

# Connections

An information service of Immigration & Refugee Services of America's *National Alliance for Multicultural Mental Health*

VOLUME 3, NUMBER 3

August 2002

IRSA's annual mental health conference was held in Atlanta, Georgia, June 8-11, 2002, and was very well received by the participants. Our "Call for Papers" yielded outstanding presentations and we are devoting this issue of Connections to some of the highlights of the conference. While the formal presentations are the backbone of any conference, the networking opportunities hopefully initiate and expand collaborative work that often lasts long after the conference is over. We hope that this conference was no exception.

The conference this year was slightly different than in previous years in that we had a formal training "Institute" the first day, June 8, for which participants registered separately from the conference. Almost 1/2 of the conference participants took advantage of this opportunity and we plan to have this format for future conferences. The conference was approved by the National Association of Social Workers for a total of 17 CEUs.

We were especially pleased to have Mary Pipher, Ph.D., as our keynote speaker. She is the author of the best selling book, Reviving Ophelia: Saving The Selves of Adolescent Girls (Putnam Press 1994, Ballantine Press 1995) and others. Mary talked about her experiences in the research for her new book: The Middle of Everywhere: The World Comes to Our Town (Harcourt Brace, March 2002). After her talk, someone said that it should have been broadcast nationwide! If you haven't yet gotten her book, it comes highly recommended.

This issue begins with the most inspiring talk by Dr. Bernard Kempler on "The Resilience of the Human Spirit" which we include in its entirety. He set the tone for the conference as he discussed his own personal experiences as a survivor of the Holocaust and as a refugee, first in Sweden, and, then, in the United States. His story inspired all of us and was the perfect beginning to the work sessions.

Following Dr. Kempler's paper is a summary of the Institute trainings with contact information for the main presenters.

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These five-hour sessions were designed to provide a more detailed presentation of each respective topic.

The remainder of the newsletter consists of the titles of presentations, author contact information, and

bibliographies for each topic. You can find more biographical information about the presenters on our website: [http://www.refugeesusa.org/who/prog\\_info\\_sp.cfm](http://www.refugeesusa.org/who/prog_info_sp.cfm). We hope that you will find this a useful resource - and that it will encourage you to join us at our 2003 conference!

## The Resilience of the Human Spirit

*By Bernhard Kempler, Ph.D., ABPP*

It is an honor for me to be invited to speak to this organization and this audience at the opening of your conference. I am impressed with the many interesting workshops and other presentations on your program. I appreciate the work you are doing to assist refugees who are attempting to make this tremendous transition from destruction to renewal, from despair to hope, from being lost and homeless in the world to building new homes and new lives. I hope to contribute in some small measure to your invaluable efforts.

On December 24, 1951, my family and I sailed into New York harbor on the Swedish ocean liner, Gripsholm. Our family consisted of myself, my sister, Anita, two years older than me, and our mother and father. We had embarked from the southern Swedish port of Malmö and encountered strong storms during our voyage. As we approached New York on Christmas Eve, however, the sea was calm, and, standing at the railing on the deck, we were gradually able to see the Statue of Liberty and the skyline of Manhattan emerging out of the mist.

It is difficult to capture my feelings at this sight. In 1951, television and other images of far away places were not as ubiquitous as they are today. Photographs, as well as written and verbal stories about New York City and the U.S. had created a vague image for me of a mythical place on a scale that could hardly exist in the world I knew. "My God," I thought, "it is real and I am here." I was filled with excitement but also fear. How would I, how would we, manage in this city and this country where we knew practically no one, where everything was bigger, faster, stronger, louder, and "more" of everything we had ever known. We did

not speak the language. Would we, would I have the courage, the energy, and the personal resources—even the luck—that would be required to create a new life here?

But, paradoxically I also felt that we had reached home. We were at the end of our wanderings. I don't know whether people the world over, and immigrants and refugees in particular, still see America as the Promised Land, as the beacon of freedom and opportunity. But as we sailed by the Statue of Liberty, I definitely felt I had arrived. The thought that if "things did not work out," we would go on to somewhere else simply did not, and could not, have occurred to me.

Ponder for a moment on the famous inscription from Emma Lazarus's poem at the foot of the Statue of Liberty,

"Give me your tired, your poor,  
Your huddled masses yearning to breathe free,  
The wretched refuse of your teeming shores.  
Send these, the homeless, tempest-tossed to me,  
I lift my lamp beside the golden door!"

Stop and think for a moment about these words. I believe you will see that they are somewhat "tongue-in cheek," even ironic. "Yes," the great lady seems to be saying, "I know very well that you are tired, I know very well that you come with little or no money or material wealth. I know you have been treated like refuse, that you have been homeless, and have been tossed from place to place. But it is you, especially you, that I welcome. I know that here your energies, your spirit, your pent-up aspirations and resourcefulness will find a place to express itself and grow. And, so, I hold up the lamp of welcome to you."

This may sound like an overly idealistic, romantic, and even a Pollyanna view. I remember for several years, living in Brooklyn, NY, listening to the radio station WNYC. This station had a sign-on statement in the morning that went like this, verbatim: "This is New York, the city of opportunity, where 8 million people live in peace and harmony, enjoying the benefits of democracy." I believed that and felt fortunate to be included under this promising umbrella. Of course, we all know that coming here as a refugee can be extremely challenging and difficult, that people are torn away from their homes, their families and friends, their cultures and their way of life. I realize that many refugees never quite adjust to being here, they don't necessarily live in peace and harmony, enjoying the benefits of democracy. A Bosnian refugee said to me recently, "my heart is still in Sarajevo." Refugees are sometimes exploited in our freewheeling and profit oriented society. The clash of cultures can play havoc with families. But for me personally, when we arrived, the sense of promise and something that corresponded to the inscription on the Statue of Liberty was part of my complex feelings as I sailed into New York harbor. And it is possible that I felt this, and my sister, Anita, felt it because the two of us had, in fact, been refugees all of our lives.

We did not make it through immigration that day. Some question was raised about my father's papers, and it being Christmas Eve, the immigration people were not highly motivated to take the necessary time to resolve questions, even minor ones. Thus, the four of us were sent to Ellis Island, and it was from behind the prison-like bars of this facility that we watched the skyline of Manhattan for another week. You can only imagine what a tense week that was. If we were not allowed in, where would we go, what would we do? Then, without explanation, we were taken onto a harbor taxi and deposited on the streets of New York City. Now we were really here.

I want to say something about the topic of my talk, "The Resilience of the Human Spirit." I have worked as a clinical psychologist, a professor, and a psychotherapist for 40 years. In the past couple of years, the concept of "resilience" has achieved wide usage. I see the interest in resilience as a direct outgrowth of the interest in the effects of extreme and violent experiences, especially in the nature of psy-

chological trauma, posttraumatic stress disorder, and the mental health of traumatized individuals and populations. In studying these issues, we also became aware that some individuals seem to survive such experiences surprisingly well, showing little or no trace of the common PTSD symptoms. What could explain the resilience shown by these individuals? If we could gain a clearer understanding of this resilience, perhaps we could enlist it in helping people to survive extreme situations and also to heal afterwards.

On a personal level, I have been asked in the past few years, "How do you account for your resilience?" The question initially surprised me, as I had not thought of myself in terms of resilience. But on further thought, and given my history, I could understand why I was being asked. I decided to reflect on my own experiences from a psychological, or mental health, perspective to see if I could generate some reasonable ideas that might help us understand human resilience. Thus, I will give you a quick account of my early experiences during World War II, my life as a refugee in Sweden for a number of years, and my life after coming to the US. I will then share with you my reflections on what might have been helpful to me, what might have contributed to my resilience, both during the war and as a refugee afterwards.

My intention is truly not to present myself as a paragon of human resilience. I know from my work as a psychotherapist that much can be learned from the detailed study of individual life experiences. So I am merely subjecting my own life to some reflection and analysis to see what ideas I might develop about resilience.

I was born in 1936 to a Polish Jewish family in Krakow, Poland. I was a little more than three years old, and my sister Anita was five, when German armies marched into Poland on September 1, 1939. By the time the two of us were brought to Sweden by the Swedish Red Cross on April 28, 1945, we had been subjected to the full duration, the breath, and depths of the Holocaust.

Looking back, I can say that in the fall of 1939 and for several months thereafter, my three-year-old mind could only sense a growing feeling of anxiety

and foreboding creeping into our everyday lives with increasing urgency. It was also in the first few weeks of the occupation that my father left and did not return, and we were not to see him again until eight years later. My sister's and my life in our apartment came to an abrupt end one day when a German soldier appeared unexpectedly and said he "had come for the Jewish children." In one of the many lucky circumstances that, taken together, resulted in our survival, we were playing hide-and-seek, and thus it was possible for our hired caretaker (who lived with us and whom we called "NiaNia") to tell the soldier that we were in the park playing. He said he would come back for us later. Moments after he left, we were running to the house of one of NiaNia's friends, and we never again returned to our apartment.

I can only briefly summarize here what followed the next several years. (Those interested in a more complete account of our story can find it in my sister Anita Lobel's, book No Pretty Pictures, New York: Greenwillow Books, 1998. A National Book Award nominee). Together with NiaNia, we two children were in flight and in hiding for some time until we were forced to enter the Krakow ghetto, which was basically a staging area for transports to concentration camps.

The time came when everyone knew that the ghetto was to be liquidated, and, to avoid going to a concentration camp, Anita and I, together with perhaps twenty other people, hid in the crawl space beneath the roof of a six-story apartment building. We spent a night in fear as we heard shots and shouts all around us and were engulfed by the smell of burning buildings. (If you remember the opening scene of the film Schindler's List, this was the scene depicted.) But we were not discovered, despite soldiers kicking in doors and shooting on the floors immediately below us, and despite the crying of infants in our little group. When morning came and it had quieted down, not knowing what else to do, Anita and I crawled out of our hiding space and descended to the street. The results of the night's mayhem were evident everywhere, including many dead people lying in the street. Either through improvisation of the moment or by arrangement—I don't know which at this point—Anita and I found a large hole in the barbed wire and escaped from the ghetto. Somehow we met

up with NiaNia (who was not Jewish and, thus, not subject to be hunted in this way) and she took us to live in the small village in the country, where she had been born.

One challenge to this plan is that it required Anita and I to assume false identities - that of NiaNia's daughters.....yes, daughters, both of us. In Poland, only Jewish boys were circumcised, so remaining a boy was a dead give away. I grew long hair and learned to play and speak Polish grammatically like a girl (there are gender differences in all Slavic languages). We lived in this village until someone suspected us and betrayed us to the Gestapo, at which time we fled back to Krakow and found temporary refuge in a convent. In the fall of 1944, we were again betrayed and taken to the Arbeitslager (work camp) Plaszow outside of Krakow, where only those over 15 years of age were allowed in. (This was also the camp where the Schindler's List story took place.) Of the 15 children arriving on a truck in this camp, including myself and Anita, only the two of us were allowed in. The other 13 children were shot on the spot. Why the exception for the two of us? Because my uncle Zigmund, my mother's oldest brother, was a prisoner at the camp and, as an experienced architect and engineer, was forced to supervise work projects for the commander of the camp. When Zigmund was alerted to the fact that Anita and I were outside the gates of the camp, he swore to the commander that he would never work for him again if we were not let in. He was known as a man of his word and the result was that we were allowed into the camp.

Some months later, as the Russian armies were approaching from the east, the camp was abandoned and all the inmates were taken on a forced march, first to Auschwitz, then, a few weeks later, in cattle cars to the Ravensbruck concentration camp in Germany. This was actually a camp for women only, and I, still masquerading as a girl, was probably the only male inmate at this camp. Then in April of 1945, as Nazi Germany was collapsing everywhere, the Swedish Red Cross appeared at Ravensbruck and took a number of prisoners, including myself and Anita, to Sweden. Our last scrape with death was when the buses in which we were traveling were bombed during the night, and, while some people were injured, Anita and I escaped unharmed.

Arriving in Lund, Sweden, Anita and I were given our first complete medical examination since before the war. Both of us were found to have pulmonary tuberculosis, with my condition being considerably more serious than hers. We were taken to a large sanatorium in southern Sweden, where I was to spend the next two and a half years of my life.

This began my “career” as a refugee; the change in every aspect of my life was sudden and dramatic. I was lying in a clean hospital bed in a large ward together with 10 Swedish boys close to my age. I didn’t know where I was, not even what country. It was the first time ever that I was separated from Anita, though I believed that she was somewhere in the same very large building. It took me some days to feel that I was probably safe from the dangers I had lived with for almost my entire life. I gradually shifted my attention to the other boys in the room who were lively and rambunctious and chattered constantly with each other in a language that I did not understand. I had never belonged to a group of peers and I had never played with other boys. Over the next couple of weeks, a determination developed in me that I would be part of this little group; that I would leave my past behind and be like these boys. To do this, I had to speak their language; thus, I listened with great intensity during every waking hour. I found a book in Swedish in my night table and I started “reading” it, initially without understanding a single word. (How I had learned to read, having never been to school, I don’t really know.) As a result of this intense activity of listening, watching, and reading, I spoke Swedish quite well within a couple of months, and, after a few more months, I spoke it fluently with no trace of a foreign accent. I cannot emphasize sufficiently the extraordinary power of this acquisition of the language. It would be difficult for anyone who has not had this experience to know how crossing this language barrier is like walking through a huge liberating portal into a world of empowerment, connection, belonging - even, reality.

The two and a half years I spent at this sanatorium were extraordinarily beneficial for me. It was a time of reprieve during which I could catch up with normalcy, with being a child. No one spoke with me about what I had experienced during the war, which allowed me to develop a new sense of self, to build

in some strengths and perspective as a normal child before attempting to deal with my past. My transformation was so complete that when my parents, whom we found through correspondence in 1946 in Krakow, came to see me I had forgotten how to speak Polish and could not communicate with them.

My parents and my sister settled in Stockholm while I spent another year at the sanatorium. Then I was discharged, completely cured, and joined my family in Stockholm. I well remember the day when I was taken to the local elementary school and sat down with the principal and some teachers to decide what they would do with me. I was almost twelve years old and had never gone to school. But, somehow, I knew how to read (though my writing was minimal) and spoke fluent Swedish. What grade should they put me in? How fortunate for me that they decided to place me in the age-appropriate 6th grade. Again, my desire to be normal, to belong, allowed me to accept this placement and to simply do what was expected of me. It would not have occurred to me to question it, to protest, to think that I could not do it, that it was unreasonable to expect this of me. I just did it, and I enjoyed it.

Current psychological theory (including the popularity of PTSD) would anticipate my emergence from the prolonged and horrific war experiences damaged or broken in body, mind, and spirit. I don’t believe that I am damaged, and I don’t appear to be to others. I have lived a normal and good life. Except for some anxiety attacks in my twenties, I have never had classic PTSD symptoms. I was valedictorian in my high school class in Brooklyn, went to Brandeis University on full scholarship, then to graduate school where I earned a Ph.D. in psychology. I have been married for 42 years and have two very wonderful grown children.

Am I unusual? Am I possessed of an unusually large portion of “resilience”? There are those with similar reactions; for example, my sister, Anita, has followed a similar pattern. I had a friend in high school in Brooklyn, a young French Jewish boy who also survived the Holocaust, who became a successful theoretical physicist. Perhaps we should not be surprised at this kind of resilience. Perhaps we need to reexamine our thinking about this whole issue of the impact of trauma and the role of resilience.

Based on my reflections on my own experiences, I have formulated some tentative ideas that, I believe, at least apply to me.

**Human beings are intrinsically tough and resilient.** The unique evolutionary path we have taken as a species relies heavily on learning, openness, flexibility, and adaptability. We survive and even thrive in every conceivable environment on this planet and are now moving on beyond mother earth. We have created a bewildering variety of social and cultural realities, where we endlessly experiment and recreate ourselves. Certainly, one of the sterling characteristics we demonstrate in this amazing process is resilience.

**Age, or mental emotional flexibility.** It may be counter intuitive to think that living through the Holocaust as a child, rather than as an adult, could be an advantage, but I believe it was for me. In a concentration camp, children, as well as adults, are equally helpless, dependent, and uncomprehending, with no control over their lives. Such conditions are more “normal,” or age appropriate, for a young child. While physical survival was a daily challenge, emotional survival may actually have been less difficult for children than for adults. A child has not developed a sense of firm personal identity, a system of moral, social, and ethical values, beliefs, and loyalties. While a young child may feel lost and terrified, there is less of a developed psychic structure to crumble, causing feelings of humiliation, hopelessness, dehumanization, and demoralization. A child, whose parents have been killed can more easily, I believe, gravitate to another adult for love and protection. In comparison, it would be more difficult for a mother or father, whose child has been killed before their eyes, to deal with their “failure” to protect a son or daughter.

**Not taking it personally.** For whatever reason, as I look back, I did not take the hostility and mistreatment personally. I do not mean that I was not afraid, or that I did not believe I could be harmed or killed, only that I saw these actions as misguided and mistaken acts by individuals who did not know me. I do not remember the face of a single camp guard or Nazi soldier. On the other hand, I did take personally the occasional act of kindness and protection by a stranger, and I remember these faces very clearly.

**Magical/spiritual thinking.** I developed a private system of beliefs that I was personally protected by a divine power (especially the Virgin Mary; when we were not in ghettos or camps, we spent a lot of time in churches). This was a version of the “just universe” doctrine, namely, that if I behaved and thought properly, and were a good person, I would be watched over and kept safe. This was a kind of contract, and it gave me an inner sense of control over what happened to me. Was this faith or delusion? Does it matter? It protected me from unmanageable anxiety.

**Boundaries between what was and what is.** At almost the exact day the war ended, my sister and I were removed from the Holocaust scenario and found ourselves in Sweden, a quintessentially safe, decent, civilized, and peaceful country. It was a decisive break with the past. I almost immediately learned the new language, went to school for the first time, began to live a normal life, and thought as little as possible about what I had lived through. Seven years later, I repeated this process when we came to live in the US. The quick learning of foreign languages was an especially effective means of distancing from the past. Embracing these fortuitous geographic, cultural, and linguistic boundaries may have functioned analogously to dissociation. But it would not be accurate to describe it as dissociation. I have always had very clear memories of my war experiences, and I was conscious of deciding to move on, to not dwell on the past, to create a new life.

It is hard to resist drawing some sort of generalization from my own experience, and to offer suggestions to those who work with refugees. I think I have been fortunate in so many ways, and people and institutions have been extremely helpful to me. But it is also true that I have been eager to use the help that was offered, and it seems to me that I exercised pretty good judgment about what offers of help to accept.

Let us look at the assumptions we make about refugees.

It is undoubtedly true that most refugees have suffered greatly, have been uprooted, have experienced many losses, may be traumatized, may be demoral-

ized, depressed, disoriented, and so on. When we listen to their stories, we are naturally horrified and our compassion pulls us toward a perception that these people must be damaged, broken, demoralized, even paralyzed by their pasts. How are they to meet the new challenges of adaptation? These refugees certainly need and deserve our understanding, our assistance and support. But let us not lose sight of the fact that they have already demonstrated considerable resilience, and a remarkable will to live. Just as I did, many of them have made large and small decisions along the way that have resulted in their reaching our shores with the intention of studying, working, making good lives for themselves and their children. This “will to live” is not some ephemeral, idealized notion or an easy pat on the back to individuals who have survived horrific situations. It refers to actual, demonstrable attitudes and behaviors. An example: in the concentration camps most people were covered with lice. Those who got up every morning and spent hours hunting down and killing as many lice as possible hidden in their ragged clothing, survived. Those who did not would literally have their blood sucked out of them. This is “will to live” in action.

What I am suggesting is that in our efforts to aid refugees, we start with the assumption that they are resilient and have what it takes to make it. Our assistance will be more appropriate and effective if we creatively engage their intrinsic strength, stamina, and creativity. There is also a powerful tendency in human beings to live up to expectations that others have of them. Individuals who are dependent on us for critical help are especially subject to this pull of spoken or unspoken expectations. If we approach refugees with respect for their strength and resilience, they are more likely to bring these qualities to the programs or services we have designed for them. This, I believe, is what happened to me with the school situation, both in Sweden and in this country. It might be mildly satisfying for me to attribute my success in school to good intelligence, but my reflections on these experiences have convinced me that it had more to do with the fact that I was eager to meet the expectations of people who had been kind and supportive of me. This, by the way, included my parents, who never seemed to doubt that I would be successful in school and otherwise.

I believe that if you place yourself in the position of a refugee and try to imagine how you could be helped most effectively, it would include being seen as a person who has exhibited courage, competence, and resilience in the past and who has not lost these personal resources.

And finally, and this comes from my forty years of experience as a psychologist: there is no substitute for deep, empathic, open-minded listening to people. It is, of course, very important to have some knowledge of the culture, values, attitudes, even gestures, of people from cultures different from ours. But even with this very useful knowledge, when we work directly with people, we must listen to them with a minimum of assumptions, with genuine interest, caring, and curiosity, as well as a desire to truly know their thinking and feelings. We need to balance the truth that people are very much products of their cultures with the truth that, at the core, we are all equally human.

In closing, having offered this apparent paradox that we are all different yet all the same, I cannot resist presenting another paradox, a kind of paradox of human resilience. It is a Holocaust story. It seems that in a concentration camp, ten rabbis got together for the purpose of putting God on trial for the crime of the Holocaust. They presented the case for the prosecution and then the case for the defense. Then they took the role of the jury and deliberated their verdict. And the verdict was GUILTY: God was guilty of the crime of the Holocaust. At this point, one of the rabbis looked out the window and noticed that the sun was setting. Turning to the others, he said, “It is growing dark. It is time for us to pray.”

*Dr. Kempler joined the psychology faculty at Emory University in 1964 and moved to Georgia State University where he was on the graduate faculty of Clinical Psychology for 27 years and the Director of its Psychology Clinic. He has always worked as a practicing clinical psychologist and, since retiring from Georgia State University in 1996, he has maintained a fulltime practice and consulted with business in the areas of human relations and personal and organizational development. His email address is: [bernkemp@mindspring.com](mailto:bernkemp@mindspring.com).*

## The Training Institutes

### Assisting Refugees and Asylum Seekers in the Public Mental Health System: Overcoming Linguistic, Cultural, and Systems Barriers

By Kathleen Allden, M.D., Wawa Baczynskyj, MSW, LICSW and Susan Ritter, MSW, LICSW (International Institute of Boston); Manuel Carballo, Ph.D., MPH (International Centre for Migration and Health, Vernier, Switzerland); and Susan Cookson, M.D. (Center for Disease Control, Atlanta)

Each year, the United States has admitted between 70-100,000 refugees in the largest refugee resettlement program in the world. In addition to resettled refugees, at the close of 2000 there were over 329,000 asylum applications pending with the Immigration and Naturalization Service. The United States is a signatory to the United Nations Convention and Protocol Relating to the Status of Refugees. Therefore, each person who is resettled or granted asylum in the US meets the UN definition of having a "well founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion..." if they return to their country of origin. Persecution is one of the traumatic experiences refugees and asylum seekers may have suffered. Epidemiological surveys have documented substantial mental morbidity in refugee populations around the world. Although the awareness of refugee trauma and resultant mental health problems has increased among mental health professionals, public mental health systems remain largely inadequate to meet these demands. Existing public mental health programs that have been devised for the "mainstream" mentally ill are often culturally and clinically inappropriate for refugee clients with trauma-related mental disorders. This workshop reviewed the epidemiology of mental health problems in refugee populations and addressed multiple barriers that prevent refugees' and asylum seekers' access to and adequate care in the mental health system.

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## Basic Therapeutic Skills

By Kitty Kelley, M.A. (Atlanta); Ernest Duff, M.A., M.Div. and Ileana Fohr (Safe Horizon/Solace)

Are you a person working with refugees who has been facing challenging situations with your clients? Do you feel isolated without the necessary training to work constructively with deep loss, grief, experience of severe trauma, the increased stress of acculturation, anger, depression, anxiety, guilt, and more? Do you feel confident that you know how to provide self-care in the face of these difficult issues?

This was an introduction to the development of basic therapeutic skills for non-clinical refugee workers, including case managers, job developers, immigration services specialists, and other direct service providers working with refugees. It was the fundamental thesis of this Institute that all human beings possess certain basic skills that lend themselves to the healing process, and that all people in contact with refugees, specifically including refugees themselves, are part of a continuum of care. Building on these fundamental tenets, utilizing didactic and experiential exercises, we identified and developed the skills of basic attention, active listening, compassionate and informed interviewing, symptom recognition, and referral for more specialized services. We built this day around the experience of providers and refugees in Atlanta, responding to those needs and utilizing scenarios from the participants themselves. It was our hope that by the end of this training session, participants left with a new confidence in their therapeutic nature, regardless of their work environment, role or background, as well as with specific new skills that they can hone further in their ongoing work.

Attending this Institute, hopefully, helped to relieve refugee service providers of the significant burdens of isolation, anxiety, and lack of guidance about the psychosocial issues that refugees encounter. An emphasis was placed on obtaining good supervision and organizational support for the psychosocial role the providers assume. Furthermore, the skills taught in the Institute are applicable in many different job situations other than refugee work only; they can be very broadly applied.

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## Integrating Indigenous Practices into the Healing Process

By Thanh Son (Lisa) Nguyen, Ph.D., DABPS and Alawode Oladele, M.D.

This session addressed the holistic approach to healing—caring for the whole person—and incorporated the role of spirituality and belief systems in healing. There was an overview of existing traditional indigenous practices with concepts and approaches; descriptions of the indigenous healing tradition around the world where current refugees come from; and, an introduction to some indigenous practices presented by providers representing various cultures. The training incorporated lessons learned from these indigenous practices and recommendations on integrating indigenous approaches to mental health care.

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## Mental Health and Refugee Youth

By Bobby King, M.A. (Refugee Family Services, Atlanta); Dennis Hunt, Ph.D. (Center for Multicultural Human Services, Fall Church, Va.) and Thad Rydberg, M.A.A.T. (Heartland Alliance for Human Needs and Human Rights, Chicago, Illinois)

This institute included presentations on mental issues related to refugee children and adolescents. Topics discussed included: the refugee resettlement and adjustment process, childhood developmental theories, symptoms of adjustment problems, and risk factors for refugee youth. Also discussed were

the clinical use of art therapy with refugee children suffering from Post Traumatic Stress Disorder and Depression and models of school-based adjustment programs for refugee youth.

The presentation on the clinical use of art therapy included: general information about art therapy as a natural means of therapy intervention with refugee youth, insight into youth adjustment issues through a case study of an 11 year-old Kosovar boy, and suggestions about activities for working with refugee youth.

The presentation on the school-based adjustment program illustrated how a refugee children's program in Chicago collaborated with a primary school to provide an adjustment group for refugee children of various ages and ethnic backgrounds. The benefits for the children were discussed along with the process of collaborating and the challenges involved.

The institute concluded with a panel discussion on mental health issues related to refugee youth and how service providers, schools, and other organizations can work together to more effectively address these issues. The panel consisted of refugee service providers, mental health professionals, educators, and older refugee youth.

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## Conference Presentations

**The September 11th Tragedy: Its Effect on Refugees by Florrie Burke, M.A., M.Ed., ABD ([fburkeny@aol.com](mailto:fburkeny@aol.com)), Ernest Duff, M.A., M.Div. ([eduff@safehorizon.org](mailto:eduff@safehorizon.org)) and Sara Kahn, MSW, MPH ([skahn@iinj.org](mailto:skahn@iinj.org)). Refugee Responses by Jean Pierre Kamwa ([jpkamwa@hotmail.com](mailto:jpkamwa@hotmail.com)) and Alimamy Sesay, LL.B., M.Sc., LL.M. ([alimsesay7@aol.com](mailto:alimsesay7@aol.com))**

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**Why Can't He or She Keep a Job?: Employment Challenges for Refugees and Asylees by Evelyn Lennon, MSW, M.A. ([e.lennon@cvt.org](mailto:e.lennon@cvt.org)) and Mariam Eyal, M.S., MPH ([guleede@earthlink.com](mailto:guleede@earthlink.com))**

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**Refugee Mental Health in the School System:**

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### Interpreter Services:

**Improving Access to Mental Health Services for Refugees: Bridging the Language Gap** by Ron Davis, M.Div. ([Ron\\_Davis@doh.state.fl.us](mailto:Ron_Davis@doh.state.fl.us)) and Erick Camayd, Ph.D. ([camayde@fiu.edu](mailto:camayde@fiu.edu)).

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- Holistic Approach to Health Care:**
- Integrating Spirituality into Mental Health by Ernest Duff, M.A., M.Div. ([eduff@safehorizon.org](mailto:eduff@safehorizon.org)) and Tranh Son (Lisa) Nguyen, Ph.D., DABPS ([thanhsonnguyen@msn.com](mailto:thanhsonnguyen@msn.com))**
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- Culturally Competent Mental Health Practice with Arab Americans [www.arabacc.org/Refugee\\_Manual/refugee\\_manual.html](http://www.arabacc.org/Refugee_Manual/refugee_manual.html)
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- Refugee Health - Immigrant Health [www.baylor.edu/~Charles\\_Kemp/refugees.htm](http://www.baylor.edu/~Charles_Kemp/refugees.htm)

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#### Models of Services for Refugee Mental Health:

**Emotional Healing for Refugees Takes Place in a Holistic Context** by Jean Abbott, LCSW ([jabbott@providentc.org](mailto:jabbott@providentc.org))

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**Children, Adolescents, and Their Families:**

**Older Adolescent Refugee Youth at Risk: The Invisible Population by Susan Pavlin ([smpavlin@yahoo.com](mailto:smpavlin@yahoo.com)), Marouf**

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### Special Topics:

**Sleep in Refugees** by Jasmina Redzic ([jredzic@hotmail.com](mailto:jredzic@hotmail.com)), H. Grbeshi ([Tixhe72@aol.com](mailto:Tixhe72@aol.com)), Karita Hummer, LCSW ([karitahummer@usa.net](mailto:karitahummer@usa.net)), and N. Huterer

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**Empowering Women: The Refugee Women's Network by Grace Dunbar ([rwngace@mindspring.com](mailto:rwngace@mindspring.com))**

### **Legal and Detention Issues for Non-Citizens:**

**Legal Representation of Non-Citizens with Mental Illnesses and/or Disabilities by Jasmine Majid, J.D.**

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**Use of Art in Healing:**

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**Caring for the Caregiver and Caregiver Stress** by Sara Kahn, MSW, MPH ([skahn@iinj.org](mailto:skahn@iinj.org))

**Mental Health and Refugees, A Human Rights Perspective: Torture by Derreck Kayongo, M.S. ([dkayongo@aiusa.org](mailto:dkayongo@aiusa.org)) with responses by Alimamy Sesay, LL.B., M.Sc., LL.M. ([alimsesay7@aol.com](mailto:alimsesay7@aol.com)), Ileana Fohr ([ifohr@safehorizon.org](mailto:ifohr@safehorizon.org)) and Dazon Dixon-Diallo, MPH ([ddiallo@sisterlove.org](mailto:ddiallo@sisterlove.org))**

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### **Innovative Approaches for Mental Health Treatment:**

**Mediation Model for Work with Refugees and Immigrants by Hatixhe Grbeshi ([Tixhe72@aol.com](mailto:Tixhe72@aol.com)), Jasmina Redzic ([jredzic@hotmail.com](mailto:jredzic@hotmail.com)), and Karita Hummer, LCSW ([karitahummer@usa.net](mailto:karitahummer@usa.net))**

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**Mental Health in the “Well” Population:  
Increasing Capacity for Attending to  
Refugee Family Well-Being by Judy  
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**Trafficking of Human Beings:**

**Trafficking of Persons: Modern Day Slavery by Florrie Burke, M.A., M.Ed., ABD  
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### **Integrating Mental Health into Resettlement:**

**Integrating Mental Health into Resettlement by Liliana Popovic, LCPC ([lpopovic@wr.org](mailto:lpopovic@wr.org)), Issam Smeir ([ismeir@wr.org](mailto:ismeir@wr.org)), Steven M. Yousha, Psy.D., LCSW ([syousha@wr.org](mailto:syousha@wr.org)) and Juliet Dinkha, Psy.D. ([dinkha@syu.edu](mailto:dinkha@syu.edu))**

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**Taking Mental Health Services to the Refugee Community: A Case Study of Multicultural Services Division of the District of Columbia's Department of Mental Health by Tedla Giorgis, Ph.D. ([giorgisTW@aol.com](mailto:giorgisTW@aol.com))**

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**On-Site Training and Consultations** tailored to each agency's needs. Topics have included:

- Refugee mental health
- Cultural backgrounds of newly arrived groups
- Integrating resettlement and mental health services
- Innovative approaches to working with special populations:
  - Children and adolescents
  - Refugee women
  - Older refugees
  - Survivors of torture and extreme trauma
- Addressing family conflict
- Models for using interpreters
- Working with the schools
- Community approaches to mental health
- Working with natural support systems and indigenous healers
- Creative therapeutic approaches using the arts and media
- Spirituality and mental health
- Stress management and self-care for service providers

**Community Workshops** aim to increase communication and coordination among refugee-serving agencies in communities. IRSA and its partners will work closely with your agency to organize a workshop, tailoring it to agency and community needs.

**National Training Conferences**—Local and national service providers and experts in the field offer sessions crafted to participant needs. These gatherings have proved an excellent opportunity for networking, sharing experiences, and learning from one another.

**Best Practices Documents** have been and are being prepared on a number of subjects, including "Lessons from the Field: Issues and Resources in Refugee Mental Health" and "Mental Health and the ESL Classroom," currently on the IRSA website: [www.refugeesusa.org](http://www.refugeesusa.org). Additional documents are in preparation and will be announced in future newsletters.