ASIAN IMMIGRANTS AND REFUGEES:
A CURRICULUM AND PRACTICE MODEL

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By
Muriel M. Yu, Ph.D.
Marjie C. Barrett, Ph.D.

University of Texas
School of Social Work
Box 19129
Arlington, Texas, 76019-0129
E-mail: yu@uta.edu <mailto:yu@uta.edu>

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Abstract
Wars, poverty, oppression, natural disasters, and hope for a better future
have led many to settle in the United States. The Asian immigrant and refugee population suffers from war and migration related traumas. The vast cultural dissimilarities between their countries of origin and the host country and the lack of social support systems in their new environment pose additional hardships. This paper proposes a model for teaching content about and working effectively with these clients.

Introduction
The plight of immigrants and refugees who settle in the United States has long been acknowledged. The stress of adapting to a new way of life and culture with its accompanying value conflicts between country of origin and host country is compounded by the trauma experienced through war, migration, and a sense of loss and displacement. This places immigrant and refugee groups at high risk for poor health and mental health. Child and spousal abuse, youth gang activities, and psychiatric illnesses within Asian immigrant and refugee population have increasingly come to the attention of health and human service providers and law enforcement agencies (Lee, 1997). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 further threatens Asian immigrants' and refugees' sense of safety and control. The social work profession has a responsibility to insure that students and practitioners possess specific knowledge and skills required when working with this group. Based on literature and practice experiences, this paper proposes a curriculum/practice model in working effectively with Asian immigrants and refugees. Incorporating social work principles, beliefs and values, such as social justice, human dignity, inherent individual worth, and person and environment fit, this model will include broader societal issues, including prejudices and xenophobia, as well as unique individual psychosocial stressors. The following components are suggested as an integral part of this curriculum/practice model:

Psychosocial stressors related to Asian immigrants and refugees
Literature has established a relationship between refugee traumatic war related experiences and poor physical and mental health (Marasella, Bormemann, & Orley, 1994). The additional burden of resettlement in a new environment, often a very competitive and hostile one, securing employment and shelter, and adapting to a complete new way of life with a different value and belief system can have a cumulative negative effect and deplete one's normal coping resources.

Loss and grief     Uprooted individuals, whether voluntary, as the case with immigrants or involuntary, as the case with refugees, suffer from significant and multiple losses when they take up new residency in a host country. The loss of a home and other material possessions are more commonly acknowledged. However, the loss of contact with extended family members and support system, employment and related social status and a familiar environment and way of life can be far more stressful and have longer impact on this population's health and well being.

Deprivation and trauma in the homeland and during escape     many refugees have personally suffered or have witnessed torture, rape, brutality and deprivation prior to fleeing their homelands. The latest Southeast refugees that qualified for the Resettlement Opportunity for Vietnamese Returnees (ROVER) exhibit far serious health and mental health problems than earlier refugees. This is because these individuals had returned to Vietnam after years of living in refugee camps but was forced to go back home because they did not qualify for refugee status and was promised that once returning to their homeland they can apply for exit visa at United States embassies. In the meantime, these people suffered from further persecution, harassment and imprisonment by local governmental authorities due to their initial fleeing
from Vietnam (Nguyen, 2000). The constant prolonged state of heightened vigilance against danger and threat, coupled with a sense of total powerless and lack of control over their fate, often cause long-lasting emotional symptoms to many of these refugees. Some refugees who paid high fares for tickets to a safe port were robbed and watched their family members or close friends murdered or raped by pirates at sea. Some refugees died at camp because of the long stay at subsistence living conditions and lack of adequate medical supply and care. Mourning, a normal emotion for people who are bereaved is often denied or delayed for these refugees because of the need to survive or a sense of survivor guilt. Stephen and associates (1997), in their psychophysiological model of stress, refer to bereavement as a stressor associated with a neurocorticotropic hormone and is conductive to mental and physical illness. Adaptation and acculturation When differences between one's culture of origin and the majority culture of the host country are great as in the situation with Asian immigrants and refugees, the newcomer will likely to experience more intense stress and strain in coping and adjusting to the new culture. Major differences include social and political structures, family function and role expectations, religion, values and beliefs, and language. Thus "cultural shock" accurately describes reactions of new Asian arrivals when first coming into this country. As much as acculturation is a gradual and learned process, some political leaders and sectors of the public because of their political ideology or xenophobic tendency, expect instant mainstreaming and self-sufficiency of these new residents. For example, cash fund and medical assistance given to eligible refugees is limited to only eight month (U. S. department of Health & Human Services, 1993). The short time period for reestablishing themselves and become totally self-sufficient pose tremendous hardship on many refugee families. Yet due to lack of understanding or perceived sense of inequity, serious conflicts developed between other ethnic minorities and Asian immigrants and refugees. On the other hand, because of the socialization and educational processes accorded to young, school age immigrants, acculturation and adaptation occur at a far faster rate with the young than with the older members in the family. When the generation gap is widened due to age and degree of acculturation, parents, grandparents and children all experience added stressors. Unemployment and underemployment Due to lack of English language proficiency or transferable job skills, many Asian immigrants and refugees are unemployment or underemployed. Women who previously depended on their husbands for financial support often have to become wage earners to help support their family. Low family income, family role reversal, the male's loss of status and control, and the female's newly discovered self-sufficiency and independence result in serious conflicts within the family unit. Divorce, family violence and acting-out behavior by children often follow as all family members become victims in the downward spiral of increased stresses. Issues in curriculum development Cultural specificity and competency Asia comprises over 25 nations and more than 60 spoken languages (Uba, 1994). Depending on their country of origin, some of the immigrants may have had exposure to western culture, but the majority of the refugees have had little or no contact with Western culture. While there are commonly shared beliefs and traditions within Asian cultures, differences between the cultures exist as well. Inter-cultural as well as intra-cultural considerations must be acknowledged
and respected. Because of the distance between the two continents and lack of knowledge, most U. S. citizens are unfamiliar with Asian cultures and its people. Social work education has a responsibility to include major Asian cultural values and beliefs in its curriculum. For example, social work students should at least be able to identify Asian countries on the globe, major ethnic groups such as Asian Indian, Chinese, Korean, and Pakistani and different major religions beliefs and practices. Also, since the East Asian countries, China, Korea, Japan and Vietnam are greatly influenced by the teachings of the Chinese sage, Confucius (221-BC), these countries share many similar cultural values and beliefs and knowledge of basic tenets of these beliefs and values can yield great benefits for social workers when encountering Asian communities and clients.

Important cultural values and beliefs among many Asians include filial piety, interdependency and mutual support, self-control and submission to authority.

Eastern religions such as Hinduism, Buddhism, and Muslim, greatly impact Asians philosophies of purpose and meaning of life and death, relationship between inner self and outer environment, and the totality of the universe. These cultural and religious teachings serve as major principles for Asians conduct of behavior, family function and role performances and social structures in general. Additionally, these teachings form Asians' world view and their core sense of self.

Knowledge and skill acquisition There are two possible directions whereby content on Asian immigrants and refugees can be incorporated in social work curriculum.

1. Establish a separate course on immigrants and refugees. A nation that was found by immigrants, United States continues to draw large number of immigrants from all over the world. In 1998, there are 25.2 million foreign-born resident population in the United States which accounts for 9.3% of the total population (U. S. Census, 1999). Latin American and Asia accounted for eight of the top 10 countries of birth for the foreign-born population: Mexico, the Philippines, China, Cuba, Vietnam, India, the Dominican Republic and El Salvador). The 1990 U. S, Census indicated that over half of all Asian Americans are foreign born, ranging from Vietnamese (98%) to Chinese (56%).

Since the majority of immigrants and refugees tend to settle at major large cities because of job opportunities and family network, several schools of social work have established either a separate course on immigrant and/or refugee populations or have a joint program with another department on Asian studies. This model is preferred in urban cities where large numbers of Asian immigrants and refugees reside. When a separate course on Asians is not feasible due to lack of resource or justification a separate unit within the course on immigrants and refugees can be devoted to cultural specific information on Asians and effective methods of intervention working with Asian immigrants and refugees.

2. Integrate Asian content into existing courses. When a separate course or a unit on Asian population is not feasible due to lack of resources or when the cost can not be justified, schools of social work should insure that courses across all content areas include essential information on all newly arrived residents including Asian immigrants and refugees because of their increasing number in our communities and their special needs. This content can easily be included in all foundation courses on diverse population under Human Behavior and Social Environment courses and social work practice courses in both micro and macro settings.
Field Education  An integral part of students' learning is the ability to apply knowledge gained in the classroom to actual practice situations. For students that are interested in immigrant and refugee population, a field practicum in social agencies that serve this population exclusively would be ideal. Two of the largest national social organizations, Catholic Ministries and Lutheran Social Ministries have local affiliates all over the United States and they provide comprehensive social and health services to immigrants and refugees from all over the world and would provide excellent field experiences for social work students. Other social service agencies and community mental health centers including family services and counseling centers in communities where large Asians reside can also serve as possible field placements for students desiring to work with Asian immigrants and refugees.

The macro perspective and community development
It is not sufficient to limit community practice to the three class models when working with people of color; locality development, social planning, and social action. Rivera & Eilich, 95) suggest other factors such as leadership networks, kinship patterns, social systems and the economic and political configurations of the community be addressed by the macro workers. Skills in assessing community psychology and program planning and development and administrative management needed when working with the Asian refugee community. Social workers need to provide environmental conditions which foster indigenous leadership, self-sufficiency and a sense of empowerment so that immigrants and refugees can adapt to their new homeland with a reinforced sense of pride and well-being.

Many refugees may have settled into states of inertia due to prolonged idle waiting periods at refugee camps. While this forced dependency may have been necessary for their survival at refugee camps, it has negative effects on their survival in this country because the American culture values competitiveness and independence. Social workers need to be sensitive to this dynamics. In the meantime, it is their responsibility to help them to transit from dependence to independence. One way of impacting a large number of the population is by learning about ethnic communities located in their geographic areas and then partnering with them in community and resource development.

Since many Asians are used to a strong sense of community and kinship, natural alignments among themselves can be quickly formed in various ethnic communities. Successful business partnership and alliances and the sprouting up of Asian towns in major metropolitan cities are some examples of this phenomenon. The social work profession should capitalize on such natural resources and alliances when working with refugees and immigrants. By working together with these community resources, neighborhood groups can be formed for educational and political involvement. Government small business loan programs along with informal mutual financial assistance clubs, a unique practice among the Asians, can enable many immigrants and refugees to establish economic independence which further enhances their sense of self-esteem and belonging.

Most social and health service facilities are located in neighborhoods where mainstream Americans work or live. This often poses a hardship for newly arrived migrants, as social and economic constraints limit their choices of residence. Many immigrants and refugees when greeted by hostile resistance from the host country elect to reside in communities where earlier immigrants live. Subsequently, ethnic enclaves are established in various communities, providing a sense of security and formal and informal networks for its residents. These communities of established immigrants in turn can be a stable receiving host for new immigrants and refugees. They are more likely to offer employment opportunities to newly arrived immigrants and
refugees who have limited job skills and English language proficiency.

Essential components of cultural competent social work practice:

1. Ethnically sensitive practice and self-evaluation

Social workers must be able to balance consideration of universal norms (etic), group specific norms (emic), and individual uniqueness in working with clients of diverse cultural backgrounds. Sensitive practice requires an understanding of the unique characteristics of each population group, the differences between dominant and minority cultures, and the differences within cultures. One of the largest continents in the world Asia comprises of over 25 groups and while there are similarities among certain ethnic groups, distinct differences exist as well. For instance, due to strong Confucius influences, China, Japan, Korea and Vietnam share many cultural values and beliefs. People from these countries are predominately Buddhists. On the other hand, Phillipinos which represent a large immigrant population in the United States, are of the Catholic faith because of the earlier Spanish influence and they have very distinct customs and traditions apart from other Asians. Social work courses on Asian immigrants and refugees should include sub-cultural as well as cultural information so students can obtain group specific knowledge.

To promote ethnic sensitive practice among social workers, the importance of self-evaluation regarding biases and prejudices should be included in training. Exposures to Asian cultural events and celebrations can be useful tools for interacting with Asians. Reading literature written by Asians and attending performances by Asian artists can richly reward one's appreciation of Asian culture and its people.

2. Useful theoretical and practice models and tools

The ecosystems model developed by Morales and Sheafor (1986) may be helpful in developing methods of culturally sensitive social work practice on all levels of practice: Individual, family; agency, ethnic community; and societal, community at large. On an individual level, differences in demographics, prior migration experiences, trauma and loss, availability of support, values and beliefs among others are important variables that impact problem identification, assessment, intervention and client-worker relationship.

A multi-level assessment and intervention model is essential when evaluating the needs and strengths of Asian immigrants and refugees and providing culturally relevant and competent services. Culturagrams and cultural ecomaps can be used as general tools in initial interviews to assess the client's degree of acculturation and bi-culturality. Other useful information include pre-settlement and migration experiences, prior coping skills and successes, and unique cultural strengths and restrictions. These should be added to clinicians' routine assessment protocols (Yu, 1998).

With the influences of group shame and a cultural tendency toward accepting life as it is, Asian clients, such as Cambodians, often find it difficult to talk about traumatic experiences in their country of origin or during their flight as a refugee. Additionally, the client's family may encourage this denial to protect the client and other family members from traumatic memories (Lee & Lu, 1989). General coping strategies such as the following are common among many Asian Americans: (1) being involved in activities so they don't have to think about problems (Huang, 1991); (2) acceptance and endurance (fatalism and stoicism); and (3) avoidance behavior. When working with refugees, it is important for the practitioner to help clients
recognize their response to traumatic experiences as normal thereby decreasing their fear and shame. For clients who manifest Post-traumatic Stress Disorder (PTSD) symptoms, avoidance behavior is a particularly relevant consideration even after other PTSD symptoms have been eliminated (Kinzie, & Leung, 1989). In addition to an awareness of the client's cultural influences and psychosocial history, several therapeutic approaches are particularly effective for this population. In general, a predictable, structured, and supportive approach that does not push for details of the past may work well with establishing rapport and a trusting relationship. Bromley's (1987) crisis-intervention approach can be utilized with many Southeast Asian Americans. Kinzie and associates (1988) propose enhancing the client's strong reliance on indigenous coping mechanisms, such as strong family support, fatalism, and utilization of avoidant behavior as a strength. The task-centered approach developed by Reid (1978) is another useful intervention tool because of its key concepts of target problem, tasks and time limit. Nguyen (1998), in using case illustrations, described the efficacy of this approach when working with Vietnamese clients. Westermyer (1985) found the following expressions of stress among Hmong refugees: Suspiciousness, depressive mood, family problems, social withdrawal, and apathy. He specifically advocates for self-help groups and a community model for intervention, which are seen as safety nets in teaching effective life skills. Finally, Southeast Asian Americans often present somatic manifestations of psychological stressors and may expect practitioners to address mental health issues as physical conditions. In order to build credibility because of the expectation of physical intervention, the practitioner may need to arrange a physical examination for the client first.

Use of interpreters and ability to transcend from inter-cultural encounters to trans-cultural encounters

More than any other ethnic groups, high percentage of Asians are foreign-born. Census in 1990 indicate that 92% of Vietnamese, 80% of Cambodian, 71% of Korean, 64% of Filipino, 57% of Asian Indian and 56% of Chinese residing in this country are foreign-born (U. S. Census, 1990). Given this data, services of an interpreter often are necessary. Aging Asians, as the general population at large, are on the increase. Older Asians are less proficient in the English language. For agencies that have large Asian clients, routine training of interpreters is essential. Even when interpreters are used occasionally explicit instructions should be given to them prior to the initial interview. Instructions should include basic function and mandate of the agency, specific purpose of the interview, roles and function of the interpreter, and confidentiality. Since age and gender play a more important role with Asians in their interactions with each other and relationships because of different social status between men and women and older and younger generation, selection and use of interpreters in working with Asian clients should especially keep these two variables in consideration.

Conclusion

Providing social work services to ethnic minorities is challenging. Providing effective and culturally competent services to ethnic immigrants and refugees requires more intentional program planning and commitment. Ideally, direct service staff should have similar cultural, racial, ethnic and linguistic backgrounds as their clients. Given the composition of the social work labor force, white, female, young and middle class, it is proposed that management needs to design creative strategies in staffing. Hiring of bi-lingual indigenous and paraprofessional staff from Asian ethnic
communities is one way to offset the scarcity of direct service providers and to ensure a basic level of communication between service providers and immigrant and refugee clients. Most major metropolitan cities have established ethnic civic clubs and service organizations whose members may view aiding fellow newcomers in extenuating circumstances as obligatory or as an act of kindness and therefore can assist in interpreting or other necessary services. Established community organizations such as mutual assistance associations (MAA) which provide social and economic support for Asian refugees by refugees, and religious organizations such as churches and temples, can serve as a source of volunteers that can be utilized to offset budgetary and human resource limitations.

When services from community volunteers are used, issues of confidentiality, agency mandates, and cultural constraints regarding gender and age need to be clearly established. If agencies are staffed with their own interpreters, then regular training for them on these issues is essential. Finally, many studies indicated that the higher the number of staff from a minority group in a mental health service facility, the higher the rate of utilization of services by members of that minority group (Snowden, Storey & Clancy, 1989; Wu & Windle, 1980). Although ideally, agency staffing should reflect the cultural makeup and diversity of the client population it serves, this is difficult to achieve given the scarcity of minority mental health workers. For example, the National Association of Social Workers in 1994 reported that 1.3% of its over 100,000 membership are ethnic minorities (NASW, 1998). Therefore, in addition to hiring and utilizing Asian paraprofessionals and volunteers, social work administrators and educators need to be intentional and committed to identifying, educating, and recruiting potential Asian social workers and offering scholarships to paraprofessionals already serving the Asian immigrant and refugee population.

Asian immigrants and refugees represent a population at risk with multiple needs. Given the appropriate support and needed interventions, many of them will become self-sufficient, independent and productive citizens. The social work profession has historically been advocates of new arrivals to this country and can continue to make significant contributions in this field. Social work educators and practitioners have a responsibility to be knowledgeable of the issues related to the population. Culturally competent services can be developed if committed personnel intentionally carry out systematic planning and administration of the programs.
References

Rivera & Eilich, 1995
Wu, I., & Windle, C. (1980). Ethnic specificity in the relative minority use and staffing of community mental health centers, Community Mental Health...
J. 16, 156-168.