

Partnering with Parents and Families to Support Immigrant and Refugee Children at School



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- Caring Across Communities Grant Initiative: 15 Model Programs

Caring Across Communities:

Addressing the Mental Health Needs of
Children of Immigrants and Refugees

Issue Brief # 1 | Screening and Assessing Immigrant and
Refugee Youth in School-Based Mental Health Programs

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Issue Brief # 2 | Partnering with Parents and Families to
Support Immigrant and Refugee Children at School

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The Changing Face of American Classrooms

Demographers estimate that children from immigrant and refugee families may constitute 30 percent of American students by 2015

An influx of immigrants and refugees over the past two decades has changed the face of American classrooms. Coming to the United States in search of a better life for their children, immigrant and refugee families care greatly about education and have high aspirations for their children. As immigrant and refugee children enter school, they are optimistic about their future and tend to work hard.^{1,2,3} Yet that is not what you may hear from many American educators. Faculty and administrators raise concerns that these students don't pay attention in class or act out, and that their families don't support the school. Oft-heard faculty remarks about these students tell the story: "They don't have the experiences necessary for school." "They lack basic social skills." "Their parents don't care."

Introduction

An influx of immigrants and refugees over the past two decades has changed the face of American classrooms. Coming to the United States in search of a better life for their children, immigrant and refugee families care greatly about education and have high aspirations for their children. As immigrant and refugee children enter school, they are optimistic about their future and tend to work hard.^{1,2,3} Yet that is not what you may hear from many American educators. Faculty and administrators raise concerns that these students don't pay attention in class or act out, and that their families don't support the school. Oft-heard faculty remarks about these students tell the story: "They don't have the experiences necessary for school." "They lack basic social skills." "Their parents don't care."

Clearly there is a disconnect. While students may enroll in school with optimism, many immigrant and refugee students do end up falling behind, with decreasing academic success over the years.⁵ The drop out rate is high: nearly 25% of foreign-born students and 16% of those with foreign-born parents do not complete high school.⁶

One factor that educators can overlook is that many immigrant and refugee students and their families face unique emotional and behavioral health issues, and these issues can serve as barriers to school success. Teachers and administrators, held accountable for student achievement, focus on teaching strategies and educational performance; and they may miss cues pointing to emotional or behavioral issues that impact student achievement. Recognizing the mental health needs of immigrant and refugee students, and engaging the entire family in addressing them, can build a crucial home-school partnership that may open doors to student success.

The Changing Face of American Classrooms

In 2007, there were 10.8 million school-age children from immigrant families in the United States, with immigration accounting for virtually all of the national increase in U.S. public school enrollment over the last

two decades.⁷ Demographers estimate that children from immigrant and refugee families may constitute 30 percent of American students by 2015.⁸

The immigrant and refugee student population today is not just found in a handful of urban areas as in years past. In a special issue devoted to the growing number of English-language learners (ELL), *Education Week*⁹ recently reported that 20 states saw this population double in their schools between 1995 to 2005, "putting pressure on states and school districts as they push to boost student achievement overall". The diversity of the ELL population itself is challenging. While about half of foreign-born ELL students are from Mexico, the remainder emigrated from more than 200 countries around the globe. Remarkably, about two-thirds of ELL students are second or third generation immigrants, some of whom are from families that have remained linguistically and culturally isolated.⁹

Supporting the academic success of immigrant and refugee students often focuses on improving their knowledge of English. Yet the immigrant experience itself brings challenges beyond learning a new language

The Impact of the Immigrant and Refugee Experience on Students

Supporting the academic success of immigrant and refugee students often focuses on improving their knowledge of English. Yet the immigrant experience itself brings challenges beyond learning a new language. Children often leave close relatives in their home countries, sometimes those they have lived with for years. The trip to their new home can be grueling, sometimes violent, and perhaps undertaken suddenly. Because children often learn English before their parents, many children take on adult roles, serving as interpreter and negotiator for family business—from finances to health care.¹⁰

Caring Across Communités

With support from the Robert Wood Johnson Foundation, 15 sites across the U.S. are developing model mental health programs that engage schools, families, students, mental health agencies and other community organizations to build effective, easily-accessed services for children and youth.



From Prevention to Intervention

Children's Hospital Boston Project SHIFA

Since 1992, more than 5,000 Somali refugees and immigrants have settled in Boston, Massachusetts. While many Somali youth experience mental health problems related to trauma and stress, few receive the help they need due to cultural and other barriers. Project SHIFA was started to address this concern.

Based at the Lilla G. Frederick Pilot Middle School in Boston, the project provides culturally appropriate services along a continuum of care—from prevention to full intervention:

- Parent workshops focused on education about mental health issues, breaking down the stigma attached to them;
- Home visits and phone calls to build relationships with the families;
- Teacher training on culture and identification of mental health issues;
- Student groups to build communication and life skills;
- Direct intervention for students, using Trauma Systems Therapy.

Two key program leaders are Somali. Saida Abdi, who works with families and children, is an intern earning her Master of Social Work from Boston University. She is part of an effort to train members of the Somali culture to become clinicians. Naima Agalab, employed by the Refugee and immigrant Assistance Center, serves as a school-based parent liaison. Her knowledge of the culture has enabled her to build strong bridges with the Somali students and their families. “We focus on the entire family, connecting with all their needs,” says Abdi.

Students who are refugees may bear deep emotional scars. Some have lived in refugee camps for years, with little or no opportunity for formal education.¹¹ They may come from countries with no formal education systems; or the student's education may have been interrupted as the family fled from their home. These students may enter an American school that has had little opportunity to prepare for them. Some schools see a stream of refugees arrive from different parts of the world, each time challenging the school with a new culture and language.¹²

Refugee and immigrant students who are escaping countries at war have experienced repeated violence. They may display symptoms of post-traumatic stress disorder (PTSD),^{13,14} depression¹⁵ and behavioral problems.¹² These symptoms have been linked to lower academic achievement as well as dropping out of school before graduation.^{16,17}

Immigrant and refugee students experiencing the distress associated with their life experiences usually have limited access to mental health care in the U.S., facing barriers of culture as well as language,^{2,18} such as uneasiness about revealing personal information to non-family members.^{19,20,21} While some students become major disruptive forces in the classroom, others fade into the background, perhaps viewed as disinterested or unwilling to learn.²²

Families – a Critical Component of Student Mental Health

Recognizing the unmet mental health needs of immigrant and refugee children and youth and the vital role of families in securing help, in 2007 the Robert Wood Johnson Foundation (RWJF) created the Caring Across Communities (CAC) Initiative.

RWJF awarded grants totaling \$4.5 million to 15 projects aimed at reducing emotional and behavioral health problems among students in low-income immigrant and refugee families. The grants support a range of innovative partnerships among schools, mental health service providers, and immigrant or refugee community organizations. *(See sidebars on pages 3, 5, 7, 9 and 11 for highlights from a few CAC projects.)*

A key component of The Caring Across Communities projects is family involvement. The importance of engaging families to support their child's academic success is well documented.^{23,24} One factor is that students whose families are engaged in the school have better social skills and show improved behavior, adapting better to school.²³ Joshua Kaufman, a psychiatric social worker and researcher at the CAC *Bienestar* project at Los Angeles Unified School District, notes, "When families are engaged, the students do better in school and their mental health outcomes are improved. They are less depressed, less angry, less anxious. They are more able to focus and stay on task."

Working with Immigrant and Refugee Families

Immigrant and refugee families are often strong forces in their children's lives, and their children tend to be less involved in risky behavior.³ Although they are supportive of U.S. education and have high aspirations for their children, many immigrant and refugee families find it challenging to connect with American schools, particularly regarding their children's mental health issues. Many bring with them attitudes and beliefs that influence their relationships with schools as well as mental health programs. While each immigrant and refugee community is unique, there are also some commonalities.

Immigrants frequently show their respect for schools by keeping their distance from them. In many countries outside the United States, the unspoken norm is that it is the teacher's job to educate a student, and parent participation would be disrespectful of the teacher's expertise.^{25,26,27} "Parents feel that the school has the authority and responsibility to educate their child, and they should not get involved unless there is a serious problem," says Esther Calzada who heads the New York University (NYU) CAC project, Bridges.

Attitudes toward mental health among recent immigrants differ significantly from American views that have become more accepting of mental health and mental illness.²⁸ Immigrant and refugee families may view the concepts of mental health and mental illness with considerable wariness. Families are concerned that they and their children will be stigmatized if they

Empowering Families



New York University School of Medicine Bridges Program

Immigrant and refugee parents show extraordinary strength in bringing their families to the United States, yet they often feel powerless as they try to navigate a new country and culture. A core goal of the project based at New York University (NYU) is to build the resiliency and strength of the parents by strengthening their cultural identity.

A team of NYU Child Study Center clinicians and community representatives help teachers in five public schools with large Afro-Caribbean populations incorporate cultural activities in the classroom and be proactive in identifying mental health concerns. Early in the school year, families meet with teachers for “Parents as Partners Day,” building a two-way partnership between the teachers and families before any problems start. Parents are invited to workshops that focus on the strengths of their culture and the importance of respecting other cultures. They learn techniques to share their culture with their children, such as storytelling or talking about the significance of certain foods and mealtime in their home country. Professionals from the community, such as Judith Rapley, a social worker who is the minister of an Afro-Caribbean church, build relationships with the families and connect them to resources. “We use the parents own cultural values to encourage them to get involved in school,” says project director Esther Calzada

acknowledge these concerns.¹⁹ In the languages of many recent immigrants there is no word or literal translation for “mental health.” “Back home in West Africa, if you are classified as having mental health problems, people think you are ‘crazy’ and will shy away from you,” says Lanfia Warity from the CAC project at Children’s Crisis Treatment Center in Philadelphia. Some cultures intertwine a healthy mind with spirituality or a connection to ancestors, leading to traditions and ceremonies different from Western practices.

Immigrant and refugee families tend to be very involved in all aspects of their children’s lives, even as their children grow older. This protectiveness may result in a cultural clash with American state laws that offer varying degrees of protection to adolescents to seek their own medical or mental health care, not always with parental consent.^{29,30}

Immigrant and refugee cultures may also take a different attitude toward personal privacy. While the American culture values individual privacy rights, many recent immigrants retain their country-of-origin belief in communal responsibility.¹ “Most immigrants are part of strong collective communities in the United States,” says Mimi Chapman, director of the CAC project at the University of North Carolina at Chapel Hill. “The entire community must understand and support the services the child receives.”

A key factor impacting the engagement of immigrant and refugee parents is that the entire family may have mental health concerns.³¹ The family may feel isolated as they navigate life in a new country, often with limited financial resources and institutional supports.³ They may be dealing with a shift from rural to urban life or vice versa. They may have to adjust to a dramatic change in climate. As one Somali immigrant described his life in his new home of Boston, “I haven’t been warm since the day I arrived!”

Nearly 80 percent of children living in immigrant families are U.S. citizens, however, some immigrant households include adults or children who are not citizens or who are undocumented. A family may avoid connecting with official institutions, including schools, because they fear risking exposure and potential deportation that would separate the family.³²

Offering School-based Mental Health Services

Offering mental health services at school helps mental health professionals connect with immigrant and refugee families. Eric Inouye, who directs the Los Angeles Child Guidance Clinic CAC project, notes that their elementary school mental health clinic is viewed by families as part of the school team that supports students, helping build family acceptance for treatment. “The culture of the school is that we will do whatever it takes to help students succeed. If that includes addressing emotional issues that are holding the student back, then we can provide that help.”

For immigrant and refugee parents who may not recognize problematic mental health issues affecting their children or who themselves may be struggling, schools can be a vital source of information on their student’s emotional well-being. However, two-way communication is vital. The families themselves can provide essential insights on their children to the schools.²⁴

School-based mental health providers can collaborate with teachers who see the child daily. Equally beneficial, the mental health providers can serve as a source of steady support over the years as the student moves from teacher to teacher each year.

To be integrated within the school, mental health programs must be developed and implemented in collaboration with school staff, including teachers, school counselors, social workers and family liaisons. The principal, a key part of the team, makes decisions over everything that takes place in the school, including how much time a student spends outside the classroom and how space is used within the building. Sometimes another administrator with particular interest or experience in immigrant mental health issues serves as a liaison to the principal.

The collaboration between academic and mental health professionals presents challenges as well. The measure of “success” may differ between school officials and mental health professions. Schools are evaluated based on quarterly or annual academic progress. Mental health

Supporting New Refugee Families



World Relief-Chicago

Albany Park Refugee and Immigrant Youth Mental Health Project

The community of Albany Park has the highest percentage of foreign-born residents in the Chicago area and it has been deemed the fourth most diverse zip code in the United States. Refugees from all over the world settle in the community, often with little time for the school and community to prepare for them.

To help families see the importance of school and parents working together, Horizons Clinic of World Relief - Chicago (WRC) placed culturally-competent mental health clinicians in an elementary and high school in Albany Park. Through home visits and family meetings, the program educates families about the school, helps them become more involved in supporting their children's education, and ultimately helps them become integrated into the life of the school.

"These families are very invested in their child's future. They resettled here for their children's future... to continue their family's story," says Kristen Huffman who leads the CAC project.

progress may take a longer time to demonstrate, and not be geared to an academic year.

Codes of confidentiality also differ between teachers and mental health providers. Teachers must respect student privacy, but they are also urged to collaborate on student success, discussing academic and social progress openly with their peers. Mental health professionals consult with teachers but often deal with confidential information that cannot be revealed without explicit authorization from the student and his/her family. Some programs, such as the CAC school-based program in Bucks County, Pennsylvania, gain authorization to disclose information from the families they work with in advance, enabling them to confidentially discuss mental health issues with teachers, guidance counselors, and social workers in the school as necessary.

Partnering With Immigrant Families to Support Student Mental Health

Working with immigrant populations requires a break from traditional ways that schools connect with immigrant or refugee families.^{24, 26} School faculties and mental health providers need to develop strategies that take into account the experiences, attitudes and beliefs of the families in their communities.^{18, 20}

Partner with families, don't just inform them. Traditional family involvement strategies rely primarily on providing information from the school to the parents. This information is usually presented in English and frequently relies on terms and phrases that are unfamiliar or confusing to newcomers to American schools.

Yet research makes clear that families can make a difference in their child's success not by just being passive listeners but by being active partners in their children's life at school.^{23, 25} Some American-born middle-class parents are able to become partners with the school using their "social capital"—their knowledge of expectations and norms and their networks of teachers, administrators, and experienced parents. Immigrant and refugee families can be equally effective partners, but they need help learning how to navigate the complex American system of educational and social supports.^{35, 21, 26}

Many of the CAC projects train teachers and administrators on strategies to empower families. In several New York City elementary schools with high Afro-Caribbean populations, the CAC Bridges project based at NYU helped organize pre-K through 1st grade parent-teacher conferences early in the school year before any academic issues arise. Under the program called "Parents as Partners," the CAC project gave teachers an interview guide designed to spark honest dialogue on what's going on in the life of the student and family.

Building on research that shows that students who maintain their home culture are more successful,³⁵ the CAC project also created Ethnic Socialization Workshops where parents learn strategies to teach their children about their own culture. "The parents love these workshops because their own culture is valued," says project director Esther Calzado. "And the same parents who come to the Workshops become more involved in the schools, including coming to PTA meetings."

Calzado sees the impact of "snowballing" among parents in their programs. "We ask each parent to bring one friend. New parents feel a comfort in knowing there will be someone else 'like me' there – it won't matter if I speak with an accent."

These parent programs build resilience among the parents, says Judith Rapley, a social worker with the NYU project. "By encouraging them to tell their children what their life was like back home, it builds a strong sense of identity." Rapley, who is also a minister serving the Afro-Caribbean community, notes these programs strengthen parents, enabling them to provide a sense of identity to their children that is associated with increased rates of student success.³⁶

Parents themselves become leaders in building support networks in their communities. Through Duke University's CAC project, a Latina mother who came to parenting *charlas*—informal workshops in Spanish—now serves as a mentor for other Latina mothers.

In Fargo, North Dakota, the Village Family Service Center's CAC project works with refugees from

Knowing Your Community



Asian American Recovery Services Tam Am (Inner Peace) Project

The San Jose, California area is home to 100,000 Vietnamese, many still suffering the trauma of war and relocation. The cultural bias against mental health programs and services is strong within the Vietnamese community and persists, in part, due to the linguistic isolation of many adults. The project coordinated by the Asian American Recovery Services (AARS) engages schools, families and communities in reducing the stigma of seeking mental health supports.

The project works with families at a middle school, providing opportunities for the families to discuss their own trauma. Project leaders have seen that the parent groups cannot be modeled after programs that were successful with other cultures, but must be geared specifically to the Vietnamese cultures. AARS developed parent programs that are based on the Vietnamese parents' respect for learning as well as their reluctance to speak about personal issues in public groups. They offer the families a weekly course on parenting skills. "We crafted the curriculum so that parents could still reflect on their own experiences and how they interact with their children," says CAC site coordinator Tram Nguyen.

Somalia, Sudan, Bosnia, and Liberia. Parents from these communities created a MultiCultural PTA (MPTA), led by a Sudanese father with support from CAC partners. The leaders of the group received training through the National PTA, which welcomed their participation. The school district recognizes the value of this group as a cultural lens for the teachers and administrators, according to CAC project director Sandi Zaleski.

Create a welcoming school environment

It is important for families to feel they have a place at their child's school. "If families don't feel welcomed by the school administrators and teachers, they will never entrust their children to someone for mental health issues," says Belinda Rubalcava, director of the CAC project at the Santa Cruz Community Counseling Center. Rubalcava praises the principal at Watsonville High School for helping parents "feel at home," by welcoming parents at workshops and other meetings. "He loves meeting with the parents," she says.

Principal Patti Crum of George Watts Elementary School in Durham, North Carolina, believes it is her responsibility to provide a school where families feel safe and supported. "Then the students can learn." She hired a bilingual staff member to welcome families as they drop off their children, and encourages the parents to stay for breakfast with their children. At the principal's regular staff meetings, teachers at Watts can earn Continuing Education Credits as they learn strategies to support students' emotional needs through training provided by the Duke University CAC project, Bienestar.

Crum sees this as part of creating an environment that supports academic success at her school where nearly 80% of the population lives below the poverty level and a majority are Latino immigrants. "We made all of our AYP [Annual Yearly Progress] goals for every subgroup," she reports proudly.

Located on the border between California and Mexico, Imperial County Office of Education's CAC project, Proyecto Puentes, provides Student Assistance Representatives (SARs), paraprofessionals who are bilingual and bicultural, to two schools attended by

nearly 90% Latino immigrants. These SARs convene weekly "platicas" or chats where newly immigrant parents are encouraged to meet and share their struggles in a supportive environment within the school.

Go beyond the school walls

Schools that develop effective partnerships with families also travel outside the school walls, holding meetings in libraries or community rooms, and accompanying parents to critical meetings away from school. They also make home visits a part of their outreach. Home visits provide teachers and other school staff the opportunity to engage with families and document their knowledge and experience—all of which helps teachers connect their instruction to student background knowledge.^{24, 37, 38}

Saida Abdi, a Somali intern in Boston University's Master of Social Work program, a partner in the CAC project at Children's Hospital of Boston, emphasizes the importance of home visits to the families. "The parents are honored we take the time to go to their home."

Rapport-building often starts with non-school issues. "We need to first provide the help they need with other issues" such as housing, health, and employment, states Naima Agalab, a parent liaison with the Boston CAC project, SHIFA. Supporting these basic needs helps the family provide the stable home environment that reduces mental health stressors on children.¹⁴

Pia Escudero, who works with immigrants from Mexico, Central America and Korea in the CAC project at the Los Angeles United School District, notes, "This is all about establishing a caring relationship with parents and creating a caring community. Ultimately, if the parents know that we share their life or death concerns, then they will buy into other types of parent involvement the school recommends. They feel that the school is a place they can trust, that steers them in the right direction."

In his work with West African families at the CAC project in Philadelphia, Lanfia Waritay notes that parents in his program appreciate the help with their day-to-day concerns. "Once they see you as a helper in their lives, the families open up to you. The parents are very, very helpful," spreading the word about the program and even identifying additional resources.

Increasing the Cultural Competence of Service Providers



Portland Public Schools Empowerment Across Communities

With 1200 English language learners from many cultures in its population of 7500 students, Portland Public Schools is Maine's largest and most diverse school district. A key component of the Portland project are efforts to improve the skills of mental health professionals and paraprofessionals in working with these diverse cultures. Grace Valenzuela, the project director noted, "Knowing more about what people of other cultures believe, how they put their world together, and how they heal from the challenges of past and present trauma can provide new and useful tools to be used in building therapeutic connections with New American clients."

"Part of this training is not only building awareness and knowledge among the providers, but also helping them create relationships that build trust with the families," according to Valenzuela. "We started by using indigenous healers in the community as interpreters and case managers. They are leaders and most of them are professionals." The healers also participate in conversations with school and community providers who work with students and families.

Social workers who have completed the training report seeing more students and families from refugee and immigrant cultures. Valenzuela notes this is important to the academic success of these students. "Schools can't teach students reading and math without emotional health."

Break down the stigma

Many cultures attach a stigma to mental health and the more mental health workers understand the perspective from a particular culture, the better they will be able to work with those families.²

Agalab, a Somali who works with parents from her culture, says she educates parents without using the words “mental health.” They talk about concerns such as handling anger or recognizing depression using case studies of similar families. “We ease their tension about issues such as medication and therapy.”

Belinda Rubalcava who works with Mexican immigrant families in Watsonville, California, says they focus on supporting the child. If there is an issue, “we start with coping strategies, such as suggesting that the parent notice good things a child is doing and not only see problems,” Rubalcava notes. “The parents themselves will start talking about mental health issues, maybe even talking about a family member who had similar issues.”

The CAC project at Asian American Recovery Services in San Jose, California, runs parent workshops for Vietnamese immigrants and refugees. Project coordinator Tram Nguyen notes they have been working to develop parent workshops that enable families to discuss their own traumas, moving beyond the stigma attached. Parents did not open up at initial discussion sessions held in the school library. “We reframed the parent programs, focusing on parenting skills because the Vietnamese culture has a deep respect for knowledge and expertise. We crafted the curriculum so the families can still get at their mental health issues,” Nguyen says.

Work with community, cultural and religious leaders

While there are similarities among immigrants and refugees, there are also differences based on their experiences and cultural norms.³⁵ A Latina mother may bring her entire extended family, including all the children, to a 10-minute conference designed to be a private conversation between the teacher and parent. A Liberian family may arrive hours after a program is scheduled at school, expecting to fully participate. A Vietnamese father may

tell a teacher that he will bring his family to a program she has invited them to, knowing that he must work that evening. In none of these cases is the family intending to be disrespectful.

Leaders from the communities themselves can serve as effective cultural brokers. The Minneapolis Public Schools CAC project is working with Latino and Somali religious leaders to bridge the gap between home and school. The Family Service Association of Bucks County, Pennsylvania, is collaborating with a Liberian pastor in their CAC project. Reverend George Tobey’s trust within the Liberian community has been instrumental in connecting the Liberian refugee families to the school program, and he now runs after-school programs at his church, according to CAC project director Audrey Tucker.

In Portland, Maine, the CAC project works with indigenous healers from the ethnic communities to learn more about how that culture views healing both physically and mentally. The healers, most of whom are professionals in the community, are used as interpreters and case managers. “They are efficient and effective cultural brokers,” says program director Grace Valenzuela.

Recognize the trauma and stress of the entire family

A healthy family can be a strong protective factor for the child^{31,39} and may reduce the severity of symptoms of PTSD.¹⁴ Yet many immigrant and refugee families carry with them the trauma of the migration experience.^{31,39} Simultaneously they are coping with life in a new country, with a new language and different cultural expectations.

While primarily serving the needs of students, school-based programs frequently offer services that include the entire family. The CAC project at Children’s Hospital in Boston conducts parent workshops in addition to teacher training and mental health services for the Somali students. The Los Angeles Child Guidance Clinic offers walk-in clinic hours in the afternoon and evenings for students and family members.

Immigrant and refugee parents often confront a “power shift” that places them in a dependent position, as their children learn English more quickly.²⁰ “We need to give parents the right language and the right information to be ahead of the game,” Grace Valenzuela states. In their project, The Portland CAC program sponsored focus groups to give parents the opportunity to talk about the issues they faced, how they were taking care of themselves, and who they turn to for help. “We were planning an hour and a half for that discussion, but it went on for three hours,” Valenzuela says. “This was the first time anyone asked them these questions. It was so powerful for them to share their stories. These are incredible people.”

By working with parents, these child-centered programs are improving the mental health of the whole family. Juana, the Latina mother who mentors other mothers, praised the parent training provided in partnership with Duke. “The program helped us a lot, not just with our kids but with ourselves. You learn how to think about things before you do them. You learn what to do before things become serious,” she says.

Stronger Family = Stronger Students

Many immigrant and refugee students have lived through traumatic experiences, but they benefit from being part of close-knit families and caring communities. If the school can build trusting partnerships with parents and extended families, helping them adjust to their new lives and strengthening them in their roles as caregivers and family leaders, students will benefit. A healthy family provides a protective factor and an engaged family can recognize and seek support for the mental health needs of their children. As Grace Valenzuela notes, “Successful families have successful children.”

Caring Across Communities Grant Initiative: 15 Model Programs

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Asian American Recovery Services

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Asian-American-Recovery-Services.aspx>

Children’s Crisis Treatment Center

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Childrens-Crisis-Treatment-Center.aspx>

Children’s Hospital Boston

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx>

Duke University

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Duke-Bienestar.aspx>

Family Service Association of Bucks County

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Family-Service-Association-of-Bucks.aspx>

Imperial County Office of Education

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Imperial-County-Office-of-Education.aspx>

Los Angeles Child Guidance

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Los-Angeles-Child-Guidance-Center.aspx>

Los Angeles Unified School District

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/LA-Bienestar.aspx>

Minnesota Public Schools

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Minneapolis-Public-Schools.aspx>

NYU School of Medicine

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/NYU.aspx>

Portland Public Schools

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Portland.aspx>

Santa Cruz Community County Counseling Center

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Santa%20Cruz.aspx>

The Village Family Service Center

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/The-Village-Family-Service-Center.aspx>

UNC at Chapel Hill

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/UNC.aspx>

World Relief-Chicago

<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/World-Relief-Chicago.aspx>



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