

Connections

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

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The tragic attacks of September 11, 2001, on the World Trade Center and the Pentagon, and the crash of the plane in Pennsylvania have had a profound effect on Americans as well as people around the world. American-born citizens have been traumatized and refugees have been re-traumatized. Blame often has been inappropriately placed on immigrants and refugees who are Arab and/or Muslim. The terrorists may believe that they have succeeded in creating chaos in America. While this may be true in the short run, with hard work and understanding, we will emerge as a stronger and more compassionate and appreciative country and people. This issue of *Connections* is devoted to the challenges that refugees and immigrants, as well as those who work with these individuals, face in the aftermath of these tragic events. These are messages of endurance, trauma, and hope. It is our goal for these articles to provide some insight to help our readers through this difficult time.

Ernie Duff of Safe Horizon/*Solace* was the closest to "Ground Zero" and continues to deal with the enormous challenges faced by the agencies and individuals charged with helping the survivors. In fact, as of this writing, the telephones at *Solace* are still not working. This thoughtful and moving account of their experiences and ongoing resource and referral work provides an insight to all that is going on in New York after September 11th. Drs. Ho Tran and Lisa Nguyen, both Vietnamese refugees, speak of their own flashbacks and re-traumatization from earlier experiences in their lives and Dr. Nguyen relates this to her work with refugee clients. Sara Kahn, from the International Institute of New Jersey, also located quite near "Ground Zero," experienced, first hand and through her clients, the devastation resulting from the Trade Center attacks. Her reflections provide us with diverse examples of what we can learn from our refugee clients, for whom such trauma is all-too-familiar. A volunteer at the Center for Victims of Torture in Minneapolis, Shenoa Simpson, shares her discussions with clients in the Center – those who are heartened by the country's reaction and those who are dismayed. Suzanne LeLaurin and Basia Waite-Wright, of the International Institute of St. Louis, provides evidence of

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the trauma and, at times, healing caused by these dramatic events. They also give us practical solutions used by the Institute to help clients through this post-September 11 time as well as the unique challenges and actions of the large Afghan community in that city. Thad Rydberg, an art therapist at Heartland Alliance for Human Rights and Human Needs, explains the importance of the use of art making in helping young children through their fear and grief and offers us international examples of the success of this form of therapy. Finally, Evelyn Lennon shares with us a valuable document, created by the staff of the Center for Victims of Torture, listing symptoms and steps to be taken in dealing with feelings of fear, loss, and anger. She highlights that the tragic events of September 11 undermine our common basic needs to feel safe, to trust others, and to have some control over our lives and offers ways to face these challenges. It is our hope that these articles will prove useful and encouraging to our readers.

When We All Became Displaced People: Reflections on the Aftermath of 9/11

By Ernest Duff, M. Div., M.A.

There we all were, making our plans, devising our strategies, eating our breakfasts, getting our children to school, taking our dogs for walks, and nothing was out of the ordinary that day - September 11th. At 8:48 a.m., whether we knew it or not, this world of routine, comfort, and security was irreversibly overturned, summarily cut off. As the unthinkable happened before our eyes, as the fires of war burned in our homes and the symbols of our power and prestige crumbled into a hopeless and horrifying toxic waste site, we knew then, deep in our bones, that we had become survivors.

But we really didn't know what "surviving" meant, and we still don't know completely. On that fateful morning, we watched an incomprehensible sight: the incineration of five thousand innocents, a mass grave of formerly friendly faces, people who had led "normal" lives like ourselves, a holocaust. This horrific event was followed by the ongoing suffering of their loved ones — their long, long wait — as we grappled with how to begin to try to meet their needs, to explain the unexplainable, and to continue our lives.

Immediately after the attacks, Safe Horizon (New York) mobilized and became closely involved in the response efforts by

providing counseling and financial assistance to the families of the victims, a total of 20,000 people. Safe Horizon has also developed a Resource and Referral Guide and conducted over 30 Response and Renewal debriefing sessions reaching over 750 people, designed to "normalize" the symptoms and aftereffects of the tragedy. The agency has also taken the lead in managing new Family Assistance Centers in each borough of the City. Consequently, Safe Horizon has served thousands of people from the overall community in very concrete and necessary ways. Through our *Solace* Program for Survivors of Torture and Refugee Trauma, we are now working on an even more focused approach to doing Response and Renewal efforts with immigrant family members, re-traumatized refugees, and immigrants who are dealing with bias and discrimination. Of the 3,600 missing and dead, over 2,000 were immigrants from over 60 different countries. Finding ways of reaching many of them effectively has become one major focus among others, and we are still in the earlier stages of this effort. The sheer number of undocumented immigrant family members who have presented themselves at the Family Assistance Centers testifies to this need. Overcoming the horror of September 11th will take time, and our response will be long-term.

What have we learned as a result of September 11th and the aftermath of ongoing trauma, including anthrax scares, bomb scares, and the tragic crash of Flight 587 in Queens? It has definitely been driven home that trauma is not an *event*; that is, it is not a static one-time occurrence, as much as we might hope it would be, and that trauma has a "ripple effect." It is as if concentric circles have irradiated outward from Ground Zero, encompassing our City, Region, Nation, and World in a very profound and encompassing way. We have also learned that "surviving" is not a discrete activity, one that we just "do" and then get on with it; it is, instead, all part of a process, and our survivorhood is intimately connected with our daily lives, with those routines, those loved ones, those relationships. And so we have gotten a glimpse of the world of our colleagues and clients: torture survivors and refugees who have endured war. We have felt their wounds much more closely than before, and, in a very real way, we have joined their ranks, become a part of their communities, and, now, have a unique opportunity to grow as a result.

Grow? In what way? We have found, in the midst of trying to make meaning out of these events and in the midst of our cognitive/behavioral psychological idiom, that we have returned to the rudiments of our collective experience of the trauma, to the immensity of the suffering underlying that trauma. And it is those rudiments, those basics - such as our spiritual heritage, common experiences, and abhorrence of such acts that have the potential to unite us as human beings, transnational creatures, and citizens of this painful world. We have, once again, *seen* the resiliency in the midst of crisis and its aftermath; but, now, we *feel* it intimately.

It is those other survivors among us that have taught us over and over again that there is a bond that brings all peace-loving people together, and a new vision of love and compassion that comes out of the rubble of the World Trade Center complex, despite the ongoing inhumanity that is perpetuated by human beings on their own species. That vision also comes out of the forty-plus genocides and politicides, out of the millions of dead women, children, and men in the twentieth century and now the twenty first, and out of the experiences of all survivors of organized violence who have something to tell us about why the violence should stop. The vision must also involve our active response to violence. Compassion is empty without response, and part of that response is seeking justice. How we seek it is important especially since the rest of the world is watching. We are now included in the community of survivors, an important fact to remember so that our work will eventually ensure that sacrifices such as 9/11 will not have been in vain.

Lastly, we have learned the lesson that the feeling of homelessness and dislocation is literal as well as metaphorical, and that the refugee experience - the identity of being a sojourner in this life - is another occasion for bonding, another encounter with refugees that can bring the previously mentioned vision into focus. Here in the New York City/Northern New Jersey region, we have new understanding of the impermanence of life and the preciousness of the moment. We are learning how to live with the awareness that home is no longer completely safe, that nothing is for granted, and that we all need to seek refuge from pain and stress. The best way to do so is to take the time to care for

ourselves and to realize that even though New York needs to be “re-built,” our fair City is still very much intact — unlike many other cities around the world. We are alive and the world is still very, very beautiful. A colleague of ours once said he thought that Beauty and Joy might be considered mental health concepts; we concur. Once again, it is both our collective and individual experiences of suffering that we hold in common, along with our experience of the Good that enables us to live fully. The trauma

of 9/11, along with the many other traumas of magnitude that occur in the world today, points the way, not only to a new appreciation of life, but to an aesthetic appreciation of what it means to heal as a collective - one Body of Humanity, together.

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Refugee Flashbacks after September 11

By Ho Tran, M.D., M.P.H

I come from an Asian culture and believe deeply in serendipity and fate. In my work as Special Assistant for Asian Affairs at the Illinois Department of Public Health, I gradually realized that one very important component of our work was missing – that of mental health. Through my contact with Dr. Lisa Nguyen, I was encouraged to add a mental health component to the Refugee Health Program. In our Strategic Plan, Strategic Issue #2: Improving the Health of Illinois Residents, it was said that: “Illinois residents should be confident that their capacity for a healthy existence is being promoted and protected at the highest level possible. Health is a multi-dimensional concept that encompasses physical, mental, and social well-being. The prevention of premature death, disability, and disease not only advances the physical aspects of well-being, but also enhances mental well-being by providing a feeling of safety, confidence, and empowerment. Social, physical, and mental well-being emanate from a system that is fair to all populations and provides equal opportunity for persons of varying race, ethnicity, age, gender, income, place of residence, etc., to maintain the highest quality of life possible.”

Mental health is intrinsic to the well-being of any individual. The prevention of disease and disability enhances mental well-being, which, in turn, allows us to have a healthier life. This is particularly important in a multicultural and multiethnic setting. On paper, it looks fair, easy, and neat; however, reality can be quite different. It is like my experience

as a refugee. When I reached safety after six nights and seven days caught in a typhoon and lost in the high sea, I was asked about my escape, my odyssey. I would say: “It was terrible, it was a horrific experience,” and to some close ones, I would recount my entire trip, from planning to implementation. Each word describing the escape would take, at most, a few seconds, but people would not realize that within that few seconds, an entire period of a life was unfolded and lived again in its entirety.

There is a true story about a Chinese man who was unable to communicate in English. He was committed to a psychiatric unit for many years until a staff member who spoke Chinese discovered that his only reason for being there was that he was unable to speak English. He had no mental problem but had been found years earlier wandering in the street. He only wanted to go home. I recently watched a video on mistakes made by mental health providers when dealing with patients from a different culture and language. Routinely, mental health providers ask, “Do you hear voices?” In the Vietnamese and Chinese languages, if you literally translate the term “voice,” patients will always answer, “Yes, I hear voices.” The reason for this answer is that there is no translation of the word “voice” as it is used by mental health providers.

I came here as a refugee. I lost my child in the high sea of hunger and dehydration. I lost my identity, as well as everything else. I couldn't function for many years, failing on my exams, unable to socialize, crying whenever it rained. But when people

asked if I were depressed, I would react defensively saying, "No, I am only sad." In our language, there is no term for depression, and you feel only sad. You loose your job, you are sad; you loose your husband, you are sad; you loose your country, you are sad; you loose your only son in the high seas, you are also sad. Why would one need to seek help for being sad?

I was asked to do interpretation for a Vietnamese mental health patient. One of the questions asked was: "What day it is?" In some cultures, people follow the lunar calendar and might not see the division of the day and month as the Western culture does. They go by the full moon and, thus, may not give the "right" answer as expected by the questioner. If you ask Ethiopians for the date of the New Year, they will tell you that it is in September.

On September 11, 2001, I was in a plane going to Washington at the same time that the planes hit the World Trade Center and the Pentagon. When our plane was landing on an emergency basis at Dulles airport, the fourth one was crashing in Pittsburgh. From the airport, we were all evacuated to a temporary refugee center. Literally, I was told that a bus would take us to a "refugee center." From the center, we had to rent a bus to drive us non-stop back to Chicago where I was told that it was safe and calm. In a flashback, everything came back to me, all those memories that took me so long to forget and to heal. What I saw on television reminded me so much of the 1968 Tet offensive.

My reaction to the attack was very deep and pain-

ful. Initially, I didn't understand why I reacted in such a way and finally, after 20 years in the United States, I was seeking help. Instead of struggling all by myself as I did when I first came here, I reached out for help.

People say that I am a storyteller. I can tell you more stories of immigrants and refugees with mental health issues, their struggles for accessing needed services, and their difficulties when receiving these services. But I want to close on this note: mental health work with refugees is extremely worthwhile but very difficult. It demands compassion, patience, persistence, understanding, and knowledge. The compassion you cultivate in your heart, the patience you nurture with persistence, and the understanding and acceptance that no one looks or thinks alike all contributes to the knowledge you garner to provide the best services to your clients. The needs are immense and multi-faceted, but, rewarding. From Ground Zero in New York City, you make people like me, the refugees, spring back to life, hope, and productivity.

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A Response to Dr. Tran - The Many Lives of Trauma

By Thanh Son (Lisa) Nguyen, Ph. D.

As an Asian, I believe in transformations, re-births, and life after death. I believe in fate and destiny, in the interrelatedness of things, people, and nature. For years, Dr Ho Tran's traumatic journey on the China seas deeply moved me. Her journey is described in the chapter, "Jade in a Bottle," published in the book "Refugee Women." I was fortunate to

have the opportunity to collaborate with her on refugee health screenings for the Illinois Department of Public Health. Although we only met a few years ago, I feel as though I've known Dr. Tran for a lifetime. Our lives, like many other Vietnamese of our generation, were marked by chaos and pain, caused by an incessant, atrocious war. I believe that we can look at each other as though we were looking at a reflection in a mirror.

As a generation born and raised with the war, trauma had been our companion. We belong to a group of people who had no chance to walk through a normal grieving process since trauma did not visit once or once in a while, but was an integral part of our days and nights. During the war, no individual or family was exempt from this trauma. The tragedies affected everyone and the war was agony. Marked by the horrible impact of this senseless violence, I spend my life trying to understand and alleviate human suffering. Displaced and traumatized refugees in camps throughout the world have shown me the great human capacity for survival, as well as the many lives of trauma. It stays for years, no matter how much we want it out of our lives. It lives deeply from within, rooted in our being.

What happens when long forgotten images and emotions become alive, triggered by new trauma?

When the horrifying images of destruction and death brought by the attacks of the World Trade Center and the Pentagon flashed before us, the emotions, feelings, images, sounds, and smells which we thought had left us over the years came back, more devastatingly than ever. They hit without mercy, as we stood helpless, numb, and shocked. Like Dr. Tran, many of our refugees at Heartland Alliance reacted strongly to this terrible event, although for most, this was not their personal tragedy. Some expressed the feeling of being trapped in collapsing buildings, others felt buried alive. Some were tormented by the cries they seem to hear from the collapsed buildings. Others saw themselves in their dreams, trapped and dying, shouting for help but nobody came. Bad memories resurfaced as they watched, helplessly, the shocked World Trade Center survivors disheveled and bathed in dust and blood.

How do we understand re-traumatization?

Literature about trauma indicates two findings (1) trauma does not really end when it ends externally; and, (2) the traumatized person continually finds himself/herself in life situations where he/she is re-traumatized over and over again. Trauma research only begins to explore beyond the destruction to learn about the "inner world" of trauma. When the human spirit is threatened with annihilation, new

defenses appear to protect the self by hiding the trauma. In the Southeast Asian refugee camps, there were several reported disabilities among refugee women such as blindness, loss of hearing and speech, and paralysis. These women only became disabled after their escape through jungles or by sea. One by one, the same story line was noted. All of these women were victims of rape, torture, and other ordeals or were forced to witness a violent crime involving their loved ones. Today, we do know that these disabilities seem to be the physical reactions that are developed to protect people from pain and annihilation. The trauma, itself, has to be covered, hidden, and buried deep inside the human spirit so that it cannot be *seen, expressed, or touched*. Once the trauma defense is in place, all contacts and relations with the external will be screened through new defenses. Experiences of splitting and dissociation in traumatized people can be explained by the same self-defense system. This also explains the strong resistance of traumatized people to forming or reforming relationships with other people. Each new life opportunity can be seen as a threat of re-traumatization. People continue to live but feel dead inside. Efforts continue to keep the trauma deeply buried so that the person will feel no pain. Ironically, the very effort to protect the trauma creates the vulnerability to re-traumatization itself. Past trauma with its images of destruction, feelings of pain, and other related emotions are easily triggered by an external occurrence. Traumatic events, like the attacks of the World Trade Center, are potential for re-traumatization.

During the terrorist attacks, as I reflect on the work of trauma and its re-traumatization, I realize that this horrific event can be an exceptionally emotional challenge for those who are already suffering from various life stresses, and for those who suffer depression, anxiety, post-traumatic stress disorder (PTSD), or related problems. They will see an exacerbation of their symptoms caused by previous traumas. New overwhelming events serve as connection lines or bridges to the past. They can intensify responses and bring back strong and powerful memories.

How can we help?

There have been some reservations about how grief counseling or debriefing can help or harm when it

was not appropriate. A group of psychologists from different universities in the United States and Australia in a joint statement suggested that treating techniques in which survivors are strongly urged to discuss the details of their traumatic experience, often in group and shortly after the disaster, are likely to be ineffective.

Personally, I believe that trauma changes people's lives forever. The outer world is seen and filtered through the eyes of trauma. We came out of violence, war, and displacement, transformed by the experience itself, one way or another. Some may survive trauma and ignore the events in order to live. Others lost their own identity, a sense of meaning and purpose in life, and felt trapped and "dead." While many were crushed by the overwhelming and painful experiences, others emerged strengthened and transformed.

Adversity and pain can develop the human capacity to face and overcome trauma by accepting it fully and completely. Once we accept our own limits and maximize our own strengths, we can go on. This acceptance allows the traumatic experience to transform and change our lives in a more positive way. Since trauma would not really end, there is no better way than to embrace it and let ourselves be transformed by that very horrific and painful experience. A wise Asian saying states, "Adversities are opportunities for growth." This means that people need help to find their own individual strengths and coping skills that work best for them. Resilience, courage, patience, hope, and confidence can be born out of chaos and pain where people face the ultimate questions of who they are, who they continue to be, what they still have, and what they can do to go on with their lives.

Although my work with refugees remains individually tailored in order to provide a comprehensive service, I tend to often incorporate what I learned from resilience theory through the work of Dr. Edith Grotberg at the George Washington University. It seems helpful when traumatized refugees are given clear tasks of finding their own strengths:

I HAVE, I AM, I CAN are the three resilience factors. *I HAVE* is what I possess such as external supports provided for a person, including trusting and loving relationships, role models, and services. *I AM* represents who I am with my inner strengths, empathy, respect for self and others, being responsible, and being likable. *I CAN* involves acquired interpersonal, problem solving skills, such as sharing thoughts and feelings, managing behavior and emotion, and especially reaching out for help.

The healing process starts from within when we can find a sense of hope that we can go on with life, that there is light beyond the tunnel; that is, when we can join others in community healing. I would like to end this note with an old Oriental tale I heard a long time ago about the star of the day. It was said that this is the brightest of all stars and that one can rarely find it in the sky through the naked eyes. It is said to be a precious star for people who are in the desert or for people who are troubled because it provides a sense of direction and a sense of ultimate happiness. What has intrigued me for years was the symbol and metaphor brought by the tale. The star of the day can only be seen in very isolated places such as the desert or the bottom of a deep well, when the water is perfectly black and still. The star can be seen by anyone who stays long enough and patiently searches for it in the darkest place. I cherish this tale that taught me the lesson of human strength/capacity, that when we "are" at the very bottom of the darkest moments in our lives, if we try hard enough, we can find the star of the day. For me, this star represents the symbol of hope, the center of the human spirit, and the very strength to overcome adversity. It is where we can find the way to join our community and the strength to reach out for help.

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Living with Uncertainty: A Refugee Perspective

By Sara Kahn, M.S.W., M.P.H.

Introduction

Americans awoke on September 12, 2001, to a new reality filled with fear, risk, and uncertainty. For most of us, this was the first taste of environmental insecurity in our lifetimes. Our parents fought in World War II, a war that is emblazoned in many of our psyches as much through images promoted by Tom Hanks and Steven Spielberg as by real memories of the events. Yes, the nation was afraid; the paternal President Roosevelt wisely intoned that fear itself was the only thing to fear. We may not have known, at the time, that we would defeat the enemy; but, at least, we knew who the enemy was.

During the Cold War, we participated in drills, constructed bomb shelters, watched educational videos about the risk of nuclear war, but nothing really happened. We lived with a vague sense that some evil presence lay in wait somewhere far away. Even the Bay of Pigs — the agonizing stand-off between the United States and the U.S.S.R. in the early 1960's that consumed Americans for thirteen days in October — unfolded in the pre-CNN era. Few in the country understood just how close we came to utter obliteration, until the crisis was over. Those were the days when we had complete faith that our Government knew what to do to keep us safe within our own shores.

Baby boomers experienced the war in Vietnam, of course, but — as conflicted as our nation was at the time — that unpopular battle, fought on foreign soil, never really engendered a feeling of personal danger for those not directly involved in the fighting. Although immensely more popular and short-lived, the Gulf War is as much remembered for the illnesses suffered by our soldiers as for any concern for our own safety. While Israelis put on their gas masks and huddled together in shelters, Americans sat in warm living rooms glued to the television.

A World Transformed

But everything changed forever that September

morning, and most of us knew it immediately. Our worlds had been transformed. Looking out our windows on September 12th — the day after — things might have looked the same. But the way we saw our streets, our buildings, our neighbors, and ourselves was profoundly different. We are engaged in a war, but the enemy isn't somewhere far away, it's somewhere right here. But where? When and how will that enemy strike? When we're on a trip to Disneyland or visiting our local mall? Are we being wise or paranoid when we rush to buy gas masks or beg our physician to give us prescriptions for Cipro?

We are encouraged to get back to the business of living our lives, but we feel unsure of quite how to do it. We question as to how we will face the new threats and risks that our leaders tell us may go on for years. Over the last few weeks, here at the International Institute of New Jersey, we have learned about the impact of September 11th on refugees and immigrants. We have also learned that those who have come to the United States from countries where fear, uncertainty, and the threat of terrorism are rampant have much to teach us.

Gratitude

One refugee from Sierra Leone, having survived torture, mock execution, and witnessing the death of loved ones in his country was working just across the street from the World Trade Center on September 11th. As he was pulled from the rubble, he relates that he was heartened by how well organized the rescue operation seemed, and the kindness of those people who were helping him. "America is a great country," he said. "Back home, in times of such chaos, everyone runs away."

Self-Reflection

Another man from Liberia, whose home has been riddled with war for over a decade, admitted that his first thought was: "Well, now America knows what we have been experiencing for years and years — maybe the country will wake up to the suffering of those around the world." Then he stopped himself; there could be no way to justify the murder of

almost 5,000 people, no matter what the circumstances. On the other hand, he hopes that Americans will educate themselves about wars raging throughout the world, explore possible reasons for such virulent anti-American sentiment, and become more involved in actions to shape United States foreign policy in the future.

Re-traumatization

Other refugees have been re-traumatized by the events of the 11th. One Christian woman from the Middle East, who suffered torture and persecution at the hands of Islamic fundamentalists in her country, experienced a resurgence of emotional distress. "They're here now, too!" she remembers saying after learning about the attack. She had come to the United States to seek safety, and now feels unsafe in her new home.

Fear and Bias

A Muslim man from Iran, who had suffered torture at the hands of the fundamentalist Islamic government in his country, reports that he is afraid to go out of the house. He has been asked by strangers as to his country or origin, and has been spit on in the street. He also fears that fundamentalist cells operating in New Jersey may find him, placing his life at

risk. A local community college reports that Muslim students have been dropping out of school, fearing for their safety should they travel on the streets in their traditional clothing.

The Future

When asked about the wisdom of bringing children into this apparently dangerous and risky new world, two refugee mothers of small children said, "Of course!" they both agreed. "We must go on with life and have children. Without children who are raised in a loving home where tolerance and understanding are taught, the world will have no chance for a good future."

Strength and Courage

In the end, the refugees we serve have become our teachers as we struggle to learn how to live with uncertainty and the threat of terror. When asked by an American-born counselor, how we were to live now, one refugee from Kosovo said: "How to live? With more fear and more courage."

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Refugees Speak Out on Life in the U.S. Post-Sept. 11

By Shenoa Simpson

Many changes have taken place in the United States since September 11, 2001. We have all been deeply affected by the terrorist attacks. One segment of our population, however, has had prior experience with similar traumatic events, as they came to our country to flee war situations and political persecution abroad. How have the events of that day affected the lives of refugees?

Staff, friends, and professional colleagues of the Center for Victims of Torture in Minneapolis, Minnesota, have witnessed a variety of reactions from refugees and other newcomers to the United States. These responses range from the fear of reprisal and worry about family members to the remembrance

of past traumatic events to outpourings of empathy and understanding for all Americans. While the message of 'United We Stand' is proclaimed on everything from newspaper ads to storefronts, there have also been reports of xenophobia and hateful events directed towards Muslims, refugees, and others who look like the images of the terrorists that many Americans see on the news every night. Halima was born in Ethiopia and came to the U.S. from Somalia in March 1990. "People are not the same anymore, when you go to stores and other places," said Halima. Prior to the attacks in New York and Washington, she had no problems with anyone, but now the attitude has changed towards Muslims and she has experienced it first-hand. She and her children have been regularly harassed on their way to the public library and the bank. "One guy ran

after me and my kids and yelled at us to go back to our country," she states sadly.

One incident that happened to Halima's children is particularly disturbing. A substitute bus driver for a Twin Cities school threatened to throw a busload of children into the Mississippi River because they are Somali and Muslim. Halima describes, "The bus driver told my son to get out of the bus. She told the children it was their fault - what had happened." Her son continues to have bad dreams about being thrown in the river. Although Halima and her family left Ethiopia years ago, she says, "The war is still following us."

Chuck Tracy is a counselor at The Center for Victims of Torture, which serves survivors of political torture in their homelands. He has talked with clients who have been re-traumatized because of September 11. He says, "The pictures of people running in the streets of Manhattan as the World Trade Center was collapsing brought back painful memories of their homeland, when people were running for their lives in the midst of civil war." On the positive side, he has heard little mention of clients being harassed here. Their expressed concerns seem to be focused on immigration issues.

"Many good and bad things have come of September 11th," says Shegitu, a social services worker at a neighborhood agency. Shegitu came from Ethiopia to the United States 11 years ago. For the most

part, Shegitu has found support for refugees to be overwhelming and has been met with more kindness than she ever expected. Volunteers have offered to help in many ways in order to make her feel comfortable and safe. After having been through war and losing loved ones, Shegitu says that the anger she sees many people expressing is very human. "It is not unusual for people to feel angry and upset. They are supposed to feel that way. At the same time, they should not stay mad. Everything has its time and it is better to learn from these experiences, forgive, and forget," she says, imparting advice for others. Shegitu says she has nothing to complain about because, overall, "it has all been handled very well for such a tragic situation."

Traumatizing events such as September 11th have brought out the best and the worst of our country. Certainly, this is not any easy situation to reconcile, especially for those who were seeking to escape a similar situation and came to the U.S. with the hope of safety. Experiences for refugees are varied; they have been negative and fear-filled, stressful, and filled with compassion. But one thing everyone shares is a hope that things will return to normal the best they can.

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One Agency's Response to September 11 The Work of the International Institute of St. Louis

By Suzanne LeLaurin, LCSW, and Barbara "Basia" Waite-Wright, M.S.W

The September 11th events sent a strong wave of reactions through all refugee/asylee communities, and St. Louis communities were no exception. From the most recent arrival to the longest resident foreign-born staff member to life-long Americans, all have been impacted. The reactions of these individuals have been as diverse as their backgrounds. As Missouri's largest social service organization for

refugees, we are able to provide services through programs related to war trauma and torture recovery, resettlement, crisis intervention, and general case management.

Many Institute clients involved in therapy suffered a return of traumatic memories, nightmares, and various somatic complaints. The word "war" evoked many fears related to personal safety and persecution, as well as the images on television. While therapy is designed to help clients distinguish be-

tween past (war) and present (safety), suddenly such a distinction is no longer legitimate – any progress towards separating the two are, once again, blurred. As an example, a few clients began asking “Is it time to move again?” Moving was the response to war in their home country.

For some clients, however, the temporary regression also presented profound therapeutic moments. Some found themselves able to retrieve some of the more traumatic material they had been unable to access previously; in their cases, it benefited their therapy. For others, re-experiencing fear and anxiety helped them realize that they have developed better coping mechanisms and are able to overcome the stress. In this way, the event served as a reminder that they do have the strength to cope with new stresses and conflicts.

The events of September 11 and its aftermath also created a heightened concern for the safety of all clients, with the potential for backlash and hate crimes against foreigners, in general, and Muslims, in particular. The Middle Eastern (generally Iraqi Arabs and Kurds), Somali and Afghan clients reported fear for their safety, fear of reprisals (especially directed against their children) and shame that someone from their religious and ethnic community could have done such a horrible thing. At first, women who customarily cover their heads reported being afraid to go outside for fear of persecution; yet, feeling they could not go against their religion and culture by removing the *hijab*.

In collaboration with the Institute, a coalition of social justice and peace activists organized a non-violent accompaniment program, to be with refugees in public places so they would feel more secure, and to demonstrate that most St. Louisans welcome their living in the community. This group maintained a presence at Soulard Market, the local farmers’ market frequented by many refugees on Saturdays, and provided one-on-one accompaniment to individual refugees who were afraid to go out. The volunteers produced a special button to wear, and clients know that anyone with such a button is a friend.

The Institute conducted three community meetings, one each with clients from Afghanistan, So-

malia, and Iraq to address safety concerns. In addition to distributing safety materials translated in their language, volunteers for the accompaniment program were introduced. All client groups seemed very appreciative of the Institute’s efforts to ensure their safety. After two months, we have seen some reduction in this anxiety, although the three populations feeling the most vulnerable (Iraqi, Somali, and Afghan) still feel that they need the accompaniment program. The provision of supportive counseling by the Arabic and Farsi-speaking caseworker has also helped to reduce tension.

The Afghan community continues to be the most significant concern, especially in light of the fighting in their country. Special groups are being organized for women and youth and the Institute is seeking funds for more family and individual intervention. In addition, we meet weekly with a group of Afghans to give them an update on the news from their country, as well as events in Pakistan. While they are powerless to change what has happened to their country, we helped them draft a letter to elected Congressional officials from Missouri, expressing their sorrow over the events of September 11th, but also stating concerns about the after-effects of war waged in their country. Some law students from the ACLU also provided them with an overview of their rights, especially related to police or FBI contacts and the new Patriot Act.

Virtually every Afghan household in St. Louis (we have about 450 Afghans in total here) has at least one family member with some psychological issues/trauma. Since many are still in the beginning stages of resettlement, most are not ready for counseling or therapy. But we expect that the war will create many crises, even with the recent news of the Taliban on the retreat. Thus, the weekly news meetings also provide opportunities to stay connected to the community, while processing news in a safe, confidential environment.

While we are rightly focused on our clients, we must not forget our staff. Many Institute staff are refugees themselves, and have lived through and fled terrorism to come to the United States. The intensity of fear and reprisal was brought home to us when we learned that one staff member was refus-

ing to leave home after dark and another had temporarily moved into a friend's apartment. The events stimulated many conversations, and staff were able to express their opinions, concerns, and reflections, allowing us to see the September 11 events through many different perspectives. We were all united in the feeling of grief and loss – our collective one of late and theirs from years before. Suddenly, fear for personal safety and uncertainty about the future became not only something others experience, but something that we all shared.

American-born staff provide support and assistance for those for whom the events have been the catalyst for the emergence of post-traumatic stress symptoms. This has provided our American-born staff at least a glimmer of what our clients' war experiences have been. While we attend to our own needs for coping and recovery, we have (hopefully) become more sensitive to the experiences and feelings of those we serve. It helps us – the American-born – to stand in the

shoes of our clients for a moment and our hope is that this shared experience will help us be even more sensitive and compassionate towards refugees while doing the best we can to serve them.

For all of the tragedies on September 11th, the war in Afghanistan and related events, I am reminded, once again, of the resilience of the human mind, body, and spirit when we live in community with one another. I am humbled and grateful to be a part of an organization that serves the most resilient of all communities – refugees. While we offer them comfort and hope, they give us a thousand times more in return. Life will get better for all us.

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The Use of Art Making in Addressing Fears and Anxiety of Children after Traumatic Events

By Thad S. Rydberg, MAAT

The terrorist attacks of September 11th have provided us all with a chance to reflect on our lives and our human vulnerability. The attacks on the World Trade Center and the Pentagon and the ensuing events shocked and scared us and left us with traumatic images that will forever be with us. We were frightened, furious, and saddened. In many ways, we bore witness to the extremes of our humanity. Not only were we shocked by the fact that human beings could commit these horrifying acts, and not only did we experience our own human fragility, but we also saw innumerable acts of courage, kindness, and care for the survivors and the family members of the victims.

As an art therapist working for many years with

refugee children and as the administrator for a multicultural mental health program at Heartland Alliance for Human Needs & Human Rights, these tragic events, naturally, turned my attention toward children; both refugee children and our nation's children. I was specifically alarmed at the number of times the media repeatedly showed the images of the planes crashing into the buildings, people jumping from the towers, the collapse of the towers, and the fires burning at several sites. I knew the repetition of these violent images could be distressing to children who would be watching. I also thought of children of the people who perished and the school children in New York, who would be overwhelmed with confusion, fear, grief, loss, and other emotions they would not be able to identify verbally. I hoped these children would be given the special care they needed. I hoped they would have the support and opportunity to express their thoughts, fears, and feelings.

Art making in the form of drawing, painting, sculpture, poems, and stories has proven to be effective in assisting children around the world cope with tragic events. Children move through developmental stages, which determine their ability to cognitively understand their emotions and verbally express them. Often young children express difficult emotions through play and art. It is useful to look at the role art making can play in assisting children express their fears and anxieties by seeing examples from various international settings. I will also offer some insight into the artwork a refugee child has made in response to the tragic events of September 11th.

In a story about the war in Kosovo, Miller reports that art was used as a "kind of therapy" for some of the estimated 185,000 refugee children in camps along the Albanian and Serbian border (Miller, 1999). Blendi Cepa, a psychology student who worked in these camps for the Society for Psychological Assistance, was quoted by Miller as saying that for children "art is a way they can express their attitudes, their emotions, and their feelings about what has happened to them and perhaps find a way to release their anxiety and stress." (Miller, 1999) She and other counselors were collecting pictures of war created by the Kosovar children in hopes of identifying those who may need therapy in coping with the recent tragic events, which they had survived.

In another area of the former Yugoslavia, Slovenia, Kalmanowitz and Lloyd worked with children in refugee camps and use sculpture and photography to address their psychosocial needs. They write, "The building of houses created a structure in which the children could play, create, and imagine." (1999) This play allowed the children to express the frightening experience of losing their home but also provided the opportunity to imagine having new homes and environments in which to be children again.

In Sudan and Northern Ireland where the lives of children, their families, and their communities are affected by war and terror, art has been a means to identify children that may have Posttraumatic Stress Disorder (PTSD). Tibbetts (1989) was able to identify markers of anxiety in the artwork and the process of creating it made by children from Northern

Ireland diagnosed with PTSD. These markers were: emotional regression, constricted focus, need for safety and security, lack of background integration, depressive indicators, and somatic indicators such as recurrent nightmares.

Based on my two years of experience in working with children living in war zones in Southern Sudan, I found that the artwork and stories children created were quite therapeutic for them. They were given creative and metaphoric means to express distress that they may not otherwise have been able to relate verbally. Moreover, storytelling was one of the most practiced art forms in this culture and, because of this, it lent itself easily to creative and personal expression. Raundalen (1995) mentions in a discussion paper used in training teachers in Southern Sudan that drawing and storytelling, story writing, and story reading are effective means for children to express their traumatic experiences and the related emotions. "Drawing and storytelling can allow children of all cultural backgrounds to express themselves." (p. 22) This use of the arts as a therapy technique is best explained by looking more thoroughly at developmental psychology and the work of art therapists with children.

Children in the early stages of mental growth have not yet developed the language or the cognitive and emotional skills needed to express the emotional turmoil related to traumatic events. Erickson (1950) implies that it is not until young adulthood that an individual may have these skills. He states, "The young adult, emerging from the search for identity, is eager to fuse his identity with that of others. He is ready for intimacy." (p.266) One aspect of intimacy is the ability to communicate feelings and emotions but one must have the skills to do so. Visual arts often help very young children communicate these difficult emotions.

Malchiodi (1998) speaks of this when she states, "Children use art expression to express trauma and associated feelings of grief, mourning, and loss and often master trauma through play activity or artistic expression." (p. 133) She goes on to say, "Art expression seems to be well suited as a modality with children in trauma because it may be easier for them to use visual modes of communication before being able to talk about trauma." (p. 135)

Kramer (1993) points out in her book, *Art As Therapy With Children*, that it was not through interviewing children between the ages of four and twelve who had survived trauma during World War II, but through their *drawing* that she came to recognize their symptoms and strengths. She states, "It was among those traumatized children that I first observed the different responses to stress as they manifested themselves in children's art...I saw regression, repetition that told of unresolved conflict... I saw withdrawal into frozen rigidity, and finally the capacity for creative expression surviving under difficulty." (p. xiv) All of these examples show that, for children, art lends itself to communicating their emotions that they cannot express orally.

Recently, an art therapy intern brought two paintings by a refugee child to our individual supervision meeting. Each painting was done monochromatically, one in black and one in green. The one painted in black depicted the terrorist attacks of September 11th with a plane crashing into one of the towers. Interestingly, though the plane was transparent, one could see the 'insides' of the plane and there were no people in the seats; nor was there fire or flames or any sign of an explosion. The student and I commented on how this seemed to speak to the enormity of confusion and incredulity the child was experiencing. The fact that there were no people and no explosions speak to the child's inability, on his own, to accommodate the death of so many people in such a horrifying manner. The student pointed out that in the second painting, done all in green paint, both towers were painted. The client, though not able to speak about the artwork, seemed to be pointing out how incredible it was to think that those two buildings no longer existed.

During the art therapy session, the client was given the opportunity to do a 'free painting'; that is, to paint whatever was on his mind. Since they had not previously approached the subject of the attacks, the intern was surprised by the content of these two paintings and to see that the child had been carry-

ing these images and the associated confusing emotions. The intern also found out that no one had talked to this child about these events, not his parents, not his teachers, no one. It was no wonder then why, when given the opportunity to paint whatever he wanted, he chose to paint about the attacks. It was what was most pressing for him and he needed to express his feelings and have his questions answered. The student answered his questions as best he could. However, it is important to point out that the child was not able to talk about the content of the paintings. He simply painted these emotions. The art gave him the chance to express his fear, confusion, sorrow, and shock. Through this experience, the student and I decided that our clients and their families may need even more supportive attention than the agency was already offering.

What I hope to offer to the reader is the knowledge that art making is one very effective way of addressing the unique psychosocial needs of children who have been affected by traumatic events. Art made by children from Kosovo, other parts of the former Yugoslavia, Northern Ireland, and Southern Sudan show the efficacy of art as therapy for children. Our nation's children, including the refugee children here, also can use art making as a way to express difficult emotions they are unable to express verbally or understand cognitively.

Thad S. Rydberg, MAAT, is an art therapist with Heartland Alliance for Human Needs & Human Rights (HA) in Chicago. He currently works there in a program called The Center for Multicultural and Multilingual Mental Health Services, where he supervises art therapy interns and trains and consults professionals in matters regarding multicultural mental health. He also is a volunteer clinician at the Marjorie Kovler Center for the Treatment of Survivors of Torture. He has worked with refugees, displaced people and immigrants in the USA, Spain, Southern Sudan, and Kenya. He can be reached at 773-751-4080 or via email at: chomcml@enteract.com.

Some Tips for Helping Children at Stressful Times

1. Give children the facts; they need to know the truth. This will allow their imaginings to be relieved since many of their fears are born of imagination.
2. Share your feelings with them; this will affirm their own feeling and help them feel that they are not alone.
3. Often children believe it is some fault of their own that bad things happen. You may need to reassure them that they are not at fault in any way.
4. Find out what it is that the *children* think has caused them the most distress; don't assume you know.
5. Determine the intensity and frequency of their exposure to the trauma.
6. Let them communicate how they feel; art and play can help.
7. Offer them reassurance and encouragement to help them feel safe.
8. Make sure they know that it is **NORMAL** to show stressful reactions or exhibit problem behaviors after scary and painful events.
9. Spend additional time with them doing things they like to do.
10. Children need at least one person who can help them cope and give them unconditional love (a parent, relative, teacher, church leader, community member or in cases of severe reactions, a qualified mental health clinician).
11. Consult a mental health professional when you believe the child exhibits severe signs of trauma or when you can not provide for their psychosocial needs.

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Natural Responses and Helpful Interventions

Submitted by Evelyn Lennon, M.S.W., M.A.

On the occasion of this national tragedy, the staff of the Center for Victims of Torture came together to discuss and process our own feelings of fear, loss, and anger. These tragic events undermine our common basic needs to feel safe, to trust others, and to have some control over our lives. We are all affected by these events at many layers of our lives. Human beings have common, normal responses to situations that are horribly abnormal. These may include the following:

- Uncertainty about safety (your own, your family and friends, your community, and nation) can create feelings of fear that can be extreme and continuous.
- A profound sense of disbelief that this has happened. It can feel unreal, like a bad dream or even a sense of being numb.
- When the disbelief or numbness subsides, intense feelings of loss emerge. Loss of loved ones who have died or those suffering from injuries, loss of innocence, loss of security, loss of your assumptions about the world, etc.
- Anger and rage can emerge with unexpected force. Anger toward those who committed such acts, anger at the injustice, anger at the senselessness, and anger at your inability to change the events. Aggressive reactions are attempts to take control and yet can result in cycles of retaliation, bitterness, and the destructive use of power.
- Anxiety reactions can emerge in many forms: fear to fly, fear to travel, fear of letting loved ones out of your sight, fear of people in your community, fear of what can happen next, etc.
- Physical symptoms may also emerge along with anxieties and feelings of helplessness such as headaches, stomachaches, breathing difficulties, difficulties sleeping or nightmares, high blood pressure, etc.
- For those who have survived other traumas, emotional and physical reactions, as well as symptoms that were long gone, may return with unexpected intensity.

We have learned from survivors of torture and war from other countries that the following points can be helpful when facing crises such as this:

- Maintain your regular routines—going to work, attending school, etc.
- Talk to someone who cares, adults and children need reassurance. Talk to another family member, a friend, a religious leader, and/or a counselor.
- Gather together for support. In work places, schools and religious communities, groups can gather together to process the experience. Some people in your work force, school, and religious community have already survived war and conflict in their countries of origin. They may have valuable insights and experiences that can be of use to the whole community in facing these recent events.
- Participate in supportive activities such as donating blood, money, skills, etc. All these actions help us feel better.
- Monitor your exposure to the media coverage of the tragic events. It's important to have current information; however, continued exposure to these events can be harmful.
- Call a community mental health care clinic to speak with a counselor if you or someone you love is having severe or on-going difficulties.

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Save the Date

The National Alliance for Multicultural Mental Health will be holding its next annual conference in Atlanta, Georgia, June 8-11, 2002. The Bridging the Gap Project will co-host the conference. Watch for more information on the IRSA website: http://www.refugeesusa.org/who/prog_info_sp.cfm. Events include a special one-day Institute (June 8) to provide five simultaneous full-day trainings on the following topics:

- Evaluation, Sequelae, and Care of Survivors of Torture and Extreme Trauma
 - Clinical Work with Refugees
 - Refugee Program Implementation, Funding, and Policies
 - Establishing a Continuum of Care Through Communal and Alternative Methods
- A session especially designed for individuals from the public mental health system and mainstream mental health, including students, focusing on the special needs of refugees and diverse populations through a broad range of topics
 - The mental health of children and adolescents with particular reference to the school system
 - Indigenous healing and non-traditional mental health
 - Basic therapeutic skills for refugee resettlement workers
 - Caring for the caregiver with a special focus on caregiver stress

Topics Presented at the Conference will Include:

- The Relationship of Civil and Human Rights to the Mental Health of Refugees and Minority Americans
- The Mental Health Consequences of the September 11 Tragedy on Refugees
- Integrating Mental Health into Resettlement
- Cultural Considerations in Working with Specific Refugee Groups and Special Populations

For the conference itself, we are sending a Call for Papers in order to provide the broadest based presentations from around the U.S. If you are interested in making a presentation, please send (by email, if possible) by *January 15, 2002*:

- Full name, address, telephone, fax, and email address.
- A 200-word abstract of the presentation you wish to make at the conference.
- A copy of your vitae.
- A list of learning objectives: how the listener's behavior might be changed, what should be learned and what is to be accomplished in this session.
- A suggested reading list.

IRSA is applying to the National Association of Social Workers for Continuing Education Units (CEUs).

The fee for the entire conference is \$175 before *May 1, 2002* and \$200 *on-site*. The June 8, 2002 Institute has a separate fee of \$80 and the one-day and student rate for the conference itself is \$80.

For further information, contact Ellen Mercer at emercer@irsa-uscr.org or via telephone at 202-797-2105.

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The National Alliance for Multicultural Mental Health offers expert technical assistance through:

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. Additional documents are in preparation and will be announced in future newsletters.