

Effectiveness of a Community-Based Advocacy and Learning Program for Hmong Refugees

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The effectiveness of a community-based advocacy and learning intervention for Hmong refugees was assessed using a comprehensive, multi-method strategy, which included a within-group longitudinal design with four data collection points and in-depth qualitative recruitment and post-intervention interviews. The intervention's impact on five aspects of refugee well-being was examined: Participants' psychological well-being, quality of life, access to resources, English proficiency, and knowledge for the U.S. citizenship exam. Twenty-eight Hmong adults and 27 undergraduate students participated together in the intervention, which had two major components: (1) Learning Circles, which involved cultural exchange and one-on-one learning opportunities for Hmong adults, and (2) an advocacy component that involved undergraduates advocating for and transferring advocacy skills to Hmong families to increase their access to resources in their communities. Undergraduate paraprofessionals and Hmong participants worked together for 6–8 hr per week for 6 months. Growth trajectory analysis revealed promising quantitative findings. Participants' quality of life, satisfaction with resources, English proficiency, and knowledge for the U.S. citizenship test increased and their levels of distress decreased over the course of the intervention. Mediating analyses suggested that participants' increased quality of life could be explained by their improved satisfaction with resources. Qualitative data helped to support and explain the quantitative data, as well as providing insight into other outcomes and processes of the intervention. Policy, practice, and research implications are discussed.

KEY WORDS: refugee mental health; Hmong; community-based intervention; advocacy; Learning Circles.

The number of refugees in the world has increased rapidly in the last 10 years, as ethnic conflict, famine, war, and other political struggles have forced millions of people to leave their homes. There were an estimated 35 million refugees and internally displaced people at the start of 2001 (United Nations High Commissioner for Refugees, 2002). A significant majority of refugees remain in their country of first asylum (usually in the “developing” world) or are repatriated to the country from which they fled. Less than 1% of refugees are resettled into a third

country in the “developed” world; the United States accepts the majority of refugees from this group, approximately 70,000 each year (United Nations High Commissioner for Refugees, 2002). Thus, the United States fulfils an important role in resettling refugees who are unable to return home or remain in their country of asylum.²

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²It should be noted that since September 11, 2001, the United States has accepted very few refugees for resettlement. In 2002, the United States admitted only 27,000 refugees, which is less than half the number it admitted in 2001 and the fewest in more than 30 years (United States Committee for Refugees, 2003). This has left thousands of refugees who had been approved for resettlement before September 11 in dangerous situations. This sharp decrease was due in part to the U.S. Government's decision to halt the refugee resettlement program, in part to President

Although refugees who resettle in the “developed” world are in the minority, they have received much more attention in the literature and research on refugees than have those who repatriate or remain in their country of first asylum (Ager, 1999). Refugees who resettle in a third country usually face the largest adjustment—both in terms of cultural and language differences, and disparities in employment opportunities and ways of life. They are more likely to have skills and knowledge that are not easily transferable to their new country. Thus, a great deal of research has focused on understanding the immense transitions these refugees experience and the factors that contribute to the promotion of their well-being. As a country that accepts large numbers of refugees each year, the United States has an interest in ensuring that refugees have the opportunities and resources to build new lives and homes. Extensive research on the adjustment of refugees and immigrants in the United States has shown that the first and second generations are crucial—experiences during this time tend to determine whether refugees and immigrant families will be able to move out of poverty (Portes & Rumbaut, 2001).

One of the largest groups of refugees to resettle in the United States in the last 30 years are Southeast Asians, who began arriving in the 1970s and 1980s, as a result of the Vietnam conflict and the Pol Pot regime in Cambodia. The Hmong, an ethnic minority from the highlands of Laos, comprised a significant part of this group. Originally from China, many Hmong fled Chinese efforts of forced assimilation and migrated to the mountains of Laos about 150 years ago. As a result of their recruitment by the CIA to fight against the North Vietnamese and their communist allies in Laos, many Hmong were forced to flee from Laos to Thailand between 1975 and 1990, where they spent up to 20 years in refugee camps. Between 1975 and 1996, the United States accepted many of these Hmong refugees for resettlement. Approximately 300,000 Hmong currently live in the United States (*Hmong population in the world—year 2000*, n.d.).

Refugee Mental Health

Many studies have found that refugees experience higher rates of psychological distress than

¹Bush's failure to sign the presidential determination that outlined new security screening procedures for refugees for several months, and in part to delays in implementing the new procedures (Springer, 2002).

the general population or than other immigrants in the United States and Canada (e.g., Berry, 1986; Williams & Westermeyer, 1986). This is particularly true for Southeast Asian refugees (Hirayama, Hirayama, & Cetingok, 1993; Rumbaut, 1991a). The adverse mental health consequences related to becoming a refugee (i.e., the trauma of war, violence, escape, and resettlement), particularly for the Hmong and other Southeast Asian refugees, have been extensively documented (e.g., Carlson & Rosser-Hogan, 1991; Rumbaut, 1991a, 1991b, 1989b; Westermeyer, Neider, & Callies, 1989). Many of these studies have focused particularly on psychiatric symptoms such as depression, somatization, phobia, anxiety, hostility, and paranoia (e.g., Carlson & Rosser-Hogan, 1991; Westermeyer et al., 1989). Westermeyer and colleagues found that there was a large subgroup of Hmong adults who continued to experience many of these symptoms even after 8 years in the United States. Mollica, Wyshak, and Lavelle, (1987) found that 92% of the Hmong refugees in their study met the criteria for post-traumatic stress disorder (PTSD).

Other researchers have measured psychological well-being in terms of affective symptoms of emotional and somatic distress and overall demoralization, rather than depression or other clinical disorders. In one such study, Hmong refugees' rates of distress/demoralization were three times higher than that of other Americans (Rumbaut, 1991a). Furthermore, their average levels of distress/demoralization were significantly higher and their average happiness levels significantly lower than Vietnamese, Cambodian, Laotian, and Chinese-Vietnamese refugees (Ying & Akutsu, 1997). Rumbaut (1991a) has also widely assessed refugees' psychological well-being in terms of life satisfaction, which he describes as a cognitive rather than affective appraisal of well-being. Compared to other Southeast Asian refugee groups (Khmer, Chinese-Vietnamese, and Vietnamese), the Hmong were the least satisfied with their lives and were the only group whose life satisfaction decreased over time (Rumbaut, 1989a).

Impact of Exile-Related Stressors on Refugee Mental Health

Most research on refugee mental health has not only focused on the high levels of distress and clinical diagnoses such as PTSD, depression, and anxiety among refugees, it has also typically emphasized

refugees' past traumas as the cause of these problems (e.g., Carlson & Rosser-Hogan, 1991; Westermeyer et al., 1989). As a result, treatments for refugees have usually emphasized psychotherapy, medication, and other individual-focused solutions that address the past traumas. However, recent research has demonstrated that the high levels of distress among refugees are also caused by the daily stressors they face in exile situations, including: their marginal position/relative powerlessness in a new place, extensive undesired changes to their way of life, difficulty achieving their life goals and environmental mastery in a new place, poverty and daily economic concerns about survival in a new country, loss of community and social support, loss of meaningful social roles, and racism and discrimination (e.g., Gorst-Unsworth & Goldenberg, 1998; Lavik, Hauff, Skrondal, & Solberg, 1996; McLoyd, 1990; Paltiel, 1987; Pernice & Brook, 1996; Rumbaut, 1991b; Silove, Sinnerbrink, Field, Manicavasagar, & Steel, 1997; Sinnerbrink, Dilove, Field, Steel, & Manicavasagar, 1997). Furthermore, although past traumas certainly impact refugees' psychological well-being, "... there is concern that an overemphasis on discrete experiences of trauma can encourage an acutely individualized and decontextualized view of the refugee experience" (Ager, 1999, p. 5).

Not only do trauma-focused individual interventions ignore the distress caused by exile-related stressors, they also fail to address several other important issues. First, distressed refugees often do not use mental health clinics—both because they are not necessarily responsive to the needs of refugees and ethnic minorities and because of the common stigma of seeking "psychological" help (Miller, 1999; Sue & Morishima, 1982). In addition, therapy and/or drugs alone are not effective without addressing the social and economic needs of refugees as well (e.g., Kinzie & Fleck, 1987; Pejovic, Jovanovic, & Djurdic, 1997). Furthermore, individual interventions can be culturally inappropriate, particularly for collectively oriented cultures, and may even contribute to refugees' disempowerment (e.g., Strawn, 1994). Finally, individual interventions often pathologize individuals (Ryan, 1976) and fail to utilize resources and strengths in their communities (Rappaport, 1981). For refugees in particular, individual trauma-focused interventions may lose sight of the fact that refugees are people with strengths and resources who are caught in horrible situations, and, furthermore, that their communities can also be important sources of strength.

Taken together, the research on refugee well-being and distress suggests that further investigation of factors and interventions that contribute to refugee well-being is essential and that there is potential for amelioration of refugees' distress through attention to their post-migration experiences in their communities. Thus, it is important to consider refugee mental health and its promotion from a broad perspective that recognizes the traumatic circumstances most refugees have had to endure prior to their resettlement, while also focusing on the difficulties refugees face in their daily lives in the United States.

Theoretical Justification for the Intervention

The intervention had two main components: (1) Learning Circles, which involved cultural exchange and one-on-one learning opportunities for Hmong adults, and (2) an advocacy component that involved undergraduates advocating for and attempting to transfer advocacy skills to Hmong families to increase their access to resources in their communities. The learning and advocacy components were designed and integrated into a holistic intervention based upon several considerations.

An Ecological and Empowerment Perspective

The intervention was fundamentally rooted in ecological and empowerment perspectives, focusing on improving the community's responsiveness to the needs of refugees and building upon refugees' strengths, experiences, and interests (Saleebey, 1997). In particular, there was an emphasis on creating a collaborative, culturally appropriate intervention (Trickett, 1996), which involved individuals and groups in solving their own problems, rather than relying on "experts" (Rappaport, 1977). There was also significant attention to the culture and histories of individuals and their particular contexts (Luke, Rappaport, & Seidman, 1991). Action was directed by participants based on what they wanted and needed (Parsons, Gutierrez, & Cox, 1998).

Rationale for Learning Component

Newcomers to the United States often need to acquire new skills and knowledge, such as English

proficiency, knowledge about political, social, and economic processes, literacy, and job skills. This type of learning is termed instrumental learning and is an important aspect of empowering individuals because it enables individuals to acquire the skills and knowledge they need to participate in their communities (Zimmerman, 1995). Learning English is also important because English proficiency is an essential resource for the economic and social adaptation of immigrants and refugees (Rumbaut, 1989a) and is related to better mental health among Hmong and other Southeast Asian refugees (Beiser & Hou, 2001; Rumbaut, 1989a; Westermeyer & Her, 1996). However, learning can further empower disenfranchised individuals by raising their consciousness, increasing their understanding of their oppression and the structural forces affecting them, and providing mechanisms through which they can work collectively for social justice. This type of learning is also referred to as popular education (Cunningham, 1992) or transformative learning (Cunningham, 1998), and places individuals and their experiences in the center of their own learning, as subjects (rather than objects) of their learning (Freire, 1998).

Rationale for Advocacy Component

Refugees who resettle in the United States often struggle to access the resources they need from their communities. They typically face numerous barriers, including language and cultural differences and lack of knowledge of the system. Also, refugees may not be aware of their rights and responsibilities with respect to the community and community resources. In particular, the needs of Asian refugees are often ignored because service providers believe they prefer to seek and receive help exclusively from members of their own communities (Lee, 1986; Starret, Mindell, & Wright, 1983). However, rather than preferring to rely only on members of their own group, refugees are often forced to do so because many communities are not necessarily receptive to newcomers (e.g., Benson, 1990; Goode, 1990) and refugees often experience racism and/or prejudice (e.g., Hein, 1995). Although ethnic support networks and mutual assistance associations are important sources of resources and support for many refugees, they are not necessarily adequately prepared and funded to meet all of the needs of refugees or to connect them with resources in the larger community. For all these reasons, increasing refugees' access to resources and working

to change unfair policies and systems are important aspects of facilitating their well-being.

Rationale for Combining Advocacy and Learning Components: Cultural Appropriateness and Empowerment

It is important to note that the learning and advocacy components of the intervention were two inextricable parts of one holistic intervention. The intervention was centered around the group Learning Circles: Undergraduates and Hmong participants met in the Learning Circles for almost 1 month before beginning advocacy together, and often would discuss their advocacy efforts during the Learning Circles to share ideas and resources with other group members, to address an unfair institution or system collectively, and/or to get the input or translation assistance of the group facilitators.

One of the most important rationales for combining the advocacy and learning components of the intervention was to take into account the unique attributes of Hmong culture, particularly its collective orientation. It is essential to understand and account for the role culture plays in people's behavior and values, especially when designing an intervention designed to promote their well-being. It is particularly important for refugees because they resettle in a new environment and may not have access to any services or resources that are culturally appropriate and relevant (Berry, 1998). Therefore, simply applying an existing intervention or model of service, such as the Community Advocacy model, would most likely have been ineffective. Individuals are less likely to participate in community interventions and projects that are not culturally relevant or appropriate (Marin, 1993; Strawn, 1994). In addition, interventions developed and implemented without cultural awareness often fail, and can even result in the disempowerment of individuals or communities that researchers intended to empower (Strawn, 1994). Collectively oriented cultures, such as Hmong culture, value the well-being of the group above that of the individual (Kim, Triandis, Kagitcibasi, Choi, & Yoon, 1994), and the proposed intervention was designed with that fundamental consideration in mind. Centering the project on the Learning Circles avoided imposing individual constructs of well-being or empowerment on a community with a collective ideology, by incorporating the cultural factors and strengths within the Hmong community (e.g., their strong social support networks).

The integration of the advocacy and learning components also addressed the multiple needs of refugees (i.e., increased English proficiency, improved access to community resources, improved understanding of the system and their environment, increased social support, development of more valued social roles). However, rather than emphasizing only what refugees need to learn to survive in the United States, the intervention focused on mutual learning, through which refugees both learned from and taught other Americans. Through this process, Hmong refugees' culture, experiences, and knowledge were valued, while also providing them with opportunities to acquire necessary new skills and knowledge.

In conclusion, an individual advocacy intervention would not build on the strengths of the Hmong community, would not provide opportunities for collective validation and action, and would not address the learning needs of Hmong refugees. Thus, by combining the advocacy and learning components, the intervention had the potential to incorporate the strengths, needs, and wants of the Hmong community. In addition, the intervention as a whole attempted to address the multiple aspects of the empowerment process (Parsons et al., 1998): (1) building skills and knowledge for critical thinking and action (e.g., English proficiency, citizenship knowledge, advocacy skills); (2) changing attitudes and beliefs (e.g., value of own culture and knowledge, self-efficacy); (3) validation through collective experiences; and (4) securing real increases in resources and power through action and systems-based advocacy.

It was hypothesized that benefits of the intervention would be demonstrated by increases in participants' English proficiency, knowledge for the U.S. citizenship exam, access to resources, quality of life, and psychological well-being. Furthermore, it was expected that improved quality of life and psychological well-being would be mediated by increased English proficiency, U.S. citizenship knowledge, and access to resources.

METHOD

Setting

The intervention was fully based in the communities of the Hmong participants. The Learning Circles occurred at the community centers of two

public housing developments where many of the participants lived. In addition, the advocates were trained to focus on developing resources and planning activities within the Hmong families' natural environments. Thus, the program was not only convenient and accessible for Hmong participants, but also created a safe and familiar environment in which to learn and work together.

Hmong Participants

Twenty-eight Hmong adults (26 women, two men) participated in the study.³ They were an average of 41-years-old (range 22–77), most (79%) were married (four were widowed, one was single and one was legally separated), and they had an average of six children (range 0–11). Fifty-four percent were employed, 82% had no previous education, none of the participants had a high school degree from the United States (one woman graduated from high school in Laos), and 33% were not literate in any language. They had been in the United States an average of 12 years (range 6 months to 22 years) and resettled here at the average age of 29 (range 16–66). Fourteen were residents of public housing, 10 owned their own homes, and four rented apartments or houses. The majority of the Hmong participants were among the second wave of Hmong refugees to arrive in the United States (Yang & Murphy, 1993), possessing less education and other resources and being less equipped for life here than those who came in the first wave. Within the local Hmong community, they were among those struggling the most—many living in public housing, and most having no previous education and very low levels of English proficiency despite not being recent newcomers. Originally, the intervention was open to the participation of all Hmong adults in the community. However, much greater interest was expressed by Hmong women, and, therefore, the project was predominantly an intervention with refugee women.⁴

³Quantitative analyses include 27 (rather than 28) participants because two participants were married and shared an advocate. To avoid problems associated with shared variance, one of the pair was randomly dropped from the quantitative analyses.

⁴There are several reasons this may have occurred. First, several of the women who participated did not work outside the home or drive, and thus had more time to participate and were highly interested in a project that provided them with interactions with other people outside their homes. (This is also the case for the two men who participated, who were both relatively older

Recruitment of Hmong Participants

All Hmong families living in the three public housing developments in a mid-sized Midwestern city were contacted by the author and Hmong co-facilitators of the project. In visits to their homes, the project was described and adults in the household were invited to participate. There were a total of 25 Hmong families in the housing developments and 13 (52%) chose to participate. When it was determined that extra space was available, the project was opened up to other Hmong families in the community (based on the network of the author and Hmong co-facilitators and by spreading the word throughout the Hmong community). The author, a White woman, worked with Hmong people in a refugee camp in Thailand for 2 years and was involved with Hmong people in the community in which the intervention was conducted for 4 years prior to its start. The knowledge acquired and relationships established were important in recruiting participants and creating a successful intervention. However, it was also essential to be working in collaboration with Hmong community members.

Undergraduate Participants

This project was implemented with the use of 27 trained paraprofessionals, who were undergraduate students at Michigan State University. Of the 27 students, there were 21 women and six men, 19 European-Americans, three Latino/as, two Asian/Asian-Americans, two Arab-Americans, and one biracial African-American/Native American. All

and did not work outside the home or drive.) However, many of the participants not only worked full-time but also took care of their children, which suggests other important considerations. One such consideration was that Hmong women were less likely to have had any previous education in Laos and were therefore more likely to be interested in the type of learning opportunities offered in the Learning Circles. Finally, another salient issue was that the three project leaders were all women, and thus the project was perceived in the Hmong community as a project for women. (There is a fairly clear distinction between men and women's domains and activities in traditional Hmong culture.) Gender also emerged as a salient theme in the post-intervention qualitative interviews, including both the gendered nature of the intervention, the ways in which gender and gender expectations impacted Hmong women's participation in the intervention, its salience for undergraduates working with families in the intervention, and how participants learned about different gender roles from each other. For a full discussion of these issues, see Goodkind (2002), and Goodkind and Deacon (2004).

but one were juniors and seniors. Students made a two-semester commitment to the project, earned eight course credits, and received 48 hr of training over a period of 12 weeks. The training began 2 months before the commencement of the 6-month intervention and was based on a manualized curriculum (see Goodkind, 2000) adapted from the Advocate Training Manual of the Community Advocacy Project (Sullivan, 1998). Training continued during the first month of the Learning Circles. For the final 5 months of the intervention, weekly supervision replaced training. Undergraduates met for supervision once a week in small groups (6–8 students) to review the progress of their advocacy and discuss their experiences in the Learning Circles.

Intervention

The intervention had two major components: (1) Learning Circles, which involved cultural exchange and one-on-one learning opportunities for Hmong adults, and (2) an advocacy component which involved undergraduates advocating for and transferring advocacy skills to Hmong families to increase their access to resources in their communities. Undergraduates and Hmong participants worked together for 6–8 hr per week for 6 months.

(1) *Learning Circles*. The Learning Circles were based on a model created by the Jane Addams School for Democracy in Minneapolis. Participants met in Learning Circles twice weekly at one of the housing development community centers for 6 months. Each meeting was 2 hr in length and was composed of equal numbers of Hmong participants and undergraduate students. The Learning Circles involved two components: Cultural exchange and one-on-one learning. Cultural exchange occurred for the first 30–45 min of the each meeting and was facilitated together by an undergraduate and a Hmong participant. In order to enable all participants to share in the discussion, two Hmong co-facilitators translated Hmong to English and English to Hmong throughout the cultural exchange discussions. The purpose of the cultural exchange was to provide a forum for Hmong participants and undergraduates to learn from each other, share ideas, develop plans for collective action, and realize the important contributions they were capable of making. One-on-one learning occurred in the remaining 1 hr 15 min to 1 hr 30 min of the Learning Circles. During this time, undergraduates and Hmong participants worked in

pairs and focused on whatever each Hmong adult wanted to learn (e.g., speaking, reading, and/or writing English, studying for the U.S. citizenship exam, learning to complete employment applications, writing checks). This aspect of the one-on-one learning was very important and different from most other learning situations. Vella (1994) calls this "participation of the learners in naming what is to be learned" (p. 3), and states that it is essential for effective adult learning. Hmong participants were actively engaged in their own learning processes and received individual attention, which provided them with control over their own learning and more concentrated learning time. It is also important to note that the undergraduates were also engaged in learning, as they learned about the culture, experiences, and knowledge of Hmong residents. Materials, such as citizenship study guides and English as a Second Language (ESL) materials were available to facilitate learning.

(2) *Advocacy*. The advocacy component of the intervention was based on the Community Advocacy model, which has been successfully applied to women who have experienced domestic violence (Sullivan & Bybee, 1999) and to juvenile offenders (Davidson, Redner, Blakely, Mitchell, & Emshoff, 1987). Once relationships began to form between Hmong participants and students, each undergraduate was matched with a Hmong adult, with whom they had been working during the Learning Circles, to serve as an advocate for that person and her family. Rather than deciding who would work together, relationships between the Hmong participants and undergraduates were allowed to develop naturally, and people tended to gravitate towards someone who matched their personality and style of learning. It is important to note that relationships between Hmong participants and undergraduates formed during the Learning Circles, before sending the students into the homes of Hmong families to do advocacy.

Each advocate spent an additional 4–6 hr each week (outside of the Learning Circles) with the Hmong adult and her family to provide advocacy on any issues the family wanted to address. Advocacy continued for 5 months, with some undergraduates mainly working with the adult participant and some undergraduates working closely with both the Hmong adult and her children. The undergraduates first worked with the families to identify the specific issues each family wanted to focus on during the advocacy. Often these discussions occurred during Learning Circles, so that translators could assist with communication. Once an unmet need

was identified, the advocate and family proceeded through four phases of advocacy: Assessment, implementation, monitoring, and secondary implementation (Sullivan, 2000; Sullivan & Bybee, 1999). Because most families had multiple unmet needs, the advocate and family were most often engaged simultaneously in several phases of the advocacy process, in order to address the various needs the family had identified. In addition, undergraduates continually worked to transfer advocacy skills to the Hmong participants and their families.

Interviews

Each participant was interviewed four times to quantitatively assess the impact of the intervention on the five specific hypothesized outcomes. These interviews occurred at 3-month intervals (pre-intervention, midpoint of the intervention, immediately following the conclusion of the project, and 3 months after the project ended). The interviews were conducted in Hmong in participants' homes by trained bilingual, bicultural interviewers who were not a part of the intervention. They took an average of 90 min and participants were paid \$15 for each interview. Each Hmong participant also participated in two qualitative interviews. Qualitative pre-interviews focused on learning about participants' backgrounds, resettlement experiences, and current resources and learning needs. Post-interviews included Hmong participants and undergraduate partners together, and explored participants' experiences in the intervention (e.g., the most important things each undergraduate and Hmong participant had learned from each other and taught each other, the best and most difficult things about working together, what their expectations of the project were and whether the project had met them, suggestions for improvements, opportunities to add other thoughts).

Measures

Both pre-existing scales and measures created specifically for this study were used in the quantitative interviews to assess English proficiency, citizenship knowledge, access to resources, quality of life, and psychological well-being. Most of the measures had been used in other studies with Hmong refugees. However, all measures were carefully adapted for this study through a multi-step process. First, the

interview protocol was translated from English to Hmong by two bilingual individuals (one Hmong man and one Hmong woman) who were not involved with the project. The interview was then back-translated into English by two other bilingual individuals (two Hmong women). Next, the interviewers, co-facilitators, and I met together to review the entire interview and come to a consensus on the translation of each item, which also provided opportunities to clarify the intended meaning of each item. This was an important process because several scales needed to be adapted based on the interviewers' assessments of applicability and comprehensibility for Hmong participants. For instance, one scale that had been used with Hmong participants by other researchers had several questions that the interviewers agreed would have to be translated in the exact same words in Hmong, so the redundancy was eliminated. Another question that had been translated into Hmong by previous researchers asked how often the respondent had been bothered by nerves, but this had been translated literally as the physical nerves in the human body. Through the group process, these potential problems were discovered and corrected.

English proficiency was measured by the Basic English Skills Test (BEST), which is a standardized measure of English as a Second Language ability, designed to assess English communication, fluency, pronunciation, and listening comprehension for adults at the survival and pre-employment skills level. It has an established internal consistency of .91 and has been used widely with refugees and immigrants (Kenyon & Stansfield, 1989).

Citizenship knowledge was measured by 10 questions from the Immigration and Naturalization Service's list of 100 questions, applicants for citizenship need to know to pass the United States' citizenship exam (average Cronbach's $\alpha = .87$).

Access to resources was measured by adapted versions of the *Satisfaction with Resources* scale (Sullivan, Tan, Basta, Rumptz, & Davidson, 1992) and the *Difficulty Obtaining Resources* scale (Sullivan & Bybee, 1999). For the first scale, Hmong participants were asked to rate, on a 7-point scale, how satisfied they were about the resources they had in 11 specific domains (e.g., education, health care, housing, employment). The latter scale asked participants to rate, on a 4-point scale, how difficult it had been or would be in the future to obtain resources they needed in 14 specific life domains (e.g., transportation, employment, material goods,

and services). Average Cronbach's α s for these scales were .70 and .79, respectively.

Quality of life was measured by the Satisfaction with Life Areas (SLA) scale (Ossorio, 1979), which has been used in several studies of Hmong and other Southeast Asian refugee groups (e.g., Rumbaut, 1989a, 1991a). Respondents rated their satisfaction with nine areas of everyday life (work, money, home life, children, neighborhood, social contacts, health, religion, and leisure) on a 7-point scale ranging from very dissatisfied to very satisfied (average Cronbach's $\alpha = .66$).

Psychological well-being was measured using modified versions of the distress and happiness subscales of Rumbaut's (1985) Psychological Well-Being Scale. Each subscale consisted of six items measured on a 4-point scale with possible responses of never, a little, sometimes, and a lot. The *Distress* scale included questions such as: In the last month, how often have you felt under strain, stress, and pressure? How often have you felt you had so many problems that you wondered if anything was worthwhile? The *Happiness* scale included items such as: How often have you felt happy, satisfied, or pleased with your present life? How often have you felt cheerful and lighthearted? Average Cronbach's α s for these scales were .70 and .49, respectively. Descriptive statistics for all outcome variables are shown in Table I.

Retention Rate

Retaining participants across the 9 months was very successful. Of the 27 initial Hmong participants, 26 completed the intervention. One woman left the program after 2 months. Because it was early on, the first person on the waiting list was invited to join. Of the 108 potential interviews (four interviews for each of 27 participants), 103 were completed.

RESULTS

The Intervention Process

The average number of hours each undergraduate student worked with and on behalf of her family, including Learning Circle and advocacy time, was 120 hr ($SD = 18.38$, range 87–178). Undergraduates had an average of 71 hr of face-to-face contact with their Hmong partner ($SD = 18.63$, range 30–116). The time undergraduates spent with the

Table 1. Descriptive Statistics on Outcome Measures

Scale	Time 1 (pre)			Time 2 (midpoint)			Time 3 (post)			Time 4 (follow-up)		
	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range
English proficiency	38.96	23.07	0-73	44.12	22.89	0-79	45.00	23.95	0-78	54.19	22.61	0-80
Citizenship knowledge	.43	1.16	0-5	2.79	3.17	0-8	3.10	3.31	0-9	3.05	2.42	0-7
Satisfaction with resources	3.18	.84	1.44-4.40	3.55	.84	2.22-5.20	4.08	.86	1.40-5.38	3.22	.94	1.70-4.78
Difficulty obtaining resources	2.91	.59	1.70-4.00	3.02	.61	1.50-3.86	2.84	.50	1.64-3.70	3.10	.52	2.14-3.86
Quality of life	3.62	.73	1.78-4.78	3.83	.99	2.22-5.67	4.25	.53	3.00-5.11	3.93	.82	2.56-5.56
Psychological well-being—distress	1.92	.68	.33-3.00	1.36	.75	.33-2.83	1.29	.53	.33-2.33	1.66	.64	.33-3.00
Psychological well-being—happiness	1.57	.61	.50-2.83	1.50	.56	.33-2.50	1.55	.30	1.00-2.00	1.76	.45	.67-2.67

Hmong participants' family members varied greatly, ranging from 4 to 72 hr. The average was 31 hr ($SD = 19.74$). Advocacy efforts included the following areas: U.S. citizenship issues (85%), health care (78%), obtaining material goods and services (78%), issues for the children (78%), financial issues (59%), employment (48%), housing (48%), social support (41%), transportation (41%), legal issues (37%), recreation (18%), and domestic violence issues (4%). The most common issues addressed for children included: Educational issues (74%), recreational activities (70%), family conflict (33%), enhancing social support (33%), obtaining health care (26%), and looking for a mentor (19%). Learning Circle attendance was quite high. Of the 42 Learning Circles, 75% of Hmong participants attended 28 or more. The average number they attended was 32 (range 12–42). Absences were mostly due to serious health issues (one woman had open heart surgery) and pregnancy (three women gave birth during the intervention).

Effectiveness of the Intervention

In order to assess whether the intervention was effective, growth trajectory modeling was used to: (1) Test for significant changes over time on the hypothesized outcomes (English proficiency, citizenship knowledge, access to resources, quality of life, and psychological well-being); (2) determine whether individuals followed consistent patterns of change over time on these outcomes; and (3) test hypothesized mediating relationships. Growth trajectory modeling provides maximum power in examining change (both linear and non-linear) over time across individuals. With four interview time points and 27 individuals, growth trajectory modeling operates with a total N of 108 non-independent observations, rather than 27. In addition to increased power, growth trajectory modeling has several advantages over repeated measures analysis of variance, a technique commonly employed in longitudinal analyses. First, growth trajectory modeling accounts for missing data (at any time point) without excluding any individual from analyses (Byrk & Raudenbush, 1992). Thus, it allowed for the inclusion of the five participants who each missed one of their four interviews. Second, growth trajectory modeling provides the capability to flexibly examine change over time in one domain as it relates to change over time in other domains, which allowed for an examination of the mediating effects. Finally,

growth trajectory modeling is feasible with a minimum of 20 individuals (Kreft & De Leeuw, 1998) and has been successfully used with small samples in a variety of fields (e.g., Abbott, Reed, Abbott, & Berninger, 1997; Kivlighan, Schuetz, & Kardash, 1998; Svartberg, Seltzer, Stiles, & Khoo, 1995). The growth trajectory modeling was conducted using the program Hierarchical Linear and Non-linear Modeling (HLM) 5.04 for Windows (Byrk, Raudenbush, & Congdon, 2001).

For each outcome, an initial level-1 model was constructed based upon examination of the individual trajectory plots. For instance, if the individual trajectory plots indicated linear growth, the initial model included the intercept (β_{00}) and a linear or growth effect (β_{10} , time points = 0, 1, 2, 3). If the individual trajectory plots suggested linear plus deceleration or acceleration, the initial model included the intercept, a linear effect, and a quadratic effect (β_{20} , time point squared = 0, 1, 4, 9). If there was not a clear pattern indicated by the individual trajectory plots, the modeling process began with a model that included intercept, linear, and quadratic effects. Based upon this initial model, the significance of the linear and quadratic effects was examined. If both components were significant, they were kept in the model. However, if the quadratic effect was not significant ($p > .05$), it was removed from the model, and then the remaining model was tested. If, after removing the quadratic effect, the linear effect was also not significant, it was removed from the model, indicating that the best fitting model was an intercept-only model with no significant change over time.

The second step of the growth trajectory modeling involved examining the level-2 model to consider the random effects (variance components) for each level-1 predictor in the model. This step was to address questions about whether all participants followed similar patterns of change over time on the outcomes. Before making a final determination about whether to estimate or fix the random linear and quadratic (if applicable) effects, models with all possible combinations of fixed and random level-1 effects were run and compared using likelihood-ratio Chi-square tests. This uses the deviance statistic of each model, which is a statistic that indicates how well the particular model specified fits the actual data (the lower the deviance, the better fitting the model), to compare whether the extra degrees of freedom required for each random effect improve the model enough to make it worth estimating the larger model.

Table II. Growth Curve Models of Initial Level and Change on Outcome Variables ($N = 27$ Individuals, 103 Observations Across 4 Time Points)

Parameter	Coefficients for each outcome variable				
	English proficiency	Citizenship knowledge	Satisfaction with resources	Quality of life	Distress
Average (fixed) effects					
Intercept—initial level (β_{00})	38.65***	0.49	3.09***	3.57***	1.92***
Linear change (β_{10})	4.85***	2.44*	.94***	0.53*	-0.73**
Quadratic change (β_{20})	-	-0.54*	-0.29***	-0.13*	0.22**
Random variance estimates					
Intercept variance (τ_{00})	471.46***	-	0.35***	.18***	0.32***
Linear change variance (τ_{10})	-	12.04***	-	-	0.38
Quadratic change variance (τ_{20})	-	0.86***	-	-	0.03

*** $p < .001$; ** $p < .01$; * $p < .05$.

In order to make sure these analyses were feasible, a power analysis was completed to estimate the probability of finding a treatment effect of the intervention (change over time) using an effect size of .1145 (a variance of means of .052, a standard deviation at each level of .870, and a between-level correlation of .400), which represents the increase in average score of quality of life over time for participants in this study. Based upon these estimates, power was calculated for a sample size of 27 and a single-group repeated measures analysis of variance⁵ with a .050 significance level, using NQuery software (Elashoff, 1995). The power analysis indicated an 83% power to detect a difference in means across the four levels of the repeated measures. For the remaining dependent variables (English proficiency, citizenship knowledge, satisfaction with resources, and distress), power exceeded 90%. Therefore, the power of the growth trajectory modeling appeared to be adequate.

(1) *Change over time.* The growth trajectory modeling revealed significant change over time on most hypothesized outcomes. English proficiency significantly increased throughout the intervention and continued to increase after the intervention ended. Citizenship knowledge increased significantly throughout the intervention, but decreased slightly after the intervention ended (remaining much higher than its initial level). Hmong participants' satisfaction with resources increased significantly throughout the intervention, but decreased somewhat between the end of the intervention and the follow-up

interview, which occurred 3 months later. However, participants' satisfaction with resources remained higher at the follow-up interview than it was pre-intervention. Participants' quality of life significantly increased throughout the intervention, but decreased slightly after the intervention ended, although it remained above its initial level. Distress decreased significantly throughout the intervention, but increased a small amount after the intervention ended (remaining lower than its initial level). There were no significant patterns of change over time for difficulty obtaining resources or happiness (see Table II for coefficients of significant models).

The coefficients of the growth trajectory model for English proficiency are interpreted here to provide a guide for understanding detailed information on participants' trajectories for each outcome. β_{00} is comparable to the intercept in a regression model. This growth trajectory model is constructed so that β_{00} represents the mean English proficiency level at time 1 (pre-interview), which was 38.65 (about midpoint on the BEST). The significance of this term indicates that the average pre-intervention English proficiency level of Hmong participants was significantly different from zero. The significant random effect (τ_{00}) of the intercept indicates that there was significant variability across individuals on their initial level of English proficiency. The mean growth rate (β_{10}) is the linear coefficient, which is comparable to an unstandardized beta weight in regression, and indicates the change in English proficiency between each time point. The coefficient of 4.85 indicates that participants' English proficiency increased approximately 5 points during each 3-month time period (between interviews), for a total increase of 14.55 points.

⁵This would be equivalent to HLM assuming no missing data; with the small amount of missing data in this study, the power would be slightly lower than that estimated here.

Table III. Coefficients for Growth Trajectory Model of Citizenship Knowledge (CK) with Studying for U.S. Citizenship Test as a Moderator

Fixed effect	Coefficient	SE	t-ratio	p-value
Mean CK pre-intervention, β_{00}	0.49	0.27	1.85	.063
Mean growth rate (linear change), β_{10}	0.18	1.04	0.18	.862
Studying for citizenship effect (interaction), β_{11}	4.31	1.38	3.11	.006
Mean deceleration (non-linear change), β_{20}	0.03	0.31	0.08	.937
Studying for citizenship effect (interaction), β_{21}	-1.07	0.42	-2.54	.020
Random effect*	Variance Component	df	χ^2	p-value
Pre-intervention CK, τ_{00}	-	-	-	-
Growth rate, τ_{10}	7.77	19	86.38	.000
Deceleration rate, τ_{20}	0.62	19	55.83	.000
Level-1 error, e_{it}	1.54			

*Deviance = 303.37 with 4 *df*.

This increase in English proficiency is statistically significant. The random effect of the growth rate or linear change coefficient (τ_{10}) was not significant, which suggested that there were no significant differences in individuals' growth patterns. In other words, individuals experienced similar increases in English proficiency over time. This was confirmed by conducting a likelihood-ratio Chi-square test, which revealed that there was not a significant decrement in fit in the simpler model with the fixed growth rate coefficient. Mean deceleration or non-linear change coefficients (β_{20}), which are found in the other models, indicate that the linear increase (or decrease) was somewhat attenuated (e.g., the change demonstrated began to slow down and reverse direction at follow-up). In sum, positive effects were demonstrated on most outcome measures, although some of these effects began to diminish after the intervention ended.

(2) *Consistency of change over time.* Participants followed consistent patterns of change for English proficiency, satisfaction with resources, and quality of life. However, although the overall effects of increased citizenship knowledge and decreased distress were significant, individuals did not follow consistent patterns of change. Attempts to account for this variability by examining individual and intervention characteristics (e.g., age, years in U.S., English ability, level of participation in the intervention) delineated a moderator in the citizenship knowledge model. Given that studying for the U.S. citizenship test was not a goal for all participants, an additional model for citizenship knowledge was created and tested in which a dichotomous variable indicating whether participants had studied for the U.S. citizenship test during the intervention (0: did not study

for U.S. citizenship test during intervention; 1: did study for U.S. citizenship test)⁶ was entered at level-2 to model the variability in the growth and deceleration effects. The moderator model is presented in Table III. It has two additional fixed effects (β_{11} and β_{21}), which are interaction effects that represent the effect of whether participants were studying for the U.S. citizenship test on the growth and deceleration effects, respectively. In other words, these effects test the question of whether the growth trajectory of citizenship knowledge depends upon whether particular individuals were studying for the U.S. citizenship test. The coefficients in this model confirm that individuals' growth trajectories of citizenship knowledge did depend on whether they were studying for the U.S. citizenship test. In this new model, the main growth and deceleration effects (β_{10} and β_{20}) are no longer significant. Instead, the interaction effects (β_{11} and β_{21}) are significant and larger than the main effects in the previous model. The growth rate interaction effect reveals that participants who were studying for the U.S. citizenship test during the intervention had an average of a more than 4-point increase in their citizenship knowledge for each 3-month period (12.93 points total). However, this growth was moderated by a deceleration of approximately 9.5 points (the deceleration interaction effect) from pre- to follow-up, which means that the net gain in citizenship knowledge for participants who were studying for the U.S. citizenship test was almost 3.5 points. Although the random effects for the growth and deceleration terms

⁶Of the 21 participants who were not U.S. citizens, 11 were studying for the U.S. citizenship test during the intervention and 10 were not.

Table IV. Correlations of Scales for Mediating Analyses

Variable	Quality of life				Distress			
	Pre	Mid	Post	Follow	Pre	Mid	Post	Follow
English proficiency	.11	.16	.37	.06	.00	-.11	.20	-.05
Perceived English proficiency	.13	.19	.25	-.03	.11	-.13	.10	.13
Citizenship knowledge	-.26	-.36	-.01	-.18	.30	.15	.06	-.25
Satisfaction with resources	.43	.72	.57	.84	-.55	-.40	-.14	-.09

Bold indicates $p < .05$; bold italics indicates $p < .01$.

decreased, they remained significant, which suggests that there was further unexplained variance in participants' growth trajectories for citizenship knowledge. This model demonstrates even larger increases in citizenship knowledge over time for participants who were studying for the U.S. citizenship test than was evident in the model without the moderator.

Attempts to model the variability in distress trajectories were unsuccessful. This could be because levels of participation in the intervention were consistent and high, because the variable that might explain the different patterns was not measured, or because with only 27 participants there was not adequate power to delineate the effect.

(3) *Mediating relationships.* In addition to considering the growth trajectories for each outcome over time, the impact that changes on certain outcomes had on changes of other outcomes was examined using Baron and Kenny's (1986) four criteria for mediation, in order to further delineate the mechanisms for change within the intervention. Among the hypothesized mediating effects (English proficiency, citizenship knowledge, and access to resources as mediators of quality of life and psychological well-being), one mediating relationship was detected (satisfaction with resources as a mediator of quality of life).

Criterion 1: The predictor must be significantly related to the outcome. From the original growth trajectory analyses, two of the three hypothesized outcomes (quality of life, happiness, distress) could be potentially included in the mediating analyses. Quality of life and distress had significant growth trajectories, which suggested that these outcomes were significantly related to the predictor (intervention).⁷

Criterion 2: The predictor must be significantly related to the proposed mediating variable. Of the four hypothesized mediators (English proficiency, citizenship knowledge, satisfaction with resources, difficulty accessing resources), three had significant growth trajectories and therefore could be potential mediators (English proficiency, citizenship knowledge, and satisfaction with resources).

Criterion 3: The proposed mediating variable must be significantly related to the outcome. A correlation matrix of the two potential outcomes and three potential mediators was created (see Table IV). Based upon these correlations, it was determined that two mediating relationships could be tested: (1) Satisfaction with resources as a mediator of increased quality of life, and (2) satisfaction with resources as a mediator of decreased distress.

In order to obtain an overall test of the significance of the relationship between the mediator (satisfaction with resources) and each of the outcomes (quality of life and distress), a model for each outcome was created, in which growth, deceleration, and satisfaction with resources as a time-varying covariate were entered at level-1. These models basically tested the overall within-time effect of satisfaction with resources on each outcome across all 4 time points, without regard to the timing of the intervention, as opposed to the correlations presented in Table IV, which test the relationships at each time point individually. These models suggested that satisfaction with resources might mediate quality of life, because satisfaction with resources as a time-varying covariate (β_{30}) was significant in the model.

Next, the effects of satisfaction with resources were further separated to determine if they were

⁷The method of assessing significant relationships between the intervention and each outcome was based on testing the growth trajectories of the outcomes over time to determine if they were significant. Thus, conclusions from these analyses are more tentative than they would be if there were a true experimental design

with a control group, which could more definitely rule out other uncertainties such as maturation or historical effects.

Table V. Coefficients for Growth Trajectory Model of Quality of Life with Within-Person Change on Satisfaction with Resources as Time-Varying Covariate and Satisfaction with Resources as a Mediator

	Coefficient	SE	t-ratio	p-value
Fixed effect				
Mean quality of life pre-intervention, β_{00}	2.31	0.46	5.05	.000
Satisfaction with resources pre-intervention effect on mean quality of life pre-intervention, β_{01}	0.41	0.14	2.97	.007
Mean growth rate (linear change), β_{10}	-0.95	0.72	-1.32	.188
Satisfaction with resources pre-intervention effect on growth rate, β_{11}	0.28	0.21	1.33	.184
Mean deceleration (non-linear change), β_{20}	0.27	0.23	1.18	.237
Satisfaction with resources pre-intervention effect on deceleration, β_{21}	-0.07	0.07	-1.03	.302
Within-person change on satisfaction with resources effect, β_{30}	0.60	0.09	6.78	.000
Random effect*	Variance component	df	χ^2	p-value
Pre-intervention quality of life, τ_{00}	0.06	25	44.75	.009
Growth rate, τ_{10}	-	-	-	-
Deceleration rate, τ_{20}	-	-	-	-
Within-person change on satisfaction with resources, τ_{30}	-	-	-	-
Level-1 error, e_{it}	0.30			

*Deviance = 202.50 with 2 df.

related to the intervention or based solely upon a pre-existing relationship between the outcomes and satisfaction with resources. A second model for each outcome, in which the growth and deceleration components were included in level-1 and participants' initial scores on satisfaction with resources at the pre-interview were included at level-2, was created to determine if the pre-intervention levels of the satisfaction with resources affected the trajectory of quality of life or distress over time. The quality of life model revealed that pre-intervention satisfaction with resources was related to pre-intervention quality of life, but that pre-intervention satisfaction with resources had no additional effect on the growth trajectory (growth or deceleration effects) of quality of life. This provides further evidence that satisfaction with resources might mediate quality of life because it demonstrates that the growth trajectory of quality of life is not a function of pre-intervention levels of satisfaction with resources. The distress model followed the same pattern.

Criterion 4: When the proposed mediating variable is included in a model with the predictor and the outcome, the relationship between the predictor and outcome must decrease. In the final model for each outcome, the growth and deceleration components were entered at level-1. In addition, a clearer separation of pre-intervention and intervention effects was achieved by entering the scores on satisfaction with resources at time points 2–4 (mid, post, and follow-up) deviated from the satisfaction with resources scores at time point 1 (pre) as a time-varying covariate at level-1. This resulted in the covariate reflecting within-person change (controlling

for the pre-intervention level of satisfaction with resources). Raw scores of pre-intervention satisfaction with resources remained in the model at level-2. This combined model was the final test of a mediating relationship.

In the quality of life model (see Table V), the within-person change on satisfaction with resources (β_{30}) was significant as a time-varying covariate, which indicated that within-person change on satisfaction with resources was related to the growth trajectory of quality of life, controlling for the correlation between these variables pre-intervention. Furthermore, the growth and deceleration effects were no longer significant, which provided evidence that changes in satisfaction with resources might mediate the intervention effects on quality of life over time. The distress model (see Table VI) did not provide evidence of a mediating relationship between satisfaction with resources and distress. Although the model showed a pre-intervention correlation between satisfaction with resources and distress (β_{01}), the within-person change on satisfaction with resources (β_{30}) was not significant as a time-varying covariate. In conclusion, strong evidence exists for only one mediating relationship out of the many hypothesized: Satisfaction with resources as a mediator of increased quality of life over time.

Qualitative Support for Quantitative Findings

The open-ended interviews with participants provided important opportunities to hear Hmong participants talk about their experiences in the intervention in their own words and resulted in

Table VI. Coefficients for Growth Trajectory Model of Distress with Within-Person Change on Satisfaction with Resources as Time-Varying Covariate and Satisfaction with Resources as a Mediator

	Coefficient	SE	t-ratio	p-value
Fixed effect				
Mean distress pre-intervention, β_{00}	3.41	0.47	7.23	.000
Satisfaction with resources pre-intervention effect on mean distress pre-intervention, β_{01}	-0.47	0.14	-3.27	.004
Mean growth rate (linear change), β_{10}	-1.10	0.67	-1.64	.100
Satisfaction with resources pre-intervention effect on growth rate, β_{11}	0.14	0.20	0.69	.489
Mean deceleration (non-linear change), β_{20}	0.22	0.21	1.02	.309
Satisfaction with resources pre-intervention effect on deceleration, β_{21}	-0.01	0.06	-0.11	.913
Within-person change on satisfaction with resources effect, β_{30}	-0.07	0.09	-0.86	.391
Random effect*	Variance component	df	χ^2	p-value
Pre-intervention distress, τ_{00}	0.13	25	72.82	.000
Growth rate, τ_{10}	-	-	-	-
Deceleration rate, τ_{20}	-	-	-	-
Within-person change on satisfaction with resources, τ_{30}	-	-	-	-
Level-1 error, e_{it}	0.25			

*Deviance = 198.57 with 2 df.

rich detail that complements and supplements the quantitative findings in numerous ways.⁸ First, the qualitative data from these interviews allowed for the assessment of outcomes that were difficult to measure quantitatively, were individualized, and were unexpected.⁹ In addition, the interviews provided an opportunity to examine the impact of the intervention on the undergraduate participants,¹⁰ and the process of the intervention in terms of the relationships among Hmong and undergraduate participants.¹¹ Furthermore, the qualitative interviews

were important as a process of genuine dialogue and reciprocal learning among Hmong and undergraduate participants and project staff.¹² Finally, and most relevant to this discussion, the qualitative data provided confirmation and explanation of the quantitative data (growth trajectories). Specifically, Hmong participants' responses highlighted improvements in English proficiency:

Before I started this class, I only knew like five percent of English, but then now that I went through and studied all the English, I think I know, I'm kind of embarrassed, but like maybe thirty-five, around there (Kiaw,¹³ 44-year-old Hmong woman).

But I know that in the past six months, I've been understanding more and I could speak more English and understand more. And when I could read the words and I don't understand what it is, I could understand after Jennifer [undergraduate] explained it to me. So now I'm understanding more English than before (Mai Xiong, 32-year-old Hmong woman).

Many Hmong participants also mentioned the citizenship knowledge they had acquired:

⁸For a full discussion of the qualitative results, see Goodkind (2002).

⁹Hmong participants described many ways in which the intervention impacted them, including: Acquisition of new skills and knowledge (e.g., math, job application skills), increased environmental mastery, self-sufficiency, and self-confidence, increased social support, the setting of future goals, positive impacts on their children, valuing of their experience and knowledge by others, validation of their Hmong identity, and increased understanding of the diversity in the United States and the possibilities for people from different races, ethnicities, and cultures to work together.

¹⁰Impacts on undergraduates included: Increased consciousness about the need for social change (e.g., increased critical consciousness, consideration of society's roles and responsibilities, recognition of their privilege, increased understanding of refugees' challenges and resiliency); increased cultural awareness (e.g., valuing and validating Hmong culture and experience, awareness of own cultural assumptions, breaking down race barriers and stereotypes); and changes in themselves (e.g., increased self-confidence and self-efficacy, re-examination of their values, and positive impact on their future goals).

¹¹Themes about the relationships between Hmong participants and undergraduates included: The type of relationship established (e.g., equal, unequal, friendship, family-like), the impor-

tance of one-on-one learning relationships, and the impact of the language barrier on relationships.

¹²An important aspect of this dialogue was asking Hmong and undergraduate participants for suggestions for improving the intervention. The ideas they shared focused on structural issues (e.g., increasing the length of the intervention and adjusting the time spent on different activities during Learning Circles), additional training ideas for undergraduates, and additional resources that would be helpful.

¹³Names and identifying information have been changed to protect the participants' privacy.

It's so helpful for me because I didn't go to school back in Laos or in Thailand either so since I got here I didn't know anything at all, but here with this program it's very good for me because right now I know who the presidents are and stuff like the law and all the Congress and the Senators and all those and who are they and how many they're supposed to be and it's very helpful (Ger, 43-year-old Hmong woman).

The most important thing I have learned from Wendy [undergraduate], she has taught me the citizenship, which was what I wanted and expected from this class. She taught me about the presidents and the vice-presidents, what came about what, and how many houses in the United States. And all the questions that she has taught me, I learned that, and I will keep those in mind, and that'll help me when I go and take my citizenship test (Bao, 35-year-old Hmong woman).

Participants' discussions of resource issues confirm the complexity of the quantitative findings. They describe their actual access and satisfaction with resources as increasing during the intervention, but their perceptions about the difficulty of accessing resources and their ability to access resources without assistance persisted:

I'm very happy, very, very happy, that Joanna [undergraduate] is able to help me throughout all my medical problems, like getting a doctor for me, getting me into a new place, new environment, and with all her help, I'm able to get my diagnosis from the doctor. And then she also found me an eye doctor, which [previously] prevented me from not being able to see (Yao, 39-year-old Hmong woman).

Well to talk about the resources, I do need help a lot. I don't know how to read and write at all. But my husband, he is a little bit better than me, but not that much either, so something that it's easy that he can understand and is able to do then it's okay, but something hard like filling out applications or going to apply for things and stuff, you know whatever that you need, then he can't do it either and I do need help on things like that (Mai Doua, 26-year-old Hmong woman).

However, some Hmong participants indicated that they had learned how to access particular resources with their undergraduate that they would be able to access on their own in the future:

So without you [the project], we wouldn't be able to learn more English or any other things that are around [city] that are resources that we don't know. So with you here helping the Hmong community, we actually know where things are and understand a little bit of English (Shoua, 64-year-old Hmong woman).

Matt [undergraduate], I'm very, very happy to have met you and to be partner with you throughout this program, because you have helped me so much. Like, I don't understand, I know where the bills came from and I know where to go but I don't know where to go, what room to go into to ask the question, or who to go about asking anything for the bill, so I learned things like that when I go with you. I learn that, okay, this is where and ask this question. This is where I go and talk to them about the bill. So I learned all that from you. So I just want to thank you very much and I'm very, very happy that you taken me to all the places, and take me where I need to go and tell me, show me how to do this and that, and so I appreciate it (Yeng, 39-year-old Hmong woman).

The qualitative interviews included questions about what Hmong participants has learned during the intervention and other experiences of the intervention, but more abstract concepts such as quality of life, distress, and happiness were not a specific focus. However, the following quotes illustrate or provide evidence of the ways in which some participants' quality of life may have been improved and their distress decreased through their involvement in the intervention:

I'm very, very thankful for Jessica to have this class, and to have met Lori [undergraduate] through this class and to teach me, to help me throughout all my difficulties in my life. Lori makes a lot of difference in my life, and she made my life much, much easier (Chae, 38-year-old Hmong woman).

So I'm really glad to have a friend like Suzanne [undergraduate] here, because she always makes me happy when I see her. She's like a friend to me. So she takes away all of my worries and stuff, because when I was younger, around like 27 to 28, 29, I went downtown to study over there. And when I study, there'll be something written on the board, and I'll write it on top. But then, later on, I'd write it down here, which I didn't know that I wrote it down there, so . . . I wasn't really thinking about what's on the board. I was really thinking about my troubles. And that made me so depressed and sad. So then now, I changed it and I know that's one thing that's wrong about me, so I changed it. And now when I worry about stuff, I only worry at home, but when I come here I forget all about my worries. And, I seem to be happier, when I'm with friends (Kia, 36-year-old Hmong woman).

I'm very, very happy because you guys [undergraduate and project facilitators] make me happy because nobody ever told me that I'm a strong person, I'm like this and like that, and I never heard anybody say all these good thing to me. So the reason why I'm crying is because you guys always say all these good stuff about me, and tell me that I could do this

and that, and never put me down, and so it makes me feel so good and you guys just make me so happy (Yeng).

Thus, Hmong participants' comments provide support for the quantitative data, including confirmation of some of the positive impacts demonstrated by the growth trajectories and explanation of why some of the positive effects began to diminish after the intervention ended.

DISCUSSION

A growing body of research has documented that refugees' resettlement experiences and the stressors they endure in the process are related to their psychological well-being. Many researchers also argue for community-based, ecologically grounded, and culturally appropriate interventions to promote refugees' well-being. However, there are few studies that have attempted to create and thoroughly assess such efforts. This study is important because it documents a holistic intervention that addresses the exile-related stressors refugees face from an ecological and empowerment perspective. The implementation of this intervention demonstrates that creating a collaborative setting in which refugees have the opportunity to share their knowledge and cultures, have their experiences validated, learn English and other relevant skills and knowledge, and access resources that they need was beneficial in numerous ways.

Overall, the findings indicate that the intervention had many positive effects on participants. The pattern of quantitative findings suggests that the intervention was most effective at improving Hmong participants' English proficiency, which increased both during and after the intervention. Citizenship knowledge also significantly increased for participants who were studying for the U.S. citizenship test, and although this increase did not continue after the intervention ended, improvements were mostly maintained with minimal attenuation of the effect. The intervention positively impacted other areas of participants' lives, including their satisfaction with resources, quality of life, and distress. However, participants' increases in satisfaction with resources and quality of life and decreased distress were effects that were evident during the intervention but were not maintained after the intervention ended. Furthermore, there were two outcomes on which the intervention did not have any significant effect: Difficulty accessing resources and happiness.

These patterns are most likely related to several factors, including the type of outcome and the length of time required to impact different aspects of refugees' lives. First, it makes sense that participants' concrete skills and knowledge (English proficiency and U.S. citizenship knowledge) were affected most strongly. Hmong participants worked directly on these areas every week with their undergraduate partners and thus an immediate impact was expected and evident. Hmong and undergraduate participants also worked directly on mobilizing community resources for Hmong participants and their families, and it was clear through the questions about participants' actual resources and their satisfaction with resources, that this concrete aspect of their lives improved. However, the reason participants' increased satisfaction with resources was not sustained after the intervention ended is most likely related to the lack of impact observed on participants' difficulty accessing resources. Undergraduates were effective at mobilizing community resources with Hmong participants, but complete transfer of these skills requires time. Newcomers not only need to know the locations of community resources and advocacy techniques for mobilizing them, but also need to have the ability to speak English and the self-confidence to advocate for themselves.

Quality of life, distress, and happiness are more abstract concepts, which are less easily changed, are often mediated by other factors, and which may change more slowly. For instance, in an advocacy intervention with women who experienced domestic violence, initial increases in women's quality of life were mediated by social support and effectiveness obtaining resources (Bybee & Sullivan, 2002). Given the complexity of these constructs, it is likely that the observed effects could have been sustained with a longer intervention and that other effects and relationships might have been found with a longer follow-up period.

The increase in participants' quality of life during the intervention is particularly important given that a longitudinal study of Hmong, Khmer, Vietnamese, and Chinese refugees revealed that the Hmong were the only group whose quality of life decreased over time (4 time points over 10 years), the longer they had been in the United States (Rumbaut, 1989a). The reversal of the trend Rumbaut found, as well as the attenuation of the effect after the intervention ended, suggests that the observed increase in participants' quality of life is probably not due to a maturation effect of quality of life increasing

for refugees who have been in the United States for longer periods of time.

Although Hmong participants talked about ways in which both their distress was decreased and their happiness was increased through their participation in the intervention, the growth trajectory modeling revealed a significant decline in distress during the intervention, but no significant pattern regarding happiness. Rumbaut (1991a) found that men's levels of distress decreased over time as they were in the United States, but that women's did not. Given that all of the Hmong participants in the analyses were women except one, this finding is important, and provides evidence that the observed decreases in distress are not due to a maturational effect of distress declining over time for refugees in the United States. This is further substantiated by the shape of the growth trajectory for distress, which revealed an attenuation of the effect after the intervention ended. Therefore, it is most likely that distress decreased during the intervention because of attention to post-migration factors. The findings regarding distress are consistent with (Rumbaut's 1991a, 1989a) longitudinal study of 500 Southeast Asian refugee adults (Hmong, Khmer, Vietnamese, and Chinese-Vietnamese), in which he found that as refugees have been in the United States longer periods of time, current exile-related stressors become much more predictive of distress than pre-migration traumas.

Although Hmong participants' quality of life and psychological well-being did improve, only one mediating relationship was detected: Increased satisfaction with resources as a mediator for increased quality of life. This finding suggested that participants' increased quality of life could be explained by their improved access to resources. This is consistent with the findings from advocacy interventions with other populations (e.g., Bybee & Sullivan, 2002), as well as the theories of other researchers (e.g., Diener & Fujita, 1995; Hobfoll & Lilly, 1993). In addition, it lends further support to the growing research on the importance of exile-related stressors in explaining refugees' well-being. In a broader sense, the connection between improved access to resources and increased quality of life is particularly important because it provides further evidence for one of community psychology's fundamental emphases—the redistribution and mobilization of resources as processes for promoting the well-being of disenfranchised individuals and groups. However, it is important to note that evidence from this study suggests that some of

participants' improved access to resources could not be maintained once the intervention ended. Thus, it is important to consider possibilities for creating more sustainable change, which is discussed subsequently.

Although access to resources did not mediate decreased distress, an interesting pattern emerged. Satisfaction with resources was significantly related to distress at the pre- and mid- time points, but this relationship disappeared at post and follow-up time points. It might be that by improving participants' access to resources, the relationship between satisfaction with resources and distress disappeared for a while because the impact that improved access to resources has on reducing distress might take time to manifest in participants' lives. A longer period of follow-up with participants would have allowed this possible explanation to be tested.

English proficiency and citizenship knowledge were not significant mediators of either distress or quality of life. However, they did improve significantly throughout the intervention. Given the documented relationship between English proficiency and well-being among refugees (e.g., Beiser & Hou, 2001; Rumbaut, 1989a; Westermeyer & Her, 1996), it might be that mediating relationships would be detected among these variables and quality of life and/or distress with a larger sample size or a longer-term follow-up period.

One of the most vital resources for newcomers to the United States is English proficiency. It is linked to refugees' access to health care and social services, their ability to communicate with and learn from other Americans, and their psychological and socioeconomic well-being (e.g., Hinton et al., 1997; Rumbaut, 1991b, 1989a; Ying & Akutsu, 1997). Thus, it is important that Hmong participants' English proficiency increased during and after the intervention. Participants' increased English proficiency is not surprising, given that Hmong participants had the opportunity to learn the English they wanted and to learn it one-on-one at their own pace. In addition, a significant amount of learning a new language occurs through practice in a comfortable, safe environment.

Acquiring the knowledge necessary to pass the U.S. citizenship test was a primary goal of many Hmong participants. However, the patterns of change on this outcome (growth trajectories) were different because not all participants were focused on studying for the U.S. citizenship test. Growth trajectory modeling was an important statistical technique, because it allowed for an examination of

significant overall patterns of change, as well as individual factors (moderators) that explained the different trajectories. As might be expected, participants who studied for the U.S. citizenship test as one of their goals during the intervention demonstrated large significant gains in citizenship knowledge, while other participants did not. Furthermore, this finding lends credibility to the conclusion that the increases in citizenship knowledge among Hmong participants who were studying for the test were due to their participation in the intervention. It is also important to note that becoming a U.S. citizen involves gaining access to the same rights, protections, and benefits as other Americans, which is particularly relevant after the events of September 11, 2001, and the subsequent further erosion of the rights of non-citizens. In addition to the increased safety, protection, and rights that U.S. citizenship affords to legal residents of the United States, the increases in citizenship knowledge among Hmong participants also increased their ability to participate in political processes in the U.S. and build their self-confidence and self-efficacy.¹⁴

Although this study offers important insight into the promotion of refugee well-being, these findings should be interpreted with caution. Without a control group, it cannot be concluded that the observed effects were definitely due to the intervention. For instance, there might be historical effects such as something else occurring in participants' lives or their community or a maturation effect of a natural trajectory of decreased distress over time as refugees are in the United States. However, the pattern of the growth curves of distress, quality of life, satisfaction with resources, and citizenship knowledge, which showed positive effects that diminished after the project ended, suggests that these effects were due to the intervention. A measurement issue, such as participants giving increasingly positive responses because of the general interest taken in their lives, is

another possibility, but it is difficult to imagine how participants could show improvements in English proficiency or citizenship knowledge if this were the case. Thus, the patterns observed and the supporting qualitative data suggest that this intervention demonstrated promising results.

In addition to potential maturational, historical, or measurement threats to validity, it is impossible to completely rule out alternative explanations of the intervention effects that involve the many social aspects of the intervention (e.g., opportunities for many participants who were fairly isolated to get out of their homes and meet new people). Because the study did not employ a placebo control group in which Hmong and undergraduate participants spent time together without a specific focus on the advocacy and learning components of the intervention, the increased social contact could be a counter argument for some of the findings (e.g., decreased distress). However, it is unlikely that English proficiency, citizenship knowledge, and access to resources would have increased without explicit attention to advocacy and learning. Furthermore, the finding that access to resources mediated increased quality of life lends support to the conclusion that improved quality of life was not merely a result of social contact.

Another design limitation is the small sample size of the study. Although growth trajectory modeling has been used successfully with sample sizes comparable to the one in this study, the stability of the findings are not certain. It is possible that the results could be affected by one or two people who had strong reactions to the intervention.

Despite these limitations, this study has several implications for research, policy, and practice. First, it is important to recognize that refugees need assistance beyond the initial resettlement period. Most refugee organizations, policies, and programs focus on the first 6 months after refugees arrive in the United States. Although this is a crucial time period, it is evident from the participants in this study that the challenges of adjusting to a new place persist for many years for some people, particularly those who have limited education and English proficiency. Second, the success of this project lends support to the idea that attention to the psychological needs of refugees is important but inadequate if other needs are ignored. Holistic interventions that address material, social, and educational needs, as well as psychological needs, and that build upon the strengths of participants are important.

¹⁴At least 10 participants and their spouses became U.S. citizens due to their involvement in the intervention. This accomplishment had radiating effects throughout the Hmong community. Previously, many Hmong people in the community perceived this goal as unattainable. However, after a few successes, a common sentiment that passing the test was possible began to spread. Furthermore, many Hmong participants shared their knowledge and materials with others (e.g., flash cards to study for the test, the test questions, and study guides, knowledge of how to fill out applications and mail them, and an understanding of how and where to complete the process). The same phenomenon occurred with other resources as well (e.g., health insurance for uninsured adults, tutoring resources for children).

The success of this intervention, as evidenced by its impact on participants and participants' high attendance rates at the Learning Circles was due not only to its holistic focus, but also to its community-based and culturally grounded nature. The intervention was developed collaboratively with Hmong families, based on what was culturally relevant and appropriate, and what they wanted and needed. Furthermore, the combination of the advocacy and learning components of the intervention was important because, in addition to addressing the particular needs of Hmong refugees (i.e., increased English proficiency, improved access to community resources), it was specifically structured to take into account the unique attributes of Hmong culture, particularly its collective orientation. By structuring the intervention around the Learning Circles, Hmong participants had a space to come together to learn, address issues and social problems collectively, and build upon the skills and cultural strengths they had to contribute to their communities. Therefore, effective interventions must attend to the particular attributes of participants' cultures and be developed collaboratively with participants.

Another implication of the findings is that interventions need to be longer than 6 months. Many of the positive impacts the project demonstrated began to erode once it ended. Although this might suggest Hmong participants' dependency on the undergraduate students, observations and qualitative interviews suggest that the types of processes that were occurring, the skills and knowledge participants were trying to build, and the social change efforts they were engaged in together, require longer periods of time.

Thus, an on-going project involving Learning Circles and advocacy, in which community members could participate as long as they would like might be more effective, and it is important to consider how this type of endeavor could be sustained and institutionalized within refugees' communities. An on-going partnership between universities and refugee communities and organizations, in which undergraduates make a two-semester commitment and refugee community members participate as long as they want is one idea. As such a project grew and social and material resources within the community developed, coordination and ownership could be increasingly shifted to the refugee community. Through this type of effort, change and empowerment might be able to be measured and achieved at both individual and organizational and/or community levels (see Peterson & Zimmerman, 2004 for a recent discussion of mov-

ing empowerment research beyond the individual level of analysis). However, many refugee communities have so few resources that it takes time to reach this ultimate goal. Thus, this project was successful primarily at the individual level. Although it was certainly a small step, it demonstrated that universities possess untapped resources that have great potential for improving the well-being of refugees and that undergraduates can be effective change agents and engage in relationships with refugees and their communities that are mutually beneficial. Therefore, this model has great potential on which to build more sustainable interventions. In conclusion, the accumulated effects demonstrated by the growth trajectories and qualitative data suggest that the intervention had a positive impact on participants and that promoting refugee well-being by addressing resource and learning needs and valuing refugees' strengths may be important in reducing refugees' distress and improving their quality of life.

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