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Depression and coping among Hmong refugees

May Vang

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DEPRESSION AND COPING SKILLS AMONG Hmong Refugees

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Social Work

by
May Vang
June 2007
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ABSTRACT

The present study investigates the depression and coping skills of Hmong refugees. The main focus of this study is to measure recent levels of depression of Hmong refugees and the assessment of their coping skills when facing stressful life situations. Sixteen Hmong immigrants were given two surveys using the Center for Epidemiological Studies Depression Scale and Coping Strategy Indicator to measure their levels of depression and coping skills. A major finding of the study is that among those surveyed, none had severe depression symptomatology. This researcher also found that this population uses problem solving skills and seeks social support in order to cope with everyday stressors.
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DEDICATION

This research project is dedicated to the Hmong community. You know who you are and will never forget where you came from. May you start a new beginning in a place that will give you peace and freedom.
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CHAPTER ONE
INTRODUCTION

Problem Statement

Hmong people have been native to Southeast Asia for centuries and have lived all over Asia, particularly in Laos, which is located between North Vietnam and Thailand along the Mekong River. In China, Hmong were referred to as "Miao," "Mien," or "Meo", which in Chinese mean barbarians. There are estimated to be 70 or 80 different Asian groups, distinguished by differences in dialect, dress, and other customs (Hamilton-Merritt, 1992). The unifying aspects of the Hmong are their religion, language, food, patriarchal family system and families living together in close geographical areas. In the late 1970s the government of China estimated there were 3,900,000 Hmong living in China.

Beginning in 1964, due to the Vietnam Conflict and their involvement with U.S. government agencies, the immigrant Hmong have been present in American society as a unique culture. In the past three decades the Hmong have been allowed, through the U.S. Department of State, an opportunity to resettle in the U.S. as a gratuity for their help during the Vietnam Conflict.
Because North Vietnam and China were communist countries and Laos was not, the Hmong fought along with South Vietnam and U.S. government agencies against North Vietnam. Eventually South Vietnam was taken over by North Vietnam in the mid 1970s. U.S. evacuation helicopters left the U.S. Embassy in Saigon and many Hmong were left behind to be executed by the North Vietnamese Army. Those who were able to escape fled to Thailand (Hamilton-Merritt, 1992).

During the chaotic migration of the Vietnamese and many other Southeast Asians to the United States as the Vietnam conflict ended, many Americans lumped all the different cultures together. Culture shock was a big adjustment for both Hmong men and women.

Many Hmong men served as soldiers to help the U.S. fight the North Vietnamese. As a result, many Hmong men died in service to the United States during the Vietnam Conflict; yet some have survived and immigrated to the United States. Hmong survivors who have immigrated to the U.S. because of the war suffer from Post-Traumatic Stress Disorder (PTSD), loneliness, traumatizing escape journeys, and acculturation problems. PTSD among Hmong males affects spousal coping mechanisms, often leading to depression. For example, the husband might yell with uncontrollable anger.
at his wife because of flashbacks of an event that took place during the war. Loneliness has been linked to depression, suicide, hostility, alcoholism, poor self-concept and psychosomatic illnesses (McWhirter, 1990). Hmong women have experienced loneliness and PTSD due to the fact that their husbands may have been killed during the Vietnam War or in the process of migrating to the U.S. As a result of the US immigration, many Hmong women have also faced psychological problems such as trauma, upheaval events, loss of a child or husband, and attachment issues. Hmong refugees face numerous factors that contribute to depression such as traumatizing escape journeys, losses, and acculturation problems. First generation males suffer from PTSD due to their involvement in the Vietnam War, and first generation women suffer from attachment disorders due to homesickness and forced immigration. PTSD is predominant among Hmong refugees. U.S. studies have shown high rates of depression among Hmong refugees related to life situation difficulties (Allotey, Manderson, Nikles, & Sauvarin, 2003). Though there is limited research on depression among Hmong, current literature does mention that ethnic minorities are at higher risk than Whites for depression (Plant & Ericsson, 2004).
The State of California conducted research to assess mental health needs among Southeast Asian refugees and found that depression is the most frequently occurring emotional problem within this population (Gong-Guy, 1987). The experiences of traumatic escapes, family losses, and acculturation problems among Hmong refugees were reported consistently in past studies (Cerhan, 1990; Westermeyer, 1987, 1988).

The Hmong find adjustment to American culture undesirable. Hmong have had more disorientation and fear than any other Southeast Asian groups (Aylesworth, 1983) and have been reported to experience more depression than any other Southeast Asian groups (Chung & Bemak, 1996) because they are the most recent Asian immigrants to the United States. The majority of Hmong are first generation. The second generation was only recently born and along with this generation, the traditional Hmong values and cultures of the Hmong are disappearing.

An insurmountable amount of homesickness, sadness related to losing family members and cultural traditions, family problems because of role reversals and acculturation issues have taken a toll on the Hmong (Boehnlein, 1987, Kinzie, Tran, Breckenridge, & Bloom, 1980; Muecke, 1983).
Hmong culture and family traditions are contributing factors that add to the difficult adjustment and acculturation to the dominant country (Camp, 1981). The language barrier is also an obstacle to adjustment to life in the U.S. Learning to speak the English language contributes to feelings of hopelessness, despair, anxiety, stress and social isolation among Southeast Asian refugees (Nicassio, 1983).

Many Hmong refugees come to the U.S. not having any formal educational background, and the language barrier prevents parents from obtaining employment. Therefore, they depend on government funding to support their families and themselves. Further, Hmong refugees who stopped receiving welfare were reported to have more depression and anxiety (Chung & Bemak, 1996). Older Hmong depend on younger ones for translation and financial income. This role reversal of generations in this country has caused change in the Hmong traditional social structure. Hmong men may suffer from loss of social status, feelings of family detachment and isolation, leading to low self-esteem and despair (Allotey, Manderson, Nikles, and Sauvarin, 2003).

The amount of stress as a result of unmet needs of Hmong is so great that they turn to each other for support
and have less contact with outsiders, which causes more isolation from the dominant culture and increases adjustment problems (Scott, 1982). Asians prefer to use coping methods that are reflective of their cultural norms and values. Attending social support groups and communicating with family members and friends is associated with reduction of depression levels (Noh & Kasper, 2003). An individual's coping method is influenced by one's cultural background and the availability of methods for lessening loneliness (Rokach, A., 1999). The quality of social support networks is an important predictor of relapse in depression and levels of depression symptoms (Hobfall et. al., 2003; Holahan, Moos, Holahan, & Cronkite, 1999, 2000; Joiner & Coyne, 1999). Minorities face many hardships and are more likely to turn to each other for strength and support (Plant & Ericsson, 2004).

Purpose of the Study

The purpose of this research study was to explore depression among Hmong refugees and the ways they use their coping skills to deal with stressful life events. This study also examined coping methods as they relate to levels of depression among the Hmong. Understanding their coping
methods and how they relate to depression will help social workers to create treatment plans, techniques, skills and interventions to lessen depression for Hmong refugees.

Social support groups are coping resources that Hmong refugees use to increase community involvement and decrease social isolation. These programs enhance social supports, build natural helping networks, and create mutual assistance to help lessen cultural bereavement and strengthen appropriate cultural ties in the newcomer communities (Nicholson, 1997).

The cognitive coping method was chosen for this study because it is appropriate and used by Hmong refugees. They can use their thoughts to help them cope in times of distress. Cognitive coping is a method that uses the thought process as a coping mechanism against stressful and challenging situations. Emotional responses to stressful events can be controlled by the use of cognitive coping strategies (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Ridder & Schreurs, 2001).

The present study measured levels of depression and coping methods by administering the Center for Epidemiologic Studies Depression Scale (CES-D), a 20-item self report that measures the presence of symptomatology,
and the Coping Strategy Indicator, a 20-item self-report that measures types of coping methods used (Amirkhan, 1994).

Importance to Social Work Practice

This research study may help social workers understand the Hmong, one of the different cultures of Southeast Asians, who immigrated to the U.S. during a traumatic time in their history. It is important for social workers to know the factors that cause depression and how Hmong use coping strategies to counteract their symptoms so that social workers can help develop more appropriate and successful interventions. Knowledge of the levels of depression, along with coping skills of Hmong, may help social workers effectively develop interventions and design treatment plans that increase successful outcomes in the counseling process with this population. Understanding personal issues and other problematic factors contributing to the distress of Hmong people may further help social workers address their psychosocial needs. The core ethical principle of social work is to respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual
differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination (NASW, 1996). In this respect, a larger understanding of Hmong population would improve social workers' ability to provide ethical services.

This research study dealt with the three stages of the Generalist Model: Assessment, Planning and Intervention. Understanding the correlation between coping strategies and depressive symptoms among Hmong refugees may help social workers to create a working tool that can best assess the population's needs. Once the depressive symptoms and coping methods are identified social workers may be able to plan other coping strategies that are workable for any individual's care plan. After the plan is in place, the client is taught the alternative coping strategies and encouraged to utilize these new skills to better cope with depressive symptoms.

Summary

The present study has explored depression levels and coping methods utilized among Hmong refugees. Understanding depression levels and coping methods utilized among Hmong will help social workers to create effective interventions
that will help improve and maintain their optimal level of healthy personal and social functioning.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter begins with Hmong history and the psychological and emotional processes that have accompanied their migration to the United States. In this chapter, depression as a mental health issue among Hmong refugees is explored. The literature review covers the domains of Acculturation, Post-Traumatic Stress Disorder (PTSD), Loneliness, Family Role Reversal, and Financial Stability.

History of Hmong Refugees

Hmong have lived in China, Laos, Vietnam and Thailand for many decades. Their daily activities range from farming, growing opium as a source of cash income, growing corn, vegetables, and raising chicken and cattle. Gardening and farming is a stress reducer. Historically, Hmong families lived within close proximity of each other. The Hmong culture is family oriented and having family close by has been vital to the survival of the family because of the sharing of food, carpentry, and solving problems within the family.
Hmong lived in Laos for many years until 1971, when North Vietnam, a communist country, launched its massive attack on Hmong bases in Northern Laos (Hamilton-Merritt, 1992). Hmong refugees wanting to live in a communist-free country joined with the U.S. Army to fight against North Vietnam (Tatman, 2004). Many Hmong refugees died because of physical illness, the loss of hope and will to live as they tried to escape the Vietnam conflict (Hamilton-Merritt, 1992).

Hmong refugees were in refugee camps for about seven years from 1970 to 1976 when Hmong refugees first came to the United States. It was reported that there were 35,000 or more Hmong refugees in the camps in Thailand during the 1970’s (Rowena, 2004). As Hmong refugees fought their way out of Laos, a communist country, during the Vietnam conflict, thousands settled in refugee camps in Thailand. Some migrated to France, Australia, and Canada, but most of them settled in the U.S. (Quincy, 1995).

**Depression**

Depression is defined as “A psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, and feelings of extreme sadness,
dejection, and hopelessness." (The American Heritage College Dictionary, pg.381, 2004). Stressful life events cause some people to react with depressive characteristics affecting their interpersonal interactions (Hammen, 2006). One of the biggest problems that Hmong refugees face is depression. In addition to the mixture of homesickness and sorrow is the insecurity and isolation from their past and present life experiences. Among the many challenging issues that contribute to Southeast refugees’ depression are role reversals, intergenerational conflicts, and lower social status (Muecke, 1983). Negative life events are a cause of depressive symptoms that an individual develops (Beck, Epstein, & Harrison, 1983).

The common diagnoses among many Southeast Asians are major depression and PTSD (Kinzie, 1988). According to Barreto and Segal’s study, 37.6 per cent of Southeast Asians were found to have major depression (2005). Southeast Asians do not use mental health services because it is not a tradition way of coping.

Acculturation

Adjustment to the United States was not an easy process for the Hmong. The most difficult adjustment for
Hmong refugees was economic (Quincy, 1995). Many Hmong were farmers and were involved in war. Their skills are minimal compared to the Vietnamese, who have long worked for the U.S. and French and had their own businesses before migrating to the U.S. Therefore, the Hmong have been less employable in the U.S.

Hmong refugees that had jobs were reported to have more acculturation stress than those who did not work. As a result they may have experienced correspondingly greater mental health risks (Westermeyer, 1989). Because of lack of education and limited English, many Hmong relied on welfare for their source of financial income and survival. Hmong refugees who stopped receiving welfare were reported to have more depression and anxiety (Chung, & Bemak, 1996).

Post-Traumatic Stress Disorder

First generation Hmong males predominantly suffer from PTSD due to their involvement in the Vietnam War. Studies have shown that refugees experiencing PTSD have higher levels of depression when resettling in a new country. Individuals who have PTSD are less engaged in their cultural traditions and ties (Abe, Zane, & Chun, 1994). Many Southeast Asians who experienced trauma while trying
to escape war during the late 1970s are at risk of experiencing major depression and PTSD (Ying, 2001). Many Southeast Asian refugees suffer from PTSD and it continues to have harmful effects on their mental health status (Ho, Au, Belford, & Cooper, 2003). Eighty-six percent of Southeast Asian refugees met criteria for PTSD when they resettled to the United States (Carlson, & Rosser-Hogan, 1991).

Loneliness

Hmong experience loneliness more than any other contributing factor to depression. Loneliness is something that the Hmong deal with internally and find difficult to express. Southeast Asian men deal with stress, daily difficulties, and loneliness by increasing their work and activities, and Southeast Asian women deal with loneliness by being more reflective and attuned to self-understanding (Rokach, 1999). Levels of loneliness among Hmong differ by the individual’s life experiences and social support. Some people experience loneliness briefly through relatively transient moods, and others experience loneliness in a persistent and life-disrupting way (McWhirter, 1990).
Many Hmong women had to face life alone due to separation from children and family members (Cha, 2005). Under circumstances such as that, an individual can feel powerless over his or her life. The feeling of powerlessness can cause an individual to be alienated from him/herself and social environment (Seeman, 1959).

Family Role Reversal and Financial Stability

Older Hmong depend on younger Hmong for translation and financial income. This generational role reversal for Hmong in this country has caused changes in traditional Hmong social structures (Allotey, Manderson, Nikles, & Sauvarin, 2003). Hmong men may suffer from loss of social status, feelings of family detachment and isolation, leading to low self-esteem and despair (Allotey, Manderson, Nikles, & Sauvarin, 2003). Adjustments to new roles and pressures contribute to the anxiety and acculturation difficulties that some Hmong people face (Vang, & Flores, 2000).

Many Hmong refugees depend on welfare as their source of financial income. Hmong refugees who did not receive welfare were depressed and experienced anxiety (Chung & Bemak, 1996). In Laos, Hmong earned their income through
their farm work. The amount of cattle, chickens, and garden vegetables determined the wealth of a Hmong family in Laos (Lee, 2005). The economy in the U.S. is different when compared to the economy in Laos. Hmong refugees had the experience of farming to support their families. The minimal number of years living in America and lower formal education are the most common cause of unemployment among Hmong refugees (Berkson, 1997).

Coping Strategies

Many Hmong cope with stress by using community social support and cognitive coping. Coping is defined as thoughts and behaviors used to manage the internal and external demands of situations that are appraised as stressful (Folkman, and Moskowitz, 2004). Hmong use cognitive behavioral coping strategies by using their thought processes to help deal with depression. A crisis happens when an individual's personal life situation or condition exceeds the individual's resources for coping (Lazarus, & Folkman, 1984).

Social support is when an individual relies on others to assist with problem solving (Ross, and Mirowsky, 1989). The quality of social support networks is an important
predictor of relapse in depression and levels of depression symptoms (Hobfall et al., 2003; Holahan, Moos, Holahan, & Cronkite, 1999, 2000; Joiner & Coyne, 1999). The level of social support among Hmong refugees has a significant protective factor against depression (Mouanoutoua & Brown, 1991).

Purpose and Rationale for the Study

The purpose of this research was to examine depression among Hmong refugees and how they use their coping skills during stressful life events. This research examined the effects of depression and the mental health status of Hmong refugees in the United States. The length of time residing in the U.S. is a significant predictor for depression, suggesting that Hmong refugees who have lived here for a long time are more depressed than those who just recently arrived (Scott, 1982).

Theories

Theories that guided this research are cognitive behavioral theory and attachment theory. Cognitive behavioral theory guided this research by showing the relationship between the thought process and how it affects
one's emotional state. Cognitive appraisal shapes the quality of the individual's emotional response to a troubled person-to-environment relationship and to the ways in which the person coped with appraised relationships (Folkman & Moskowitz, 2004). In many instances Hmong, as with any other culture, need to recognize thoughts as hypotheses that need to be tested against empirical facts. Any perceived inappropriate behavior can be addressed through the inconsistency in thought patterns discovered and then replaced by alternative interpretation (Young, 1982).

Attachment theory asserts that one internalizes the experiences of one's earliest caregiver and posits that everyone will act the same as the early caregiver (Bettman, 2006). Similarly, adults have attachment needs to family members, peers and significant others (Feeney, 1999). Adult depression is an indicator of internal problems rather than just a chemical imbalance. When Hmong refugees escaped the Vietnam conflict they left many of their loved ones behind, putting them at high risk to be depressed and to experience attachment disorder. Symptoms of depression and anxiety may be related to adult relational isolation that took place with previous relationships (Bettman, 2006).
Summary

This research study examined depression among Hmong refugees and how they use their coping skills for stressful life events. Cognitive theory and attachment theory were used to guide this research. Literature in this chapter supports the existence of depression and the types of coping skills used among Hmong refugees.
CHAPTER THREE

METHODS

Introduction

This chapter covers research design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis. This research measured the levels of depression and coping skills utilized among Hmong refugees.

Research Design

The purpose of this research study was to examine depression among Hmong refugees and how they use their coping skills to deal with stressful life events. The Center of Epidemiological Studies Depression scale (CES-D) and Coping Strategy Indicator (CSI) measured and examined coping methods as they related to the levels of depression among Hmong refugees.

Using the CES-D and CSI instruments, data was collected from the respondents and used to establish the correlation between depression and coping strategies used among Hmong refugees.
Correlation between depression and coping skills and sociodemographics will help social workers who work with this population to look at the types of depression and coping strategies that Hmong refugees use and develop improved interventions in the treatment process. Social workers can also help define symptoms of depression experienced by Hmong refugees are experiencing. Social workers can identify specific coping strategies that will moderate the levels of depression among Hmong refugees.

Sampling

The sample consisted of sixteen Hmong refugees within the Inland Empire of Southern California. The sample was chosen by the use of purposive sampling. Purposive sampling is when respondents have particular characteristics that meet criteria to be part of the sample for the research. The sample consisted of eight males and eight females. Participants were at least 25 years of age. The instruments were distributed to volunteers who attended a local church. Participants were given the CES-D survey and the CSI survey to fill out. This researcher found a Hmong woman to translate the instruments into Hmong for those who were interested in filling out the Hmong version of the
instruments. English and Hmong versions were made available and participants were able to choose which survey to complete.

Data Collection and Instruments

Data was collected through the administration of the CES-D and CSI instruments. The CES-D scale (Radloff, 1977) is a twenty question self-report survey designed to measure the levels of depressive symptomatology of the general public. See Appendices A and B. This instrument is found to have an alpha level of .85. The CES-D instrument had questions related to depressive symptomatology. These questions are rated on scale of rarely (less than 1 day), some (1-2 days), occasionally (3-4 days) and most (5-7 days). The range of resulting total scores will be between zero and sixty, with the scores closer to sixty indicating increased symptomatology.

The CSI is a thirty-three item self-report survey with a three-point scale to determine which coping method the participants preferably use. The CSI scale (Amirkhan, 1990) is used to identify particular stressful events which then are measured by responses of A lot(3) A little(2) and Not at all(1). The total scores for this instrument were put
into three different categories of coping skills: Problem-solving with a mean of 26, Seeking Social Support with a mean score of 23, and Avoidance with a mean score of 19, to determine which coping skill the participant utilized most. James H. Amirkhan, creator of the CSI instrument, requested that it not be published. Upon his request, it is not replicated in the appendices but is referenced under his name.

In addition to the CES-D and CSI instruments, a 13-item questionnaire was administered to collect sociodemographic data. Sociodemographic questions collected the following: sex, age, household income, number of persons in household, highest education completed, occupation, present status in the U.S., language spoken at home, reason for immigration to the U.S., likes and dislikes about the U.S., what difficulty did participant have in settling in the U.S., and source of assistance in solving stressful events. These questions measured the different demographics of participants and how they affect their levels of depression and coping strategies.
Procedure

The instruments were given to respondents in January of 2007 at a church location after the church service. The Chair of the church made an announcement that day to the congregation about the purpose of the surveys. The announcement about the opportunity to participate in the study was also made a week before the survey was administered in order to encourage respondent readiness and preparation. The Chair had also mentioned that the survey was voluntary and would take fifteen to twenty minutes to fill out, and that any questions could be addressed by the researcher who would be present at all times during the survey.

The surveys were given to respondents after church in a room where seats were set up to give privacy. The respondents filled out the surveys right away and submitted them in a locked box that was available for completed surveys. The survey took 10 to 15 minutes to complete. Once all the surveys were completed the researcher collected the box where no one would have any access to the information except the researcher. Once the data were analyzed the surveys were destroyed by this researcher.
Protection of Human Subjects

The church leaders gave their consent to the researcher to survey its members. Surveys did not have any information that would reveal personal information about the participants. Informed consent was given verbally before the surveys were administered. Participants were informed that their participation was voluntary, that their responses were confidential, and that they could leave whenever they wanted. Data collected was secured in a box and taken to a secure place. Participants also received debriefing statements informing participants that the results of the research project would be available in the church by September of 2007.

Data Analysis

This study used a quantitative approach. Information gathered was input into SPSS 14.0 to run T-tests, correlation, and frequencies to analyze data from the instruments, CES-D, CSI and sociodemographics. This study hypothesized that Hmong refugees who had lived in the United States longer would have better coping strategies and lower levels of depression.
The Center for Epidemiological Studies Depression (CES-D) scale was used to examine levels of depression. The CES-D scale was correlated with the sociodemographic variables in order to find out the factors that may cause feelings of depression. Coping skills were measured by using the Coping Strategy Indicator (CSI). The CSI instrument correlated with sociodemographic variables may help to determine the coping mechanisms utilized by the Hmong refugees.

Summary

The purpose of this study was to examine depression among Hmong refugees and how they use their coping skills to deal with stressful life events. This study measured the levels of depression and coping methods utilized among Hmong refugees. This chapter covered research design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.
This study utilized three instruments: a sociodemographics survey, the Center for Epidemiologic Studies Depression Scale (CES-D) and Coping Strategy Indicator (CSI). Sociodemographics consisted of questions that were quantitative and qualitative. Qualitative questions from sociodemographics were categorized into four variables: reasons for migration, likes/dislikes about the U.S., difficulty settling in the U.S., and source of assistance in dealing with stressful events. Sociodemographic questions were categorized because the questions were similar and/or the answers were reflective of each other.

CES-D and CSI were surveys that consisted of quantitative questionnaires. The CES-D instrument had questions related to depressive symptomatology. The survey asked a total of twenty questions. These questions were rated on scale of rarely (less than 1 day), some (1–2 days), occasionally (3–4 days) and most (5–7 days). The scoring of the CES-D instrument was defined so that scores
three participants made $60,000 or less. Another 12 reported a household income of $60,000 or more.

This study found that 63%, (n = 10) of the Hmong migrated to the United States because of the Vietnam War; 56.3%, (n = 9) were reported to be citizens, and 43.8%, (n = 7) were permanent residents. In the Likes/Dislikes about the U.S. category: 81%, (n = 13) like the U.S. because of freedom, and 25%, (n = 8) dislike the violence and racism that exists in the U.S. When asked about the difficulty of settling in the U.S., 44%, (n = 7) found the language barrier to be a difficulty; 31%, (n = 5) cited racism; and 69%, (n = 11) Hmong language and culture to be a barrier to settling in the U.S. As to sources of assistance in solving stressful events, 50%, (n = 8), said that family was their source of assistance and 56%, (n = 9), said God was their source of assistance in solving stressful life events.

Even though 44% found language to be a barrier at the time of migration, currently the Hmong who participated in this study do not have a language barrier. Over 37.5% (n = 6) identify English as their primary language; 12.5% (n = 2) identify Hmong as their primary language; and 50% (n = 8) use both Hmong and English.
In the CES-D instrument, \( n = 12 \), the mean score is 12.25 (SD=7.263). There were only 12 participants because any instruments with unanswered questions were disqualified because the resultant score would be skewed. One participant chose not to fill out the survey for CES-D. The other three participants did not answer all questions that were asked. The mean score of 12.25 show that the participants demonstrated very little symptomatology.

In the CSI instrument, \( n = 15 \), the mean score for using problem-solving as a method to cope with a stressful life event was 24.40; seeking social support was 22.00; and avoidance was 16.20. These outcomes show that the participants prefer to use problem-solving and seeking support as coping methods rather than avoiding the stressful events, which was the lowest score. Scores at the CES-D & CSI were examined for differences among demographic sub-groups. The following were found to be significant.

A t-test was performed by age. Younger participants (20-29) had a higher mean score (18.4) for avoidance than did older participants (30 and older), mean score (15.10), \( t=1.810, \text{df}=13, p=.094 \). Avoidance approaches significance by .094 for participants 20 to 29 years of age. Even though the avoidance score was the lowest of the three scores, it
is still considered average along with problem-solving and seeking support along the CSI scale. It only indicates that avoidance is the least utilized among the three coping skill. Participants whose ages range between 20 and 40 were more apt to use avoidance as a coping method.

There was a significant correlation between the coping skills of problem-solving and seeking social support by (p=.006). Another significant finding was that males, (n = 8), use the problem-solving method as a coping skill more than the other two methods by (t=-2.331, df=9.530, p=.043). Females (n = 7) use problem-solving also as their coping skill by (t=-2.412, df=13, p=.031).
CHAPTER FIVE
DISCUSSION

Introduction

This study examined levels of depression and coping skills among Hmong. This study was designed to identify depression levels among Hmong and what coping skills the Hmong population used in stressful life events.

Sociodemographics were also gathered to obtain a background picture of how the Hmong were adjusting to life in the United States. The interests of this study were focused on the levels of depression, which coping skill was used most often, and whether there was a correlation between depression and coping strategy. The significance of the findings is important for future social work interventions. A concern of this study was the disparity in questionnaires and participants and limitations of the study. These issues are now discussed.

Participants Recruited for the Study

This study began with participants who indicated interest in the research topic. However, as the time neared to administer the surveys, many potential participants
dropped out. Those who had decided not to be in the study did apologize for the inconvenience and hoped that the study would find enough participants.

Instruments

Once the participants finished filling out the surveys, all three surveys: socio-demographics, CES-D and CSI, were stapled and assigned a number to distinguish them from the rest of the surveys. In this manner, all the answers from one particular subject reflected his or her answers only. Of the sixteen participants eight were female and eight were male. As for age, the participants were younger than anticipated. The ages of most participants were in the early thirties. This study set out to survey older Hmong but instead participants were mainly second generation. The two older adults, in their sixties, were the only participants who needed more assistance in filling out the survey. Even though more participants were born in Southeast Asia, most were infants/adolescents when they migrated to the United States.

Scores for the CES-D instrument were low scores. This suggests that there is little symptomatology present in the lives of Hmong in the U.S. and that the Hmong are not
severely depressed. When looking at the source of assistance in dealing with stressful situation, religion/God played a role in the healing process. This tells us that religion should have been a factor measured in this study. With the depression levels being low for Hmong, it is also wise to keep in mind that these participants consistently attended church, and this factor then strongly suggests that religion influences the thought process of these participants in a positive way. This is validated in the findings because 56% stated that God was their source of assistance in solving stressful life events. The results did not suggest a significant correlation between depression and coping skills.

Looking at the sociodemographics and levels of depression indicated that the participants had a chance to acculturate into American culture that has given them better skills in dealing with depression. A limitation was the lack of involvement of older Hmong participants. Hence, the study could not measure depression as a result of living in Southeast Asia during the Vietnam War. The results of the CES-D found that despite these participants' immigration to the United States from a war torn country, they have little depression. The CSI found that their
coping skills were average, and when asked about how they best coped, most participants stated that their religion and spirituality was a major factor. Because research was collected at a community church, this may have some bearing on the outcomes.

According to the CSI instrument, this research found all three coping methods are utilized by the participants but avoidance was the last of the three to be used. Problem-solving methods include rearranging activities so that problems have the best chance of being solved, brainstorming before taking action, and fighting for values and beliefs. Seeking support is defined by letting feelings out to friends, accepting sympathy from others, seeking reassurance from people who care and confiding in friends. Avoidance is defined as finding distraction, avoiding people, and fantasizing about how things could have been better.

Participants found that problem-solving was the best method for them in coping with stressful events. Seeking social support was second and close in its scoring with problem-solving. The two coping skills reflect each other. In order to problem-solve one needs to seek support.
Limitations and Further Study

There are limitations to this study. Not having enough adult Hmong participants shifted the research project to focus more on the refugees who came here as children with their parents and who thus have had more experience in acculturating into American culture. Another limitation is that the study size is small. Only sixteen Hmong agreed to participate in the survey and of those, four surveys were partially disqualified due to lack of completed instruments for scoring depression and coping skills.

Further research can be done on the religious beliefs of the Hmong and how these beliefs may impact coping skills. Looking at the overall results of the study, the support of family and God are connected strongly in the development of coping skills of the Hmong. Research can elaborate on religion as a contributing factor to the coping strategies of Hmong.

Importance to Social Work

It is important for social workers to build a good rapport before planning any interventions or counseling. Trust must be present in order to have the full cooperation of Hmong individuals. When working with Hmong individuals,
social workers should consider religion in the assessment and treatment. Spirituality seems to present itself as a positive coping method among the Hmong. Hmong refugees in this study came to the United States when they were children and have had time to adapt to the American culture. In the short time that these Hmong have been in the United States they have adapted to the American culture easily. Their depression levels and coping methods seem to have changed from that of their parents.

Summary

The following was discussed in this chapter: levels of depression and coping skills among Hmong. This study was designed to identify depression levels among Hmong and what coping skills the Hmong population used in stressful life events. Sociodemographics were gathered to get a background picture of how the Hmong were acculturating to life in the United States. The study was focused on the levels of depression, which coping skill was used most often, whether there was a correlation between depression and coping strategy. Another concern of this study was the disparity
in questionnaires or participants and limitations of the study. This chapter also discusses the significance of the findings for future social work.
APPENDIX A

CENTER FOR EPIDEMIOLOGIC STUDIES

DEPRESSION SCALE
Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>Week</th>
<th>During the Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
</tr>
<tr>
<td>________________________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>1. I was bothered by things that usually don’t bother me.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family or friends.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4. I felt I was just as good as other people.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>6. I felt depressed.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>8. I felt hopeful about the future.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>10. I felt fearful.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>12. I was happy.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>13. I talked less than usual.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>16. I enjoyed life.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>19. I felt that people dislike me.</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>20. I could not get &quot;going.&quot;</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**SCORING:** zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.
APPENDIX B

CENTER FOR EPIDEMIOLOGIC STUDIES

DEPRESSION SCALE IN HMONG

42
Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Huv Qab yog ib cov lug kws noog txug koj txujkev khuas sab hab nyuaj sab. Thov koj paab qab kuv saib koj tau si nyob le caaj lawv ndhau lub av tim taag lug.

Av Tim

<table>
<thead>
<tr>
<th>Tsi rau le (ib nub)</th>
<th>Rau ntev tau (ib nub rua ob nub)</th>
<th>Yeej rau tau hab (peb nub rua pluab nub)</th>
<th>Rau txhua nub (ris rua xyaa nub)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. tej kooq kws tsi xeeb txaw kuv ku txaw kuv.</td>
<td>5. Kuv muab kev teeb meeg ntawd kuv txujkev ua dlejnum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Thaus kuv khuas sab kuv tsev neeg hab phooywg yuav paab tsi tau kuv.</td>
<td>7. Kuv xaav hab tav txhua yaag kws kuv tau ua yeej lug ntawd kuv lug dlaab zug.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Av Tim

| Tsi rau le (ib nub) | Rau ntev tau (ib nub rua ob nub) | Yeej rau tau hab (peb nub rua pluab nub) | Rau txhua nub (ris rua xyaa nub) |
9. Kuv xaav hab tab kuv lub neej yeej ua tsi tau dlaab tsi le.


11. Kuv pwj tsi tau.

12. Kuv tub zoo sab hab.

13. Kuv hab lug nstaw txab txhua zag.

15. Tuabneeg tsi saib zoo rua kuv.

16. Kuv nya ua neej nyob.

17. Kuv yeej muaj sis hawg kws kuv nkuas.

18. Kuv tug sab.


20. Kuv tsi muaj lub dlaag zuv ua dlaab tsi le.
APPENDIX C

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate depression and coping skills among Hmong refugees. This study is being conducted by May Vang under the supervision of Dr. Rosemary McCaslin, Professor of Social Work. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board.

In this study you will be asked some questions about depression and coping skills. The two surveys should take about fifteen to twenty minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion in September of 2007 at the library.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the surveys, you will receive a debriefing statement describing the study in more detail. In order to ensure to validity of the study, we ask that you not discuss this study with other students or participants. There are no foreseeable risks but the pastor is available for support. Benefits of this study will bring awareness to the Hmong refugees about their levels of depression and the common coping strategies that are being utilized.

If you have any questions or concerns about this study, please feel free to contact Dr. Rosemary McCaslin at 909-537-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here □  Today's date:__________
APPENDIX D

INFORMED CONSENT IN HMONG
Dlaim Ntaow Leeg Paub hab Tso Cai


Peb yuav nug ntau yaam ntaow koj has txug koj kev nyuaj sab hab mob sab hab ntxhuv sab kws yog lug ntaow txhua yaam kws koj tau pum thaum lub sibhawm kws tebchaws raug tua. Hab peb xaav paub has tas koj pua tau nrhav ib txuj kev kws yuav paab koj qhov kev nyuaj sab hab mob sab. Xws le nrhav tshuaj noj lossis ntsib doctor kws paab cov tubneeg nyuaj sab hab mob sab lossis nrhav lwm yaam kws yuav paab tau koj tug kheej. Peb yuav siv le kws 15 moog rua 20 nathsis ua peb qhov kev kawm nuav. Koj lub npe hab txhua yaam kws koj yuav teb rau peb sau ca peb yuav tsi qha leejtwg hab yuav tsi pub leejtwg pum tshwj cov kawm hab cov nai khu qha ntaow xwb. Thaum paub kev kawm nuav xaus lawm, mej muaj cai khaws ib copy kws yog cov ntaow lug ntaow kev kawm nuav. Lub sibhawm kws puab yuav xaus kev kawm nuav yuav raug rau lub 9 hli ntuaj 2007.

Qhov kws koj yuav paab kev kawm nuav yog lug ntaow koj tug kheej yeem xwb. Tsi muaj leejtwg yuav yuam koj. Thaum koj tau yeem lawm, lub sibhawm twg thaum pib moog txug thaum xaus yog koj xaav tsum lossis tsi yeem lawm koj muaj cai tawm lossis tsum tau. Nyob ntaow koj tug kheej. Thaum kws qhov kev kawm ntaow nuav xaus lawm peb maam le qha koj ib nyuas tub zog txug peb qhov kev kawm nuav. Lub sibhawm thaum peb pib moog txug thaum xaus peb xaav kuam koj tsi xob moog nrug lwm tug thaum txug peb qhov kev kawm nuav tshwj thaum peb xaus taag rua raww. Ib yaam zoo kws yuav tshwmsim lug ntaow peb qhov kev kawm nuav yog qhov kws yuav paab tau peb rog qaab puab lwm cov Hmong Refugees kws muaj kev mob sab hab ntxhuv sab txug txhua yaam kws puab tau pum thaum lub sibhawm kws tebchaws raug tua. Tseem yuav muab ntau txuj kev paab mej.

Yog mej muaj dlaabtsi noog txug qhov kev kawm nuav, mej muaj cai hu rua Dr. Rosemary McCaslin. Tug xuvtooj yog (909)537-5507

Thov mej khij lub box huv qaab nuav yog mej totaub hab leeg paub peb lub homphaj kws peb xaav tau lug ntaow peb qhov kev kawm nuav hab mej yeej yeem rua peb nwg mej txhua yaam. Hab yog mej khij lub box huv qaab mej leeg has tas mej muaj noobnyoog 18 xyoo rov sau.

Thov khij lub box nuav □ Sau Nub: ___________________________
APPENDIX E

DEBRIEFING STATEMENT
Debriefing Statement

Good afternoon. Thank you for being here today and agreeing to participate in this study. My name is May Vang and I am a graduate student in Social Work at California State University San Bernardino. This study that you participated in has been approved by the Department of Social Work Subcommittee of the Institutional Review Board, at California State University, San Bernardino. This study is being conducted under my research supervisor, Dr. Rosemary MaCaslin. This study was designed to investigate the levels of depression and coping strategies used among Hmong Refugees. In this study you were asked to complete a questionnaire which asked you to respond to questions on stressful life events and what coping strategies are most effective for you in dealing with these events. The questionnaire took approximately fifteen to twenty minutes to complete. It had about fifty to sixty questions. You were not asked to provide your name on the questionnaire. All other information that you filled out on the questionnaire will only be handled by me and my research supervisor, Dr. MacAslin.

Your participation is this study was totally voluntary. You were free not to answer any questions and withdraw at any time during the study without penalty. When you completed the questionnaire you were given a debriefing statement describing the study in more detail. To ensure validity of this study, I ask that you not mention the contents of the study to anyone who has not yet had an opportunity to participate in the study. If at anytime you want to discuss further result of the study please talk to the pastor. If you would like to obtain a copy of the group results of this study, there will be a copy available to the church in September of 2007. If you have any questions or concerns please contact Professor Dr. Rosemary McCaslin at (909) 537-5507.
APPENDIX F

DEBRIEFING STATEMENT IN Hmong
Debriefing Statement in Hmong

Qhov ntawm nuav yog ib qhov kev kawm kws peb xaav tau ntawm koj. Qhov kws peb xaav paub hab xaav kawm ntawm koj yog has txug txuj kev nyuaj sab, mob sab hab ntxhuv sab txug txhua txhua yaam kws cov Hmong Refugees kws tau pum thaum lub sibhawm kws tebchaws raug tua. Tug kws yuav kawm yog May Vang. Tug nai kws saib nwg yog Dr. Rosemary McCaslin kws yog ib tug Social Work nai khu qha ntawv. Lub tsev kawm ntawv kws tso cai rua ob tug ua ib qhov kev kawm le nuav yog Cal State University, San Bernardino. Phaab saib txhua yaam ntawm kev kawm nuav yog phaab Department of Social Work Sub-Committee of the Institutional Review Board.

Peb yuav nug ntau yaam ntawm koj has txug koj kev nyuaj sab hab mob sab hab ntxhuv sab kws yog lug ntawm txhua yaam kws koj tau pum thaum lub sibhawm kws tebchaws raug tua. Hab peb xaav paub has tas koj pua tau nrhav ib txuj kev kws yuav paab koj qhov kev nyuaj sab hab mob sab. Xws le nrhav tshuaj noj lossis ntsib doctor kws paab cov tubneeg nyuaj sab hab mob sab lossis nrhav lwm yaam kws yuav paab tau koj tug kheej. Peb yuav siv le kws 15 moog rua 20 nasthis ua peb qhov kev kawm nuav. Koj lub npe hab txhua yaam kws koj yuav teb rua peb sau ca peb yuav tsi qha leejtwg hab yuav tsi pub leejtwg pum tshwj cov kawm hab cov nai khu qha ntawv xwb. Thaum puab kev kawm nuav xaus lawm, mej muaj cai kwaws ib copy kws yog cov ntawv lug ntawm kev kawm nuav. Lub sibhawm kws puab yuav xaus kev kawm nuav yuav raug rua lub 9 hli ntuj 2007. Qhov kws koj yuav paab kev kawm nuav yog lug ntawm koj tug kheej yeem xwb. Tsi muaj leejtwg yuav yuam koj. Thaum koj tau yeem lawm, lub sibhawm twg thaum pib moog txug thaum xaus yog koj xaax tsum lossis tsi yeem lawm koj muaj cai tawm lossis tsum tau. Nyob ntawm koj tug kheej. Thaum kws qhov kev kawm ntawm nuav xaus lawm peb maam le qha koj ib nyuas tub zog txug peb qhov kev kawm nuav. Lub sibhawm thaum peb pib moog txug thaum xaus peb xaav kuum koj tsi xob moog nrug lwm tug thaam txug peb qhov kev kawm nuav tshwj thaum peb xaus taag rua rawv. Ib yaam zoo kws yuav tshwmsim lug ntawm peb qhov kev kawm nuav yog qhov kws yuav paab tau peb rov qaab paab lwm cov Hmong Refugees kws muaj kev mob sab hab ntxhuv sab txug txhua yaam kws puab tau pum thaum lub sibhawm kws tebchaws raug tua. Tseem yuav muab ntau txuj kev paab mej. Yog mej muaj dlaabtsi noog txug qhov kev kawm nuav, mej muaj cai hu rua Dr. Rosemary McCaslin. Tug xuvtooj yog (909)537-5507
APPENDIX G

SOCIODEMOGRAPHICS
1. Sex:
2. Age:
3. Household Income:
4. Number of people in household:
5. Highest education completed:
6. Occupation:
7. Present Status in the U.S.:
8. What language do you speak at home?
9. Why did you migrate to the U.S.?
10. What you like about the U.S.:
11. What you dislike about the U.S.:
12. What difficulty did you have settling in the U.S.?
13. What is your source of assistance in solving stressful events?
APPENDIX H

SOCIODEMOGRAPHICS IN HMONG
Sociodemographics in Hmong

1. Koj yog txivneeg los quas puj?
2. Koj nooj nyoog ?
3. Koj tsevneeg tau nyag le txaag?
4. Pestawg tug tuabneeg nyob huv koj lub tsev?
5. Koj kaws ntawd nyob rua xaab twg?
6. Koj ua nuj dlaab tsi?
7. Koj nyob huv mes ca li cas lawv?
8. Taw tsev koj hab lug dlaab tsi?
9. Ua cas koj tuaj rua America?
10. Koj nyab dlaab tsi ntawd lub ntej tsawb America?
11. Koj tsi nyab dlaab tsi huv lub ntej tsawb America?
12. Taus koj tuaj rua America dlaad tsi yog qhov kws nyuaj txaav rua koj?
13. Thaus koj nyuaj sab koj qhov kev kws paab koj tsi txoj nyuaj sab yog sis le caag?
APPENDIX I

LETTER OF CONSENT
Attention: Dr. Theresa Morris

I, Choj Vaaj, understand that May Vang is doing her research project for her Masters of Social Work Program on Depression and Coping Strategies used among Hmong Refugees. I have been informed by May that she would like to use church members as her subjects and that church members will remain anonymous. The two instruments that will be administered to the church members are Coping Strategy Indicator (CSI) and Center for Epidemiologic Studies Depression Scale (CES-D). CSI survey is a 33-item survey that will measure the coping strategies and CES-D is a 20-item survey that will measure the levels of depression among the Hmong who attends church. Under these instructions and knowledge of May’s research project I, Choj Vaaj, Chair of Hmong Alliance Fellowship give May Vang permission to do her research project on congregational members of the church.

[Signature]

Choj Vaaj, Chair of Hmong Alliance Fellowship

10/4/12

Date
REFERENCES


