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Working with Forced Migrant Children and their Families: Mental Health, Developmental, Legal, and Linguistic Considerations in the Context of School-Based Mental Health Services

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Defining Forced Migration

While many understand the meaning of the term immigration generally, individuals are often less aware of what is meant by *forced migration*. In addition to fleeing from their home countries and experiencing harrowing journeys, upon arriving in a safe country, forced migrants often endure a lengthy, complicated legal process to gain residency in their host countries. The forced migratory experience is frequently compounded by post migration stressors similar to those faced by other immigrants, such as learning a new language and culture, adjusting to new gender and familial roles, educational systems, accessing services, and learning new skills (Akinsulure-Smith, Ghiglione, & Wollmershauser, 2009; Blanch, 2008; Drachman, 1995; Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002; Sue & Sue, 2008; van der Veer, 1998). While many refugees and asylum seekers are able to adjust to life in the United States (U.S.) without significant stress, some are at risk for emotional difficulties that can have devastating consequences such as posttraumatic stress disorder (PTSD), depression, and anxiety. In addition, forced migrants may also experience intense grief as a result of multiple losses experienced, even after resettling in a safe environment (Athey & Ahearn, 1991; Fazel, Wheeler, & Danesh, 2005; Keyes, 2000; Lustig et al., 2004; Porter & Haslam, 2005; Rousseau, 1995).

This distressing process can be particularly challenging for forced migrant children and their families. To ethically provide competent clinical services, mental health professionals who work with this growing population must familiarize themselves with the impact this process has on the emotional well-being of forced migrant children and their families. This chapter provides a framework to understand the stressful nature of forced migration on children and their families. In so doing, it highlights how school mental health professionals are important resources for positive mental health promotion.

Unlike many immigrants who choose to leave their homelands in search of better economic or educational opportunities and who embark upon organized and planned journeys to do so, forced migrants are typically forced out of their countries due to armed conflict, human rights abuses, civil and political instability, persecution, and torture. In their search for safety, their departures are often sudden, unplanned, and under life-threatening circumstances, forcing them to flee with few or no belongings (Akinsulure-Smith & O'Hara, 2012; Akinsulure-Smith et al., 2009;

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Bemak & Chung, 2008; Blanch, 2008; Drachman, 1995; Gorman, 2001; Pope & Garcia-Peltoniemi, 1991; van der Veer, 1998).

According to the United Nations High Commission on Refugees (UNHCR, 2009), by the end of 2008 there were approximately 15.2 million refugees and 827,000 asylum seekers worldwide. The U.S. is among the world's largest resettlement countries (UNHCR). Those immigrants who come to the U.S. as forced migrants often face the biggest hurdles. These challenges are largely due in part to a traumatic experience in the family's homeland that leads to a quick departure coupled with the unplanned traumatic arrival in a new sociocultural environment. This process has a huge impact on children. In the U.S., for instance, children make up more than 40% of all refugee admissions. Further, the U.S. Department of State Refugee Processing Center (2009a) reports that between 2004 and 2008, an average of 21,842 refugee children were admitted to the U.S. annually.

Forced migrant children arrive in the U.S. accompanied by parents, caregivers, or on their own (i.e., see unaccompanied minors below). As mentioned, many have lived through multiple traumatic events, losses, and difficult circumstances prior to and during their journey to the U.S. (Lustig et al., 2004). Forced migrant children also arrive with varying of immigration statuses: as refugees, asylum seekers, unaccompanied minors, or as undocumented (i.e., a person from another country who has come to the U.S. without obtaining lawful status, or who has stayed beyond expired visas). Depending upon their immigration status, forced migrants are either eligible or ineligible for a range of benefits and social services. Having an understanding of the different categories of immigration status can help school mental health professionals address some of the pressing concerns that forced migrant children confront in school settings. These varying statuses are described below as a general introduction.

Refugees. The United Nations Refugee Convention (1951) defines a *refugee* as: "a person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence [as a result of such events], is unable or, owing to such fear, is unwilling to return to it" (Article 1, The 1951 Convention Relating to the Status of Refugees, Center for the Study of Human Rights, 1994, pp. 57–58).

The quota of people who can obtain refugee status in the United States is set each year by the President. Typically, those seeking to obtain refugee status in the U.S. are referred by the office of the United Nations High Commissioner for Refugees (UNHCR) for interviews with an immigration officer. Once the application is approved after a lengthy referral and screening process, the refugee is connected to an American resettlement organization. All refugee applications to the U.S. are approved outside the country, enabling the individual or family to migrate with lawful status. Upon arrival to the U.S., refugees are eligible for numerous social service benefits including medical care, food stamps, housing assistance, food, and clothing (American Psychological Association (APA), 2010; Wilkinson, 2007). According to the American Psychological Association (2010), 43.5% of refugees who resettled in the U.S. between 2005 and 2008 were under 18 years of age. Currently, most refugee children enter the U.S. with caregivers.

Unaccompanied minors. Some refugee children, however, arrive to the U.S. as *unaccompanied minors*. This means they arrive without adult guardians or caregivers. According to the U.S. Department of Health and Human Services, Office of Refugee Resettlement (2009), approximately 13,000 minors have entered the Unaccompanied Refugee Minors program. Many of these children are placed in licensed foster homes. Those unaccompanied minors who have not received official sanction from the U.S. government are often detained by immigration officials (Byrne, 2008).

Asylum seekers. Usually, refugee status is determined and granted to the individual (and his/her family) while outside the U.S. The process is different, however, for an *asylum seeker* who comes to the U.S. first and then applies for asylum. This process is based on the grounds of the asylum seekers persecution in his/her home country. Children who become involved in this process are either unaccompanied minors or the dependents of parents seeking refuge in the U.S. The process of seeking asylum is ongoing and emotionally stressful. Asylum seekers live in constant fear of deportation, and face daunting legal challenges, along with limited or no access to work, education, and social welfare benefits (Drachman, 1995, Wilkinson, 2007). Stressors faced by asylum seekers include unemployment, little or no access to educational systems, and no access to social welfare benefits. The emotional stressors, along with limited or no resources, presents a highly stressful situation that leaves the asylum seeker with very limited formal means to cope.

Those who are eventually granted asylum obtain *asylee* status. An asylee is granted asylum after his or her arrival in the U.S., by an immigration official or immigration judge. Asylee status acknowledges that the individual has now met the definition of a refugee. This person can now remain in the U.S. legally, become eligible for refugee assistance and services, and eventually, like refugees, become eligible for citizenship (Blanch, 2008; Drachman, 1995; Sue & Sue, 2008; Wilkinson, 2007).

Undocumented children. Children and their families who live in the U.S. without any legal status fall into the undocumented category. As noted by the APA Taskforce (2010), typically, these children do not have access to adequate medical care, housing, or government benefits. This group is particularly vulnerable to immigration detention and deportation. Immigration detention is defined as "an administrative process by which the federal government holds people it wants to deport in prisons and prison-like 'detention facilities' throughout the country" (Guskin & Wilson, 2007). These authors state that immigration detention "exists to facilitate 'removal' (deportation). In other words, the immigration agency detains immigrants so that it can more easily deport them" (Guskin & Wilson).

Clearly there are many ways that youth immigrate to the United States. The lengthy and often traumatizing forced migratory experience is further compounded by post- migration stressors similar to those faced by other immigrants (Akinsulure-Smith et al., 2009; Blanch, 2008; Drachman, 1995, Miller et al., 2002; Sue & Sue, 2008; van der Veer, 1998).

While many forced migrants are able to adjust to life in the U.S. without significant difficulties, some are at risk for emotional difficulties that can have devastating consequences on their psychosocial functioning (Athey & Ahearn, 1991; Fazel et al., 2005; Keyes, 2000; Lustig et al., 2004; Porter & Haslam, 2005; Rousseau, 1995). The paragraphs that follow discuss mental health, developmental, legal, and linguistic considerations for school personal who work with youth who had a forced migratory experience. Implications of each area within the school context are discussed.

Mental Health Considerations

Indeed, much of the literature highlights the multiple mental health challenges faced by children and adolescents who have been exposed to armed conflict. Substantial research has found that youth exposed to war and those who are refugee children experience "elevated symptoms of PTSD, depression, anxiety, somatic complaints, sleep problems, and behavioral problems" (APA, 2010, p. 26). What is often described as the "dose-effect" refers to the view that greater exposure to trauma results in greater depression, anxiety, and behavior problems (APA, 2010; Ellis, MacDonald, Lincoln, & Cabral, 2008; Garbarino & Kostelny, 1996). According to the dose hypothesis, the more a child is exposed to trauma, the more likely the child will experience mental health problems.

While initially the dose effect sounds like a rational configuration of the relationship between the experience of forced migratory youth and mental health outcomes, research actually demonstrates a much more complex picture. Questions raised include, but are not limited to, notions such as: If two siblings are exposed to the same levels of traumatic experience will their mental health outcomes be similar? If a child is exposed to the effects of war as an infant, is the impact of that experience the same as the infant's neighbor who is 8-years-old? How do we explain differences in adaptation and coping among children who have a shared experience of consistent and ongoing trauma? What is the role of development and implications for developmental stage in mental health outcomes?

These questions speak to the role of other factors in children's mental health outcomes when faced with war, armed conflict, and forced migratory status. The potential for such variability is documented in the literature. For instance, research has found wide ranging prevalence rates of PTSD among children affected by war span a range from 7 to 75%. Similarly, research has documented prevalence rates for depression as ranging from 11 to 47% (Allwood, Bell-Dolan, & Husain, 2002; APA, 2010). The range in prevalence rates implies that other variables play a role in the mental health outcomes among youth affected by war (Clauss-Ehlers, 2006). Some researchers have found that factors such as post-war stress, resettlement stress, family functioning, and discrimination can influence the clinical picture presented (Ajdukovic & Ajdukovic, 1993; APA, 2010).

The American Psychological Association formed a task force to specifically examine the impact of war on children and families with refugee status. This working group, formally called the Task Force on the Psychosocial Effects of War on Children and Families Who Are Refugees from Armed Conflict Residing in the United States, published a report entitled *Resilience and Recovery after War: Refugee Children and Families in the United States* (APA, 2010). The key theme of this report is that children affected by war demonstrate immense resilience. The report states that wide ranging prevalence rates highlight the many ways children actively cope with their surrounding environments.

The report continues to state that a focus on PTSD is too narrow and does not address the complexity associated with individual differences in response to trauma that can occur at different developmental phases. Rather, it is argued that resilience plays a tremendous role in reactions and mental health outcomes. More research is needed to identify factors that promote resilience.

However, existing research does begin to identify protective factors that help children cope with trauma. In their study that explores resilience factors that help children cope with sexual abuse, Newberger and Gremy (2004) found that parents who responded with a combination of early intervention (i.e., psychotherapy), parental support, and parental belief that their child's report of sexual abuse was true helped children cope and recover from sexual abuse trauma.

Clauss-Ehlers (2004) discusses the concept of cultural resilience as a way that individuals can tap into the sociocultural context to overcome the hardship they face. At its most basic term, resilience refers to the ability to overcome adversity. An individual is resilient when s/he is able to "bounce back" from a given situation, here a trauma, and return to the day-to-day functions of his or her life. Clauss-Ehlers has extended this individual notion of resilience to examine how the sociocultural environment promotes resilience. She defines cultural resilience as aspects of one's culture that help the individual overcome adversity (Clauss-Ehlers, Yang, & Chen, 2006). Cultural resilience attempts to locate factors that promote resilience beyond those located in the individual (i.e., motivation, intelligence) to examine aspects of the individual's sociocultural environment that promote coping in the face of adversity.

The question of cultural resilience is: What are those factors in the individual's sociocultural environment that promote resilience? (Clauss-Ehlers, 2004; Clauss-Ehlers 2008a, 2008b; Clauss-Ehlers et al., 2006). This definition makes resilience much more about the child in interaction with the environment rather than focusing solely on individual character traits within the

child. This framework for resilience is particularly relevant for children affected by war who may experience a sense of depletion of internal resources as it suggests that the surrounding environment (i.e., what happens in the school) can promote resilience. The aforementioned range of prevalence further supports the notion that the child in interaction with his/her environment leads to varying mental health outcomes.

While not linked to the experience of children affected by war per se, there is some existing trauma research that supports the notion of sociocultural factors being responsive to resilience promotion. For instance, a study of college-aged women found there were racial/ethnic differences in specific cultural factors that promoted resilience in response to adverse circumstance (Clauss-Ehlers, 2008b). Three major cultural factors reported to promote resilience among the White women in the study included family, religion, and identifying a new objective, with religion identified as the most prevalent cultural component of resilience. These findings were thought to indicate that for the White women in the study, religious faith was a critical component in dealing with adversity. In addition, it was thought that identifying a new objective fit with the mainstream American cultural value of doing/engaging in activities (Kluckhohn & Strodtbeck, 1961). As such, identifying a new objective appeared to be a cultural response to stress. Cultural factors were reported as promoting resilience among the women of color in the sample. Women of color identified family, pride in one's cultural heritage, personal strength, and meeting with people from the same culture as primary contributors to resilience. These findings demonstrate cultural aspects of resilience and the varied factors that support resilience among diverse groups of women (Clauss-Ehlers).

Developmental Considerations

Similar to the complex picture presented with regard to the mental health outcomes described above, the impact of forced migration on children's development presents a complicated picture. Much of the current research shows that living through war as a child "is a complex developmental process with multiple influential variables" (APA, 2010, p. 28). This complexity is further underscored by the need for longitudinal research that examines developmental outcomes for children over a period of time, rather than at one interval or data point (APA). A longitudinal approach would be best served by examining the experience of children over time and across cultures (APA). Despite these limitations, areas of stress and vulnerability can be surmised based on what we know about standard developmental processes throughout childhood. The experience of forced migrant children, however, must be understood in the context of multiple factors that influence developmental processes.

Having stated these limitations, developmental themes for forced migrant children include, but are not limited to: separation, attachment, and mastery. A key developmental task during infancy includes developing a sense of trust with a caregiver (Erikson, 1959). This attachment is critical for a sense of consistency, routine, and nurturance. The possibility of caregiver attachment being ruptured either due to war, separation because of political conflict, or the immigration process, is a huge risk factor for this age group (Punamäki, 2002).

For children aged 2–5, key developmental tasks among some cultures include physical control over one's body, an increasing sense of independence, and a greater sense of control and assertion over one's environment (Erikson, 1959). Disruptions in these tasks due to an experience of war, immigration, and/or forced migration can interfere with the developmental achievement of mastery (Erikson). Indeed, research has found that young children who have lived in war torn areas are vulnerable to enuresis, physical destruction of objects, and separation anxiety (Chimienti, Nasr, & Khalifeh, 1989). Moreover, much of the toddler's transition towards greater autonomy during this time includes caregiver supervision. For instance, the toddler attempts walking and falls down, only to be picked up by his mother and encouraged to try again. The disruption in

this process if the caregiver is not able to be present is another critical point to consider.

Erikson (1959) presents industry vs. inferiority as the key developmental task for children aged 6–11. Industry is achieved when children are able to cope with school and the pressure of an academic environment. Failure to do so results in a sense of inferiority. Adjustment to school is challenging in and of itself during this stage. The process of adjustment is even more difficult when stressors faced by forced migrant children are taken into account. War can interfere with developing connections to school and relationships with peers (APA, 2010). Resettlement means that children leave their school communities, often going to a new educational system within a new cultural and linguistic context. The learning process may likely be quite different for the child (see School responsiveness to linguistic considerations) and academics and peer relationships may suffer during the transition. Further, if the child is separated from his/her parents, the lack of parental presence and school involvement can have a negative impact on school success (Clauss-Ehlers, 2006).

Finally, the adolescent years are characterized by identity vs. role confusion (Erikson, 1959). A key task during this stage is to develop a sense of one's identity. Social relationships are a critical vehicle to identity development and a hallmark of this stage. The stressors experienced by forced migrant children and those who have experienced war can interfere with the ability to develop a sense of trust in others (Punamäki, 2002). Additionally, the process of resettlement may include leaving behind close friends, mentors, and a social network upon which the adolescent has come to rely.

Legal Considerations

While it is beyond the scope of this chapter to discuss all the legal implications for the varying immigration statuses among forced migrant children and their families, several points are noteworthy. It is critical that school mental health professionals are aware that the children and families they serve, particularly those who are asylum seekers or undocumented, may be dealing with the legal system. As children and their families go through a lengthy and often stressful immigration process, school personnel may be approached by the family's legal representative to obtain information about the child's experience to support their asylum case.

Unfortunately, limited attention has been paid to the experience of children who are caught up in the legal process to gain asylum. As Bhaba and Schmidt (2006) have observed, when children are involved in the asylum process they are either unaccompanied minors or dependents of parents seeking refuge in the U.S. The sad reality is that the process is extremely lengthy and costly, and shows little regard to the needs and rights of children. Children and adolescents entangled in lengthy immigration processes may need a range of culturally and linguistically appropriate supportive services to promote their well-being, including basic daily living, education, and positive physical and mental health across the various domains in which they function. Given that all children attend school, the school system can become an important resource for families while also providing information about the impact of forced migration on children's behavioral and psychological functioning.

Linguistic Considerations

Overview of languages spoken at home. Linguistic diversity plays a critical role in the fabric of our nation. The 2009 U.S. Census Bureau American Community Survey identified a vast array of languages spoken at home as documented in their report entitled *Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over* (U.S. Census Bureau, 2009). The outcome of this survey was the identification of 40 language categories. In reality, however, the actual number of languages spoken is much higher given the category function under which more than one language was housed. For instance, while some categories include Italian, German, and Yiddish, others incorporated more than one language. Language categories such as Other

Asian Languages and African Languages are two such examples. Moreover, given that these numbers reflect participants in the U.S. Census, and, as such, were identified by the government, the numbers might look very different among forced migrant children and their families. Schools may struggle to provide instruction and support in the child's language of origin. Being able to communicate, inform, and involve parents may also be a challenge related to language barriers.

Specific issues that arise for youth. Youth are confronted with a range of changes and cultural shifts upon arrival to a new country. This transition may be more challenging among forced migrant children who come to the U.S. with a history of trauma and loss, have limited resources, and are faced with the uncertainty of their immigration status. While younger children may not grasp the concept of immigration and its implications, they may very well be attuned to the stress experienced by their parents who must also cope with the change.

Children who come to the U.S. speaking a language other than English face an additional layer of adjustment in the life of the school (Javier & Camacho-Gingerich, 2004). Children may feel isolated from their peers given the language barrier and an inability to communicate verbally as well as through the written word. These language differences may translate into decreased academic standing such as demotion to a lower grade. Such changes can introduce other developmental considerations such as not being with one's developmental peer group as well as losing the academic standing gained in one's country of origin. These shifts can be devastating for a child who is already coping with major shifts in his/her environment.

Language also incorporates culture. The loss of the use of one's language of origin in the classroom constitutes a loss of one's culture. Losing the ability to express oneself in the cultural ways one expresses language as a means of learning cuts back tools of skill acquisition that are familiar to the child (Clauss, 1998).

Interpreters. Effective and culturally competent interpreters can facilitate effective services in the school setting, assess children's needs, and provide effective school based services. Scholars in the field have reported that clients who are unable to communicate effectively are less satisfied with the client-provider relationship, have a poorer understanding of their diagnosis and treatment, are misdiagnosed, or receive inappropriate care (Baker, Hayes, & Fortier, 1998; Flores, Rabke-Verani, Pine, & Sabharwal, 2002; Hornberger, Itakura, & Wilson, 1997; Lee, 1997; Marcos, 1979; Pöchhacker, 2000; Sabin, 1975). For forced migrant children and families who struggle with language barriers, the inability to communicate in English can serve as a significant barrier for accessing supportive services (Akinsulure-Smith, 2007; Gong-Guy, Cravens, & Patterson, 1991; O'Hara & Akinsulure-Smith, 2011). Interpreters can help bridge this gap by enhancing service provision.

School Responsiveness to Mental Health, Developmental, Legal, and Linguistic Considerations

School responsiveness to mental health considerations. The notion that contextual factors can promote positive mental health outcomes (i.e., resilience) for children is excellent news for schools. Schools have a unique opportunity to support children with a forced migratory experience through the natural environment in which the child is seen regularly. In fact, the mere routine of going to school to learn on a daily basis can provide a sense of normalcy for children and their families. Children feel more secure when they are aware of expectations and have consistency. Simply attending school can facilitate a sense of security and routine. Simultaneously, school personnel can play an active role in identifying signs and symptoms of mental health problems and provide intervention as needed (APA, 2010). School-based mental health services can provide children and adolescents with treatment in an environment that is part of their day-to-day experience. Services provided can include individual and group therapy, creative arts counseling, and mentoring support, among others (Clauss-Ehlers, 2008a).

School responsiveness to developmental considerations. Schools provide a unique opportunity to be responsive to developmental considerations among forced migrant children. School personnel spend a great deal of time with the children in their institution (APA, 2010). As such, school personnel get to know children well and can hopefully notice significant changes in a child's social, emotional, and academic functioning. Similarly, through an awareness of the child, school personnel can develop a sense of when a child appears stuck or is not growing in developmentally expected ways. Thus, one overall aspect of responsiveness is for school personnel to actively engage students in the life of the school, noting any important changes that may arise.

In addition to this ongoing, informal assessment stance, schools address developmental considerations by the stability and sense of community they provide. A sense of routine and expectation can provide a safe, stable environment for children and adolescents who have experienced major upheavals. The opportunity to connect with teachers, mentors, coaches, and others, allows for the development of connection and trust that underscores much of Erikson's (1959) theory. That schools are learning environments suggests that they are places that encourage students to learn and master new material. This function directly corresponds with the tasks of mastery that arise during toddler and early childhood years as well as a sense of industry characterized by middle childhood.

For children across various developmental stages, schools can provide a new sense of community. As such, schools can help children adjust to a new culture and environment. Connections with peers in school can enhance social networks, decrease isolation, and provide youth with a new normative framework. This process may be particularly important for adolescents who are actively engaged in identity development while also looking to peers as a reference group. School personnel can facilitate social connections through classroom assignments that connect children, after school activities with peers, and linkages with school-based mental health services such as group therapy.

School responsiveness to legal considerations. A key learning for school personnel faced with a child's legal status is to be aware that the child and his/her family may be involved with the legal system as they navigate their immigration experience. This awareness translates into responsiveness when school personnel understand the child's situation from a perspective that takes this reality into account. For instance, a child's absences may be due to having to attend court as part of the family's immigration process. Here a responsive intervention is to support students in their academic lives by reaching out to the family to send work home, review homework, and in general, work with the child so that s/he does not miss out on access to learning skills due to court-related absence.

An additional legal consideration concerns the request from the family's legal representative for information about the child's functioning in asylum seeking cases. Here it is important that schools have a protocol in place to address the legal request while also honoring ethical codes of confidentiality, getting consent to release information, and consultation with the family about the request.

School responsiveness to linguistic considerations. In their document entitled, *Supporting Linguistically and Culturally Diverse Learners in English Language*, The National Council of Teachers of English (NCTE) present eight ways to support linguistically and culturally diverse learners in English education within the classroom (NCTE, n.d.; see http://www.ncte.org/cee/positions/diverselearnersinee). The first tenet states that the classroom be a place that respects the cultural identities of all participants. The second tenet acknowledges that all students bring a *fund of knowledge* to the classroom. Both points underscore the importance that the student's linguistic and cultural knowledge are incorporated into the life of the classroom. Building on this foundation, the third component calls on teachers to "empower students who have been traditionally disenfranchised by public education" to "learn about and know their students in more complex ways." Educators are encouraged to take an "anthropologically and ethnographically informed

teaching stance" (NCTE, n.d.). At the same time, the fourth tenet discusses the importance of exposing students to a range of educational experiences that mirror the student's world.

The next two principles focus on the teacher's approach. Teachers are encouraged to model culturally and linguistically responsive practice. As such, teachers are invited to be active participants and learners within the classroom community. Similarly, the sixth tenet acknowledges that classrooms include both native speakers of English as well as those where English is a second language. This principle states that teachers are to teach English learners the new language while also honoring the language of their home country. The point highlighted here is that English language learners know the rules of their language of origin by the time they are 5 or 6. As a result, immersion rather than instruction is the focus for English learners. Finally, tenets 7 and 8 focus on the need for teachers to recognize inequity, advocate for the learning of all students, and act as models of social justice.

Conclusion

School mental health professionals, by virtue of their role in schools, play a potentially critical role in being responsive to the immigration process experienced by forced migrant children and adolescents. School mental health providers can be leaders in this arena, engaging teachers, school psychologists, and school counselors as vital resources to assist children and adolescents in school adjustment as well as emotional and learning challenges (APA, 2010). School mental health professionals can play a major role in identifying forced migrant children who need "mental health services, evaluating educational or trauma-related needs, and consulting with school administration and staff (p. 28)." They can also work to support vulnerable young people and their families who are going through the asylum seeking process through sensitivity and understanding about the complexities of this legal maze. In addition, the school environment, by virtue of being in a school, provides the opportunity for a non-stigmatizing setting in which therapeutic supports can be implemented (Akinsulure-Smith, 2009; Lustig et al., 2004).

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