accessed via ACC's website at www.arabacc.org.

Write:
Arab-American and Chaldean Council
28551 Southfield Road, Suite 204
Lathrup Village, MI 48076
Call:
(248) 559-1990
Fax:
(248) 559-9117

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

Write:
P.O. Box 42490
Washington, DC 20015

Call:
1-800-789-CMHS (2647)
Monday to Friday,
8:30 A.M. to 5:00 P.M., EST

Electronic Bulletin Board System (BBS): 1-800-790-CMHS (2647)
Telecommunications Device for the Deaf (TDD): 301-443-9006
Fax: 301-984-8796
Email: ken@mentalhealth.org

Advocates For Survivors Of Trauma And Torture
Contact: Karen Hanscom
201 E. University Parkway, Suite 440
Baltimore, MD 21218
Phone: (410) 554-2504
Fax: (410) 243-5642
E-mail: kh@igc.apc.org

Amigos De Los Sobrevivientes
Contact: Beth Hunt
P.O. Box 50473
Eugene, OR 97405
Phone: (541) 484-2450
Fax: (541) 485-7293
E-mail: amigos@efn.org

Bellevue/NYU Program For Survivors Of Torture
Contact: Allen Keller
NYU School of Medicine
c/o Division of Primary Care Internal Medicine
NYU School of Medicine
550 1st Avenue
New York, NY 10016
Phone: (212) 263-8269
Fax: (212) 263-8234
E-mail: ask45@aol.com

Center For Multicultural Human Services
Contact: Judy B. Okawa
701 W. Broad Street, Ste. 305
Falls Church, VA 22046
Phone: (703) 533-3302 X 43
Fax: (703) 237-2083
E-mail: CMHS2000@aol.com

The Center For Survivors Of Torture
Contact: Patsy McNatt
% Proyecto Adelante
3530 4th Lane, Suite 350
Dallas, TX 75234
Phone: (214) 352-7007
E-mail: cst@cyberramp.net

Center For Victims Of Torture
Contact:
717 East River Rd
Minneapolis, MN 55455
Phone: (612) 626-1400
Fax: (612) 626-2465
Web Page: http://www.cvt.org

Institute For The Study Of Psychopolitical Trauma
Contact: Carlos Gonsalves
Kaiser-Permanente Child Psychiatry Clinic
900 Lafayette St. #200
Santa Clara, CA 95050
Phone: (408) 342-6545
Fax: (408) 342-6540

Khmer Health Advocates
Contact: Mary Scully
29 Shadow Lane
W. Hartford, CT 06110
Phone: (860) 561-3345
Fax: (860) 561-3538
E-mail: mfs47@aol.com
Web Page: http://www.hartnet.org/khmer/

Marjorie Kovler Center For The Treatment Of Survivors Of Torture
Contact: Robert DeYoung, PhD
4750 N. Sheridan Road, Ste. 300
Chicago, IL 60640
Phone: (773) 271-6357
Fax: (773) 271-0601
E-mail: kovler@mcs.net

Program For Torture Victims
Contact: Ana Deutsch
604 Rose Avenue
Venice, CA 90291
Phone: (562) 494-5444
Fax: (818) 704-1352
E-mail: adeutsch@uca.edu

Rocky Mountain Survivor Center
Contact: Gay Guilliland-Mallo, LCSW
1547 Gaylord Street, #100
Denver, CO 80206
Phone: (303) 321-3221
Fax: (303) 321-3314

Survivors International Of Northern California
Contact: Beatrice Patsalides
447 Sutter Street, #811
San Francisco, CA 94108
Phone: (415) 765-6999
Fax: (415) 765-6995
E-mail: survivorsintl@msn.com
Web Page: http://www.survivorsintl.org

Survivors Of Torture, International
Contact: Kathi Anderson
P.O. Box 151240
San Diego, CA 92175
Phone: (619) 582-9018
Fax: (619) 582-7103
E-mail: surv.tort.intl@juno.com

Training And Treatment For Survivors Of Severe Trauma
Contact: Jean Abbott
Casa Arco Iris
4440 Arco
St. Louis, MO 63110
Phone: (314) 652-9618

E-mail: JAbbott@Provident@org

Travelers Aid/Victim Service (Ta/Vs)
Contact: Ernest Duff
74-09 37th Avenue, Room 412
Jackson Heights, NY 11372
Phone: (718) 899-1233, Ext. 101
Fax: (718) 457-6071
E-mail: Eduff@victimservices.org

National Council for Community Behavioral Health Care
Charles G. Ray
President and CEO
12300 Turnbrook Parkway, Suite 320
Rockville, Maryland 20852
Phone: (301) 984-6200
Fax: (301) 881-7159
E-mail: www.nccbh.org

National Alliances for the Mentally Ill: 1-800-950-6264

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

National Mental Health Association: 1-800-433-NMHA (6642)

National Institute of Mental Health http://www.nimh.nih.gov/

Center for Mental Health Services: http://www.mentalhealth.org/

About the authors:

Myrna Ann Adkins became President of the Spring Institute for International Studies in 1985, after having served as Director of Refugee Programs for the Institute since 1980. She has provided technical assistance and training across the United States for case managers, mainstream mental health providers, paraprofessional mental health workers and ESL teachers. She has served as Project Director and Senior Trainer for many projects funded by the Office of Refugee Resettlement. She provides training for ESL teachers on cultural adjustment and mental health in the ESL classroom. Ms. Adkins also provides training for employers related to developing cultural competency in working with culturally diverse employees.

Dina Birman, Ph.D., is a Psychologist and currently a Research Fellow at Georgetown University Medical Center in Washington, D.C. For six years Dr. Birman worked as a Psychologist for the U.S. Public Health Service, providing consultation on refugee mental health issues to the Office for Refugee Resettlement, state, and local refugee resettlement agencies nationwide. She then managed research and training programs in the Office for Special Populations of the National Institute of Mental Health, part of the National Institutes of Health. Dr. Birman's expertise is in the area of acculturation and adjustment of immigrants, particularly adolescents and their families. Currently she is conducting research on acculturation and adjustment among refugee adolescents and their families, and the impact of culture and ethnicity on effectiveness of mental health treatment for immigrants and ethnic minorities in the U.S.

Barbara Sample, Vice President and Director of Educational Services at the Spring Institute, has worked in the areas of cross-cultural training and English as a second language for over twenty-five years. She has given presentations at numerous local, state, and national professional conferences, focusing on competency-based ESL, mental health in the classroom and empowerment strategies. Ms. Sample has been the coordinator of Spring's WorkStyles pre-employability and personal effectiveness skills training. She played a major role in adapting the materials for use with non-native speakers of English and has developed a manual for trainers. In 1992, she wrote *Teacher's Book 2* for the *Crossroads* Adult ESL series published by Oxford University Press. Ms. Sample is a co-founder of the Spring Institute.

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