

OVERCOMING BARRIERS: A TOOLKIT FOR HELPING REFUGEES ADJUST TO LIFE IN THE UNITED STATES



Refugee Family Strengthening Program



U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS

This toolkit provides people who work with refugees a brief introduction to the variety of challenges that refugees face including crisis, symptoms of mental illness, and emergency situations. The toolkit also suggests available local resources. Materials have been written and designed to meet the cultural and linguistic needs of the audience. The audience includes refugee community leaders, case workers, and volunteers. This toolkit was developed by the U.S. Committee for Refugees and Immigrant's (USCRI) Refugee Family Strengthening Program.

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For additional information and resources about refugees in the United States and worldwide see:

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M A K I N G A D I F F E R E N C E I N T H E L I V E S O F R E F U G E E S A N D I M M I G R A N T S

For almost a century, the U.S. Committee for Refugees and Immigrants (USCRI) has helped immigrants and refugees build better lives in the U.S. and around the world. USCRI works through five field offices and a network of 27 community-based partner agencies to resettle refugees and help immigrants in the U.S. access basic housing and orientation services, as well as targeted programs such as English as a Second Language, employment assistance, relationship and marriage classes, healthy living, financial literacy, and citizenship preparation. Each year approximately 5,000 to 10,000 refugees are resettled and almost a million immigrants are assisted through the USCRI network. USCRI, headquartered in Arlington, VA, is a non-profit, charitable organization with 501(c) (3) status.

USCRI also works to mobilize an effective response to refugee situations from the international community. USCRI makes refugee needs known to world governments, U.S. policy makers, humanitarian organizations, and the general public. USCRI holds public briefings, updates government officials, and testifies before the U.S. Congress. To mobilize the public, USCRI ensures that refugees are in the news through staff appearances on television and radio, as well as in newspapers and magazines and on the Internet. We distribute our analysis and recommendations through USCRI publications such as the World Refugee Survey online at www.worldrefugeesurvey.org, email updates, and our website, www.refugees.org.

Since 2004, USCRI has led a growing coalition of hundreds of nongovernmental organizations and individuals in the international campaign to end refugee “warehousing”—a practice that deprives millions of refugees worldwide of the rights to work, to practice professions, to run businesses, to own property, to move about freely, to choose their place of residence, and to receive relief on par with nationals. Please join the campaign to end refugee warehousing on our website, www.refugees.org

About USCRI’ Refugee Family Strengthening Programs

USCRI and its affiliates serve refugees through family strengthening programs that build strong communication and problem solving skills. USCRI adapted the internationally recognized Relationship Enhancement® model to meet the cultural and linguistic needs of the diverse refugee and immigrant populations. Workshops teach 10 skills that mark good relationships in marriage and family, at work, and in the community. Additional services strengthen communities through mentoring programs, community events, and trainings for community leaders. Local programs support families as they transition from traumatic experiences to life in the United States. Programs are made possible through a Refugee Healthy Marriage grant from the Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services. Please visit us online at www.refugees.org/healthyfamilies.

I N T R O D U C T I O N

Helping Refugees with Challenges in Adjusting to Life in the United States is a resource for community leaders, case workers, and volunteers who are helping refugee families through difficult times. This toolkit can help to:

- recognize warning signs of a crisis or emergency,
- understand difficulties in adjustment,
- recognize signs of a possible mental illnesses,
- understand words that a doctor or other mental health professional might use,
- offer help and support,
- find help from resources and trained professionals in the community.

Each topic includes a story, a description (*What is it*), a discussion of how refugees may experience an event (*The Refugee Experience*), suggestions of how to help (*How You Can Help*), and a list of resources (*Resources in Your Community*). The resources listed in this toolkit are available in all communities. These resources are good places to start when trying to understand what is happening and how to help.

The topics in this toolkit do not include every type of crisis, mental illness, or family crisis such as domestic violence, child abuse, and neglect. To be most helpful, you should talk to service providers who have professional certification and/or personal experience in crisis intervention and mental health. This information should be combined with cultural knowledge about the specific ethnicity and culture of the individual.

Recognizing Crisis

People often think that a crisis is a big and unexpected event, such as a car crash, a fire, or a death. These events may lead to a crisis, but they are not, themselves, crises. A crisis is a person's reaction to an event. The reaction is so severe that it interrupts normal daily routine. A crisis depends on *how* a person reacts to the event, not the event itself. Each crisis depends on the person's thoughts, feelings, concerns, and desires about the event. An event that leads to a crisis for one person might not lead to a crisis for another person. A severe reaction can lead to an emergency. It is important to help someone in crisis find support and resources and stay safe.

When a person is experiencing a crisis, they may have trouble eating, sleeping, or concentrating on their tasks. However, if these problems last more than two weeks and the person stops going to work, going to school, or taking care of children, the person may be showing signs of mental illness.

It is very helpful for people in crisis to feel that they are understood and that their feelings are respected. It is important to *listen* to a person in crisis and let them tell their story. One way to do this is to *show understanding*. Try to experience their point of view, and then identify their feelings, thoughts, concerns, and desires. The *Showing Understanding* skill from USCRI's Relationship Enhancement® program shows how to experience the other person's point of view, listen to what they are saying, and share your understanding of their experience.

What If It Was Me?

Everyone has had a difficult and frightening experience. Take a minute to think of something in your life that really scared or hurt you.

- How did you react?
- When you were going through this, what did you *want* somebody else to do for you?
- What *did* someone do to help you?
- How has this experience changed the way you think and act today?

Thinking about these questions will help you when working with others in crisis. We have all had times in our lives when we have been scared, angry, sad, and confused. Each person experiences a crisis differently based on their thoughts, concerns, desires, and feelings. Although you cannot experience a crisis exactly like another person, you can try to understand their experience by thinking about the types of feelings they are having.

Family Concerns

All refugees adjust to life in America at different speeds and in different ways. Some may be comfortable talking about a problem with someone outside their family like a doctor, social worker, or therapist. Other refugees feel less comfortable sharing personal experiences outside the family. They may find it difficult to talk to or ask for help from a person of a different culture. They may be worried about looking bad in front of their community, not being understood, or feeling stupid.

Refugees from most cultures feel more comfortable talking to someone they already know or trust. Often people go to a trusted relative such as a parent, sister, brother, cousin, aunt, or uncle. They may talk with a friend, a teacher, a spiritual leader, or a traditional healer. Others may not share their problem with anyone and try to solve their problems by themselves. Many people will ignore or try to forget about their problems. Sometimes people may use alcohol or drugs to forget about their problems.

When helping others in crisis, it is important to recognize and respect the privacy of the individual and family. Family matters should be treated as confidential. This means that you should not talk about the family or their problems with others unless you have the family's permission. If you work for a resettlement agency, you must have the individual or family's written permission.

The one exception to privacy and confidentiality is an emergency situation that is dangerous to one's life. In the following situations, you must get help immediately:

- You suspect child abuse or neglect.
- You learn that someone wants to die and has a plan to kill him or herself.
- You know someone is planning to hurt someone else.



When it is an Emergency, call 911. Get help, even if the person or family does not want it. (See "In an Emergency." On page 8.)

American Culture and Laws

One of the hardest parts of the refugee experience is learning the culture of a new country. Every culture is different. Every culture has different traditions, religions, and ways to show thoughts and feelings. Most important, every culture has a set of rules that people are expected to follow. These rules are not written down, but we learn them from family, teachers, elders, and friends. In various ways (by being told, by observing, by making mistakes), we learn what is expected of us when we are children, when we are adults, and when we are elders. We learn what is expected of us as men or as women. Culture teaches us how to behave and what is ok and not ok for us to do.

Each culture has its own answers to questions such as:

- Who should leave home to work?
- Who should take care of the home and raise the children?
- Should you stay close to your family?
- Should you leave home to be “on your own?”
- How should you punish your child?
- When you have a problem, do you ask for help or keep it private?
- If you ask for help, should you ask a friend or a professional?

Different cultures have different answers to these questions. It does not make one culture right and another wrong. It makes them different.

In many non-Western cultures, the influence of family and community is very strong. People build communities and their futures through their families. The families and community are responsible for teaching and enforcing cultural rules and for taking care of its members.

In American culture, individuals rely less on their family and community in regards to their personal decisions. In addition, community members in the U.S. do not enforce cultural rules on others as compared to societies that refugees are from. Instead, the government makes and enforces laws to protect its culture and community. The government, not the extended family, is responsible for taking care of people. Because the government has this responsibility, American family life is affected by many laws. Laws protect family members from violence in the home. Laws make sure children go to school. Government programs help people in need to find housing, get money for food, and receive health insurance.

Many of the laws that affect families in America are made to keep people safe. For refugees who are not familiar with American culture, some of these rules can feel disrespectful because they affect private family life. It is even more difficult for refugees to understand and follow a law when it enforces cultural norms that are different from theirs. It is important to remember that the law was created to help keep people safe. One of the challenges in the lives of refugees is to understand American culture and learn how to follow these new laws.

Mental Illness in the United States

Many refugees come from countries and cultures where mental illness is not recognized, is not understood, or can bring shame to a family. It is important to help refugees understand the American mental health system and its resources. In American culture, especially after a crisis, special names and labels may be given to a person's reactions and behaviors. When changes last for a significant amount of time and interrupt a person's daily life, the changes are called *symptoms*. Several different symptoms that cause a big interruption in a person's daily life might be called a *mental illness*.

The topics in this toolkit describe symptoms that may develop into or are part of a mental illness. To describe the type of mental illness and the combination of problems, a *diagnosis* is made. Not all symptoms make a mental illness. A diagnosis of a mental illness is made when symptoms last for a long time and interrupt a person's daily activities and goals. The diagnosis does not mean that someone is crazy or dying.

In the United States, a mental illness is diagnosed only by trained and licensed *professionals*, such as doctors, psychologists, psychiatrists, and social workers. A diagnosis helps professionals identify the best support and medical treatment to help people get better. It is important to help refugees understand that their symptoms or diagnosis are not uncommon and there is help.

I N A N E M E R G E N C Y

When it is an Emergency

Treat the situation as an emergency when a person is:

- **A danger to themselves.** If someone is talking about killing themselves (suicide), it is an emergency.
- **A danger to someone else.** If someone is talking about killing someone else (homicide) or harming someone else (domestic violence; child abuse), it is an emergency.



Any time someone's life is not safe it is an emergency. In an emergency, always ask for help.

Guidelines for Emergency Responses

- Never try to take care of a crisis by yourself. Always **get help** from someone who has experience working with emergency situations (your supervisor, a police officer, a doctor, a social worker).
- When the person's life is in danger or when the person is a danger to someone else, **call 911**.
- If someone has a physical injury, get the person **immediate medical care and/or call 911**.
- Try to **get more information** about the emergency situation for the emergency responders (911, police, ambulance.) Ask the person or others around details about the situation. Ask who was involved and what happened. Find out when, where, and how it happened.

For Your Own Protection

After the emergency is resolved, write down what you did. If you are employed by the resettlement agency, follow your agency's protocol. This includes telling your supervisor and documenting all of the information in the person's chart.

Answer these questions:

- What is the name of the person in crisis?
- Where did the crisis take place? Give a specific address.
- When did the crisis occur? Give the day, date, and time.
- Who else was in danger?
- Whom did you ask for help?
- What did you do? What did you say?
- What did the person in crisis do or say?

C H A L L E N G E S T O A D J U S T I N G T O
L I F E I N T H E U N I T E D S T A T E S

Stress

Mustafa is a refugee from Iraq. He arrived in the United States with his wife Amal and five children. He waited two years in another country for his refugee application to be approved. Mustafa and Amal have a new baby daughter. The baby has severe food allergies and needs special attention from her parents. When the case manager visited the family this month, she felt strong tension between Mustafa and Amal.

Mustafa said that they had been fighting a lot lately. He complained that Amal, who is supposed to take care of the children, is always feeling sick. Mustafa works the night shift and must drop his children off at school as soon as he comes home every morning. He tries to sleep for a few hours after, but cannot sleep because of the crying baby or because of the noise made by his wife's visitors.

Mustafa also said that he does not like his job. He works as a cashier and makes just \$8 per hour. For Mustafa and Amal, this is very little money to buy clothes and other items for their children. Mustafa was a lawyer in Iraq. Unfortunately, he cannot work as a lawyer in the United States until he learns English and receives more education on American laws. His employment counselor recommended English classes, but he complains that he is too tired to focus in class.

Mustafa does not have much time to visit friends or go out because he is too busy working, taking care of his family, taking his sick child to medical appointments, and going to English classes. Mustafa told the case manager that he thought life would be very different in the United States. He said that he tries very hard to change his life circumstances but he cannot. He feels very frustrated all the time. The case manager told Mustafa that he has too much stress and is stressed out. Mustafa had heard the term before but did not know what it really meant!

What Is It?

Stress is a type of reaction in the brain and body to an event or after several events. Stress is often described as the frustration people feel when something does not happen the way they want it to or when daily responsibilities become overwhelming. This frustration can cause uncomfortable thoughts and feelings or even physical pain.

Stress can last for a long time, even after the event has already ended. When stress lasts for a long time it is called *chronic stress*. Chronic stress increases the risk of sickness or mental illness. It is important to get help to relieve such stress.

Stress occurs when people cannot reach a goal. They may not have the time or resources to do it. There are many reasons why people might feel stressed:

- They cannot find a good job.
- They are working many hours on different shifts.
- They cannot speak the language.
- They do not have enough money to buy things for their children.
- They do not have enough time to spend with the family.
- They do not have enough time to work and then cook, clean, and take care of the children.

The Effects of Stress

Stress affects different people in different ways. The symptoms can be divided into four categories:

- **In the Body.** Stress can cause headaches, tense body muscles, pain, problems with sleep (insomnia), and a decrease in sexual desire or performance. Stress can cause many health problems such as heart disease, high blood pressure, and stomach problems.
- **Thoughts.** With stress, it can be difficult to concentrate on working, learning, making decisions, and solving problems. People under stress think that life is difficult and that they cannot do anything about it.
- **Feelings.** People who have lots of stress can get angry or be annoyed easily. They may yell at others or avoid people. Since they think their problem is too difficult to handle, they feel frustrated, helpless, and hopeless.
- **Behaviors.** Family and friends may start to avoid someone who is stressed if that person gets angry easily. People under stress may avoid others and spend time alone. They may have stopped spending time doing things they enjoyed or found relaxing such as going to the park, fixing things, listening to music, etc. People experiencing high stress may use drugs or overuse medications and alcohol.

The Refugee Experience

Studies have shown that refugees can have more health problems related to stress than other immigrant populations.¹ They had many stressful experiences before coming to the United States. Stress continues in their lives as they try to adjust to the new culture. For example, a mother may have come from a country where her family, friends, and neighbors helped take care of her family. Now she is living far away from them in a new country and has to manage the responsibilities of her children, her marriage, and her job. Some families may have lived for many years in a refugee camp. Now they have bills for rent, electricity, water, and other services they never had in the camp. They must learn to read bills, budget for them, and pay them.

How Can You Help?

- Be available to listen to the person.
- Let them know their worries are common and important.

¹Yakushko Oksana, Megan Watson, and Sarah Thompson, "Stress and Coping in the Lives of Recent Immigrants and Refugees: Considerations for Counseling," (International Journal for the Advancement of Counselling 30 (2008): 167-178. Springer Science. 30 Oct. 2008).

- Encourage the person to manage stress and anger through rest, exercise, and healthy eating.
- Help the person focus on one problem at a time.
- Help the person manage his or her time more efficiently.
- Help the person accept that it is okay to ask for help.
- Help the person focus first on what is really important.
- Help the person realize that change is gradual and takes time.

Resources in Your Community

Persons

Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Internet

- USCRI Toolkit: Ways to Manage Stress and Anger. www.refugees.org/healthyfamilies
- USCRI Brochure: Adjusting to a New Culture. www.refugees.org/healthyfamilies
- USCRI Brochure: How to Manage Stress. www.refugees.org/healthyfamilies
- USCRI/ IRSA Publication: Lessons from the Field: Issues and Resources in Refugee Mental Health. www.refugees.org
- Health Info Translations: Coping with Stress. www.healthinfotranslations.org

Other

- USCRI's Refugee Family Strengthening Workshop: *Family Stress and Conflict Management*.

Body Pain

A Vietnamese grandmother has been complaining of pain in her chest. She says the pain comes and goes. Sometimes she feels like she cannot breathe. The family doctor listened to her heartbeat and did some tests. All the test results were normal, but the pain continues. The grandmother says the pain gets stronger at night. She also talks about her memory of hearing people in her village crying when they were kidnapped at night. One day her daughter says, "Mama, I am worried about the pain in your chest. The doctor says you are okay but I think we should talk to someone about the feelings you have about the people in the village who were kidnapped." She asks her mother, "Who do you feel comfortable talking to?"

What Is It?

When doctors cannot find any medical problems that are leading to the experience, the body pain can be a sign that someone is experiencing sadness (depression), a lot of stress, and/or anxiety. People may not talk about their feelings, but will complain of headaches, backaches, nausea, or other pains. They may describe the experience by how much it affects their body rather than their feelings and thoughts. Even though a doctor does not find problems, the person is still experiencing much pain.

The Refugee Experience

When experiencing emotional trauma, refugees are more likely to complain about body pain if they come from cultures that do not believe mental illnesses exist. Talking about mental illness can be shameful and embarrassing for some refugees. When they have experienced a traumatic event or loss, refugees may express their sadness and grief through their body. People can respond in many different ways. For example, a woman who has lost her children may experience chest pains. A father who has watched a relative die could feel sick and nauseous when he remembers the event. Some refugees may describe the pain as "sinking heart," "heat in the head," "a biting sensation all over the body," "heaviness in the head," or "heaviness on the back." They may say they "have a broken body" or that "my heart is poisoning me."

How Can You Help?

- Encourage the person to see a doctor. A doctor can determine if the pain is caused by injury or disease.
- If the doctor does not find a medical problem, but the person continues to suffer physical pain, encourage the person to talk with a religious or spiritual leader, traditional healer, or mental health professional (psychologist, psychiatrist, social worker).
- Even if the doctor does not find a medical problem, they can still be suffering. Recognize their pain and make sure they feel understood and cared about.

Resources in Your Community

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist, Religious or Spiritual leaders, Traditional healers

Places

- Emergency Room
- Religious or Spiritual Center
- A place for exercise such as a gym, pool, or park

Trauma

A father and son from a Burmese family have a very good relationship. The son likes to talk to his father about fishing, school work, and soccer. The father likes to help his son with all of these things. But since they came to the United States, he has had trouble helping his son. The father has bad memories of watching four people being killed one day when he was returning from a fishing trip with a friend. He has tried to forget the memory but lately he is reminded of it so much he does not want to go fishing with his son anymore. When the son asks his father why he does not want to go fishing anymore, the father says he has too much on his mind.

The uncle has also noticed changes in the father's behavior and says, "Brother, it looks like you are very upset by what you are thinking about. I know you are not sleeping well. Maybe we can talk about it." The father says, "Okay," and tells his brother about the bad story that happened one day he was coming back home from fishing. He says that he cannot stop thinking about it and dreaming about it. The brother says "This sounds important. Maybe we can find someone to help you find ways to stop thinking about it so much."

What Is It?

Trauma refers to any kind of intense stress that occurs after a horrible event like war, religious or political persecution, or violence that affected a person's stability, safety or wellness. Another example of a terrible event is *torture*. Types of torture can vary and cause extreme pain. Torture is used as a way to punish someone, get revenge, or get information. The event is *traumatic* because a person feels helpless, hopeless, and shocked by what has happened.

Often, after the horrible event, memories of the experience remain in the person's mind and replay again and again in thoughts and dreams, like a bad movie. Persons who cannot continue their normal daily activities may be diagnosed by a professional with *post traumatic stress disorder (PTSD)*. Problems from traumatic experiences can start soon after the event or several months to years later.

Trauma can be caused by:

- War.
- Natural disasters, such as fires, floods, or earthquakes.
- Car, train, or plane crash.
- Terrorist attacks.
- Torture – physical, psychological, or sexual pain.
- Rape or sexual assault.
- Kidnapping.

- Physical or sexual abuse. The abuse may be recent or may have happened during the person's childhood.
- Witnessing any of the above happen to someone else including a loved one or a stranger.

The Effects of Trauma

Experiencing trauma may lead to many problems, which can be divided into four categories:

- **In the Body.** Traumatized people may have difficulty falling asleep (insomnia) and may have nightmares when they do sleep. When they remember the traumatic events, they breathe faster, their heart beats faster, and they sweat a lot. Sometimes these symptoms happen suddenly, without any warning. Traumatized people can have other problems such as depression and anxiety. They can also have health problems such as high blood pressure, body pain, stomach ulcers, and headaches.
- **Thoughts.** A person may be reminded of the trauma through memories and nightmares. They begin thinking again about what happened while studying, working, playing with children, etc. This can happen over and over again. The memory of the traumatic event suddenly interrupts their daily activities at work and home. This interferes with the ability to complete their tasks. A person may think that they cannot control their thoughts or memories. They may complain that they are forgetful and expect the worse to happen to them.
- **Feelings.** When people who have experienced trauma remember the horrible event(s), they feel very sad, scared, helpless, and/or angry. Or they can also feel numb and not be able to experience happiness, sadness, or anger. They lose interest in activities (hobbies, sports, music, jokes, etc.) that once brought joy to their lives. Traumatized people no longer feel safe. They are afraid the same event could or will happen again.
- **Behaviors.** Traumatized people avoid people or places that remind them of the traumatic event. They may be frightened and jump from their place when they hear loud noises that remind them of noises from war or from being tortured. If someone used to be abused by the police, they may try to walk the other way whenever they see a police officer who may remind them of the past. Since they often feel unsafe, they may look nervously around the room and worry that someone will come to hurt them again. People may use drugs or alcohol to forget their memories and feelings.

The Refugee Experience

Refugees who are resettled in Western countries are ten times more likely than the general population to be affected by trauma². The signs are often a result of the shocking and frightening events refugees lived through before and during escape from their home country. Refugees might have witnessed the murder of a friend or family member. They might have been tortured themselves, have witnessed torture, or have friends or family who were tortured. If they think about these events too often and cannot let go of their thoughts and feelings, they are having severe reactions to trauma.

² ibid

How Can You Help?

- Be available to listen.
- Let them know that their worries and fears are important.
- Explain what trauma is. Describe some of the possible symptoms.
- Give them hope.
- If someone is drinking alcohol or using other drugs, let them know that this can make the person feel worse and can hurt the person's family in many ways.
- Suggest help from people who have knowledge about trauma and experience working with people who have suffered from trauma.

Resources in Your Community

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Places

- Support Group

Internet

- USCRI/ IRSA Publication: Lessons from the Field: Issues and Resources in Refugee Mental Health. www.refugees.org
- Healthy Roads Media: Post Traumatic Stress Disorder. www.healthyroadsmedia.org
- MultiKulti: Post Traumatic Stress Disorder. www.multikulti.org.uk

Sadness, Depression



A Somali family has been recently resettled to a small town in the cold and snowy Midwest. Hamadi, the husband, Hawa, his wife, and their two girls and four boys now live in a small apartment. Before resettlement, the family lived in a refugee camp where they knew everyone. Even though life was not easy in the camp, Hawa enjoyed playing with her children and making meals every day.

Now Hawa does not know anyone. She misses her friends from the refugee camp. The only other Somali family she knows has been resettled to a large city that takes one hour to get to by car. As the days pass, Hawa stops playing with her children. She feels too tired to cook. She sleeps more and does not want to go outside. Hamadi, her husband, says, "You seem very tired lately. I know you have not been eating, are you feeling sick?" Hawa responds, "I am not sick, but I do not have the energy to do the things I used to do. I do not know what is wrong." Hamadi suggests, "We can go to the doctor and maybe he can give you some help. And maybe we can visit our friends this weekend."

What Is It?

Hawa's story shows how a person can become depressed. In American culture, the word *depression* is used to describe the experience of someone feeling sad and tired and having little energy for a long period of time. Other cultures might not use the term "depression." They might instead say that someone is "feeling down," "feeling sad," or "discouraged."

Someone who is depressed may even wish to die (see Thoughts of Dying, Suicide on page 25).

Warning Signs of Depression

There are many different signs that a person may be depressed. The signs can be grouped into four categories:

- **In the Body.** Depressed people may have physical pains such as backaches, headaches, stomach aches, and tired muscles (see Body Pain on page 13). Some people with depression do not eat or sleep, while others eat and sleep too much. They may complain of being always tired, even if they sleep a lot. They may show little interest in being close to their husband or wife or in having sexual relations.
- **Thoughts.** Depressed people have negative thoughts. They think that something bad is going to happen. They may believe that they are worthless and unable to do or accomplish good things. Depressed people may have problems remembering, focusing, or making decisions. They are likely to talk bad about themselves. They may believe that life will not get better and that they will not reach their goals. They may think about dying or hurting themselves.

- **Feelings.** Depressed people feel sad, sometimes for no reason. They may feel guilty, ashamed, and hopeless. They may feel they are a bad person, parent, or child. They may be irritable and may easily get mad.
- **Behaviors.** It is hard for a depressed person to get motivated to do routine daily activities, like work or chores at home. It is common for depressed people to stop doing things that they once enjoyed. They may not make new goals or try to reach their goals. Depressed people often have problems falling asleep or staying asleep (*insomnia*). With severe depression, they may stop bathing or cleaning their home. Some people may complain a lot about their problems, even after getting help. People experiencing depression may use drugs or overuse medications and alcohol.

The Refugee Experience

Refugees typically have experienced great losses. They may have lost family members and friends, their nationality, their home, and their work. Sadness is a normal reaction to these multiple losses, but the sadness may last very long. Depression may come with the stress and difficulty of adjusting to life in the United States. The chances of depression for women are also high during or after a pregnancy.

Many refugees come from countries where mental illness is a taboo or is not recognized. They may not have the words to describe or understand their experience. Refugees often describe body pains that are not connected to a physical illness. For example, they complain about stomach pains, headaches, tired muscles, or constant fatigue. When a doctor cannot find a physical health problem, these problems can be due to depression (see Body Pain on page 13).

How Can You Help?

- Be available to listen.
- Let them know that their worries and fears are important.
- Pay attention to significant changes in their behavior
- Talk to the person about what depression is.
- Encourage them to go out of the home and spend time with others and in the community.
- Give them opportunities to learn about their new community and make new friends.
- Suggest getting help from a mental health professional who has training and experience working with depressed people.
- Suggest exercise and healthy eating.

Resources in Your Community

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Places

- Mental Health Clinic

Internet

The following documents are available on the following websites in multiple languages.

- **Feeling Sad**

<http://www.healthinfotranslations.org>

- **Understanding bereavement**

<http://www.mind.org.uk>

- **Understanding postnatal depression**

<http://www.mind.org.uk>

<http://www.healthinfotranslations.org>

- **Post Partum Depression**

<http://www.multikulti.org.uk>

Anxiety

Mary, a 16 year old Sudanese girl, has been feeling lots of anxiety over the past two months. The teacher has noticed that something has changed in Mary. One day she asks Mary, "Are you okay? You seem really tense." Mary says, "I have been feeling bad lately. I used to just worry about a big test in class or our papers for English class, because they can be so hard!" The teacher says, "Yes, many other kids are scared before tests too." Mary says, "I have been worrying about more than just school. Sometimes when I am in class I can't remember if I turned off the stove before I left home. I worry about getting home from school quickly so I can do my chores. I worry about my younger brother and whether he is doing okay in school, even though I know he is getting very good grades."

The teacher says, "It sounds like you are worrying about a lot of things that are not a very big deal. Why are these things bothering you so much?" Mary says "I don't know! But I know I don't like it. It makes me feel uncomfortable all the time, like I just can't relax." The teacher says "Maybe that is exactly what you need to do, try to relax. Try to get some exercise or play a sport at school. Or spend some time just having fun at home or after school with your friends. Watch a movie or go to the mall. It is important to stop, relax, and take care of yourself so you can do the best job at school."

What Is It?

When a person feels stress or danger, the body responds. The muscles feel tight. The heart beats faster. The stomach is upset. This is *anxiety*. Anxiety can feel like fear. It is the body's response to stress (see Body Pain on page 13). When people feel anxious, they worry about what is happening to them and what is happening around them. For example, an adult might worry about doing well at work. A mother might worry that her children might get hurt. A boy may worry that no one likes him at school.

Anxiety is a normal response to stress and danger. Anxiety is a problem when it lasts for many months and causes problems at work, with the family, and in the community.

The Effects of Anxiety

When a person has anxiety for a long time, it can lead to many different problems. The symptoms can be divided into four categories.

- **In the Body.** Anxiety can lead to stomach ulcers, headaches, back pain, and other body pain. Anxious people may have problems breathing, sleeping (insomnia), and eating. They may feel tired, have high blood pressure, or need to go to the bathroom often. Some anxious people may get *panic attacks*, during which their heart pounds fast, their hands get sweaty, and they feel they may suddenly die when there is no danger.

- **Thoughts.** Anxiety can affect a person’s ability to concentrate and remember. An anxious person may have trouble completing tasks at work, at school, and at home. Anxious people also have negative thoughts. They expect the worst to happen to them or to those they love.
- **Feelings.** Anxious people feel overwhelmed, which makes the simplest daily task difficult to complete. They worry constantly. They fear that things are bad or that more problems will become bad. People who get *panic attacks* feel very scared and frightened, afraid they may be dying. After an attack, they may feel confused, nervous, and scared to leave their house.
- **Behaviors.** Anxious people have “nervous energy.” They may move around a lot when they are sitting or walk back and forth in the same space. They might speak very quickly and sweat a lot.

The Refugee Experience

Refugees experiencing anxiety may be afraid of not being successful in learning English, working or being a good parent in a new country. People with constant anxiety may feel embarrassed, easily get upset, or have difficulty at work or school. People who experience *panic attacks* may not want to go out of their homes or visit friends and family. They may avoid grocery stores, parks, or offices because they are scared that they may have another panic attack and not be able to get help. Anxious people may be impatient and irritable, so they find it difficult to get along with other people, even their own family.

How Can You Help?

- Explore why people might have missed class, an interview, or appointments.
- Stay calm, sensitive, and caring when listening to the anxious person.
- Talk to the person about the anxiety.
- Let the person know that it is normal to feel anxious sometimes, but not all the time.
- Suggest exercise and relaxing activities.
- Encourage the person to ask for help from family and friends.

Resources in Your Community

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Websites

- USCRI Toolkit: Ways to Manage Stress and Anger www.refugees.org/healthyfamilies
- USCRI Brochure: Adjusting to a New Culture www.refugees.org/healthyfamilies
- USCRI Brochure: How to Manage Stress www.refugees.org/healthyfamilies
- Mind.org: Understanding anxiety: www.mind.org.uk
- Mind.org: How to cope with panic attacks www.mind.org.uk
- Healthy Roads Media: Anxiety (An Introduction) www.healthyroadsmedia.org

Seeing or Hearing Things That Do Not Exist, Hallucinations

Ali, a lawyer, comes to the office for a meeting with his employment counselor. He usually looks nice, but on this day his clothes are wrinkled and dirty. Ali says that he was fired from his job. He got into an argument with two coworkers. He believed they were spies sent by the police to watch him. When the employment counselor called Ali's office, Ali's supervisor said that Ali was acting strangely and talking to himself. The employment counselor told Ali that he should see a doctor.

The case worker asks Ali about the police and spies. Ali tells him about that the police follow him when he goes to work, listen to his phone conversations, and yell at him while he tries to sleep. Ali sounds very scared and confused while he talks to his case worker.

What Is It?

When a person is having a *hallucination* they see and/or hear things that no one else can see or hear. Someone who is experiencing a hallucination may look distracted and may not hear you. The person looks like they are talking to her or himself. They may talk to the wall, and their words may not make any sense. However, the person believes they are talking to someone or something else that is there. They may also stop bathing, cleaning their house, or going to work. When you ask them about it, they may seem confused, say nothing is wrong, or tell you about their hallucination.

A person may also be scared that someone is following them or trying to hurt them. This fear is called *paranoia*. Some people may believe they are very powerful or that they are god. Such incorrect beliefs are called *delusions*.

When people have hallucinations and/or delusions, they become confused about what they are imagining or believing and about what is really happening. No matter how strange the hallucinations or delusions may be, they are real to the person experiencing them. Hallucinations and paranoia can cause people to behave in strange and dangerous ways. It can be difficult for them to communicate with others and meet daily responsibilities.

The Refugee Experience

A refugee from a non-Western culture may explain hallucinations as a supernatural or spiritual experience. The hallucinations might also be described as involving the refugee's relationship with ancestors. Some people might try to hide their beliefs or hallucinations. They are afraid to talk about it, or they feel great shame and embarrassment. They may be afraid of their community finding out or may have already been rejected by their community. People may have called them "crazy", or they may feel they are going crazy or losing their mind.

Memories of war and persecution can cause these symptoms. A refugee who was attacked by the army in his home country may believe that he is being followed by the police. He might look over his shoulder often or be easily startled. He may want to hide from police officers, or he might have the delusion that you are reporting his every action to the police in his home country.

Certain drugs such as marijuana, khat, peyote, mushrooms, and LSD may also cause hallucinations or make them worse.

How Can You Help?



If a person has hallucinations about hurting him or herself or someone else, the person must be stopped. Call the police and get help (see guidelines for responding in an Emergency on page 8). You may also have to tell the other person that they may be in danger of getting hurt.

- Be available to listen and talk.
- Do not tell the person that she or he is lying. They may be trying to explain their personal experience and fears.
- Be patient when trying to help them understand what is really happening.
- Help them understand that they are safe and that help is available.
- Suggest getting help from a doctor or mental health professional (clinical psychologist, psychiatrist, social worker, or therapist).
- If the person is drinking alcohol or using other drugs to help their “thought problems” go away, tell them that it may make the problems worse. Tell them that alcohol and drugs can cause hallucinations, delusions, and paranoia.

Resources in Your Community

Phone Numbers

- National suicide hotline: 1-800-784-2433
- National crisis hotline: 1-800-273-8255
- Local crisis hotlines
- 911

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Places

- Emergency Room, Psychiatric Hospital

Websites

- Mind.org: Understanding Schizophrenia www.mind.org.uk
- Healthy Roads Media: Schizophrenia (An Introduction) www.healthyroadsmedia.org

Thoughts of Dying, Suicide



The hospital called the case manager about an Armenian refugee named Artur. They told the case manager that Artur had tried to kill himself by taking a lot of sleeping medicine. Artur and his wife Alida came to the U.S. 2 years ago with three children. For the last 2 years, Artur and Alida have argued about the right way to raise their girls. His wife had told the case manager that Artur no longer leaves the house or talks to other members of the Armenian community because he is ashamed of his family's situation.

When the case worker went to the hospital, Artur looked sad. He said he had not slept for a week. The caseworker told Artur that she is very concerned about him. She asked if he still wants to die. Artur said that he did think about hurting himself. He just feels so ashamed, embarrassed, and is in so much pain. Artur sometimes thinks that it is better for him to die. The case worker told Artur that feeling sad is normal in a painful situation, but having thoughts to kill oneself is serious. She reminded him how much his family cares about him and how they would miss him.

The case worker asked Artur to promise to call him, a friend, or 911 if he has any more bad thoughts of dying. He also encouraged Artur to see a counselor. Artur agreed to call for help and said that he did not have any plans to hurt himself right now.

What Is It?

When a person has thoughts and wishes of dying or killing him or herself, these thoughts are called *suicidal thoughts*. People who suffer from severe depression have a high risk for suicide. Many times these thoughts go away, but if the thoughts continue, and the person has made a plan to kill him or herself, it is very important to get the person help immediately. There is a risk that the person could kill himself or herself (commit suicide).

People who have hallucinations may hear voices that tell them they are not important, are bad people, and should not live. The voices can bother them for a long time and tell them many times that they should kill themselves. Like real suicidal thoughts, such hallucinations are very dangerous and the person should get help immediately.

The following are emergencies. If a person has any of these conditions, call 911.



- **Intent.** The person wants to kill him or herself and will not agree to not do it.
 - **Plan.** The person has decided how she/he will die (jump off a bridge, shoot himself, take lots of pills)
 - **Hallucinations.** The person hears voices telling her/him to hurt themselves or commit suicide.
-

The following are warning signs of suicide. A person may be in danger of killing him or herself if the person:

- Feels very sad and is depressed for a long time.
- Uses drugs or drinks too much alcohol.
- Talks about killing him or herself.
- Has a plan about how to kill him or herself.
- Has attempted suicide in the past.
- Has family members who have committed suicide.
- Has recently lost a family member or close friend.
- Has experienced trauma (for example, physical abuse, drug and alcohol abuse, loss of children, witness to a rape or murder).
- Feels that they are not in control of their environment.
- Has a tool or weapon available to hurt him or herself (pills, guns, knives, rope, etc.)
- Feels hopeless about their situation. He or she feels that there is no way to make their life or problems better.
- Stops taking care of him or herself. They stop eating, stop taking showers, or stop wearing clean clothes.
- Hears voices saying to hurt him or herself (see Seeing or Hearing Things That Do Not Exist, Hallucinations on page 23).



Warning signs of suicide should always be taken seriously. If the person appears to be at risk for hurting themselves, call 911.

The Refugee Experience

Refugees can experience a lot of stress when adapting to life in the United State. They are in a new environment where they may have few family or friends. They may feel so lonely and depressed that they may think about dying. They may be ashamed of their new life and family situation. A refugee who was a doctor in his home country and now has to work at a gas station may not be able to tolerate their situation.

Thoughts of dying are more common when they feel they cannot talk to anyone about their feelings. They may be ashamed to admit feeling weak. Thoughts of dying are also more likely when a refugee believes the situation is hopeless and that things will never get better. These feelings can sometimes lead to thoughts of suicide. Some people may think about dying but not believe in killing themselves because this is against religious or cultural beliefs.

How Can You Help?

- Be aware and learn the warning signs of suicide.
- Ask the person if he or she is thinking about suicide.
- Ask the person to talk about feelings and thoughts of hurting him or herself. Talking about suicide will not make someone commit suicide. Talking will show that you care about them and may be able to help.
- Ask the person if someone has told them to commit suicide. He or she may be having hallucinations (See Seeing or Hearing Things That Do Not Exist, Hallucinations on page 23).
- When talking to the person, show understanding and interest. Give support.
- Take the time to listen. Allow the person to express his or her feelings. Accept their feelings.
- Don't think the person is a bad person or tell the person that his or her feelings are bad.
- Don't act surprised, since this may make the person feel like he or she cannot talk to you about his or her problem.
- Don't promise to keep the thoughts of suicide a secret. Ask someone else for help!
- Get an agreement to stay safe (also known as a *verbal safety contract*). The person should:
 - Agree to get help if he or she wants to hurt him or herself.
 - Agree not to hurt herself
 - Agree to call 911 if he tries to hurt himself or does hurt himself
 - Know where to get help. Tell the person to call you, the agency, a suicide or crisis hotline, and/or 911.

Although you may have an agreement with the person or their family to not tell anyone, you still must call the police if you feel as if there is an immediate danger.

When an emergency situation leads to death, serious injury, arrest, or separation of the family, U.S. legal authorities will investigate to learn more about what happened. It is important to write down what happened and how the person was helped so the investigator can understand what happened.

Resources in Your Community

Phone Numbers

- National suicide hotline: 1-800-784-2433 and 1-800-273-TALK (273-8255)
- 911 or Local crisis hotlines

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Places

- Emergency Room, Psychiatric Hospital

Websites

- USCRI/ IRSA Publication: Lessons from the Field: Issues and Resources in Refugee Mental Health. www.refugees.org
- Healthy Roads Media: Suicide (An Introduction) www.healthyroadsmedia.org
- Mind.org: Understanding Self Harm www.mind.org.uk

Thoughts about Hurting Others



A Bhutanese community leader, Mr. Chattri, notices that one of his neighbors, Ram, has been very angry towards another neighbor, Hassan. Every time Ram sees Hassan he yells, “Get away from my house or I’m going to kill you!”

Mr. Chattri asks Ram, “Why are you so angry towards Hassan?” Ram says, “Because I don’t like him and I think he is a bad person. He took the job I wanted. I told him I was going to apply for a job with the electric company, but he applied before I did so he got the job and I didn’t.”

Mr. Chattri is very concerned and realizes this may be a dangerous situation. He tells Ram, “It sounds like you are very angry about this.” He asks Ram, “Do you want to hurt him?” Ram says with an angry look in his face, “Yes! I want to kill him for taking the job I could have had. It is very hard to find a job that pays good money, and I need more money to take care of my family.”

Mr. Chattri tells Ram, “Threatening to kill someone is a very serious thing. If you really feel angry at Hassan, let’s talk about some of your anger so you do not get into a fight. Fighting could lead to lots more problems. And you can talk to an employment agency to try to find another job to help your family. Is that okay? We will try to get you help. Will you promise not to hurt Hassan?”

What Is It?

Sometimes, a person will think about hurting another person. Anyone can have these thoughts. They may feel very sad, angry and desperate. Thoughts and feelings will not always lead to violence. But there is a greater chance that these thoughts will lead to a dangerous situation. If the person has a plan to hurt or kill another person, they must be stopped immediately.

Violent thoughts can be especially dangerous if the person is experiencing domestic violence, symptoms of a mental illness, or is using drugs or alcohol. It is possible for people to have hallucinations and hear voices telling them to kill others (see Seeing or Hearing Things That Do Not Exist, Hallucinations on page 23).

The following are warning signs of violence. A person may be in danger of hurting someone else if:

- The person gets very angry quickly (for example the person might scream, use bad language, or throw things).
- The person makes threats when very angry.
- The person has a history of being violent or hurting others.
- The person becomes violent after drinking too much alcohol or using drugs.
- The person has weapons such as a gun or knife or can get weapons.

The following are emergencies. If a person has the following, call 911.

Warning signs of hurting others should always be taken seriously.



- **Intent.** The person wants to hurt someone else.
 - **Plan.** The person has decided how s/he will hurt another person.
 - **Hallucinations.** The person hears voices telling her/him to hurt other people.
-

The Refugee Experience

Refugees experience a lot of stress when adapting to life in the United States. They have experienced many changes, some which are out of their control. They can become very angry and frustrated. In some situations, some people may think about hurting others. A husband may be ashamed because he cannot manage his family the way he could in his home country. The shame of his loss of control may be so great that he could want to hurt or kill someone else. Some refugees might be angry at being forced to leave their country and not being successful in this country. They might want to blame others or punish those they believe are responsible for their situation. For example, a refugee who has been in the country for many years and still cannot find a good job might want to kill his case worker because he is so angry and frustrated.

How Can You Help?

- Be available to listen and talk.
- Let the person express his/her feelings.
- Ask the person if he has experienced any of the warning signs of hurting others listed above
- Let them know that being frustrated and angry is normal, but hurting others is not ok.
- If someone expresses an intention to hurt another person, **call 911**.

Resources in Your Community

Phone Numbers

- National crisis hotline: 1-800-273-8255 or local crisis hotlines
- 911

Persons

- Doctor, Family and friends, Police, Psychiatrist, Social Worker, Therapist

Places

- Emergency Room, Psychiatric Hospital

R E S O U R C E S

Resources in Your Community



When someone is having difficulty adjusting, is in crisis, or is in an emergency situation, it is important to *always ask for help*. The community resources below can help you find the right resource for the situation. You can find names, addresses, and phone numbers for resources by looking in a phone book, looking on the internet, or by calling a hotline. You can also ask a case manager, doctor, or social worker for resources in your community.

The resources are defined in the following categories:

- Phone Numbers
- People
- Places
- Internet
- Friends and Family

All of these resources are available in your area! Often, one person or place may not help.

Try using several resources.

Definition of Resources

Phone Numbers

Call to get help at anytime, 24 hours a day, every day. Crisis hotlines are for emergencies and can prevent dangerous situations. Call from anywhere for free, including from a phone booth on the street. Help is available for people who have thoughts of hurting themselves (suicide) and for people experiencing violence in their home. The people who answer the phones are trained to deal with suicide threats, emotional crisis situations, domestic violence, and child abuse or neglect. Hotlines also help people access mental health services and social service organizations within the community. There are national and local hotlines in most communities. Listed below are phone numbers for national hotlines. You can find local hotlines in your community. Local hotlines may have people who can come visit you during an emergency.

National Child Abuse Hotline: 1-800-422-4453. Call when there is a concern that a child has been hurt or is in danger of being hurt by a caretaker such as a parent, family member, or neighbor.

National Domestic Violence Hotline: 1-800-799-7233. Call when someone is getting hurt or in danger of being hurt by their husband, wife, or current or past boyfriend/ girlfriend. You can get information to find a safe place such as a shelter or domestic violence service agency. Hotlines are private and will not discuss what they hear with the caller's family, friends, or community. You do not need to speak in English; the hotline has counselors who speak many languages.

National Suicide Prevention Hotline: 1-800-273-TALK (273-8255) and 1-800-784-2433. Call when a person has thoughts and/or wishes of dying or killing him or herself (suicide).

Nine- One- One: 911. Call to get the police, the fire department, or an ambulance. This phone number is for emergency situations such as a violent crime, a fire, or a medical emergency.

People

The following are a list of people in the community that may be able to help. They are supportive community members who specialize in helping people deal with stress, mental illness, and emergencies. You may need an appointment to meet with some doctors and mental health professionals. An appointment is easy to make. Anyone can make an appointment. First, call the person or place and agree on a time to meet. When you arrive, you will get the right person to help you and will not have to wait a long time. You never need an appointment for an emergency.

Doctors. Doctors (also called physicians or MDs- medical doctors) can diagnose and treat diseases and injuries. Doctors can also prescribe medication to treat or relieve the symptoms of a medical condition. They can also help people who have emotional problems such as depression or anxiety. Psychiatrists have extra training and experience with mental illnesses.

Mental Health Professionals. Psychiatrists, clinical psychologists, school psychologists, social workers, and therapists are all mental health professionals. They all have training to deal with mental illness and crisis. Each can do different things, but they all talk with people to help them with their problems.

Police. Police officers are people who enforce laws and protect people. They work to stop crime and to help in emergency situations. If help is needed very fast, for example with violence or suicide, call 911.

Psychiatrists. Psychiatrists are doctors who specialize in treating mental illnesses. Psychiatrists can give medicine for such problems as sadness, anxiety, and difficulty sleeping.

Psychologists. Psychologists help families with problems and provide psychological or educational testing. Usually, a child is sent to a psychologist for tests by someone like a school counselor or social worker who has noticed that the child has problems in learning.

Religious and Spiritual Leaders. Religious or spiritual leaders provide help with religious teachings, prayers, ceremonies, and family issues. Priests, Rabbis, Imams, Ministers, and Monks are some names for religious leaders in different religions. They can be found in churches, mosques, and temples. They may know others in the community who can also help. Some have professional training as counselors.

School Counselors. School counselors help children be successful at school. High School counselors help students with their future goals of employment, training, and college. They may call the parents or guardians if they think there is a problem at home that is causing problems at school. They will also call if they believe there is a problem at school that the parents or guardians should be aware of.

School Nurses. School nurses treat minor injuries and illnesses and give medicine ordered by a doctor. School nurses educate students on healthy living and health concerns. School nurses may notice signs of an illness and discuss it with the family.

Social Workers. Social workers help people with many different kinds of problems. They may help someone find a house or a job. They help with family problems, school problems, and problems with

alcohol or drugs. They also know about people and places in the community that can help. They usually help people and families come up with plans to deal with their problems.

Therapists. Therapists help people think about their problems and manage life challenges. Sometimes when a doctor cannot find any sign of injury or disease, they tell people to go to a therapist to talk about their problems. A therapist can provide support when someone is feeling sad, angry, or confused. They help people to make goals to improve the way they are feeling and dealing with their problems. Social workers, psychologists, and counselors can all be therapists and give therapy.

Traditional Healers. Traditional healers provide natural methods of treatment. They may use a combination of rituals and herbal remedies. Healers from different cultures have different types of beliefs and treatment for problems and disease. Some healers can help with solving problems in or between families.

Places

The following are a list of places in your community that can help with different problems. Each place has people and resources that can help. To get help, go to the place, call, or make an appointment.

Domestic Violence Agencies and Shelters. These places help people who experience violence and abuse at home. Some have services to help the abusers. Shelters usually help women and children who are trying to get away from abuse and violence. They are safe places to stay for people who are being abused at home. They help people who have been abused to be able to live alone, without the abuser. The shelters are not a new home, but they can help find a new home. Both agencies and shelters may help people who have been abused to get housing, job training, therapy, and substance treatment.

Emergency Room. Every hospital has an emergency room. It is the part of a hospital to go to when there is an emergency. There are doctors, nurses, and social workers there ready to help. Common emergencies include car accidents, injuries to the body, or sudden illness such as a heart attack. Emergency rooms also help people who are a danger to themselves or others. For example, doctors in an emergency room can help a person who is very sad and has tried to or wants to die.

Mental Health Clinic. A mental health clinic is a place for people to talk about their problems and get medication. There are mental health professionals such as psychiatrists, therapists, and social workers there ready to help.

Psychiatric Hospital or Psychiatric Unit. This kind of hospital works with people who have a mental illness emergency. People can be put in this kind of hospital when they are a danger to themselves (suicide attempt and/or hallucinations) or to others. If someone is talking about suicide, having hallucinations, or threatening to harm someone else, they are safest in a psychiatric hospital or psychiatric unit. A psychiatric unit is part of a hospital. Most hospitals have psychiatric units.

Rape Crisis Centers. These centers help victims of rape, sexual abuse, and sexual violence. Additionally, these centers usually have a hotline phone number that people can call for help. They offer counseling and support to people who have been abused. They help people find other resources in the community to against sexual violence.

Support Groups. Support groups give an opportunity for people to talk with others who have had similar experiences or have similar problems. There are support groups for medical conditions, such as cancer, death in the family, mental illness, or family problems. There are also support groups for

people and families of people who use alcohol and/or drugs. When someone is going through a difficult time, it is often helpful to talk about it with people who have had similar experiences.

Internet

Information about most hotlines, people and places can be found on the internet. The internet also has many free resources. www.google.com is one website address that can be used to search for information. Use the internet for free on computers at libraries, schools, and community centers. The following are related websites.

National Institute of Mental Health www.nimh.nih.gov/index.shtml

National Alliance of Mental Illness www.nami.org

Suicide Prevention Resource Center www.sprc.org

Parents with a Mental Illness www.parentingwell.org

Prevent Child Abuse America www.preventchildabuse.org

You can also find resources for families in **multiple languages** on the following websites :

U.S. Committee for Refugees and Immigrants www.refugees.org/healthyfamilies

Mind, for Better Mental Health www.mind.org.uk

Healthy Roads Media www.healthyroadsmedia.org

Health Information Translations www.healthinfotranslations.org

Multikulti www.multikulti.org.uk

Family and Friends

Refugees are often more comfortable getting help from friends and family in their community rather than a stranger or professional. Family and friends can be very helpful during a crisis. They also may have more information about the problem or where to get help. Friends and family can talk to the person and help him or her understand the importance of getting help. If someone is in need of help, make sure the friends and family of that person are not someone they are afraid of. Ask the person in need who they trust and are comfortable with you talking to.

Refugee resettlement employees and volunteers should not share personal details or information that a person may have told in private, unless the person specifically said that it was ok to do this.

Family and friends of a refugee in need may not always know how to help or what resources are available. They may be new to this country and may still be learning. While they may be ready to listen and give support, they may not have the necessary resources or the knowhow to help in a crisis situation. Sometimes involving a family or friend can cause more problems. For example, in a family crisis involving violence, the family may take the abuser's side. When this happens, the victim may be afraid to ask for help again and will suffer in silence. When someone is very depressed and has wishes and a plan for dying, the family may say, "I told them to not worry and that everything will get better. They are fine!" However, the person in need may really be in danger of killing themselves.

Medication

In addition to using resources in the community, when people feel bad they may take some type of medication. Traditional healers, doctors, and psychiatrists may recommend that people eat or drink specific things to help with pain, illness, or disease. There are three types of medications:

- *Prescription drugs:* A prescription is a special note from a doctor that allows someone to buy a drug from a pharmacist. The government has tested these drugs and decided that they are safe for people to use. They have also tested the drug to make sure it helps most people with specific problems.



**Prescription drugs are powerful.
Follow the doctor's instructions exactly when taking prescription drugs.**

- *Over the counter (OTC) drugs:* OTC drugs can be purchased at a drug store without a prescription. Aspirin, used to relieve minor aches and pains such as headaches, is a common OTC drug. Like prescription drugs, over the counter drugs have been tested by the government.
- *Home remedies:* Home remedies are medications or treatments made at home. For example, people often treat a cold or sore throat by eating chicken soup, drinking tea, resting in bed, and getting lots of sleep. Some people take vitamins or get special herbs.

In the United States, there are different kinds of doctors that can recommend or prescribe medication. Family doctors usually give medicine to treat some kind of body pain or disease, such as a bacterial infection, flu, or a rash on the skin. Psychiatrists can prescribe medication to people who are diagnosed with a mental illness or to children with behavioral problems. For example, people with depression can get medication to help them feel less sad, more energetic, and more focused on problem solving. The medicine is given to help the person feel better and be able to do their daily activities.

Although medication is sometimes necessary, it is also important to take care of the body. To help pain, illness, or disease, one should eat healthy meals at regular times during the day. They should try to get 7-8 hours of sleep each day and go to sleep at the same time every day. Family and friends can be very helpful with advice and support.

It may also be helpful to discuss problems and get advice on how to make personal changes. A therapist or social worker can recommend ways to change one's attitude, behavior, and environment. A therapist can also suggest ways to communicate with other people and reach goals. Refugees may not feel comfortable discussing problems or worries with anyone outside their families. However, it is important to remember that professionals are trained and available to help.

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Other people can help you feel better, if you tell them how you feel. Talk to your caseworker, doctor, or a mental health professional. In an emergency, if you are afraid you might hurt yourself or someone else, please call 911.

For more information please visit:

<http://www.cal.org/CO/welcome/A14CULT.HTM>

This brochure was developed with the aid of information and resources from:

USCRI's National Alliance for Multicultural Mental Health

Peace Corps

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement

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Adjusting to a New Culture



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

Coming to the United States is an exciting time and offers many opportunities. You will learn to live and work in a different culture. This brochure explains what you and your family can expect as you adjust to life in the U.S.

WHAT IS CULTURE?

Culture is the beliefs and values that a group of people share. These beliefs and values influence what people say and do. Some ideas you think are right or normal may be strange to Americans. Some actions Americans do may appear odd to you. Learning about a different culture is part of learning to live in your new country. You do not have to change your beliefs and values and follow the American culture, but you have to learn to live and work within it.

WHAT IS CULTURAL ADJUSTMENT?

Cultural adjustment is learning to live and work in a different culture. It means making many changes and learning new things, such as:

- meeting new people,
- learning a new language,
- learning to live without familiar people and places, and
- having new responsibilities in the family.

WHAT ARE THE STAGES OF CULTURAL ADJUSTMENT?

Each person experiences the adjustment differently.

Stage 1 – For several weeks after arriving, everything seems new and interesting. You believe most of your problems are behind you. You feel hopeful.

Stage 2 – After several weeks, you realize that the U.S. is not perfect. You notice Americans act differently. Their ways seem strange, even rude or silly. You miss your home country and familiar people. What you must do and learn seems difficult and hopeless. You feel sad and angry.

Stage 3 – Your sad and angry feelings will pass with time. It is a slow process that may take months or years. Slowly, your new home and the American culture do not seem as strange. You find new habits and friends. You do not miss your home country as much. You see the good and the bad of both countries and you try to take the best from each.

WHAT CAN I DO TO FEEL BETTER?

These feelings happen to anyone who has to make many difficult changes. Understanding that this process happens is helpful.

Share your experiences with friends and family and get their support. Find solutions together.

Look for the good around you. See challenges as a way to learn and grow.

Get enough sleep. Eat healthy foods. Exercise regularly. Plan activities that you enjoy and help you feel at peace. These habits will keep

your body and mind healthy.

Accept that people think and act differently. An action or word that seems insulting may not be intended that way.

Allow yourself to feel overwhelmed from time to time. Give yourself time to learn and adapt.

Look for new friends, or make American friends. Offer to share some of your traditions. You will enjoy learning from each other.

Learn about your new country, its history and traditions. Ask questions of American friends or immigrants who have been here a longer time.

Do not be afraid to make mistakes. Learn from them. No one expects perfection. Most will appreciate your courage and effort.

WHEN DO I NEED ADDITIONAL HELP?

You may need additional help if:

- You feel sad, angry, or scared more often than you feel happy
- Your feelings of sadness or anger are much worse than described
- Your bad memories bother you, interrupting your thoughts and dreams
- You feel like your problems are unbearable
- You worry all of the time
- You feel like people are planning to hurt you

never too late to talk to your family, your caseworker, or someone you trust. Your life is in danger if you ignore the problem.

In an emergency, please call 911.

For more information please visit:

www.samhsa.gov

www.drugabuse.gov

www.stopalcoholabuse.gov

This brochure was developed with the aid of information and resources from:

National Clearinghouse for Alcohol and Drug Information

National Institute on Alcohol Abuse and Alcoholism

Centers for Disease Control and Prevention

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement

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Drug and Alcohol Abuse



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Using drugs can be very harmful to your health, family, and community. This brochure helps you to identify a friend or family member who may be abusing drugs or alcohol, and how you can help.

WHAT ARE DRUGS?

Drugs are substances that change the normal functioning of the body. They damage your health and can be addictive.

Common types of drugs are:

- cigarettes.
- alcohol.
- chewing tobacco or khat.
- marijuana.
- cocaine.
- methamphetamines.

WHAT IS DRUG OR ALCOHOL ABUSE?

People who abuse drugs or alcohol need it too much on a regular basis. They can be so dependent on alcohol or drugs that they are not able to function without it. They cannot stop themselves and it becomes a sickness. This can be very harmful to their body, relationships with family and friends, and their job.

WHAT ARE THE SIGNS OF ALCOHOL ABUSE?

People may have an alcohol problem if they:

- get drunk often,
- get sick with alcohol,
- have more than one drink a day,
- hurt themselves or others when drinking,
- forget what they did when they were drinking, or
- lie or try to hide their drinking.

WHAT IS NORMAL?

It is normal to have one drink a day. It is not normal to drink if it is used to avoid thinking about unpleasant or sad events. People who drink too much can become abusive, irresponsible, violent, angry, and are unable to make good decisions for themselves or their family. This is not normal.

WHAT IS THE LAW?

It is illegal in the United States to smoke under the age of 18, and to drink under the age of 21. It is against the law to drink and drive.

IS SUBSTANCE ABUSE HARMFUL TO THE BODY AND MIND?

Drinking alcohol and abusing drugs can affect the brain and the ability to function properly. Alcohol and drugs can harm the body and may lead to serious illnesses such as cancer, liver disease, coma, or even death. A person with substance abuse has a higher chance of committing crimes.

Alcohol and drug abuse can lead a person to make bad decisions such as:

- driving when drunk
- being violent
- overspending money on drugs and alcohol and falling into debt
- having sex without protection

WHAT CAN I DO IF SOMEONE I KNOW IS DRINKING TOO MUCH OR USING DRUGS?

If you or someone you know has this problem, it is important to stop and get help. To ask for assistance in finding help call the Substance Abuse and Mental Health Services Administration 1-800-662-4357. The calls are free, and they can help find a local treatment program. It is

For more information please visit:

<http://www.helpguide.org>

www.stress.org



This brochure was developed with the aid of information and resources from:

*Points of Wellness: Partnering for Refugee Health & Well-Being
Mental Health America
(formerly National Mental Health Assoc.)
American Psychiatric Association
SAMHSA
Blue Cross Blue Shield, Carefirst Guide
Health Information Translations
Center for Disease Control and Prevention*

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

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How to Manage Stress



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In the United States, refugees face many new challenges that may cause stress. Stress is your response to upsetting events in your life. It can also be a reaction to many demands and pressures. But stress is just a part of life that everyone deals with. Stress can be dealt with if managed well. If left untreated, stress can be harmful or cause illness.

IS STRESS THE SAME FOR EVERYONE?

People feel stress in different ways. Stress may be felt in your body, your mind, or with your relationships. Stress can lead to illness if it is not relieved. However, what is stressful for one person may not be for another.

Some causes of stress are:

- not having enough money or a good job
- loneliness
- painful memories
- separation from family

Some signs of stress are:

- feeling sad or nervous
- having difficulty breathing
- headaches
- muscle pain
- feeling tired all the time
- no appetite
- stomach pain
- drinking too much alcohol

HOW CAN I RELIEVE STRESS?

Stress does not have to take control of your life. You can relieve stress by:

- doing relaxing activities such as deep breathing, meditation, listening to music, or reading
- talking to close family and friends
- becoming active outside of the house
- eating nutritious foods

Breathing Easier

Deep breathing and meditation calms the mind and decreases stress. Close your eyes and breathe deeply, slowly, and regularly. You should do this a few times each day. Additionally, listening to soft music helps to calm the mind.

Talking to Close Family and Friends

Talking to someone you trust, such as family or friends, is one of the best ways to work through your stress. They will listen to your problems and help you find ways to get rid of your stress. You could also talk to someone who has been or is going through the same stress that you are. Talking about what is bothering you and understanding that there are people who have the same problem is a good way to reduce your stress.

Becoming Active

Becoming active is a great way to reduce your stress. It allows your mind to focus on other things than the stress in your life. Make a daily

routine to go for a walk or visit your friends or neighbors.

Eating Healthy

Eating properly keeps you physically healthy. It is important to eat fruits, vegetables, proteins, and whole grains. Drink plenty of water and avoid alcohol. You should also avoid foods that are greasy.

If you don't feel better, even after doing these activities, there might be a bigger problem. It is important to see a doctor. Your doctor will discuss other things you could do to manage your stress.

DO CHILDREN EXPERIENCE STRESS?

Refugee children not only face stress from their new life in the United States, but also from past experiences. Some refugee children suffer from health problems, nightmares, and have trouble settling into their new location. It is important to teach children how to manage their stress. Parents should also pay attention to signs of stress in their children as many do not understand the effects of stress.

WHAT SHOULD I DO IF THERE IS VIOLENCE IN THE HOME?

If a person in your home hurts you or your children, it is important that you seek help:

1. Talk to somebody you trust: a friend, neighbor, family member, or your caseworker.
2. Call 911 if you are in immediate danger. Police will come to your home and protect you and your children.
3. If you do not speak English, call National Domestic Violence Hotline: 1-800-799-7233. The calls are free. Tell the operator what language you speak. The interpreter will tell you what you can do and where to find help in your city.

Calls to Domestic Violence Hotlines are CONFIDENTIAL. You do not have to tell your name. The operator will not tell anybody about your call.

For more information on the Internet about violence in the home in refugee communities, please visit:

www.endabuse.org

www.atask.org

www.apiahf.org/apidvinstitute

www.tapestri.org

www.mosaicservices.org

www.hotpeachpages.net



The web sites above include additional information in many languages spoken by refugees.

This brochure was developed with funding from the Office of Refugee Resettlement, Department of Health and Human Services.

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Violence in the Home



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WHAT IS VIOLENCE IN THE HOME?

Violence in the home is often called abuse. Abuse happens when a person does something to hurt or scare another person over and over again. Abuse includes hurting a person's body, hurting her feelings, or making her do things that makes her feel bad or that she doesn't want to do. Abuse is also about trying to make a person feel like she is not smart or strong, or unable to make decisions about her own life.

WHO CAN BE ABUSED?

Anyone can be abused: adults, children and the elderly. In families where abuse is happening, women, children, and the elderly are most often being hurt.

CHILDREN

Children who witness violence at home feel scared and sad. Very often, they believe that their behavior causes that violence. It is unhealthy for children to live in a violent home. Children who see violence in their homes often have trouble at school, start using drugs and alcohol and may become violent themselves.

ARE YOU BEING ABUSED?

You are being abused if somebody in your home:

- pushes, slaps or punches you,
- threatens to kill or hurt you,
- threatens to take your children away,
- criticizes and humiliates you all the time,
- does not let you see your family and friends,
- forces you to have sex when you don't want to,
- does not let you work and have your own money,
- does not allow you to learn English or learn to drive,
- threatens to send you back to your country, and
- takes away your immigration documents.

IT IS A CRIME

Violence in the home should not be kept secret. Physical or sexual violence against family member is against the law in the United States. Police and courts protect all victims of violence in the home. Special protection is given to children, women, and the elderly. A person who is violent in the home may be arrested.

IT IS NOT YOUR FAULT

If you are abused, it does not mean that you are not a good wife or mother. A person who abuses you wants to control your life.

YOU ARE NOT ALONE

If somebody in your family abuses you, you should know that you are not alone. Over two million women are abused by their husbands and boyfriends in the United States each year.

If you know somebody who is being abused, let them know that there is help available:

- 911 Emergency Assistance: police and ambulance.
- Domestic Violence Shelter: safe and free housing for women and their children.
- Temporary Protection Order: Family Court Judge may order that violent person must leave his home and stay away from his spouse and children.
- Legal Assistance: victims with low income may receive a free attorney who will help them with legal matters, such as protection order, custody, child support, or divorce.

10 WAYS TO SHOW UNDERSTANDING

1. Stop what you are doing and pay close attention when someone is talking to you.

2. When you listen, show the one who is talking that you are listening in a caring way.

3. When you listen, imagine feeling what the other person is experiencing.

4. Let the other person know you are trying to see things the way he or she sees them.

5. When the other person is upset, listen and show understanding before (or instead of) disagreeing.

7. When the other person wants or needs help, do something to help.

6. When the other person is happy or loving, spend some time together enjoying the good feelings.

8. When the other person is tired, let him or her rest alone or with you.

9. When the other person is worried or sad, be available to support him or her.

10. When the other person needs time to think or calm down, give him or her time and space.

CHANGING HABITS STEPS

Habit to change

Goal for new behavior

Plan to reach that goal

Reminders

Support and praise



EXAMPLES OF REMEMBERING WHAT'S GOOD

Any time you are unhappy with someone important to you, there is a *good* beneath the hurt feelings. Remembering *what's good* will help you talk about a problem in a helpful way. Good things to remember include:

Why you care about the other person:

I like to be with you.
You mean a lot to me.
You are important to our family.
We share dreams and goals.

Good qualities that relate to the problem:

You work so hard.
You care so much for our family.
You can be so kind and considerate.

Good things you remember from the past or hope for in the future:

I remember how we have struggled together.
I think so much about the life we hope to have.
We have some wonderful memories as a family.



EXPERIENCE DIAGRAM



The Experience Diagram illustrates how we experience things everyday.

EVENTS represent what happened, or the issue.

THOUGHTS are your opinions about the event and the information you have about it.

CONCERNS are the struggles you are having with the issue. It includes what it means to you and how it relates to your values.

DESIRES are things you would like to see happen both now and in the future. They are your wishes.

FEELINGS are emotions that you can easily name. There are also feelings that take longer and are harder to identify.

The Experience Diagram illustrates how to share all five levels of your experiences, while using the Relationship Enhancement skills.

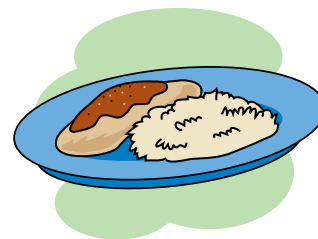
IDEAS FOR A TIME FOR US

Here are some ideas for things to do to strengthen your relationships. Pick one of these ideas or think of something new. Choose something you like, or used to enjoy, or have not done lately. Set aside a time each week or each day to be together. Spend time together with the T.V. turned off.



Talk Time

Set aside a time each day to talk about the day and *show understanding* to each other.



Meals Together

Have breakfast, lunch, or dinner together without T.V. or interruptions.



Spiritual Time

If you pray, be together when praying.



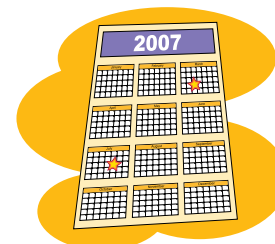
Greeting Rituals

Give each other a special greeting when you come home and when you leave.



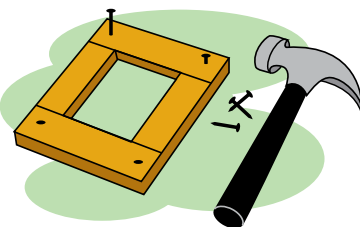
Exercise Together

Take a walk or exercise together.



Anniversary Days

Mark successes each month with a special activity or meal.



Projects Together

Fix things around the house.
Cook together.

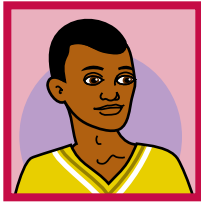


Learn About America

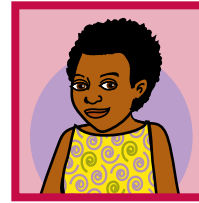
Practice English together.
Learn the history of where you live.
Explore American foods and traditions.

PROBLEM SOLVING STEPS

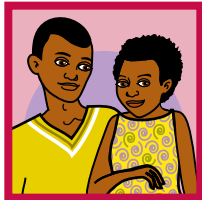
COMING TO AN AGREEMENT



Person One: My core concern



Person Two: My core concern



Our general agreement that meets BOTH our core concerns

Working out the details



Who	Will Do What	Details (When, where, how)

Planning for special circumstances

Special Circumstances	Plan



When we will review our plan

SPEAK FROM YOUR OWN POINT OF VIEW

AVOID Hurtful Words

USE Helpful Words

Most men (women) think...
Most wives (husbands) feel...
Most fathers (mothers) do...

I would like you to...
I wish you would...
I would like it if you...

A (mature, nice, considerate, healthy,
normal, moral, etc) person would...
A good (person, mother, father)
would...
The right thing to do is...

I would like you to...
I wish you would...
I would like it if you...

You always...
You never...

I get uncomfortable about doing...
I expect that you will do...

You said you would...
We (you) agreed
that...

As I remember it, you said you would...
As I remember it, we (you) agreed to...

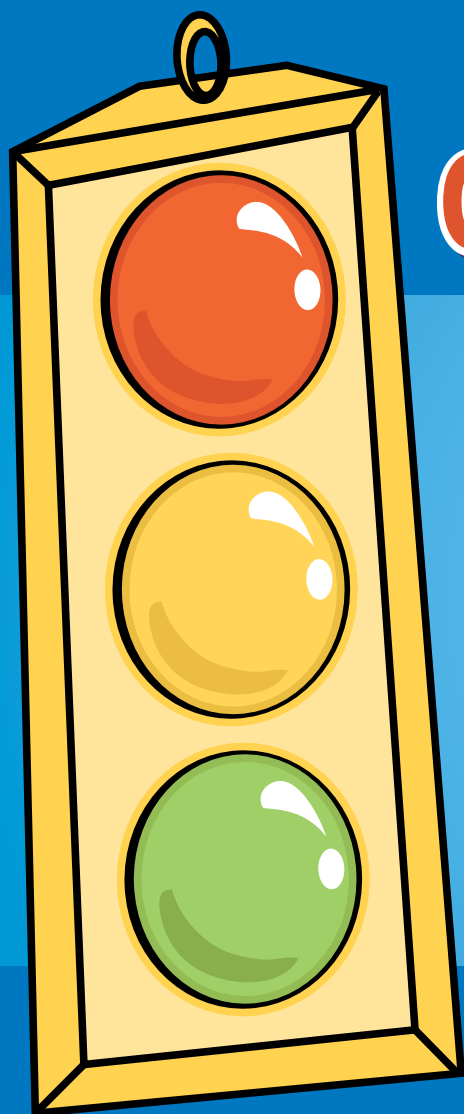
You're driving too fast!

I would really appreciate it if
you would drive slower. I get
scared at this speed.

I don't think you are a very (caring, considerate,
warm, thoughtful, energetic, sensitive) person.

When you...(describe the behavior),
I don't feel...(cared for, loved, thought-
about, understood...)

Based on the way I experienced you be-
fore when...(specific example), I'm afraid
that when the time comes, you will...



STOP OLD CONFLICT PATTERNS

T = Take a break

R = Respect, even if you're angry

U = Use your skills

S = Show understanding

T = Talk until you solve the problem

START NEW PATTERNS TO SOLVE PROBLEMS

WAYS TO MANAGE STRESS AND ANGER

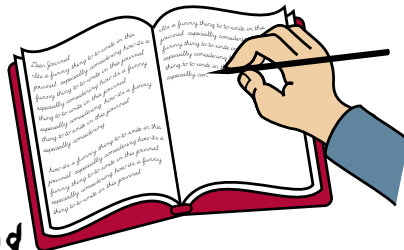
Do a Quick Fix

- Breathe deeply
- Relax tense muscles
- Do slow stretches
- See what's funny
- Laugh
- Imagine a peaceful place
- Take a long bath
- Take a shower
- Eat soup
- Drink tea
- Smell something good
- Play with a pet
- Meditate
- Show understanding to yourself



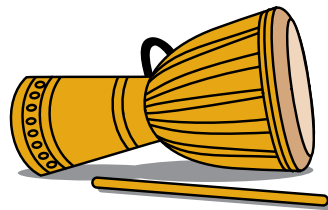
Let it out!

- Vent
- Scream
- Let go
- Play drums
- Talk to an accepting friend
- Write about your thoughts and feelings



Distract Yourself

- Play with your baby
- Sing
- Play music
- Read
- Watch a movie
- Dance
- Do something that needs to be done
- Be with friends
- Be with family



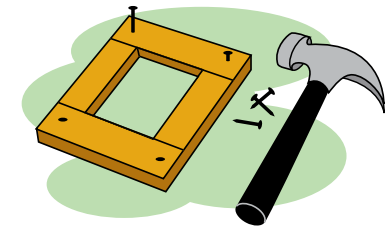
Exercise

- Walk
- Play basketball
- Do aerobics
- Do strength training
- Clean
- Swim
- Play with children



Create Something

- Write
- Draw
- Paint
- Visualize a solution
- Care for plants
- Cook
- Do a craft
- Scrapbook
- Build something
- Repair something
- Garden



Go Deep Within

- Pray
- Think about consequences
- Think about solutions
- Meditate
- Focus on a candle
- Gaze at the sky
- Watch a sunset
- Ask, "What can I do different?"

