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*Promoting Healing of Syrian Refugee Children Enrolled in American Schools: Guidelines for a Supplemental Trauma-Informed Program*

Alexandra Contomichalos  
Yale College, New Haven Connecticut

Abstract:

This capstone project explores existing trauma-informed positive education models in the U.S. and, based on these, provides guidelines for an after-school curriculum for Syrian refugee children in the United States aged kindergarten to third grade. The goal is to best prepare these children to be enrolled in American schools without this extra aid and, as a result, includes suggested practices to cover their social-emotional and basic linguistic needs. To provide an accurate and relevant curriculum, this paper presents background on the needs of refugee children in general, the effects of trauma on young children and the principles and literature of trauma-informed education. These aspects are combined with elements of other existing models to devise guidelines specific to young Syrian students.

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This capstone is a work of Yale student research. The arguments and research in the project are those of the individual student. They are not endorsed by Yale, nor are they official university positions or statements.

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## **I. Introduction**

As I crouched down to pick up a toy, I felt a slap on the top of my head. I looked up confused as to what had hit my head so hard. A laughing toddler stood looking down at me as she held one shoe in her hand at the height of my head. I was kneeling down next to her. She was two years old and had just slammed her shoe onto my head.

Ayla had been lashing out all day. Since arriving earlier that afternoon, she had been in awe of her surroundings. She had grabbed every object that might have been of interest to her and hoarded them all, destroying everything in her path. She went through the toy box, throwing whichever toys were not to her liking across the room. She screamed when she was asked to share a stuffed animal or marker. Cleanup time had been particularly difficult. Ayla clenched each toy, refusing to let go of any of the objects she had entertained herself with that afternoon, including the cars, markers, coloring books, blocks and a few dolls. She refused to return any of them to their places on the shelves. Even after explaining to her that she could return tomorrow and play with the dolls, she clutched them tightly. The fear of putting the shared toys away and leaving them behind was evident in her concern over these items. She assumed she would never see them again.

In 2018, I spent a few months volunteering at Khora, a refugee community center in Athens, Greece that served predominantly Syrian, Kurdish and Afghan refugees. I was first involved as a language instructor teaching Greek and German classes formally to individuals above 13 years of age. In the afternoons, I volunteered in the Kid's Space and informally taught refugee children Greek. Eventually, I assisted in legal translations of asylum seeker applications and interpreting Greek law. I was often considered to be the only local in the center, so I also helped families enroll in Greek public school and taught their children some Greek in preparation.

My capstone is at the intersection of research on refugees and trauma-informed education that meets the specific needs of refugee children, while making the case that filling their academic and social gaps will facilitate their full integration into mainstream American schools. While scholars have examined the effects of trauma-informed education on mental health and its application to refugees, there has been minimal research on the application of trauma-informed education to young immigrants and refugees aged kindergarten through third grade and how that might impact their chances of success in their adopted country. Thus, my project draws on trauma-informed education and existing initiatives to lay the foundations of a program that complements the education of Syrian refugee children aged kindergarten through third grade in American schools.

The Kid's Space, as this playroom-like area was referred to, seemed to be the first safe space these refugee children encountered, barring potentially a camp. Even refugee camps, though, were often dangerous and hostile. The Kid's Space was a place where, for the first time since they had left home, children had some consistency and normalcy. The newly arrived children could be distinguished by their antisocial and, sometimes, violent behaviour. Regardless of their age, they usually cried and yelled when asked to share a toy, threw objects when they got upset and physically attacked other kids and volunteers alike. In time, as they felt more comfortable, they learnt to share with their peers and play together, despite their difference in native languages of Arabic, Farsi or Kurdish. Over time, they discovered that they could share toys and that those toys would still be in the Kid's Space the next time they came to the center. I would come to learn that these were some of the adaptations to the traumatic contexts these families, particularly the children, had endured. These exact behaviours, though a logical

reaction to the harsh environment they were previously exposed to, were no longer adaptive in this new context of Khora.<sup>1</sup>

Observing these behaviours in kids, from toddlers to adolescents, and how the stability of Khora helped them heal made me consider the shape of a transitional program for this age group. Many of the activities at Khora helped address mental health issues that arose at the beginning of each encounter. Considering the traumatic events and background of these students is crucial to helping them adapt in their adopted country. Other than the discrepancy in language, many mental health and psychosocial needs of refugees must be addressed to achieve successful integration and a positive trajectory in their host country. Khora was one successful environment, though short-term and lacking experienced professionals or training in trauma-informed education. A longer term program that can address the more severe emotional trauma of refugees while they continue their education would combine academic progress with psychological healing.

For my capstone project, I have studied existing programs in the U.S. that cater to refugee and immigrant children and recommended guidelines for an after-school program for Syrian refugee children in accordance with trauma-informed guidelines. The goal of this program is to best prepare children to enroll in school without this aid in future years and, as such, would eliminate gaps in their education and social-emotional well-being to be on par with their native peers. Social-emotional well-being refers to the individual's ability to "experience, express, and manage emotions" and develop positive and rewarding relationships with others.<sup>2</sup> This after-school program would aim to supplement the schooling of children from kindergarten through third grade and would be adapted to the needs of each child, based on the best practices from

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<sup>1</sup> Cameron and Schoenfeld, "Behavioral and Structural Adaptations to Stress."

<sup>2</sup> "Social-Emotional Development Domain - Child Development (CA Dept of Education)."

trauma-informed education and the most effective teaching methods for children in distress.

Students who have moved to the U.S. at any point during these years may be included and the program will encompass the practical skills necessary for a child to succeed in the United States, their adopted country, such as the basic English instruction, social norms and exposure to cultural norms in comparison to Syrian culture.

## **II. Background**

This section serves to provide some context on the origins and trends of refugees worldwide and in the United States. American attitudes towards refugees are constantly shifting and influence government policies and funding. This section contextualizes the changing perception of refugees in the U.S. throughout history, and provides context for the reasoning behind admitting refugees and how American perception sways policies affecting this population.

The United Nations High Commissioner for Refugees (UNHCR) estimates that during 2020, 82.4 million individuals were forcibly displaced worldwide, including 26.4 million refugees, the largest number ever seen.<sup>3</sup> Two-thirds of individuals displaced across borders come from five countries: Syria, Venezuela, Afghanistan, South Sudan and Myanmar. In addition, the UNHCR estimates that more than half of refugee children, 3.7 million, are not enrolled in school.<sup>4</sup> This number is set to increase due to climate change, causing areas currently densely populated to become uninhabitable, and the predicted scarcity of natural resources, such as potable water.

The topic of refugee education is vast and the literature has often reviewed the learning of refugees and other vulnerable populations, including victims of abuse and students with severe

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<sup>3</sup> “Figures at a Glance.”

<sup>4</sup> “Refugee Statistics | USA for UNHCR.”

ADHD, in the context of trauma-informed positive education. With respect to trauma, many refugee populations have been examined, but few considered in the context of their education. In addition, the scholarship research discusses trauma-informed education for refugee children based on their ethnicities and needs. The needs of Syrian refugee children have been studied extensively and provide insight into the requirements for a successful education program. Previous research also considers how Syrian refugee children have been included, with varying success, in other education systems in Europe and the Middle East. However, in the U.S. there is no standardized method to get students up to their grade level in the public education system and no uniform program to meet the needs of students arriving in the U.S.

The number of Syrian refugees arriving in the United States has varied significantly, and public opinion has shifted since the outbreak of the Syrian Civil War in 2011, the main impetus for fleeing Syrians. The largest increase in Syrian refugee arrivals was during the 2016 fiscal year when the U.S. admitted 12,587 individuals.<sup>5</sup> Then, in the 2020 fiscal year, a significantly decreased number of Syrian refugees arrived in the United States, totaling 481, due to the restrictive travel ban in place on seven countries, including Syria. This prevented Syrian immigrants from entering the country and all nonimmigrant visa categories as well.<sup>6</sup> The policy was terminated in January of 2021. Most recently, in the twelve month period leading up to July 31, 2021 and approximately six months after this policy change, 414 Syrian refugees were admitted to the United States. This figure is expected to rise for the 2022 fiscal year.<sup>7</sup> As a result, there are a fair number of Syrian refugees spread across the United States, though not as many recent arrivals. Since the major wave of arrivals has ceased, the focus has shifted from satisfying their immediate needs as newcomers, such as the need for shelter and food, to their longer term

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<sup>5</sup> “Syrian Refugee Arrivals U.S. 2021.”

<sup>6</sup> Yalim and Kim, “Mental Health and Psychosocial Needs of Syrian Refugees.”

<sup>7</sup> “Syrian Refugee Arrivals U.S. 2021.”

integration, like education and employment opportunities. For this reason, I have chosen the Syrian refugee population as a model population for this curriculum, although it could be broadly applied and tailored to any refugee population enrolled in public schools in the U.S.

Over the course of American history there has been a confusing relationship between refugees and migrants. The U.S. Citizenship and Immigration Services define refugees or asylum seekers as people “who have been persecuted or fear they will be persecuted on account of race, religion, nationality, and/or membership in a particular social group or political opinion.” This also includes those escaping from a natural disaster.<sup>8</sup> In contrast, according to the European Commission, an economic migrant is an individual who “leaves their country of origin purely for economic reasons that are not in any way related to the refugee definition, in order to seek material improvements in their livelihood.”<sup>9</sup> Often, refugees are also economic migrants. In fact, until August 2021, most Afghan immigrants, particularly single men, were considered economic migrants by the European Union, as they sought improved economic prospects in Europe and were not fleeing for fear of persecution. Once the individuals are resettled or returned home, refugee status ceases to apply.<sup>10</sup>

The topic of refugees and their integration has always been contentious in the U.S. Historically, in the U.S., refugees from Europe tended to be favoured over those from Southeast Asia. The Emergency Quota Act of 1921 and the Immigration Act of 1924 restricted the number of immigrants the U.S. would admit based on their country of origin. “The Quota Acts,” as they were known, made immigration from northern and western European nations significantly easier than for individuals from other nations in Europe and the world.<sup>11</sup> For example, in 1924, the

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<sup>8</sup> “Refugee Timeline | USCIS.”

<sup>9</sup> “Economic Migrant.”

<sup>10</sup> “Refugee Summary.”

<sup>11</sup> “Refugee Timeline | USCIS.”

Supreme Court banned Japanese immigration on the grounds that they were “aliens who were not eligible to be naturalized American citizens.”<sup>12</sup> Throughout American history, immigration policies have given preference towards highly educated immigrants from Western and Northern Europe.

In some cases, accepting refugees has been linked to remorse caused by conflict by a given nation. Most recently, in 2021, the United States evacuated tens of thousands of Afghan refugees from Kabul in a two-week period after the military withdrew from the conflict. Although, no doubt, these individuals would have been in danger had they remained in Afghanistan, this welcoming was to compensate for the faults and havoc the US wreaked on their country. A similar argument could be made for accepting the first wave of Vietnamese refugees in 1975.<sup>13</sup>

Regardless of the motive of acceptance, however, once refugees have arrived in a new host country, there must be a plan to help them integrate and, of course, learn to eventually become productive citizens. There have always been strict policies in place for accepting refugees. These governmental quotas in conjunction with public opinion have often determined the funding for refugee education programs. In turn, the availability of education programs and resources for refugees depends on the funding and governmental policies at the time. Since these have been inconsistent throughout American history, non-profit organisations have taken the initiative to provide for this population.

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<sup>12</sup> Minamikawa, “Refugees in Japanese America: Immigration, Gender, and Wartime Memories during the 1950s.”

<sup>13</sup> Batalova, “Vietnamese Immigrants in the United States.”

### III. Literature Review

A review of the literature on refugee children, and especially Syrian refugees, shows a focus on trauma. This population has often experienced traumatic events due to conflict, displacement or insecurity. Thus, it is imperative to consider their needs, especially with respect to their psychological well-being the ways in which trauma-informed teaching strives to meet these needs and promote healing of refugee children. Across the world, several models have adopted trauma-informed teaching in different ways. On a larger scale, governments have also reacted with a range of policies to Syrian refugee children entering their education systems. This section intends to contextualize the needs of refugee children and the ways in which trauma-informed teaching meets those needs, highlight a few implemented trauma-informed models and illustrate a few different approaches in government policy implemented across the world.

Trauma is a broad term that is used to refer to the effects of an overwhelming experience that causes distress to an individual. Neurodevelopmentally, it is not the event itself, but the individual's response to the event and its ongoing effects on stress-related physiological systems.<sup>14</sup> Trauma can be classified as simple or complex, depending on the event that caused it. Acute or simple trauma, known as Type I trauma, results from exposure to a single event that is overwhelming. Complex trauma, also referred to as Type II trauma or developmental trauma, is caused by the extended exposure to traumatising situations of long duration events, usually in early life onset, such as war or famine.<sup>15</sup> Outcomes of complex trauma tend to be beyond the training of a school counselor and encompass symptoms of Post-Traumatic Stress Disorder (PTSD), such as cue-triggered involuntary re-experiences of the terror, helplessness and attempts to avoid such cues that lead to hyperarousal and hypervigilance. Other symptoms may include

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<sup>14</sup> Stokes et al., *Evaluation of the Berry Street Education Model*.

<sup>15</sup> Bath, "The Three Pillars of Trauma-Informed Care."

difficulty concentrating or staying on task. Not all individuals who have undergone complex trauma meet its formal diagnostic criteria, but often display some of these symptoms.<sup>16</sup>

Experiencing childhood trauma fundamentally impacts the developing brain. The maturation of brain structures, particularly in the early years, and the child's physiologic and neuroendocrinology responses are impacted.<sup>17</sup> For example, children who have experienced trauma, similar to those who have sustained traumatic brain injuries, may show symptoms of delayed language development or emotion management as compared with their unaffected peers.<sup>18</sup> Related to these differences in development, alterations in large-scale networks of lower-order and higher-order brain regions following trauma can interfere with regulatory capacities and coordination of cognition in relation to emotion recognition and behavior.<sup>19</sup> These alterations in development can translate into learning difficulties for students, as classroom learning is dependent on a regulated brain where each level of neurosequential hierarchy is well-organised. When this organised hierarchical structure is disrupted, learning can be challenging as there is no fundamental base to build upon.

Traumatic events alter the brain-based stress response system. Due to their exposure to trauma, these children become more concerned with their safety, shifting their attention to ensuring their security in any situation. This can detract attention from other age-appropriate activities, such as free-play, that children who feel safe find stimulating. Experiences that safe children find energizing aid in developing their interests by encouraging growth and exploration.<sup>20</sup> Trauma-affected children may be constantly scanning the room for potential

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<sup>16</sup> Walker and Zuberi, "School-Aged Syrian Refugees Resettling in Canada"; Bath, "The Three Pillars of Trauma-Informed Care."

<sup>17</sup> Gunnar and Quevedo, "The Neurobiology of Stress and Development."

<sup>18</sup> Westby, "Adverse Childhood Experiences."

<sup>19</sup> Gunnar and Quevedo, "The Neurobiology of Stress and Development."

<sup>20</sup> Bath, "The Three Pillars of Trauma-Informed Care."

threats. In one study, conducted in adults who were in the vicinity of the September 11, 2001 attacks in New York City, found that their neural-regions involved in threat-detection were over-active even five years after the events of that day.<sup>21</sup> Similarly, adolescents exposed to both media coverage of the Boston Marathon Bombing in 2013 and the subsequent shelter in place order, showed increased activation of the left amygdala to negative emotional stimuli. This was associated with higher rates of post-traumatic stress disorder.<sup>22</sup> Other systems that trauma is known to affect include attachment systems, behavioural control, affect regulation, cognition and self-concept.<sup>23</sup> A prominent effect of early childhood trauma, however, has been determined to be the inability to regulate internal states, such as fear and anger.<sup>24</sup>

The human body responds to trauma in two distinct ways; both are fundamentally based on the disruption caused by the traumatic event to the body's stress response. In one case, the individual's body works to quickly recruit neurobiological system responses in less than 20 minutes.<sup>25</sup> This response requires energy, but is rapid and powerful. In practice, the child would display angry behaviour and aggression.<sup>26</sup> Alternatively, the individual's body may enter a prolonged state of stress when the body's roles are carried out more slowly due to the draining effect of the stress response.<sup>27</sup> Despite the body's response, however, in both cases the body is consuming energy in response to the stressful event, taking away energy necessary for survival, development and learning.

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<sup>21</sup> Ganzel et al., "The Aftermath of 9/11."

<sup>22</sup> McLaughlin et al., "Amygdala Response to Negative Stimuli Predicts PTSD Symptom Onset Following a Terrorist Attack."

<sup>23</sup> Bath, "The Three Pillars of Trauma-Informed Care."

<sup>24</sup> Bath, "The Three Pillars of Trauma-Informed Care."

<sup>25</sup> Brunzell, Stokes, and Waters, "Trauma-Informed Positive Education."

<sup>26</sup> Treatment (US), *Understanding the Impact of Trauma*.

<sup>27</sup> Gunnar and Quevedo, "The Neurobiology of Stress and Development."

It is also important to note that trauma is referred to as the individual's response to the traumatic event and the ongoing effects on stress-related physiological systems, such as the neuroimmune and central nervous system.<sup>28</sup> Trauma impacts the development of the brain, particularly in the early years, as neuronal connections have not fully formed allowing for increased neuronal plasticity. By releasing cortisol to cope with the distress caused by the event, the trajectory of the developing brain is affected. Primarily, the neuronal connections created in the brain are impacted including the attachment to the primary caregiver.<sup>29</sup> The caregiver may be a parent, family member or care provider, but for the purposes of this paper, the term applies to care providers of children, unless otherwise stated. Thus, mitigating this distress and the effects of trauma in a timely manner contributes to the healthy development of the brain and mental health.

a. The Needs of Syrian Refugee Children

The literature explores the needs of refugee children in general and, to a lesser degree, with regards to Syrians and specifically their mental health. Despite the logistical difficulties of conducting studies in this population, because of their unpredictable migration patterns, a few studies have provided conclusive results. Almost all studies considering the needs of Syrian refugees and refugees more broadly, have been carried out in refugee camps or clinical settings. One assessment by El Chammay, Kheir and Alaouie (2013), which mapped the activities offered by 20 organizations to refugees across Lebanese districts emphasized the importance of non-specialized psychosocial support services, such as activities that assist the individual's mental health, and community programs that can improve problems Syrian refugees face.<sup>30</sup> In most

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<sup>28</sup> Brunzell, Stokes, and Waters.

<sup>29</sup> Hofer and Sullivan, "Toward a Neurobiology of Attachment."

<sup>30</sup> El Chammay, R. E., Kheir, and Alaouie, H., "Assessment of Mental Health and Psychosocial Support Services for Syrian Refugees in Lebanon."

cases, however, the immediate needs of refugees, such as medical care, water, food and safety, are not guaranteed due to a lack of resources. As a result, secondary needs such as education and employment opportunities are not usually considered by host countries upon the refugees' arrival.

Another study conducted by Yalim and Kim (2018) concluded that the most pressing psychosocial needs of Syrian refugees involve distress, sadness, fear, anger and nervousness, disinterest and hopelessness. Worldwide, approximately four million refugees require help for moderate or mild mental health problems and another estimated 600,000 individuals for severe issues.<sup>31</sup> The increased need for psychological support is highlighted by the high percentage of people in this population who experience significant emotional distress. It is estimated that 54% of refugees experience severe emotional disorders, such as depression and anxiety. The stressors Syrians experience most prominently relate to their security and protection, their limited access to health services and misconceptions that frame them as exploiting their refugee status that may lead to increasing their group tensions.<sup>32</sup> Along with their psychosocial needs, which are consistently ranked as the most pressing, refugees require language acquisition assistance in order to excel in their adopted education system, such as English for those arriving in the United States.<sup>33</sup>

Recognition of the experiences of refugees is also critical to evaluating and aiding their mental health. Western psychiatric approaches likely overemphasize traditional counseling models that tend to be more individualistic and as a result, may devalue refugee cultures, such as that of Syrians that tend to be more collectivist.<sup>34</sup> A collectivist society views individuals as members of cohesive in-groups, such as extended family that provide “affinity in exchange for

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<sup>31</sup> Yalim and Kim, “Mental Health and Psychosocial Needs of Syrian Refugees.”

<sup>32</sup> Yalim and Kim, “Mental Health and Psychosocial Needs of Syrian Refugees.”

<sup>33</sup> McBrien, “Educational Needs and Barriers for Refugee Students in the United States.”

<sup>34</sup> Yalim and Kim, “Mental Health and Psychosocial Needs of Syrian Refugees.”

unquestioned loyalty” in contrast to individualist societies in which individuals view themselves as independent entities.<sup>35</sup> In addition, nuances in how personal issues and emotions are expressed must be taken into account. For example, a Syrian individual expressing the need for help in Arabic may describe both physiological and psychological distress referring to a “burden or weight on the chest” as an expression of their stress on their body.<sup>36</sup> Those who are internally or externally displaced are also more likely to experience war-related violence, such as massacres, murder, torture or hostage-taking, compounding the need for additional culturally appropriate screening.

Furthermore, amongst refugees in the U.S., a particularly high rate have experienced torture. It is estimated that 21–44% of refugees living in the U.S. have been exposed to some kind of torture, though these are likely undercounts given the stigma and fear associated with disclosing these experiences.<sup>37</sup> Federal support is provided to organisations that offer specialized services such as to those who have experienced trauma, although refugee screening in the U.S. does not typically include a metric of exposure to torture or other traumas pre-migration. Only about half of states report providing any mental health screening for refugees arriving in the U.S.<sup>38</sup> Due to the lack of social-emotional support available to refugee children, it is important to consider how these needs can be met by a supplemental after-school program without this official screening. Embedding a broader understanding of the experiences of immigrants, asylum-seekers and refugees into mandated course work for social workers, teachers and health providers is one method of aiding in the development of programs framed by a “structural

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<sup>35</sup> BALKIR NEFTÇİ and BARNOW, “One Size Does Not Fit All in Psychotherapy.”

<sup>36</sup> Yalim and Kim, “Mental Health and Psychosocial Needs of Syrian Refugees.”

<sup>37</sup> Ostrander, Melville, and Berthold, “Working With Refugees in the U.S.”

<sup>38</sup> Ostrander, Melville, and Berthold, “Working With Refugees in the U.S.”

competency approach.”<sup>39</sup> This includes trauma-informed systems of care to improve health and education outcomes with evidence-based interventions.

b. Trauma-Informed Teaching to Promote Healing for Refugees

In general, trauma-informed care is based on three principles: safety, connections and emotion management. A defining factor of complex trauma is the feeling of being unsafe as a result of the distressing event. The perilous situation may lead to the child mistrusting adults and maintaining a distance from them to maintain physical and emotional safety.

There have been numerous debates regarding the vital factors that facilitate healing among children who have undergone trauma, some based on the experience of loss and others focusing on the development of future goals. At their core, however, most theories have some foundation in safety. Infants form attachments to their caregiver, typically their parent, within minutes of birth.<sup>40</sup> The trust of an infant is based on its feeling of safety. When infants and young children feel safe, they can begin to form relationships and attachments and later, with time, manage their emotions.<sup>41</sup> Once this core developmental need is satisfied and the infant feels it is under the protection of the caregiver, the infant may begin to build other relationships and explore its surrounding environments.<sup>42</sup> The formation of trust through a secure emotional attachment, such as that with their caregiver, can also help mitigate the challenging behaviours commonly observed in trauma-affected children.<sup>43</sup> These actions tend to evoke punitive and controlling responses from caretakers, which can compound the environment in which the child

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<sup>39</sup> Ostrander, Melville, and Berthold.

<sup>40</sup> Landers and Sullivan, “The Development and Neurobiology of Infant Attachment and Fear.”

<sup>41</sup> Bath, “The Three Pillars of Trauma-Informed Care.”

<sup>42</sup> Sullivan et al., “Infant Bonding and Attachment to the Caregiver.”

<sup>43</sup> Gunnar and Quevedo, “The Neurobiology of Stress and Development.”

already feels unsafe. It is important to note that the children's externalizing behaviours are typically an indication of their internal pain.<sup>44</sup>

Positive relationships are necessary for healthy human development. Safety is a prerequisite in order for these connections to evolve. Typically, safety is based on the development of a link between caretakers and children, because caregivers provide protection and a sense of security.<sup>45</sup> The importance of this relationship is compounded for children who have been exposed to traumatic events, because mentors and caregivers play an essential role in reshaping these associations such that the vulnerable children develop positive emotional responses with adults close to them. This also aids in the process of correctly distinguishing between adults who pose a threat and those who do not. As Bath (2008) emphasizes, "consistency, reliability, availability, honesty, and transparency" all contribute to creating a safe environment and require communication from adults.<sup>46</sup> As a child begins to increasingly depend on the adult, its sense of safety will increase as well. Once the child considers himself safe, he can begin to form emotional connections and build relationships, similar to the developmental progression of infants.

These connections between caregiver or teacher and child can be formed by training adults to make use of trauma-informed principles. One study by Brunzell et al. (2019) examined how primary and secondary school teachers changed their practice of pedagogy before and after they underwent Trauma-Informed Positive Education (TIPE) training. Eighteen teachers participated in a one-year training and "co-designed and/or adapted TIPE through an iterative procedure" in order to improve their teaching abilities.<sup>47</sup> From the qualitative data collected from

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<sup>44</sup> Bath.

<sup>45</sup> Sullivan et al., "Infant Bonding and Attachment to the Caregiver."

<sup>46</sup> Bath, "The Three Pillars of Trauma-Informed Care."

<sup>47</sup> Brunzell, Stokes, and Waters, "Shifting Teacher Practice in Trauma-Affected Classrooms."

the teachers who participated in the training workshops, in addition to four reflection cycles, two major themes became clear. The most consistently expressed theme by teachers was the ability to build classroom relationships with struggling students. This draws on their choice of specific behaviours and ability to facilitate these ways of conduct in order to promote attachment and open communication. In turn, the student will understand that the teacher views the student as a human being worthy of their positive care, encouragement and attention regardless of the classroom activity or behaviours displayed. The second theme that emerged was increasing psychological resources for wellbeing in the context of supporting students in carrying out and sustaining positive behaviours for learning.<sup>48</sup> This allowed for follow-up conversations with students after the formal teaching of specific topics to further enhance the student's insight and self-reflection when off-task behaviours were displayed.

Thus, trauma-informed teaching begins with an understanding of how trauma affects the learning process of the student. With this starting point, the behaviours displayed by students can be understood and aided to improve their ability to learn. If a student is distracted, because of a fear caused by a traumatic event, they are unlikely to focus on the task at hand.<sup>49</sup> The focus on social-emotional learning also promotes the development of important social and emotional abilities such as self-awareness, empathy and self-regulation that are important for an individual's development and living in a community.<sup>50</sup> While this method is not as efficient in teaching academic material, as in traditional schooling, it ultimately allows the student to build relationships with the teacher and focus on the process of healing to improve future learning outcomes.

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<sup>48</sup> Brunzell, Stokes, and Waters, "Shifting Teacher Practice in Trauma-Affected Classrooms."

<sup>49</sup> "What Is Trauma-Informed Teaching?"

<sup>50</sup> "The How and Why of Trauma-Informed Teaching."

One of the most protective factors for healthy childhood development is the management and regulation of emotions. The regions of the brain that are most involved in emotion and impulse regulation include the orbitofrontal cortex, ventrolateral prefrontal cortex, and ventromedial prefrontal cortex. Since the human brain develops temporally from the posterior brain to the anterior brain, the prefrontal cortex retains much of its plasticity in early development and is thus more amenable to changes.<sup>51</sup> As a result, educators can draw upon many methods, such as the presence of a parental figure or consciously labeling troubling emotions for the associated calming effect. In one study, the presence of the parental figure induced a pattern of negative amygdala-prefrontal coupling and suppressed amygdala reactivity in children, both characteristics of more mature neuronal circuitry.<sup>52</sup> This illustrates that the presence of a parental figure can affect behavior and regulate amygdala-medial prefrontal cortex circuitry. Thus, by buffering the effects on the amygdala-prefrontal cortex circuit in the child, the parent can aid in moderating behaviour. The caregiver's presence may also buffer against cortisol in humans, reducing the effects of stress through the hypothalamic-pituitary-adrenal (HPA) axis.<sup>53</sup> Self-reflection, in turn, advances the identification of feelings aiding in better understanding of emotions. In addition, active listening aids in self-reflection and creating stories about the child, an integral part of trauma recovery. This exercise promotes healing and connection by highlighting to the child the importance of their experiences and emotions and facilitating the space for a deeper understanding and level of trust between caregiver and child.

While there are many advantages to promoting play amongst children, especially those affected by trauma, it can also be used as an emotion regulation technique. In general, play is

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<sup>51</sup> Gee and Casey, "The Impact of Developmental Timing for Stress and Recovery."

<sup>52</sup> Gee et al., "Maternal Buffering of Human Amygdala-Prefrontal Circuitry during Childhood but Not Adolescence."

<sup>53</sup> Gee et al.

used as a learning tool in early childhood to promote the development of skills such as problem solving, the ability for insight and coping and to encourage young children to learn about their surrounding world. Play promotes creativity and facilitates healthy brain development.<sup>54</sup> It is also commonly accepted as a method to repair disrupted attachment mechanisms. Healthy play encompasses strong attachment relationships and emotional intelligence, both of which are used in a therapeutic environment as explicit relational strategies to connect and engage struggling students. Play can facilitate an environment for building teacher-student relationships and positive interactions, which reinforces the safe space for students to take healthy risks to promote their exploration and learning. Playfulness conveys optimism. As a result, play provides the opportunity for developmentally appropriate challenges, which can be safely attempted, regardless of the result, in a secure environment, like classrooms. Laughter, as a positive emotion, indicates students' openness to new experiences and interactions and can lead to lasting skills, bonds and attachments with their caregivers. This playfulness can “interrupt student’s negative emotions,” including their sadness, heaviness and frustrations; in the context of distress, laughter can facilitate healthy adaptive responses by enhancing social relationships.<sup>55</sup> These elements of play can be incorporated into a classroom routine in the form of lesson hooks, group play or new experiences.

Play and other emotion regulation techniques can be taught with increased psychological resources to promote healing amongst trauma--affected children. Increasing these resources is vital for the facilitation of positive emotions, engagement, relationship building and meaning as well as the acknowledgement of accomplishment. Learning strategies and areas of growth that

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<sup>54</sup> Brunzell, Stokes, and Waters, “Trauma-Informed Positive Education.”

<sup>55</sup> Brunzell, Stokes, and Waters.

aim to increase psychological resources employ language, cognition and social skills.<sup>56</sup> Positive emotions play an important role in the teacher's ability to broaden and build a student's repertoire for the resources to tackle challenging classroom tasks creatively and confidently. Teachers may also promote the feeling of savoring and capitalizing on aspects of positive emotions to emphasize their uplifting effect. The focus on the positive emotion and its impact is particularly important for the care and education of traumatized children who may not be as accustomed to these emotions. The ability to generate, intensify and prolong the enjoyment derived from these experiences requires that the individual have the capacity to feel enjoyment in addition to regulating oneself to find, manipulate and sustain it. The trauma-informed positive education model also encourages skills in a hierarchical way, similar to the way the brain develops, by increasing the student's capacity in regulatory abilities in order to build "secure attachments and strong relationships" followed by the psychological assistance necessary.<sup>57</sup>

c. Trauma-Informed Models

Trauma-informed education has been applied in a few cases to the refugee population in the United States and specifically considered their particular needs for mental health resources in a trauma-informed context. There are differences in the support models refugees receive based on which state they are resettled in, which typically occurs with little consideration by federal agencies for the health needs of incoming refugees. One study that interviewed five Syrian refugees in school in the U.S., who had arrived between the ages of 11-18, described the high prevalence of trauma and fear that impacted their mental state, causing, for instance, anxiety. It

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<sup>56</sup> Brunzell, Stokes, and Waters, "Trauma-Informed Positive Education"; Bath, "The Three Pillars of Trauma-Informed Care."

<sup>57</sup> Brunzell, Stokes, and Waters, "Trauma-Informed Positive Education."

also highlighted the importance of relationship building with teachers and including parents in the discussion of school integration.<sup>58</sup>

One trauma-informed model piloted in two Baltimore City Public Schools serving disadvantaged neighborhoods targeted school success by providing students with tools for “regulating emotions and making effective decisions.”<sup>59</sup> These two schools were chosen as targets to improve emotional, social and academic functioning in students with potentially high exposure to stress and trauma. Students were not screened for trauma exposure or mental health issues prior to enrollment. The intervention, referred to as RAP club, encompassed 12 group sessions on psychoeducation, cognitive behavioural therapy (CBT) and mindfulness techniques from three treatments. Psychoeducation referred to emotion regulation that was taught through mindfulness strategies aimed at present-focused awareness and observing one’s breath. Results overwhelmingly showed that students who had been a part of this intervention improved on nearly all measures rated by teachers, notably including dysregulation, social and academic competence and authority acceptance. Attention was the only measure that did not improve as predicted.<sup>60</sup> This could be attributed to the hierarchical development of brain systems such that emotion regulation and social competence improve prior to attention and executive functioning related skills. Overall, students who participated in the RAP club, exposing themselves to self-regulation and calling upon these tools, improved significantly in the ability to learn and, as a result, in their academic outcomes. Thus, this study underscores the importance of interventions and specifically of tools that highlight social and emotional skills, such as emotion regulation, in academic success.

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<sup>58</sup> Almadani, “Syrian Refugee Student’s Academic and Social Experiences in American Public Schools.”

<sup>59</sup> “Brief Report.”

<sup>60</sup> “Brief Report.”

The Berry Street Education Model is another model that was developed to address the increasing need for change in educating students who exhibit various symptoms, like behavioural difficulties. These symptoms include attention deficit hyperactivity disorder (ADHD), conduct and oppositional-defiant disorders, poor emotion regulation and attachment difficulties among others.<sup>61</sup> This evolved on the premise that the developmental responses of students who have undergone trauma need to be addressed before they can engage in learning. Thus, this model is based on therapeutic strategies that aim to repair self-regulatory and relationship-forming abilities, and ultimately, to increase psychological resources.

Two small cohorts in two different Australian schools outside of Melbourne, the Latimer Valley P-12 and the Mt Excel PS School, took part in the pilot program of the Berry Street Education Model. Teachers had a positive response to the program and concluded that they found the strategies helpful, particularly those gained by professional development as an alternative way to engage “difficult” students. Although initially concerned about the time taken away from teaching to employ the games and strategies to break up long teaching blocks, teachers found it to be very helpful as they increased students’ attention span and limited disruptions. Teachers also reported feeling that maintaining a “Zen zone” allowed them to remain calm and aware of themselves even while students were not respectful, and helped them continue their steady and kind approach. Teachers agreed that the models were adaptable and fluid enough to allow them to alter the terminology and/or activities whenever necessary and present it as they saw best. The cohort that participated in the pilot program recorded improvement in many areas including connectedness to peers, classroom behaviour, student safety and teacher effectiveness.<sup>62</sup> Overall, students reported better academic performance, and

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<sup>61</sup> Stokes et al., *Evaluation of the Berry Street Education Model*.

<sup>62</sup> Stokes et al.

teachers reported a significant decrease in negative incidents, which led to a decrease in suspensions.

d. Models of Integration at the Government and the Educational System Level

The importance of these methods is best highlighted in the context of Syrian refugees who have fled to neighboring countries, such as Turkey and Lebanon, and have been relocated to other countries in North America and Europe. Ideally, host nations would implement these interventions to mitigate the effects of trauma on their incoming population. In reality, however, each host nation has attempted to integrate them in different ways, according to their education policies and available resources. Often lacking the institutional infrastructure to promote integration, pressure on these countries to provide the basic needs like housing, health and education result in a disorganized attempt to only partially cover the needs of refugees. For example, the approach in North America, especially the United States, tends to focus on assimilation, where immigrants are expected to fuse with the dominant culture by determining key similarities and focusing on economic and social adaptation. This is derived from the “historical necessity of creating common denominators for an immigrant culture in the formation of American society and focuses on the adaptation of immigrant groups into the mainstream.”<sup>63</sup> European countries, on the other hand, tend to pursue integration, striving to achieve cultural homogeneity, each by setting their own policies. Some countries, like France and the Netherlands, provide “easy access to individual legal equality” and others, like Sweden, allow for easy access to full citizenship rights and security of residence, among other protections.<sup>64</sup>

In the United States, the American Refugee Resettlement Program meets each refugee with a handful of resources upon arrival. Prior to arrival in the U.S., some refugees receive three

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<sup>63</sup> Çelik and İçduygu, “Schools and Refugee Children.”

<sup>64</sup> Çelik and İçduygu, “Schools and Refugee Children.”

to five days of “cultural orientation, which describes the resettlement process, refugees’ rights and obligations, and life in the United States.”<sup>65</sup> Upon arrival, they are met by a representative of one of nine agencies to help satisfy their immediate needs, such as securing food or clothing and finding affordable housing as well as enrolling children in school. This is funded by a one-time grant these voluntary agencies receive from the federal government for each refugee. Most refugees enroll in public assistance programs to aid in supporting their families. In this case, the available options are cash payments, applicable for low-income families, senior citizens or those with disabilities, payments to low-income individuals for food and health insurance for low-income children and some adults.<sup>66</sup> This assistance varies in length from eight months to seven years, at which point the available aid and education differs according to the policy of the state in which the refugee has resettled.

One organisation in Minnesota, for example, provides services to refugees arriving in the state. The social services organisation helps with affordable housing and medical services as well as providing asylum case management. In addition, they provide workforce development which includes a hospitality and medical pathway to train newly arrived refugees to work as housekeepers, dietary aides or nursing assistants. The medical career pathway allows for career advancement in the medical field through guidance, college readiness programs and an introductory course to organ systems in the body. A number of other classes are available to refugees as well, such as in English or Spanish or on important life skills. Refugee students are entitled to attend public schools, regardless of their citizenship status or nationality. Other resources the organisation offers refugees include financial coaches and citizenship classes.<sup>67</sup>

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<sup>65</sup> Fix, “How Are Refugees Faring? Integration at U.S. and State Levels.”

<sup>66</sup> Fix.

<sup>67</sup> “Programs.”

Regulations around compulsory schooling differ between countries in Europe and neighboring countries, like Turkey and Lebanon. In Turkey and Lebanon, like in Greece, education is compulsory for all children regardless of their legal status.<sup>68</sup> In Sweden and Germany there is no obligation to attend school for those that are still in the process of obtaining their residency or legal permits. Typically, in Germany, refugee students are placed in preparation or introduction classes for one or two years before being transferred to regular German classes. In Sweden, on the other hand, the general policy aims for children to participate in immersion classes for a short period of time in order to be placed as soon as possible into directly integrated regular classes. In Greece, although tools were originally used to help refugee students integrate into Greek schools, these resources were inadequate as of 2015, given the large number of refugees arriving on the coast. In particular, resources to mitigate the trauma children had endured to arrive in Greece, whether due to exposure to violence or their method of transport across the Aegean Sea, were depleted. One attempt to combat these issues was the Reception Facilities for Refugee Education (RFRE) set up by the Ministry of Education, which targets the integration of refugee children into schools in Greece or elsewhere in Europe through the consistency and psychosocial support of the RFRE.<sup>69</sup>

Similarly, enrollment of Syrians in Lebanese public schools has fluctuated due to strains on resources and for fear of overwhelming the Lebanese population. In 2012–2013, UN agencies agreed to cover the financial cost of Syrian students' enrollments in Lebanese public schools. The following year, however, the Ministry of Education applied restrictions because of the significant increase in Syrian refugees. Then, in 2013–2014, Syrian students were placed in an afternoon school in an effort to separate Lebanese and Syrian students, in an attempt to maintain

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<sup>68</sup> Crul et al., "How the Different Policies and School Systems Affect the Inclusion of Syrian Refugee Children in Sweden, Germany, Greece, Lebanon and Turkey."

<sup>69</sup> Crul et al.

the high education level for native Lebanese students.<sup>70</sup> For older students, Lebanon has most recently created the RACE I and RACE II (2017–2021) programs to prioritize the integration of refugee children into both the formal and non-formal education system. Since these programs were introduced, enrollment statistics of Syrian refugees have improved each year. Syrian refugee children comprise 40% of the Lebanese public school population and the majority also attend after-school programs designed exclusively for Syrian refugees.

With more than six million Syrians as of 2019, Turkey hosts the largest number of Syrian refugees abroad. Thus, they likely also have the largest model of educating Syrian refugee students, though not necessarily the most successful. Their attempt to educate Syrian children has been haphazard, often constrained by resources, public opinion and the inherently homogeneous demographic in Turkey. The lack of resources available to refugees, coupled with the financial strains of relocation and government assistance, compounded the difficulty of Syrian refugees to work legally and be paid fairly in both Turkey and Lebanon.<sup>71</sup>

Since Turkey was not legally obligated to grant asylum to seekers from non-European countries, the educational programs available were considered temporary until these families returned to Syria.<sup>72</sup> Originally, Temporary Education Centers (TEC) established outside camps near Syrian enclaves in Turkey aimed at maintaining Syrians' education until they returned to their home country. Thus, they immersed Syrian children in their own culture and language. As a result of the temporary nature of these educational programs however, they also received inconsistent funding from different organisations and upheld different legal standards. The curriculum followed was created by the interim government of Syria and then revised by the

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<sup>70</sup> Crul et al.

<sup>71</sup> Crul et al.

<sup>72</sup> Çelik and İçduygu, "Schools and Refugee Children"; Crul et al., "How the Different Policies and School Systems Affect the Inclusion of Syrian Refugee Children in Sweden, Germany, Greece, Lebanon and Turkey."

Turkish Ministry of Education. The teachers were predominantly Syrian and spoke Arabic, so classes were taught exclusively in Arabic. These temporary centers constituted primary and secondary education.<sup>73</sup>

Public Schools (PS) in Turkey were the other option provided to Syrian refugee children. Syrian students and teachers alike often experienced language barriers. Syrian students had difficulty excelling socially and academically, because of the dominant homogenous social culture that excludes non-Turks in these schools. Due to the socially-isolating nature of these environments, Syrian students reported developing mental health problems, such as severe anxiety or depression and a waning desire to attend school.<sup>74</sup> According to a study conducted by Çelik and İçduygu (2019), Syrian refugee students tended to feel lost and excluded in public schools. In addition, parents often had no control or method of communication with their children's school due to language barriers. In some cases, students acted as translators or even taking on the parental role, allocating disproportionate responsibility to themselves.

According to the study conducted by Çelik and İçduygu, the symmetry between home and school environments in the TECs was the determining factor in deciding between educational options for children. In TECs, parents felt a familiarity and sense of safety as they understood what their children were learning and could communicate with their teachers at parent-teacher meetings. Similarly, students felt accepted and valued, allowing them to excel academically and socially.<sup>75</sup> When a student thinks that their culture is accepted and understood, they are also more likely to willingly invest energy and time into their education. Most parents agreed, however, that they predominantly sent their younger children to TEC in order to preserve their culture and ensure they learn their native language. On the other hand, the older children

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<sup>73</sup> Çelik and İçduygu, "Schools and Refugee Children."

<sup>74</sup> Çelik and İçduygu.

<sup>75</sup> Çelik and İçduygu.

were more likely to be enrolled in public schools, as parents were confident of their abilities in their native language.<sup>76</sup> In this case, although counseling services are available in public schools, they are inadequate for Syrian children who have often suffered severe trauma which is exacerbated by the language barrier. Due to the lack of motivation of the already oversubscribed student counselors, they tend to be unhelpful as well.<sup>77</sup>

Previous scholarship has also considered Syrian refugee families who have resettled in Canada in conjunction with their psychological well-being. The literature review conducted by Walker and Zuberi considers the integration of refugees socially and academically in Canada and calls attention to the racism and difficulty of integration, despite the image of a multiculturally focused and inclusive society. By and large, racist or abusive incidents are not reported, but the vast majority of refugee students report increased difficulties. This exclusion is exacerbated when students are non-white and considered “visible minorities.”<sup>78</sup>

Syria reported universal education enrollment in primary education and similarly high levels of enrollment in secondary education prior to the onset of the civil war. Although an overwhelming majority of refugee families value education, they do not utilize mental health services to the extent necessary. Furthermore, the mental health resources provided to refugees, mainly in the form of school counselors, are inadequate to address the complex trauma resulting from forced migration and conflict. This literature review conducted in Canada highlights the relationship between the mental health and academic achievement and, by extension, the integration into society of the student. A link between explicit and implicit discrimination and poor academic achievement is also considered common for refugee children. This includes

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<sup>76</sup> Çelik and İçduygu.

<sup>77</sup> Crul et al., “How the Different Policies and School Systems Affect the Inclusion of Syrian Refugee Children in Sweden, Germany, Greece, Lebanon and Turkey.”

<sup>78</sup> Walker and Zuberi, “School-Aged Syrian Refugees Resettling in Canada.”

experiencing “school and peer-based abuse, including overt racism, bullying and subtle forms of discrimination that ultimately affected learning, well-being, health, and acculturation.”<sup>79</sup>

Overall, an overwhelming majority of refugee children hosted in the aforementioned countries in North America, Europe and the Middle East require significantly increased assistance to integrate into society through counseling and mental health resources, language and academic support. Regardless of location, these populations have consistently witnessed under-resourced psychosocial support systems in schools, as the complex trauma of the refugee population typically falls beyond the scope of a school counselor.<sup>80</sup> Language barriers appear to be a large hurdle in integrating students in the classroom as well as for parents to successfully monitor their children. While this is addressed differently in various countries, from intensive language instruction to immersion, this gap must be bridged in order for students to successfully integrate. Lastly, academic support in the transition period is crucial for students to succeed. If they do not feel valued and supported or included in the classroom, students are at increased risk of abandoning formal education and developing mental health issues.

#### **IV. Research Questions**

Which needs does an effective supplementary education program for Syrian refugee children enrolled in American kindergarten through third grade address and how? What does an effective supplementary education program for this population enrolled in American elementary schools look like more generally? How can trauma-informed education inform this program?

This capstone project includes five case studies of current programs and curriculum guidelines for a supplementary after-school program for the first four years of public schooling

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<sup>79</sup> Walker and Zuberi.

<sup>80</sup> Sirin and Rogers-Sirin, “The Educational and Mental Health Needs of Syrian Refugee Children.”

in the U.S. The goal of this program is to aid refugee and immigrant children in both social-emotional learning and the relevant English instruction, compensating for instruction that is not typically taught in schools. In order to inform these curriculum guidelines, refugee needs are explored as well as current case studies of programs that aid refugees and immigrants in the U.S. While an intensive summer program that includes academic, language and social-emotional learning could be a natural extension of this curriculum, it is beyond the scope of this project.

## **V. Methodology**

In order to address these research questions:

1. I explored the current state of existing education programs aimed at helping refugees resettle in the United States, and considered how these differ depending on the organisation's model, age range and an individual's ethnicity and country of origin.
2. I combined the above research with the elements of trauma-informed education to suggest a design for the most effective program possible for the Syrian population that meets the needs of refugee children that the American education system does not cover.

I have no primary sources or data, because I have not conducted any interviews. Hence, no IRB approval was required for this capstone project. I did consult with representatives from several organizations around the country in order to inform my background research on similar existing organisations and their structures and offerings.

Given the large informal component and grassroots nature of these resettlement and education enrollment efforts, they often begin as friendly efforts. The work of resettlement and education provision falls largely on non-profit organizations. These may take place in a religious context, like a church, or social space, like a community center or school. The needs are usually urgent and are met as presented by the population. The immediate needs of refugees include

shelter, food and clothing, while longer-term needs refer to education and employment opportunities. Typically non-profit organisations offer assistance with refugee resettlement to satisfy immediate needs and then refer the individuals to other relevant departments, whether youth or adult education, employment and workforce development or legal services. In this paper and in my discussions with refugee aid organisations, I focused on the longer-term need of education. In presenting these case studies, I have also included programs for different age groups, and as a result, these will differ in fulfilling students' needs, such as the level of support and assumed English ability. The models outlined below are a few examples of how organisations achieve their goals of aiding refugees.

## **VI. Findings**

I contacted several organisations across the U.S. with the aim of speaking with a large variety of representatives from agencies that provide services to refugees. I started by contacting government agencies but soon realised that these were not the bodies providing substantial services to refugees. Across the nation, grassroots non-profit organisations were overwhelmingly responsible for extending the needed support and services to refugees. Thus, I started by reviewing annual reports of these non-profit organisations to gain insight into their work and impact. The goal was to gather a sample size of organisations that assisted refugee or immigrants with education in some capacity, whether that be in the form of school enrollment, after-school programming, or mentorship. It was also important for a variety of ethnicities to be represented to distinguish if any variation was observed in the way organisations adjusted their programming to immigrants or refugees based on their ethnicity. I gathered case studies from different regions within the U.S. to gain insight into the distinct priorities and resources. This allowed for a more holistic picture to be represented, assuming there would be large variation. I also included agencies that assisted both children and young adults to examine how respective programming

was altered based on the target age group. The wider age scope brought to the forefront how different needs are satisfied within different age groups. This allowed for the exploration of teaching methods, beyond those that typically cater to children.

a. Organisation A

Organisation A is a non-profit with offices across the globe and in multiple cities in the U.S. In 2020 alone, Organisation A helped 5,237 people become U.S. citizens and 14,000 people participated in workforce, small business and financial capability development across the U.S.<sup>81</sup> Upon arrival, refugees are assisted by the resettlement program of this non-profit that ensures that basic needs, such as food, shelter and legal rights are covered in the early stages of resettlement.

I had the opportunity to speak with a representative of this organisation at an office in a large city in Texas, which has multiple programs that help resettle refugees. The reception and placement program also includes enrolling students in schools. One of their programs focuses on helping adolescents in high school. Organization A also offers two after-school programs that meet twice monthly. One of these programs is intended for girl's only, in response to parental and student preferences that girls be separated from their male peers. These groups provide the opportunity for community building within these circles and learning outside of the classroom. For example, Saturday activities may include ice skating or a college visit.

In addition, for each high school student, Organisation A offers one academic coach for 10–15 students. These coaches meet regularly and individually with each student and serve as mentors and advisors. They are typically students at a university pursuing a master's degree in social work and volunteer as academic coaches in order to fulfill a requirement of their own.

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<sup>81</sup> "2020-Irc-Annual-Report.Pdf."

This ensures that the academic coaches, though unpaid, are held accountable and complete their coaching term. Academic coaches serve as education case managers to families by establishing a service plan with students. They participate in the school placement process with their students, regardless of the grade level. This program begins at the student's level and, through this service plan, provides support and resources to navigate school and meet students' additional educational needs, such as elementary English classes. These academic coaches also work through curricula relevant to each student with the goal of promoting positive identity or developing two cultural identities.

b. Organisation B

Organisation B is a non-profit in a large city in Texas that aims to combat poverty and promote educational equity for refugee and immigrant students through an afterschool program. This program is offered to students in kindergarten through eighth grade and is housed in a neighborhood school located in an area where many refugees and immigrants move when they begin their new lives in this city. The majority of their students are from Myanmar, but other countries of origin include Afghanistan, Burundi, the Democratic Republic of Congo, Eritrea and El Salvador.

Organisation B meets after school for three hours, Monday through Thursday. They also allow students to join whenever they get off school. The program was originally offered on Friday afternoons as well, but because these often conflicted with other activities, primarily religious commitments of Islam, the schedule was adjusted. Classes are broken up by grade chunks: kindergarten to second grade, third and fourth grades, and fifth and sixth grades. Students start at the beginning of the school year and stay until at least the end of the academic year, although many students chose to stay for several years. This decision is made by the

parents, though likely influenced by the kids' happiness level and feedback. There is no point at which teachers or the organisation will suggest students graduate or place out of the program.

Although Organisation B only runs an after-school program, it employs teachers full time. Their full-time employment offer improves their results in the search for teachers as well as providing more time for teachers' to prepare their lessons. This organisation provides many resources and tools to help teachers create and improve their lesson plans. Due to the large range of experiences and issues that arise, teachers require more time for preparation and planning. In addition, the curriculum must change every year, given that each class accommodates several different age groups. Although general themes, such as "Math Monday" or "What's Cooking Wednesday" may overlap, their content often needs to be renewed such that students who were in the same class the previous year are still benefitting. Some teachers are former full-time public school teachers, while the others have varying amounts of teaching experience. Some are directly out of college and looking for additional experience teaching kids, whereas others may have been working with children in a different capacity.

The communication between teachers at Organisation B and other parts of the student's lives is ad hoc. Although there has been an effort to have closer contact with the students' full-time teachers, most have been unsuccessful, perhaps because of the busy schedules of full-time teachers. Despite the lack of communication with the students' classroom teachers, most of their teachers understand what their students are covering in class, because of the extensive help they provide with their homework. The organisation's representative mentioned that it would be most helpful to have some kind of regular contact with the school teachers of students who have particular difficulty with either academic or mental health issues.

The curriculum consists of an intellectual, psychological and practical component. The mental portion of the program focuses on academics, including homework help and English

language acquisition or reading improvement and STEM projects. The emotional component includes mental health–related exercises and social-emotional learning, such as lessons on self-management, self-awareness, responsible decision making, relationship skills and social awareness. If necessary, a mental health counselor who provides one-on-one therapy for students can be included or students can be referred. Students are referred for one-on-one mental health counseling based on observations from their teacher, assuming their parents have given permission. The practical part of the curriculum is structured around project based learning to provide self-paced, hands-on activities for students. For example, students may create their own amusement park or discover relevant shapes by building a bridge.

When students arrive, they start the afternoon outside to relax with the “wiggles” which helps them focus on the skills covered that day. Students form a welcoming circle to acknowledge everyone and foster a safe and open environment. Then, the class has a mindful moment, a calm moment, such as a silent meditation or breathing exercises. After the preparation to learn has been completed, teachers help with English language learning through the students’ homework, reading or other academic related activities. Students may also work on their own projects, as illustrated through the practical portion of the program. At the end of the afternoon, teachers lead a gratitude circle that gives the opportunity to each student to express their appreciation for something, usually within a certain topic that the teacher sets. These exercises address all three components of the program every afternoon.

Under the mental portion, a recent example of a social-emotional learning (SEL) lesson was about equality and equity. The teachers assigned each student an injury ranging from a scrape to a broken arm or concussion. Then the teacher gave each student a Band-aid. Some children protested because a Band-aid was not enough for their injury, such as a broken arm that required an X-ray and doctor’s visit. But for other injuries, like a scrape, a Band-aid was

adequate. In response, the teacher illustrated the difference between “equity,” giving each individual what they need, in contrast to “equality,” offering everyone the same thing. Other topics include “Race and Racism” and “The Uniqueness of You.”

c. Organisation C

Organisation C is located in a mid-sized city in the Midwest, which has been known recently for accepting refugees, particularly from the Middle East and African nations.<sup>82</sup> This is one of the many organisations in the area that supports newly-arrived immigrants and refugees. Today the individuals they aid are from varying backgrounds, including a majority from Ethiopia as well as those from Somalia, South Korea, and South America, particularly Brazil and Venezuela. There are also an increasing number of individuals from Afghanistan and the Middle East arriving in this state. As of March 2022, they were resettling about 100 Afghan refugees, mostly women and children, each month.

The organisation’s refugee resettlement service cooperates with other teams, such as housing and medical services to meet fundamental needs upon a refugee’s arrival. Their immediate needs include healthcare, access to federally funded programs that provide welfare and food stamps and enrolling children in school. Their youth program supports teens and young adults aged 14–24 and “provides free education,” and classes on healthy relationship building, stress reduction, conflict resolution and money management.<sup>83</sup> Upon arrival, refugees and immigrants are also screened for mental health issues and offered counseling, within the organizations’ capacity. Otherwise, they are referred to external mental health resources.

As students approach college age, Organisation C also offers a college preparatory course with coaching and support to adult students. Coaches guide students through choosing and

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<sup>82</sup> “Refugees in Minnesota – Arrive Ministries.”

<sup>83</sup> “Youth Enrichment and Support.”

enrolling in the appropriate class. For example, they may find students the appropriate ESL classes in order to achieve the necessary level of English language for college enrollment. This program pairs each student with a navigator from the first day they join the program until their college graduation. Navigators serve as an advisor to each student, providing advice on their education and college readiness as well as more broad life skills, including time management. Furthermore, they help the refugee or immigrant student outline their goals and determine which types of higher education their interests align with. While some choose to enroll in college, others may prefer nursing school. Navigators continue to support students on the most efficient pathway to achieve their individual goals and serve as a mentor in addition to the student's college counselor and academic advisors.

The organisation's representative attributed their students' success to the wrap-around services they provide. Wrap-around services refer to the holistic approach of these non-profits to the individual's life. In this case, Organisation C not only provides college writing classes, but also mental health support, education enrollment and workforce development, such as discussions about networking. It arranges for a safe space to discuss sensitive issues that may trigger students, including traumatic or abusive experiences. Although only their youth programs help with resettlement, the adult basic education programming also integrates social and emotional support through topics such as cultural diversity and heritage language maintenance. According to the organisation's representative, students appreciate the community they find through these programs that connect students with similar experiences. Through these discussions, students gain insight into American society while maintaining their roots and enjoying the opportunity to be part of a supportive, diverse community with similar experiences.

d. Organisation D

Organisation D is a school district located in a mid-sized city in the Midwestern U.S. that has developed a district-wide initiative to serve English Language Learners (ELLs). The ELL program caters to both U.S. born and refugee and immigrant students through dozens of elementary, middle and high schools. While its coordinators and staff work closely with two pre-kindergarten classes, their formal services begin in kindergarten. The ELL program operates within the school day.

When a child is enrolled in kindergarten, students and parents must complete a home language survey that includes the native language of the student, the language the student speaks most often and the home language. If a language other than English is listed, the World-Class Instructional Design and Assessment (WIDA) is administered to determine the student's English language fluency level. If the student places in the top two levels of the five point proficiency scale, they are regarded as fluent enough to participate in regular classes without any ELL instruction. If they score lower than the top two fluency tiers, students are enrolled in ELL services.

The level of English instruction intensity and curriculum vary with age. The curriculum for English language development involves adapted resources and textbooks through a general sequence, but remains flexible, based on students' needs and in order to allow teachers to include topics at their discretion. For example, social studies habits were recently incorporated into language development with an emphasis on academic language. At the lower proficiency levels, the curriculum revolves around survival language, basic words and phrases that are vital to meet daily needs. The ELL teachers follow guidelines and adapt content to elementary, middle and high school as well as the level of proficiency of a student. The goal is always to teach students the English they need to succeed in the classroom.

To accomplish this, the ELL program employs both co-teaching integrated support and “pull out” teaching. Co-teaching integrated support implies that both an English teacher and native speaker of the student’s language are present in the classroom and that they teach in conjunction. This is most beneficial when a large part of the class requires ELL instruction. Alternatively, “pull-out” teaching, the practice of taking students out of their typical classroom for intensive ELL instruction, is followed. Primarily, the school circumstances determine the method of ELL education. These may take into account the ratio of teachers to students, the school level, the percentage of students that require ELL support and their current English levels. For example, in one elementary school, 40% of the classroom requires ELL support, driving the program to institute a co-teaching approach. Generally, however, if students are at Level 1 or Level 2, the two lowest proficiency levels, the program ensures these students receive “pull-out” time as well.

One distinction between this ELL program and a typical program that caters to refugees and immigrants is that they do not include any psychosocial support or trauma-related counseling. Teachers and staff make use of the terminology “trauma-informed” education and there is a district-wide effort to promote understanding of this topic, as well as adverse childhood events (ACEs), amongst teachers. Beyond the professional development teachers receive in accordance with district-wide training, their interventions are limited. ELL teachers are trained in cultural awareness, for example, but do not have the capacity to provide one-on-one counseling.

Since the ELL program does not provide psychological support or counseling, it works closely with other resources, both internally—within the school—and externally. As such, the first step is to typically refer students to the licensed therapists within the elementary school. Teachers can also recommend families to external organizations, such as refugee families to a local resettlement agency. The ELL central office is in direct communication with the

resettlement office that arranges specific intake meetings with the family. These meetings include the completion of questionnaires, the English language screener and assessment and an interview. The interview provides insight into the family's history, educational background and interruption, and trauma. This provides the ELL program with the basic information necessary to place the student. There is no newcomer's program in the district, so schools that do not provide newcomer services ultimately provide a patchwork of assistance to aid refugees.

One concern about the ELL program is that the time spent learning English, particularly in "pull-out" scenarios, detracts from learning in other courses. This intensive support is concentrated in the early years in order for students to move into traditional classes as soon as possible. In elementary school, students tend to receive 30–60 minutes of English language instruction every day depending on their proficiency level. In middle and high school, students receive two to four periods of English language instruction and intense math instruction. At the high school level, instead of the "pull-out" option, individualized schedules are developed to meet each student's academic needs and level. An ELL student may be enrolled in a developmental English class rather than the typical ninth-grade English class. The district serves students with approximately 70 different native languages. Although it encourages native language development, it does not have the capacity to offer literacy in each student's native language. As a result, students still progress in other subjects, though possibly not as quickly.

Most recently there has been an effort to assist with family outreach over the summer as well. This effort began with a focus on refugee families who had arrived in the country less than two years ago. Staff members completed three to five home visits to share basic information about the school children were attending and learn about their home environment. This was also expanded to immigrant families in this country.

e. Organisation E

Organisation E is a high school that serves a large immigrant and refugee population in a mid-sized city in the Northwestern U.S. I spoke with a retired art teacher from this school. Most students are from China, Central America, Vietnam, North Africa and, recently, Afghanistan and Ukraine. According to the teacher I spoke with, the students who have experienced the highest levels of trauma tend to be from Central American countries fleeing high violence neighborhoods, some of whom arrived as unaccompanied minors. The high school provides ELL services and houses a psychology and medical clinic within the school building. As part of the mental health clinic, students can seek out help in their own language. If there are compatibility concerns, the school may pair the student with a social worker in the community based on their personality, native language and neighborhood instead. In general, students tend to be open about needing support due to the high levels of acceptance and opportunity for assistance within the school community, particularly as the stigma around mental health has decreased over the last few decades.

When students arrive at the school for the first time, social workers conduct an extensive screening to determine the appropriate support for the student based on their education history. Questions about their education history encompass the number of years previously enrolled in school, any interruptions to their enrollment and any other personal details they are willing to share. Students also fill out surveys about their mental health that teachers or social workers can use to refer students to therapy if necessary. They also take a native language, reading, writing and math test. Typically the student's math level provides insight into their previous education, like the number of years they have been enrolled in formal education. Based on how well students score on the English exam, they have the opportunity to enroll in the newcomer's

program, which arranges for enrollment in ELL classes instead of typical English classes and the appropriate level math class.

The social-emotional learning (SEL) curriculum used at Organisation E was developed specifically for this school by a dedicated team that included psychologists, academic counselors, teachers trained specifically in SEL and from different backgrounds. This ensures that the curriculum is uniform within the high school and reflects the cultural, ethnic, religious and political diversity displayed within the student population. The school has also dedicated a weekly time specifically for SEL that includes discussion questions and topics presented by a teacher for all students. These conversations are conducted by a teacher who speaks the students' native language. In addition to providing a space for difficult conversations, this exercise also serves as an opportunity to learn about the basic rules of respect, listening and relationship building. This time allows for valuable feedback for teachers to hear about the students' needs and hopes for the school and to ensure each student has a support system at school. Through this exercise, students are reminded of the importance of self-care.

The art teacher's class included daily check-ins and art activities relating to self-expression. These included identity portrayal, drawing prompts and building up symbols. After each student has completed their art activity, their symbols are then analyzed through the discussion of each piece. Prompts include "I am..." and "I hope..." with guiding questions on the symbolism of each part of the art piece. This draws many parallels to art therapy by providing students a vehicle to discuss previous experiences or unexpressed emotions that may not otherwise be brought up. The use of symbols also provides insight into each student's well-being, reactions to past experiences, significant events and current feelings.

Organisation	Region	Age Group	Offerings	Short Description
A	Texas	High-school and adults	Digital literacy, resettlement services, mentoring and social support	Organisation that provides coaching and community building activities
B	Texas	Kindergarten - 6th grade	Academic , psychological, social support	Daily after-school program for children
C	Midwest	High school and adults	Resettlement services, one-time courses, academic coaching	Organisation offering one-time courses, mentoring and advising
D	Midwest	Kindergarten - 6th grade	ELL services	ELL program embedded in school district
E	Northwest	High school	ELL, social-emotional learning, psychological support, health clinic	School with primarily immigrant and refugee population that provides psychological and academic support

Figure 1: Summary of the organisations described above.

## VII. Analysis

In general, the most successful programs had a few common characteristics. Firstly, an effective program provided students with the much needed support, both academic and social-emotional. This included meeting their needs for counseling, language development or improvement of interpersonal skills. Another hallmark of an effective program was for students to achieve significant improvement. The programs measured improvement in academic or social-emotional areas or both. Although effective programs were not solely based on how well students had adjusted to American society, their improvement was vital in defining the program's success. It is possible that in an effective program students do not achieve complete English fluency, but improve their English skills significantly in the limited time period they are enrolled. Likewise, their interpersonal interactions may not appear seamless, but are thorough

enough to be as independent as is expected of their native peers. Of course, as illustrated below, improvement and success are measured differently by each entity.

### A. Trauma-Informed Education

One surprising finding was that no representative spoke specifically about trauma-informed education, even though asked explicitly. Although several programs use methods from or are guided by trauma-responsive practices, no organization I spoke with employs this method explicitly. This could be for several reasons. Although elements of trauma-informed practice have been applied for decades, trauma-responsive education is a fairly new term and this framework has emerged in recent years. The term was not applied until after the Vietnam War.<sup>84</sup> As awareness around the impact of trauma and particularly around PTSD increased with veterans returning from the war, the term “trauma-informed care” was coined. This shed light on the need to address these traumatic experiences to facilitate recovery, learning and reintegration into society. This term has since been extended to childhood psychology and education practice, particularly for students from vulnerable situations, such as conflict zones. As a result, it has become a more generally accepted pedagogical method of teaching, but the term is still not used uniformly in the classroom.

Another reason this method is not employed by name appears to be related to the professional training required to administer this method of teaching. Generally, it seems that the trauma-responsive education framework at these organisations resembles more cultural competency and English language lessons, rather than directly addressing the traumatic experiences immigrants and refugees have encountered in the past. Although their traumatic experiences may arise through discussion or their effects may be exemplified in a child’s

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<sup>84</sup> Wilson, Pence, and Conradi, “Trauma-Informed Care.”

behaviour, the crux of the traumatic experience is never intentionally discussed, unless brought to the attention of a teacher or mental health counselor. Of the representatives contacted, all indicated that this was because their teachers or staff are not trained as psychologists and, as a result, do not have the background knowledge and experience to address these issues directly. Students who require a stronger emphasis on trauma-informed care are referred to psychological counseling or therapy. As a result, the lack of inclusion of the official term is not an indication of their values, but of the slow change in policy and lack of necessary training that is yet to be officially adopted.

Although in all instances their representatives alluded to the process of healing and included adjacent topics in discussions, a trauma-informed curriculum is not explicitly included in the education or structure of the agency. I included the term in our conversation, but when asked specifically about trauma-informed, my question was usually met with a description of similar practices, without explicitly including the terminology. Throughout these conversations, it became clear that the staff usually refrain from using the particular terminology because it implies specific training the organisations do not require. Thus, the aim of facilitating the process of healing through trauma-informed practice is implicit.

Teachers at the Organisation E have used terminology pertaining to trauma-informed education and Adverse Childhood Events (ACEs) for a number of years in training. These terms are used district-wide through an effort to raise awareness amongst teachers about these concepts. Topics of teacher training include how to de-escalate conflicts and teach social-emotional learning. For example, a common representation used is a closed or open fist depending on the activity of the amygdala, which represents their emotional state. Increased activation of the amygdala signals higher emotional stress.<sup>85</sup> When a student shows an open fist,

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<sup>85</sup> Bremner, "Traumatic Stress."

it is an indication that they are in a state of high emotional stress. This communication is the first step in acknowledging their state. Although teacher training includes these issues, they are not trained in the specific implementation methods or trauma-informed education that can be called upon within a classroom setting. Instead, they are taught about the theoretical aspects of these concepts in order to raise awareness and identify the issues at hand to refer students externally.

### B. The Definition of Success

The ways in which each agency measures success varies. Overall, all organisations I spoke with defined success based on self-reported questionnaires and feedback from the participants at the beginning and end of their individual programs. A few organisations also followed up with their participants up to six months later. Their English skills were measured through written assessments and through a comparison of their answers before the start and after the completion of the organisation's respective program. If students had improved in their language acquisition scores or scored more highly on the questionnaires after the program's completion, that would be considered a success, as it would indicate students found the programming offered beneficial. Each program has defined success differently, as outlined below.

#### i. Organisation A

At this organisation, the success of each refugee student is contingent upon how well they follow the plan they have created with their academic coaches. Each student establishes a "service plan" with their academic coach, with whom they meet regularly to ensure they are staying on track. The academic coach is also the education case manager for the family and helps answer any questions that may arise throughout the educational process. Whether or how quickly students achieve their goals is an indicator of success.

They also have a number of courses that refugee and immigrant students can complete, most notably one of the largest digital inclusion programs that teaches technological literacy. The organisation's digital inclusion course is taught as a series of three modules, each containing five to seven lessons. This course covers everything from turning on a computer to necessary skills to fill out a job application to Google Sheets. Upon completion of this program, there is no certificate or exam, but students can use these skills to apply for jobs, improve their resumes and become more marketable to employers.

## ii. Organisation B

This program measures success by comparing answers to three self-reported questionnaires administered to students at different times throughout the year. The first questionnaire, the Strengths and Difficulties Questionnaire, is administered at the beginning and end of the school year. This self-report form is used as an indicator of how each student is feeling (e.g., "I am restless; I cannot stay still for long"), reacting (e.g., "I am nervous in new situations; I easily lose confidence") or cooperating with others (e.g., "I fight a lot; I can make other people do what I want"). Students answer "not true," "somewhat true" or "certainly true." Comparing the answers from the beginning and the end of the school year can provide valuable insight to teachers on how students are faring, independent of their reactions. The Dynamic Indicators Basic English Literacy Skills (DIBELS) questionnaire is used to measure children's language acquisition including phonemic awareness, comprehension, and English language awareness and can be administered by a non-certified teacher. The Student Feedback Survey asks children to rate their experiences, such as the helpfulness of teachers. The parent survey is completed at the end of each school year and provides a glimpse into the students' reactions to the organisation beyond their walls. Parents are asked to evaluate the truthfulness of certain

statements on a five point scale. These statements refer to their children's experiences at and their families' opinions of Organisation B. This information is used as an internal feedback form for improvement purposes within the organisation. By comparing students' responses to these prompts, teachers can determine their improvement and successes throughout the year.

### iii. Organisation C

Organisation C compares answers from self-reported surveys to quantify the success of each student. Participants in their program are asked to fill out a survey prior to beginning the program, upon program completion and six months after completion. The questions aim to measure the effectiveness of the curriculum. The initial questionnaire focuses on the student's personal well-being and interpersonal relationships. The completion questionnaire includes prompts regarding the student's use of the learned skills after the program's completion and how their relationship with people in their lives has been affected, since a significant component of the program focuses on building interpersonal relationships. The follow-up questionnaire asks whether they retained the skills and information and/or learned anything new and whether they still make use of these learned skills six months after completion of the program.

### iv. Organisation D

In order to measure students' improvement, the WIDA, an assessment of English language proficiency, is administered every year. Students typically continue with the ELL services, until they reach the top two tiers. There are students, however, who are enrolled in ELL programs throughout their time in schools and never exit the program for different reasons. Most commonly, there is a disability that affects their performance on tests or they arrive in the U.S.

later and, as a result, do not have enough years to compensate for their deficit in the English language, though they can still take classes and receive a diploma upon graduation.

v. Organisation E

According to the art teacher I spoke with, the success of students is measured by social workers. Behavioural and social progress are measured by extensive observations of social workers who work with the students over time. Extensive notes are also recorded to determine how their behaviour and interpersonal interactions have improved or changed throughout the school year. In addition, students are asked to complete multiple surveys about their feelings, their confidence, bullying, their sense of belonging as well as other metrics of well-being such as making friends.

C. Few Organizations Work with Children

Throughout my research, I found that very few organisations support young refugee children. One reason for this choice might be that children are very challenging to work with. Inherently, it is very intense and time-consuming, especially when the children have been afflicted by trauma and pose challenges, like behavioural difficulties. Although they are among the most promising populations to work with, because they are still developing and, as a result of their brain plasticity, have the most potential to transform and succeed, they require high attention and specialized support. Children may be at most risk but with the correct guidance and support are capable of the biggest changes. Thus, it is likely that most organisations do not have the capacity to provide the intensive programming and consistent support that children require. These programs may prefer to focus on populations they can accomplish impactful change with the resources at their disposal. This may contribute to the widespread availability of

organisations targeting older populations, such as high school and college students. These tend to be within the reach of these agencies and they anticipate that these changes will affect siblings and parents subsequently. Overall, however, there are significantly fewer organisations across the U.S. available consistently to refugee children as compared to other age groups.

### **VIII. Discussion of Case Studies**

These organisations were all similar in their aim of helping refugee and immigrant children. Their approaches differed significantly not based on ethnicity or country of origin of their students, but based on their organisation's model of operation. All of the organisations I spoke with welcomed students from a range of backgrounds without any discrepancy or tailoring of their services beyond the necessary academic levels and psychological support. Typically, however, the schools observed a congregating effect amongst homogeneous populations, as families of a certain ethnicity choose to settle in areas where their ethnic group is already represented. As a result of this geographical preference, certain programs skewed towards one ethnic group, but were not exclusive. Each agency had several groups represented but usually included one majority ethnicity. While three of the five programs employed teachers that spoke the majority of the students' native languages, not all languages spoken were represented amongst teachers.

In addition, all of the organisations considered provide academic counseling or psychological support or both. Two representatives referred to mentorship or academic counselors that students were paired with, while three provided ELL or English language assistance in addition to the children's typical school day. Four programs offered psychological support internally in the form of a school counselor or psychologist within the organisation, whereas one referred those in need to external resources for psychological support, as the organisation was not equipped to offer this expertise. Many of those that offered internal support

offered external referrals as well. Two organisations, A and C, offered external support to other agencies or counselors by referral.

Age was a determining factor in the format of services offered. For example, in the case of the Organisation C, a one-time sixteen-hour course is offered for young adults aged 18–24 that teaches communication, interpersonal skills and money management. These students have case managers but do not require daily support, since they are older and usually have been in the U.S. for a significant period of time. Organisation A provides weekly programs for high schoolers to meet peers whereas Organisation B offers a daily after-school program for children. Organisation E provides exclusively ELL support within the school day for K–12 students aged kindergarten through the end of high school who qualify. Since language is the primary concern, it is most appropriate that students have regular lessons with the same teacher to ensure continuity and progress. The goal of the ELL program is to assist with the student’s educational development and particularly language acquisitions. The most integrated programs appear to be at Organisation E, which is a school that includes both ELL and SEL teaching for students of middle and high school ages.

## **IX. Curriculum Guidelines**

The guidelines provided below are suggestions and do not qualify for all populations. Based on the children’s needs informed by the literature review and the background gathered from representatives of the agencies I spoke with, the following commonalities were observed within this group. These guidelines serve as a sample to illustrate an effective trauma-informed positive education approach for refugee children. They include examples from the highlighted organisations and suggestions for the format, academic support, relationship building, emotion regulation and cultural preservation.

### A. Format

For young children in kindergarten through third grade a daily after-school program would be most effective. As children are early in their developmental process at a young age, they are accepted as the most promising age group for success, because of the high level of neuroplasticity of the brain. This allows neural pathways to be reformed.<sup>86</sup> A characteristic of the developing brain is its malleability and rapidly evolving development. Thus, a program with more frequent meetings and consistent schedules takes advantage of the after-school format to maximize both the learning and the comprehension of new skills. The consistent schedule also makes the program reliable as each afternoon becomes predictable and dependable for students, increasing the sense of security. A similar format illustrated by Organisation B would consistently provide the space for students to learn, review material learnt in school that day and grow. This would also allow students to attend school during the day and have a space in the afternoon for additional learning and improvement. The program can be housed in a school, an environment that is familiar to students. An outdoor space would also be useful to allow for appropriate activities like sports, outside play and running around. The goal of this program is to give students the freedom of choice and aid their emotional development along with their economic progress.

### B. Academic Support

Firstly, the academic curriculum would supplement their academic progress in school and provide extra help for new concepts. Similar to Organisation B, teachers may assist students with their homework. This will provide insight into the student's academic progress in school. In addition, by helping students with their homework, other gaps may become evident and this provides an opportunity for further teaching. From reviewing homework exercises and material

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<sup>86</sup> Asby, "Why Early Intervention Is Important."

covered during the school day, teachers can prioritize emphasizing math or reading during the academic time to fill learning gaps. These curricula may include recently taught English language development, through story reading and spelling.

### C. Relationship Building

At the same time, for a student to grow in a healthy way and to aid their learning on these fundamental topics, it is imperative that they feel safe and build strong relationships. Due to the exposure to trauma prevalent in this population, beginning by addressing a child's challenges with this skillset aids their learning. Throughout their academic progress, teachers concentrate on skills that have been affected by trauma, such as emotion regulation and expression, relationship building and coping with adversity. In order to feel safe, children must develop relationships with caregivers by building trust. These connections are formed over time, by creating a safe environment where the student feels welcome, safe and, in return, trusted. For example, teachers may put forward a few options when it comes to choosing an activity. This yields a sense of control to students over their schedules and trust towards the adults, as they are returning control of time to the students. The availability of choice also helps students take initiative and gain independence by selecting an activity. A consistent sequence of activities strengthens the sense of safety and trust invoked by teachers.

### D. Emotion Regulation

Emotion regulation is another area of difficulty for trauma-afflicted populations. The social-emotional component should include a space for healing and addressing previous traumatic experiences. In this case, children should be given a choice in the way they wish to express themselves. While some may be structured, many of the values can be imparted through

activities. For example, creating a circle where everyone faces each other for daily check-ins that allows space for everyone to participate highlights the value of mutual respect.

Implementing daily exercises can aid in emotion recognition, expression and management. Another way children can learn to manage their emotions is by recognizing them through conversation with teachers. One exercise often used at Organisation E during daily “check-ins” requires students to pick out the animal that represents their current emotional state. Follow up questions can prompt a discussion of the cause, reasoning and action to take based on this emotional state. Art therapy is one way to provide students with an opportunity for emotional expression, similar to the method employed by an art class at Organisation E. This includes any art form, like sculpture, drawing or painting and is aided by a prompt presented at the start of class. Then, students can discuss their works of art. Often, the art is a metaphor for unexpressed emotions or impactful past events. When students choose to share, this can be used to acknowledge and discuss these events and the student’s reaction. Inhibiting the stress response by expressing emotional reactions in a different context facilitates healing.

One way emotion management can be improved is through mindfulness. These may include meditation and breathing exercises.<sup>87</sup> Control over the breath helps calm the mind and body and allows for connection with a person’s deeper thoughts. Breathing exercises ground students and help improve self-awareness. In turn, this limits impulsive actions and decisions and confers the opportunity for children to think through the effects of their actions. Through the additional reaction time granted by the breath, the child can adjust their instinctive reaction that is often based on habituation curated by previous experiences. In trauma-afflicted populations, the instinctive response is often based on the need for survival and, in the case of refugee children, in conditions of extreme stress.

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<sup>87</sup> Treatment (US), *Understanding the Impact of Trauma*.

Furthermore, supervised free play can be used to promote healing. In addition to encouraging children to learn about their surrounding world and to be curious, free play can provide insight into children's thoughts, emotions and experiences. For example, if a child hits peers or their dolls, it is likely that the child has been exposed to violence or aggression at home or in a previous setting. In this case, by playing this scenario out, the child may gain some relief from the stress of this exposure to violence, particularly when the child is not in command of language to describe the experience. However, it is vital to have adults present as well, as this can become a repetitive cycle that reinforces the harmful behaviour. A caretaker who is aware can break the storyline of the child's play by redirecting the child's narrative. In this case, the adult may suggest an alternative, positive ending to the scenario, such as escape routes. This element of supervised play, like art therapy, is curative.

Similarly, play promotes creativity and problem-solving skills and can help children determine ways to overcome these adverse experiences. Play can facilitate emotional intelligence and the building of strong relationships with caregivers, which allows for the teaching of emotion regulation. Similar to suggesting positive endings to the child's story, by verbalising the pain the doll may be feeling, the caretaker prompts the child to elaborate on her feelings and reasoning behind her violent behaviour. Speaking about this experience can also guide the child to heal from a previously violent experience and acknowledge a positive alternative way of interacting. Through play, children affected by trauma can learn to identify their own and others' emotions, empathize and react to classmates. In this example, the caretaker has acknowledged the doll's pain, which nudges the child to consider its own and the doll's emotions in this interaction. Then, more broadly, this can be applied to the child's experiences with peers and other individuals beyond the classroom. As a result, creating a safe environment for play

supports children in exploring their emotional states and process of healing through reflection and discussion with caregivers.

#### E. Cultural Preservation

Lastly, it is important for students to invest in and emulate their cultural roots, including their native language, religion and cultural norms. To achieve this, the curriculum must be culturally responsive and teachers must be culturally aware. Given that this program aims to serve Syrian refugee children specifically, Arabic speaking teachers, particularly those of the Shaami dialect that is most common among Syrians, are vital. In conjunction with English development, the dual language environment aids language acquisition of their adopted language while maintaining native literacy. An effort for teachers to reflect the composition of students, their knowledge of religion and cultural holidays would be beneficial for creating an environment where students feel welcome. This similarity would also help minimize the differences between home and school wherever possible and facilitate an easy adjustment. Ultimately, this reinforces the sense of security and belonging of students in the program, allocating a safe space for exploration and growth.

#### X. Limitations

This research provides some insight into the kinds of support non-profit organisations provide to refugees in the U.S. and is not an exhaustive search. There are several models across the country that meet refugee needs with regard to education. In this paper five are presented and overarching themes are discussed. Given that this is a small sample size and only a fraction of the available programs are described, this is certainly not comprehensive or representative of all refugee resettlement programs in the U.S. Similarly, there are many ways to address the goals of a trauma-informed program and the guidelines include merely a few suggestions.

It is important to note that mental health screenings and counseling are provided, sometimes within the capacity of the organizations considered above. However, this screening is not equivalent to trauma-informed practice or mental health support to address the necessary healing. When refugees are referred to external resources, it is unclear what kind of assistance they receive and from whom, as it is on a case-by-case basis. Much of this information was also not available due to confidentiality and HIPAA policies in place.

## **XI. Future directions**

It would be fruitful for future research to consider including the opinions and reflections of the participants and their parents of each program. This would provide insight into their assessment of the programs and the extent to which they find them useful for successful resettlement and integration into their neighborhood or city. Though this is beyond the scope of this capstone project, it would provide a more holistic view to include the opinions of the individuals who make use of the services at each organisation. It is important to consider, though, the limitations with interviewing a vulnerable and protected population, such as refugees.

Another area to explore for future research is the opportunity to include trauma-informed education and pedagogy in the classroom and the requirements for teachers to make use of this pedagogical method. It would also be important to consider the specific content of further training and the extent to which this should be provided to all teachers. It is also important to consider the implications of this increased training, particularly on the limitations this would enforce on recruiting teachers and volunteers and whether the training could be completed in-house.

## **XII. Conclusion**

Over the course of this capstone project's research certain key themes have emerged. Syrian refugees' needs include consistency, academic and social support, opportunities for relationship building and improving emotion regulation and healing. A culturally responsive environment that preserves their cultural and linguistic heritage is also necessary. In general, trauma-informed education addresses many of these areas and promotes growth and development while acknowledging previous traumatic experiences unique to this population.

Traumatic experiences fundamentally affect the development of young students, often illustrated in their behaviour and academic difficulties. To address the increased prevalence of trauma amongst refugee students, ensuring safety is paramount. Once safety is ensured, relationships with caregivers and adults can be formed as well as with peers. Through this supportive network and trusting relationships in safe environments, students learn to regulate emotions. Employing a trauma-informed approach for a curriculum that can assist students in the healing process by addressing the social-emotional and, by extension, learning difficulties would decrease the high rates of mental health issues and help them integrate into society more successfully.

If this training were the newly accepted standard for teachers across the U.S., students would benefit immensely. Traumatic experiences, such as exposure to extreme poverty and violence, are broad societal issues evident in many neighborhoods across America; these are not experiences unique to war and human displacement. While there are many forms of trauma and every single type cannot be accounted for within the limits of a school, the introduction of a trauma-informed approach in all schools would surely have a positive ripple effect across all school ecosystems.

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