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Hmong Refugees in the United States: A Community-Based Advocacy and Learning Intervention

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As a country founded by individuals seeking religious and political refuge, the United States has accepted more refugees than any other country (Idelson, 1995). Upon resettlement, most refugees struggle to adjust psychologically, physically, socially, and economically to their new communities. The adjustment of Hmong refugees has been particularly challenging (e.g., Rumbaut, 1989; Yang & Murphy, 1993). We developed the Refugee Well-Being Project at Michigan State University¹ to promote the well-being and empowerment of Hmong refugees. It was rooted in

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an ecological perspective, focusing on improving the community's responsiveness to the needs of refugees and emphasizing adaptation as a mutual process by both the refugees and their environments. For a period of 6 months, Hmong adults and undergraduate students participated together in the intervention, which had two major elements: an educational component, which involved cultural exchange, opportunities to address community issues collectively, and one-on-one learning opportunities for Hmong adults, and an advocacy component which involved undergraduates advocating for and transferring advocacy skills to Hmong families to increase their access to resources in their communities. An evaluation with both quantitative and qualitative components revealed that participants' quality of life, satisfaction with resources, English proficiency, and knowledge for the United States citizenship test increased and their levels of distress decreased over the course of the intervention.

BACKGROUND

Sociopolitical Context

Before the late 1970s, the majority of immigrants and refugees who resettled in the United States were of European descent. However, the Immigration and Nationality Act of 1965 removed discriminatory country-by-country quotas that favored Europeans and Canadians. Subsequently, one of the largest groups of refugees to resettle in the United States were Southeast Asians, who began arriving in large numbers in the 1970s and 1980s, as a result of the Vietnam conflict and the Pol Pot regime in Cambodia. One of the many groups among this influx was the Hmong people, a minority ethnic group from the mountains of Laos. Their resettlement in the United States since the 1970s follows a long history of persecution and suffering as an ethnic minority in several countries. Originally from China, many fled Chinese efforts of forced assimilation and migrated to the mountains of Laos and Vietnam 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 during the Vietnam Conflict, 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 250,000 Hmong currently live in the United States, and, during the 1990s, the number of Hmong in the United States was increasing faster than the population of any other Asian group (Yang & Murphy, 1993).

In order to promote the well-being of Hmong refugees, it is essential to understand some of the important aspects of Hmong culture and its strengths. Hmong culture is a collectivist, clan-based culture (Scott, 1982), which, as opposed to American and other Western cultures that emphasize autonomy, privacy, and individual initiative, is based on a "we" orientation and the importance of group solidarity, duties and obligations, and a collective identity. More than any other immigrant group, the Hmong have succeeded in preserving many aspects of their culture, interdependency, and sense of ethnic community (Fadiman, 1997). This emphasis on clan and community is an important strength of the Hmong community, which commonly results in an incredibly extensive and strong support system (Dunnigan, 1982; Hutchison, 1991).

Despite these strengths, the Hmong have been particularly challenged in their adjustment to life in the United States. Numerous factors have contributed to their difficulties: significant language and cultural differences, limited previous education (which puts any individual or group at a disadvantage in the United States), limited transferable occupational skills, and the particular context into which they were relocated (most Hmong arrived here in the 1980s in the midst of a severe economic recession with high unemployment). As a result of these factors, the Hmong have experienced a large gap between the abilities they possess and the needs they must fulfill here (Scott, 1982). In fact, statistics from the U.S. Department of Commerce indicate that the quality of life for the Hmong community is precarious. In 1990, the median household income for the Hmong was \$14,300, 67% of households received public assistance, 87% of Hmong lived in rental units, 86% did not have a high school degree, and 60% were linguistically isolated (Hein, 1995). It is also important to understand that many Hmong families are faced with limited income and other resources in the context of having many people to support. In a representative study of 355 Hmong households, Rumbaut (1989) found that they had an average of nine people per household. The

large gap between their skills and needs and the time Hmong refugees have spent in refugee camps (anywhere from a few months to 20 years) have resulted in many Hmong refugees feeling particularly powerless in the United States. Many have lost a sense of control over their lives. This is contradictory to Hmong people's usual experiences of being active in their communities and in decision-making processes, and has exacerbated their distress (e.g., Westermeyer, Vang, & Lyfong, 1983; Westermeyer, Vang, & Neider, 1983).

Mental Health and Psychosocial Implications

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, 1991; 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.

However, other researchers have measured psychological well-being of Hmong refugees using the Psychological Well-Being Scale (Rumbaut, 1991), which is an adapted version of the General Well-Being Index (Dupuy, 1974) that assesses frequency of affective symptoms of well-being and distress. According to Rumbaut (1985), the Psychological Well-Being Scale measures emotional and somatic distress and overall demoralization, rather than depression or other clinical disorders. The measure also includes a happiness subscale. Taken together, these scales are "reliable measures of general and persistent affective states as reported by the person" (Rumbaut, 1989, p. 155). In a broad study of refugee adjustment, Hmong refugees' rates of distress/demoralization were three times higher than that of other Americans (Rumbaut, 1991). 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 (1991) 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, 1989). Rumbaut (1991) emphasized that distress and life satisfaction are not opposite dimensions of a single scale, but rather measure very different psychological processes. Thus, it seems important to consider definitions of psychological well-being that include both affective and cognitive components, and which use measures that have been developed to assess a wider range of people's experiences rather than only clinical populations. Furthermore, including life satisfaction and happiness measures provides opportunities to present research findings that are not solely deficit-focused.

Given the traumatic circumstances most Southeast Asian refugees have had to endure prior to their resettlement in the United States and their high rates of demoralization and distress, it is important to consider the prevention of further distress. Ying and Akutsu (1997) pointed out that refugees' existing distress will be exacerbated and that refugees may be more likely to develop clinical psychiatric symptoms and disorders if their adjustment in their country of resettlement is difficult. Rumbaut (1991) argued that refugees are at particular risk for psychological distress because of their marginal position and relative powerlessness. It is difficult for them to deal with the extensive changes (usually undesired) they have endured and to try to achieve their life goals in a new, foreign environment. Thus it is important for refugees to feel they have influence and control in their new environments. Recent research has documented that much of refugees' distress in their countries of resettlement is due to what Miller (1999) termed exile-related stressors—that is, daily economic concerns about survival in a new country, racism and discrimination, loss of community and social support, and loss of meaningful social roles—rather than solely to past traumas (e.g., Gorst-Unsworth & Goldenberg, 1998; Lavik, Hauff, Skrondal, & Solberg, 1996; Pernice & Brook,

1996; Silove et al., 1997). Taken together, these findings highlight the potential for amelioration of distress through attention to refugees' post-migration experiences in their communities.

When considering a move away from traditional individual, trauma-focused interventions, it is also important to note that 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 (Sue & Morishima, 1982). In addition, research has shown that therapy and/or drugs alone are not effective without also addressing the social and economic needs of refugees (e.g., Kinzie & Fleck, 1987; Pejovic, Jovanovic, & Djurdic, 1997). Furthermore, individual interventions can be culturally inappropriate and even disempowering, particularly for refugees with collectively oriented cultures (e.g., Strawn, 1994). Finally, they may pathologize individuals (Ryan, 1976) and fail to utilize resources and strengths in their communities (Rappaport, 1981).

INTERVENTION

Theory and Rationale

An ecological and strengths-based perspective guided the design of the Refugee Well-Being Project. An ecological perspective on refugee well-being is based on several important principles. First, it is essential to attend to the culture and histories of individuals, their particular context, and the fit between the two (Kelly, 1968). An ecological perspective also emphasizes structural forces and the mobilization of community resources for disenfranchised populations that lack adequate access (Levine & Perkins, 1987). This is particularly important given the structural barriers such as prejudice and racism (e.g., Benson, 1990; Goode, 1990) and lack of economic opportunity and support (e.g., Bach & Argiros, 1991) which many refugees face. Third, an ecological paradigm suggests that it is important to consider adaptation in understanding human behavior because environments constrain and facilitate different behaviors (Kelly, 1968). This principle is particularly relevant to refugees, who are forced to adapt to new, very different environments, and also emphasize-

es that adaptation can occur not only by changes in individuals, but through changes in the environment as well. Thus, an intervention should not focus solely on refugees adjusting to their existing environment, but also on changing the environment if it is unfair or constraining. Finally, an ecological perspective directs us to create collaborative, culturally appropriate interventions that do not rely solely on outside “experts” but instead involve individuals and groups in solving their own problems (Rappaport, 1977; Trickett, 1996).

A strengths-based perspective emphasizes the importance of focusing on the strengths that individuals and communities already possess or that can be developed and the creation of settings that allow them to contribute their culture and knowledge to their broader communities and to develop skills and knowledge that they want (Dunst, Trivette, & Thompson, 1990). In sum, an ecological, strengths-based perspective suggests a focus on addressing social issues from a multilevel perspective that locates problems and solutions beyond the individual and on designing interventions with particular attention to a specific group, their context, and the mobilization of community resources.

Components and Goals

Based on an ecological perspective, the Refugee Well-Being Project was developed with two major elements: an advocacy component, based on the Community Advocacy model (Sullivan & Bybee, 1999), which involved the mobilization of resources with and for Hmong families, and an innovative group learning component, called learning circles, which involved cultural exchange, focus on community issues, and one-on-one learning opportunities for Hmong adults. The fundamental goals of the intervention were to promote the well-being of Hmong refugees by creating opportunities for individual and collective empowerment and by improving the community’s responsiveness to their needs. Specifically, the program was intended to provide opportunities for Hmong participants to contribute their knowledge, skills, and abilities to their communities, acquire new skills and knowledge, direct their own learning, participate in and understand democratic processes in their communities,

raise their critical consciousness, overcome feelings of powerlessness, and increase their access to community resources.

In order to accomplish these goals, trained undergraduate students worked with Hmong adults and their families in numerous ways for a period of 6 months. Undergraduates participated in the learning circles, including facilitating and sharing their experiences during the cultural exchange and working one-on-one with Hmong adults on whatever each adult wanted to learn (e.g., learning English or preparing for the U.S. citizenship exam). Undergraduates also worked individually with Hmong families as their advocates to help ensure their access to resources and opportunities in the community in areas such as employment, health care, housing, or education. These efforts also involved the undergraduates transferring their advocacy skills to the Hmong families by showing the families how to do things rather than doing things for them and by documenting the steps that they took together to mobilize resources so that the families would know how to obtain resources they needed in the future when the students were no longer there.

Rationale for Advocacy Component

The advocacy component of the intervention was based on the Community Advocacy model, which has been successfully applied to women and children who have experienced domestic violence (Sullivan & Bybee, 1999) and to juvenile offenders (Davidson, Redner, Blakely, Mitchell, & Emshoff, 1987). These advocacy projects are predicated on the belief that access to community resources is fundamental to promoting the well-being of disenfranchised individuals and groups. Refugees and immigrants who resettle in the United States often struggle to access the resources they need from their communities. They also face numerous barriers, including language and cultural differences and lack of knowledge of the system. 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).

*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 them 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, 1989) and is negatively related to depression, anxiety, and other mental health problems in Hmong refugees (Rumbaut, 1989; Westermeyer, Neider, & Callies, 1989). 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). The popular education perspective argues that individuals are shaped by their context, including their social location, and therefore it focuses on transforming social structures in order to achieve a more just society.

The work of Jane Addams is fundamental to an understanding of adult/popular education for refugees and immigrants and the educational component of the intervention. Jane Addams formed one of the first settlement houses in Chicago, because she felt that all community members must share responsibility for immigrants' well-being. Her actions were predicated on several beliefs, including the interdependence of all human beings and the importance of education as the basis of social change and the vehicle through which immigrants could contribute their unique abilities, skills, and vision to their communities. She believed that education must begin from the experiences of the learners but must also help learners to see their place in the larger world (Addams, 1964). It is important to note that popular education and Freire and Addams' ap-

proaches to learning are intimately linked to the processes of community participation, empowerment, and access to resources. They recognize education as a social as well as individual act (Cunningham, 1998) and they problematize a sole focus on individual learning without accompanying change in social structures or mobilization of resources.

Rationale for Combining Advocacy and Learning Components

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 they 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. The intervention was designed by the first author after her work on an advocacy intervention for women who experienced domestic violence (see Sullivan & Bybee, 1999), through which she realized that refugee families faced many of the same struggles accessing resources and being ignored by systems that were supposed to assist them, but with an awareness that an individual advocacy intervention would be ineffective because it 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. Furthermore, the most important need expressed by Hmong women in the community was for opportunities to learn English and study for the U.S. Citizenship exam. 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 addressed the multiple aspects of the empowerment process (Parsons, Gutierrez, & Cox, 1998): (1) Building skills and knowledge for critical thinking and action (e.g., awareness of oppression, English proficiency, citizenship knowledge, advocacy skills); (2) changing attitudes and beliefs (e.g., value of own culture and knowledge, self-efficacy, ability to make change); (3) validation through collective experiences; and (4) se-

curing real increases in resources and power through action and mobilization of community resources.

The Refugee Well-Being Project was designed to enable Hmong participants to take greater control over their lives by providing mechanisms through which they could define and solve their own problems, rather than rely on outside “experts.” Gaventa (1995) pointed out both external barriers (e.g., lack of organization, lack of voice in community, limited funds to influence politics) and internal barriers (e.g., lack of critical consciousness, lack of understanding of possibilities for social change), which exclude many disenfranchised people from meaningful participation in their communities. Thus, effective participation and real gains in power require both community organizing in order to bring a group together and to establish a power-base, as well as popular education in order to enable individuals to transform how they think about themselves and their place in the world (Gordon, 1998). This project addressed both of these components by offering opportunities for transformative learning in the learning circles and for community organization through both cultural exchange and the mobilization of community resources. This project was based on the premise that “participation means that there has to be real surrender of power by the ‘experts’” (Ashworth, 1997, p. 102). In this intervention, Hmong participants directed their own advocacy and controlled their own learning. No one involved in the intervention was an “expert.” Rather, Hmong participants and undergraduate students learned from each other—including sharing cultural knowledge, skills, language, and information about resources. Thus, the learning and advocacy components of this intervention were specifically designed to promote the empowerment and well-being of Hmong refugees.

Implementation

Setting

The Refugee Well-Being Project 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 par-

ticipants lived. In addition, the advocates were trained to focus on developing resources and planning activities within the Hmong families' natural environments. Thus, the project 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, 2 men) from 27 families participated in the project. They were an average of 41 years old (range 22 to 77), most (79%) were married (4 were widowed, 1 was single, and 1 was legally separated), and they had an average of six children (range 0 to 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 to 66). Fourteen were residents of public housing, 10 owned their own homes, and 4 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.

Recruitment of Hmong Participants

Individuals' backgrounds are very important to most Hmong people and the mutual exchange of this information is an essential part of establishing trust. Thus, non-Hmong individuals need to be able to form a connection with Hmong people when they first meet. Even within the

Hmong community, it is important when meeting other Hmong to know their clan name and who their parents are. The first author, a Caucasian woman, worked with Hmong people in a refugee camp in Thailand for 2 years and was involved with Hmong residents in the Lansing community for several years—conducting research and teaching English. 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. Therefore, potential participants were either contacted by the first author accompanied by one of the Hmong co-facilitators of the project or solely by one of the Hmong co-facilitators (the second and third authors). All Hmong families living in the three public housing developments in the city were contacted first, by visits to their homes in which the first author and either the second or third author would describe the project and invite adults in the household 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 authors and spreading the word throughout the Hmong community). Initially, some Hmong families were hesitant, and often called their friends or family to determine what others knew about the project and its facilitators. However, within the first week that the project began, interested Hmong adults were showing up spontaneously at the learning circles and a waiting list was created.

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 6 men, 19 European Americans, 3 Latino/as, 2 Asian/Asian Americans, 2 Arab Americans, and 1 African American/Native American. All but one were juniors and seniors. Students made a two-semester commitment to the project, earned eight course credits, and received 48 hours 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). Students received weekly grades based on their comprehension of the material, which included readings and units on adult education and social change, refugee learning, specifics of the experiences and culture of Hmong refugees, the special needs of refugee children, oppression and diversity, and collective action and the immigrant experience. Students also participated in discussions, role plays, class exercises, community projects, and thought papers to prepare them for their work with a family. In addition, students learned how to be effective advocates and about the importance of community resources and community responsiveness in meeting the needs of refugees, as well as how to use empathy, values clarification, and problem-solving skills. Another important component of training involved helping undergraduates identify and make connections with community resources and networks, so that they could successfully link the Hmong families they worked with to needed resources or recognize when further efforts were necessary to mobilize resources that were not currently available. Undergraduates were also trained how to instruct their family and their family's natural advocates (e.g., family and friends) in the methods of advocacy from the beginning of the intervention, through their mutual discussion and efforts as well as the family's observations of the undergraduates' advocacy strategies. 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.

The use of paraprofessional undergraduates provided several advantages, including lower cost to the community and less stigma for participants. In addition, the undergraduate students had important opportunities to learn from and with the Hmong families, to develop advocacy and teaching skills, to engage in experiential learning that allowed them to apply what they learned in the classroom, to develop critical awareness and work toward a more just society, to earn course credit for work in the community, and to acquire good experience for graduate school or a career in human services. Although a detailed discussion is beyond the scope of this chapter, interviews with the undergraduate advocates upon

completion of the project revealed that the benefits they accrued were numerous and widespread.

Project Facilitators/Coordinators

The project was co-facilitated by the three authors (1 White American woman and 2 Hmong American women). As discussed previously, the first author had worked extensively with Hmong people in Thailand and the United States for 7 years and she spoke and understood some Hmong. The second and third authors were bicultural and bilingual, one of whom was first generation born in the United States, and the other of whom was born in Laos, spent time in a refugee camp in Thailand, and resettled in the United States when she was 14 years old. This project was conceived and developed by the first author, in close consultation with Hmong adults in the community. The second and third authors were initially hired to help recruit participants, to translate during cultural exchange time, to be available during one-on-one learning time to translate concepts, and to facilitate communication between advocates and Hmong participants in or outside of the learning circles. However, their roles quickly expanded and they became co-leaders and facilitators of the learning circles and the project in general. They helped lead and participate in cultural exchanges, and they were both teachers and learners (as was everyone in the learning circles). Many Hmong participants confided in them if they were concerned about an aspect of the project, and thus they were able to facilitate communication and understanding between Hmong participants, undergraduates, and the first author. In addition, they often accompanied Hmong participants and their advocates on trips to the doctor, the bank, or other places where translation or explanation might be required. Most importantly, they were truly leaders and facilitators of the learning circles and were an integral and essential aspect of the entire project. It would not have succeeded without their knowledge, expertise, hard work, and interpersonal skills. However, they were careful not to allow undergraduates and Hmong participants to become too dependent on them, because we wanted to keep the focus on advocates transferring skills to their families and on encouraging participants to practice their English as much as was feasible.

Components of the Intervention

Learning Circles

The learning circles were based on a model created by the Jane Adams School for Democracy in Minneapolis and have their theoretical foundation in the principles of popular education and transformative learning, as discussed previously. In addition, given the collective orientation of Hmong culture, the learning circles were important because they provided a group setting in which Hmong refugees could learn and collectively address community issues. Participants met in learning circles twice weekly at one of the housing development community centers² for 6 months. Each meeting was 2 hours 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 to 45 minutes of each meeting and was facilitated together by an undergraduate and a Hmong participant. Initially, as the three project coordinators, we also facilitated some of the discussions. In order to enable all participants to share in the discussion, regardless of English or Hmong language ability, two of the project coordinators 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 undergraduate students to learn from each other, share ideas, develop plans for collective action, and realize the important contributions they were capable of making. Discussion topics (primarily chosen by participants and undergraduates) included: the presidential election and process (as the intervention was occurring during the 2000 presidential election), the Bill of Rights and a comparison of

²Participants had the option of joining morning learning circles or evening learning circles. This accommodated people who worked either 1st or 2nd shift. Also, the morning and evening learning circles were held at different housing developments (to ensure that locations were accessible), and transportation was provided for participants who needed it. Twelve Hmong adults (10 women, 2 men) and 11 undergraduates participated in the morning learning circles and 16 Hmong women and 16 undergraduates participated in the evening learning circles.

rights in Laos and the United States, holidays celebrated by different group members (e.g., Thanksgiving, Hmong New Year, Valentine's Day, Passover), ideas about how to raise children in the United States, health beliefs, stereotyping, and genetic cloning. In addition, numerous guest speakers were invited to the learning circles, including a city clerk who brought a voting machine and demonstrated its use, an union organizer who discussed workplace issues and workers' rights, two representatives from a Hmong woman's organization in Detroit, and a Hmong youth leader who focused on issues kids face in school. Finally, group members took several field trips, including visits to the Capitol building to see the state legislature, the state museum, and a speech by President Bill Clinton.

The second component of the learning circles was one-on-one learning. For the remaining 1¼ to 1½ hours of the meeting time, undergraduates and Hmong participants worked in pairs and focused on whatever each Hmong adult wanted to learn (e.g., speaking, reading, and writing English, studying for the U.S. citizenship exam, learning to complete employment applications and practice interviews, writing checks, or any area of learning each chose). This aspect of the one-on-one learning was very important and different from most other learning situations. Vella (1994) called this "participation of the learners in naming what is to be learned" (p. 3), and stated 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 participants. Materials, such as citizenship study guides and English as a Second Language (ESL) materials (picture and word cards, workbooks), were available to facilitate learning.

As the project developed, the learning circles took shape in unexpected ways. This was intentional—based on the assumption that by creating the space for Hmong adults and undergraduate students to learn together and develop relationships, they would make the learning circles into places and experiences that were fun, welcoming, and beneficial. For instance, many Hmong and undergraduate participants brought snacks to learning circles, prepared and brought food to celebrate holidays to-

gether, tried on each other's traditional clothes, took pictures, and planned field trips together. Exchanges were not only material, but emotional as well. There were commonly discussions of pregnancies, illnesses, friends and family, and other signs of mutual support.

Advocacy

Once relationships began to form between individual Hmong participants and undergraduate students, each undergraduate was matched with a participating 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, we let relationships between the Hmong participants and undergraduates develop naturally, and people tended to gravitate toward someone who matched their personality and style of learning. It is important to note that relationships between Hmong participants and undergraduate paraprofessionals formed during the learning circles, *before* sending the students into the homes of Hmong families to do advocacy. As discussed in more detail previously, forming a connection with a Hmong individual is essential to developing a good relationship. In addition, the continuation of the learning circles during the advocacy component was essential because these biweekly meetings provided a forum for Hmong adults and undergraduates to share advocacy successes and struggles with each other and to access a translator to facilitate communication when necessary. The intervention was not only an intervention with individuals, but also with the Hmong community as a whole. This is an important distinction because some of the strengths of Hmong culture are its collective orientation and the high level of mutual support within the Hmong community. These aspects of community life were important to preserve within this intervention and were important components of its success.

Each advocate spent an additional 4 to 6 hours 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 5 months of 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 the four phases of advocacy they had learned during their training: assessment, implementation, monitoring, and secondary implementation.

During assessment, the unmet needs of the family, such as employment, education, health care, transportation, or material goods, were identified. Next, the advocate and family attempted to identify any and all resources in the community that might meet this need. Once these potential resources were identified, implementation began. In this phase, the advocate and family worked together to generate and/or mobilize community resources to satisfy the need. Monitoring was the important next step of advocacy, in which the advocate and family evaluated the effectiveness of the resources mobilized in meeting the family's needs. If it was decided that the particular need had not been adequately addressed, then the undergraduate and family began secondary implementation to mobilize additional resources or adjusted current efforts to further satisfy the need. 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 hard to transfer advocacy skills to the Hmong participants and their families. Undergraduates made sure that they helped Hmong participants do things for themselves, rather than the undergraduates doing things for them. They often demonstrated or modeled certain actions with their families, and then encouraged the families to take the lead. They would role play what the undergraduate and the adult(s) or children in the family would say in various situations (including how to say things in English), and they would clarify how involved each of them would be in the advocacy process. For instance, if they were going to meet a resource provider, they would agree beforehand who would do what and would never assume that their family wanted them to talk on their behalf. Advocates also helped Hmong participants identify other family members who could communicate well in English if they were not able to themselves. Undergraduates made it clear to their family from the beginning that they were

going to be working together for a 20-week time period. As the intervention progressed, undergraduates encouraged their families to perform many of the advocacy tasks on their own, so that transfer of advocacy skills did not only involve talking to the family about how to execute self-advocacy, but also first-hand experience for the family. During the last four weeks of the intervention, the undergraduates tried to provide their families with all of the information they had been using together, so that the family and their significant others would have an alternative to passive acceptance of unfulfilled needs.

An example of one participant's experiences follows, although it is important to note that the intervention process was different for each participant, because the learning and advocacy were directed by the Hmong individual and her family, rather than by what the undergraduate thought the participant might want or need.

*Case Illustration*³

Mai, a 31-year-old Hmong woman with four children, came to the United States in 1989. She and her family lived in the housing development where the morning learning circles were held, which fit well into her schedule because she worked 2nd shift (2:30 pm to 11:00 pm) baking donuts at a local bakery chain. She joined the project with one main goal—to study for the U.S. citizenship test. From the first day, Mai was very intent and dedicated to studying, and in fact sometimes wanted to study her citizenship materials before cultural exchange time was completed. However, Mai and her advocate Sara did participate in cultural exchange and facilitated several interesting discussions.

Mai and Sara started to work with each other immediately during the first learning circle meeting and became attached very quickly. After the first month of working together during learning circles, Sara and Mai were “officially” matched together and Sara began her assessment with Mai by spending time getting to know Mai and her children and husband by doing things with them such as shopping and cooking. Initially, Mai did not express many unmet needs besides U.S. citizenship. Thus,

³Names and identifying information have been changed to protect the participants' privacy.

Sara focused on helping Mai fill out her citizenship application, creating flashcards of the 100 citizenship questions for Mai, and spending extra time studying with her each week. Throughout the 6 months Sara and Mai spent together, however, several other needs emerged.

The first need to arise was that Mai and her family's green cards were expiring and they were not sure what to do. They hoped to become citizens before renewing them, but Sara helped them contact the Immigration and Naturalization Service, determined that they did need to renew their cards, and accompanied them to Detroit to do so. Soon after that and about halfway through the project, Mai's husband was laid off and Sara was able to help him file for unemployment. Around the same time, Mai developed a severely swollen neck and Sara learned that Mai did not have any health insurance. Sara found a free health clinic where Mai could be tested and treated and was also able to help Mai sign up for health insurance through the county. Another salient issue for Mai was the stress she endured at work. She and many of the other women in the project, who worked at the same bakery, were required to work many hours of overtime and were on their feet constantly. Mai frequently hurt her hands or back lifting heavy trays of donuts and shared with the group that she had miscarried during her last pregnancy due to the stress and strain of her job. We invited a union organizer to talk to the group about workers' rights and although Mai and the other women were wary about trying to organize a union at their workplace, they felt that they understood more about their rights and that there were people who cared about their predicaments.

Sara was extremely effective at not only locating resources for Mai and her family, but also in transferring the advocacy skills she had learned to Mai and her children. When Mai's oldest daughter needed a physical exam for school, she talked to Sara, who helped her find places to call and encouraged her to make the calls herself. Mai explained this transfer of skills in an interview:

Like, for example, she [Sara] take me to renew my green card, and so, show us how to do it, and then what to do, and then . . . I learned more because of that.

Sara's enthusiasm and interest was effusive and she took outside initiative to find articles on Hmong culture to read and to share with Mai and her oldest daughter. By the end of the 6 months, Mai felt that she could continue to study for the citizenship test on her own. However, she invited Sara to Hmong New Year to celebrate with her family and she made plans to continue to spend time with Sara—teaching Sara how to garden and doing fun things together with Sara and the children. At the final graduation ceremony, Mai brought Hmong clothes and asked Sara to wear them, which is a very high compliment. Mai and her husband (with whom she shared her learning materials) passed the U.S. citizenship test several months later.

Ending the Project

The Refugee Well-Being Project was designed as a small pilot project. In consideration of this, as well as the nature of undergraduate students' schedules, the project was conceived of as having a clear ending point. Another purpose of this structure was to try to avoid Hmong participants becoming overly dependent on their advocates—rather the focus was intentionally on the undergraduates transferring advocacy skills to the Hmong participants and their families. Thus, after 8 months of work with the undergraduates and 6 months of the Hmong participants and undergraduates working together, the project officially ended. Several plans were made to attempt to lessen the difficulty of an abrupt ending. First, the undergraduates were trained to continually work on transferring their advocacy skills to their families, and this was particularly emphasized during the last month of the project. In addition, the ending date of the project was made clear to all participants from the beginning. As this date approached, undergraduates created separate "termination packets" for their adult and any children with whom they had worked closely. These packets contained pictures, letters, stories, quotes, suggestions for fun activities in the community, and other creative material. The packets were also very important because they included community resources in areas that each pair had worked on together or that the Hmong family might need in the future. Finally, a graduation ceremony and celebration was planned collaboratively and held at a park. Every-

one cooked food, brought their families and friends (including lots of children). Graduation certificates were presented to all Hmong participants and undergraduates (since everyone learned together), undergraduates gave their families the termination packets, and many photos were taken. Some undergraduates and Hmong participants maintained their relationships with each other after the project ended, whereas others did not. In addition, due to the interest of many Hmong participants and undergraduate students, smaller learning circles have continued to be held twice a week. Although the advocacy component has ended, these groups meet to study and talk and the undergraduates are participating without receiving course credit.

CHALLENGES AND LESSONS LEARNED

Overall, the Refugee Well-Being Project was quite successful. In addition to the positive impacts on participants discussed subsequently, the project's success was evident by the fact that all participants continued to attend throughout the 6 months. However, it is important to recognize that there were numerous challenges throughout the process. One of the most salient was the language difference. Despite the excellent translation provided by the co-facilitators, many participants often felt frustrated with their inability to communicate with each other. This frustration subsided in some regards, as everyone learned that relationships can develop across language barriers and learned more English (or Hmong in some cases), but as relationships grew stronger, participants' inability to fully express themselves to each other was also highlighted. The short length of time of the project was also difficult for many participants. As the ending date approached, many of the Hmong participants began mentioning it during learning circle discussions and expressed their concern and disappointment. On the other hand, another challenge of this project was that it required a large time commitment from Hmong participants and undergraduate students, all of whom had many competing responsibilities including children, work, and classes. Finally, despite the explicit attention devoted to avoiding dependency and the extensive steps discussed previously that undergraduates took to transfer their advocacy skills to the Hmong participants, their families, and other natu-

ral advocates (e.g., extended family members and friends), there was a constant tension evident because many Hmong participants' limited English proficiency made it difficult for them to access resources in the community without the assistance of their undergraduate or an interpreter.

EVALUATION

Method

To assess the impact of the intervention, a comprehensive, multimethod strategy was implemented, including a within-group longitudinal design with four data collection points over a period of 9 months and in-depth qualitative recruitment and post-intervention interviews with participants. This design allowed for a thorough exploration of the processes at work in the intervention.

Recruitment Interviews

The initial recruitment interviews were conducted in participants' homes by the first author with either the second or third author interpreting. They were designed to learn about participants and what they were interested in learning and obtaining from their participation in the project, as well as to begin to form relationships with the participants by listening to their flight and resettlement stories and to what their current lives in the United States were like.

Quantitative Interviews

Four quantitative interviews were completed to measure the impact of the intervention on 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 interviewers who

were not a part of the learning circles. The interviews took an average of 90 minutes and contained the following measures:

Outcomes

- *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 (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 et al., 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.
- *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 subscale 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.

- *Quality of life* was measured by the Satisfaction with Life Areas (SLA) scale (Ossorio, 1979), which has been employed in several studies of Hmong and other Southeast Asian refugee groups (e.g., Rumbaut, 1989, 1991). 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 $\alpha = .66$).

Descriptive statistics for all outcome variables are shown in Table 9.1.

Paired Qualitative Interviews

Because this was a new project involving refugees from a nondominant culture, it was important to understand the experiences of the Hmong participants in the intervention, as well as how their participation may have impacted their lives. Thus, it seemed essential to allow participants to speak in their own words. Often, the voices of refugees are not heard, particularly because of language differences. In addition, we wanted to understand the experiences of the undergraduates and, most importantly, provide opportunities for Hmong participants and their advocates to share with each other what they learned. Fundamentally, it was important that the evaluation methods we used were consistent with the principles of the intervention—which was intended to be emancipatory, participant-focused, and reciprocal. Therefore, in addition to the primarily fixed-response interviews, each Hmong participant and her advocate were interviewed together at the end of the project. The first author and either the second or third author participated in each interview and these interviews were conducted in Hmong and English, tape recorded and transcribed. The interviews lasted approximately 1 to 1.5 hours and were semistructured with 10 open-ended questions about the most important things each advocate 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, as well as opportunities to add other thoughts or ideas.

Participant Observation

In order to augment the interview data collected, the first author recorded field notes throughout the project—after each learning circle, during supervisions with the undergraduate advocates, and following interviews. These notes were used to help explain and understand the quantitative findings (e.g., growth curves) and qualitative data, and to document the fidelity of the intervention (e.g., amount of time each advocate spent with her family, what each advocate and participant accomplished). Field notes were also important in order to record the process of this new intervention.

Evaluation Challenges

Designing and implementing the evaluation of this project was challenging for many reasons. First of all, a true experimental design might have been an ideal way to test the efficacy of the intervention, but was not feasible given several constraints. After extensive discussion with many people in the Hmong community, it was decided that it would be culturally inappropriate to offer some Hmong people the opportunity to participate in the project while excluding others, especially given Hmong culture's collective orientation which places concern for community well-being above that of individuals. Furthermore, it seemed likely that Hmong participants who were assigned to the experimental group but had relatives in the control group would be likely to either not participate at all or to share the intervention with their relatives.

A second difficulty involved the translation of the quantitative interview protocol. Initially, the interview was constructed in English and translated into Hmong. However, it was extremely difficult to find interviewers who were fluent in both English and Hmong and who could also read Hmong. Therefore, it was necessary to print the interview in English and review it as a group (co-facilitators and interviewers) during

interviewer training to ensure that all interviewers would translate the questions consistently. Another limitation of the quantitative interviews was uncertainty about the applicability and translatability of many of the measures. Furthermore, many participants had limited education and were not accustomed to forced-choice questions. (We used picture response cards and simplified response choices for some scales to address this issue.) Finally, many Hmong participants felt nervous about being “tested” during the English and citizenship sections of the interview, despite assurances that the project was being tested, not them. In fact, participants seemed more comfortable speaking English to the advocates, other native English speakers, and the co-facilitators of the project than to the Hmong interviewers. Despite these challenges, however, a comprehensive evaluation strategy with multiple methods compensated for many difficulties and provided much valuable information.

Results

The quantitative data was analyzed using growth curve modeling, which is a technique related to regression that determines whether there was significant change over time on specified variables and whether individuals followed consistent patterns of change over time (see Byrk & Raudenbush, 1992 for further discussion of this technique).

Outcomes

In order to measure whether the intervention was effective, growth curves for English proficiency, citizenship knowledge, satisfaction with resources, difficulty obtaining resources, quality of life, distress, and happiness were examined (see Table 9.2 for coefficients of significant models). English proficiency significantly increased throughout the intervention and continued to increase after the intervention ended. 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. Participants followed consistent patterns of change on all of these measures. Citizenship knowledge increased significantly throughout the intervention, but decreased slightly after the intervention ended (remaining much higher than its initial level). Distress decreased significantly throughout the intervention, but increased a small amount after the intervention ended (remaining lower than its initial level). However, although the overall effects of increased citizenship knowledge and decreased distress were significant, individuals did not follow consistent patterns of change. Unlike the other measures, there was individual variability in the growth curves of citizenship knowledge and distress. 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) were unsuccessful. This could be because levels of participation in the intervention were consistent and high (participants attended an average of 32 of the 41 learning circles, with 75% of participants attending at least 28 learning circles), because we did not measure the variable that might explain the different patterns, or because with only 27 participants we did not have the power to delineate the effect. Difficulty obtaining resources and happiness did not change significantly over time; no adequate models for these outcomes could be constructed or presented. In sum, positive effects were demonstrated on most outcome measures, although some of these effects diminished after the intervention was completed (see Table 9.2).

Qualitative Findings

The paired interviews, which were conducted with Hmong participants and undergraduates at the end of the intervention, were transcribed and checked for accuracy. The first author completed a content analysis of these interviews and her field notes, in which she identified a comprehensive list of themes and grouped these themes into larger meta-themes. The interviews and field notes were extremely valuable in understanding the experience of the intervention for participants and the range of ways in which it impacted them. A full discussion of these find-

ings is beyond the scope of this chapter. However, it is important to emphasize that we found validation and support for our quantitative findings. Participants talked about English and citizenship knowledge they had learned, resources they had been able to access, improvements in their quality of life, reductions in their distress, how their understanding of the ways in which society is structured had changed, and how they had taught undergraduates about their culture, values, and ways of life. In addition, unexpected and unmeasured impacts were revealed in our qualitative analyses, including that participants often experienced improved social support, formed more critical understandings about American and Hmong cultures and how to decide what aspects of each to preserve or adopt, developed strong relationships with the undergraduates with whom they worked, and gained self-efficacy and confidence in their abilities to accomplish their goals.

The accumulated effects demonstrated by the growth curves and the qualitative findings suggest that the intervention had a positive impact on participants and that empowering refugees by addressing resource and learning needs and valuing refugees' strengths may be important in reducing refugees' distress and improving their quality of life. It is important to note that without a control group, we cannot conclude that the effects we observed 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, and satisfaction with resources, which showed positive effects that diminished after the project ended, suggest 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 we observed, our qualitative findings, and our immersion in the community suggest that this intervention demonstrated promising results.

Implications

Our findings have several implications for 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 the Refugee Well-Being Project 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.

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. It is important 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 (Berry, 1998). Individuals are less likely to participate in community interventions and projects that are not culturally relevant or appropriate (Marin, 1993). 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).

The Refugee Well-Being Project 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. Kim, Triandis, Kagitcibasi, Choi, and Yoon (1994) found that an individual-

ist/collectivist model is an important model for understanding many cultural differences because it coherently summarizes fundamental differences between the rules, practices, and values of groups of people. Collectively oriented cultures value the well-being of the group above that of the individual, and this intervention was designed with that fundamental consideration in mind. 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 on 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 our findings is that interventions such as the Refugee Well-Being Project 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, our observations and the qualitative interviews suggest that the types of processes that were occurring, the skills and knowledge we were trying to help participants build, and the social change efforts we were engaged in together, require longer periods of time. Empowerment is a process that takes time and that must include real and enduring increases in power and resources (Speer & Hughey, 1995). We have seen some evidence that this has occurred in the Hmong community in Lansing, and that it has persisted even after the intervention ended. For instance, at least 10 participants and their spouses have become U.S. citizens due to their involvement in the project. This accomplishment has had radiating effects throughout the Hmong community. U.S. citizenship has been a widespread goal among many members of the Hmong community, because it secures certain resources, rights, and protections. Previously, many Hmong people in Lansing perceived this goal as unattainable. However, now there is a common sentiment that it is possible, because people have seen their cousins, friends, and neighbors pass the test. Furthermore, many of the Hmong participants have 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 in, an understanding of how and where to complete the process, and confidence that it is possible). The

same phenomenon has occurred with other resources as well (e.g., health insurance for uninsured adults, tutoring resources for children).

The strong social network that existed within the Hmong community in Lansing has thus been infused with more material resources and knowledge. A growing body of research demonstrates that increased access to resources improves individuals' quality of life, which in turn has long-term impacts on their future access to resources (e.g., Bybee & Sullivan, 2002; Hobfoll & Lilly, 1993; Diener & Fujita, 1995). We were not able to measure follow-up beyond 3 months but it is important to consider this aspect of sustainability as well. However, we believe that the full potential of the project was not achieved because it was implemented in a way that could not be sustained.

We envision an on-going project involving learning circles and advocacy, in which community members participate as long as they would like. Thus, 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 our 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. However, many refugee communities have so few resources that it takes time to reach this ultimate goal. Our project 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, we think this model has great potential on which to build more sustainable interventions.

Finally, we would like to address a tension that existed throughout the project: balancing efforts to eliminate refugees' distress through the reduction of individuals' barriers and problems versus elimination of the causes of the distress (Strawn, 1994). Particularly with refugees, who are usually survivors of numerous traumas and face multiple resettlement challenges, it is important to address their individual needs. However, a focus on larger social and system change, both in terms of the treatment of refugees in the United States and the dynamics that create ever-

increasing numbers of refugees worldwide, also deserves attention. The Refugee Well-Being Project sought to reduce refugees' distress through attention to multiple levels of change. Although it was certainly a small step toward broader social change efforts, we hope by creating a space for learning to occur across different cultures, ages, experiences, languages, and races and providing opportunities for critical thought and collective action, that seeds of change have been planted.

SUMMARY

Newcomers to the United States bring with them unique perspectives, skills, and traditions, which have the potential to make great contributions to our country. Therefore, the impetus to understand the processes through which refugees can thrive in the United States and become integrated into their resettlement communities, while maintaining their own cultural identities, is strong. The Refugee Well-Being Project sought to clarify and facilitate some of these processes. Given that it was successful in empowering Hmong participants, reducing their distress, improving their quality of life, and increasing their skills, knowledge, and access to resources, the next step is to develop similar projects that reach more people, extend the length of time of the intervention, carefully adapt it to the needs and wants of other refugee groups, and, most importantly, create more ongoing engagement in refugee communities by building participants' and local organizations' capacities to develop sustainable resources and relationships.

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