

Counseling Newcomers and Refugees: Children and Adolescents

refugees in the United States are children (DHS, 2018), which mirrors worldwide statistics of the general refugee population. The majority of refugees are civilians who have lived in regions of violent conflict or belong to a particular ethno-cultural group subjected to oppression and persecution, extending in some cases to the extremity of genocide. It is important to note that some migrants flee their countries under refugee circumstances but may not obtain refugee status. Instead, they may be documented or undocumented immigrants with refugee experiences and needs.

Much of the research on refugee populations focuses on mental health implications directly tied to war-related violence. Countless studies on refugee populations from numerous countries of origins, cultures, and ethnicities have concluded with similar results. Exposure to political violence historically has been associated with an increased risk of both acute and chronic post-traumatic stress reactions (Basma & Kronick, 2016). Most commonly, symptoms of traumatic stress among refugees have been assessed using the diagnostic criteria of post-traumatic stress disorder (PTSD), which was initially developed based on

with caution and avoid “one size fits all” approaches (Schwartz et al., 2010).

Resources:

Immigrant Youth in Cultural Transition:

<https://www.amazon.com/Immigrant-Youth-Cultural-Transition-Acculturation/dp/0415648432>

Toolkit for “A Case for Acculturation”:

<https://www.tolerance.org/magazine/summer-2017/toolkit-for-a-case-for-acculturation>

INTERVENTION STRATEGIES

Multi-tiered interventions work best in a population with layered and complex needs (Basma & Kronick, 2016). When working with newcomers and refugees, especially children and adolescents, it is essential to

ugee children and adolescents often are more connected to their host culture than their parents, creating different values between the children and their parents. Lack of cultural alignment can result in feelings of disconnection, isolation, and conflict within the family and community (Paat, 2013; Waters, Tran, Kasinitz, & Mollenkopf, 2010). Family therapy can help with family conflicts and disconnection (Paat, 2013), including multigenerational family therapy (Bowen, 1985), structural family therapy (Minuchin, 1974), strategic family therapy (Madanes, 1991), and narrative family therapy (White, 1995)

Resources:

The Bowen Center: <https://thebowencenter.org>

The Minuchin Center for the Family: http://www.minuchincenter.org/structural_family_therapy

Narrative Therapy Initiative: <https://www.narrativetherapyinitiative.org>

School Interventions for Children and Adolescents

Schools remain the primary provider of mental health services for children and adolescents; as such, it comes as no surprise that many of the interventions for working with refugee children can be used within the school building. Children are forced to negotiate a wide array of challenges in a host country that include grasping the culture of the new school and environment while also learning a new language (Basma & Kronick, 2016). Mental health workers, teachers, and staff within the school need to be aware and mindful of the context in which those students were placed in the schools in order to facilitate early identification of interventions needed. Usually it is not necessary to engage in traditional talk therapy with the children, as that may not be the best vehicle to assess their needs. Expressive approaches to counseling as manifested in play, drama, art, or writing can provide a space the children may require to process the pre- and post-migration stressors. Counseling may also provide an environment that would ease the process of acculturation. Expressive approaches can be incorporated in the classroom or encouraged in the afterschool program. Teachers and staff can also use the support system the children form in the classroom to solidify the child's feelings of belonging and acceptance.

Resources:

U.S. Department of Education on educational resources available for newcomers:

<https://www2.ed.gov/policy/rights/guid/unaccompanied-children.html>

The Center for Health and Health Care in Schools:

<http://healthinschools.org/immigrant-children-unaccompanied-minors/#sthash.piYkXu4i.dpbs>

Bridging Refugee Youth and Children's Services: <https://brycs.org/publications/schools-toolkit.cfm>

Integration of Community Resources

The integration of community resources can increase community connection and acculturation (Waters et al., 2010). Counselors should use a combination of individual, family, and community services and identify strengths, resources, and resiliency in each area. Community locations such as schools are often the first point of contact with newcomer and refugee children, adolescents, and their parents (Xu & Brabeck, 2012). Counselors need to be informed about the barriers that newcomer and refugee families face with school attendance, academic achievement, and financial instability and assist in connecting them with resources that aid their needs. Counselors in all settings can use tools such as 411 to identify potential resources or partner with local refugee and immigration organizations for appropriate community resources. Social support and community connection also aid in cultural identity development and promote a sense of belongingness in newcomers and refugees (Paat, 2013). Social supports include, but are not limited to, friends, coworkers, neighbors, family members, and churches. Counselors should advocate for clients to use their social support systems when issues of disconnection and isolation arise (Xu & Brabeck, 2012).

Resources:

Contact information: <http://www.411.com>

Office of Refugee Resettlement Resources: <https://www.acf.hhs.gov/orr/resources>

Cultural Education, Awareness, and Advocacy

The intersectionality of culture and identity plays a key part in families' connectedness with the communities in which they live, and it is imperative that counselors assess their cultural competency when working with newcomer and refugee clients (Ratts et al., 2016; Sue & Sue, 2016). Counselors must engage in cultural awareness and learn about culturally-relevant interventions (ACA, 2014; Ratts et al., 2016; Sue & Sue, 2016). With this population in particular, it is crucial for counselors to maintain an up-to-date grasp of current sociopolitical implications that inevitably impact the lives of newcomer and refugee clients. Counselors should also be aware of local policies affecting newcomer and refugee families, provide psychoeducation about such policies, and advocate in circumstances where public policies diminish the wellbeing of their clients.

Resources:

ACA Code of Ethics: <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Multicultural and Social Justice Competencies:

<https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

ACA Endorsed Competencies: <https://www.counseling.org/knowledge-center/competencies>

US Citizen and Immigration Services: <https://www.uscis.gov>

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