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A Therapeutic Storybook for Adjustment and Acculturation in Middle Eastern Refugee Children

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A THERAPEUTIC STORYBOOK FOR ADJUSTMENT AND ACCULTURATION IN MIDDLE EASTERN REFUGEE CHILDREN

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I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **CHRISTINA ZAWALSKI** ENTITLED **A THERAPEUTIC STORYBOOK FOR ADJUSTMENT AND ACCULTURATION IN MIDDLE EASTERN REFUGEE CHILDREN** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Abstract

The current global sociopolitical climate has resulted in the influx of refugees to the United States from all over the world. Those coming from the Middle East represent a large portion of refugees in the U.S., and children within this group make up a large percentage. The refugee process is characterized by stressful experiences in the pre-migration, migration, and resettlement stages. These experiences put refugee children at risk for distress and other mental health difficulties. Refugees must learn how to adjust and acculturate once in the host country, which can be a difficult task. Teachers are in a unique position in which they are likely to come in contact with child refugees and have the opportunity to assist them with adjustment and acculturation. Storybooks are useful to assist with adjustment and acculturation. However, there is a lack of storybooks for Middle Eastern refugee children that focus on diversity and coping in resettlement. The storybook was developed to assist Middle Eastern child refugees with achieving healthy adjustment and acculturation within the school setting through teaching of coping skills and promoting resilience. Given cultural stigma associated with mental health difficulties, a storybook that highlights strengths to promote resiliency may reduce stigma in the context of mental health difficulties by broadening these children's coping skill set and knowledge of resources. Finally, the storybook may have a wider reach by promoting empathy, acceptance of differences, and diversity in classrooms of refugee and non-refugee children alike.

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Dedication

This document and storybook, *Adira and Her Superpowers,* are dedicated to Middle Eastern refugee children in the United States. These children deserve to be a part of the U.S. and their unique strengths and differences should be celebrated. I hope that this project will aid in their transition to the U.S. so that they can be successful.

Chapter I

Statement of the Problem

Refugees face a variety of stressful experiences in their country of origin, during the migration process, and once they arrive in the host country. A refugee, as defined by the Immigration and Nationality Act (INA), is a person who is unable or unwilling to return to his or her home country because of a well-founded fear of persecution due to race, membership in a particular social group, political opinion, religion, or national origin (American Immigration Council, 2015). As a result of these stressful experiences, many refugees are at risk for emotional and behavioral difficulties related to adjusting to and acculturating within a host culture, and developing psychological disorders (Fazel, Reed, Panter-Brick, & Stein, 2012; Lustig et al., 2004). Over the past decade, the global sociopolitical climate has resulted in the influx of refugees to the United States from all over the world. Individuals fleeing from Middle Eastern countries and regions represent a large percentage of these refugees. Of concern are child refugees who may be particularly vulnerable to developing difficulties. The pre-migration and migration stages of the refugee process may be taxing on children's mental health due to increased and prolonged stress, uncertainty, potential parental separation, and confusion about the process.

In addition to stressful experiences during the pre-migration and migration process, refugee children face challenges in the resettlement stage, such as those

associated with "culture shock," the potential shift to minority status, having to speak another language from their own, having a different skin color, having another religious orientation, and financial stress on the family (George, 2012). They may be particularly vulnerable to discrimination and bullying (Fazel et al., 2012). These experiences may lead to difficulties adjusting to the host country. Poor adjustment and acculturation have been found to contribute to mental health difficulties (Berry, 1997; Berry, 2005; Berry, Poortinga, Segall, & Dasen, 2006; Lincoln, Lazarevic, White, & Ellis, 2016). However, there are several factors related to resilience and healthy adjustment that if promoted, often lead to positive outcomes for these children (Berry, 1997; Fergus & Zimmerman, 2005; Snyder & Lopez, 2009).

Individuals from traditionally collectivistic, family-oriented cultures, such as those in the Middle East, may not resonate with the Western idea of therapy, as it tends to be individualistic and may fail to take into account important cultural variables (Alexander, Eyeman, Giesen, Smelser, & Sztompka, 2004). There are many culture-bound and stigmatizing beliefs about mental health that may dissuade someone from a Middle Eastern culture from seeking out mental health services for themselves or their child due to its historical emphasis on pathology, which may communicate weakness and contribute to stigma (Al-Krenawi & Graham, 2000). For example, Muslims with depressive symptoms who report a high level of religious involvement are often hesitant to seek out mental health services due to social stigma associated with seeking professional psychological help (Haque, 2008; Raja, 2005). Exploring ways to reduce stigma by focusing on resilience may be one way of overcoming this barrier.

The Western model of mental health has historically focused on pathology, which contributes to stigma. The majority of research on refugees has focused on cultural, mental health, and psychosocial deficits (Kouider, Koglin, & Petermann, 2015). However, this model of pathology is beginning to be modified for a model of resilience (Pickern, 2014). Researchers suggest that it is more beneficial to attempt to understand the unique challenges and experiences that refugees face during resettlement and focus on strength-based coping through the fostering of resilience (Papadopoulos, 2007). More recently, researchers have started to highlight high levels of resilience and mental wellbeing in refugee and migrant populations (Pickern, 2014). For example, emerging literature suggests that social support, school connectedness, and acculturation promote resilience and mental wellbeing in ethnically diverse students (Hilario, Vo, Johnson, & Saewyc, 2014; Lincoln et al., 2016; Spivak & Howes, 2011).

Historically, research on the experiences of refugees has primarily focused on the pre-migration stage of refugees. Within the past decade there has been a shift in focus from the pre-migration stage to the post-migration, or resettlement, stage because research has shown that the quality of life of refugees is largely determined by resettlement factors, as much as or more than adversity in one's country of origin (Miller & Rasmussen, 2010). Resettlement factors are more practical than pre-migration factors to target for preventative and promotive interventions since past experiences cannot be eliminated (Murray, Davidson, & Schweitzer, 2010). What those who work with refugees can do is prevent compounding distress in the resettlement stage by promoting resilience and healthy adjustment and acculturation.

Children's storybooks are useful tools to aid refugee children in resettlement. While there are a variety of storybooks focusing on Middle Eastern refugees for children in the 6- to 10-year-old age range, these storybooks primarily attend to pre-migration and migration experiences rather than the use of coping skills in resettlement. In addition, storybooks specifically addressing diversity tend to be about a main character that is of Middle Eastern ethnic background, but is not an immigrant or a refugee, or they address diversity in a very broad manner without reference to a main character holding particular diversity variables. Given this relative lack of children's storybooks with a diversity component about Middle Eastern refugees utilizing coping skills in resettlement, a storybook that highlights these elements would be beneficial to aid Middle Eastern refugee children in their adjustment and acculturation during resettlement.

Research shows that mental health symptoms in resettlement appear to have a curvilinear pattern in which symptoms increase during the initial stages of resettlement, then gradually decline over time (Beiser, 1988; Tran, Manalo, & Nguyen, 2007). Therefore, it would be beneficial to closely monitor distress and mental health symptoms during the period in which refugees are initially acclimating to living in an unfamiliar country. A focus on assisting refugees with the adjustment and acculturation process by promoting resiliency may be particularly beneficial during this period. Preventative measures such as these could help to prevent the potential development of more severe mental health problems and increase successful adjustment. Strategies to promote healthy adjustment, acculturation, and resilience should be explored to assist with the adjustment

and acculturation process, prevent mental health difficulties, or identify mental health difficulties earlier.

Aim and Purpose

This author used information gathered from the literature on refugee experiences, Middle Eastern culture, barriers to mental health services, stages of adjustment, models of acculturation, emotional and behavioral difficulties in refugee children, and models of resiliency to develop a culturally sensitive, strength-based, therapeutic storybook for Middle Eastern refugee children ages 6- to 10-years-old. The storybook is informed by the theoretical framework of Cognitive Behavioral Theory (CBT) and incorporates coping strategies and techniques drawn from Culturally Adapted Cognitive Behavioral Therapy (CA-CBT), bibliotherapy, as well as expressive art somatosensory activities because they tend to be more sensitive to cultural differences compared to other approaches.

The purpose of the storybook is to assist Middle Eastern refugee children in developing and enhancing skills to manage distress related to adjustment and acculturation, decreasing the occurrence of further mental health difficulties, and promoting resilience. It is also hoped to normalize the adjustment process and decrease stigma associated with mental health difficulties. It is specifically designed to be used by teachers in the school setting. By providing a therapeutic and educational tool for a setting in which Middle Eastern refugee children are likely to have access to it, these children may have their mental health needs met in ways that they may not have had otherwise to hopefully prevent the need for formal mental health services. The storybook

may also assist teachers in identifying risk factors for mental health problems. Children who are identified as needing more support can then have the opportunity to be referred to formal mental health services.

Since the Western mental health model has historically focused on pathology, this storybook emphasizes resilience to reduce some of the stigma associated with mental health difficulties. Additionally, given that research has largely focused on distressing experiences in the pre-migration stage of refugees, the storybook is meant to be a resource/prevention tool to provide support in the resettlement stage to prevent compounding distress and enhance wellbeing through coping strategies to enhance resilience. This is because the initial stage of resettlement has been identified as a time when individuals are most at risk for developing psychological disorders due to difficulties associated with adjustment and acculturation.

To ensure cultural sensitivity, the story depicts a main character of Middle Eastern descent in the same age range as the children the book is targeted for, highlights common difficulties Middle Eastern refugee children may face in a host country, and illustrates culturally congruent coping skills and factors promoting resilience. In addition to teaching coping strategies to Middle Eastern refugee children who are experiencing distress related to adjustment and acculturation, the storybook may also be used to teach empathy, diversity, acceptance of differences, and coping skills to children regardless of refugee status. The storybook includes pre-reading and post-reading tips, recommendations, and instructions for teachers. Although the purpose of the storybook is

to be an educational tool and is not meant to be used as a stand-alone mental health intervention, mental health professionals may use it as an adjunct to treatment.

Chapter II

Literature Review

Refugees

The refugee crisis highlights the urgency for attention to be given to the various needs of refugee populations. The large numbers of refugees coming to the United States from all over the world, specifically from regions in the Middle East, make it increasingly likely that teachers will have refugee students in their classrooms. Refugees are a distinct group with unique experiences that need to be taken into consideration to enhance success during resettlement.

According to the United Nations High Commissioner for Refugees (UNHCR), as of 2017, 65.6 million people have been forcibly displaced worldwide (UNHCR, 2018). The displacement of people refers to the forced movement of people from their home environments most commonly due to armed conflict, natural disasters, famine, and economic changes (United Nations Educational, Scientific, and Cultural Organization (UNESCO), 2017). There are approximately 22.5 million refugees worldwide, over half of whom are under the age of 18-years-old (UNHCR, 2018). In 2016 alone, 189,300 refugees were resettled worldwide (UNHCR, 2018). The U.S. welcomed two thirds of these refugees, more than all other resettlement countries combined (U.S. Department of State, 2018).

Over three million refugees have resettled in the U.S. since 1975 (U.S. Department of State, 2018). In the 2015 fiscal year, the U.S. resettled 69,933 refugees with a ceiling of 70,000. Due to the war in Syria, the ceiling for the 2016 fiscal year was raised to 85,000, and an even higher ceiling was proposed (110,000) for the 2017 fiscal year. However, only 53,716 refugees were admitted to the U.S. during the 2017 fiscal year due to changes in the U.S. refugee resettlement program made after the 2016 U.S. Presidential Election (U.S. Department of State, 2018). Of the refugees resettled in the 2016 fiscal year, approximately 34,000 came from the Middle East (of which 10,000 were from Syria), 25,000 from Africa, 13,000 from East Asia, 4,000 from Europe, 3,000 from Latin America and the Caribbean, and an unallocated reserve of 6,000 was meant to provide the flexibility needed to be able to respond in emergency situations (U.S. Department of State, 2018). Since 1975, the U.S. has resettled over 400,000 refugees from the Middle East (U.S. Department of State, 2018). The majority of these refugees have been from Iraq (over 110,000), Iran (over 90,000), Bhutan (over 75,000), and Afghanistan (over 26,000) (U.S. Department of State, 2018).

Approximately 35 to 40% of refugees resettled in the U.S. are children (Bridging Refugee Youth & Children's Services (BRYCS), 2018). A majority of these children (95%) resettle in the U.S. with their parents, about 5% resettle with relatives or other adults who have agreed to care for the children, and about 100 to 200 children per year are placed into specialized foster care through the Unaccompanied Refugee Minor Program (BRYCS, 2018). According to UNHCR, in 2016, 51% of refugees were under 18-years-old, which is the highest figure for child refugees in more than a decade

(UNHCR, 2018). Furthermore, child refugees falling in the 5- to 9-year-old age range encompassed the largest age group of refugees coming to the U.S. in 2016 (Office of Immigration Statistics, 2017). Child refugees, particularly young children, may face many unique stressors during the refugee process. Understanding of these unique stressors and the potential impact they have is beneficial in aiding refugee children once they arrive to the U.S.

Refugee experiences. Many of the experiences refugees face may be stressful, and particularly so for children given potential confusion about the reasons for unrest in their countries of origin, why they must flee their homes, why they may have to separate from family, and about differences between their culture of origin and the host culture. Refugee children may experience a number of stressors and adverse events throughout the refugee process. Direct exposure to adverse events is associated with an increased likelihood of psychological disturbance (Geltman et al., 2005). Given the relatively large percentage of Middle Eastern refugees fleeing their homes due to conflict and persecution, they are at increased risk for exposure to stressful experiences (Geltman et al., 2005; Pumariega, Rothe, & Pumariega, 2005). Thus, they may be at risk for experiencing emotional and behavioral difficulties related to adversity in their country of origin, the migration process, and/or issues with adjustment and acculturation once in the host country (Berry, Phinney, Sam, & Vedder, 2006; Montgomery, 2008; Nielsen et al., 2008). The refugee process is commonly divided into three stages: pre-migration, migration, and post-migration or resettlement (Berman, 2001; Pumariega et al., 2005).

Pre-migration. The pre-migration stage is the period of time before refugees flee from their home country. Exposure to war, sociopolitical conflict, persecution, violence, chaos, and loss mark the experiences of many refugees during this stage (Mohamed & Thomas, 2017). Refugees often experience threats to their safety and may have limited access to education and employment due to dangerous environmental conditions (Mohamed & Thomas, 2017). For children, these events may be particularly distressing because they may be confused regarding the reasons for this unrest and may experience a constant state of tension (Lustig et al., 2004). Furthermore, refugees are at higher risk for physical injury during the pre-migration stage if living in unsafe areas. For example, bombing, shootings, and torture may occur in these war zones, which are often residential areas (Cordesman, 2010). Children and their families may hide out for days or weeks at a time with little or no water, food, or adequate living conditions (Fazel et al., 2012). They may not know when or if it is safe to come out of hiding and may experience extreme fear for prolonged periods of time (Fazel et al., 2012).

Migration. The migration stage is characterized by displacement, uncertainty about the future, and search of a new place to resettle. Oftentimes refugees travel great distances under difficult circumstances and turbulence (Lustig et al., 2004). For some refugees, they may feel forced to flee their countries of origin and attempt to enter a host country illegally, as this may be their only option for survival. Illegal immigration increases the risk of victimization through exposure to criminal activity (Pumariega et al., 2005). It often involves covert travel missions on land or water that may last days or weeks during which time refugees are uncertain if they will live or die (Black, 2003).

Refugees may capsize in rafts if travelling by water and may witness death along the journey (Pumariega et al., 2005). Children may feel especially vulnerable during the migration process given the likelihood that their parents or guardians are overwhelmed themselves and may not be able to attend to their emotional needs (Pumariega et al., 2005).

Many times the entire family unit is unable to flee due to financial reasons. Refugees may pay traffickers who aid them in fleeing the country of origin to travel to a safer country, but often charge exorbitant fees (Feijen, 2008). Thus, children are often temporarily or permanently separated from parents or other family members if the entire family unit cannot afford to flee together (Fazel et al., 2012). Children who flee to the host country alone are called unaccompanied asylum-seeking children (UASC) (UNHCR, 2018). En route to the destination, refugees may be forced into refugee camps or detention centers. A significant number of refugees and their children have been held in detention centers for considerable periods of time (Steel et al., 2004). These camps may lack basic survival resources and oftentimes violence occurs within the camps (Fazel et al., 2012; Mohamed & Thomas, 2017).

Resettlement. The post-migration, or resettlement, stage begins once refugees reach the host country. This is the point at which they enter the often confusing and complex legal immigration system that asylum seekers must navigate to gain refugee status (Fazel et al., 2012). An asylum seeker is someone whose request for sanctuary in a host country has yet to be processed (UNHCR, 2018). National asylum systems are in

place to determine who qualifies for international protection. Every year, approximately one million people seek asylum around the world (UNHCR, 2018).

During times of mass movements, it is not always possible to conduct individual interviews with every asylum seeker who crosses the border. These refugees may be given "prima facie" refugee status, meaning that entire groups may be granted refugee status in times of readily apparent dangerous circumstances in the country of origin to ensure safety, protection, and basic humanitarian treatment (UNHCR, 2018). For many asylum-seekers, the process to gaining refugee status may be very lengthy. According to U.S. Citizenship and Immigration Services (USCIS), a decision is typically made on the asylum application within 180 days after the application is filed (USCIS, 2018). Asylum seekers cannot obtain employment in the host country until they are granted refugee status, and this may put considerable financial strain on families (Fazel et al., 2012).

Until asylum seekers gain refugee status in the host country, their lives are controlled by the United Nations, government agencies, asylum boards, and non-profit organizations (Mohamed & Thomas, 2017; Pumariega et al., 2005). These agencies and organizations often aid asylum seekers in obtaining necessities, such as food, clothing, and housing during resettlement (Pumariega et al., 2005). However, policies often accommodate asylum seekers in impoverished and disadvantaged areas (Fazel, et al., 2012). Many cannot even think about settling into society due to stressors associated with ongoing legal battles for permanent resident status (Burgess, 2004). Refugee applicants who do not have adequate identity documents to prove their claim face continuous interrogation by immigration and naturalization authorities (Burgess, 2004; Pumariega et

al., 2005). In addition to these legal stressors, significant social, cultural, and linguistic differences between the refugees' country of origin and their new host country mark a profound experience during resettlement (Mohamed & Thomas, 2017). Children with disrupted or minimal education may be suddenly immersed in a new education system (Fazel et al., 2012). Furthermore, bullying and racial discrimination are widespread and refugee children may feel isolated and ostracized particularly in school, but also in the community (Fazel, et al., 2012).

Although the refugee process may not be characterized by significant adverse experiences for every refugee, the experience in and of itself is often very stressful. The refugee experience is conceptualized as a severe, pervasive, and chronically stressful period, during which the accumulation of risk factors may impact mental health and may lead to mental health difficulties (Mohamed & Thomas, 2017). Mental health difficulties resulting from stressors associated with the refugee process are elaborated upon in later sections of this document. Knowledge of these stressors is helpful in understanding the effect of the refugee process on the mental health and adjustment and acculturation of refugee children. Furthermore, it is helpful to identify areas to enhance psychosocial resilience in these children during resettlement to assist in successful adjustment in the host country.

Middle Eastern Culture

Due to the large percentage of refugees fleeing to the U.S. from the Middle East, it is important to be mindful of cultural factors unique to Middle Eastern regions. Knowledge of Middle Eastern culture is particularly important to promote an

understanding of and respect for cultural differences in identity, attitudes, behavior, customs, and traditions. In addition, awareness of the current sociopolitical climate in the Middle East and its relationship with the U.S. may be particularly helpful given that sociopolitical factors, in addition to cultural factors, may be a significant stressor for refugees coming to the U.S. Together, this knowledge helps to facilitate and inform culturally appropriate mental health prevention and intervention efforts targeting distress around adjustment and acculturation in Middle Eastern refugees.

There is no universally accepted definition of the Middle East (Gregg, 2005; Sharifzadeh, 2011). Due to political factors, the region's boundaries are ever-changing (Gregg, 2005). Furthermore, there is tremendous racial, ethnic, religious, linguistic, and socioeconomic diversity within this population (Husain, Nashwan, & Howard, 2016). Regional boundaries and ethnic identities dictate where the Middle East begins and ends (Gregg, 2005). Therefore, it is helpful to consider Middle Eastern identity in the definition of the Middle East since concrete boundaries delineating where the Middle East begins and ends are so transient. Individuals of Middle Eastern descent identify with four major dimensions of identity: nationality, geography, ethnicity, and religion. More often than not, these individuals identify with different combinations of all these dimensions rather than just one (Gregg, 2005).

Nationality. Nations that are generally included in the definition of the Middle East include the states or territories of Turkey, Cyprus, Syria, Lebanon, Iraq, Iran, Israel, the West Bank, the Gaza Strip, Jordan, Egypt, Sudan, Libya, and the various states and territories of Arabia proper (i.e. Saudi Arabia, Kuwait, Yemen, Oman, Bahrain, Qatar,

and the United Arab Emirates) (Kort, 2007; Peretz, 1994). Other areas that are occasionally included in the definition of the Middle East include the three North African countries of Tunisia, Algeria, and Morocco because they are closely connected in political attitudes and foreign policy with the Arab states (Kort, 2007). In addition, geographic factors often require the inclusion of Afghanistan and Pakistan due to their connection with the political affairs of the Middle East (Kort, 2007). For the purposes of this dissertation, a person of Middle Eastern descent will be defined as a person of any ethnic or religious group who comes to the U.S. who is originally from Turkey, Syria, Lebanon, Israel, Jordan, Iraq, Iran, Saudi Arabia, Yemen, Oman, United Arab Emirates, Qatar, Bahrain, Kuwait, Egypt, Sudan, Cyprus, Palestinian territories Afghanistan, Pakistan, as well as those from Georgia who are known as Meskhetian Turks because they are originally from Turkey.

Geography and economics. The majority of the Middle East region is characterized by a warm desert climate. Yet, its geographical landscape is very diverse. It includes arid and semi-arid deserts, rich river valleys, mountains, and coastal regions (Peretz, 1994). Due to these vast differences in landscape, the culture and people living in each region differ in significant ways and lifestyles, from nomadism and peasant agriculture to urban commerce (Fisher, 2013). For example, cultures of the Persian Gulf states are highly influenced by oil money (Fisher, 2013; Sharifzadeh, 2011). In one small region there can be merchants, politicians, and financiers deeply involved in international markets. In contrast, many people in the Middle East live below the poverty line (Fisher, 2013).

Ethnicity. A variety of ethnic groups make up the Middle East. These primarily include Arabs, Turks, and Jews. However, Persians, Armenians, Copts, and Africans are also occasionally included (Kort, 2007). Arabs comprise the largest ethnic group in the Middle East, and Arabic is the most common language in the Middle East (Dwairy, 2006). The term "Arab" has become synonymous with those who speak Arabic, but within this region there are also Turkic people who speak Turkish and primarily live in Turkey, Persians who speak Farsi and primarily live in Iran, and Kurds who speak their own language, but do not have their own country. Kurds can primarily be found in Iran, Iraq, and Turkey (Dwairy, 2006). In addition, Armenians, who speak their own language and have their own country, Armenia, can be found in this region. However, more Armenians live in Lebanon, Jordan, and Turkey than in Armenia (Tololyan, 2000).

Aside from official and national languages, there are also a wide variety of minority languages that are the result of diverse cultures, patterns of migration, and economic activities in the Middle East. These languages include, but are not limited to, Urdu, Pashto, Punjabi, Berber, Balochi, Circassian, English, French, Gagauz, Hindi, Romani, Russian, Somali, and several modern Aramaic dialects (Jahani, 2013; Pormann, 2006). Skin color also varies from region to region. Arabs from Lebanon and Syria may have lighter skin and were even classified as "white" during the first period of migration to the U.S. in the 20th century (David & Ayouby, 2005). In addition, Egyptians, Kuwaitis, and Yemenis have both lighter and darker complexions, representing a large range in skin color in the Middle East (David & Ayouby, 2005).

Religion. A majority of individuals in the Middle East ascribe to the religion of Islam and identify as Muslim (Bushra, Khadivi, & Frewat-Nikowitz, 2007). Discussion of religion is important for this region because of its pervasive influence in many aspects of culture and government for many of the countries classified as Middle Eastern. Islam is a binding factor in what makes up the Middle East (Nobles & Sciarra, 2000; Sharifzadeh, 2011). This region also includes other religions, such as Christianity, Judaism, and Hinduism (Bushra et al., 2007; Husain et al., 2016). While each of these religions are made up of a variety of sects that differ in belief and practice, Islam is a defining variable of culture in the Middle East (Nobles & Sciarra, 2000). For the purposes of this dissertation, basic tenets of Islam are overviewed to provide a broad summary of the belief system as well as components that are often infused into daily practice for individuals who identify as Muslim.

The two largest denominations, or sects, of Islam in the Middle East are Sunni and Shia. While Sunni is the more dominant sect in most countries in this region, Shia Islam is the official religion of Iran, which is the country with the highest number of adherents in the world (90-96%) (Ingham & Lindisfarne-Tapper, 2014). Islam, which means submission to God, is constructed upon the Qur'an, which is the religious text of Islam (Dwairy, 2006). Muslims believe that the Qur'an is a direct revelation in Arabic from God, or Allah (Gilsenan, 2000). This text is the basis for the conception and communal experience of prayer, study, social etiquette, and numerous other practices that are considered to be at the root of being Muslim (Gilsenan, 2000). The Prophet Muhammed was the individual whose duty it was to disseminate this word of God to

society (Gilsenan, 2000). The practice of the Prophet became the model for all Muslims and developed into a framework for defining community. Subsequently, this framework became the basis of education and learning (Gilsenan, 2000). For example, the Qur'an is considered to be the ultimate book of style and grammar for Arabs (Dwairy, 2006).

Middle Eastern culture is heavily influenced by the major tenets of Islam (Sharifzadeh, 2011). Believers of the Muslim faith live under the authority of the Word of God, revealed to the Prophet Muhammad in the Arabic language (Hourani, 2013). The faithful belonged to a community of Muslims, called *Umma.* To maintain a sense of belonging to the community, certain rituals had to be performed by all Muslims capable of performing them (Hourani, 2013). Of these rituals, five are known as the Five Pillars of Islam: (a) Shahada*:* the profession of faith (i.e. "there is no god but God and Muhammad is God's Prophet"); (b) Salat*:* saying of the daily prayers five times per day (at dawn, noon, midday, dusk, and in the early part of the night); (c) Zakat*:* paying a tax if one's income exceeds a certain amount to make donations for the poor, the needy, the relief of debtors, the freedom of slaves, and the welfare of the homeless; (d) Sawn*:* obligation to fast in the holy month of Ramadan, which is the Arabic month during which the Prophet received his first revelations during which Muslims over the age of 10 abstain from eating, drinking, and sexual intercourse from dawn to dusk as an act of repentance for sins; and (e) Hajj*:* the pilgrimage to Mecca or Medina (i.e. the House of God) at least once in his or her lifetime (Hourani, 2013). These five pillars reflect the unity of Muslims with each other and convey a sense of readiness for anything Allah disposes, both large

and small. Thus, Islam influences even mundane aspects of life and behavior, as well as directs society as a whole (Gilsenan, 2000).

Values and family life. Despite great variation in language, culture, religion, and social and political systems, most Middle Eastern societies share many similar values regarding family interactions and values (Husain et al., 2016). However, it is important to recognize that significant differences may exist across groups in any culture. For example, educated people from urban areas may not share the same values as those who come from more traditional, rural areas (Husain et al., 2016). Therefore, factors such as level of education, type of work, availability of time and space, degree of religious faith, and degree of exposure to Western culture are important in shaping values and traditions among many Middle Eastern families (Sharifzadeh, 2011).

As mentioned previously, Middle Eastern culture is very collectivistic compared to the individualistic majority, or Euro American, culture of the U.S. (Al-Krenawi & Graham, 2000). Family in its extended form is the most important institution in the Middle East and it is common for three generations of family to live together in the same house (Moghadam, 2004). Identification with the family as a whole is important in that family members often view the collective achievement of the family as a source of pride and identity (Dwairy, 2006). This is generally perceived as being as important as, or even more important than, personal achievements (Dwairy, 2006). With regard to Middle Eastern refugees, it is often the case that an entire family does not make it to the U.S. due to various reasons (Fazel et al., 2012). In their preference for familial and informal networks, the refugees who do make it to the U.S. may attempt to establish quasi-

extended families, meaning that they connect with other people of the same religion, language, or nationality from the Middle East (Sharifzadeh, 2011). This helps to fill the psychological vacuum created by the absence of the extended family.

For Middle Eastern immigrants and refugees, cultural values are often rooted in religious teachings (Nobles & Sciarra, 2000). Family interactions and dynamics are shaped by religious rules and a traditionally patriarchal family structure (Moghadam, 2004). This contrasts with many industrialized Western societies in which secular rules, rather than religious rules, often govern family interactions and dynamics (Husain et al., 2016). In most Muslim cultures, social roles and norms have been strongly influenced by religious belief (Husain et al., 2016).

Separate roles are often assigned for men and women in Middle Eastern families. For example, women's roles are generally perceived as childbearing, child rearing, and homemaking, and men are perceived as the "breadwinners" (Dwairy, 2006). The father is usually the head of the family in Middle Eastern culture and is seen as the parent who controls the family finances, the agent of socialization with the world outside the family, the moral authority, and the final disciplinary agent in the family (Dwairy, 2006). Although there are areas in the Middle East in which extreme forms of patriarchy are prevalent, the majority of Middle Eastern families from urban and rural areas fall outside of the extreme category. For example, in most parts of the Middle East, women work with men and have substantial authority within the family (Moghadam, 2004; Sharifzadeh, 2011).

There are also religious and social norms that dictate modest dress for Muslim men and women (Ruby, 2006). For the purpose of this dissertation, traditional Islamic clothing will be limited to common headwear given that there is a range of traditional clothing that may vary by country and region. Muslim women commonly wear hijabs as a sign of religious modesty (Hargreaves & Vertinsky, 2007). A hijab is a headscarf and is an expression that in the Arabic language means "a curtain," or "barrier of spatial dimension" (Hargreaves & Vertinsky, 2007; Ruby, 2006). The tradition that women cover their bodies with certain clothing is in accordance with the doctrine of the Qur'an, which upholds the separation of men and women (Dunkel, Davidson, & Qurashi, 2010).

For Muslim women, wearing traditional Muslim dress represents an indicator of a lifestyle that is in accordance with Muslim values and beliefs (Dunkel et al., 2010). Muslim men also have a variety of headwear that may differ depending on the region. For example, some Iranian men may wear a specific type of black or white turban, whereas Arab Muslims may wear a rectangular piece of cloth folded diagonally and then draped over the head, not wound like a turban (Ingham & Lindisfarne-Tapper, 2014). Muslim men may also wear white prayer hats, which are more like skullcaps. Male headwear also signifies respect for Muslim beliefs and values (Ingham & Lindisfarne-Tapper, 2014).

Within the context of family, Middle Eastern parents often set clear rules and expectations for their children's behavior (Husain et al., 2016), and place value and emphasis on discipline, respect of elders, and harmony within the family (Dwairy & Achoui, 2006). Traditionally, fathers are considered the disciplinarian in the family, although mothers may also take on a disciplinarian role. Mothers in Middle Eastern

families often demonstrate lots of warmth and affection toward their children, particularly boys, but also hold high expectations (Husain et al., 2016). Although the use of corporal punishment was common as a method of discipline before the turn of the century, it is considered the exception rather than the rule today (Husain et al., 2016; Sharifzadeh, 2011).

Generally, Middle Eastern children learn what is expected of them by watching interaction among family members (Sharifzadeh, 2011). To provide concrete examples of disciplinary rules in Middle Eastern families, several rules common among Iranian families include the following: older family members should be respected, children must not disobey parents or talk back to them, children should not interrupt when adults are talking, children should take very good care of their toys, clothes, and school materials; when siblings fight, the older sibling usually has to give in; parents must know and approve of their children's friends and acquaintances; and girls may not be allowed to spend time outside of the house unsupervised (Sharifzadeh, 2011). Therefore, Middle Eastern children may adjust well in environments in which there are clear expectations and rules for their behavior.

Communication. Middle Eastern cultures are considered high-context communicators in that what is left unsaid is just as important as what is said. These individuals may rely on shared experience, the situation, and nonverbal cues in interactions (Dwairy, 2006; Gudykunst & Ting-Toomey, 1988). For example, a direct "no" is considered impolite because it could result in confrontation or hurt feelings. A weak "yes", "maybe", or "perhaps" may commonly replace a direct "no" so as to be

polite. However, a weak "yes" may also indicate agreement (Dwairy, 2006). In general, they communicate indirectly, relying on the listener to understand the intended meaning (Dwairy, 2006; Gudykunst & Ting-Toomey, 1988). In addition to being indirect, communication in Middle Eastern cultures is also quite elaborate and expressive (Dwairy, 2006; Feghali, 1997). Those from Middle Eastern cultures may use more words and gestures to communicate compared to someone from the U.S. who may be more direct and succinct in their communication (Dwairy, 2006; Feghali, 1997; Hakim-Larson & Nassar-McMillan, 2008).

Social distance in Middle Eastern cultures may also be different from U.S. culture. Middle Easterners may stand much closer in face-to-face conversation and interactions than individuals from the U.S. (Dwairy, 2006; Hakim-Larson & Nassar-McMillan, 2008; Sharifzadeh, 2011). This proximity should not be viewed as threatening or aggressive. Furthermore, it is common for men to kiss each other on both cheeks in greeting and for women to exchange hugs and kisses (Sharifzadeh, 2011). It is also common for male friends to hold hands and for female friends to hold hands as a way of showing friendship and support (Hakim-Larson & Nassar-McMillan, 2008; Sharifzadeh, 2011).

Contemporary issues. Currently, many nations within the Middle East suffer from regional conflicts, wars, totalitarian regimes, and economic depression (Milton-Edwards, 2018). Since the end of World War II, and most notably since the September 11, 2001 terror attacks, the media in the U.S. have portrayed nations in the Middle East unfavorably (Alsultany, 2016; Madani, 2000; Welch, 2016). In the eyes of U.S. society,

the Middle East has been reduced to simplistic stereotypes, such as being a barren desert land with oil as its only resource, used primarily by Muslim Arabs representing Islamic fundamentalism to cause terrorism in the world (Welch, 2016). Middle Eastern populations in the U.S. have lived in the shadow of negative stereotypes spread by exaggerated reports and media portrayals in which they are often depicted as villains (Alsultany, 2016; Suleiman, 2001; Welch, 2016). Following the 9/11 attacks, many Arab and Muslim immigrants fell victim to hate crimes (Bankston & Hidalgo, 2006). According to the Federal Bureau of Investigation's (FBI) Uniform Crime Reporting Program, in just one year after 9/11, hate crimes against Muslims in the U.S. spiked by 1,600% (Uniform Crime Reporting Program, 2018).

Furthermore, there is a notable lack of education regarding Middle Eastern history in the U.S., such as the region's contributions to science, technology, mathematics, arts and music, architecture, and medicine, as well as its early contributions to world civilization (Menocal, 2002). Rather, discussions are relegated to modern conflicts and wars, and these discussions have frequently omitted a balanced view of the causes of problems in the region (Menocal, 2002). Also omitted is the perspective that religious fundamentalism is not specific to Islam, but occurs in all religions of the world and is not considered to be Islam in its true form (Hurvitz & Alshech, 2017). In fact, it may be argued that the greatest divide of the region is between religious fundamentalists and those who seek peaceful resolution (Hurvitz & Alshech, 2017).

In the minds of many from Middle Eastern nations, the U.S. and its Western allies are partly responsible for the region's problems, leading to resentment of the U.S.

(Milton-Edwards, 2018). It has been argued that Western governments have consistently ignored human rights by supporting dictatorial regimes of the region for financial and strategic gains (Milton-Edwards, 2018). Thus, children in the U.S may hold an unbalanced view of the Middle East, which may contribute to bullying and discriminatory behavior toward Middle Eastern refugee children. Further, although young children from the U.S. and regions in the Middle East may not be aware of the conflict between the U.S. and Middle East, parents of these children may hold particular attitudes about the relationship between the U.S. and the Middle East that children may pick up on, which may influence their attitudes.

The information presented here is an overview of Middle Eastern culture and does not explain the attitudes and behavior of every person of Middle Eastern descent. A balanced view and understanding of the Middle East and its people, cultures, and political scene is important. Knowledge of these areas is helpful in understanding how Middle Eastern refugee children may experience difficulties with adjustment and acculturation given that they must learn to navigate a different cultural system from their own. In addition, those in the U.S. may hold particular negative and stereotypical attitudes and beliefs about Middle Eastern refugee children due to exposure to unbalanced messages about Middle Eastern regions and people, which may affect Middle Eastern refugee children's ability to adjust and acculturate in the U.S.

Acculturation

Acculturation is a dynamic process that occurs between an individual's heritage culture and host culture, and is an important factor for individuals from diverse cultures

coming to the U.S. because it affects psychological and socio-cultural adjustment (Berry, 1997; Berry, 2005; Berry, Poortinga et al., 2006; Lincoln, et al., 2016). Individuals from diverse cultures who come to the U.S. must navigate a multitude of systems and cultural differences, which can be an overwhelming and daunting task. Once in the resettlement stage, they begin the acculturation process, which can result in a spectrum of healthy to unhealthy adjustment.

Two of the main overarching frameworks of acculturation in the literature are the linear and orthogonal frameworks of acculturation (Costigan & Su, 2004). The linear model, sometimes called unidirectional, conceptualizes acculturation as the loss of ethnic cultural orientation, identification, and values as one acquires the behaviors, sense of belonging, and values of the host culture (Zane & Mak, 2003). In contrast, the orthogonal, or bidirectional, model assumes that these processes are independent of one another and that one can participate in the host culture without losing one's culture of origin (Zane & Mak, 2003). There are numerous acculturation models proposed in the literature that fall under the linear and orthogonal frameworks**.** Some of these models are specifically designed to describe the experiences of specific populations, such as certain ethnic populations (e.g. Korean Americans, Mexican Americans) and immigrant groups (e.g. Latino immigrants, Chinese immigrants) (Arcia, Skinner, Bailey, & Corre, 2001; Ho, 2014; Lee, Sobal, & Frongillo, 2003; Rueschenberg & Buriel, 1989).

One of the most researched and used models is Berry's (1997) model of acculturation, which falls under the orthogonal framework. His model of acculturation was used to inform this project because of the evidence supporting the orthogonal

framework, as well as the research supporting his model to explain acculturation with refugee populations (Berry, Phinney et al., 2006; Dere, Ryder, & Kirmayer, 2010; Ellis et al., 2010; Schwartz & Zamboanga, 2008). Berry's (1997) model of acculturative stress is interconnected with his acculturation model and its most recent version identifying factors influencing acculturative stress (Berry, Poortinga et al., 2006) was also a focus for this project. Berry's (1997; 2006) work on acculturation provides an analytical framework that is helpful in understanding the different factors that influence acculturation experiences, the way these factors influence refugees' pathways through the acculturation process, and the extent to which they experience psychosocial stressors.

There are many group and individual differences in how people acculturate (Berry, 2005). According to Berry (1997), acculturation strategies develop in relation to two issues: cultural maintenance, which is the extent to which cultural identity and characteristics are valued and maintained; and contact and participation, which is the extent to which contact between cultural groups is sought or avoided (Berry, 1997). Together, these two issues create a conceptual framework that results in four possible acculturation strategies: assimilation, segregation/separation, integration, and marginalization (Berry, 1997). In addition, Berry (1997) notes that for "non-dominants," or new arrivals to the host country, to be able to follow their preferred acculturation strategy, existing communities and institutions in the host country must adapt and accept increased diversity and provide support services to ensure the needs of newcomers may be met (Berry, 1997).

Assimilation. Assimilation is one form of acculturation that occurs when one's culture of origin is abandoned to become part of the host society (Berry, 1997). This can be accomplished by the absorption of a minority group into a majority group or by merging many groups to create a new society, hence, the concept of the "melting pot" (Berry, 1997). Assimilation has generally been found to have intermediate negative effects or no effect on the adjustment and mental health of refugees (Berry, Phinney et al., 2006).

For example, in an Australian study of acculturation of adolescent refugees from the former Republic of Yugoslavia, assimilation was not a predictor of psychosocial adjustment (Kovacev & Shute, 2004), whereas in a study of Jewish Israeli adolescent refugees, assimilation was found to have the most negative outcomes, which may be unique to refugees from Israel (Nakash, Nagar, Shoshani, Zubida, & Harper, 2012). In a study of Somali adolescent refugees, assimilation was found to have more positive results on mental health and adaptation compared to segregation and marginalization, but less positive results compared to integration (Lincoln et al., 2016). Given these mixed results, it is not clear whether assimilation is a completely unhealthy or healthy acculturation strategy. It appears that it may be relatively healthy for some cultures and/or individuals under certain circumstances.

Segregation/Separation. Segregation, or separation, exists when one maintains his or her cultural identity and does not have any relation with the host society (Berry, 1997). This concept has two forms with respect to which group holds power to determine outcome. In the case that the host society, or dominant group, imposes this pattern, then

segregation occurs (Berry, 1997). When the non-dominant group maintains their culture of origin without participating in the host society out of choice, then separation occurs (Berry, 1997). Similar to assimilation, segregation and separation are generally associated with intermediate negative effects on refugee adjustment (Berry, 1997; Kovacev & Shute, 2004; Lincoln, et al., 2016). However, in one study of Canadian Arab youth it was found that those who endorsed Arab cultural orientation, but not European Canadian cultural orientation, reported greater life satisfaction (Paterson & Hakim-Larson, 2012). Therefore, for Canadian Arab youth in particular, separation may result in more positive outcomes than is generally cited in the literature for other cultures.

Integration. Integration results when new arrivals are able to develop relationships with those in the dominant community while maintaining their culture of origin (Berry, 1997). It provides the option of retaining cultural heritage while also becoming part of the larger host society (Berry, 1997). The notion that immigrant, refugee, or ethnic minority children who identify with both mainstream culture and their heritage culture have overall better mental health compared with assimilation, segregation/separation, and marginalization has considerable support in the literature (Berry, 2003; Berry, 2005; Berry, Phinney et al., 2006; Berry, Poortinga et al., 2006; Chen, Benet Martinez, & Harris Bond, 2008; Kiang, Witkow, & Champagne, 2013; Lincoln et al., 2016; Nakash et al., 2012; Sullivan et al., 2007). Therefore, integration is generally viewed as the goal for healthy adjustment for refugees once they arrive in the host country. However, it is acknowledged that integration may not always be the best option or even an available option in all circumstances.

Marginalization. Marginalization occurs when one does not identify with his or her culture of origin and does not participate in the host culture (Berry, 1997). This form of acculturation is cited as having the most negative outcomes because it often results in isolation and lack of identity, which contribute to mental health symptoms, such as those associated with depression, anxiety, and Posttraumatic Stress Disorder (PTSD) (Berry, 1997; Kovacev & Shute, 2004; Lincoln et al., 2016). For example, Lincoln et al. (2016) found that Somali refugees who endorsed a marginalized style of acculturation showed the strongest association between severity of acculturative stress and PTSD (Lincoln et al., 2016). Therefore, this is an acculturation strategy that would be most beneficial to avoid.

Acculturative stress. There are large differences in how much stress refugees experience during resettlement and how well they adapt psychologically and socio-culturally. Many refugees may lack choice in the acculturation strategy used, are vulnerable to psychosocial stress, and may have difficulty integrating (Berry, 2005). When an individual experiences confusion and stress about both the host culture and culture of origin, acculturative stress is said to occur (Berry, 1997). Acculturative stress may result from too much change, lack of support, pressure to adapt too quickly, or inability to follow desired acculturation strategy (Berry, 2005), and may increase individuals' susceptibility to mental health difficulties (Berry, 1997; Phillimore, 2011).

According to Berry's (1997) model of acculturative stress, stress reactions may lead to mental health symptoms, which influence the individual's psychological and socio-cultural adaptation (Berry, 1997). Generally, acculturative stress has been found to

be strongly associated with poor mental health outcomes among numerous immigrant and refugee groups, leading to depression, (Mui & Kang, 2006; Park & Rubin, 2012; Pumariega et al., 2005; Torres, 2010), anxiety (Hovey & Magaña, 2002; Revollo, Qureshi, Collazos, Valero, & Casas, 2011; Suarez-Morales & Lopez, 2009), and PTSD (Berry, 1997; Kovacev & Shute, 2004; Lee et al., 2009; Lincoln, et al., 2016). Acculturative stress may result in the striking out against one's host culture and culture of origin, leading to feelings of alienation, loss, and lack of identity (Berry, 1997).

Factors influencing acculturative stress. Berry, Poortinga et al. (2006) outlined a model of factors influencing the likelihood of acculturative stress and their impact on psychological and socio-cultural adjustment (Berry, Poortinga et al., 2006). It is hypothesized that acculturation is essentially a set of major life events that pose challenges to the individual. These life events may qualify as stressors and provoke stress reactions in the individual, particularly if appropriate coping strategies and social supports are lacking (Berry, Poortinga et al., 2006). Thus, when serious challenges are faced and are perceived to be problematic because one is not able to deal with them simply by changing behavior to adjust to them, then acculturative stress results (Berry, Poortinga et al., 2006).

At the group, or cultural, level, society of origin factors (e.g. political context, economic situation, demographic factors) and society of settlement factors (e.g. social support, attitudes) interact when two cultural groups come in contact with each other (Berry, Poortinga et al., 2006). These cultural level factors interact with individual factors prior to acculturation (e.g. age, gender, education, religion, health, language, status, pre-

acculturation migration movement, expectations, cultural distance) and individual factors during acculturation (e.g. contact discrepancy, social support appraisal and use, societal attitudes, coping strategies and resources, acculturation strategies) (Berry, Poortinga et al., 2006). Then, individual-level factors prior to and during acculturation interact with the acculturation experience; including stressors and perception of these stressors (e.g. cognitive control, problem appraisal), resulting in acculturative stress (e.g. psychosomatic, psychological) (Berry, Poortinga et al., 2006). Therefore, acculturative stress is the response to intercultural contact, individual factors, and stressors experienced during the acculturation process, and is a way to understand how the interaction between cultures affects an individual psychologically, as well as his or her socio-cultural adjustment.

Society of origin factors. At the group/cultural level, a number of shared experiences of refugees have been highlighted in literature examining experiences in society of origin. Although refugees may be from a range of locations and have different experiences of war, persecution, and flight; they often share the issue of lack of voluntariness in migration (Phillimore, 2011). Common stressors related to this lack of voluntariness in migration include leaving their country of origin, inability to return permanently or visit family and friends, and feelings of concern about the political situation in their homeland (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002; Perez, 2016; Phillimore, 2011). Refugees may also share the experience of living through war or surviving persecution, which may impact their ability to settle because they may be more focused on attempting to process these potentially traumatic

experiences than focusing on developing a new life (Mohamed & Thomas, 2017; Phillimore, 2011). Also associated with flight and war, may be grief experienced following loss of friends and family (Fazel et al., 2012; Phillimore, 2011).

Society of settlement factors. Upon arrival to the host country, refugees have reported the feeling of being criminalized, as their identity as asylum seekers may be questioned (Burgess, 2004; Pumariega et al., 2005; Phillimore, 2011), as well as feeling stressed and afraid (Lustig et al., 2004; Phillimore, 2011). They may be exposed to media vilifying asylum seekers and reporting criminal or even terrorist behavior (Phillimore, 2011). Experiences such as these and refugees' perceived negative social attitudes toward them may result in reduced confidence to seek relationships with locals, leading to withdrawal from social contact (Horn, 2008; Newcomb, Bukowski, & Pattee, 1993; Phillimore, 2011; Rubin, Bukowski, & Parker, 2006). Furthermore, lack of support services to help refugees access services to deal with health problems or unfit housing problems as asylum seekers may continue once they gain refugee status (Mohamed & Thomas, 2017; Phillimore, 2011). Development of relationships with locals and maintenance of cultural traditions may be particularly difficult, as most of their energy may be focused on survival needs (Beiser, 1987; Burgess, 2004; Phillimore, 2011; Stewart et al., 2008).

Length of time refugees have to wait for a decision in the asylum process is another key variable impacting their ability to acculturate and the level of acculturative stress they experience (Bean, Eurelings-Bontekoe, & Spinhoven, 2007; Bodegård, 2005; Nielsen et al., 2008; Phillimore, 2011). This is because the uncertainty associated with

the process is very stressful, and those who are forced to wait longer are unable to take steps to reunite with others from their culture or engage in education or employment to meet others (Bean et al., 2007; Bodegård, 2005; Fazel et al., 2012; Nielsen et al., 2008; Phillimore, 2011).

Individual factors prior to acculturation. Within individual-level variables prior to acculturation, the ability to build relationships and maintain cultural identities is mediated by individual characteristics, personality, and personal experiences (Phillimore, 2011). Refugees who were educated, had been in powerful positions, or wealthy in their country of origin may experience the greatest difficulty arriving to the host country due to moving from positions of privilege to potential poverty and shift to minority status and loss of privilege (Angel, Hjern, & Ingleby, 2001; Phillimore, 2011). Those who are unable to speak English may experience high levels of isolation (Phillimore, 2011; Vonnahme, Lankau, Ao, Shetty, & Cardozo, 2015; Yako & Biswas, 2014). In addition, those whose home cultures were very different tend to experience the greatest difficulty adjusting (Fox, Thayer, & Wadhwa, 2017; Phillimore, 2011; Zlobina, Basabe, Paez, & Furnham, 2006). Differences in ways of living and social interaction may also prevent refugees from developing relationships with locals (Phillimore, 2011). For example, differences in experience between those who had previously lived in remote rural areas and those used to urban living have been found to negatively impact acculturation (Phillimore, 2011). Refugees originating from rural areas tended to stay indoors because they were fearful of urban life and crime (Murray et al., 2015; Phillimore, 2011), while

others stayed indoors during the winter because they were unaccustomed to cold weather (Devlin et al., 2012; Phillimore, 2011).

Particular difficulties have been found for Muslim refugees who wear traditional Islamic clothing, as it has become associated with terrorism in the post-9/11 era (Phillimore, 2011; Goforth, Oka, Leong, & Denis, 2014). For example, in one study examining prejudicial attitudes of U.S. elementary school-aged children toward Arab Muslims, it was found that these children held stereotypes and prejudices similar to adults (Brown, Ali, Stone, & Jewell, 2017). In particular, children endorsed stereotypes of Arab Muslim men as angrier and more anti-American compared to European American men, and Arab Muslim women as more oppressed compared to European American women (Brown et al., 2017). Children typically only endorsed these stereotypes toward Arab Muslim men and women if they wore clothing markers (e.g. hijab for women or white prayer hat for men) (Brown et al., 2017). Furthermore, women in hijabs tend to face more discrimination than Muslim men or women without hijabs (Ghaffari, 2009). It has been noted in the literature that children in early elementary school are particularly likely to focus on concrete, observable qualities rather than abstract attributes (Aboud, 1988; Aboud & Levy, 2000), making Islamic clothing particularly salient, especially for young children.

Experience of harassment and discrimination for their religion and country of origin may make refugees fearful about interaction with locals and may impact their ability to develop relationships with them (Casimiro, Hancock, & Northcote, 2007; Phillimore, 2011). Gender has also been found to be a key variable influencing

acculturative stress. In some cultures, women hold the responsibility of upholding cultural traditions (Phillimore, 2011). For those accustomed to communal living, being separated from the family or living alone may make it difficult to interact with their peers, speak their own language, or share food, and thus, maintain cultural traditions (Phillimore, 2011). For refugees from Middle Eastern cultures, women and girls may have more difficulty adjusting to a new culture compared to boys and men because they may have to alter more of their behaviors (e.g. dress) to participate in the mainstream culture (Berry, 1997; Ghaffarian, 1998; Poppitt & Frey, 2007).

An additional individual-level factor impacting acculturation and acculturative stress is age. Younger children tend to be more acculturated than older children, adolescents, and adults (Berry, 1997; Cuadrado, Tabernero, & Briones, 2014). This means that younger children may find it easier to adjust to the host culture than those who are older because they have not spent as much time as older individuals in their country of origin, making them more adaptable and flexible to differences in the host culture (Berry, 1997). Yet, this does not mean that refugee children do not experience difficulties with adjustment and acculturation.

Individual factors during acculturation. Within individual-level variables during acculturation, refugees who have friends or relatives living close to them in the host country are often able to maintain their cultural traditions through shared meals and conversations (Phillimore, 2011). Those without these connections have reported feelings of isolation (Phillimore, 2011; Vonnahme et al., 2015). Social support, in particular, has been shown to moderate the negative effects of stress reactions, increase acculturation,

and even decrease depressive symptoms in refugees (Horgan, 2000; Morrison & Bennett, 2009; Renner, Laireiter, & Maier, 2012; Schweitzer, Melville, Steel, & Lacharetz, 2006). In addition, refugees who are able to obtain employment tend to be better able to acculturate than those who are unemployed (Birman, Trickett, & Vinokurov, 2002; Phillimore, 2011). In particular, having a job tends to increase self-esteem and may help refugees meet other people (Birman et al., 2002; Phillimore, 2011).

As mentioned before, type of acculturation strategy used may result in differential effects on refugee wellbeing. Generally, those pursuing the integration strategy experience less acculturative stress and adapt better than those pursuing marginalization, which typically has the most negative outcome on adaptation and adjustment and is most closely linked with acculturative stress. Those pursuing assimilation and segregation or separation typically experience intermediate levels of acculturative stress and adaptation (Berry, 1997; Berry, 2005; Kovacev & Shute, 2004; Lincoln, et al., 2016).

Racist harassment or discrimination impacts acculturation and acculturative stress because it may influence the type of acculturation strategy used. Refugees who have experienced some kind of harassment tend to avoid interaction with locals (Casimiro et al., 2007; Phillimore, 2011). In studies examining the needs of refugees and migrants in the U.S. it was noted that over 30% of refugees experienced some kind of harassment (Phillimore, Ergun, Hennessy, & Lee, 2007b; Phillimore, Tice, Craig, & Sankey, 2005), and a key factor in deciding where to live was avoidance of racism (Phillimore, Goodson, Hennessy, & Thornhill, 2008).

Furthermore, Ahmed, Kia-Keating, and Tsai (2011) examined socio-cultural adversities (including acculturative stress), cultural resources, and psychological distress, and found a strong association among perceived discrimination, acculturative stress, and mental health (Ahmed, Kia-Keating, & Tsai, 2011), which is supported by other studies examining the effect of perceived discrimination on mental health problems in refugee youth (Ellis et al., 2010; Ellis, MacDonald, Lincoln, & Cabral, 2008; Te Lindert, Korzilius, Van de Vijver, Kroon, & Arends-To´th, 2008). Berry, Phinney et al. (2006) suggest that youth who experience discrimination are more likely to reject the host culture, which may lead to separation (Berry, Phinney et al., 2006). Therefore, the view of those of Middle Eastern descent in the current sociopolitical climate is of particular concern and is an important consideration in understanding acculturative stress in this population and in promoting healthy adjustment and acculturation.

Length of time in the host country is also a factor in the acculturative process, and has been found to be one of the strongest predictors of adjustment among immigrants and refugees (Berry & Hou, 2016; Goforth, et al., 2014). Those who have lived in a mainstream culture longer have been found to be more likely to desire contact with and participate in the new culture (Zlobina et al., 2006). In a longitudinal study of Asian adolescents, it was found that ethnic identity remained relatively stable over time, whereas American identity appeared to increase over time (Kiang et al., 2013). These findings were consistent with prior research findings that individuals tend to more strongly identify with the majority culture over time without necessarily losing a sense of their ethnic identity (Berry, Phinney et al., 2006; Birman & Trickett, 2001). Goforth et al.

(2014) found that length of time in the U.S. was associated with Muslim Arab American adolescents' report of distress related to discrimination, wherein greater length of time was associated with less distress (Goforth et al., 2014). These findings suggest that as youth are exposed to the values, traditions, and culture of mainstream U.S. across time, they may be more likely to identify with the mainstream culture without losing a sense of their cultural identity and may be less likely to report experiencing stress associated with discrimination.

The factors impacting acculturative stress and the acculturation experiences of refugees highlight the concept that acculturation is a process wherein new arrivals and members and institutions of the host country interact to result in a range of positive or negative effects on psychological and socio-cultural adjustment. However, there are many psychosocial stressors that put refugees at a disadvantage when attempting to adjust to a new country and culture, which may result in acculturative stress and adds an additional layer to the refugee process. Therefore, awareness of the many factors that contribute to healthy or unhealthy acculturation and the role that the host country plays in reducing some of the stressors refugees face is crucial to aid Middle Eastern refugees in their healthy acculturation and adjustment.

Stages of adjustment. Berry's (1997) acculturation strategies outlined above are closely linked with stages of adjustment refugees move through once they arrive in the host country. Different acculturation strategies are commonly used during different stages of adjustment. These stages are particularly helpful in understanding refugee children's adjustment and targeting prevention efforts for healthy adjustment and mental wellbeing

in refugees because they outline common experiences of refugees at each stage. Helpful strategies that can be used by teachers in the school system to support refugee children's healthy adjustment and acculturation at each of these stages are highlighted.

According to Kalervo Oberg (1960), immigrants and refugees pass through four stages of adjustment as they adapt to the host culture. These stages are characterized by excitement, crisis, recovery, and adjustment, respectively (Oberg, 1960). The stages represent a U-curve pattern, wherein initial optimism leads to frustration, leading to adaptation, and healthy adjustment (Oberg, 1960). Other researchers have adopted these stages, with some variation. For example, Trifonovich (1977) identified four common stages of cultural adjustment based on Oberg's stages: honeymoon stage (excitement), hostility stage (frustration), humor stage (recovery), and home stage (adjustment) (Trifonovich, 1977).

Honeymoon stage. The honeymoon stage is characterized by feelings of excitement, optimism, curiosity, and anxiety when individuals first arrive to the host country (Slonim-Nevo, Mirsky, Rubinstein, & Nauck, 2009; Trifonovich, 1977). Although this stage may be a time of excitement, it is also often characterized by discord because of cultural differences and misunderstandings (Slonim-Nevo et al., 2009), and is a period during which risk for acculturative stress may be at its highest (Sam & Berry, 2010). At this stage, individuals have little identification with the host country. As a result, refugees may commonly adopt a segregation/separation acculturation strategy if they experience greater anxiety and discord (Sam & Berry, 2010). However, if they

experience greater optimism, excitement, and curiosity, they may adopt more of an assimilative strategy (Sam & Berry, 2010).

It can be helpful for teachers to learn about students' backgrounds and cultural differences; and familiarize students and parent/caregivers with the school and available school programs, activities, and routines to aid in their initial adjustment during this stage (British Columbia Ministry of Education, 2015; Szente, Hoot, & Taylor, 2006). Creating a predictable environment is important during this stage to help refugee children know what to expect and feel safe. For example, it is helpful to prepare refugee students for changes in routine and familiarize them with different sounds, such as the bell ringing or airplanes flying overhead (Szente et al., 2006). In addition, establishing communication with newly arrived refugee children through teaching of basic emotions (e.g. happy, sad, angry) and with playful activities utilizing drawings and pictures, or other expressive activities, may be beneficial during this stage (Szente et al. 2006). Displaying positive body language and using simple words in the child's native language, such as "hi," "good," and "thank you" may help the child to feel safer and more comfortable (Szente et al., 2006).

Hostility stage. After about four to six months in the host country, refugees may reach the hostility stage. Culture shock may become most evident at this stage as individuals notice differences in culture, food, appearance of things, life, places, faces, and ways of doing things (Slonim-Nevo et al., 2009; Trifonovich, 1977). Culture shock may be expressed by feelings of sadness, anger, frustration, confusion about social norms

and expectations, anxiety, and depression (Beiser, 1988; Slonim-Nevo et al., 2009; Tran et al., 2007).

Similar to the honeymoon stage, acculturative stress may also be quite high during this stage (Sam & Berry, 2010). Individuals may begin to feel that they hate their host country and want to go back to their country of origin, which is often related to acculturation strategy of separation (Sam & Berry, 2010). However, if they also feel that they no longer belong in their culture of origin, they may adopt a marginalization strategy (Sam & Berry, 2010; Slonim-Nevo et al., 2009). Furthermore, realities regarding difficulty obtaining basic needs, such as food and adequate housing, may become the norm during this stage (Sam & Berry, 2010). Refugee children in this stage may exhibit little verbal communication except with those who speak their language, have slow second language retention, difficulty sitting still, and cultural misunderstandings (Slonim-Nevo et al., 2009). Academic difficulties may be most evident in refugee students during this stage (Slonim-Nevo et al., 2009).

Teachers can create opportunities to build self-esteem, encourage students to take pride in their culture, language, and heritage; show compassion and understanding, and highlight success during this stage (British Columbia Ministry of Education, 2015; Szente et al., 2006). To support the academic development of refugee children, translators or interpreters are essential (Szente et al., 2006). Furthermore, the child's previous academic experiences should never be assumed, such as reading level and familiarity with school materials for example (Szente et al., 2006). Teachers can help to establish a sense of community within the class through social skills activities, for example, as well as by

promoting relationships and connections with others through group activities, shared interests, sharing of stories, and the "buddy system" (Szente et al., 2006). Furthermore, teachers may utilize children's literature to help non-refugee children learn about the experiences of refugee children. When refugee children start communicating in English, they can be encouraged to share their experiences through words and pictures as seen in the books (Szente et al., 2006).

Humor stage. Third, is the humor stage. After about six months in the host country, refugees may begin to resolve their sense of being torn between old and new and accept their new home in the host country (Sam & Berry, 2010). They may begin to make friends and discover good things about their new life in the host country (Sandoval, 2011). Academic performance may begin to improve in this stage if it deteriorated in the hostility stage (Slonim-Nevo et al., 2009). Furthermore, individuals may demonstrate proficiency in conversational English (or other second language) and may exhibit attitudinal and value changes (Slonim-Nevo et al., 2009). Decreased home stress may occur during this stage because it is common that at least one parent finds employment during this time, resulting in improved financial stability (Fazel et al., 2012; Sandoval, 2011).

Risk for acculturative stress tends to decrease during this stage as refugees acquire personal coping resources and social support (Sam & Berry, 2010). Thus, this stage is often associated with pre-integration (Sam & Berry, 2010). Yet, difficulties may continue to persist in this stage as peer influence is at its greatest, parent-teen conflict is at its

worst, and behavioral problems continue to be commonly seen (Slonim-Nevo et al., 2009).

Teachers can help to see the value in students' original and new culture, provide opportunities to communicate about their past, offer opportunities to become role-models and peer supporters; and introduce them to school and local activities, such as clubs and sports and encourage/facilitate participation (British Columbia Ministry of Education, 2015; Szente et al., 2006). For example, exploration of ideas of justice, persecution, war, and peace in the child's country of origin may be incorporated into the curriculum (Szente et al., 2006). Teachers can continue to utilize the recommendations noted in the previous stages.

Home stage. Finally, the home stage is characterized by feeling settled and integrated into the host country and culture because refugees feel accepted and realize they are in their host country to stay (Sandoval, 2011; Slonim-Nevo et al., 2009; Trifonovich, 1977). It may take years to fully reach this stage, if at all. Individuals learn the norms of the host culture and are able to integrate aspects of their culture of origin into their new one (Slonim-Nevo et al., 2009). Proficiency with their first language and English (or other second language), appreciation of cultural symbols of original and host country, viewing self as part of a multicultural society, friendships with individuals of different ethnic origins, participation in home and school activities associated with both old and new cultures, and acceptance of and identification with the host culture without giving up cultural identity often characterize this final stage (Slonim-Nevo et al., 2009; Trifonovich, 1977).

Acculturative stress and psychological and socio-cultural difficulties are more likely to occur during the honeymoon and hostility stages when culture shock is most evident (Sam & Berry, 2010; Slonim-Nevo, 2009; Trifonovich, 1977). Healthy adjustment tends to begin in the humor stage and completes in the home stage when refugees typically become integrated into the host culture (Sam & Berry, 2010; Sandoval, 2011; Slonim-Nevo et al., 2009; Trifonovich, 1977). During the home stage, teachers can continue to act in a supportive role (British Columbia Ministry of Education, 2015; Szente et al., 2006). Furthermore, valuing and celebrating diversity, addressing racism and bullying, and ensuring school policies and protocols are inclusive and supportive of refugee students are important throughout the adjustment process (Szente et al., 2006).

Emotional and Behavioral Difficulties

Emotional and behavioral difficulties in refugee children may be the result of stressful pre-migration, migration, and/or resettlement experiences (Fazel et al., 2012). These difficulties may be triggered or exacerbated by the acculturation and adjustment process and are often identified during resettlement (Hebebrand et al., 2016). They may manifest in a variety of ways and may be severe enough to meet diagnostic criteria for a psychological disorder, or may be precursors to a psychological disorder. Behaviors identified as "red flag behaviors" may be indicative of adjustment difficulties or more severe mental health difficulties that may require some form of intervention. Mental health outcomes related to several of the experiences of refugees mentioned earlier in this document are highlighted below.

Externalizing difficulties. Distress and emotional difficulties are often expressed externally in the form of behavioral problems in children (Bean et al., 2007; Betancourt et al., 2012; Feijen, 2008; Montgomery, 2010). For example, refugee children may experience psychological distress in the form of physical symptoms, or somatic complaints, such as stomachaches, headaches, and nausea, which may be overlooked as being related to mental health (Betancourt et al., 2012; Fazel et al., 2012; Fazel, Wheeler, & Danesh, 2005; Howard & Hodes, 2000; Montgomery, 2008). Other behaviors that may be seen include repetitive play of traumatic events they may have been exposed to, avoidance of reminders of traumatic events, hyper-alertness, and exaggerated startle response, which are often associated with Posttraumatic Stress Disorder (PTSD) (Javanbakht, Rosenberg, Haddad, & Arfken, 2018).

These behaviors may impact the child's functioning in the school, home, and community. Academic problems, such as problems with school work or lower grades associated with difficulty concentrating and learning; and problems in school or day care, such as getting into trouble, detention, suspension, and expulsion mark several difficulties that refugee children may experience in the school setting (Betancourt et al., 2012; Ehntholt & Yule, 2006; Lustig et al., 2004; Montgomery, 2008; Montgomery & Foldspang, 2007). In addition, behavioral problems in the child's home or community, such as violent or aggressive behavior, breaking rules, bullying, and fighting; and attachment problems including problems with trust and caregiver relationships have been noted in the literature on refugee children's behavioral difficulties (Betancourt et al.,

2012; Ehntholt & Yule, 2006; Lustig et al., 2004; Montgomery, 2008; Montgomery & Foldspang, 2007).

Internalizing difficulties. Problems may also be expressed in more internalizing forms (Derluyn & Broekaert, 2007; Hodes, Jagdev, Chandra, Cunniff, 2008; Reijneveld, de Boer, Bean, & Korfker, 2005). For example, Hjern, Angel, and Höjer (1991) found that internalizing difficulties, such as increased rates of anxiety and sleep disturbances in children, immediately after displacement were associated with adverse events prior to migration (Hjern et al., 1991). Unrealistic worry about harm to self or others, nightmares, tiredness because of lack of sleep, preoccupation with violent events, and impaired memory may be associated with stressful experiences during the refugee process and have been found to be associated with PTSD in refugee children (Javanbakht et al., 2018). In addition, symptoms of depression, dissociation, and significant separation problems associated with separation disorder, as well as symptoms of sleep disorder have been noted (Betancourt et al., 2012). For example, excessive tearfulness, withdrawal, and mood swings have been noted in refugee children and are associated with depression and other internalizing disorders (Betancourt et al., 2012). Furthermore, injury sustained during potentially traumatic pre-migration events was found to be associated with an increased risk of PTSD; head injury was associated with double the risk (Geltman et al., 2005).

In addition, pre-existing factors may interact with acculturative stress in resettlement resulting in negative outcomes. In a longitudinal study in Sweden, pre-existing vulnerability (including delayed development, long-term physical illness, or

psychological problems) was a predictor of poor mental health, poor social adjustment, and low self-worth three-and-a-half years after arrival in the host country (Almqvist & Broberg, 1999). Adverse events commonly associated with refugee experiences in the pre-migration stage have also been found to affect the mental health of refugee children, such as exposure to war, violence, and torture (Fazel et al., 2012; Qouta, Punamäki, & Sarraj, 2008).

Migration and resettlement experiences may also be highly distressing and are associated with mental health difficulties. One study highlighted that Cuban children who witnessed violence while they were detained in a refugee camp on their way to the U.S. displayed more withdrawn behavior than did children without exposure to violence in the camp (Rothe et al., 2002). Another risk factor is being unaccompanied on entry to the host country. Unaccompanied asylum-seeking children (UASC) often experience higher numbers of adverse events than do accompanied children (Derluyn, Mels, & Broekaert, 2009; Hodes et al., 2008). In one study, separation from the immediate family was associated with PTSD (Geltman et al., 2005). In addition, children who were accompanied upon entry but subsequently separated from their relatives were also at risk for mental health disturbance (Hjern, Angel, Jeppson, 1998), as well as those who had difficulty contacting their relatives (Ajduković & Ajduković, 1993). Four or more relocations within the asylum system was predictive of poor mental health outcomes in UASC children and adolescents in Denmark (Nielsen et al., 2008).

Post-migration detention has been found to be particularly detrimental to refugee children's mental health. For example, Cuban refugee children who were detained at

Guantanamo Bay before their entry to the U.S. showed high levels of psychological symptoms (Rothe et al., 2002). Results of one study suggest that girls may be particularly vulnerable to the adverse effects of restrictive reception settings (Rejineveld et al., 2005). In addition, Mares, Newman, Dudley, and Gale (2002) found that intrusive memories are common after detention given that children may be exposed to fires, rioting, violence, and self-harm attempts by parents or others while detained (Mares et al., 2002). Insecure asylum status during resettlement is associated with a range of psychological problems due to uncertainty, insecurity, and resulting distress (Bean et al., 2007; Bodegård, 2005; Nielsen et al., 2008). Experiences during immigration interviews and detention after migration can be especially distressing for refugee children (Nielsen et al., 2008). Finally, exposure to discrimination and bullying during resettlement has been found to contribute to refugee's experience of learning difficulties (Graham, Minhas, & Paxton, 2016), decrease in psychosocial wellbeing (Correa-Velez, Gifford, & Barnett, 2010), depression (Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016), and anxiety (Reijntjes, Kamphuis, Prinzie, & Telch, 2010).

Developmental considerations. Refugee children's increased exposure to highly stressful experiences, in particular, may impact certain areas of development including cognitive development, emotion expression and recognition, and social development, such as parent-child interaction and peer and sibling relationships (Qouta et al., 2008). For example, Lustig et al. (2004) found that refugee children's wartime experiences of mistrust, self-doubt, and inferiority may exacerbate psychosocial crises that occur during development (Lustig et al., 2004). Yet, this effect of significant stress and trauma on

development is not unique to refugee populations or even ethnically diverse groups, as it is observed in children regardless of refugee status or cultural background who have been exposed to highly distressing or traumatic experiences (Cook et al., 2017).

With the exception of higher risk for exposure to traumatic experiences and the impact that these experiences have on development, refugee children from developed countries generally tend to develop in the same way that non-refugee children do, with minor differences with respect to culture and child-rearing practices (Ertem et al., 2018; Fazel et al., 2012; Masten & Narayan, 2012; Qouta et al., 2008). Child development in the U.S. is generally akin to child development in Middle Eastern countries (Ertem et al., 2018), however, it has been identified that traumatic experiences may impact the acquisition of developmental skills (Qouta et al., 2008). For example, war, persecution, and chaos in refugees' country of origin often result in disrupted education, as these children are unable to attend school (Fazel et al., 2012). Disrupted education may impact learning at a developmentally expected level if children were unable to obtain appropriate education in their country of origin (Kia-Keating & Ellis, 2007). This impact would be the same for any child who has had disrupted education experiences. Although not the focus of this dissertation, it is important to be aware of the potential impact of these experiences on development as this project focuses on addressing adjustment and acculturation in refugee children in an educational setting who may have been impacted in these ways.

Although refugee child development tends to follow that of non-refugee children, the impact of highly stressful pre-migration, migration, and resettlement experiences has

been associated with mental health and other emotional and behavioral difficulties. Middle Eastern refugee children may be prevented from experiencing further difficulty if they are identified at a stage in which they are exhibiting minor emotional and behavioral problems to aid them in achieving healthy adjustment and acculturation.

Mental Health Care Barriers

Although Middle Eastern refugee children are at higher risk for experiencing acculturation and adjustment difficulties and thus, developing psychological disorders compared to their non-refugee counterparts due to various stressors in the pre-migration, migration, and resettlement stages (Miller & Rasmussen, 2017), their caregivers are less likely to access formal mental health services for them (Ellis, Miller, Baldwin, & Abdi, 2011). This is because refugees of Middle Eastern descent may face many barriers to accessing mental health care including cost of services, insurance, language, transportation, lack of mental health professionals in the area, lack of culturally competent mental health professionals, cultural stigma, and availability of translators or interpreters (Ellis, et al., 2011). However, cultural stigma associated with beliefs regarding mental illness and mental health treatment is the specific barrier that will be discussed for the purpose of this dissertation. A focus if this project is on reducing risk of later mental health concerns that require mental health services by broadening refugee children's coping skill set and knowledge of resources, as well as normalizing the adjustment and acculturation process to reduce stigma associated with mental health difficulties.

In a systematic review of barriers to and strategies for effective treatment implementation in Middle Eastern populations, it was reported that the majority (54%) of barriers were related to the acceptability of the intervention within the cultural context (Gearing et al., 2013). For example, Islamic teachings place emphasis on preventative and restorative healing measures (Ross-Sheriff, Husain & Tirmazi, 2010), and individuals from Middle Eastern cultures tend to prefer traditional networks of healing to Western mental health services (Al-Krenawi & Graham, 2000). Traditional networks and services may include utilization of religious healers or wearing amulets for protection against the evil eye, for example (McConkey, Truesdale-Kennedy, Chang, Jarrah, & Shukri, 2008). Utilization of traditional and religious healers is perceived as less stigmatizing than professional mental health treatment (Youssef & Deane, 2006). Negative consequences of stigma include damaged reputation and social status in the community (Shalhoub-Kevorkian, 2005). Due to stigma surrounding mental illness and treatment, accessing services may be especially damaging for women of Middle Eastern descent, particularly Muslims, because it may affect their social status, marital prospects, or increase the likelihood of separation or divorce (Al-Krenawi & Graham, 2000; Shalhoub-Kevorkian, 2005).

Differences in beliefs regarding the etiology of mental illness also impacts stigma (Gearing et al., 2013). Mental health symptoms are often attributed to religious/spiritual involvement in Middle Eastern culture. For example, mental illness may be attributed to the will of God or to evil spirits or sorcery (Al-Krenawi, 1999; Al-Krenawi, Graham, Ophir, & Kandah, 2001; Reiter, Mar'i, & Rosenberg, 1986; Wahass & Kent, 1997).

Religious belief that mental illness results from sin and is a form of weakness or punishment reinforces the stigmatizing belief that mental illness is something to be ashamed of in Middle Eastern culture (Al-Krenawi, 1999). These beliefs regarding the etiology of mental illness also relate to the preference for traditional and religious/spiritual healers over mental health professionals.

Given cultural attitudes and beliefs about mental illness, approaches to mental health that reduce stigma associated with mental health difficulties and treatment are beneficial in reducing risk of later mental health concern in Middle Eastern refugee children. Broadening their coping skill set and incorporating traditional cultural and religious healing practices is a way to achieve this. Preventative approaches that are strengths-based may also be less stigmatizing for Middle Eastern populations due to the belief that mental illness is equated with weakness.

Resiliency

Many approaches to mental health are problem-focused, aim to decrease symptoms and distress, and may neglect individual strengths. Approaches that focus on pathology contribute to stigma, which presents a barrier to accessing mental health care. The stigma associated with a focus on pathology is compounded by cultural and religious beliefs in the Middle East that view mental illness and treatment as weakness (Al-Krenawi, 1999; Al-Krenawi & Graham, 2000; Gearing et al., 2013). Resiliency theory is a strength-based approach to understanding and addressing the experiences of individuals that orients to positive factors in their lives that become the focus of change strategies to enhance strengths rather than focusing on weaknesses to "fix" (Rutter, 2012).

Development of resiliency is important for Middle Eastern refugee children because it mitigates the negative effects of adverse experiences that are common to refugees and promotes healthy adjustment and development while also decreasing stigma (Luthar, 2006; Masten, Cutuli, & Herbers, 2009).

Resiliency is defined as an individual's ability to return to previous functioning after an adverse experience (Rutter, 2012). In more contemporary research on resiliency, it has been acknowledged that it is more helpful to understand resiliency in relation to the cumulative effect of adverse experiences rather than single events (Kaplan, 2002; Ostaszewski & Zimmerman, 2006), which is more realistic in considering the mental health of refugees. Resilience consists of personal strengths and qualities, such as the ability to cope and adapt and self-efficacy (Masten, 2001). It also includes the ability to access environmental and interpersonal resources to overcome stressors and is associated with higher levels of wellbeing (Betancourt & Khan, 2008; Rutter, 2012).

Resiliency may also be viewed as functioning well in certain domains even while experiencing significant difficulty in other domains (Luthar, 2006). This definition of resiliency explains children, who experience significant adversity but demonstrate competence in a specific area; yet suffer a variety of psychological disturbances (Luthar, 2006). Finally, Hunter and Chandler's (1999) definition of resilience may also be helpful in understanding this complex concept. This definition views resilience on a spectrum from "less optimum resilience" to "optimum resilience" (Hunter & Chandler, 1999). Models of resilience explain why some children grow up to be healthy adults despite exposure to risks (Fergus & Zimmerman, 2005). The definition of resilience used for this

project combines the concepts of all of the aforementioned definitions of resiliency because it is most helpful and realistic to understand refugee resilience as a dynamic process that takes into account the cumulative effect of protective factors and risk factors that operates along a continuum and may vary across domains.

A resiliency framework is beneficial to utilize in prevention and intervention efforts for Middle Eastern refugee children because it communicates strength rather than weakness, which helps to decrease stigma associated with mental health difficulties. This framework is also helpful in assisting Middle Eastern refugee children with achieving healthy adjustment and acculturation by promoting resilience through the enhancement and acquisition of coping skills. The capacity to overcome adversity is not simply an innate trait, but an ability that can be enhanced and developed over time as a product of dynamic personal, social, and environmental factors (Mitchelson et al., 2010; Pickern, 2014; Rutter, 2012). Resiliency factors disrupt developmental trajectories from risk to problem behaviors and from mental distress to psychological disorders (Fergus & Zimmerman, 2005).

Positive individual, social, and environmental variables are called promotive, or protective, factors (Fergus & Zimmerman, 2005). Promotive/protective factors operate in opposition to risk factors and help children overcome negative effects of risk exposure (Fergus & Zimmerman, 2005). Fergus and Zimmerman (2005) identified two types of promotive/protective factors: assets and resources. Assets are defined as positive factors that reside within individuals, such as self-efficacy and self-esteem. Factors outside of individuals, such as parental support, adult mentors, and youth programs that provide

opportunities to learn and practice skills, are defined as resources (Fergus & Zimmerman, 2005).

Promotive/protective factors for psychosocial resilience in children. Several clusters have been identified in the literature related to promotive/protective factors for resilience in children. Clusters of promotive/protective factors include factors within the child, within the family, and within the community (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013).

Promotive/protective factors within the child include attributes like robust neurobiology, good cognitive abilities, such as good problem-solving, decision-making, planning, and attentional skills; and academic achievement (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). In addition, self-efficacy, faith and sense of meaning in life, sociability, such as responsiveness to others, prosocial attitudes, and attachment to others; positive outlook on life, easy temperament in infancy and adaptable personality later in development, good emotional self-regulation skills, tolerance for negative affect, communication skills, such as developed language and advanced reading have been identified as factors (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013).

Talents valued by self and society, good sense of humor, self-efficacy, self-esteem, foundational sense of self, internal locus of control, hopefulness, flexibility, balanced perspective on experience, fortitude, enduring set of values, and general appeal or attractiveness to others have also been found to be promotive/protective factors within the child (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). Finally,

racial and ethnic identity has also been cited as being an individual asset as long as individuals of color can resolve two primary ethnic conflicts: stereotyping and prejudice toward themselves and their group, and accommodating the norms and values of their culture and of the larger society, which is related to the acculturation strategy of integration (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Phinney, Lochner, & Murphy, 1990). Attributes within the child that have been found to be the strongest predictors of resilience are cognitive capabilities and personality traits that suggest effective problem-solving skills and adaptability to stress (Snyder & Lopez, 2009).

Promotive/protective factors within the family include close relationships with caregiving adults, authoritative parenting (i.e. high warmth, expectations, and limits), positive family climate, and cohesion within the family (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). Other factors include belief in the child, nonblaming family environment, organized home environment, postsecondary education of parents, parents with qualities identified as protective factors in the child, parental involvement in the child's education, and socioeconomic advantages (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). Within other relationships, close relationships to competent, prosocial, and supportive adults is important, as are connections to prosocial and rule-abiding peers (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). The strongest predictors of resilience reported within the realm of the family are quality of parenting available to the child (Eruyar, Maltby, Vostanis, 2018; Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013) and

the socioeconomic status of the family (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013).

Finally, factors within the community include effective schools, such as supportive peers, positive teacher influences, and success (academic or other); involvement in prosocial organizations like schools and clubs, supportive and nonpunitive communities, neighborhoods with high "collective efficacy," high levels of public safety, good emergency services, good public health and health care availability, and cultural resources, such as traditional activities, spirituality, languages, and healing (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). Cultural resilience is the ability of a distinct cultural system to accommodate disturbance and reorganize while undergoing change to retain key elements of structure and identity that preserve its distinctness (Healy, 2006), which includes retaining the aforementioned cultural resources. Cultural resilience is particularly important for Middle Eastern refugees because communities are often fragmented when fleeing to a new country, and refugee families may feel isolated and be unable to practice their cultural traditions with others from their community (Phillimore, 2011). Promoting resources for cultural resilience is particularly beneficial in enhancing wellbeing in refugees from various cultures.

There are several models of resilience that explain how these protective/promotive factors in the child, family, and community may counteract, protect against, or inoculate against the negative effects of risks. The two most commonly studied models of resilience in the literature are compensatory and protective models (Fergus & Zimmerman, 2005; Garmezy, Masten, & Tellegen, 1984; & Masten et al.,

2009). A third model, called the challenge model of resilience, has limited empirical support, but provides an additional explanation of how children may overcome adverse consequences of risks (Garmezy et al., 1984). All three of these models posit that promotive/protective factors operate against risk factors to promote resiliency within the individual, but that they occur within different processes.

Compensatory model. The compensatory model of resilience explains that promotive/protective factors counteract risk factors, having a neutralizing effect (Zimmerman, 2013). Promotive/protective factors have a direct effect on the outcome that is independent of the effect of the risk factors (Zimmerman, 2013). It predicts that high exposure to stressors, or risk factors, is likely to decrease healthy adjustment, whereas assets and resources increase healthy adjustment (Zimmerman, 2013). For example, it has been found that achievement of competence in the host country's language is associated with reduced likelihood of depressive symptoms (Sack, 1998) and internalizing behavior (Montgomery, 2008) in young refugees. Under this model, the direct effect of language competence would predict fewer depressive symptoms and lower internalizing behavior scores. Yet, this model has been criticized as offering an overly simplified explanation of resilience because resilience does not necessarily occur simply as the additive effect of promotive/protective factors (Fleming & Ledogar, 2008).

Protective model. The protective model offers a more interactive explanation of the effects of promotive/protective and risk factors on resilience development in that promotive/protective factors are said to moderate or reduce the effects of risks on a negative outcome (Zimmerman, 2013). In this model, promotive/protective factors may

neutralize the effects of risks; they may weaken, but not completely remove the effects of risks, or they may enhance the positive effect of another promotive/protective factor in producing an outcome (Fleming & Ledogar, 2010).

There are two possible protective models: risk-protective and protective-protective. Risk-protective models indicate that promotive/protective factors moderate or decrease the association between risks and negative outcomes (Zimmerman, 2013). For example, in a study supporting the risk-protective model of resilience, the negative effects of discrimination on distress were moderated by a sense of control (i.e. the extent to which participants felt they had personal power and control over their life and environment), meaning that a sense of control protected individuals from the negative effects of discrimination and enabled them to be resilient (Jang, Chiriboga, & Small, 2008). In an example of protective-protective models in which two or more promotive/protective factors interact to enhance positive outcomes; relational, emotional, and instrumental support, together with a sense of belonging to the school community, and interactions with members of the dominant community, have been linked with refugees' state of relaxation, happiness, satisfying relationships, and general positive experiences (Betancourt & Khan, 2008; Correa-Velez et al., 2010; Ernestus, Prelow, Ramrattan, & Wilson, 2014; Khawaja, Ibrahim, & Schweitzer, 2017).

Challenge model. Garmezy et al. (1984) introduced the challenge model of resilience. This model posits that exposure to moderate levels of risk may actually help individuals overcome subsequent risk exposures that make them vulnerable to negative outcomes, thereby inoculating them against future negative effects of risk (Garmezy et

al., 1984). The initial exposure to risk, in this model, must be challenging enough so that individuals develop coping mechanisms to overcome its effects, but not so challenging that it overwhelms efforts to cope (Zimmerman et al., 2013). This model has been described as an ongoing developmental process in which children learn to utilize resources as they are exposed to adversity (Yates, Egelang, & Sroufe, 2003). Children become better prepared to handle increasing risk as they successfully overcome low levels of risk (Fergus & Zimmerman, 2005). As children age and mature, with continued exposure to adversity, their capacity to thrive despite risks increases. However, this model has not been strongly supported in the literature because it requires longitudinal data (Fergus & Zimmerman, 2005).

A resilience approach to mental health is strengths-based and aims to enhance both assets and resources. Research on the protective model of resilience and the effects of promotive/protective factors within the child, family, and community informed the development of this project. This model of resiliency has the strongest evidence base and is helpful to inform preventative and promotive approaches to refugee adjustment and mental health. According to the protective model, resilience is enhanced by promoting resilience factors the child already possesses, as well as developing new factors to aid in their ability to cope with stressors. Thus, prevention and intervention efforts may attend not only to resiliency traits an individual already possesses, but also help these individuals enhance and develop new protective/promotive factors. It is important to note that a holistic approach that takes into account cultural resilience, development over time,

and functioning within various domains and contexts is beneficial in understanding this complex process.

Resiliency in schools. Schools are one of the first and most important institutions in which children participate during resettlement (Kia-Keating & Ellis, 2007; Trickett & Birman, 2005). Schools are essential to promoting social and emotional development and supporting refugee children to successfully navigate the challenges of resettlement, especially in the early period of resettlement (Hek, 2005). Educators, in particular, have an important role to play in supporting and promoting resilience in refugee children to assist in their successful adjustment. They can implement school programs or activities for refugee children to promote hope, social competence, and resilience (Pieloch, McCullough, & Marks, 2016). They can also be a potential referral source for mental health services, which may help to prevent further difficulties.

School attendance in and of itself has been highlighted as a resiliency factor for refugee children. For example, in a study of a group of refugees from Middle Eastern countries living in Denmark, those who were attending school were found to be better adapted over time (Montgomery, 2010). In a review of research on child refugees affected by war and terrorism, it was also found that the child's perception of school as a safe place served as a protective factor (Masten & Narayan, 2012). In Canada, a classroom program of creative expression was implemented to help immigrant and refugee children tell their stories and talk about their family culture (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005). This program had a positive effect on these children by increasing their self-esteem and decreasing their emotional and behavioral

symptoms at school (Rousseau et al., 2005). Another school program in Canada with 8- to 18-year-old refugee children used artistic expression to help them explore what hope meant to them and what they were hopeful about (Yohani, 2008). This program also found positive results in that it increased hopefulness in a group of high-risk refugee children, as well as had a positive effect on the children's families and on the community when the children shared their hope projects with others (Yohani, 2008).

Finally, a school-wide intervention to promote social competence by increasing positive behavior, interactions, and learning environments was implemented in a Norway school with a large immigrant population (Ogden, Sørlie, & Hagen, 2007). Teachers reported that immigrant students in the intervention group were significantly more socially competent and showed fewer internalizing symptoms than those in the comparison group at post-test (Ogden et al., 2007). Social competence is a factor that promotes resilience (Domitrovich, Durlak, Staley, & Weissberg, 2017). Therefore, school-wide programs or other school-based efforts to promote social competence may be beneficial for enhancing resiliency in refugee and non-refugee children alike.

In addition to school programs promoting creative expression and social competence, multicultural education has been found to create a positive school climate and promote tolerance of individuals from diverse cultures (Verkuyten, 2008). Brown et al. (2017) found that negativity bias of U.S. elementary school-aged children (6- to 11-years-old) against Arab Muslims was most pronounced for the younger children in the study (Brown et al., 2017). The younger children reported almost three times more fear toward the Arab Muslim man than the White European American man in the study,

whereas the older children reported greater fear toward all immigrant ethnic groups (Brown et al., 2017). Furthermore, children who either knew someone who was Muslim or had some knowledge of the label "Muslim" held more positive attitudes toward Arab Muslims than did children with no personal connection or knowledge (Brown et al., 2017).

Hughes, Bigler, and Levy (2007) found that teaching 6- to 11-year-old European American children in the U.S. about racial discrimination in their country improved their racial attitudes (Hughes et al., 2007). The children in this study also showed an increase in the degree that they valued racial fairness (Hughes et al., 2007). Furthermore, Verkuyten and Thijs (2002) found that personal experience and sensitivity to ethnic name calling, teasing, and social exclusion in the playground were determined independently by classroom structure for Dutch, Turkish Dutch, Moroccan Dutch, and Surinamese Dutch children (Verkuyten & Thijs, 2002). Children in this study were found to experience less ethnic-based exclusion if they believed they could tell the teachers about unfair behavior toward them and the teacher would take action (Verkuyten & Thijs, 2002). Dutch children also reported greater awareness of ethnic exclusion if their classes spent more time discussing multicultural issues (e.g. the need to be fair to others from different countries; recognizing different cultures within the class and society) (Verkuyten & Thijs, 2002). Finally, researchers in the Netherlands found that 10- to 13-year-old Dutch and Turkish Dutch children who reported higher levels of multicultural education in the classroom exhibited less ethnic intergroup bias (Kinket & Verkuyten, 1999; Verkuyten & Thijs, 2001).

School is one environmental, or community, factor that can promote resiliency in refugee children if it is perceived to be a safe and supportive place. School-based programs and initiatives can promote a more positive, safer, and more accepting environment for refugee children to aid in their adjustment and acculturation, which enhances their ability to be resilient. Helpful school initiatives may include promoting social competence, opportunities for creative self-expression, multicultural education, and supportive classroom structure.

Theoretical Models and Strategies Used in the Storybook

In addition to a strengths-based resiliency framework, theoretical frameworks that aid in the understanding of emotional and behavioral difficulties that Middle Eastern refugee children may experience informed the development of this project. Developmentally and culturally sensitive activities to enhance wellbeing and cope with distressing thoughts and feelings are incorporated into the storybook. The goal is to aid Middle Eastern refugee children in alleviating distress associated with adjustment and acculturation difficulties and promoting resilience through the use of culturally and developmentally appropriate strategies and activities.

Cognitive behavioral theory (CBT). Cognitive Behavioral Theory (CBT) is one theoretical framework that was chosen to inform the storybook. The cognitive model underlying CBT proposes that inaccurate or unhelpful thinking influences negative mood and behavior (Beck, 2011). Processes included in CBT consist of identifying unhelpful cognitions, challenging their meaning, and eliciting more realistic assumptions and beliefs (Beck, 2011). However, change may be accomplished by addressing any part of

the thought, feeling, and behavior triad because it is theorized that they are interconnected (Beck, 2011). CBT recognizes that previous ways of thinking and behaving may have been adaptive under previous specific circumstances, but are no longer adaptive under new circumstances (Cohen, Mannarino, & Deblinger, 2012). Cognitive Behavioral Therapy is based on this theory and has been adapted and utilized for a range of populations and mental health difficulties. It has found to be one of the most effective evidence-based interventions for treating various mental health conditions in refugees (Murray et al., 2010).

Culturally Adapted Cognitive Behavioral Therapy (CA-CBT) is an adapted transdiagnostic treatment model of CBT developed by Hinton, Rivera, Hofmann, Barlow, and Otto (2012). It was originally adapted to treat Posttraumatic Stress Disorder (PTSD) among refugees and ethnic minority populations (Hinton et al., 2012). This intervention is useful in addressing other concerns, such as depression, anxiety, and somatic symptoms that are also prevalent in refugee populations (Hinton et al., 2012). Several studies have used CA-CBT to treat mental health symptoms in refugees and ethnic minorities, and results indicate its effectiveness over using non-adapted CBT (Hinton, Hofmann, Rivera, Otto, & Pollack, 2011; Hinton, et al., 2004; Hinton et al., 2012).

CA-CBT emphasizes emotion exposure and emotion regulation techniques, such as diaphragmatic breathing, meditation, stretching, and muscle relaxation, as well as the promotion of emotional and psychological flexibility (Hinton et al., 2012). Certain imagery is used depending on the cultural group. The concept of flexibility is reinforced through the use of body movement techniques, like stretching and rotational movements,

as well as self-statements of flexibility (Hinton et al., 2012). Utilizing emotion regulation strategies from the individual's religious or cultural healing traditions is an important consideration in this intervention. These strategies could range from cultural proverbs that are used to cope with negative affects to healing rituals to simply praying (Hinton et al., 2012). For example, some Islamic groups use a ritual called "dhikr" in which they repetitively recite Allah's name to obtain a peaceful state of mind (Hinton et al., 2012).

Psychological flexibility is an important skill for refugees. They must be able to reconcile their culture of origin and the host culture, adapt to a new geographical location, possibly learn a new language, and deal with different views of acceptable behavior and social interaction (Hinton et al., 2012; Mohamed & Thomas, 2017). CA-CBT helps to increase this psychological flexibility through teaching of emotional distancing by labeling and distancing from affect and then switching to a positive emotion through relaxation techniques and self-statements of flexibility (Hinton et al., 2012).

Research supports the prominent experience of somatic complaints among refugees and non-English speakers, especially children (Betancourt et al., 2012; Fazel et al., 2005; Fazel, et al., 2012; Howard & Hodes, 2000; Montgomery, 2008). It is important to address these complaints since they may exacerbate other symptoms of distress (Betancourt et al., 2012). Engaging in somatosensory activities, such as stretching, muscle relaxation, movement, and imagery can help to reduce these symptoms (Hinton et al., 2012). In addition, ethnic minorities may report experiencing nightmares, sleep paralysis, and nocturnal panic (Betancourt et al., 2012). To improve sleep, CA-CBT

recommends having clients practice yoga-like stretching before sleep to decrease arousal (Hinton et al., 2012).

Play therapy. The theoretical framework underlying play therapy is particularly appropriate in addressing distress in children and culturally diverse populations. Children are more comfortable communicating through play than verbally, as it is their natural form of communication (Landreth, 2012). A developmental perspective must be taken when working with children because they lack the cognitive ability for abstract thought, as well as verbal ability, which are prerequisites for meaningful verbal expression. Adequate cognitive and verbal skills are required to be able to express how and what they feel or how intensely they feel it, and to understand complex issues, motives, and feelings (Landreth, 2012; Piaget, 2013). Play allows children to bridge the gap between their experiences and understanding, thereby providing the means for insight, learning, problem solving, coping, and mastery (Bratton, Ray, Rhine, & Jones, 2005).

There are several therapeutic powers of play: the facilitation of communication through self-expression, access to the unconscious, and direct or indirect teaching; the fostering of emotional wellness through catharsis, abreaction, positive emotions, counterconditioning of fears, stress inoculation, and stress management; the enhancement of social relationships through the therapeutic relationship, attachment, sense of self, and empathy; and the increase of personal strengths through creative problem-solving, resiliency, moral development, accelerated psychological development, self-regulation, and self-esteem (Schaeffer & Drewes, 2013). Play allows children to create a representation of their inner worlds and facilitates a wide range of emotional expression

(Carlson & Arthur, 1999; Landreth, 2012). It allows children to distance themselves from painful memories and emotions by dealing with them symbolically (Carlson & Arthur, 1999; Schaeffer & Drewes, 2013). Play can take many forms, such as artistic expression, reading storybooks, sandplay, or playing with carefully selected toys, for example (Landreth, 2012).

Bibliotherapy. Bibliotherapy is a form of play therapy that uses books in a creative and therapeutic way, often combining cognitive behavioral and narrative therapy techniques (Robinson, 2012). Stories can promote an acceptance of self and the expression of emotion (Carlson & Arthur, 1999). Stories used in bibliotherapy serve to normalize experiences and establish similarities and differences to the child's own situation (Robinson, 2012). These stories also help children to distance themselves from their own experiences, which facilitates alternative perspectives and fosters therapeutic change in a developmentally appropriate manner (Robinson, 2012).

There are a variety of children's storybooks about Middle Eastern immigrants and refugees that may be used for bibliotherapy. These include but are not limited to *The Journey* by Francesca Sanna, *Stepping Stones: A Refugee Family's Journey* by Margriet Ruurs, *My Beautiful Birds* by Suzanna Del Rizzo, *Kunkush: The True Story of a Refugee Cat* by Marne Ventura and Beidi Guo, *Shooting Kabul* by N. H. Senzai, and *Escape from Aleppo* by N. H. Senzai. All of these storybooks, with the exception of *My Beautiful Birds*, focus primarily on the pre-migration and/or migration experiences of Middle Eastern refugees. Within this list, *My Beautiful Birds* is the only storybook for children ages 6- to 10-years-old that addresses coping in resettlement for Middle Eastern refugee

children. Yet, even this storybook does not capture the final resettlement experience as the story is about a Syrian boy learning to cope while in a refugee camp. While there are many storybooks for children that address pre-migration and migration experiences for refugee children, there is a notable lack of storybooks that address resettlement experiences specifically about Middle Eastern refugee children. In addition, storybooks about refugees lack the inclusion of concrete coping skills that children reading or being read the storybook may learn to utilize themselves. Children's storybooks about Middle Eastern refugees in resettlement utilizing specific coping skills may be particularly useful for bibliotherapy.

Furthermore, storybooks specifically addressing diversity tend to be about a main character that is of Middle Eastern ethnic background, but is not an immigrant or a refugee, or they address diversity in a very broad manner without reference to a main character holding particular diversity variables. These include storybooks, such as *Love the World* by Todd Parr, *Strictly No Elephants* by Lisa Mantchev, *There's a Cat in Our Class!* by Jeanie Franz Ransom, *Lailah's Lunchbox: A Ramadan Story* by Reem Farugqi, *Amina's Voice* by Hena Khan, and *Does My Head Look Big in This* by Randa Abdel-Fattah. Thus, what are also missing are storybooks about a main character that is a refugee or immigrant that address diversity with a multicultural education component.

There are a couple components of effective bibliotherapy. The use of reactive bibliotherapy involves carefully choosing books with characters and plots a particular child might identify with (Carlson & Arthur, 1999; Robinson, 2012). It is important to select a story that reflects the child's identity and problem situation and that results in a

positive and realistically achievable problem resolution (Carlson & Arthur, 1999; Robinson, 2012). The goal is for the child to have increased understanding and insight after reading the book. Interactive bibliotherapy involves discussion between the therapist and the child to facilitate, reinforce, and integrate concepts gained from reading a particular story (Carlson & Arthur, 1999). Thus, it is often beneficial to integrate the use of both reactive and interactive bibliotherapy to promote reflection and integration of the story's message (Perry, 2014). Similarly, there are two common phases in bibliotherapy: the receptive phase, when the story is shared, and the expressive phase, when individuals respond to the story (Kaufman, Chalmers, & Rosenberg, 2014). The use of play during the expressive phase enhances the child's ability to communicate and process feelings in response to what he or she has heard (Perry, 2014).

Teachers may utilize bibliotherapy within the classroom with consideration of both reactive and interactive bibliotherapy. As teachers take on more of an interdisciplinary role within the classroom due to recommendations for direct service from other community service professionals, their roles tend to overlap with those of therapists in some ways (Maich & Kean, 2004). For example, it has been argued that teachers may inadvertently or deliberately carry out a formal or informal role in therapeutic intervention within the classroom (Pellitteri, 2000). Bibliotherapy has been found to support classrooms in promoting and modeling desired social interactions. Teachers utilize bibliotherapy in the classroom to address the needs of at-risk children, create inclusive classrooms that are sensitive to diversity, address bullying, teach about kindness and friendship, teach about social skills, and help students with their social

emotional development in general (Heath, Moulton, Dyches, Prater, & Brown, 2011; Iaquinta & Hipsky, 2006). It has been suggested that for teachers to utilize bibliotherapy effectively, they need an appropriate environment, a specified emotional issue, annotated bibliographies of a range of thematically arranged children's literature, a well-developed lesson plan, an appropriate story, and a reinforcing activity for children to engage in after the story is read (Carlson, 2001).

Considerations for appropriate story choice include choosing storybooks characterized for their intent, which focuses more on sharing a story; or storybooks centering on teaching a specific lesson, including particular content, or supporting curriculum objectives (Carlson, 2001). Other considerations for appropriate story choice include choosing a story that is simple, clear, brief, non-repetitious, and believable; an appropriate reading and developmental level for the classroom, fits with relevant needs or goals, demonstrates cultural diversity, gender inclusivity, and sensitivity to aggression; characters that show coping skills, and a problem situation that comes to a resolution (Carlson, 2001; Cartledge & Kiarie, 2001). Several benefits of utilizing appropriate bibliotherapy in classrooms have been noted in the literature. Some benefits include awareness that others have faced similar problems, knowledge of alternative approaches to solving a problem, feeling free to talk about problems, development of problem solving skills, development of a positive self-concept, relief of emotional stress, development of self-image, growth in interests beyond the self, and increased understanding of human behavior (Forgan, 2002; Maich & Kean, 2004).

Bibliotherapy has also been found to have further positive effects on children's behavior and mental health. Montgomery and Maunders (2015) conducted a systematic review on the effectiveness of bibliotherapy for the prevention and treatment of internalizing and externalizing behaviors and the strengthening of prosocial behaviors in children aged 5- to 16-years-old (Montgomery & Maunders, 2015). Overall results suggest that bibliotherapy has a small to moderate effect for internalizing behavior (0.48–1.28), externalizing behavior (0.53–1.09), and prosocial behavior (0–1.2) (Montgomery & Maunders, 2015). It has been suggested that bibliotherapy acts on the same mechanisms as CBT because it employs cognitive processes, such as recognition and reframing, and emotional processes, such as empathy, emotional memories, and identification (Dwivedi & Gardner, 1997; Montgomery & Maunders, 2015; Oatley, 1999). Thus, the medium of a story may produce similar effects of CBT, but in a potentially more culturally and developmentally appropriate way (Montgomery & Maunders, 2015).

De Vries et al. (2017) reviewed studies on children who experienced specific types of trauma including abuse and neglect, foster care and adoption, aggression attributed to trauma, chronic illness and disability, death and bereavement, homelessness, natural disasters, parental mental illness, and terrorism and societal acts of violence (De Vries et al., 2017). Their findings supported the use of bibliotherapy, and noted positive effects on emotion, behavior, communication skills, and coping (De Vries et al., 2017). Their review of studies also found positive outcomes in cognitive, behavioral, and emotional domains (De Vries et al., 2017). Cognitive outcomes focused on coping skills,

conflict resolution, problem solving, attitudinal changes, and realizations about other people (De Vries et al., 2017). Emotional outcomes included empathy, positive attitudes and self-image, identification and expression of feelings, reduction in self-blame, and enhancement of self-concept (De Vries et al., 2017). Behavioral outcomes included new interests, personal and social adjustments, identification and utilization of supportive adults, and respect and acceptance of others (De Vries et al., 2017).

Expressive arts therapy. Expressive arts therapy is another form of play therapy in which verbal expression is either replaced, or supported, by other means of communication, such as painting, drawing, or working with other materials (Malchiodi, 2006). It may combine the visual arts, movement, drama, music, writing, and other creative processes to foster deep personal growth (International Expressive Arts Therapy Association, 2014). Expressive arts therapy is a modality that uses the nonverbal language of art for personal growth, insight, and transformation (Malchiodi, 2006). It is also a means of connecting inner thoughts, feelings, and perceptions with outer realities and life experiences (Malchiodi, 2006). Although the field of expressive arts therapy is relatively new, the idea that art making can be a form of therapy is actually very old and is one of the most ancient forms of healing (Junge, 2015). Art therapy and other expressive therapies are useful alternatives or additions to more verbal, evidence-based interventions because they may circumvent various cultural and linguistic barriers (Meijer-Degen, 2014).

Ugurlu, Akca, and Acarturk (2016) aimed to assess the efficacy of expressive art intervention on posttraumatic stress, depression, and anxiety symptoms among Syrian

refugee children (Ugurlu et al., 2016). Findings of the study indicated that 60.3% of the Syrian children who participated had high risk to develop Posttraumatic Stress Disorder (PTSD). Another 23.4% of the children had PTSD symptoms while 17.6% showed severe depression symptoms. In addition, 14.4% of the children showed severe levels of state anxiety symptoms and 31.1% showed severe levels of trait anxiety symptoms (Ugurlu et al., 2016). Findings from this study indicated that trauma, depression, and trait anxiety symptoms of the refugee children were significantly reduced at the post-assessment after engaging in the expressive art intervention (Ugurlu et al., 2016). These findings suggest that art interventions may be effective in reducing psychological symptoms associated with trauma, depression, and anxiety in refugee children.

Although evidence-based interventions, like CBT, have been adapted for refugees and have generated promising results, they are still primarily verbal in nature and based in Western conceptions of mental health. A CBT framework alone may not adequately take into account cultural values, beliefs, and methods of healing, and may be too verbal and conceptually complex for younger children; especially younger children from Middle Eastern cultures. Concepts and strategies from bibliotherapy and expressive arts therapy have the advantage of overcoming some of these developmental and cultural difficulties. Furthermore, there is evidence that these forms of intervention may decrease refugee children's internalizing and externalizing behaviors; trauma, depression, and anxiety symptoms, as well as increase prosocial behavior.

Middle Eastern refugee children coming to the U.S. may face many challenges as they attempt to acculturate and adjust to the host country. Some of these children may

develop emotional and behavioral, or other mental health difficulties, during the acculturation process. These difficulties may be identified in systems, such as schools, where these children come in regular contact with individuals from the host country. Middle Eastern refugee children may be assisted in achieving healthy adjustment and acculturation in the school setting through the teaching of strengths-based, culturally sensitive coping skills to enhance resilience, the normalization of difficulties associated with the adjustment and acculturation process to reduce cultural stigma associated mental health difficulties, and the prevention of further mental health difficulties. Although coping skills and prevention approaches may be specific to Middle Eastern refugee children, they can be generalized to other non-refugee children in classrooms to assist with their development of empathy, diversity, and acceptance of differences. Development of empathy, diversity, and acceptance of differences in other children in the host country may help to create a more supportive and inclusive environment for Middle Eastern refugee children to be able to be resilient and acculturate and adjust well.

Chapter III

Storybook Development

With the high rates of refugees fleeing to the U.S. from the Middle East in recent years, attention should be given to the mental health needs of this population. Middle Eastern refugee children are a particularly important group to attend to because they make up the largest age cohort coming to the U.S. according to the most recent statistics (Office of Immigration Statistics, 2017). The refugee process is often characterized by stressful experiences during the pre-migration, migration, and resettlement stages, which puts refugees at risk for distress and other mental health difficulties (Fazel et al., 2012).

Refugee children may not understand reasons for fleeing, may be separated from their caregivers, and often experience prolonged stress (Fazel et al., 2012; Lustig et al., 2004). Although refugee children tend to acculturate the easiest compared to other age groups, they are still at risk for developing difficulties. Middle Eastern refugee children may be assisted in their healthy adjustment and acculturation to prevent mental health difficulties as the result of stressful experiences during the refugee process. The initial stages of resettlement have been identified as a period of time during which refugees are a greatest risk for developing mental health difficulties (Tran et al., 2007). However, cultural and religious attitudes, as well as Western mental health's focus on pathology, make it difficult for these children to access mental health services due to cultural and religious stigma around mental health difficulties and treatment (Al-Krenawi, 1999).

Rationale for the Storybook

Teachers are in a unique position in which they have contact with Middle Eastern refugees and thus, have the opportunity to assist with their adjustment and potentially prevent the need for mental health services through teaching of coping skills and enhancing resilience. Storybooks are useful tools for teaching coping skills and aiding refugee children in their adjustment and acculturation to the U.S. in the classroom setting. Yet, following an internet review of existing children's storybooks on Middle Eastern refugees (i.e. Amazon, Magination Press, Publisher's Weekly, New York Times) it was found that there was a significant lack of storybooks addressing themes related to coping, resettlement, and diversity with Middle Eastern refugees. Therefore, this author developed a storybook specifically for Middle Eastern refugee children that incorporates these themes to begin to fill this gap in children's literature.

A storybook, *Adira and Her Superpowers*, was developed that incorporates information on refugee experiences, Middle Eastern culture, adjustment, acculturation, emotional and behavioral difficulties, and resiliency, and is informed by the theoretical framework of Cognitive Behavioral Theory, and concepts and strategies from Culturally-Adapted Cognitive Behavioral Therapy, bibliotherapy, and expressive arts therapy. Use of this storybook as an educational and therapeutic tool in the school setting is one way for teachers to assist Middle Eastern refugee children in the classroom. In addition to assisting Middle Eastern refugee children with distress associated with adjustment and acculturation through teaching of coping skills and promoting resilience, the storybook may also assist non-refugee children in classrooms in their development of empathy,

diversity, and acceptance of differences thereby creating a more supporting and inclusive environment for refugee children. The storybook can be found in Appendix A.

Storybook review. This author reviewed English language children's storybooks available in the U.S. through the aforementioned websites to obtain information on the types of themes, plots, and characters that published storybooks on immigrants and refugees have to determine what was already present and missing in the children's literature. It was found that the vast majority of storybooks about Middle Eastern refugees are about pre-migration or migration experiences and do not address experiences during resettlement or specific coping skills that children reading or being read the storybook could utilize themselves. Furthermore, storybooks addressing diversity are primarily about a main character who is of a Middle Eastern ethnic background, not a refugee or immigrant. Therefore, this author wanted to create a storybook about a Middle Eastern refugee that incorporates a focus on resettlement experiences, specific coping skills, and diversity through a multicultural education component to address the lack of these elements in the children's literature.

Intended audience and purpose. The primary purpose of the storybook is to assist Middle Eastern refugee children in coping with distress related to adjustment and acculturation, as well as promoting resilience. The storybook was created for children, 6- to 10-years-old. This age range was chosen because the 5- to 9-year-old age range has most recently been cited as the largest age cohort of refugees coming to the U.S. (Office of Immigration Statistics, 2017). A second purpose of the storybook is to promote empathy, diversity, and acceptance of differences in refugee and non-refugee children

alike. Research has shown that U.S. children in the 6- to 10-year-old age range may absorb cultural biases and prejudices about refugees of Middle Eastern descent and actually fear them (Brown et al., 2017). A storybook that teaches about a Middle Eastern refugee girl can help to decrease these prejudices and fear by providing more accurate information about Middle Eastern refugees.

In addition, research on the effect of teaching about cultural diversity and acceptance in schools has indicated that this is particularly effective for the 6- to 10-year-old age range in reducing cultural bias and stereotyping and promoting acceptance (Brown et al., 2017; Hughes et al., 2007; Verkuyten & Thijs, 2002). The storybook would be a particularly appropriate tool within the school system to raise awareness and teach about multicultural issues to create a more accepting and inclusive environment for Middle Eastern refugee children, which is an environmental protective factor for resiliency in children (Snyder & Lopez, 2009). A more inclusive and accepting environment may aid these children in developing relationships with peers, as well as teachers and other caring adults in the school system, which are additional family and environmental factors that promote resiliency (Snyder & Lopez, 2009). Greater understanding of cultural differences may help to promote cultural resilience, sense of support, self-esteem, a sense of belonging, and positive interactions with those of the dominant community. Furthermore, the storybook may enhance resiliency factors within the child through the practice of different coping strategies, which may aid in the development of emotion regulation and problem-solving skills, self-efficacy, prosocial attitudes, hopefulness, and flexibility.

A third purpose of the storybook is to reduce cultural stigma associated with mental health difficulties. Middle Eastern cultures have historically viewed mental health difficulties as weakness (Al-Krenawi, 1999) and Western mental health models tend to focus on pathology (Kouider et al., 2015). Utilizing a strengths-based framework that takes into account Middle Eastern (specifically Iranian) culture and preferred methods of healing is meant to normalize the difficulties refugee children may experience, as well as focus on the positive qualities and skills these children have that can be enhanced and skills that can be developed. It may help to increase awareness of mental health difficulties, provide another route to healing if access to traditional routes is limited and professional services are refused due to stigma, and provide an acceptable strengths-based method of healing that can be used within the cultural context of the family.

The storybook falls at a second grade reading level per the Flesch-Kincaid Reading Ease Scale. The Flesch readability score uses sentence length (number of words per sentence) and the number of syllables per word in an equation to calculate reading ease based on grade level (Flesch, 1948). The author wanted to make the story readable for a majority of the children in the 6- to 10-year-old age range while providing enough detail in the story to adequately portray the experiences that a refugee child may have, but not make it so advanced that it would be inappropriate for the younger children in the target age range.

The storybook is intended specifically for classrooms with refugees from regions in the Middle East. However, it may also be useful in classrooms with children regardless of refugee status or background. It may be most useful in classrooms with a group of

children of mixed refugee status and natural citizens with a range of ethnicities, races, and backgrounds. Given the three main purposes of the storybook, it is meant for all children, although it is targeted to Middle Eastern refugee children. Furthermore, the storybook may be most beneficial to use during the initial periods of resettlement (i.e. honeymoon and hostility adjustment stages) to prevent acculturative stress, adjustment difficulties, and more severe mental health difficulties. Although the storybook is primarily intended to be used by teachers in classrooms, it may also be used by parents/caregivers in the home setting, by school counselors, and by other mental health professionals as an adjunct to intervention.

Plot. The plot of the story follows the journey of Adira, a 6-year-old refugee girl from Iran, through her adjustment to living in the U.S. The story starts with her at 9-years-old and integrated into U.S. culture. She takes the reader back to when she was 6-years-old and had just moved to the U.S. She shows the reader the different struggles she faced, how they impacted her, and how she overcame them. She faces difficulties that may be common to refugee children moving to the U.S. and entering the school system, such as being asked lots of questions from the other children in her class, experiencing difficult feelings inside her body, experiencing negative thoughts about herself, having difficulty adjusting, feeling like she does not belong, having parts of her culture be ridiculed, experiencing bullying and discrimination, having difficulty learning, and experiencing emotional and behavioral difficulties.

Along the way, Adira uses coping skills, such as diaphragamatic breathing (i.e. "belly" breathing), progressive muscle relaxation, counting, praying, asking for help,

responding to bullying and teasing, and cognitive reframing. These skills are part of her "superpowers," which is a metaphor for resiliency traits she already possesses as well as skills she acquires through her meetings with the school counselor. The end of the story depicts a class potluck celebrating different countries and cultures with food from around the world. It is by this point that Adira has started to feel more integrated into U.S. culture, but is also proud of her Iranian culture. The children in her class have become more understanding and accepting of her cultural differences, and cultural differences in general are celebrated.

Characters. Adira is the main character in the story. She is a 9-year-old girl from Iran who takes the reader back in time to when she was 6-years-old and had recently come to the U.S. with her parents. A female main character was chosen for the storybook to reduce cultural stigma associated with mental health difficulties, especially for females, by normalizing the adjustment and acculturation experience. Her character is written to depict similar thoughts, feelings, and experiences that children like her may have. She demonstrates aspects of her culture through the food she eats, praying on a Muslim prayer rug, and mentioning that she counts in Farsi, which is her first language. Adira lives with her mother and father who are supportive of her and demonstrate an authoritative parenting style. For example, when Adira experiences behavioral outbursts at home, her parents demonstrate discipline by giving her time-outs and stating that it is not okay to scream, hit, and kick; but they also show warmth through the description that they give Adira "hugs and kisses." This is meant to reflect the balance of expectations and rules with warmth and attention that characterizes authoritative parenting.

Another prominent character in the story is Ms. P, Adira's teacher. Ms. P is a very warm and attentive teacher who is able to link Adira with the school counselor after she notices Adira struggling in the classroom. Ms. P becomes a support system that Adira comes to utilize by asking for help and telling her when she is being bullied. The school counselor is a character who illuminates Adira's resiliency traits and teaches her various coping skills, which together make up her "superpowers." Adira's first meeting with the school counselor becomes the pivotal point at which she begins to start adjusting a little better.

Other characters in the story include a couple of children from Adira's class who bully her on the school bus. These characters are meant to exhibit the potential types of discriminatory bulling Middle Eastern refugee children may face in the current sociopolitical climate in the U.S. (e.g. being called a terrorist; being told to "go back home;" being made to feel like she does not belong). Yet, there are other characters, such as a girl named Jessica, whom Adira makes friends with because they do not treat her differently or call her mean names, and they have things in common (e.g. Adira and Jessica join the art club together because this is a common interest).

Illustration. The illustration style chosen for the storybook is very simple. The characters are drawn as simple line figures because the storybook is meant to be a coloring book. Therefore, there is no color in the storybook, with the exception of the illustrations of the U.S. and Iranian flags, as well as other country's flags. These flags are illustrated in color to highlight the importance of these symbols to Adira's identity and to

ensure that these flags are correctly depicted, given that there are many flags that are distinguishable from one another only by their arrangement of colors.

Adira and her mother are illustrated as wearing hijabs in order to make visible cultural/religious clothing choices women from Iran may wear. In addition, Adira's father is illustrated wearing a skullcap. The hijab and skullcap are meant to signify Adira's and her mother's and father's Muslim faith and aspects of their culture. Finally, the illustrations are intended to convey the various emotions Adira experiences throughout the story. Therefore, particular attention was given to the facial expressions and body language in the illustrations to portray emotions, such as fear, anger, sadness, embarrassment, loneliness, happiness, courage, and calmness.

How theoretical frameworks and strategies are incorporated. Concepts and strategies from Cognitive Behavioral Theory (CBT), and more specifically, Culturally Adapted Cognitive Behavioral Therapy (CA-CBT), were selected for use in the storybook given their applicability to symptoms of distress in refugees. The first consideration was of thoughts that may be common to refugee children, such as "I don't fit in," "everything is different," "I'm different," and "something is wrong with me." The storybook highlights that Adira experiences thoughts, such as these, and that they are linked to negative feelings and behaviors.

For example, Adira feels scared and experiences many physiological sensations in her body when she meets her classmates for the first time because she thinks she is different and does not fit in. There is also a time when she feels confused that other children are telling her to "go back home" because she thinks that the U.S. is supposed to

be her home now. Other difficult feelings Adira experiences include anger, sadness, embarrassment, and loneliness. Difficult feelings, such as these, lead Adira to engage in negative behaviors, such as isolating herself, screaming, and hitting and kicking her parents. It is not until Adira learns alternative ways of thinking and of dealing with her difficult feelings that she begins to experience a positive change in her functioning. For example, she thinks she is dumb when she does not know how to do a worksheet in class, but is reminded that she never learned how to do the assignment because of dangerous circumstances in her country of origin that prevented her from attending school for a while. She is then able to shift her thinking from "I'm dumb" to "I'm not dumb, I just never learned how to do it."

Adira's school counselor teaches her different coping skills to use when she experiences difficult feelings. Several of these coping skills were extracted from interventions in CA-CBT that incorporate a cultural perspective by utilizing somatosensory activities. These include imagery, muscle relaxation, meditation, and stretching. For example, Adira uses muscle relaxation and imagery by clenching her fists and imagining she is squeezing the juice out of lemons because she had a lemon tree at her home in Iran. She also engages in stretching using the imagery of a cat, and meditation through her use of prayer. In addition to these, other skills traditional to CBT were incorporated, such as diaphragmatic breathing, counting, and asking for help. Through Adira's use of these different coping skills and flexibility of thinking, she begins to experience an increase in positive emotions (e.g. calm, happy, courage) and a decrease

in somatic complaints (e.g. stomachaches), nightmares, tearfulness, and negative behaviors (e.g. isolating, screaming, hitting, kicking).

Concepts and strategies from interventions under the umbrella of play therapy are also incorporated into the storybook. The storybook itself is a form of bibliotherapy, which is a developmentally useful therapeutic tool for children. The characters and plot for the story were selected because they may resemble a Middle Eastern refugee child's experience adjusting to the U.S. The story is meant to help normalize the experience for these children, facilitate alternative perspectives, and foster adjustment and acculturation in a developmentally appropriate manner.

The storybook was designed based on reactive and interactive bibliotherapy. Reactive bibliotherapy means that the story involves characters and a plot that Middle Eastern refugee children might identify with, and results in a positive and realistic problem resolution with Adira utilizing her skills, resilience, and supports to achieve good adjustment and healthy acculturation. Interactive bibliotherapy involves a discussion to reinforce concepts learned from the story. Therefore, it is recommended that teachers use the storybook in an interactive format. Interactive moments are achieved by the inclusion of elements whereby Adira invites the audience to practice several skills with her throughout the story, as well as post-reading recommendations for teachers to reinforce concepts and skills learned from the story. For example, one post-reading recommendation for teachers is to have children in the class create cereal box "suitcases" containing items and decorations that represent who they are. This is meant to reinforce the concept of celebrating individual differences and heritage.

Expressive art activities were included in the storybook as another method of engagement in somatosensory activities in addition to the somatosensory activities mentioned previously that were extracted from CA-CBT. The storybook itself is a coloring book so that children can engage in the therapeutic process of coloring and individualize each book to themselves. Therefore, it is recommended that multicultural crayon packages that provide a range of colors representing a range of skin tones be offered so that children have the option of coloring in the characters with skin tones that best match their own if desired.

Red flag behaviors. The post-reading section of the storybook includes a list of "red flag" behaviors that may be indicative of psychological concerns in refugee children. These include but are not limited to repetitive play of bad things that might have happened, avoidance of certain people, places, things, or situations; nightmares or tiredness because of lack of sleep, difficulty concentrating, excessive tearfulness, aggressiveness, getting into fights, rule-breaking, withdrawing from parents and/or peers, bullying, mood swings, physical complaints (e.g. frequent headaches, stomachaches, nausea), irritability, hyper-alertness, exaggerated startle response, preoccupation with violent events, impaired memory, unrealistic worries about possible harm to self or others, and excessive distress when separating from parent/caregiver.

An analysis of red flag behaviors depicted by Adira is also provided in the post-reading section. For example, Adira endorses experiencing nightmares, difficulty concentrating, and stomachaches. She also withdraws from parents and peers, has mood swings, and displays irritability. In addition, she mentions having to hide when she heard

loud noises in Iran, although it was not indicated whether she hid from loud noises once in the U.S. Together, these behaviors may be indicative of mental health concern. Ms. P is able to help by noticing Adira is having difficulty and refers her to the school counselor. However, it would have been beneficial for Ms. P to have a conversation with Adira's parents to see how she was doing at home and if her parents were aware of her behaviors and the difficulty she was having at school. Ms. P could have talked to Adira's parents about seeing the school counselor. The counselor could have contacted Adira's parents as well and talked to them about some of Adira's difficulties and the possibility of seeking out formal mental health services.

Model of acculturation and stages of adjustment used. The model of acculturation used for the story is based on Berry's model of acculturation (1997) that cites integration (i.e. engagement with the host culture while maintaining one's heritage culture) as generally the healthiest acculturation strategy, and that marginalization (i.e. rejecting both one's culture of origin and the host culture) generally has the most negative outcomes and is highly associated with acculturative stress (Berry, 1997). However, refugees may be unable to choose their preferred method of acculturation. Ideally, the host culture should be supportive and accepting of differences to allow refugees the option of choosing their preferred acculturation strategy, but this is not always the case. The story reflects that the host culture is not always accepting of cultural diversity and that this poses an obstacle to successful acculturation. Initially, Adira appears to experience acculturative stress, leading her to engage in the acculturation strategy of

separation. Yet, there are characters and systems in the story that help Adira overcome these obstacles, making integration a realistic strategy for her by the end of the story.

Along the dimensions of acculturative stress, Adira experiences a number of risk factors associated with poor adjustment. For example, it is implied that she experienced dangerous living conditions in Iran (e.g. not being able to go to school because of the dangerous environment; having to hide when she heard loud noises). Once she arrives in the U.S., she experiences bullying based on her religion and ethnicity (e.g. being called a terrorist). It appears that her mother and father are the only members of her family who came to the U.S. and that Adira may not be able to practice cultural traditions with those in her community outside of the family. In the beginning of the story, Adira describes feeling very isolated and alone because she feels different and has not developed relationships with her peers. Yet, she also exhibits several factors that are protective against acculturative stress, such as relative proficiency in the English language, supportive parents and teacher, and maintenance of cultural traditions within the family. Adira's protective/promotive factors are elaborated upon in further detail under the resiliency section below.

The story also reflects a couple of factors that may impact the acculturation process, such as age and length of time in the host culture. It has been noted in the literature that younger children tend to become more acculturated than older children (Berry, 1997; Cuadrado et al., 2014). Adira begins her journey in the U.S. at 6-years-old and the story shows that although she experiences difficulties at first, she becomes acculturated relatively easily over time. It has also been supported in the literature that

the longer an individual resides in the host country, the more acculturated they become (Zlobina et al., 2006). The story indicates that Adira had been residing in the U.S. for three years by the time she becomes fully integrated. For many, it takes a few years to reach this stage if at all.

The forms of acculturation are closely tied to stages of adjustment (i.e. honeymoon, hostility, humor, and home stages). In the honeymoon stage, Adira experiences anxiety about her new home because she feels different and thinks that she does not belong. She reaches the hostility stage when she begins noticing differences in the appearance of things and culture. This is when she experiences feelings, such as confusion, sadness, and anger, and states that she wants to go back home to Iran, which may be related to the acculturation strategy of separation. It is also during this stage that she begins experiencing academic difficulties and receives poor grades in school, has difficulty understanding Ms. P when she speaks quickly, has difficulty concentrating, and has behavioral difficulties at home. She does not want to be part of the host culture and wants to isolate herself in her room at home.

Adira begins to experience cultural adjustment once she enters the humor stage. This is when she begins making friends and discovering things she likes about the U.S., such as the clothes, food, and music. Her academic performance begins to improve and she starts to feel like she fits in. However, she indicates that she may identify with U.S. culture at the expense of her Iranian culture in order to fit in. She states that her parents have to remind her that she is still Iranian. This may be a sign of assimilation. Finally, she reaches the home stage once she feels accepted, makes friendships, and participates in

activities associated with her Iranian culture and U.S. culture (e.g. potluck, Jessica's birthday party). This stage is associated with integration. These stages of adjustment are outlined in the beginning of the storybook. Tips for teachers to support refugee children during each of these stages are included in the post-reading section.

Model of resiliency used. The storybook focuses on enhancing assets and resources, neutralizing or weakening the negative effects of risks, or enhancing the positive effects of other promotive/protective factors to contribute to healthy adjustment by utilizing resilience research on the protective effects of factors within the child, family, and community (i.e. protective model of resilience). This means that it takes into account stable qualities within Adira, her family, and her environment, as well as skills she acquires that decrease her susceptibility to negative outcomes and increase success. Although a number of stressors were highlighted from the story in the previous section, Adira demonstrates resiliency as the story progresses.

The title, *Adira and Her Superpowers*, was chosen to highlight that strengths and resiliency are a main focus of the story. In the post-reading section of the storybook, protective factors that Adira is shown to possess in the story are highlighted. These include factors within the child, within the family, and within the community. Research suggests that factors, such as these, promote resiliency (Olsson et al., 2003; Snyder & Lopez, 2009; Zimmerman et al., 2013). Adira's assets, or factors within herself, are demonstrated through her "superpowers." These include good problem-solving skills (e.g. Adira figures out how to respond to and handle the situation in which she is being bullied); self-efficacy (e.g. Adira experiences mastery over using her coping skills to

engage in emotion and behavior regulation), faith and sense of meaning in life (e.g. Adira engages in prayer and it is implied that she and her family are part of the Muslim faith), good emotional self-regulation (e.g. through her use of her coping skills and "superpowers"), talents valued by self and society (e.g. creativity and interest in art), and good sense of humor (e.g. the "power" to laugh).

Resources, or factors within Adira's family and environment, include close relationships with caregiving adults (e.g. Adira's parents, Ms. P, and the school counselor), authoritative parenting (e.g. Adira said that she was put in time-outs for engaging in negative behaviors, such as screaming, hitting, and kicking; but also received lots of warmth from her parents), effective schools (e.g. Ms. P is attentive to Adira's functioning and links her with the school counselor), connections to prosocial and rule-abiding peers (e.g. Adira mentions that she makes friends with children who are nice to her and do not bully her), and involvement in prosocial organizations, such as schools and clubs (e.g. Adira joins the art club at school with her friend Jessica because this is an interest they have in common). Finally, Adira's cultural resilience is demonstrated through her adherence to her Muslim faith and use of prayer as a coping skill. Yet, she does not demonstrate use of other cultural resources, such as traditional activities and language, with the exception of mentioning that she counts in Farsi in her head. These may be areas that would be beneficial for Adira to enhance to bolster her cultural resiliency.

Adira's use of prayer, sense of humor, creativity, and supportive parents are assets and resources she already possesses, whereas many of her coping skills are acquired after

she meets with the school counselor. She acquires resources, such as close relationships with caregiving adults, effective schools, connections with rule-abiding peers, and involvement in prosocial organizations over time. This demonstrates that resilience is not simply the effect of static traits but rather a dynamic process that takes into account both traits and acquired assets and resources. Furthermore, the story shows that Adira's resilience exists along a spectrum and may vary by domain. When she first moves to the U.S., she experiences emotional, behavioral, academic, peer, and familial difficulties. Once she begins receiving help and using her coping skills, she demonstrates success in many of these areas, but acknowledges that she continues to experience some difficulty calming down when upset.

Given the limited background information in the story, it is unknown what Adira's functioning is like prior to coming to the U.S. In considering a more holistic developmental view of Adira's resiliency, it may be hypothesized as to what she experienced and what her functioning was like during her pre-migration and migration experiences prior to her resettlement in the U.S. It is implied that a majority of her difficulties begin once she is living in the U.S. However, she mentions distressing pre-migration experiences, such as being unable to go to school for a period of time because it was too dangerous, and having hide whenever she heard loud noises. Therefore, it may be worthwhile to consider the effect that experiences such as these may have had on Adira prior to resettlement, as well as how they may impact her during resettlement.

Chapter IV

Conclusion

An interactive, strengths-based therapeutic storybook was created for Middle Eastern refugee children ages 6- to 10-years-old to assist with distress associated with adjustment and acculturation, promote resilience, reduce cultural stigma, and promote empathy, diversity, and acceptance of differences. The storybook is primarily intended to be used in the school setting by teachers to prevent mental health difficulties in Middle Eastern refugee children. It may be used with Middle Eastern refugee children specifically, and/or any child regardless of refugee status or background.

The storybook was created for several reasons: (a) the current refugee crisis marked by refugees fleeing their home countries from all over the world due to persecution, conflict, and war; (b) many of these refugees are coming to the U.S. from countries that make up the Middle East, (c) refugees, especially children, are at higher risk for exposure to highly stressful experiences and are thus, at higher risk for developing mental health and/or adjustment difficulties; and (d) cultural stigma represents a barrier to mental health care for Middle Eastern refugees. It was also created to reflect trends in the research on refugees, such as trends toward resiliency models rather than pathology in order to reduce cultural and religious stigma associated mental health difficulties and treatment, and a focus on the resettlement stage as a point of prevention and intervention rather than focusing on the pre-migration stage.

Information was gathered to create a tool that can be individualized to readers. Although the storybook does not explain the entire refugee experience, it depicts a potential part of the experience in resettlement. A storybook that assists Middle Eastern refugee children with distress associated with adjustment and acculturation in a strengths-based and culturally sensitive manner provided in a setting in which many of these children are likely to have access to it (i.e. the school setting) is one way to attend to the needs of this population. Healthy adjustment and acculturation can be promoted through the building of resilience and teaching of coping skills. If more severe difficulties in the form of "red flag" behaviors are identified in Middle Eastern refugee children, they may be referred to formal mental health services if needed. If the family refuses formal mental health services because they feel it contradicts with their belief system regarding mental health and healing, then the storybook still offers a way for the child to learn skills and identify with a main character who may possess similar identity variables and experiences to facilitate healing, prevent compounding difficulties, and build resiliency. In addition, the storybook may help to develop empathy, diversity, and acceptance of differences in Middle Eastern refugees and non-refugee peers to create a more supportive and inclusive environment for Middle Eastern refugee children to be successful.

The storybook may also be useful in other settings and by other individuals, including but not limited to parents/caregivers and mental health professionals. It should be noted that the primary intention for this storybook is to be used as an educational tool rather than a mental health intervention, although it may be a useful adjunct to an

intervention by a mental health professional. It is not an appropriate stand-alone intervention.

Limitations

There are several limitations to this storybook. One limitation is that it is written in English, which may pose a language barrier for refugee children who are not well versed in English. Second, solely using information gathered from existing literature on Middle Eastern culture and refugee experiences limits the accuracy of the information included in this dissertation and storybook. It would have been valuable to meet with Middle Eastern refugees to potentially obtain more accurate information than was provided in the literature because even published works are subject to bias. Thus, the information presented in this document, as well as the information regarding Iranian culture depicted in the storybook, should not be taken as absolute fact given that this author is not an expert in this area. Third, the Middle East encompasses a large range of cultures, ethnicities, religions, languages, and regions and there has been criticism regarding grouping together distinct groups into one larger ethnic group as an overgeneralization, or simplistic label of ethnic groups because it neglects unique differences found among individuals of various cultures or groups (Gregg, 2005).

Future Directions

Given that the storybook was only supported by literature regarding Middle Eastern culture and refugee experiences, it is recommended that information also be obtained directly from individuals who immigrated or fled from Middle Eastern countries for first-person accounts of these experiences. For example, individual interviews or

focus groups may be facilitated to better understand the culture and experiences of these individuals rather than solely relying on literature that may be subject to bias. In addition, it would be beneficial to interview teachers of 6- to 10-year-old children to gather information on its practical use within the classroom.

Furthermore, the storybook should be researched for its usefulness in addressing distress related to adjustment and acculturation, promoting resilience, and reducing stigma related to mental health difficulties in Middle Eastern refugee children, as well as promoting empathy, diversity, and acceptance of differences in refugee and non-refugee children. One way to determine effectiveness is a case study of a classroom of children ages 6- to 10-years-old with at least one Middle Eastern refugee child following a reading of the storybook by a teacher. Behavioral observations of the children, as well as measures tapping enjoyableness and lessons and skills learned related to coping, diversity, empathy, resilience, and adjustment and acculturation by the children, would be ways to gather data on effectiveness of the storybook. Additionally, teacher-specific surveys should be administered to gather data on the storybook's practical usefulness in the classroom as well as teacher perception of enjoyableness and lessons and skills learned by the children.

It would also be beneficial for the storybook to be translated in a variety of languages, such as Arabic, Kurdish, Farsi, Urdu, Pashto and Punjabi for example, so that it can be used for children who do not speak English or for whom English is a second language. Finally, it is recommended that alternative methods to addressing distress related to adjustment and acculturation in refugees be explored. The use of this storybook

in the school system is just one way to aid these children in their healthy adjustment to the U.S. Larger scale programs and initiatives may offer more impactful services for these children.

Appendix A

Storybook: *Adira and Her Superpowers*

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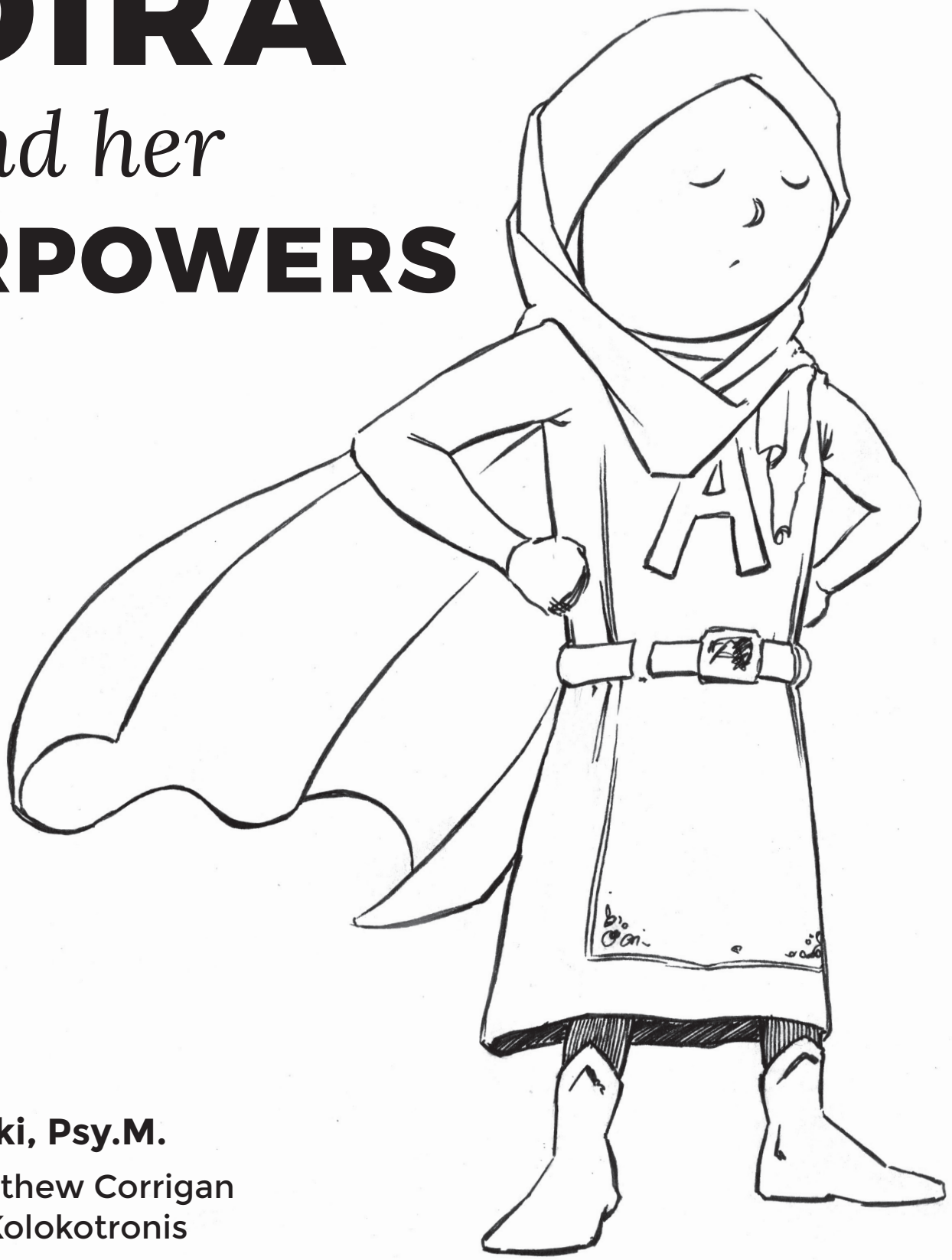
ADIRA
and her
SUPERPOWERS



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CONTENTS

AUTHOR'S NOTE

Many children have difficulty adjusting to new environments. This is especially true of children coming from other countries under difficult circumstances. Refugees are those who flee their home country due to conflict, persecution, or other danger.[22] Refugees are a unique population, as refugee children may not understand why they are leaving their home country to come to a new and different country to live. Oftentimes, close family members and friends are left behind. These children may have also been exposed to traumatic experiences in their country of origin, which may have led to them fleeing to a new country. These are just a few factors unique to refugees that can result in difficulty adjusting to a new country.

Refugees face a proportionately higher number of distressing and potentially traumatic experiences during the refugee process that place them at higher risk for experiencing distress related to difficulties with adjustment and acculturation, and even developing psychological disorders. However, cultural stigma associated with mental health difficulties and treatment may make it difficult for refugee children to access mental health services.

The purpose of the storybook is to assist Middle Eastern refugee children in developing and enhancing skills to manage distress related to adjustment and acculturation, decreasing the occurrence of further mental health issues, and promoting resilience. It is also hoped to normalize the adjustment process and decrease stigma associated with mental health difficulties. By providing a therapeutic and educational tool for a setting in which Middle Eastern refugee children are likely to have access to it, these children may have their mental health needs met in ways that they may not have had otherwise to prevent the need for formal mental health services. The storybook may assist teachers in identifying risk factors for mental health problems. Children who are identified as needing more support can then have the opportunity to be referred to formal mental health services. In addition to teaching coping strategies to Middle Eastern refugee children who are experiencing distress related to adjustment and acculturation, the storybook may also be used to teach empathy, diversity, acceptance of differences, and coping skills to refugee and non-refugee children alike.

An important factor in the adjustment of refugee children to a life in a new country is acculturation. Acculturation is the degree to which one identifies with their culture of origin, and the degree to which they participate in the host culture. Research suggests that integration of the host culture without giving up one's culture of origin has the most favorable outcomes.[3] However, this does not mean that other forms of acculturation are not healthy. This is just one perspective that was chosen for this particular story. Children may have a more difficult time adjusting if they do not integrate. For example, when one adopts the host culture but sacrifices their culture of origin (i.e. assimilation), conflict may arise if members of the family unit wish to maintain their culture of origin. On the other end of the spectrum, segregation/separation occurs when one rejects the host culture completely. This makes it difficult for children to feel like they belong in the host culture. Lastly, marginalization

occurs when one rejects both their culture of origin as well as the host culture, leading one to feel that they do not fit in anywhere. This often results in isolation and the most negative outcomes.[3]

"Adira and her Superpowers" is an enlightening and interactive look into the experiences of a refugee child adjusting to her host country and culture. It offers a child-friendly exploration of diversity, acceptance, resiliency, as well as common struggles refugee children may face in their host country and how to overcome these struggles.

Through the main character's, Adira's, eyes and narration, the reader and audience are able to gain perspective on the struggles refugee children may face adjusting to a new country and culture. These include difficulties with school, learning, peers, family, and distressing thoughts and feelings. Adira helps the reader identify "superpowers," which are strengths that she already possesses as well as strengths that she gains to help her navigate through difficult times.

This story is based in the theoretical model of Cognitive Behavioral Theory (CBT) and developmental frameworks of play therapy, including expressive arts and bibliotherapy. CBT is a theoretical model that provides an easy-to-understand framework of the thoughts, feelings, and behaviors refugee children may experience. Coping strategies traditionally utilized in CBT interventions were incorporated into the story in addition to coping strategies drawn from Culturally Adapted CBT (CA-CBT). CA-CBT is an intervention model that utilizes cultural methods of healing to promote cultural sensitivity. The inclusion of a play therapy framework also aims to address some of the cultural shortcomings of CBT by offering a more culturally and developmentally sensitive route to expression and healing for refugee children through the use of somatosensory activities. Stories used in bibliotherapy serve to normalize experiences and establish similarities and differences to the child's own situation. The storybook also aims to be strength-based by drawing upon research regarding protective factors for psychosocial resilience in children and youth through the metaphor of "superpowers."

TIPS FOR TEACHERS

The storybook may be most beneficial to use in classrooms with a group of children including Middle Eastern refugees and natural citizens of a variety of ethnicities, races, and backgrounds. Yet, it may also be useful with groups of non-refugee children. Furthermore, the storybook may be most beneficial to use during the initial periods of resettlement (i.e. honeymoon and hostility stages of adjustment) to prevent acculturative stress, adjustment difficulties, and mental health difficulties. In setting up the story, avoid stating that this book is just for the refugee children in the room, as this unnecessarily ostracizes them. Instead, this book should be framed as an activity the whole class will engage in together to learn about understanding and acceptance of differences, how to get along, how to deal with difficult thoughts and feelings, and how to use our superpowers to overcome difficult times.

PRE-READING DISCUSSION QUESTIONS

- What is the title of the book?
- Who and what do you see on the cover of the book?
- What do you think the book might be about?

You may introduce the story by explaining that the book is about a girl who is a refugee. Define refugee as "someone who flees persecution, conflict or war." Explain that persecution is when people are continually treated in a cruel and harmful way, often due to their race, religion or political opinions. Explain that there is a very serious and large refugee crisis happening today. There are currently over sixty million people who have been forced to leave their homes. There are refugees fleeing Syria, Iran, Kosovo, Iraq, Afghanistan, Sudan, Syria, Nigeria, and dozens of other countries.

The following is one way this concept may be explained:

> *"Imagine that we could not live on Earth anymore and had to move to Mars and live with the Martians. The Martians don't speak English and we don't speak Martian! The Martians also have their own ways of dressing, they eat different foods, and they have different ways of doing things. What do you think that would be like? Would it be difficult? Easy? This story is about a girl who had to move to the U.S. because her home in Iran was not safe. At first, she felt like she didn't belong because everything was so different from what she was used to back home."*

Next, you can explain that sometimes when we think we are different from others, we might feel like we don't belong. Refugees may experience this because when they flee to a new country they have to learn about the culture of that new country. This may be difficult because the new culture is often different from the refugee's culture. People in the new country might see refugees as different because they may look different, sound different, have different beliefs, and do things a little differently.

Take the opportunity to reinforce feeling identification and expression by asking the following:

- **How might you feel if you think you don't belong? Would you feel sad? Angry? Scared?**
- **What would you do if you felt this way?**

Next, you can explain that these situations and feelings are hard to deal with sometimes.

> *"In those situations, it's important to remember your superpowers. These are the things you can use when you're angry, sad, worried, scared, or confused. Some superpowers might be the power to ask for help, the power to create or do something that makes you happy, the power to laugh, or the power to calm down."*

> *"Let's meet a girl named Adira. She's going to help us learn about thoughts and feelings, how she got through difficult times, and how to use our superpowers."*

It is important that teachers are emotionally supportive in the reading of this book. Different children may experience different feelings and may feel confused. Thus, readers should provide opportunities for questions, be aware of changes in mood and address these changes if need be, and provide assistance to children who have limited English skills. Readers of this story do not need to have a background in therapy, as the purpose of this storybook is not necessarily a mental health intervention. Yet, understanding of child development and mental health symptoms will be helpful.

NOTE TO PARENTS AND CAREGIVERS

Parents and caregivers of refugee children may have their own distressing or traumatic experiences from factors surrounding the refugee process. If you notice yourself reacting to this book, take a minute to pause or stop reading the book altogether. It is okay to attend to your own personal reactions before reading the book with your child.

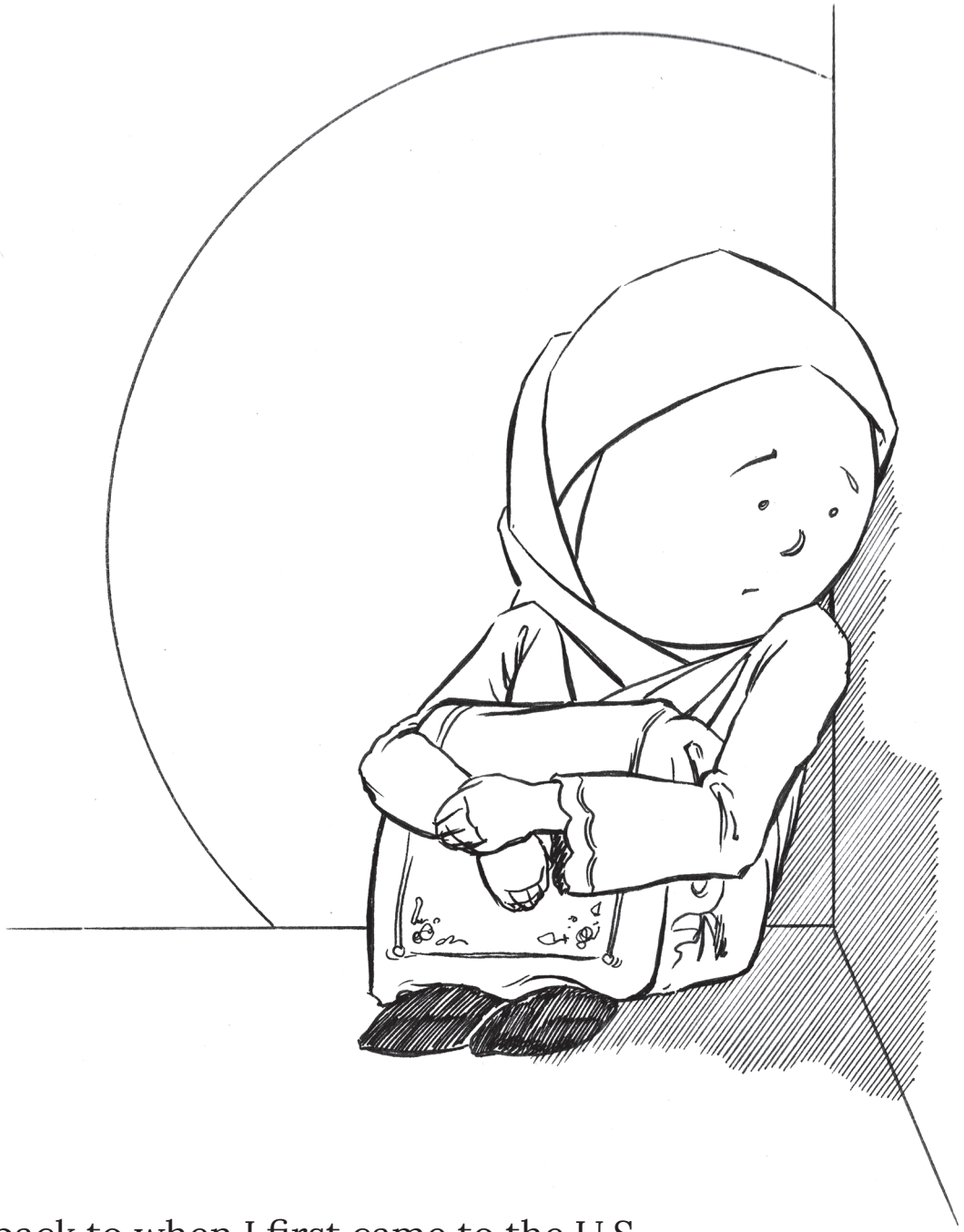
Hi, my name is Adira and I am 9-years- old.

Me, my mommy, and my daddy moved to the U.S. three years ago from our home in Iran.

I learned a lot in three years and so much changed!

If you sit quietly and listen, I'll tell you my story and we can do fun activities together along the way.

Are you ready?



Let's go back to when I first came to the U.S.

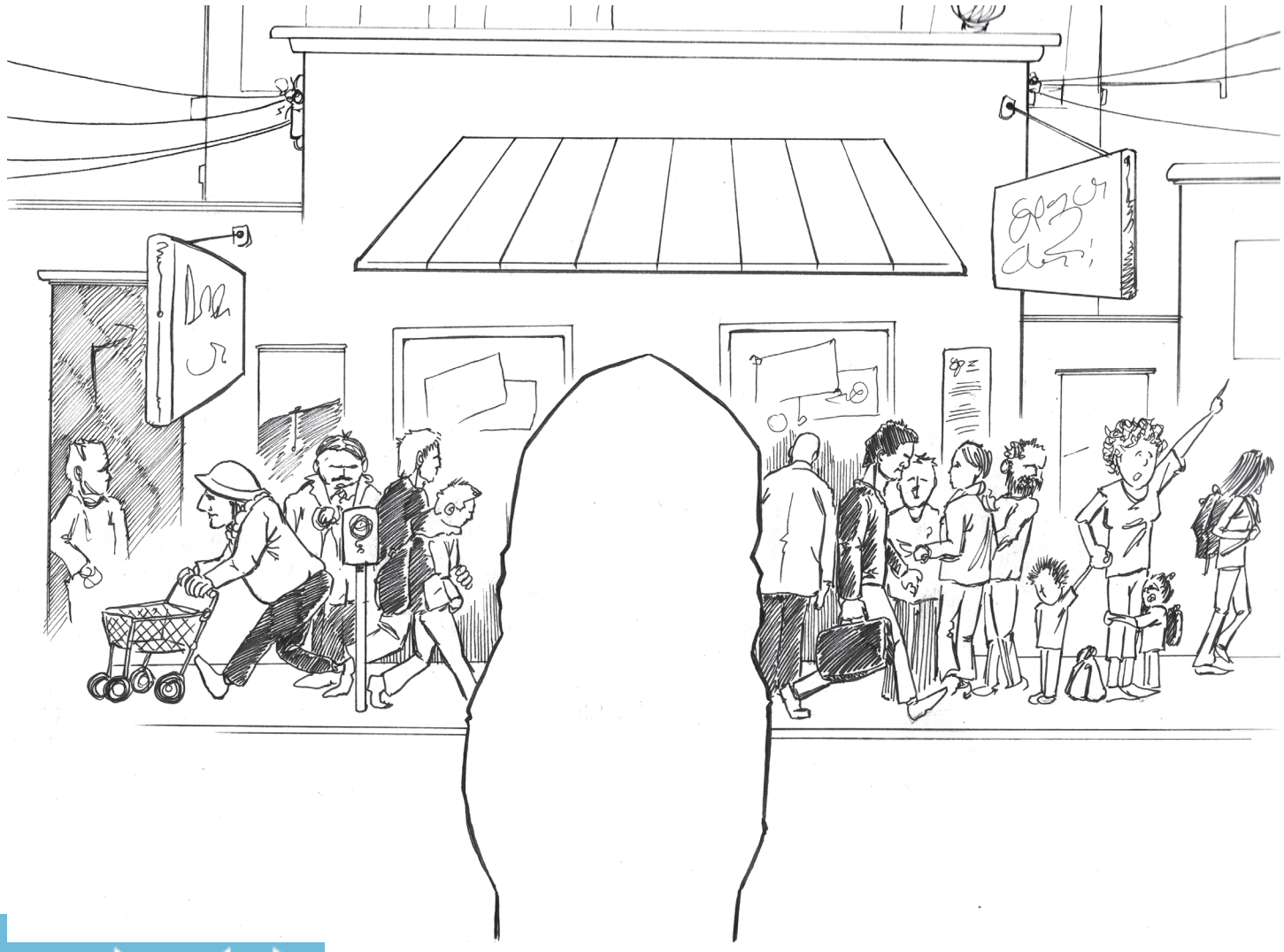
I was 6-years-old and everything seemed so different from back home.

It made me feel scared and I just wanted to go home.

The food was different, people looked different, and they even sounded different!

But it seemed like here, I was the most different.

Come with me back to my first day of kindergarten and I'll show you what I mean.



"*Class! Take a seat on your square,*" Ms. P said.

"*There's a new member of our class I'd like to introduce you all to.*"

"*Someone new!*"

(loud whispers)

"*Who is it!?*"

"Listen up class! Our new friend came a long way to be here and I want all of you to treat her as you would like to be treated. Remember what it was like on your first day of school."

"Oh boy it's a girl!"
"Eww, cooties!"

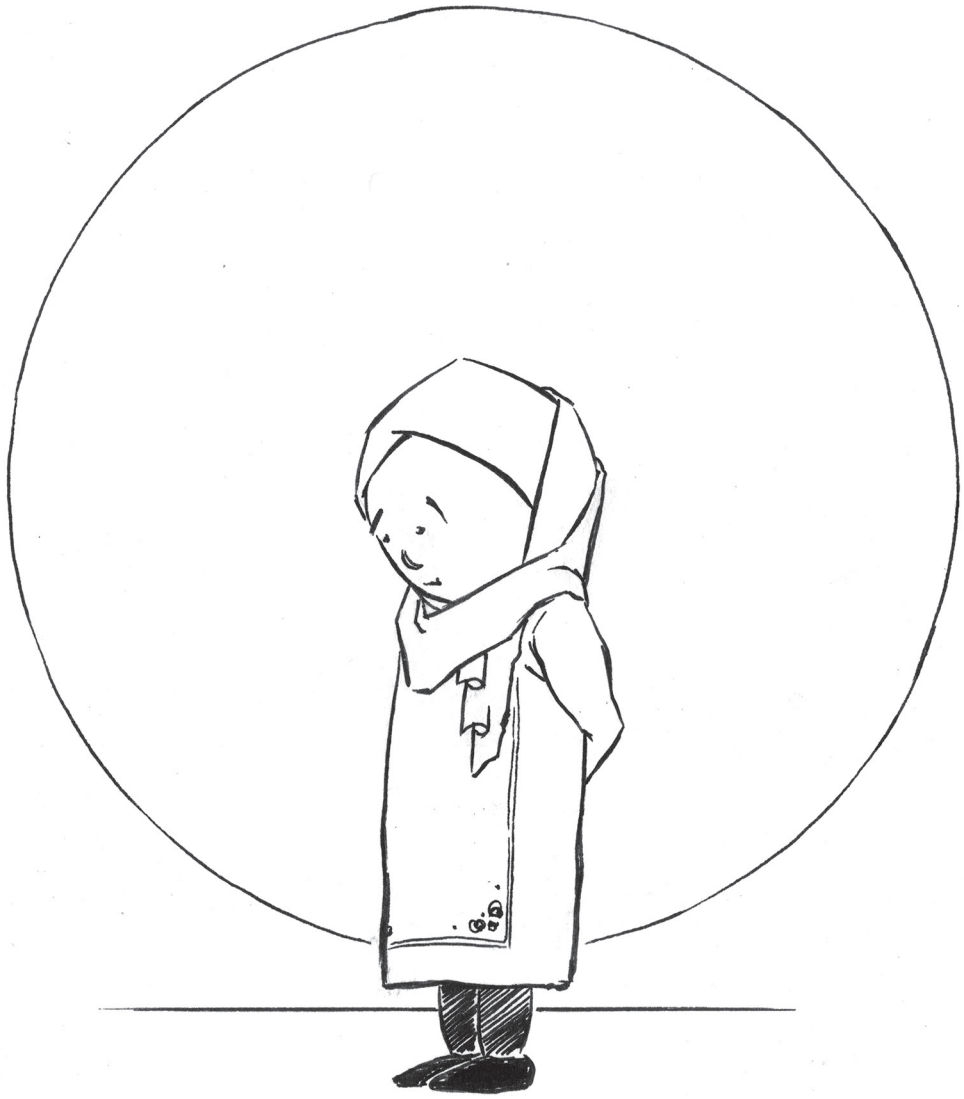
"That's enough class. Here she comes now."

"This is Adira and she's going to be in our class from now on."

"Hi Adira!"

"You look different, where are you from?"
"What's that thing on your head?"
"Why did you come here?"
"Do you speak English?"

"Class that's enough questions!
Let's help Adira feel welcome and
let her get settled in."

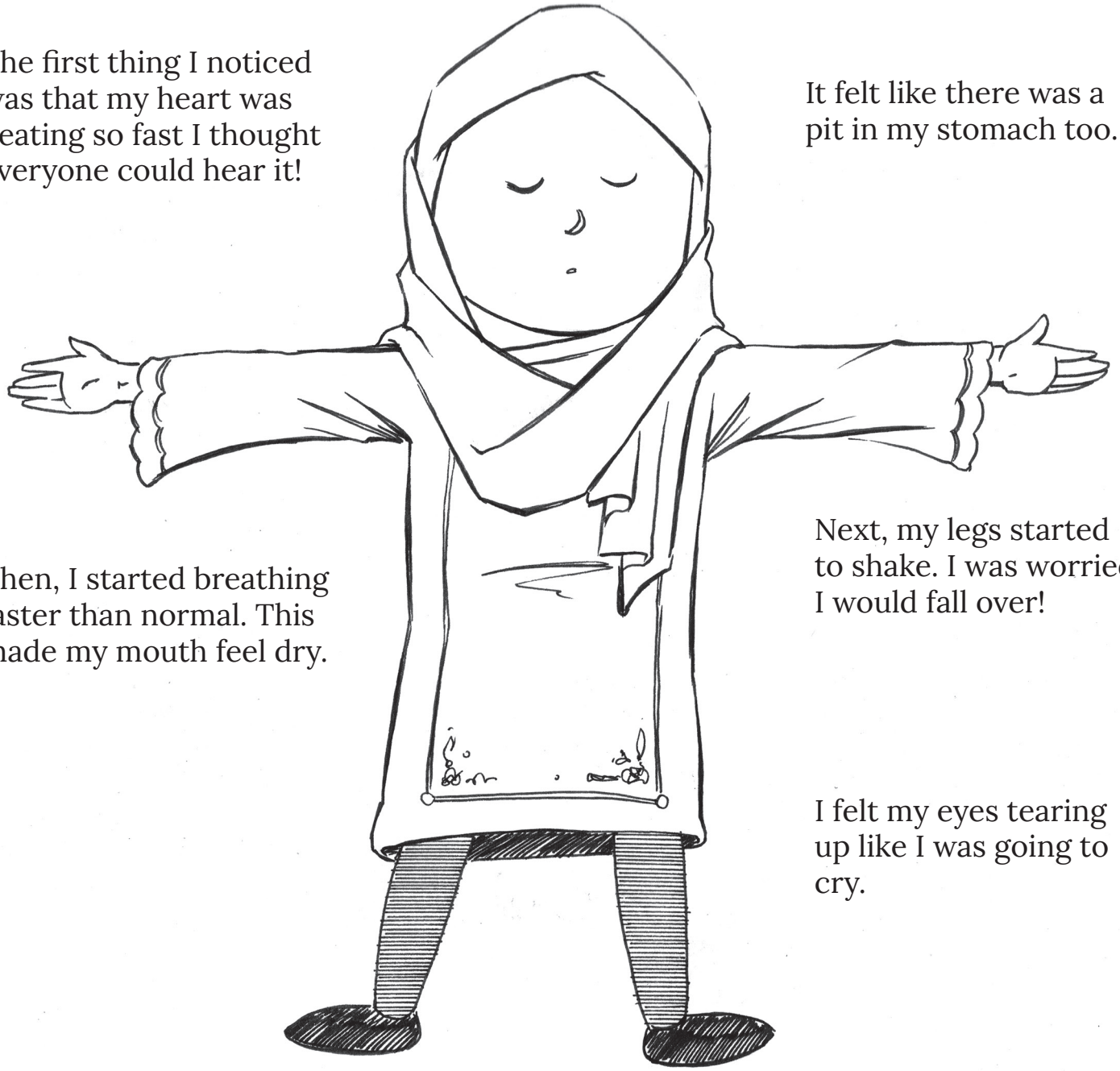


See what I mean? I couldn't help but think that I just didn't fit in. I felt so scared that first day! I was feeling so many things inside my body. Let's take a look.

I'll tell you what I was feeling in my body and I want you to help me by drawing X's on those parts of my body.

The first thing I noticed was that my heart was beating so fast I thought everyone could hear it!

It felt like there was a pit in my stomach too.



Next, my legs started to shake. I was worried I would fall over!

Then, I started breathing faster than normal. This made my mouth feel dry.

I felt my eyes tearing up like I was going to cry.

Do you ever feel these things when you're scared?

Lunch bell rings

"Alright everyone, go ahead and grab your lunchbox from your cubby and line up at the door"

I wasn't very hungry for lunch because my stomach was in knots.

"Ewww what's that! It looks groooooooss"
"*It's Baghali Polo*"
"What's that?"
"*My mom always makes it for me. It's my favorite*"
"It looks like throw up!"
(laughter)

I felt embarrassed and a little angry that they were making fun of my food. It is my favorite after all.

Finally it was time to get on the bus and go home. I couldn't wait to see my mommy and daddy.

"My daddy says I shouldn't talk to people who look like you"
"Yeah go back home!"

I was so confused. Why were they being so mean to me? I thought this was supposed to be my home now.

I felt so alone and cried the whole way home because I didn't fit in and thought I never would.

When I got home I ran to my mommy crying.

"*Everyone here is so mean!*"
"Oh sweetie I'm sorry you didn't have a good first day"
"*I don't want to be American and I don't want to be Iranian!*"
"*They called me mean names!*"

I thought that I didn't fit in anywhere. I wanted to hide in my room forever.

Those first couple of months were hard for me.

My tummy always hurt, I had nightmares all the time, I cried a lot, and sometimes I wasn't very nice to mommy and daddy.

Sometimes when things felt too weird inside my body, I would scream and hit and kick.

Mommy and daddy put me in time-outs for this. Even though they told me that stuff was not ok to do, they gave me lots of hugs and kisses when I was feeling sad and lonely.

School was hard too. I was getting bad grades and some of the other kids kept making fun of me.

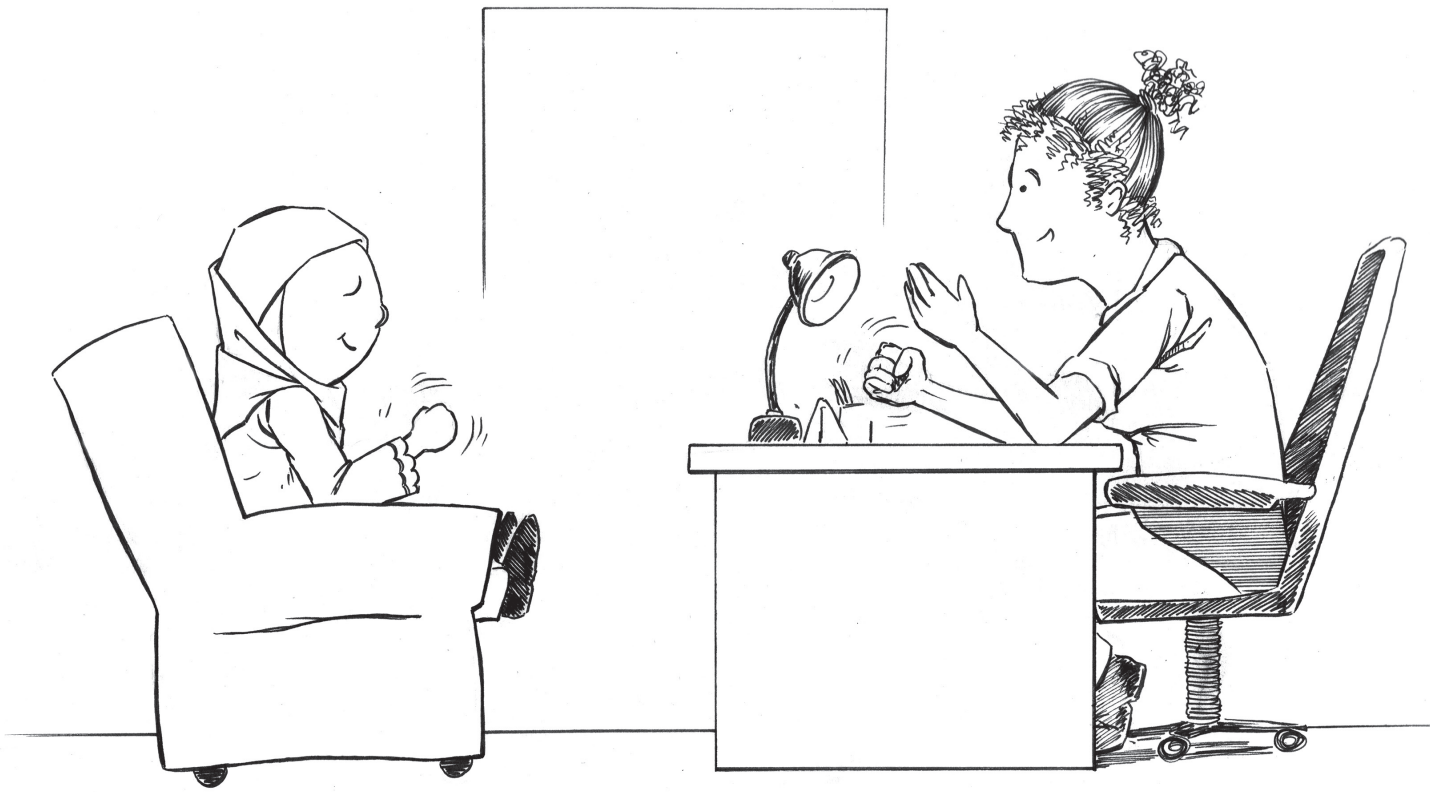
It was hard to think and I didn't understand everything Ms. P said when she talked really fast.

Sometimes I didn't know how to do things I was supposed to know how to do. That made me feel dumb.

Ms. P saw that I was having a hard time and helped me go to the lady at school who talks to you when you're not feeling happy.

I think she's called a coun-se-lor? A counselor!

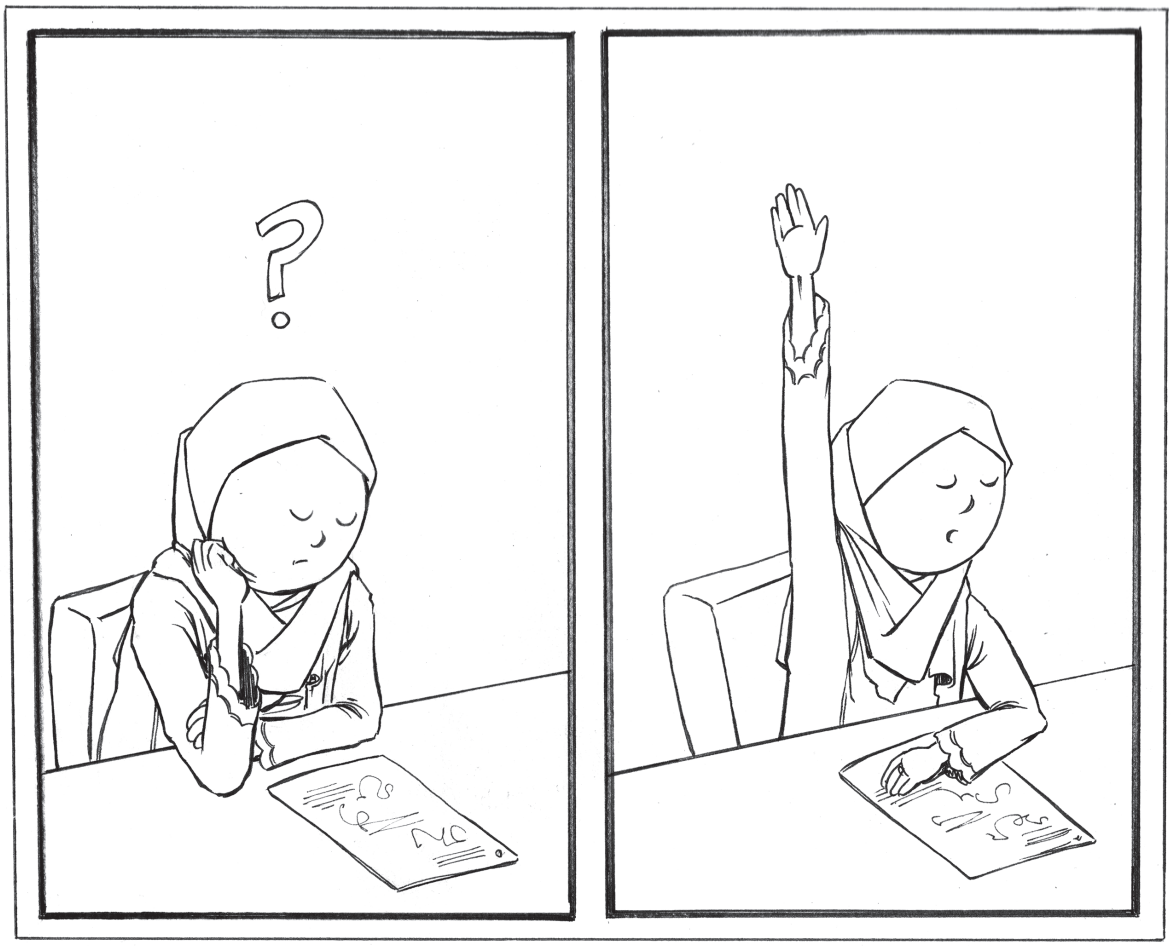
She helped me a lot and showed me that I wasn't dumb. She helped me find my superpowers! These are things I can use to get through hard times.



Some of my superpowers are:

The power to **ask for help** from my parents and teachers
The power to **calm down**
The power to **be creative**
The power to **laugh**
The power to **pray**

What are **your superpowers?** I'll explain how I use mine.



One time Ms. P gave me a math worksheet to do and I didn't know how to do it! I thought to myself, "you're so dumb Adira."

Looking back on that now, I know that wasn't true.

My counselor reminded me that I might not have learned some things back home because I stopped going to school for a while. Mommy and daddy said it was too dangerous.

I wasn't dumb, I just didn't learn how to do it!

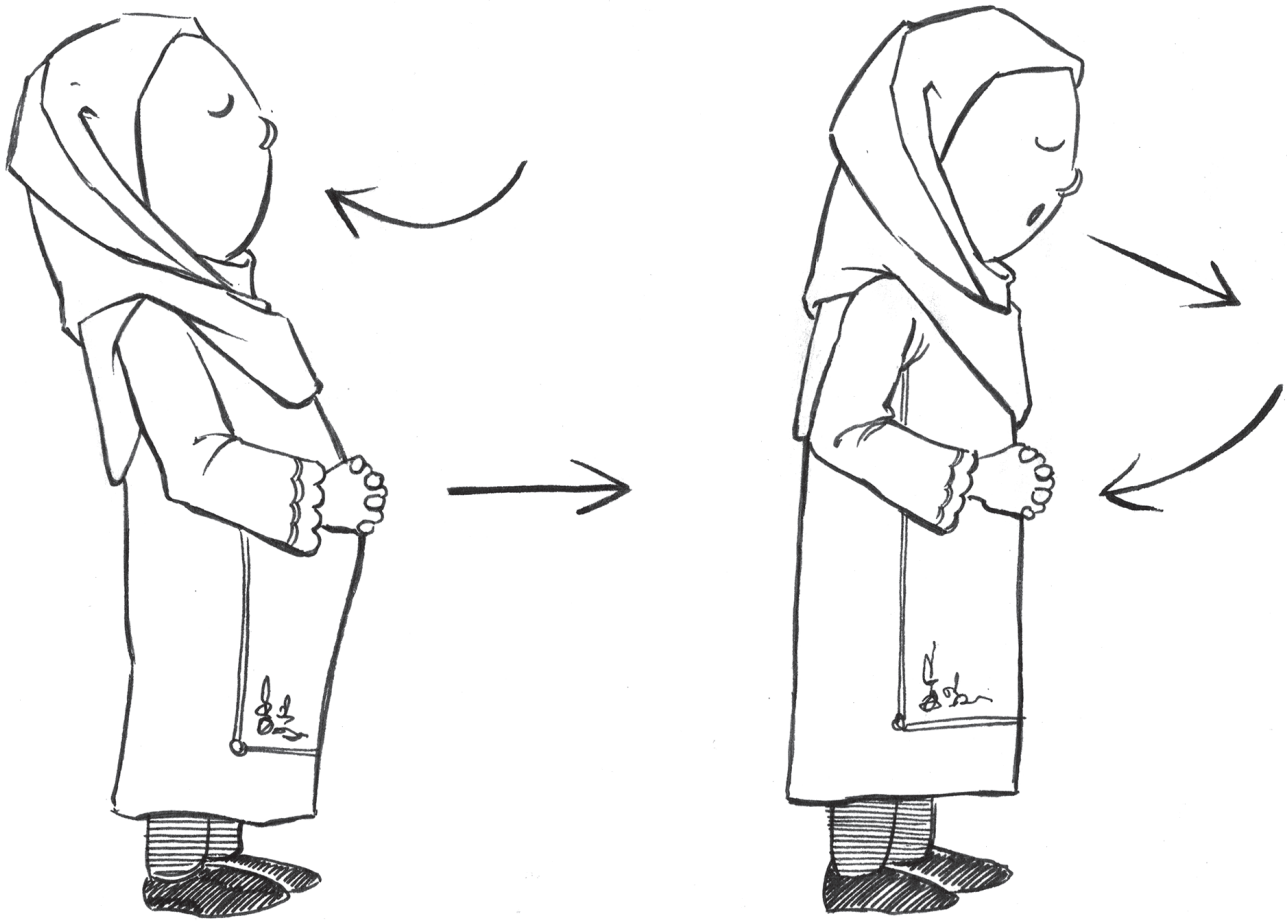
After that, I started asking Ms. P for help when I didn't know how to do something.

My counselor also helped me learn how to calm down when I was feeling scared, angry, sad, or worried!

My counselor told me that all feelings are ok to have, even anger! It's what I do with my feelings that really matters.

When I'm angry it's not ok to hit and kick, but it is ok to do some things to calm down.

One thing my counselor taught me that really helps me calm down is called belly breathing.



Let's try it together. To do this, I stand like I do when I pray. First, I breathe in through my nose, counting to 4, and blow up my belly like a balloon!
Then, I blow out through my mouth, counting to 5, until all the air goes out of my belly.
Feeling calm yet?
Sometimes I do this more than once to feel really calm.

Another thing she taught me to do is to squeeze my hands into fists. I like to imagine I'm squeezing the juice out of lemons because we had a lemon tree back home in Iran. This helps when I'm feeling angry.

Let's do this one together too.

Ball your fists up and squeeze really hard like you're getting all the juice out of those lemons! Squeeze! Now relax.

Stretching can feel really good too. I like to stretch my arms up and out like a cat.

If I'm still having a hard time calming down, I can count. When I count to myself, I do it in Farsi, my first language, but let's do it together in English.

One, two, three, four, five, six, seven, eight, nine, ten!

If I'm still not feeling all the way calm, I can talk to Ms. P.

After my counselor taught me these things, I used them whenever I was feeling angry, sad, scared, or worried.

With a lot of practice, they helped me calm down before I screamed, hit, or kicked.

She also taught me how to deal with bullies and teasing.

She told me that I should always tell Ms. P and my parents if I'm being bullied.

If someone calls me mean names,

I can say "so?" like I don't care,

I can ignore them,

I can imagine their words bouncing off my imaginary shield,

or I can make a joke out of it and laugh it off!

The next time that boy on my bus said something mean to me, I had some ideas of what to do.

"*Hey terrorist! Go back home!*"

My parents told me what terrorists are and I'm definitely not one!

This really hurt my feelings because my mommy and daddy said that terrorists are the reason we had to leave Iran.

They were the reason I stopped going to school and why I had to hide whenever I heard really loud noises.

What do you think I should do? Should I ignore it, imagine his words bouncing off my imaginary shield, say "so," make a joke out of it, or tell someone?

Those are some great ideas! I'll tell you what I did.

I decided to ignore him and imagine his words bouncing off my shield. Then, I told my teacher because we were on the bus on the way to school.

My teacher talked to the boy and his parents because what he said was really hurtful and not okay. She talked to my parents too.

After a while, things started to get a little better.

I got the courage to ask some of the kids in my class if I could play with them at recess.

They said yes!

They became my friends because they didn't call me mean names, were nice to me, and didn't treat me differently.

Home was a little better too.

My mommy would talk to the other mommies so my new friends and I could play together outside of school.

I was even invited to Jessica's house for her birthday. She had a pizza party!

That was the first time I ever had pizza and I LOVED it.

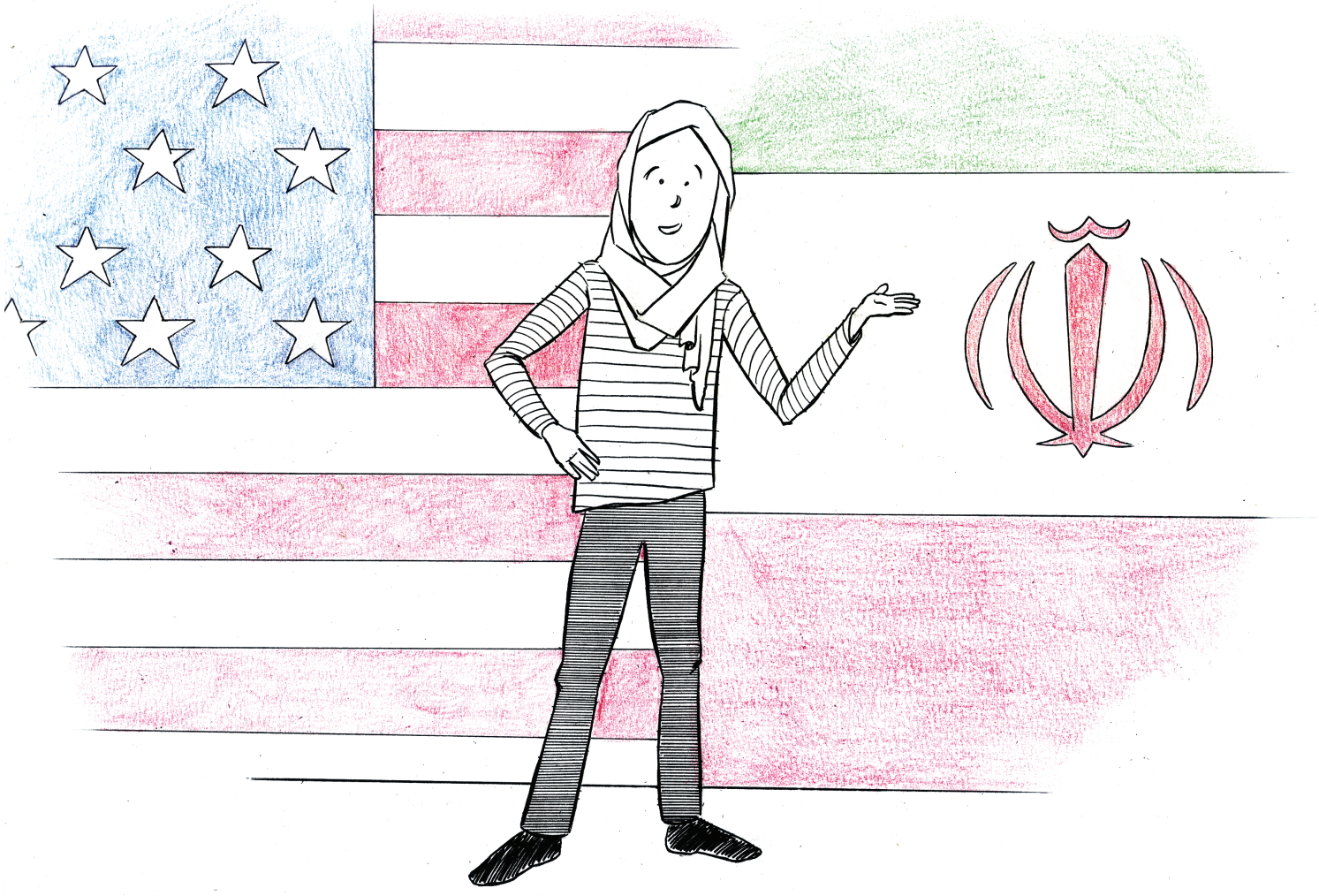
I wasn't having as many nightmares as I used to and my tummy didn't hurt anymore. It was still hard to calm down sometimes, but I was getting better at it.

At bedtime when I'm feeling worried and have so many thoughts running through my head, I like to pray.

Now I know what to do when I'm angry too.

I stop and keep my hands and body to myself. I like to take three deep breaths and count to 10.

What works best for you?



There are things I like about being American. I like the clothes, the food, and the music the most. There were times when my mommy and daddy had to remind me that I'm still Iranian.

Sometimes I didn't want to be Iranian because I wanted to fit in and be just like the other kids. My mommy told me that I didn't have to choose one or the other, I could be both.

This took me a while to understand, but now I see myself as Iranian **AND** American. I wear American clothes, eat lots of American food, and listen to American music, but I still have my Iranian traditions.

Now, I'm in the 4 th grade. Things have gotten a lot easier.

I still get teased from time to time, but I've learned how to respond to it.

I'm getting A's and B's, and I can understand my teachers when they talk fast now.

I've gotten really good at using my calm down strategies and other superpowers, and I've made lots of friends!

I even joined the art club at school with Jessica because we both love to draw and paint.

I like that we have that in common.

Once a year my class has a big potluck with food from countries all around the world!

Every year I bring a different Iranian dish and my classmates still think it looks gross, but they really like it when they try it!

I've tried sooooo many new foods from so many different places.

I feel like I fit in now a lot more than I did a few years ago.

Even though I wasn't born here, this is my home just like Iran is my home.

Not everything here seems so different anymore, **especially me.**

POST-READING INSTRUCTIONS

After reading this book, it is important to explore and address any questions the children might have.

RECOMMENDATIONS FOR FOLLOW-UP ACTIVITIES

- Commend the children for listening, participating, and taking the time to color in the book.
- Learn about other Middle Eastern countries by explaining, "Adira was from Iran, a country in a part of the world called the Middle East. The Middle East is made up of many different countries and cultures." Assign each child in the class a country within the Middle East. Then, one by one have them place a sticker on that country on a map of the Middle East.
- Consider having the children engage in free drawing after reading the book.
- You can add onto this by having the children tell a story about their drawings or just have them tell about the artwork when finished.
- Write pen-pal letters to Adira.
- Create cereal box suitcases containing items that represent who they are.
- Have children brainstorm a list of feelings expressed throughout the book, such as worry, fear, confusion, embarrassment, sadness, anger, courage, calmness, and happiness. You may go to the pages and look at the images, asking of the picture matches the feeling.
- You can also have children select one feeling to focus on and draw a picture of the page and write "Adira was feeling _____ because_____.
  I can tell because _____.
- Help refugee children feel welcome by having children in the class welcome them with some kind of activity, card, or something welcoming them to the U.S./their classroom.
- Engage in a visual journal activity that includes drawing day-to- day experiences and feelings.
- Write letters to family members or themselves (not to be sent)
- Make collage of things they like or things about them.
- Create "Me Boxes": each child gets a box that they paint, draw on, cut pictures to paste onto, or decorate. The outside of the box is what others know and see of them and the inside of the box is what is less known about them.
- Throw a multicultural potluck
- Have a cultural show-and- tell
- Make "superpower shields" with different superpowers in each section of the shield.

TAKE-AWAY DISCUSSION POINTS

- Where you are from is part of who you are, but it does not fully describe you. This is true for other people too.
- There are many different parts of ourselves that make up who we are.
- You can feel good about your identity without making someone else feel bad about theirs.
- Sharing your unique characteristics with others and giving others an opportunity to share about themselves can help you get to know others.
- Have you ever thought the way Adira thought? Like you don't belong; like you're different? How did that make you feel?
- Adira has many superpowers (i.e. the power to ask for help, to calm down, to be creative, to laugh, and to pray). What are some of your superpowers? When do you use them? How do you use them?
- What makes a good friend?

TIPS FOR TEACHERS

**Resources on page 40*

- Display positive body language.
- Smile.
- Provide children with creative and expressive activities like drawing and dance to allow them to communicate certain feelings and experiences.
- Use simple words in the child's native language, such as "hello," "come," "good," or "thank you" to help them feel safer and more comfortable.
- Use translators or interpreters in the classroom.
- Don't assume anything about the child's previous experiences.
- Encourage participation in social activities.
- Learn about the refugee experience and cultural differences.
- Understand how differences can impact learning and behavior in classroom.
- Become aware of trauma symptoms.
- Manage own reactions to stay calm if child becomes upset
- Learn about triggers to minimize them and create a safe, predictable, structured environment.

  Example: *Prepare students for changes in routine and familiarize him/her with different sounds, such as the bell ringing or airplanes flying overhead.*
- Explore ideas of justice, persecution, war, peace, and the child's country of origin in the curriculum. Discussion, sharing ideas, being heard helps with reconstruction of meaning and discovering deeper lessons in tragedy.

- Help navigate acculturation and new systems.
- Implement strategies to support and promote integration and acculturation.
- Inquire about the interests and backgrounds of students.
- Build trust by listening so they feel comfortable coming to you with concerns or problems.
- Value and celebrate diversity.
- Address racism and bullying.
- Promote relationships and connections to others through group activities, shared interests, and sharing of stories, and use of the buddy system.
- Identify and utilize students' strengths, skills, and interests.
- Provide opportunities for success and feelings of competence.
- Ensure school policies and protocols are inclusive to and supportive of refugee students.
- Inform parents/caregivers about significant changes in behavior or red flag behaviors.
- Offer parents resources if desired

Source: (Szente, Hoot, & Taylor, 2006)

IMPORTANT TERMS

Refugee: as defined by the Immigration and Nationality Act (INA), is a person who is unable or unwilling to return to his or her home country because of a well-founded fear of persecution due to race, membership in a particular social group, political opinion, religion, or national origin.

Asylum-seeker: someone who has applied for protection as a refugee, and is awaiting the determination of his or her status. Refugee is used to describe someone who has already been granted protection.

- Families may not arrive intact
- Higher risk for trauma
- Learning is likely to be interrupted
- Arrangements for basic necessities, such as food, housing, medical and dental care are usually made after they arrive

Immigrant: people who come as immigrants generally have time to prepare for their transition to a new country and may have the choice to return to their country of origin.

- Families often arrive intact
- Trauma is not generally present
- Learning tends to be uninterrupted
- Arrangements for basic necessities are usually made before they arrive

Source: (American Immigration Council, 2015)

KID-FRIENDLY VOCABULARY

It may be helpful to talk about the following vocabulary words with children to teach about common refugee experiences.

Accent *(noun)*
A way certain people, groups, or regions pronounce words.

Ally *(noun)*
Someone who helps or stands up for someone who is being bullied or the target of prejudice.

Asylum seeker *(noun)*
A person who has left their home country for protection in another country.

Arrive *(verb)*
To come to or reach a place after traveling.

Baghali Polo *(noun)*
A traditional Persian dish made with rice, beans, and chicken.

Bullying *(verb)*
When a person or a group behaves in ways on purpose and over and over that make someone feel hurt, afraid or embarrassed.

Culture *(noun)*
A way of living that is passed down through generations—includes food, religion, language, family and gender roles, and beliefs.

Discrimination *(noun)*
Unfair treatment of one person or group of people because of the person or group's identity (e.g. race, gender, ability, religion, culture, etc.). Discrimination is an action that can come from prejudice.

Equality *(noun)*
Having the same or similar rights and opportunities as others.

Escape *(verb)*
To get away from a dangerous place or situation.

Experience *(verb)*
Doing and seeing things.

Hijab *(noun)*
A head covering worn in public by some Muslim women.

Identity *(noun)*
The qualities, characteristics, or beliefs that make a person who they are.

Immigrant *(noun)*
A person who moves to a country from somewhere else.

Injustice *(noun)*
A situation in which the rights of a person or a group of people are ignored, disrespected or discriminated against.

Islam *(noun)*
The religion of Muslims.

Multicultural *(adjective)*
Including many different cultures.

Muslim *(noun)*
A follower of the religion of Islam.

Pen pal *(noun)*
A person to whom you write letters and from whom you receive letters.

Prejudice *(noun)*
Judging or having an idea about someone or a group of people before you actually know them. Prejudice is often directed toward people in a certain identity group (race, religion, gender, etc.).

Racism *(noun)*
Prejudice and/or discrimination against people because of their racial group.

Refugee *(noun)*
A person who flees for safety, especially to a foreign country, during times of political trouble, war, or other danger.

Stereotype *(noun)*
The false idea that all members of a group are the same and think and behave in the same way.

Struggle *(verb)*
Try very hard to do something that is difficult.

Teasing *(verb)*
Laughing at and putting someone down in a way that is either friendly and playful or mean and unkind.

Terrorist *(noun)*
A person who does something violent that is meant to hurt and scare many people.

Sources: (Anti-Defamation League, 2017; Teaching Tolerance, 2017).

STAGES OF ADJUSTMENT

Refugees go through stages of adjustment as they adapt to the host country. The following information may be useful when working with refugee children to know what to expect and how to aid them at each stage.

The Honeymoon Stage: When individuals first arrive, they may have feelings of excitement, optimism, curiosity, and anxiety. At this stage they have little identification with the host country.[13, 17, 20]

- During this time it is helpful to learn about students' backgrounds and cultural differences and familiarize the student and parent/caregivers with the school and available school programs, activities, and routines.[6]

The Hostility Stage: About 4-6 months in the new host country, culture shock may become most evident. Noticing differences in culture, food, appearance of things, life, places, faces, and ways of doing things is common at this stage. Individuals may begin to feel that they hate their new country and want to go back home (related to segregation).[13, 17, 20]

- Little verbal communication, except with those who speak their language
- Slow second language retention
- Confusion about social norms and expectations
- Frustration and possible withdrawal or depression
- Difficulty sitting still
- Cultural misunderstandings
- Create opportunities to build self-esteem, encourage them to take pride in their culture, language, and heritage, show compassion and understanding, highlight success.[6]

The Humor Stage ("Coming to Terms"): After about 6 months, individuals begin to resolve their sense of being torn between old and new and accept their new home.[13, 15] They may begin to make friends, and discover good things about their new life in the host country (pre-integration or potentially assimilation).[16]

- May demonstrate proficiency in conversational English
- Peer influence is at its greatest
- Some attitudinal and value changes
- Parent-teen conflict at its worst
- Behavioral problems
- Improvements in economic situation when at least one parent finds employment (decreased stress at home)

Help to see the value in their original and new culture, provide opportunities to communicate about their past, offer opportunities to become role-models and peer supporters; introduce students to school and local activities, like clubs and sports, and encourage/facilitate participation.[6]

The Home Stage (Integration): It may take years to fully get here if at all, but this is the point at which the child and family realize they are here to stay. They may still respond in unexpected ways to situations or events due to cultural conditioning.[13, 16, 17, 20]

- Proficiency with first language and English
- Appreciation of cultural symbols of original and new country
- Viewing self as part of multicultural society
- Friendships with individuals of different ethnic origins
- Participation in home and school activities associated with both old and new cultures
- Acceptance and identification with host culture without giving up cultural identity.

Continue to support and take pride in the support you provided in the student's adjustment and acculturation process.[6]

RED FLAG BEHAVIORS

- Repetitive play of bad things that might have happened[9]
- Avoidance of certain people, places, things, or situations[9]
- Nightmares or tiredness because of lack of sleep[9]
- Difficulty concentrating[5, 7, 10, 11, 12]
- Getting into fights[5, 7, 10]
- Rule-breaking[5, 7, 10]
- Withdrawing from parents and/or peers[5, 10]
- Bullying[5, 7, 10]

- Mood swings[5, 10]
- Excessive tearfulness[5]
- Physical complaints, like frequent headaches, stomachaches, nausea[5]
- Irritability[5, 10, 11, 12]
- Aggressiveness[5, 7, 10]
- Hyper-alertness[9]
- Exaggerated startle response[9]
- Preoccupation with violent events[9]
- Impaired memory[9]
- Unrealistic worries about possible harm to self or others[9]
- Excessive distress when separating from parent/caregiver[5, 10]

DID YOU NOTICE ANY OF THESE RED FLAG BEHAVIORS IN ADIRA?

- **Page 13:** Adira endorsed experiencing nightmares, stomachaches, tearfulness, mood swings/ irritability, and aggressive behavior toward her parents. This amount of red flag behaviors may be cause for concern.

- **Page 14:** Adira experiences difficulty concentrating, which is contributing to academic difficulties.

- **Page 24:** Adira mentions that she had to hide whenever she heard loud noises back in Iran. This behavior should be monitored, as hyper-altertness or exaggerated startle response may be associated with traumatic experiences for some children.

TIPS AND TECHNIQUES FOR PARENTS/CAREGIVERS AND TEACHERS ON HOW TO ADDRESS RED FLAG BEHAVIORS

- See if the child will tell you what's wrong.
- Encourage them to talk about feelings ("I feel...because...") and that all feelings are okay, it's just what we do with them that matters.

  Example: It's ok for the child to feel angry, but it's not ok to kick another child.

  What else can you do? You can count to 5 slowly, take 3 deep breaths, go get a drink of water, scribble on a piece of paper, practice tensing and releasing muscles, etc.
- Assist the child with problem solving. This consists of helping the child generate alternative ways of solving a problem to find the best solution. The goal is to help the child generate strategies on his or her own and then execute them.

  Problem solving steps:

  1. What's the problem?

2. What are some possible solutions?
3. What are the consequences of each solution?
4. Choose the best one

- Minimize possible triggers and create a predictable environment with as few changes and transitions as possible.
- Monitor significant changes in behavior or red flag behaviors

DID YOU NOTICE ANY PROTECTIVE FACTORS?

Protective Factors Within the Child[14, 17, 23]

- Good cognitive abilities (e.g. problem-solving & attention skills)
- Self-efficacy
- Faith & sense of meaning in life
- Positive outlook on life
- East temperament in infancy & adaptable personality later in development
- Good emotional self-regulation
- Talents valued by self and society
- Good sense of humor
- General appeal or attractiveness to others

Adira talked about using her superpowers, which included the power to ask for help (from parents and teachers), the power to calm down, the power to be creative, the power to laugh (good sense of humor), and the power to pray (Muslim faith).

Protective Factors Within the Family and Other Relationships[8, 14, 17, 23]

- Close relationships with caregiving adults
- Authoritative parenting (i.e. high warmth, expectations, and limits)
- Positive family climate
- Organized home environment
- Postsecondary education of parents
- Parents with qualities identified as protective factors in the child
- Parental involvement in the child's education
- Socioeconomic advantages

- Connections to prosocial and rule-abiding peers

Although the story did not tell us much about Adira's parents, we may infer that they utilized an authoritative style of parenting. On page 13, Adira talked about difficulties she was having, including yelling, hitting, and kicking. She said that she was put in time-outs for these behaviors, but also received lots of warmth from her parents. This reflects the balance of expectations and rules with warmth and attention that characterizes authoritative parenting.

Protective Factors Within the Community[14, 17, 23]

- Effective schools
- Supportive peers
- Positive teacher influences
- Success (academic or other)
- Involvement in prosocial organizations like schools and clubs
- Supportive and non-punitive communities
- Neighborhoods with high "collective efficacy"
- High levels of public safety
- Good emergency services
- Good public health and health care availability
- Cultural resources (i.e. traditional activities, spirituality, languages, & healing)

Remember Adira's superpower that she had the power to be creative? Adira loves to draw and paint. She took the opportunity to join the art club at school, which helped her engage in an activity she enjoys, connect with her school, and connect with peers with similar interests.

Adira's teacher, Ms. P, was also sensitive to the difficulties she was having and supported her by linking her with the school counselor.

RESOURCES

BULLYING RESOURCES

- **StopBullying.gov**
  https://www.stopbullying.gov/what-is- bullying/index.html
- **Violence Prevention Works!**
  http://www.violencepreventionworks.org/public/bullying_prevention_resources.page
- **Olweus Bullying Prevention Program**
  http://www.thefyi.org/toolkits/youth-support- tool-kit/

MENTAL HEALTH RESOURCES

- **National Alliance on Mental Illness (NAMI)**
- **National Institute of Mental Health (NIMH)**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
- **National Child Traumatic Stress Network**

CULTURAL RESOURCES

- **Salaam Reads**
  http://salaamreads.com
- **Cultural Orientation Resource Centre**
  www.culturalorientation.net
- **Students from Refugee Backgrounds – A Guide for Teachers and Schools 2015 pg. 14**
- **Teaching Tolerance**
  https://www.tolerance.org/moment/supporting-students-immigrant-families

EDUCATIONAL RESOURCES

Curriculum Resources

- **"Identity-Based Bullying," Current Events Classroom,**
  www.adl.org/assets/pdf/educationoutreach/identity-based-bullying.pdf
- **"Who Am I? Identity Poems," Current Events Classroom,**
  www.adl.org/education-outreach/lessonplans/c/who- am-i- identity-poems.html
- **"Who is Malala Yousafzai," Current Events Classroom,**
  www.adl.org/education-outreach/lessonplans/c/who- is-malala-yousafzai.html

To help students learn more about the refugee experience and refugee crisis, see these additional resources:

- **Desperate Journey (Junior Scholastic)**

- The Refugee Crisis (Newsela)
- The Contemporary Refugee Problem (Fact Monster).

Relevant Storybooks

- Love the World by Todd Parr (ages 3-6)
- When We Were Alone by David Robertson (ages 4-8)
- Strictly No Elephants by Lisa Mantchev (ages 4-8)
- There's a Cat in Our Class! by Jeanie Franz Ransom (ages 4-8)
- Stepping Stones: A Refugee Family's Journey by Margriet Ruurs (ages 5-6)
- Lailah's Lunchbox: A Ramadan Story by Reem Farugqi (ages 5-8)
- Nasreen's Secret School: A True Story from Afghanistan by Jeanette Winter (ages 6-9)
- My Beautiful Birds by Suzanne Del Rizzo (ages 6-10)
- The Journey by Francesca Sanna (ages 6-10)
- Malala Yousafazai: Warrior With Words by Karen Leggett Abouraya (ages 6-10)
- Amina's Voice by Hena Khan (ages 8-12)
- Kunkush: The True Story of a Refugee Cat by Marne Ventura and Beidi Guo (ages 8-12)
- Escape from Aleppo by N. H. Senzai (ages 8-12)
- Shooting Kabul by N. H. Senzai (ages 8-12)
- The Hate You Give by Angie Thomas (ages 14-17)
- Does My Head Look Big In This by Randa Abdel-Fattah (ages 12-17)

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