ABSTRACT

PSYCHOEDUCATION PROGRAM FOR KHMER ROUGE SURVIVORS AND THEIR FAMILY MEMBERS:

A GRANT PROPOSAL

By

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There is estimated to be 18,000 Cambodians living in Long Beach, California. Approximately 50% of this population has suffered from depression or mental health conditions after 25 years of resettlement from the Khmer Rouge war in 1975. The researcher has found that there are various mental health related stressors such as PTSD, and depression, that Cambodians have struggle with after the post-migration.

The purpose of this proposal project was to write a grant to fund a psychoeducational group for Cambodian survivors and their family members in the City of Long Beach to address and raise awareness on mental health. The goals were to decrease mental health symptoms, provide coping skills and improve access to community resources. The grant writer identified the Weingart Foundation as a potential funding source for this program. The actual submission and funding of this grant were not a requirement for the successful completion of this project.

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CHAPTER 1

INTRODUCTION

From April 1975 to January 1979, a devastating atrocity, extermination of Cambodians, occurred in Cambodia. This event is known as Year Zero: and was carried out by Khmer Rouge members (Chan, 2004). Year Zero was a French concept in which Pol Pot wanted to wipe out Cambodia society, wiping the slate clean and transforming the country into its own entity (Chan, 2004). Since 1975, over 150,000 Cambodian refugees resettled to the United States (Dubus, 2009; Marshall, Schell, Elliott, Berthold, & Chun, 2005). After resettlement, many Cambodians suffered from post-traumatic stress disorder (PTSD), depression, anxiety, and other related stressors (Marshall et al., 2005; Williams, 2005).

Overview of the Issue

In April 17, 1975, a group of militants surrounded the capital of Cambodia and citizens that had not evacuated from the post-Vietnam war were forced into camps (Chan, 2004). An educated man named Pol Pot and his soldiers took control of the country (Chan, 2004). Pol Pot and the Khmer Rouge members led a war in which they wanted to cleanse the country from foreign interface and urban ideologies (Williams, 2005). Over 7.1 million people who lived in Cambodia had lost over 2.1 million of their own population, as Cambodians were eradicated by the Khmer Rouge regime (Field, Om, Kim, & Vorn, 2011; Williams, 2005). The communist movement was formed by the

Khmer Rouge, which lasted for a period of 4 years between April 1975 to January 1979 (Dubus, 2009; Hsu, Davies, & Hansen, 2004; Marshall et al., 2005; Stammel et al., 2013). The war left many Cambodian survivors fleeing their homes to seek refuge in surrounding Southeast Asian. Cambodians had witnessed and experienced trauma and death within their families and friends, and/or the loss of their children through concentration camps throughout the Khmer Rouge regime (Chan, 2004; Williams, 2005). Because of this, many Cambodians have dealt with various stressors such as PTSD, depression, anxiety, and other mental health related symptoms and conditions (Williams, 2005). For instance, Williams (2005) stated that about 50% of Cambodians have suffered from depression after 25 years of resettlement. Mental illness still exists within the Cambodian population after their resettlement in the United States.

Cambodians who survived the Khmer Rouge settled in various Western and Asian countries including the United States. The journey to the United States for individuals and their family members has been a difficult one. In the United States, Long Beach, California has the highest concentration of Cambodians. There are over 18,000 Cambodians living in Long Beach with 33% of families residing in Cambodia Town (Adebiyi et al., 2013; U.S. Census Bureau, 2014).

Despite the evidence of adverse psychological reactions, Hsu and colleagues (2004) found that many survivors struggled with using mental health services due to their cultural beliefs about mental health, lack of understanding of Western mental health services, and limited access to mental health care. Because of a lack of mental health services for the Cambodian community, many Cambodian survivors have limited access to culturally and linguistically appropriate services for older adults who lived through the

Pol Pot regime (Dubus, 2009; H. Lee, Lytle, Yang, & Lum, 2010; Snowden, Masland, Peng, Wei-Mien Lou, & Wallace, 2011).

Language barriers are additional factors affecting Cambodians who need mental health services. According to the survey study conducted by Asian American Advancing Justice (2013), 40% of Cambodians in the United States experience issues with limited English language including barriers to the accessibility of civic engagement, health care, community resources. Dubus (2009) explained that many Cambodians had to acquire new skills in order to adapt to a Western lifestyle as well as learning English.

In addition to the aforementioned lack of adequate services, older Cambodians have a tendency to underutilize mental health services because of the stigma surrounding mental health, and the misunderstanding connected to services in the United States (Han, Valencia, Lee, & De Leon, 2012; Hsu et al., 2004; H. Lee et al., 2010; Saechao et al., 2012; Wong et al., 2006). Cambodians often do not seek or engage mental health services, believing that doing so would bring shame or disgrace on their families (Ida, 2007). Han et al. (2012) state that mental illness is highly stigmatized. As a result, the utilization of mental health services is discouraged, further intensifying the disparities in mental health services among Cambodians. Thus, this leaves many older Cambodians trying to manage their own response to mental health issues through personal resolution and determination without adequate professional interventions (Han et al., 2012).

Purpose Statement

The purpose of this project was to obtain a grant to develop a psychoeducation program for survivors of the Khmer Rouge, targeting older Cambodians and their family members. The literature review revealed that Cambodian survivors have not been able to

receive adequate mental health services (Marshall et al., 2005). This program was designed to increase the awareness of the psychological effects of traumatic experiences, to educate on the mental health issues around the traumatic events as well as cultural issues, and to share information on available mental health services. Psychoeducation has proven to be effective in working with people who have gone through with trauma as related to issues of health and attitude and behavior on mental health (Choi & Kim, 2010; Chow et al., 2010; Phoenix, 2007; Weisman et al., 2005). This psychoeducation program can promote positive health, increase a sense of environmental control, and enhance interpersonal relationship, autonomy, and stronger sense of spirituality (Rice & Moller, 2006).

The goals of this program were: (1) to help promote mental health awareness among the Khmer Rouge survivors and their family members, (2) to help them understand their biopsychosocial functioning and their experiences from the ecological perspectives, (3) to reduce the misperception of mental health and mental health services, and (4) to decrease the stigma attached to mental health services in order to effectively reduce the barriers against receiving the helpful services available for them. By raising mental health awareness and knowledge within the Cambodian community, Cambodians will be able to meet their needs to prevent debilitating conditions of mental health. Thus, the objective of the proposed program is to help Cambodian survivors and their families on how to approach the topic of mental health in a culturally sensitive matter.

Conceptual Definitions

The following terms are defined for this project:

Khmer Rouge survivors: Cambodians who have survived the Pol Pot regime during April 1975 to January 1979 and who had to seek refuge after the war (Dubus, 2014; Quintiliani, Needham, Lemkin, & Sambath, 2011).

Mental health: The state of mental functioning or conditions resulting in psychological well-being, having fulfilling relationships with others, and having the ability to adapt to change and cope with adversity (Goldman & Grob, 2006). This is not to be confused with mental illness in which is defined as changes in thinking, mood, or behavior associated with distress and/or impaired functioning (Goldman & Grob, 2006).

Psychoeducation group: A combination of both support and education that focuses on increasing social support systems and educating clients on necessary coping skills (Y. Lee & Kim, 2012). Mental health psychoeducation addresses ways for Southeast Asian ethnic groups to assess their symptoms by educating the clients on the Western notions of cause, manifestation, and medication in treating their conditions (Chow et al., 2010; Weisman et al., 2005). Psychoeducation can be helpful in the therapeutic relationship by identifying life stressors, such as migration and acculturation that produce psychological distress (Weisman et al., 2005).

Southeastern Asian refugees: Cambodians are ethnically categorized as Southeast Asian that also consists of Cambodians, Hmong, Laotians, Thai, and Vietnamese (Hsu et al., 2004). Southeastern Asian refugees are people who resettled due to being persecuted in their homeland (Dubus, 2009; Hsu et al., 2004; Wycoff, Tinagon, & Dickson, 2011).

Social Work and Multicultural Relevance

There is an increase in the aging population of the Cambodian community who are survivors of the Khmer Rouge that were exposed to traumatic events during the Pol Pot regime (Chan, 2004). Many of the survivors are diagnosed with PTSD, depression, and/or other mental health conditions (Wycoff et al., 2011). Refugees having arrived in the United States were facing poverty and health disparities. It is a concern that this population may lack the ability to care for themselves in order to obtain practice prevention and treatment of mental health (Grigg-Saito et al., 2010). Therefore, social workers need to be aware of the cultural barriers in order to provide services to the Cambodian refugee population. This will require social workers to develop cultural awareness, knowledge on cultures from around the world, and unique therapeutic skills. The National Association of Social Workers (NASW) Code of Ethics addresses the importance of understanding the human relationship and essentially helping underserved populations to obtain the necessary services (2008). Therefore, there is a need to advocate for the necessary services that allows Cambodians to seek the help. Social workers need to consider the cultural sensitive issue of stigma in the community; this coincides with the social work ethics and values.

CHAPTER 2

LITERATURE REVIEW

This literature review has explored the effects of the Khmer Rouge regime on older Cambodian refugee survivors and family members. This includes Cambodian history, the Khmer Rouge regime that led many survivors to become refugees, and evidencing symptoms known to be associated with PTSD, major depressive disorder, anxiety, and other mental health related disorders. Second, the review addresses the acculturation and assimilation stressors, which are prevalent among Cambodian refugees. Lastly, the literature reviews the cultural viewpoints of mental health programs and/or services on how mental health care is practiced with the use of culturally and spiritually relevant services for the aging Cambodians.

Cambodian History and the Rise of Khmer Rouge

Cambodia is geographically located as part of Indochina that consists of: Cambodia, Laos, and Vietnam (Shaw, 2008). Cambodians are people who lived in Cambodia and Khmer is the primary language (Chan, 2004). Before the rise of the Khmer Rouge, Ankor Empire was a civilization that had existed around the period of 802 to 1431 (Chan, 2004; Chandler, 2008; Williams, 2005). Ankor Empire came to an end when surrounding countries around Cambodia were invaded by Chams, Thai, and Vietnam (Ray & Robison, 2008).

Through most of the 19th century and into the 20th century, French colonials ruled the country of Cambodia from 1863 to 1953 (Chan, 2004). The French government controlled Cambodia until the 20th century when the country begun to take action forming an anti-French colonialism movement. King Sihanouk at the time decided to seek foreign aid and campaign against the French colonialism (Chan, 2004). After much fighting between neighboring countries, the French army begun to deteriorate as Cambodia begun to move towards independence from France.

November 9, 1953 marked Cambodia's independence from French colonial control until the Vietnam War (Chan 2004; Williams, 2005). Prior to the Khmer Rouge regime, Cambodia was pitted in the middle of a war in which Cambodian borders were defenseless against the bombardment from the United States; as a result, troops from all directions surrounded the cities of Cambodia (Chan, 2004; Williams, 2005). Between 1970 and 1975, Cambodia had its first civil war that involved the Khmer Rouge, North Vietnam, the United States, South Vietnam, and the Khmer Republic (Chan, 2004). The Khmer Rouge slowly continued to grow by the help from North Vietnam and the new prime minster Lon Nol. Khmer Rouge and North Vietnam begun to work together to gain control and prevent the United States and South Vietnam of seizing any more of the country's land (Chan, 2004). In 1973, the Paris Peace Accord treaty was passed in which the counties were to cease fighting and bombing around the boarders of Cambodia and Vietnam stopped (Chan, 2004). However, the Khmer Rouge declined the cease-fire treaty and continued to grow in power and take over parts of the cities in Cambodia.

Over the course of the Khmer Rouge control, Cambodia was shaped to become a new democracy under the rule of Saloth Sar, known as Pol Pot, and his regime. Pot's

purpose was allegedly to eradicate Westernized ideologies, returning Cambodian people to their old traditions. Any other religious practices other than Buddhism were forbidden, freedom of speech was banned, and economic activity was collectivized (Hinton, Hinton, Pich, Loeum, & Pollack, 2009).

Khmer Rouge and the War in Cambodia

The period between April 1975 and January 1979 was considered one of Cambodia's darkest periods to date. More than 2.1 million Cambodians died from starvation, malnourishment, disease, physical/mental exhaustion, and mass murdering of Cambodians during the Khmer Rouge regime (Williams, 2005). This was considered Cambodia genocide, humanity's worst tragedies.

Then April 17, 1975 marked the horrific day when the Khmer Rouge regime seized control of the major cities of Cambodia (Hinton et al., 2009). Cambodians were forced into labor and campsites (Chan, 2004). The Khmer Rouge soldiers were emotionless and fearless in murdering their own people. Cambodians were separated by age and gender when they arrived at the campsites (Chan, 2004). Khmer Rouge leaders turned against each other as Pol Pot ordered a special extermination center for those that conspired against him (Chan, 2004). There were close to 14,000 men and women that were tortured into confession of their conspiracies against his dictatorship (Chan, 2004).

Pol Pot ruled for 4 years, exerting his dictatorship over the Cambodian people. The Khmer Rouge started to dwindle out around January 1979 when neighboring Vietnamese forces invaded Cambodia (Chan, 2004). Over a quarter of the 8 million people in Cambodia died due to disease, famine, and starvation (Hinton et al., 2009). The

invading forces of neighboring Vietnam resulted in many Cambodian survivors escaping to the bordering countries of Southeast Asia (Chan, 2004).

Pre-Migration and Refugee Camps

Prior to the refugee immigration, many Cambodians who came to the United States were of voluntary immigrant status. The Cambodian war forced many of the survivors of the Khmer Rouge to flee since they were displaced from their homes (Dubus, 2014; Wycoff et al., 2011). In order to better define immigrants and refugees, Wycoff and colleagues (2011) defined immigrants as those that left their country for better living opportunities while refugees are defined as people who left their home or country against their will because of religious or political persecution (Dubus, 2014; Wycoff et al., 2011). During the pre- and post-Khmer Rouge era, there were four types of Cambodian migrations to the United States: (1) university students; (2) employed specialists who worked for the U.S. government; (3) educated professionals who escaped during the war to Thailand, Laos, and Vietnam; and lastly, (4) families or individuals with little or no education who were from rural areas and low socioeconomic backgrounds (Wycoff et al., 2011). Many people from the fourth category have suffered the most after the war and were sent to refugee camps in Southeast Asia before arriving in the United States (Wycoff et al., 2011).

Psychosocial Issues

Post-Traumatic Stress Disorder (PTSD)

Cambodian survivors experience symptoms related to their trauma when trying to regroup and resettle (Dubus, 2009; Han et al., 2012). The fifth edition of the Diagnostic and Statistical Manual defined Post-Traumatic Stress Disorder (PTSD) as meeting the

criteria of experiencing stressors, intrusion symptoms, avoidance, negative alteration in mood and cognition, along with alteration in arousal and reactivity (American Psychiatric Association [APA], 2013). Survivors witnessed innocent people slaughtered, tortured, enslaved, and deprived of their rights and freedoms that are valued in the West (Chan, 2004). After settlement in the United States, Cambodians faced adjustments that would exacerbate their symptoms (Chan, 2004). Thus, Cambodian survivors have to bear the burden of experiencing the disaster in their lives by dealing quietly with the trauma, while barely mentioning, speaking, or sharing among their families and peers out of fear and shame of association with a mental health stigma (Chan, 2004). For example, Chan (2004) mentioned one Cambodian who was living in San Francisco, California, in October of 1989. He experienced an earthquake-induced flashback of his time during the Khmer Rouge war. The earthquake triggered the symptoms of PTSD for him (Chan, 2004).

Cambodians are among the highest to be diagnosed with PTSD than any other Southeast Asian group (Marshall et al., 2006; Wagner, Burke, et al., 2013). Due to the trauma, 62% of Cambodian adults over 32 years old have lived with PTSD (Marshall et al., 2005). Hinton, Nickerson, and Bryant's (2011) study found a sample of 81 Cambodians from Massachusetts that have PTSD suffered 41% from worry-induced symptoms that trigger their PTSD. A quantitative research study used a convenience sample of 201 participants (121 women, 80 men) who were exposed to the Khmer Rouge war (Hinton et al., 2011). A worry severity scale was administered to measure PTSD, irritability, and worry-induced somatic symptoms. The worry-induced issues that triggered the somatic PTSD symptoms included lack of financial income, children's

education, individual health concerns, and relatives living in Cambodia. The research also suggested daily stressors worsen the PTSD clients to experience symptoms of flashback, irritability, and catastrophic cognition (Hinton et al., 2011). Thus, the experience of having continuous stressors suppresses the psychological effects to other mental health or medical conditions (Wagner, Burke, et al., 2013).

Other Mental Health Issues

Despite the prevalence of PTSD other challenges were depression, anxiety, and other mental health ailments as a result of their war experiences and consequent migration (Chan, 2004; Marshall et al, 2005; Stammel et al. 2013). A quantitative research study was conducted which included 586 participants aged 35-75 years to measure the mental health of Cambodians after their resettlement (Marshall et al., 2005). There were 319 women, 61% of whom were known to have PTSD and depressive symptoms (Marshall et al., 2005). Marshall et al. (2005) noted a sample size of 248 Cambodians, of which both men and women, 51% reported major depressive symptoms after resettlement in the United States. These stressors include: multiple relocations, unfamiliar work responsibilities, aging issues, linguistic barriers, unemployment, poverty, and/or disabilities resulting from the Khmer Rouge war (Dubus, 2009).

Stammel and colleagues' (2013) study has found a significant association between PTSD, depression, and anxiety to prolonged grief disorder (PGD) among Cambodian survivors. An Inventory of Complicated Grief-Revised instrument was used in a sample of 775 Cambodians. The result indicated that 14.3% of samples who were diagnosed as having PGD reported also having symptoms of PTSD, anxiety, and depression. The stressors included loss of a spouse, child, or parents. Other factors were identified as the

stressors or health disparity such as the length of time Cambodian refugees spent at the refugee camps, low employment rate in the Untied States, and poor physical health conditions (Dubus, 2014). Thus, Cambodians who had resettled after the war had to cope with the new challenges in the United States.

Post-Immigration Stressors

Acculturation and Assimilation

Years following the post-war, Cambodian survivors settled into their new homes, while becoming habituated to adopting the beliefs and/or behaviors of other cultures, traditions, and customs. Sponsorship, parenting styles, nontraditional gender roles, general health, and language were among the challenges faced (Chan, 2004; Lewis, 2010). Sponsorship plays an important role for new families who migrated from the post-Khmer Rouge war (Chan, 2004). Traditionally, Cambodian women are the head of the household as they are expected to provide multiple levels of care to their parents (Lewis, 2010). Cambodian women who were also parents found it difficult to fulfill the many tasks of parental roles such as providing household income and keeping their cultural heritage intact (Chan, 2004; Chang, Rhee, & Berthold, 2008).

Additional stressors included inadequate housing, overcrowding, lack of social support, and social isolation that added to the stressors of the new Cambodian refugees (Chang et al., 2008). Lacking formal education or a limited command of the English language contributed to the stress of Cambodian refugees when seeking mental health services and employment were finally chosen (Chang et al., 2008). Although the adjustment process was difficult for Cambodian refugees, families that were sponsored faced similar challenges.

Sponsorship

Following three decades of resettlement, families who resettled through sponsorship lived in various locations throughout the United States. Before the Khmer Rouge regime, people in the United States sponsored Cambodian families (Chan, 2004). Also, there were Cambodian students who studied at California State University, Long Beach along with Cambodian professors who preserved Cambodian history (Chan, 2004). An emerging Cambodian population burgeoned in Long Beach, California. With an estimated population of 35,000 Cambodian migrants, the largest number settled outside of Cambodia resides in the city of Long Beach (Chan, 2004; Li & Seidman, 2010; Marshall et al., 2005). Although sponsorships helped many families settle into the United States, there was also evidence that host families took advantage of Cambodian migrants (Chan, 2004). For instance, the sponsors used Cambodians to pay for rent and utilities taking advantage of their naiveté about Western culture (Chan, 2004). Cambodian families had to assimilate into Western culture as they were faced with the challenges of parenting, language barriers, no marketable skills, and navigating community resources (Chan, 2004).

Parenting

Cambodians who resettled in the United States found it far more difficult to deal with the types of conflicts that are caused by different levels of acculturation, especially from one generation to the next (Chan, 2004). The impact of trauma and psychological stressors can affect the ability of parents to take care of their children since parents rely heavily on their children to take care of them; this is known as role-reversal (Eng, Szmodis, & Mulsow, 2014). In Cambodian culture, parents discipline disobedient

children by implementing domestic corporal punishment; however, in the United States, Cambodian migrants discovered that physical discipline may be considered child abuse and/or neglect (Chan, 2004; Chang et al., 2008). Eastern child rearing practices can be considered an immoral approach to disciplining a child, a challenge for Cambodian parents in learning to understand the value system of the United States (Chan, 2004). Chang et al. (2008) mentioned that there were two types of disciplining in the Cambodian culture. Cambodian culture allowed beating children as permissible to the family and is considered appropriate; however, if the parents beat the children like tamed animals, this would be considered as culturally inappropriate and shameful (Chang et al., 2008). There are common cultural practices that are not considered child maltreatment or abuse. For example, coining, cupping, and pinching are considered healing practices in Cambodian culture but are not accepted in a Western context and viewed as abuse by social services in the United States (Chang et al., 2008). Coining, cupping, and pinching are practices that are used for the healing of a sick person using a coin, candle, cup, and two finger pinching to relieve symptoms of a common cold or flu (Chin, 2005).

Barriers to Services

Language Challenge

Challenges to older Cambodians are the many differences in the United States health care system. One of the major obstacles Cambodians face is the English language. Language barriers make it difficult for Cambodians to understand the system and seek mental health and physical health treatments. A sample of 490 Cambodian refugees in the United States were surveyed and found that approximately 66% have cited that language was an obstacle in the utilization of mental health services (Wong et al., 2006).

American health providers face the challenge of explaining needed health remedies in a way that Cambodian migrants can understand (H. Lee et al., 2010). This left many Cambodians trying to understand the English language between health provider and individual. Cambodian refugees have struggled and relied on family members including, siblings, children, and/or interpreters to describe the symptoms when in treatment (Wong et al., 2006). H. Lee and colleagues (2010) stated that socioeconomic and environmental factors contribute to the difficulty in communicating mental health disorders. This proves to be a specific challenge in the area of mental health. Cambodian refugees as mentioned earlier especially lack formal education, which affects their skills related to the communication of mental health concerns (H. Lee et al., 2010). Thus, Cambodian refugees who have limited vocabulary express and identify the mental illness with psychosomatic symptoms (H. Lee et al., 2010). Chang and colleagues (2008) stated that language and cultural barriers make it difficult for Cambodians to gain access to services. As a result, Cambodians who have limited or no formal education, and limited English language skills but are unable to assimilate into Western culture resulting in a lack of opportunity in employment and services (Chang et al., 2008).

Specific challenges for Cambodian seniors continued to struggle with the English language. In Los Angeles County from 2006 to 2010 census, there was 50% of Cambodians senior that have limited English proficiency or did not speak English (Asian American Advancing Justice, 2013). Researchers noted among a sample of 339 Cambodians living in Long Beach, ages 35-75 years old, 82% had poor English proficiency that experienced language problems accessing mental health services (Wong et al., 2006). This is due to the sociodemographic background that includes education,

income, mental health conditions, and other treatment barriers (Wong et al., 2006). Although language barriers may be a challenge for Cambodian migrants, the high cost of medical services have been identified as one of the two major stressors that limits them from wanting to obtain mental health services.

Health Care Costs

Although the Affordable Care Act has made access for many Americans to get medical insurance, health cost has been a barrier to the general population getting mental health treatment (Mojtabai, 2005). Wong and colleagues (2006) conducted a quantitative research study on a sample of 490 Cambodian refugees in the United States, and 80% have reported that the high-cost of mental health services are barriers for those who seek health services. As a result, in a new cultural cynicism related to the bureaucracy of Western health care, Cambodians still rely strongly on their cultural health practices. The structural barriers of high cost treatments have been related to the socioeconomic and immigrant status of individuals (Wong et al., 2006). Wagner, Kuoch, et al. (2013) mentioned that Cambodian refugees are at a high risk of requiring medical needs, but they are unable to access services because of medical cost. For example, many participants opted not to seek mental health treatment due to the costs of medication and medical copays (Mojtabai, 2005; Wong et al., 2006).

Cultural Views on Mental Health

Cambodian Views on Mental Health Services

Cambodians have a tendency to perceive mental health as a risk because Cambodian refugees are afraid of losing face within the family and community (Wong et al., 2006). As a result, Cambodian refugees are reluctant to discuss their mental health

problems. Cambodians do not trust interpreters from a third-party because of the fear their information may not be kept confidential between the client and staff (Wong et al., 2006). Cambodian refugees are fearful that they will have to share personal and sensitive information about themselves with the people from the community (Wong et al., 2006). Underutilization of mental health services may be attributed to mental and emotional health problems, as well as high medical costs, language barriers, and cultural underpinnings associated with stigma (Choi & Kim, 2010).

H. Lee and colleagues (2010) conducted three focus groups in Minnesota with nine mental health professionals. The group consisted of six females and three males of South East Asia (SEA) descent who were older age adults. A qualitative research method was used to assess their awareness on mental health care. The result showed that there was a lack of awareness about mental health treatment due to the perceived fear of mental health care (H. Lee et al., 2010). The study concluded that this perceived fear of using mental health services was a barrier for SEA older adults seeking westernized mental health care.

Health Beliefs on Western Practice

A health belief can have a powerful effect and can influence the behavior of an individual that is seeking treatment (Wagner, Kuoch, et al., 2013). Cambodian health beliefs have been perceived and approached differently from traditional Western psychotherapy. Traditionally, healers, remedies, and herbal therapies were the commons beliefs in Cambodian cultural context when treating mental health (Purnell & Paulanka, 2005). Cambodians who experienced trauma may relate to the physical treatment to the body rather than to any psychological references to mental health conditions. Mistrust in

Western medical perspectives was exploited through the use of anti-Western propaganda experienced earlier during the Khmer Rouge war (Wagner, Kuoch, et al., 2013). This propaganda further created a negative attitude towards Western medical treatment. A quantitative research study conducted by Berthold and colleagues (2007) sampled 339 Cambodians and found that one-third or 34% have relied on complementary and alternative treatment for mental health issues. While Western medicine is seen as a secondary form of treatment, Cambodians believe traditional medicine is the appropriate measure they use in treating mental health conditions (Wagner, Kuoch, et al., 2013).

Altogether, Cambodians who mistrust in Western medicine noted the structural barriers of medical cost for treatment, language, transportation, and cultural services for mental health were among the reasons they do not seek medical services in the United States (Wong et al., 2006; Wycoff et al., 2011). This has become a challenge for Cambodian refugees and families throughout their post-immigration in which cultural practices collide.

Relevant Cultural/Spiritual Services

Religious and Spiritual Involvement

Most Cambodians find their existential matrix in Thervada Buddhism religious practice. This religion is one of which Cambodians practice their relationship to the needs of living to cope with their psychosocial adjustments (Chan, 2004; Han et al., 2012; Wycoff et al., 2011). Cambodians dealing with trauma have been known to use Buddhism as a means of healing reference. Buddhism allows the individual to self-accept loss and life suffering, without expectation of an afterlife in comparison to certain Western faiths (Hsu, Davies, & Hansen, 2004). In Buddhism, these concepts and

meanings are known as karma (*kam* in Cambodian) and fatalism. Karma is known as a consequence of right or wrong decisions made in life, and fatalism is defined as an acceptance of those consequences (Hsu et al., 2004). Many Cambodians frame their life experiences through Buddhism because they believe the past events were caused by karma (Hsu et al., 2004). However, in Buddhism, karma can also teach the individual to accept, embrace, be mindful, and focus on the "here and now" rather than submit to the past (Han et al., 2012).

During the migration settlement in the United States, Cambodians received a new perspective from Christian volunteers and missionary workers (Chan, 2004). The refugee campsites in Southeast Asia have influenced Cambodians to pay spiritual homage according to Christian dictates (Chan, 2004). This in turn has influenced Cambodians to integrate Buddhist practices with Christianity.

Effective Methods

Psychoeducation

Providing insight into psychological symptoms and illness has been proven to be effective and beneficial for mental health consumers in the helping process (Choi & Kim, 2010). Psychoeducation highlights mental health issues through outreach in the community (Weisman et al., 2005). Cambodian immigrants are provided public education on mental health concerns in an attempt to improve the access and utilization of mental health services (Weisman et al., 2005). By addressing stigma and acculturation into the United States, it can be approached by affirming the clients' experiences and providing them a linkage for possible treatment and/or interventions (Weisman et al., 2005). For example, psychoeducation has proven to promote positive outcomes for the

clients and their families in mental health (Chow et al., 2010). Psychoeducation empowers trauma survivors by teaching them about the needed coping skills to manage distress symptoms. Psychoeducation can help educate family members and individuals with problem solving skills and by increasing their knowledge in developing a social support network (Chow et al., 2010; Phoenix, 2007).

Support Group

Various therapeutic interventions work with Cambodian survivors of the Khmer Rouge regime; one being a support group. Studies indicated support group or group therapy for Cambodian survivors and people that resettled in the United States have positive outcomes in achieving social support (Renner, Laireiter, & Maier, 2012). Joining and participating in groups have helped Cambodians cope with depression, trauma, anxiety, and other stressors through peers who have also experienced the same challenges (Renner et al., 2012).

Mindfulness Meditation

Mindfulness meditation (MM) is a practice to focus on being mindfully aware about self and the world that also contribute to reducing PTSD among Cambodians (Han et al., 2012). MM is a self-regulated practice that has a positive impact on an individual's ability to cope with anxiety and depression (Han et al., 2012). Studies suggest meditation improves a people who have PTSD and reduces avoidant behavior through the practice of non-judgment during MM (Han et al., 2012). The findings from Han et al.'s study (2012) indicate that MM help the cognitive restructuring and ability to change the internal thought process that result from trauma. In bringing the clients to a higher functional level, MM is a quality practice.

Chapter Summary

The overall literature review covered the historical roots of Cambodia and the rise and downfall of the Khmer Rouge. The war left many surviving Cambodians seeking refuge and migrating to surrounding countries. In turn, many of the Cambodian survivors started to develop stressors from the impact of acculturating to their new lifestyle. Cambodian refugees struggled with addressing the issues of poor health conditions, language barriers, and mental health. Although, recent studies have suggested various practices and interventions in combating mental health issues such as: mindfulness meditation, support groups, practice of spirituality, and educating mental health to the community with psychoeducational groups. Providing Cambodian survivors and their families with culturally sensitive and appropriate services is a step towards healing the issues the community faces and on the path to positive outcomes.

CHAPTER 3

METHODS

Interventions and Nature of the Program

This program was designed to provide mental health psychoeducation to Khmer Rouge survivors and their families in the city of Long Beach, California. There are no current psychoeducation programs available for the Cambodian community in Long Beach at the time of this writing; thus, the program will assist families and individuals in developing problem solving skills, increasing their knowledge and awareness of mental health issues along with effective interventions, and encouraging a strong social support network (Chow et al., 2010; Phoenix, 2007). Many individuals within this community have been living with untreated mental health challenges and their effects for too long (Williams, 2005). These individuals and their family members have been suffering from the shame and stigma traditionally associated with mental illness. The psychoeducation model proposed in this program is designed to encompass the varying needs of this population.

This 1-month psychoeducational workshop will offer four 2-hour sessions per week: (1) introduction of participants and course during the first week, (2) common symptoms and stressors during the second week, (3) effects on family members during the third week, and (4) interventions during the fourth week. This psychoeducational

workshop will be repeated three times to provide opportunities for all Khmer Rouge survivors and their family members to benefit from this program.

Each workshop will ideally have between 12-15 participants in order to create a safe and cohesive environment. Prior to each month-long workshop, the participants will be recruited through the distribution of Cambodian/English flyers throughout the community. The flyer will include the location, time, and a brief description of the psychoeducational workshops. These flyers will be canvassed to residents, restaurants, coalition meetings, schools, local retailers, and key members of the Cambodian community. Informative pamphlets will also be placed at community health fairs and posted at community centers, churches, and temples. In addition, pamphlets will be emailed to community agencies to be posted on event bulletins and newspaper or local press resources. This project will employ one social worker, and the social worker will facilitate all elements, including recruitment and post workshop evaluation.

Target Population

There are approximately 18,000 Cambodians residing in Long Beach, California (U.S. Census Bureau, 2014). Within this population, both the survivors of the Khmer Rouge from 1975-1979, ages 55 and over and their family members will be targeted. Those who were directly or have been affected with mental health challenges of adjustment and survivors will be eligible to receive services. The program will be open to the Cambodian community to voluntarily share their ongoing challenges of survival, displacement, immigration, and adjustment to Western culture with the groups and/or their families.

Host Agency

The United Cambodian Community (UCC) is a multicultural and nonprofit social service agency that serves the greater Long Beach community. UCC's (n.d.) mission is to help assist the individual and families of refugees and immigrants with adjustments to the cultural and language barriers between generations. UCC was established in 1977 in Cambodia Town of Long Beach, which has the largest population outside of Cambodia. In order for UCC to meet the needs of the community, UCC empowers community members to become leaders of their own community. UCC (n.d.) provides services in areas of advocacy, translation, interpretation assistance, parenting classes, youth development, and community services. Victory Heng, a mental health coordinator at UCC, mentions the Cambodian community in Long Beach is in need of mental health awareness to educate and understand the challenges families and individual clients face daily (Victory Heng, personal communication, 2014).

Identification of Potential Funding Source

In order to identify potential funding sources, websites promoting awareness for mental health services for refugees and Cambodian survivors were examined and utilized. In addition, the grant writer conducted extensive Internet searches on local, city, state, and federal funders through the following websites: www.grants.gov, www.usagovernmentgrants.org/Government_Grants.html, www.hrsa.gov/grants.htm, www.ca.gov/Grants.html, and www.calwellness.org. Literature research on similar successful projects was incorporated. Key terms such as "grants," "grants for immigrants and refugees," "group support," and "mental health" were used to identify potential funding sources.

The identification process yielded three potential sources that were chosen due to specific areas of interest related to the program. The three sources are as follows: (1) SAMHSA (htttp://www.samhsa.gov/grants) due its focus on mental health with limited specification regarding age or nationality, (2) Weingart Foundation (http://www.wein gartfnd.org) due to its focus on mental health and delivering effective service in specific geographical areas, and (3) htttp://www.hrsa.gov was the funder used for information on human services grant for mental health and refugee services.

Criteria for Selection of Actual Grant

In order to search for the appropriate funders, the grant writer searched for funders who address the purpose of this grant program. The geographic area of the grants will be focused in Southern California since the host agency is located in Long Beach. Funding must be sufficient to meet the needs of the program for the proposed period. The grant writer examined websites that specifically award grants that serve the refugee population. The grant writer used websites to identify the funders' background, mission, applicant eligibility criteria, previously approved grants, and deadlines

The goal of the program was to serve the aging Cambodian population, which struggles with mental health issues in their lives. The location, population of interest, types of service, and schedule of application were all considered in the areas of mental health, group support, and healthcare access. Consequently, this grant writer selected the Weingart Foundation as the potential funder. This funder will support this program to implement a successful intervention through education and facilitation for the Cambodian population.

Description of Selected Foundation

The Weingart Foundation (n.d.) was established in 1951 to provide grants and support aimed at improving the service areas of health, human services, and education. The grant addressed the needs of older adults and people who are disadvantaged or underserved within the community. The foundation has supported Southern California counties and has granted more than $950 million for social services, education, and community programs. The foundation is projected to fund $35 million in services in 2015. The foundation provides grants ranging from a low of $25,000 to a high of $1 million.

Needs Assessment

There are still a number of Khmer Rouge survivors in the Long Beach area who have mental health conditions and experience barriers to accessing needed care (Berthold et al., 2014). Many of them silently suffer from the effects of past traumatic events (Chan, 2004). Cambodians are among the highest population within Southeast Asian groups to be diagnosed with Post-Traumatic Stress Disorder (Marshall et al., 2006; Wagner, Burke, et al., 2013). Other mental health disorders, such as depression, were also developed overtime due to the stresses of immigration and resettlement in the United States (Dubus, 2014). Effective utilization of available mental health services have historically proven to be challenging for many Cambodians due to the stigma attached to mental health services and language barrier. For example, according to one study Wong et al. (2005), 66% of Cambodian immigrants are challenged to overcome the language barriers; Cambodian refugees state that the language barrier became an obstacle to accessing mental health services.

This psychoeducation program was designed to improve the mental health of Cambodian refugees who are at-risk or who suffer from mental health problems. In addition to increasing their knowledge about mental health and resources for services, the Psychoeducation Program was also designed to provide a safe environment for older Cambodians to engage in the community and to share their challenges with others.

The method of psychoeducation was selected for this project, since it is important to help individuals in the Cambodian community increase their knowledge about accessing mental health and other necessary services (Choi & Kim, 2010). Providing psychoeducation to Khmer Rouge survivors will also help raise the awareness of their needs and prevent further mental health problems while promoting their bio-psycho-social well-being, and reach the aging and underserved Khmer Rouge survivors, especially those who continue to be isolated and disconnected from the community at large. Consequently, the program will eventually benefit the entire Long Beach community while addressing the diversity within the Cambodian community itself.

Proposed Budget

The project budget requires $50,000 to facilitate three psychoeducational workshops, including a recruitment process over a six-month period. This total budget covers both personnel and non-personnel expenses. One bilingual Khmer/English speaking full-time social worker will be hired with the salary of $20,000 with health benefits included. The choice selection of the social worker will be based on cultural background and experience. The remaining cost will be applied to rent at the location of services or venue, office supplies, equipment that are contributive cost will be provide to

the host agency, phone, printing and postage, food for participants, travel expenses, and indirect cost for administrator fees (See Appendix).

Evaluation

The evaluation process of the program will consist of using a pre-test and post-test to assess the knowledge and skills learned during the program. In addition the pre- and post-test include questions to assess their sense of well-being and other stress or trauma related mental health symptoms with a base on cultural relativity. The pre- and post-test will have true and false response options for knowledge and skill sections and a Likert scale of 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, and 5 = strongly disagree as well as open-ended questions about their emotional needs, expectations (pre-test), and level of satisfaction (post-test) of the workshop. The post-test evaluation will be conducted after the final week of the psychoeducational session. The base test wording from English to Cambodian that includes nuances of language will need to be translated.

Attendance will also be used to evaluate the success of the program. The participants have to complete an application to participate in the program and verify their attendance by signing a sign-in/out sheet that is provided weekly for each session. The goal is to have 80% attendance rate in average. These evaluation tools will provide valuable data for the social worker to make future improvements of the psychoeducation program. Thus, an evaluator will be needed to conduct and create an analyze data for the program of services.

CHAPTER 4

GRANT PROPOSAL

Proposal Summary

The purpose of the project was to develop a culturally sensitive psychoeducation program for Khmer Rouge survivors and their families in Long Beach, California. The program aims to educate participants about the psychological effects of their traumatic experiences, promote social bonds by highlighting commonalities among participants, and develop a sense of belonging that emerges in the group experience (Chow et al., 2010; Phoenix, 2007; Weisman et al., 2005). By addressing the mental health concerns through the educating the participants in the program, the participants will gain a better understanding and increased awareness of how to cope with mental health challenges.

The program will be held at the United Cambodian Community (UCC) located in Long Beach, California. The nature of the program has three psychoeducational workshops, and each workshop will has four sessions during the period of six-months of the program grant. Each workshop will have four 2-hour sessions. The topics of these sessions will include: (1) an introduction of the workshop goals and facilitators, participants introductions, and a brief overview of mental health challenges, (2) how mental health impacts individuals who experienced traumatic events and their family members, (3) coping strategies and effective interventions, and (4) available community resources.

The proposed program follows the mission and goal of the UCC and aims to have the participants identify, understand, and gain awareness of the mental health challenges. By attending the workshops, participants will gain an understanding toward a variety of interventions and techniques supporting self-care. The group will be encouraged to have supportive interactions.

Proposed group eligibility includes:

1. Survivors of the Cambodian genocide (1975-1979); ages 55 years or older;

2. Their relatives and caregivers can join the group and community professionals can support participants in the process;

3. Residing in the Los Angeles County area;

4. No known history of severe cognitive loss or Alzheimer's disease;

5. Formally or informally observed to exhibit signs or symptoms of withdrawal, isolation, or physical distress.

Introduction

The UCC (n.d.) was founded in 1977. Over the years, the agency has developed the following programs: Women Focus Group, Breast Cancer Program, Community Services, Translation, Literacy Program, Reading and Conversational English Class, Citizenship Education, Food Distribution Program, Advocacy, Coalition Forum, Youth Services, and Health Services through Affordable Care Act. The agency serves 2,500 unique clients per year based on their mission of helping Cambodian individuals and families during their transition and adjustment while preserving their culture in America (UCC, n.d.). The goal of UCC is to raise an awareness of the mental health challenges among Khmer Rouge survivors and their family members as well as to understand signs

and symptoms of medical and mental health conditions, educate members about available community resources, and finally to reduce the stigma, shame, and guilt associated with seeking mental health services.

Needs Assessment

Williams (2005) research study with Cambodian culture and communities have revealed that mental health challenges such as PTSD and depression have developed overtime for immigrants and refugees who have lived through the Cambodian genocide and Khmer Rouge war; in addition to those who have experienced acculturation stressors in their host countries. Survivors who came to the United States as refugees were challenged by forced acculturation into a Western culture and radically adapt to various stressors and value systems different from their own (Chang et al., 2008). Such challenges include language barriers, job searching, and the burden of caring for family members who exhibit mental health issues related to trauma, and the acculturation process (Wong et al., 2006). Many studies have found second and third generation Cambodians to exhibit mental health disorder symptoms similar to that of Cambodian refugees (Hsu et al., 2004; H. Lee et al., 2010; Saechao et al., 2012; Wong et al., 2006). According to Wycoff and colleagues (2012), Cambodian refugees did not receive adequate medical and mental health services. Most services offered focused on merely establishing financial stability and employment. These findings suggest that adequate culturally sensitive mental health services and psychoeducational programs are needed for Cambodian populations.

Hsu and colleagues (2004) found most Cambodian refugees struggled to find culturally appropriate mental health service providers. They are often challenged with

finding Cambodian-speaking physicians or Western doctors who are willing to provide interpreters for physical and psychological difficulties (Hsu et al., 2004). This language barrier is a significant challenge for Cambodians to navigate through the Western health care system. Those in need of services were only able to learn about the availability of services through certain primary care doctors since there are few culturally sensitive practitioners that can adequately serve the needs for Cambodian refugees (Hsu et al., 2004). Due to these barriers, older Cambodians have not received adequate services to address the consequences of their traumatic experiences. This proposed program addresses not only the needs of the trauma-exposed population, but also assists subsequent generations in understanding an older generation's needs as well as educating potential service providers in the community at large.

Program Objectives

The goal for this program is to provide psychoeducational and supportive interventions to Cambodian survivors living within or near the Long Beach community. By increasing awareness and accessibility to supportive networks, the participants will benefit from enhanced well-being, positive social support, and community inclusion (Corey et al., 2010). In order to meet this goal, the following objectives are identified.

Objective 1: Offer a safe culturally relevant and sensitive environment in which participants are able to share their experiences as survivors of the Khmer Rouge war. This will be achieved by hiring a professionally and culturally competent facilitator. The participants will feel safe to share their challenges of acculturation and intergenerational issues. The pre- and post-tests will include some questions to measure their evaluation on safe environment.

Objective 2: After receiving psychoeducation, 70% of participants will report they have gained a better understanding of their well-being measured by pre- and post-tests. The facilitator will present culturally appropriate interventions (e.g., addressing mental distress as a stigma, encouraging group interaction) and exhibit culturally appropriate attitudes to display trust and respect. The participants will learn coping skills and self-care techniques and develop a sense of belonging. By having a structured group, participants with similar experiences are able to open up with one another by alleviating the shared burden.

Objective 3: Develop an understanding of the unnecessary stigma connected to mental health issues and services. The facilitator will use positive reinforcement and encourage the participants to discuss and explore the impact of mental health symptoms resulting from traumatic events during the Khmer Rouge war. The participants will learn to identify the various mental health signs and symptoms to promote the recovery process, and their knowledge will be measured using pre- and post-tests.

Objective 4: Develop support systems and learn about available resources. The participants in the group will present their own practice and traditions on their beliefs about mental health. While this is being discussed, the facilitator will also take note of the Western practices and the implementation of the differences between both cultures and research other available services. Community resources will be used to promote additional outside services. Services will be provided to assist such linkages to case management, counseling, community engagement, and/or other appropriate community resources.

The program will use the following timeline:

Month 1: Hire a social worker. The social worker will outreach to 12-15 participants in the Long Beach area. After conducting intake evaluations to conform their eligibilities, the social worker will register them for the psychoeducation program. An intake process will be conducted and the group will be contacted for the first session. Participants will be provided with psychoeducation to assist with coping skills and increase their ability to access available community resources.

Month 2: The first cycle of psychoeducation workshop begins. The registered participants will have a check-in list to monitor attendance.

First session: The first session will include rapport building through social introduction over refreshments. The social worker will introduce the group with icebreakers and talk about the four weeks of the psychoeducation program. The first half of the session will be a social hour; food will be used as an icebreaker, following the Cambodian tradition. A pre-test of the participants' knowledge on mental health will be conducted in the second hour.

Second session: The second session will have the social worker facilitate the group process by asking various questions on knowledge of what they know about mental health challenges. A group activity will have participants share, discuss, and talk about the past and the time they spent in Cambodia. This will reinforce the participants to think positively instead of focusing on the past war by shared discussion. The group will learn about the various stressors and factors of mental health. A PowerPoint printout on mental health conditions that include signs and symptoms will be given to the participants.

Third session: The third session will provide the participants with the information about the stressors with which they have to cope. One of the activities will provide the participants with problem solving skills to cope with their daily stressors. Participants will be engaged in a discussion on their self-care at the end of the session.

Fourth session: The final session will provide the participants an opportunity to learn about mental health resources in the community. Referrals and information on mental health services will be given. A post-test will be administered at the end of session.

Month 3: The social worker resumes outreaching efforts and conduct intake evaluations for 12-15 participants.

Month 4: The second cycle of psychoeducation workshop begins with session 1-4.

Month 5: The social worker resumes outreaching efforts and conduct intake evaluations for 12-15 participants.

Month 6: The third cycle of psychoeducation workshop begins with session 1-4.

Methods

Psychoeducational groups have proven to help educate and provide the necessary linkage and support for Cambodians as a means of accessing a better quality of life (Chow et al., 2010; Phoenix, 200). Weisman and colleagues (2005) suggest addressing the stigma towards mental health services and the acculturation process of clients' experiences by using psychoeducation, which can provide a possible linkage and treatment. For Cambodian refugees who need mental health services, the concerns can be addressed to improve the access and utilization of mental health services by educating the individuals and their family members within a psychoeducational group (Chow et al.,

2010; Phoenix, 2007; Weisman et al., 2005). This psychoeducation program provides the information about the mental health issues that are related to traumatic experiences and acculturation processes.

Evaluation

The social worker will be providing a pre-test during the intake and upon completion of the psychoeducation program, participants complete a post-test. The social worker will conduct the termination survey after each workshop end. The tests will measure the participant's knowledge about mental health conditions, and new awareness on how to navigate and access available resources. A Likert scale will be used to gauge participants' knowledge and feedback on the different topics. Participants will at the final session, be able to identify coping strategies and knowledge of the community resources for mental health. The program success will increase by 5% from their pre-test score. The pre- and post-test will be translated for the participants in Khmer.

The pre- and post-test question will be used as followed.

1. What are the symptoms of post-trauma stress disorder?
2. What are some acculturated stressors do you have experience?
3. What kind of coping strategies do you use when you are stressed?
4. How likely are you to use mental health services?

A series of open-ended question will also be asked during the exit interview along with the post-test.

1. What can the group do to improve?
2. What is one coping skill you have learned to use after the program?
3. What was the most valuable thing you learned from group?

After obtaining feedback, the social worker will make adjustments by identifying the areas of strengths and weaknesses of the program. The feedback from the open-ended questions can help the social worker narrow the areas of improvement. If the program is evaluated as successful, the program will continue as is. The project will need future funding by connecting with collaborative agencies, government funding, and institutes for the following six-months. A plan for fee for services will be offered in the future once grant-funding stops.

Budget

The proposed program will require an estimated $48,612 for a period of six-months for the program. The cost will cover personnel wages, indirect administrative fees, and materials related to the activities (See Appendix A).

Program Coordinator: The position requires the individual to have a Master's degree in Social Work. The worker has to be bilingual in English and Khmer and will also be a full-time employee (FTE). The program coordinator will oversee the program and facilitate the sessions. The social worker will need to have experience in working with persons with mental health challenges. Also, the social worker will need to be culturally sensitive and competent since the facilitator needs to address cultural traditions and values of Cambodia. The position requires the worker to be able to outreach, network, and establish core relationships and collaborate with organizations, agencies, and investors in the community. The position is full-time at 40 hours per week for six-months with a salary of $20,000 and $3,800 in part-time benefits. A personal evaluator will be hired in creating the evaluation and the cost will be $2,000.

Direct and Indirect Costs: For the 6-month intervention, the cost of office supplies is $5,000, and the cost of expendable equipment is $2,000, which includes the usage of a computer, phone, and furniture at UCC. The travel expenses are $1,000 in mileage reimbursement at $0.50 per mile. The cost of food and drinks will be $1,000, and telephone utility will run at $1,000. The total estimated indirect cost is $7,812. Ten percent of the cost will cover an administration fee at $7,000, and the professional evaluator will run at $700 while the liability insurance is $112 per cycle. The total estimated operating costs of direct and indirect expenses is $15,000.

CHAPTER 5

DISCUSSION

Lessons Learned

Through the process of writing the grant, this writer became aware of the need of mental health services in the community through the literature review, writing the objectives, and the budget planning. The project required a comprehensive understanding of the Khmer Rouge war, the history of Cambodia, and the events that ultimately led to the many survivors who face mental health challenges and lack adequate services. The literature review was an enduring and long process, but researching the articles was critical to gathering information on the addressing the presented problem in the needs assessment. The researcher has learned the cultural sensitive approach in researching the history, meaning, traditions, and value of Cambodia. The extensive literature review also provided important insight into how Cambodian refugees were affected by the acculturation process and the specific challenges they faced, such as language barriers, job searching, and the acculturation process (Wong et al., 2006). The process proved to be difficult in obtaining new studies for the aging Cambodian survivors in supporting the grant proposal (Das, Dubus, & Silka, 2013).

In addition, research was essential in finding the potential host agency and funders. The researcher was able to collaborate with the host agencies and spoke about the challenges they see in the community. One of the major needs the host agencies

addressed was mental health (United Cambodian Community, n.d.). This exchange provided the researcher with the ideas on how the grant should be developed overtime and how potential funders might be identified. The budgeting was also an important process for writing the grant. A narrative budget was needed to identify the personnel and non-personnel needs.

Analysis of Process

Through the process of developing the project, the researcher had to gather data from peer reviewed articles through the library resources and published online literature. The beginning phase of writing the proposal helped the researcher creating an outline for the first three chapters. The advisor helped the researcher narrow down topics and sub-topics, identify the overview of the issues and needs of target population, and clarify the social work implications. The literature review became a difficult task to analyze, especially in creating an accurate assessment of the psychosocial impact on Khmer Rouge survivors. Additional topics were identified through the literature review, such as the existing mental health stigma in the Cambodian community (Han et al., 2012) and a gap regarding the need of mental health treatment and the barriers to seeking relevant services (H. Lee et al., 2010; Wong et al., 2006). Thus, the researcher also explored the relevance of stigma associated with receiving mental health services.

The limitation in the project was that there were fewer studies conducted on Cambodian survivors presently due to the ageing population. The researcher found it challenging as there was a decline in the surviving members in the community. The population of Cambodian refugees who experienced the event of genocide is decreasing due to old age. The researcher had to rely on data from previous studies conducted ten

years ago. Additional challenge also included the available studies on psychoeducation program that were limited, although psychoeducation found to be effective for the target group (Choi et al., 2010).

Strategies to Enhance the Project and Recommendations

The improvements that could be made to the grant project would include the addition of recent studies to the literature review. Most of the research was conducted on mental health services for Khmer Rouge survivors and reviews of the grants for Cambodian communities were published several years ago. In order to improve the project, the researcher recommends continued research for studies that are available with relevance on the current target population. This will allow the future researchers and grant writers to address emerging needs for Cambodian refugees from the Pol Pot regime.

A recommendation derived from the literature review that can help improve the program is to integrate a focus on addressing the stigma among Cambodians with usage of mental health services. There are programs, such as The Integrated Network for Cambodians, that provide behavioral, physical, and substance services in Long Beach (Pacific Asian Counseling Services, 2015). It is recommended that future researchers reexamine an appropriate culturally sensitive approach to address the stigma associated with mental illness, because the first, second, and third generation Cambodian family systems have been changing as they acculturate in the United States. Some families have acculturated or assimilated to living in the United States while others continue to struggle with issues related to immigration.

Finally, this writer recommends future grant writers to consider hiring two co-facilitators for the group. The co-facilitators will be able to serve the needs of the participants in the case of topics or discussions that may trigger traumatic reactions. By employing two facilitators in the group, each facilitator can attend to a participant or the group in a culturally sensitive manner.

Implications for Social Work and Multicultural Practice

When writing this grant, the grant writer had to take into consideration the host agency's mission, purpose, and goals. The writer was familiar with providing the multicultural needs for the Cambodian community in which the researcher had prior experience in working with the host agency. This allowed the writer to integrate the Cambodian traditions in respect to the participants' culture.

The social work professional code of ethics requires the researcher to empower and understand importance of the human relationship, advocate, and respect the human dignity of the population (NASW, 2008). The process of grant writing is a fundamental part of the social work profession. Grant writing provides opportunities to develop fruition programs that are on the cutting edge of research and practice. The process demands a finely developed skill set including literature review, identification of needs, and development of the most effective intervention within the framework limited by funding. A social worker role is to find future funds in order to keep the programs afloat. Through grant writing projects, social workers can provide culturally sensitive and appropriate services for vulnerable populations and communities. Social workers must be competent in the services they provide and have an understanding about the importance of human relationships in the client's history and traditional practices.

Conclusion

The grant thesis project for the researcher presented many obstacles such as outlining, researching, and creating a program that met the needs of the community. The researcher has learned a great deal from the literature review and research from those that have survived the war. Grant writing is a continuous learning process for the writer to develop and improve for future experience.

APPENDIX

LINE-ITEM BUDGET

APPENDIX

LINE-ITEM BUDGET

Expenses	Amount
SALARIES & BENEFITS	
Program Coordinator MSW – Full Time Employee (FTE)	$20,000
Benefits @ 19% of FTE	$3,800
Evaluator	$2,000
Total Personnel Expenses	$25,800
DIRECT EXPENSES	
Office Utilities (Rent, Internet, Sewage, and Electricity)	$5,000
Office Supplies (pens, paper, ink binders, etc.)	$5,000
Expendable Equipment (computer, printer, furniture, etc.)	$2,000
Travel @ $0.50 per mile (bus voucher, taxi voucher, etc.)	$1,000
Food (sandwiches, snacks, water)	$1,000
Phone (usage)	$1,000
Total Direct Expenses	$15,000
INDIRECT COST	
Administration Cost @ 10%	$7,000
Evaluation @ 10%	$700
Liability Insurance @ 1.6%	$112
Total Indirect Expenses	$7,812
TOTAL REQUESTED PROJECT COST	$48,612

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