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I, Jonathan N Trauth, hereby submit this original work as part of the requirements for the degree of Doctor of Education in Counselor Education.

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An Evaluation of the St. Leo Burundi Refugee Ministry Program

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An Evaluation of the St. Leo Burundi Refugee Ministry Program

A dissertation submitted to the Graduate School of the
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by

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AN EVALUATION OF THE ST. LEO BURUNDI REFUGEE MINISTRY PROGRAM

ABSTRACT

The purpose of this study was to examine the St. Leo Burundi Refugee Ministry Program and its effectiveness for the Burundian refugees who have been accepted by the United States government. In the absence of an existing model, a theoretical model was developed for refugee resettlement using the Theory Based Evaluation approach. The model included the specific services provided under the program and the intended outcomes for the refugees.

A Theory of Refugee Resettlement was developed initially using feedback from the staff who have been engaged in the program since 2008. Four specific services/activities were evaluated under the program that included mental health services, English as a Second Language, Spiritual Support, and Academic Support services. Data were collected using questionnaires completed by the St. Leo staff, specifically the Pastor, the Pastoral Counselor, the Nurse, and the Volunteer Coordinator. Interviews, with the help of a translator, were conducted with 10 Burundian refugees. Observations were also completed of the four St. Leo programs, e.g. Women's Group, English as Second Language classes, Academic Tutoring sessions and Spiritual Services/Pastoral Counseling. A codebook was developed and data were analyzed according to three research questions. The research questions of this study and the subsequent findings suggest that flexibility and adaptability are essential to the design and implementation of any resettlement programs.

The first research question examined if the program was being implemented largely in alignment with the Theory of Refugee Resettlement as developed. The programs and activities at St. Leo were found to be helpful to the refugees. The data suggested a need for modification in the original theory and a new schematic rendition of the theory has been
presented. It is hoped that the revised Theory of Refugee Resettlement would be of interest to other agencies in the U.S. engaged in similar efforts.

The second research question was to examine how the program services impacted the wellness of the refugees. The areas of wellness that were analyzed were: physical, emotional, and spiritual well-being of the refugees. The data supported that the activities and programs worked in tandem to contribute to the wellness of the refugees in the three identified areas.

The third research question examined the impact of the services on the economic self-sufficiency of the refugees. The data indicated that the refugees had become more economically self-sufficient by obtaining jobs, pursuing education, and American citizenship.

In conclusion, the study indicates that ESL services are essential for enabling refugees to become more confident by improving their communication skills. Better communication skills lead them to find employment and to access community and government assisted services. The programs need to remain flexible and be prepared to adjust to the needs of specific refugees.
Acknowledgements

I would first like to thank St. Leo church and its parishioners and refugees from Burundi who prayed together knowing that the creator would help us through so many of life’s challenges. I would also like to thank my graduate committee who encouraged me throughout my time working with the St. Leo Refugee Ministry Program. I learned so much from the committee as a whole and am extremely grateful for the entire process. Counselor education advisors reinvigorated my commitment to both my clients and my work as a social work counselor. Dr. Tang, Dr. Cook, and Dr. Ruhiely made sure I stayed on track and continued to provide so much support for the past eight years. I would also like to thank Dr. Michael Brubaker, my advisor and committee chair. His unlimited passion to serve the underserved has motivated me for the past seven years.

I am so grateful for family, as they are my biggest fans and believe in me. I want to thank my mother and my father for unconditional love, for unconditional support in showing me what hard work looks like. I would like to thank both my mother-in-law and my father-in-law who supported me through this entire process. Everything is possible if you stick with it, including unceasing sessions of long weekends and overnight edits. Personally this would not have been possible without the love and support of my wife Kara Swami. Her encouragement and patience throughout the process reminded me to prioritize the important things in life and continue to strive towards justice above all for the people who are underserved.

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Of course there is one who has been through the longest portion of my academic life living in the house with me, Denali. Her quiet support and enthusiasm for just the basic things in life, a warm place to sleep and a full belly, reminded me of the true values of life and service to others through my work.
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CHAPTER ONE: INTRODUCTION

The influx of refugees from around the world seeking to resettle in the United States of America continues to escalate at a rapidly increasing rate (Murray, Davidson, & Schweitzer, 2010, Schweitzer, Wyk, & Murray, 2015). Most come seeking a better life with the possibility of greater economic security and a more satisfying lifestyle. Many come from war torn countries fleeing torture and possible death. The American government along with nongovernment organizations (NGOs), such as Catholic Charities, assists refugees in obtaining asylum within the U.S.

The issue of asylum refugee resettlement brings with it many challenges, for example, mental health issues, economic needs, educational deficits, and meeting their basic survival needs. Almost all of these asylees face a significant language barrier and culture shock after arrival in the U.S. These combined challenges are important to note when assisting the refugees with the resettlement process.

The city of Cincinnati with the efforts of Catholic Charities, has welcomed refugees from many different countries including Central American and the African Continent. Specifically this study examined the Burundian population who were resettled in the North Fairmount neighborhood of Cincinnati. A significant community institution, St. Leo The Great Parish (henceforth called St. Leo), had embraced this refugee group by initiating the St. Leo Burundi Refugee Ministry program. A comprehensive set of activities was developed to meet basic initial needs such as housing and food leading to more advanced programs for education, health, language development and economic empowerment. This study used Theory Based Evaluation (TBE) to explore the efficacy of this program used by the clergy, staff, and volunteers.
Background

Since World War II the number of refugees resettling in the United States of America continues to grow with over 2.5 million as of 2010 (Murray et al., 2010). One only needs to watch the nightly news to see the turmoil that exists in many nations around the world and the subsequent exodus of its citizens to find safety and a better life outside their homeland borders. According to the office of the United Nations High Commissioner for Refugees (UNHCR, 2015), by mid 2015 an estimated 15.1 million refugees existed, the highest number in 20 years. The refugee population fell into the following categories: 4.1 million from Sub Saharan Africa; 3.8 million from Asia and Pacific; 3.5 million from Europe; 3 million from Middle East and North Africa, and 753,000 from the Americas. By the end of 2013 almost 53% of all refugees were from Afghanistan, Syria, Somalia and 5 million from Palestine (UNstats, 2015). Syria has now become the top source of refugees coming from Syria as there are approximately 4.6 million people fleeing that country. Presently Turkey and Jordan are accepting the highest number (UNstats, 2015) of refugees. The different religions of these refugees include Sunni Islam, Shia Islam, Christians, Yazidism, and Druze. (Amnesty International, 2015) With great influx of refugees comes a multitude of challenges for both the refugees and those working to assist them in the resettlement process in the new host country.

In the history of the U.S. several pieces of legislation such as the Migration and Refugee Assistance Act of 1962, the Immigration and Nationality Act of 1965, and the Refugee Act of 1980 created a climate where refugees and asylees were provided relief and asylum in the U.S. The U.S. has historically taken a humanitarian stance by getting involved in foreign
conflicts and accepting many refugees from these nations who are subject to political torture, terrorism, religious oppression, natural disasters, and other dangers (McDonald & Sand, 2010).

According to Martin and Yankay (2012), a significantly large population of refugees from various African countries has arrived in the U.S. since the start of this century. Most of these people have been seeking asylum to avoid the civil wars and oppressive regimes that have taken political power in their countries. One such situation is the large group of asylum refugees who have settled in Cincinnati from the country of Burundi.

When refugees arrive they are usually totally dependent for their support from agencies, organizations and individuals in their new host country. Bemak, Chung, and Pedersen (2003) explain that the refugees not only face basic survival needs upon arrival but also face significant emotional challenges which may include the loss of family and low self-worth. Many may also suffer from symptoms of Posttraumatic Stress Disorder (PTSD). As refugees strive to establish themselves long-term, they continue to face challenges that still require commitment and support from the agencies and organizations (Westermeyer, 2011). Helping them integrate successfully, according to Berry (1990), will require support for long-term needs as well as short-term needs.

Early interventions include finding some sort of employment so that the refugees can begin to feel that they can become economically independent by earning an income to pay for their daily living expenses. Enrolling children in school must happen right away so that the formal learning process can begin and the children can establish a routine and educational support system. Refugees also need assistance in beginning to learn English so that they can function more easily in this new society and also become more marketable in locating employment. According to Berry (2010) and Arredondo and Rodriguez (2005), the extended transition experience for the refugees includes the process of acculturation between the refugees
and the new host country. While there is no ordered step process or a fixed time frame, each refugee is faced with the need to acculturate in order to establish a positive new existence in this new environment.

Many refugees may experience mental health and emotional challenges before and during this transition (Ellis, Murray, & Barrett, 2014). These issues can certainly affect the ability to adjust more easily in the new country (Sue & Sue, 2012). According to Akinsulure-Smith and O’Hara (2012), refugees generally leave their homeland for one of two reasons: “forced” migration versus “choice” migration. Forced migrants often experience significant trauma that necessitates fleeing for fear of their lives. This trauma can often lead to PTSD (Chung, 2001). Choice migration is, as the name implies, the refugee is looking for a better quality of life elsewhere and thus initiates the option to leave for a new beginning in another country. McDonald and Sand (2010) found that there is a correlation between the severity of PTSD and the incident rate of traumatic events such as torture.

Understanding what is best for groups of refugees who have similar stress factors is important because there are positive correlations between post trauma victims and/or individuals diagnosed with PTSD with maladaptive behaviors. These maladaptive behaviors may include substance abuse disorders (SUD), domestic violence (DV), desertion of families, and homelessness (Silove, 1999). These mental health challenges can create barriers to the acculturation process as the refugees struggle with their psychological adjustments (Sue & Sue, 2012). The challenge for mental health agencies as well as other social service agencies that provide counseling is not to allow the refugee to become dependent on these services. This can impede the rate and success of the refugee’s quest to gain independence and self-sufficiency (MacKenzie, Forde, & Ciupijus, 2012).
Several recommended tools and practices for counselor and mental health professionals are cited as possible strategies to follow in the transition process for the refugees. Both Parham (1999) and Graham (1999) focus their efforts on refugees of African descent and provide suggestions for working with these specific populations. Rankopo and Osei-Hwedie (2011) also stress the importance of cultural relevance when working with African populations. It is important to determine counseling models and potential treatment plans that are effective when working with the refugee population. Understanding how to best serve such refugees requires that counselors learn about the specific history of their country of origin and the conditions that precipitated their arrival into the U.S.

**Burundi Refugee Background**

A long history of civil war between the Hutus and Tutsis, in the country of Burundi located in central Africa, has drawn a thousands of Burundians from both ethnic groups to migrate to the U.S. Bates, Burman, Ejike-King, and Ruffyiri (2012) collected data from the Burundian population about their experiences after migration. They noted that it is hard to meet any mental health needs before basic needs are met. It was commonly found that once basic needs for survival were met then many of the refugees sought counseling (Yakushko, 2010). When using a holistic approach to refugee resettlement, basic needs must be met before any counseling can be successful.

Within Cincinnati, a contingent of Burundian refugees settled in the North Fairmount neighborhood and within the parish of St. Leo’s. In response, St. Leo church developed a Burundi Refugee Ministry program to help transition the transition of the refugees. After the needs of housing, food and clothing were met, the program expanded to address additional
needs. Anno (2012) cites five principles when working with the refugees at St. Leo and has designed programs that address these principles.

Utilizing Theoretical Based Evaluation (TBE) (Donaldson, 2012), the basis of the study was to examine the St. Leo Burundi Refugee Ministry program, its adherence to the underlying theory that is based on these principles, and the degree to which this program (and theory) supported the desired program outcomes.

**Need For the Study**

There were two primary needs for this study, a need to examine the refugee resettlement program at St. Leo in Cincinnati, and an opportunity to contribute to the literature. The refugees have been received since 2007 at St. Leo church from Burundi, a war torn area in Central Africa. According to Catholic social teachings, care for the refugees has been taken as an integral part of the Church activities. The focus of the program is to safely resettle the refugees in the U.S. and enable them to become successful in their new surroundings. In order to fulfill this mission, the St. Leo Burundi Refugee Ministry program collected resources from both private and public resources and involved paid staff and non-paid volunteers. This study sheds light on the program and reports the effectiveness of the programs that have been supported by such funds, and to identify areas for improvement.

Secondly, the information gained from this study will be useful for those who are developing intervention programs for refugee resettlements throughout the U.S. including resettlement administrators, social workers, and counselors, and/or others involved the resettlement and acculturation processes. Furthermore, the study will provide documented information for clinicians and students who may be seeking ideas for affordable opportunities to treat PTSD among asylum status refugees. Using an array of data collection methods, the
findings of this study may shed a light on how effective the resettlement programs can be developed by using the Theory of Refugee Resettlement as described in Chapter Three. The St. Leo Burundi Refugee Ministry program can serve as a model by using TBE in Cincinnati and other locations where similar assistance programs exist.

**Statement of the Problem**

The St. Leo Burundi Refugee Ministry program utilizes many resources from the community and within the Parish of the St. Leo church; however, the effectiveness of these efforts remains yet to be evaluated. In addition, a Theory of Refugee Resettlement has not been clearly articulated or tested in the Cincinnati program. In addition to this local problem, there remains a dearth of information in the literature on the theoretical foundations of holistic resettlement processes, identifying the specific conditions that need to be addressed through program services and their related outcomes. This study utilized a theory based refugee resettlement approach with the intent of developing a model that can be used as a guide for similar efforts in the future. The information from this study will provide helpful addition to the literature in this field.

**Research Questions**

In order to evaluate both the efficacy of St. Leo’s implementation of services and the underlying Theory of Refugee Resettlement it employs, the following research questions were explored:

RQ1. Are the mental health, spiritual, and educational services being provided as planned based on the Theory of Refugee Resettlement?

RQ2. Do the Burundi Refugees at St. Leo attribute wellness to the services provided (ESL, Academic Tutoring, Women’s Group, Spiritual Services/Pastoral Counseling)?
RQ3. Do the Burundi Refugees at St. Leo attribute economic self-sufficiency to the services provided (ESL, Academic Tutoring, Women’s Group, Spiritual Services/Pastoral Counseling)?

**Definition of Terms**

Acculturation- Adapting to and modifying one’s behavior to fit the new culture where one is now living.

Asylum Refugee- One who receives protection and immunity in a new country to escape persecution in their present country. This is often given after the refugee status is given.

Basic Needs- The fundamental requirements for survival including food, shelter and clothing.

Catholic Charities- A religious group based on the beliefs of advocating social change for people across the world. Their mission is to “provide service to people in need, to advocate justice in social structures, and to call the entire church and other people of good will to do the same” (Catholic Charities, 2007).

Economic self–sufficiency – A state of meeting needs for oneself and family within the framework of eligibility that is inclusive of outside government assistance. (Indicators include: employment or stable government support, obtaining insurance benefits, ability to transport self, and decreased need for emergency service.)

Immigrant - A person who comes to live permanently in a foreign country.

Posttraumatic Stress Disorder (PTSD) – Based on the diagnostic criteria for Posttraumatic Stress Disorder (PTSD) as defined in DSM-V, PTSD is understood as a cluster of prolonged symptoms resulting from a traumatic event that was experienced or witnessed by an individual.
Refugee- An individual who escapes to a new country from their present country to avoid persecution or danger. Often in Africa, one of the safe country zones is Tanzania where people seek “refuge” from a country at war such as Burundi.

Therapeutic Horticulture- The act of growing fruits, vegetables and flowers and its subsequent positive impact on diseases of the body and psychological disorders.

Wellness- A state of positive health and well-being in body, mind and spirit. Indicators of wellness include: self-confidence, emotional stability (ability to manage stress), positive interpersonal relationships, expressed spiritual satisfaction, and physical well-being (ability to manage physical hardships).
CHAPTER TWO: REVIEW OF THE LITERATURE

Reaching an all-time high in 2014, the refugee population has continued to increase at an alarming rate since World War II (UNHCR, 2014b). The U.S. currently accepts over two-thirds of the worldwide refugee population. Considering the continued increase of refugee populations, additional programs are needed to facilitate their resettlement process. Research shows that a number of strategies for refugee resettlement have been suggested and developed in the U.S. Continued evaluation of existing programs is necessary in order to better meet the needs of refugees in the U.S.

In this chapter the literature on refugee resettlement and the accompanying mental health challenges will be reviewed in order to better understand the population and services offered to Burundian refugees at St. Leo church in the North Fairmont section of Cincinnati Ohio. Key points from several experts who have described the different approaches for the refugee resettlement process will be examined. This in-depth examination of effective refugee resettlement includes a current review of immigration policy and statistics of migratory patterns; immediate and long-term challenges faced by refugees in their new host country; and a summary of treatment models proposed for counselors and other mental health professionals working with refugees and their families. Finally, the conclusion of this chapter discusses the situation specific to Burundian refugees who have immigrated to the U.S.

Challenges of Immigrating to the United States

Unlike other culturally diverse populations who are born in the U.S., immigrants have historically faced numerous challenges while transitioning from their country of origin. The framework for reestablishing immigrants and refugees back into a stable society, like the U.S., have been debated for some time in Congress and within the Immigration and Naturalization
Service (INS). Refugee resettlement policies have continued to change in attempt to meet the needs of the growing worldwide refugee population.

Historically, the issue of refugee resettlement began after World War I when many displaced people were searching for new homelands (http://www.uscis.gov). Agreements between countries to permit relocation were loosely designed. The aftermath of World War II, however, brought on an entirely new dimension as Europeans were displaced or sought refuge outside their place of birth (http://www.uscis.gov). The United Nations 1951 Convention Relating to the Status of Refugees created formalized agreements between countries on how to treat refugees of European descent and provide safety for them, especially those who were victims of National Socialism (Nazism) concentration camps as well as other inhuman regimes (UNHCR, 2012). This convention further established parameters on who could not be considered a refugee, such as terrorists and criminals including many who aided the operation of concentration camps in Germany. Refugee resettlement policies after World War II focused on two primary concerns: making the transition into the community at large manageable for both refugee family and the local families while also expediting the refugee’s resettlement process (Westermeyer, 2011). While the 1951 Convention protected the rights of displaced Europeans to a certain extent, the Convention was relatively limited in its definition of a refugee. This classification of a refugee was expanded in the 1967 Protocol to include people from non-European countries and override the limitations that only allowed countries to accept refugees from Europe (UNHCR, 2010).

Concurrently within the U.S. there were a series of policies enacted paralleling the United Nations policies that addressed the issue of immigrants and refugees entering the country in the mid-twentieth century. The Migration and Refugee Assistance Act of 1962 addressed urgent and
unexpected refugee needs, but also increased the funding for refugee assistance. This Act was followed by the Immigration and Nationality Act of 1965 focusing on granting immigrant priority status to those who had previous family ties and/or if the immigrant possessed strong employable skills needed in the U.S. (Fitzgerald. & Cook-Martin, 2015). Nevertheless, these qualifications adhered to a strict quota per country system. Perhaps most significant was the expansion of the refugee status broadened to include previously ineligible immigrants from Asia, Africa, and other less economically advanced countries (Bankston, 2013).

The Refugee Act of 1980 amended the Immigration and Nationality Act of 1965 to revise the admission procedures of refugees. This Act incorporated the United Nations definition of refugee status into U.S. policies and procedure and established the Office of Refugee Resettlement, which administered the Federal Refugee Resettlement Program. Further, the Refugee Act created uniform and neutral standards used to determine asylum status and developed more effective and efficient ways to resettle refugees. At this time, U.S. refugee policies are aimed to aid self-sufficiency among refugees and alleviate the drain of financial resources in the U.S. Services provided for refugees by the U.S. government included employment training and job placement, English training, temporary financial assistance, and case management services (Office of Refugee Resettlement, 2012; Refugee Council USA, 2016). Both the U.S. and the United Nations continually address issues presented by the influx of refugees in the twenty-first century by attempting to provide relief and asylum, as well as the chance to begin a new sustainable life in a new country.

Coming from a different country, immigrants undergo the challenge of acquiring residency status. In present day law, immigrants can legally enter the U.S. in one of five ways: immediate relative or family sponsored, refugees and asylees, employment based (work visa),
diversity immigrants (randomly selected applicants from underrepresented countries), and other immigrants (e.g., special immigrants such as Iraqi or Afghani translators; American Immigration Council, 2014). Of these five categories, in 2013 almost 12% of those who arrived entered as refugees and/or asylees, second only to family sponsorship, which represented 66% of all immigrants entering the U.S. (United States Department of Homeland Security, 2014).

Immigrants who acquire refugee or asylee status are granted entrance based on unmitigated circumstances, such as fleeing their homeland due to persecution or fear of persecution (Martin & Yankay, 2012). Immigrants who are family sponsored may come as a result of marriage to a foreign national, adoption, or family immigration (Migration Information Resource, 2014). The number of immigrants in each category is shown in Table 2.1.

Table 2.1. U.S. Immigrants in 2013

<table>
<thead>
<tr>
<th>Residency Criteria</th>
<th>Number of Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Sponsored</td>
<td>649,763</td>
</tr>
<tr>
<td>Refugees and Asylees</td>
<td>119,630</td>
</tr>
<tr>
<td>Employment Based</td>
<td>161,110</td>
</tr>
<tr>
<td>Diversity Immigration</td>
<td>45,618</td>
</tr>
<tr>
<td>Other categories (parolees, etc.)</td>
<td>14,422</td>
</tr>
<tr>
<td>Total</td>
<td>990,543</td>
</tr>
</tbody>
</table>

(United States Department of Homeland Security, 2014)

Although refugees and asylees are grouped together in the Department of Homeland Security’s tabulation, there is a significant distinction between these two classifications. Both refugees and asylees are immigrants who enter the country legally, however refugee status may only be granted when immigrants apply from outside the U.S. and demonstrate that they were persecuted or fear persecution in their home country (USCIS, 2015). This definition of refugee
status was first established in the 1967 Protocol that amended the United Nations 1951 Convention. Asylum status can only be granted once refugees have entered the U.S. and can produce well-founded evidence to a court that returning to their homeland would result in persecution or possible death (Monger & Yankay 2013).

According to estimates from the United Nations High Commissions for Refugees (UNHCR, 2014a), the U.S. was not only the top country of resettlement for refugees, but it hosted more than two-thirds of the world’s refugees who submitted for resettlement. Since 1975, three million refugees have come to the U.S. (McDonald & Sand, 2010). A primary reason for the refugees has been the involvement of the U.S. in foreign conflicts in countries such as Libya, Somalia, Uganda, Vietnam, Iraq, and Afghanistan. In 2011 with a refugee/asylee ceiling of 80,000, a total of 56,384 immigrated to the U.S. In 2012 the ceiling was reduced to 76,000 with 58,179 refugees/asylees immigrating, and in 2013 the ceiling was again reduced to 70,000 and the number of refugees/asylees that immigrated to the U.S. nearly reached that limit totaling to 69,909 (United States Department of Homeland Security, 2014).

The U.S., from its earliest inception as a country, has been a country of immigrants. Almost every country of the world is represented in its citizenry. According to the U.S. Census Bureau, in 2013 the foreign born population in the U.S. was approximately 40.45 million people representing 12.9% of the total U.S. population of 313 million. This figure includes both legal and illegal immigrants. Each year this figure increases as approximately one million new people enter the country legally and an estimated one half million enter illegally (Papademetriou & Terrazas, 2009). As statistics have indicated, the number of refugees immigrating into the U.S. has steadily increased over several decades as a result of civil wars, religious oppression, natural disasters, and avoidance of illnesses and other dangers (McDonald & Sand, 2010). The U.S.
Department of Homeland Security (2014) reported that in 2013, immigrants came from the following regions: 40.4% Asia; 34% Latin America; and 10% Africa and 9% Europe; and 7% other. Of the total, 990,543 immigrants arriving in the U.S. in 2013, the Latin American population was 333,281 people with 40.5% (135,028) of this figure arriving from Mexico and the total African population immigrating in 2013 was 98,304. The European numbers have remained constant over the years, but the Asian population has surpassed the number of refugees from Latin American.

Due to ongoing civil turmoil in various African countries, African immigrants represent a large number of the asylum status refugees in the U.S. (Martin & Yankay, 2012). Table 2.2 highlights the immigration of refugee/asylees arriving from the African continent and specifically from the country of Burundi.

Table 2.2. Refugees and Asylees

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>7,693</td>
<td>10,629</td>
<td>15,984</td>
</tr>
<tr>
<td>Burundi</td>
<td>613</td>
<td>206</td>
<td>218</td>
</tr>
</tbody>
</table>

(United States Department of Homeland Security, 2014)

As indicated above, there has been a decrease of Burundian refugees/asylees in the past three years compared to 2007 and 2008 when the country was experiencing great turmoil. U.S. Department of Homeland Security (2014) reported that in 2007 – 2008 the number of Burundian refugees was 4,545 and 2,889 refugees immigrating respectively. These immigrants have encountered significant problems in their own countries in addition to the new challenges related to their adjustments in the U.S. Without a doubt, they are in need of all types of services including counseling as they learn how to live successfully in their new country.

**Initial Needs upon Arrival in the United States**
When refugees first arrive in the U.S., there is a great immediacy to fulfill their basic needs, including food, housing, and healthcare, before addressing their mental health (George, 2012). As refugees have experienced an immediate relocation due to the hostilities of their home country, they often enter their new home unprepared for what awaits them. They often do not have sufficient time to prepare their departure from their country of origin before they are forced into an entirely new situation and must undergo inevitable transitions.

As a result of their challenging circumstances, refugees typically arrive totally dependent on the support that their new host country may or may not provide them. In many cases they must rely on governmental support to initially meet the essentials. Suffering from tremendous emotional losses of their family, their community, their material possessions, their identity, self-reliance, and independence are among the many challenges that they must battle (George, 2012). These difficulties are further complicated by the fact that many refugees and asylees have experienced trauma associated with violence and sometimes torture (Silove, 1999). In order to understand these challenges, it is useful to identify the short- and long-term needs, as well as the associated mental health needs.

Soon after their arrival, refugees and immigrants subsequently struggle to find employment, affordable transportation, and health care all the while immersing themselves into foreign cultures and customs. In addition, Bemak (2003) explains that refugees often seek an identity related to the elements of their own background as they adjust to these transitions. His statement alludes to the fact that they fight significant emotional challenges, such as insecurities for their well-being, loss of independence, family and community structure, and loss of self-worth and self-esteem. Some may also experience post-traumatic stress disorder while battling these obstacles.
In existence since 1911, the United States Committee for Refugees and Immigrants (USCRI) is one example of many agencies that work to help resettlement populations by offering a variety of recommendations for initial resettlement (USCRI, 2016a). This agency focuses on aiding the assimilation as the first part of the acculturation process for refugees in the U.S. In addition to governmental support, counseling and communal support systems are necessary when aiding the acculturation process for immigrants and refugees in particular.

The number of underserved immigrants with refugee/asylum status in the U.S. continues to challenge the existing communities where they find residency. Many of the transition needs are met with the help of resettlement agencies, such as the USCRI previously mentioned, and counselors assist with a team of other professionals including social workers, nurses, psychologists, and pastoral counselors to provide the acculturation support and resettlement case management. Within the refugee group, because of the common and shared experiences, they often also find support from one another. “Immigrants are often supported by each other and promote group identification and acceptance of differences. These kinds of supports can help ameliorate stressors involved in living in a new culture, especially one that stresses the individual” (Sue & Sue, 2012, p. 33). All of the support systems mentioned above become vital to successful refugee resettlement and acculturation.

**Extended Challenges and Needs**

After meeting their basic needs, refugees experience extended challenges while trying to establish themselves and become self-reliant (McDonald & Sand, 2010; Westermeyer, 2011). Both refugees and asylees face many long-term needs and require support to help them successfully adjust into the host country’s culture (Berry, 1990). Every location presents a unique set of challenges to a refugee family, which is thereby coupled with the refugee’s unique
history, culture, life experiences, and education, among a milieu of additional factors (Westermeyer, 2011). For example, changes in weather systems can present problems for refugees who come from vastly different, often warmer, climates than those of the host countries that they enter. Cultural and language barriers faced by the refugees may also exacerbate the struggle when moving to a new country. Navigating in a foreign language makes it even more difficult to adequately express their needs in their new host country. Other obstacles that they initially encounter are their unfamiliarity with customs and the different organizations in the community, lack of viable means to earn a living, and lack of resources to meet many basic needs in the new community (McDonald & Sand, 2010). Furthermore, many of the refugees who are coming from different developing countries have not learned about the American society and how the different institutions are organized.

**Finding employment.** Additional extended needs of refugees range from earning a living for daily and long-term expenses to allow greater independence and self-sufficiency, providing an adequate means of transportation to and from their employment, arranging for medical help, and education for themselves and their children to find meaningful employment (USCRI, 2016b). In “New Issues In Immigrant Research #219,” it is stressed that employable refugees should be placed on jobs as soon as possible after their arrival in the U.S. (Ott, 2011). Finding employment quickly allows the refugees to be economically self-sufficient, thus removing them from the government assistance programs. Refugee resettlement agencies should provide assistance in helping refugees locate potential job matches for employers and job trainings to increase their marketability.

**Enrolling in school.** Enrolling children in school as soon as possible after their arrival will enter them into the educational system of learning and prepare them for future employment.
School readiness in young children more likely results in their long-term academic success. However, children experience many challenges. Chuang (2011) notes “new immigrants experience barriers to their children’s school readiness, including low family income, low levels of parental education, limited English proficiency, fewer learning resources such as books, and lower attendance in nursery and/or pre-kindergarten programs” (p. 227). Immigrant students who come from low income have a higher probability of dropping out of school. Therefore, it is imperative to provide intervention to address the deficits and challenges that refugee children face when they enter the American school system. Adults can also further their skills and marketability for employment by enrolling in classes (United States Department of Health and Human Services, 2013). If this is done they are more likely to enter the workforce and potentially find a job, which can lead them to the path of self-sustainability.

**Overcoming language barriers.** Learning to communicate in English can further improve their opportunities and help establish their new life in the U.S. Catholic Charities helps refugees to locate English learning opportunities in their local area (Catholic Charities USA, 2016). “Adults are enrolled in English as a Second Language (ESL) classes, and children are enrolled in public schools. Refugees arrive with many skills and talents that will enhance our communities” (Alessio, 2013). Empowering refugees in health care, employment opportunities, housing, and the education system of learning will all be affected by their ability to properly communicate in English. In his study of Sudanese refugees relocated to the U.S., Savic (2010) explains the importance of the refugees’ ability to communicate in English, as it can affect their ability to navigate everyday practical issues in their new social worlds such as filling out forms, paying bills, shopping, and utilizing public transportation. In other words, aspects of the refugees’ daily lives will be affected by their ability to communicate in the language of the host
Obtaining citizenship. Acquiring citizenship in the U.S. may be another extended goal that can present long-term challenges to refugees and asylees. Once their application for refugee or asylee status is approved, refugees and asylees are granted permanent residency in the U.S., which protects them from deportation and grants them permission to work within the country. However, they must wait four additional years before applying for American citizenship during which their records must remain devoid of any criminal activity (Immigration Equality, 2015). However, refugees who do not qualify for asylum status also receive the same benefits of residency and employment.

In order to become citizens, refugees and asylees must learn to read and speak the English language and pass a written test of citizenship. The average time for becoming citizens after arriving in this country is approximately five years (Fix, Zimmerman, & Passel, 2001). Passing the citizenship test requires some knowledge of the U.S. history and knowledge of government at federal and state levels. In addition to these requirements, they must also appear in a personal interview with immigration officials. All of these requirements pose challenges to the refugees (Piller, 2001; Plascencia, 2005). The interview is designed to help the U.S. officials gauge the honesty and integrity of the application, and also the English skills of the applicant (Woodrow-Lafield, Xu, Kersen, & Poch, 2004). To achieve this goal requires stamina and a strong desire to acquire citizenship. Guidance throughout this process is very valuable and essential for many.

Acculturation. Part of the extended transition experience is acculturation, which is a process that occurs within a social context that involves both the immigrant and the host country for which there is no set timeline or ordered steps (Arredondo & Rodriguez, 2005; Berry, 2010,
All immigrants, including refugees, face the acculturation process when entering their new host country. Whether the individual or group of people has entered voluntarily as an immigrant or as a necessity as a refugee, some degree of acculturation must occur. In other words, the process of acculturation can be voluntary or involuntary depending on the immigrant’s reasons for leaving his or her homeland. Furthermore, acculturation does not occur in a linear fashion because there are many factors that must be considered such as the immigrants’ cultural identity, their levels of adjustment to the new host culture, and their psychological state (Ibrahim & Arredondo, 1986; Berry, 1997; Berry, 2010).

As a major component of the acculturation process, the host country may support as well as challenge the immigrant positively and negatively. Factors of the host country that influence process of acculturation include attitudes toward the politics of immigration; economic conditions such as allocation of tax dollars for education, medical support and education; and social issues such as religious difference and xenophobia. Psychological stressors that highly impact immigrants’ acculturation include differences in cultural norms, personal life events, communication barriers, age and gender influences, levels of education, and reasons for leaving their country of origin. These factors of the host country and immigrants can both facilitate and complicate the acculturation process (Berry, 2010).

A great deal of research has been conducted on the topic of acculturation, which can provide beneficial guidance for counselors and mental health professionals working with immigrants. Berry (2010) specifically questions what happens to various types of immigrants who must reestablish their lives in a culture different from the one in which they were raised. In his 1997 research, Berry asked,

If culture is such a powerful shaper of behavior, do individuals continue to act in the new setting as they did in the previous one, do they change their behavioral
repertoire to be more appropriate in the new setting, or is there some complex pattern of continuity and change in how people go about their lives in the new society? (Berry, 1997, p. 6)

The different outcomes posed by Berry are possibilities for any immigrant depending on his or her unique situation. He distinguishes these outcomes into four basic categories, any of which an immigrants could experience after leaving their country of origin. In his model of the acculturation process, Berry (1990, 1997, 2010) shows these four basic outcomes that an immigrant could experience after moving to a new country. To understand the challenges faced by immigrants and how counselors may assist in the resettlement process, it is valuable to explore the acculturation models constructed and defined by Berry (1997, 2010). The outcomes are a result of both the immigrant’s willingness and the host country’s receptivity. These four basic outcomes named by Berry are the following:

**Assimilation.** This outcome occurs when immigrants positively adopt and participate with the host country’s cultural norms and behaviors while negatively rejecting their home culture, thereby reducing their identity with their country of origin (Berry, 1997).

**Integration.** This process occurs when immigrants adopt and adapt to the host country’s cultural norms and behaviors while also, to a certain extent, maintaining the cultural identity of their homeland. This process maintains positive relationships with both cultures and, according to Berry, appears to be the most successful route for acculturation as both the host country and the country of origin accommodate and support the immigrants (Berry, 1997).

**Separation.** This outcome occurs when immigrants maintain the cultural identity of their homeland and do not accept or interact with the host country’s cultural norms and behaviors. Separation could result from the host country’s rejection or negativity expressed toward the immigrants (Berry, 1997).
Marginalization. As the least favorable scenario, this process occurs when immigrants do not maintain the cultural identity of their homeland and also reject the cultural norms and behaviors of their host country. Immigrants’ rejections could be a result of the conditions that caused them to flee their homeland and also the negative reception by their host country. Negative relationships with both the homeland and the country of origin result from a lack of positive support systems and accommodation from both countries. Immigrants experiencing marginalization undergo alienation as they struggle to find a group or culture with which to identify themselves (Berry, 1997). Somasundaram (2010) adds that those immigrants who are marginalized often face discrimination when seeking employment and face social suppression by the mainstream community.

Berry explains that the four categories do not occur in stages and an immigrant’s state of acculturation can change or remain stable depending on a variety of factors such as their geographic location, the economy, the level of education acquired, world events, and the broader societal context. Just as conditions for the immigrants and the host country constantly change, the process of acculturation for the immigrants does not remain static.

In any category, and at any time, the immigrant can face increased levels of acculturative stress resulting in psychological problems of low self-esteem and depression as well as psychosomatic health problems (Silove, 1999). Factors such as cultural shock, living in an unsafe neighborhood, language barriers, economics, loss of family structure and discrimination can result in emotional or physical imbalance (Berry, 1997). Therefore, it is critical that counselors and mental health professionals understand these factors and provide resources as they utilize the models suggested for working with immigrants, refugees, and asylees.
Various types of assistance can aid refugees and asylees in their acculturation process, including continued instruction in English; financial management; training for new careers; counseling as needed; and acceptance into the broader community through religious affiliations, social events, and other communal programs (USCRI, 2016b). However, no single agency is equipped to provide assistance for all the diverse needs that ideally should be met. For this and other reasons, refugees’ transition into their new society can become very difficult, making case managers all the more pivotal when aiding their acculturation.

**Mental Health and Emotional Challenges of Refugees**

The immediate and long-term survival needs of refugees include numerous mental health and emotional challenges that are exacerbated by new life transitions (Ellis, 2014). Mental health challenges upon arrival create significant barriers to psychological adjustment in their new host country (Akinsure-Smith & O’Hara, 2012; Sue & Sue, 2012). Upon arrival in the U.S., a thorough physical health screening is completed for each immigrant. Often mental health screenings either do not occur or occur when problems have already begun to manifest. Furthermore, the refugees’ trauma often begins in their homeland where they experience horrific violence, loss of family, torture, starvation, and other disturbing occurrences. The most common stressors include PTSD, major depression, somatization, anxiety, panic attacks, and adjustment disorder (Goldfeld, Mollica, Pesavento, & Faraone, 1988).

Akinsure-Smith and O’Hara (2012) distinguish the emotional needs of those who are forced migrants versus immigrants who chose to leave their homeland. Forced migrants often flee their country due to lack of safety without having the opportunity to pack belongings or make preparations. In some cases, the lack of safety has persisted over many years, further compromising the mental health of immigrants. Having lived in a constant state of fear and in a
climate of animosity, there is no wonder that they arrive in a new land with a great deal of mental and emotional challenges. There can be many mental health issues associated with the stress of transitioning to the U.S., but refugees often share the common experience of prior trauma, which may lead to PTSD (Chung, 2001). Research has indicated that the number of events of trauma plus the number of torture events significantly correlated to the severity of individual’s PTSD symptoms (McDonald & Sand, 2010).

For those diagnosed with PTSD, research with refugees has also shown that there are positive correlations between experienced trauma and maladaptive behaviors (McDonald & Sand, 2010; Sue & Sue, 2012). These maladaptive behaviors and related conditions may include substance use disorders (SUD), domestic violence (DV), desertion of families, and homelessness (Silove, 1999; Weaver & Burns, 2001). Achieving a “psychosocial restitution” (Silove, 1999, p. 200) is a primary need for this population and should not be delayed, when possible.

Adjustment disorder is another likely struggle for refugees and asylees, defined as a stress related, significant reaction by a person to a particular event or situation (Gojer & Ellis, 2014). It may be fueled by mental health challenges that the immigrant or refugee experiences upon arrival and can thereby create significant barriers to psychological adjustment in their new host country (Khamphakady-Brown et al, 2006; Sue & Sue, 2012).

Shifts in family dynamics that occur can change and disturb the knowledge and power base previously established in a refugee’s family. Changes in family dynamics can occur for many different reasons, including loss of family members to civil conflicts and repatriation of select family members. Different rates of acculturation among family members can also influence family dynamics. Senior citizens may be more at risk of becoming socially isolated due to lack of English language skills. The younger generations learn English at a faster rate and
thereby become the translators for the older generations in their families (Downs-Karkos, 2011).

In a qualitative study, Yakushko (2010) studied the stressors faced by recent immigrants as well as the coping strategies that they used. The 20 immigrants participating in this study were from a diverse background that included Africa, Asia, Eastern Europe, Latin America, and Middle East, with 90% of them being first generation immigrants. Many of these subjects experienced stress that was caused by acculturation. The author asked several questions about what stressors they had experienced and what coping mechanisms they used since moving to the U.S. From these interviews, the author also gained themes that described the reasons for migration, which included trauma, poverty, persecution, threats, and discrimination. The coping strategies included adhering to individual values, connections to others, giving, personal development, and spiritual beliefs. Some also listed less desirable/negative coping strategies including smoking or drinking.

Many of these refugees stated that they sought outside help in the form of counseling. Yakushko (2010) states that it is important to recognize the connections between the stressors and how the individuals were able to cope. Counselors must be aware of preexisting conditions or factors that influence the refugees before they can provide effective therapy.

**Efforts to Adapt and Cope by Immigrant and Refugee Populations**

Just as each immigrant and refugee brings different life experiences and personalities, they also develop different ways to cope during the resettlement process, some of which are positive acculturation strategies, and some other strategies that can make their situation more difficult. In the context of Berry’s (1997) acculturation model, each refugee brings unique strengths, weaknesses, and coping strategies to their new environment. Furthermore, each environment and its unique economics, citizenry, and level of acceptance factor into the
immigrant’s adjustment experience.

Some of the positive coping strategies of immigrants and refugees include maintaining customs, connections with other refugees, spiritual practices, contact with relatives and friends, and continuing to use their native language (Hajdukowski-Ahmed, 2013; Khawaja, White, Schweitzer, & Greenslade, 2008). Using their native tongue when communicating with their families and communities can provide a comfort zone that eases tensions; it can consequently increase receptivity to the many other challenges that immigrants and refugees face each day (Pahud, Kirk, Gage, & Hornblow, 2009). Other positive coping strategies can include maintaining their diet to a certain extent by cooking and celebrating with familiar foods (Pahud, Kirk, Gage, & Hornblow, 2009) and dressing in their native attire when celebrating special occasions or partaking in their cultural ceremonies (Hajdukowski-Ahmed, 2013). The practices serve as beneficial strategies that may facilitate the acculturation process.

Other coping strategies that may be adopted and prove to be detrimental include drug and alcohol abuse, physical and mental abuse within the family, gang involvement, violence, inappropriate social skills, and suicide (MacKenzie et al. 2012; Potocky-Tripodi, 2013). Although immigration may bring many significant benefits and positive changes in refugees’ lifestyles, it has also been documented that refugee groups can be just as likely to adopt their new host country’s deviant behaviors such as drug and alcohol abuse (McDonald & Sand, 2010). In some cases, when immigrants participated in drug and alcohol abuse prior to entering the U.S., these behaviors continued after leaving their homeland; however, these behaviors may arise after entering in their new host country, as negative coping mechanisms (National Institute on Alcohol Abuse and Alcoholism, 2004). Dependence on alcohol and drugs can establish a false sense of security and comfort after entering an entirely new environment where insecurities are high.
Physical and mental abuse may occur as family tensions and dysfunction increase. These coping mechanisms may result as role reversals occur in the household or family dynamics in their new environment. Other negative behaviors that may escalate within immigrant and refugee families include suicide, gang involvement, violence, and inappropriate social skills (Bhugra, Leff, Mallett, Morgan, & Zhao, 2010; Fong, 2004).

While refugees escape from oppression and persecution in their own country, it is critical that American counseling and social service agencies must not create a new dependence on government sponsored assistance as they help refugees address their needs. Extended dependence on government assisted programs such as welfare, food stamps, and housing amenities further hinder their chances of becoming independent and self-sustaining, and thereby impede their self-actualization (MacKenzie et al. 2012; Potocky-Tripodi, 2013). While it may seem easier to accept continued governmental aid, it is vital that refugees learn the skills necessary for self-care and become a contributing member of their new society. The goal should be to develop an environment of self-sufficiency and independence for the refugees (Potocky-Tripodi, 2013; http://www.unhcr.org).

**Effective Counseling Practices with Asylees**

There are numerous considerations and recommendations for counselors and mental health professionals who will facilitate the transitional process for immigrants and refugees. Counselors and mental health professionals must consider several factors unique to immigrant populations, all of which affect their mental health and well-being. Consideration of these factors can help successfully integrate refugees into their new culture.

**Considerations for Counselors and Mental Health Professionals**

Refugees who have newly arrived in the U.S. typically have little exposure to English.
This can create immediate barriers when communicating with those who are trying to help them meet their needs (Thornton & Cruz, 2013). Furthermore, assistance from translators can be extremely costly, making it difficult for refugees to afford such assistance. Language barriers make day-to-day living extremely difficult, from seeking employment to weekly grocery shopping, and can cause isolation.

General cultural barriers can also create obstacles for refugees both socially and professionally. Hogan (2007) lists twelve aspects of cultural variables that would be paramount for a counselor when understanding characteristics of the different cultures represented by the clients. These factors help define and clarify groups of people for identification purposes. They include the client’s history, social status factors, social group interaction patterns, value orientations, language and communication, family life processes, healing beliefs and practices, religion, art and expressive forms, diets/foods, recreation, and clothing (Hogan, 2007).

Understanding how cultural influences can affect mental health, including perceptions of mental health and emotional well-being, is essential in treating immigrants and refugees who are having difficulty adjusting (McDonald & Sand, 2010). Views about mental illness not only vary from person to person, they also differ from culture to culture. Depending on their perceptions of physical and mental health, immigrants may be reluctant to seek and participate in treatment (McDonald & Sand, 2010). Therefore, learning more about the cultural aspects of the refugee population is imperative and would help clinicians to apply appropriate culturally sensitive screening, diagnosis, and treatments (McDonald and Sand, 2010, p. 9). Some assessment tools may need to be adjusted to better serve the refugees of different cultures (Kelley, 1992) as opposed to the clientele for whom these tools were originally intended. McDonald and Sand (2010) state:
…understanding…cultural influences on and the perceptions of mental health is essential in the treatment of refugees with PTSD. Beliefs about physical and mental illness are often culturally determined, which influence refugees’ access to and participation in treatment, causing them to label and interpret symptoms of emotional experiences differently. (p. 23)

A refugee population that becomes “mainstreamed into regular mental health services, rather than being treated in special refugee resettlement programs” (Kelley, 1992, p. 2) puts them in a more vulnerable position because some therapists lack cultural training. However, in more recent times training has improved because of state licensure requiring counselors and other mental health professionals to receive specific multicultural counseling training. Still each population of immigrant refugees is different and the communication barrier erects a unique obstacle that, at the very least, lowers the overall chances of access and successful treatment interventions. Therefore, it is imperative that clinicians understand the need to be informed about the uniqueness of particular groups they are dealing with so that they can, more fully, provide for their needs. Refugee relocation affects history, culture, life experiences, as well as a milieu of additional characteristics (Westermeyer, 2011). Nevertheless, the reality is that in the U.S. there are abundant numbers of refugees and with them come experiences of trauma and sometimes torture (Silove, 1999), which have effects on numerous dimensions on the refugee’s life.

Marotta (2003) discussed the importance of extending empathy to refugees who are trying to begin their lives anew after experiencing such trauma as torture, resettlement, and xenophobia. All of these experiences can drastically affect one’s mental health creating a higher onset of PTSD. Marotta stressed that exhibiting patience and empathy toward the refugees allows them a greater opportunity to process their pain and other negative emotions within a safe environment. Clinicians must also consider the political systems as a context from which the refugees are escaping where they may have experienced extreme disorder and turmoil and life
was tedious at best. The author purports there are three principles that should be considered when working with trauma survivors: safety, reconstruction and reconnection. Safety is in relation to the basic needs of the victim including food, shelter and health. Reconstruction allows the victim to relive one’s life story and bring to the surface the pain, distrust, and fear that is harbored within one’s being. Reconnection occurs when the victim begins to heal and becomes empowered to reconnect and find the goodness in life. Marotta (2003) states that if the counselors and victims are able to work through these stages successfully, then there is much to be learned and achieved to help the victim reestablish their life’s purpose.

With these complicated factors taken into consideration, counselors and other mental health professional must also consider the influence of culture on the “self” and one’s identity. Realizing that refugees must negotiate their native core identity and their developing identity in their new host country can help counselors and mental health professionals facilitate the assimilation process during the refugees’ migratory adjustment period. As Hogan (2007) explains, mental health professionals should respect the various reactions of refugees to their new country as they choose to conform, resist, redefine, and/or establish a new “self” during their migratory adjustment period. Honoring and being aware of these potential reactions can help counselors more effectively work with refugees and facilitate their acculturation process (Hogan, 2007).

Research demonstrates the important role of refugees’ social networks in providing both the practical and emotional support necessary to mitigate social exclusion and promote integration within receiving societies. Based on the research conducted by the National Evaluation of the Children's Fund, much has been learned about the barriers to network building, for refugee children and families, and the ways in which Children's Fund strategies are
addressing these issues. Using the ‘Indicators of Integration Framework’ developed by Ager and Strang (2004), the activity of Children's Fund services are described in relation to the concepts of social bonds, social links and social bridges.

Once employed, language barriers coupled with cultural barriers can present challenges in the work world when attempting to communicate and work with supervisors, coworkers, customers, and/or clients. The skill sets brought from their homelands are often different than the jobs available in their new host country making it difficult to transfer previous work experience or meet the expectations of employers in their new host country (Lamba, 2003). Affordable transportation to and from work locations can also present obstacles. Some refugees may even be affected by employers’ or coworkers’ prejudices (Lamba, 2003).

**Recommended Tools and Practices for Counselors and Mental Health Professionals**

There are several recommended tools and practices that can help counselors and mental health professional more effectively and facilitate the transitional process for immigrants and refugees. As noted previously, it is critical for counselors to extend empathy to refugees who are trying to begin their lives anew after experiencing such trauma as torture, resettlement, and xenophobia (Kuo & Arcuri, 2013). In addition, according to Akinsure-Smith and O’Hara (2012) there are many challenges that counselors face when working with forced migrants including language barriers that necessitate using interpreters and employing unique, flexible interventions for effective counseling sessions. Since transference and countertransference are possible, the authors caution that the clinician must also practice vigilant self-care to guard against the possibility of self-absorbance of the high level of negative energy present in the client. In working with the migrants the counselor should also be prepared to assume many roles beyond therapist, for example, educator and advocate.
Kanango (2004) explains that the trauma and shock that has been experienced in war torn countries is extreme and has led to a great demand for counseling to help these young victims cope and heal especially as these victims also struggle to adjust to lives in new countries. Counselors are finding that they need to explore new ideas and possibilities in crisis management, identification of the refugees’ potential and strengths, and also finding ways to address the past trauma.

Parham (1999) specifically focuses on refugees of African descent resettling into Western countries at the turn of the 20th century; his research highlights the challenges the refugees faced as they strived to gain acceptance in these predominately White cultures. The “invisibility syndrome,” as explained by Parham, is a concept of discrimination and neglect experienced by people of African descent based on the color of their skin and their cultural differences. Blatant racism was shown unless that person happened to be a strong athlete or a talented person in the arts. This extreme racism resulted in lowered self-esteem, sadness, and depression among the immigrants. Counselors, therefore, must be aware of these subtle issues in order to be more effective with the therapy.

When working with families of African descent, Graham (1999) provides a framework for therapy that challenges counselors and social workers to refocus their thinking to an African centered worldview. The author advocates an “anti-discriminatory practice” (p 251) when approaching African families who may have felt strong injustice while living in a Eurocentric country. Counselors and social workers must be aware of the African centered ideology that includes rituals, metaphors, and rites of passage in the family structure. When working with clients, counselors should acknowledge their strong spiritual beliefs of the interconnectedness of
all things, family and community. Traditional counseling and therapeutic approaches may not be effective without incorporating traditional beliefs of the immigrants.

Consulting the refugee community for input would benefit various agencies and professionals working these populations. Members from the refugee community can provide guidance and suggestions for effective ways that agencies and professionals can approach individuals within their community (Fawcett & Evans, 2012). Finding the leaders among the specific ethnic group, for example a religious leader or a traditional healer, may help establish rapport, a level of trust, and pave the way for more effective and efficient transitions. According to Alter (1998) the use of a consultant familiar with the culture and who can link the various professionals with the refugees’ beliefs and views is important. Ideally this consultant would be bilingual, possess substantial awareness of both cultures, and have health care training and experience (Alter, 1998).

Chung, Bemak and Grabosky (2011) report that many immigrants entering the U.S. are experiencing some emotional issues in the form of xenophobia, intolerance and other severe challenges. They recommend that counselors, in order to be effective with clients of different cultures, need more multicultural training specific to the needs of refugees and other immigrants. Further, the claims that immigrants drain local resources while contributing nearly nothing to the local economy must also be challenged. These authors state that the Multi Level Model (MLM) approach, which “redefines the role of counselors and psychologists to incorporate advocacy, consultation, human rights, social injustices, indigenous healing, social networking, and heightened cultural responsiveness into more traditional culturally competent counseling practices” (p 86), would be more effective as a counseling approach.
The MLM approach suggested by Chung, et al. (2011) consists of five levels including Mental Health Education, individual/group family counseling interventions, cultural empowerment, integration of traditional Western healing practices, and social justice and human rights issues. The authors also refer to Social Justice Competencies (Toporek & Vaughn, 2010) as an effective approach when working with immigrants during resettlement, job searching, and life skills education.

It is imperative that clinicians understand the need to be informed about the uniqueness of particular groups so they can more fully and effectively provide for their clients’ needs. Rankopo and Osei-Hwedie (2011) discuss culturally relevant social work especially as it pertains to African refugees. There is a disconnect between the counseling techniques of the West and the approach needed when addressing issues presented by these new refugees. The barriers must first be addressed so that those receiving counseling can begin to feel empowered. Rather than just becoming westernized, the refugees must learn to utilize their own worldview and strengths to acclimatize to their new environment. Counselors must stress differentiation of their native African village experiences to those of an American or European village.

Rankopo and Osei-Hwedie (2011) stress that it is important to consider cultural differences when practicing counseling with a multicultural perspective. The authors assert “the central argument is that education and practice that take account of multiple perspectives and cultural explanations of social reality are more relevant that those that seek to transcend all cultures” (p. 139-140).

Khamphakdy-Brown, et al (2006) offers suggestions for counselors who are serving refugee immigrant women. Counselors need to start a collaborative effort with other community members including social service providers, nurses, lawyers, churches, etc. to aid such refugee
immigrants. It is also most important that the language barrier be addressed through a translator who can serve as a liaison, caseworker, resource specialist, and advocate. In order to meet these needs, the authors developed the Empowerment Program using professionals in each of these roles to aid refugee clients in accessing care. It has proved to be a model where refugee women have reaped the benefits of resources and have been successfully resettled in their new community.

Several researchers have stressed that counselors and mental health professionals need more multicultural training specific to the needs of the immigrants and refugees in order to effectively work with clients of different cultures (McDonald & Sand, 2010; Rankopo & Osei-Hwedie, 2011). Each refugee presents a specific set of challenges and needs. No single plan can be used to treat and counsel refugees, but rather every professional working with refugees should be well trained and armed with a variety of resources and strategies.

**Burundian Refugees and Asylees in the United States**

As newly-settled immigrants in the U.S. coming from a war-torn country, the Burundian refugee/asylee population presents a unique set of needs and experiences that should be addressed when facilitating their resettlement process. Since the late 1800s, the conflicts between the Hutus and Tutsis in central Africa have fueled civil wars that continually impact present day Burundian populations (http://www.unhcr.org). Mass genocide has occurred frequently as well as relocation to neighboring countries where those who fled lived in asylum camps to escape the intense violence. Whichever group happens holds greater power in Central Africa at a given time determines whose lives are at great risk and who seeks refuge.

Fage and Tordoff (2002), in *A History of Africa*, presents a comprehensive understanding of the continent of Africa including an in depth study of the country Burundi. In 1962, the
country of Urundi gained its independence from Belgium as a constitutional monarchy under Tutsi rule. It also changed its name to Burundi. This is a country wrought with turmoil, oppression and instability as evidenced by its history. Burundi is a country of 28,000 square miles with a population of approximately six and one half million people with 46% under the age of 15. The population is made up of 85% Hutu and 14% Tutsi. Infant mortality is 69 of 1000 live births and life expectancy is 50 years of age. The literacy rate is 52%, and 94% of the economy is agriculturally based with coffee and tea the primary crops. The religious composition projected for 2015 in Burundi according to Pew research center (2015) is as follows: Christians 8,425,000; Muslims, 260,000; unaffiliated less than 10,000; Hindu less than 10,000; Buddhist less than 10,000; folk religions 545,000; Jews less than 10,000 and other less than 10,000, for a total of faith practicing individuals of 9,230,000.

One needs to have an historical perspective to understand the basis for so much cultural unrest and violence. In the early 1880s, Tutsis overran the country from the northern region of the Nile River on the African continent. They won dominance over the indigenous Hutus who were primarily farmers. In 1897 the country was claimed by Germany who continued allowing the Tutsis to govern. Following WWI, Belgium occupied Urundi and also allowed the Tutsi aristocracy to rule, relegating the Hutus to forced labor. A great number of the population died in the early 1900s due to the Great Famine and also by succumbing to diseases brought to them from Europe (Fage & Tordoff, 2002).

Despite the power possessed by the Tutsis, the actual population was predominantly Hutu. In 1933 everyone was mandated to get a racial identity card. The Hutus were 85% while Tutsis represented 14% of the population. By the 1950s the Hutus began to take violent actions against the ruling Tutsis. Despite the revolt the ruling party maintained power. But in 1961,
under the then Tutsi king, a joint party of the two ethnicities was formed. Following independence, Burundi began to experience frequent disruptions in leadership with assassinations and attempted coups. The Tutsi leaders created a government led only by their class and in 1965 executed 34 Hutu who rebelled. (Fage & Tordoff, 2002)

The Hutu and Tutsi in Africa have been at war for a long time with a very violent and bloodshed history. The civil war and political upheaval has been a driving force in this centrally located (just north of Congo) small country about the size of Massachusetts (Macmillan Centennial Atlas of the World, 1997). The main city of Bujumbura located on the west side of Burundi has had its history of bloodshed and genocide. In 1972, the first major events of civil war are estimated to have taken the lives of approximately 100,000 Tutsis people by the Hutus. More recently, in 1993, there was a second genocide where more “mass killings” by the Tutsis took place against the Hutu populations. (Fage & Tordoff, 2002)

From April to September of 1972, with the Tutsis in power and in response to another coup attempt, there was a slaughter of 200,000 to 300,000 Hutus who represented mostly the professional and educated class. Even Hutu students in secondary school were victims of the massacre. Another 300,000 Hutus managed to take refuge in Tanzania. History repeated itself in 1988 after years of unrest and discrimination when Hutus attempted another coup only to again face a massacre of 150,000 and again thousands of refugees escaping. (Fage & Tordoff, 2002)

A democratic election occurred in 1993, resulting in the election of a Hutu as President. Within a few months he was assassinated and immediate ethnic violence broke out. 25,000 to 50,000 were killed and 800,000 fled the country (Obura, 2008). One year later another Hutu president was elected but died within a few months when he was flying in a plane that was hit by
a rocket. Again this led to another decade of violence in a civil war between Hutu rebels and the Tutsi army. Over 300,000 died and over 550,000 were displaced (Burnley, 2009). The country was in complete disarray.

Beginning in 2000 with the Arusha Agreement, the United Nations has taken initiatives to protect Burundians (Fransen, 2012). The Arusha Agreement brought an end to the ten-year crisis by monitoring a ceasefire, initiating the return of refugees, monitoring the flow of illegal weapons, monitoring democratic elections, and disarming/demobilizing combatants. This was followed by UNOB (United Nations Operation in Burundi) in May 2004, which continued the mission of ensuring democratic processes; DDR (demobilize, disarm and reintegrate); secure elections and controlling flow of arms. In the UNHCR Global 2013 Update, Burundi’s environment is still referred to as “troubled” with exorbitant arrests, torture, killings, intense poverty and high inflation.

It is estimated that in 2013, over 38,000 Burundians will need protection within the country and even more refugees will be returning (UNHCR Global Appeal, 2013 Update). Burundian refugees have been given protection by the United Nations in neighboring countries, especially in Tanzania since the mid-1990s. Huge refugee camps were established and supported by the United Nations (UN) and other humanitarian groups. In February 2007, however, the UN shut down the “tents” in their peacekeeping operations. Over $35 million has been diverted to Burundi to attempt to rebuild the agricultural economy with tea and coffee (Kamola, 2007). The money also went to rebuilding the infrastructure and the military, to defending human rights and promoting democracy as representative of the Peace Building Priority Plan. The UN supports the Burundian government to help find durable solutions for protection, security from exploitation and meeting basic needs of health care, education and water.
In a survey of 900 Burundians by Dr. Jane Krasno (2006), there is still a great sense of insecurity as the number of human rights violations and high incidence of violence continue to spiral out of control. The biggest challenges facing the country are judged to be poverty, hunger, education, infrastructure rebuilding of roads, schools, clinics, and the disarmament of the rebels.

In another study conducted by Pezard and Florquin (2007) regarding the ownership and use of small arms in Burundi, the problem becomes even more exacerbated. The threat of civil war continues due to the proliferation of small arms and light weapons among the populace, including grenades and land mines. There is a belief that no lasting peace can ever come as long as there is such a preponderance of weaponry. Civilians claim that they must heavily arm their households to ensure personal protection and safety for family and property. There is a strong distrust of the military and the police. There is also a strong presence of organized crime with gangsters judged to be the biggest threat by 63% of the population followed by rebels at 38% (Florquin, 2014). Additionally, the lax security of borders controls makes attainment of illegal arms very easy so even the large numbers of child soldiers have no difficulty obtaining weapons.

The return of refugees to their native land presents an almost impossible dilemma. At the end of 2012, it was expected that over 40,000 refugees were to be returned to Burundi from Tanzania and the Democratic Republic of the Congo (Forbes, 2012). For those refugees who escaped to other countries off the African continent there have still been consequences of immigrating.

Due to the trauma experienced in their homelands and resettlement camps, Burundian refugees continuously battle the challenges presented by the transitions forced upon them (Bates, Burman, et al., 2012). They are vulnerable to many problems, including PTSD and other detrimental coping strategies previously mentioned that might be practiced in their new host
country, such as drug and alcohol abuse, domestic violence, and depression among other issues. Dependence on outside sources for financial assistance, food, and housing amenities further hinders their chances of becoming independent, self-sustaining, and challenges their ability to preserve their own cultural values. The interrelatedness of social services and the refugees, as well as many other factors, create a life in America as one of dependency, despite the benefits of providing safety and maintaining their survival.

The fact remains that many individuals and families in the Burundian population will be devoid of food stamp benefits after 36 months since they have only asylum status and are not citizens of the U.S. This dilemma brings urgency to the clinical and moral responsibilities of the larger community to provide some assistance in the way of bridging the gap. The refugees need assistance to embrace self-sustenance, while also receiving the mental health treatment they need. There are some refugees in this group who are on the state welfare since they are not working. This dependence and assimilation into American culture forces their own cultural morals to be compromised rather than helping them retain their unique cultural beliefs and characteristics. For survival purposes, assimilation can occur as a byproduct of meeting basic needs since the refugees learn ways to survive within the new country.

Based on qualitative interviews of Africans resettled in Cincinnati, Ohio, Vaughn and Holloway (2010) describe themes related to the refugees’ experiences with transition, housing and healthcare. The authors conducted a community based participatory needs assessment to learn from the African immigrants what barriers they faced as well as their frustrations and concerns. Many of the immigrants had inadequate health insurance, higher incidences of disease, and mental health concerns. Because they were usually in low paying jobs, they had insufficient funds and no insurance to address their health concerns.
Vaughn and Holloway (2010) also reported that some of the refugees were fortunate to have received sponsors, be it a church or an individual. As would be predicted, those with sponsors fared far better. Those families placed in low income housing complexes have continuous worries for their safety and the safety of their families. They also worry about the lack of opportunity to get a high quality education for their children. Many refugees also expressed their goals to become independent, self-sufficient, educated so they can compete in their new community, gainfully employed, living in safe communities, and becoming debt free.

The immigrants faced many significant challenges such as transitioning to a new culture, language barriers, insufficient training or education, and unemployment. These factors, plus more, led to a cycle of mental health concerns, including depression, but no way to pay for treatment. It was also noted that the children, because of their stronger language skills, often became the translators or cultural brokers for their parents (Vaughn & Holloway, 2010). As such, the children were no longer sheltered from the adult concerns thus they too developed the strong anxieties and mental health issues.

Bates et al. (2012) discussed their community based participatory research conducted with Burundian refugees at the University of Tennessee. Data were collected about their experiences after migration from Africa to the U.S. Many of the refugees were placed in economically deprived areas of the U.S. Language barriers, in addition to cultural misunderstandings created significant challenges. Many of the refugees grieved for friends and family who did not get asylum, and many also felt that they had been betrayed because of the prejudices they experienced as well as the lack of educational opportunities in the U.S. To make matters more difficult, the refugees were burdened with debt of as much as $1,200 incurred from traveling costs.
Services Available through the St. Leo Burundi Refugee Ministry Program

Considering the research and the significant needs of the Burundian refugees upon their arrival to Cincinnati, the administration and community of St. Leo organized several services and programs to address the short term, long-term, and mental health needs of the Burundian refugees. These services attempt to address physical, cultural, psychological, and spiritual needs through a case management approach, i.e. the St. Leo Burundi Refugee Ministry Program.

The St. Leo Burundi Refugee Ministry Program is one of the programs, with the six services previously mentioned, working under the broader umbrella of St. Leo’s. Other programs offered by the St. Leo staff and volunteers include a parish nursing program, the food pantry, a parish library, transportation assistance, school facilitators and referral services to specialists. The Burundian refugees, as well as other refugees within the parish, utilize these services to great extents. Additionally, there are programs offered from resources outside St. Leo that also benefit the entire refugee population, including the Burundians. Catholic Charities, the Cincinnati Metropolitan Housing Authority, and other professionals offer the following services: locating and subsidizing housing, legal advising, social work support for case management, work and mental health counseling referrals.

In 2008, as part of a doctoral program project, Dr. Ellen Cook, Professor of Counseling at the University of Cincinnati, introduced her students to this unique inner city parish that had begun to serve recently resettled African immigrants (Conyne & Cook, 2004). Her purpose was to enlighten and enlist others who could aid the already established urban Catholic parish in their mission. These doctoral students assessed the situation and suggested several interventions. With the help of an interpreter, many interviews were conducted. Based on the feedback obtained two particular interventions were set in motion.
In conversations with the Burundians, they noted that they would like to add more regularly scheduled ESL classes so that they could learn to communicate more effectively in their new society. By becoming more conversant in English they would gain the freedom to more easily begin their search for employment in the local community. As the needs grew among the Burundians, program offerings also expanded beyond the initial program established.

Although St. Leo is limited to seven staff positions including the Pastor, all employees do assume responsibilities that contribute to the St. Leo Burundi Refugee Ministry Program. While some government funding is received, it remains very limited. Most financial support comes through donations and benevolent services, that is, volunteer time. Occasionally grant opportunities are sought when appropriate. The vast array of services currently available to support the broader refugee population at St. Leo is designed to meet the growing needs at all levels for all ages and members of the refugee families. The following sections elaborate on the scope and support provided by these individual services.

**ESL Classes**

Offered every Monday evening in the main office of the church, these classes help students practice English and prepare them to converse in everyday life. Resources include tutors and also weekly meetings in the parish rectory on Monday evenings. School aged Burundian children are also receiving ESL services at the schools where they are enrolled. Many of them have successfully mastered conversational English as evidenced by a YouTube video they produced (https://www.youtube.com/watch?v=s53AXTs9d3Y) entitled “Stories of Our Elders” that highlights their parents’ journey. The St. Leo homepage also includes a digital translator for their use. Thanks to these efforts more members of this population are able to find employment, perform better in school, and overall improve the quality of their lives.
**Academic Support**

Tutoring is offered one night a week for ninety minutes per session to help elementary and high school students complete homework assignments and special school projects. This program is offered through the generosity of volunteers.

**Women’s Group**

There is a women’s support group also initiated by the Pastoral Counselor that meets once a week. This group advises the refugee women on daily responsibilities such as child rearing, hygiene, cooking, shopping, employment and job search, economic issues including banking and money management, and completing governmental forms, among other topics. The services of a translator are also available for this group. Within the Women’s Group is a gathering of women known as the “Women of Peace.” This empowerment group offers the refugee women an opportunity to earn some supplemental income by making and selling handcrafted bags of various shapes and sizes. For their crafts, staff at St. Leo collects recycled plastic bags that the refugee women use to crochet into new bags that they sell at the church, local markets, and the nonprofit fair trade store, Ten Thousand Villages.

**Spiritual Support**

To support the spirituality of the Burundian population and to accommodate the language barriers, various modifications have been implemented. The guiding belief is that addressing the spiritual side of their lives can beneficially impact their adjustment process as the refugees settle into this new culture. Parts of Mass, such as the readings, hymns, and the gospel, have been translated to Kirundi, which not only facilitate the Burundians’ opportunities to participate in Mass, but also allows them to make use of their prayer books brought with them from their homeland. There are also other materials that may facilitate their spirituality, such as Bibles that
have been made available through a donation from a Jesuit priest from Burundi but now studying at Georgetown University. The spiritual side of their lives has had a major impact in helping the adjustment phase of life in a new city and country. The St. Leo website also includes an online dictionary resource with translations between English and Kirundi to help the Burundians interact and function in their daily lives.

As a parish with a large refugee population comprised of many nationalities, including Burundians, Guatemalans, and Tanzanians, a variety of other programs at St. Leo address the common issues faced by any refugee population. These services often overlap and support the goals of the Burundian Refugee Ministry and are described below.

**Food Pantry**

The Food Pantry housed in the basement of St. Leo is well stocked with fresh produce, canned goods, meat, and toiletry items acquired from generous donations from across the city of Cincinnati. It is open to the refugees as well as residents of the immediate neighborhood during regular hours and is staffed by the church. A Community Garden has been established and maintained, which provides a place where participants can grow produce to meet their needs and share surplus with the food pantry. Located on the terraced hillside directly behind St. Leo, this garden provides any St. Leo parishioner the opportunity to garden and grow food.

**Referral Services**

Often questions arise from the refugee population about where they can seek help pertaining to a particular topic or issue, such as medical care, employment, banking, and the like. Referral services and case management are provided by the pastoral staff and social workers from the University of Cincinnati to help refugees locate resources that can fulfill these additional needs.
Parish Nursing Program

The Parish Nursing Program is supported on a full time basis through Trihealth of Cincinnati. A full time nurse, a part time nurse, and a translator are employed and available for assistance at St. Leo. The nurses’ jobs include supporting and assisting the refugees as they navigate the healthcare system. Assessments provided by the Parish Nurses detail the refugees’ specific needs, current crisis they are experiencing, and cultural components needing to be addressed.

Transportation

Transportation is provided to and from Mass, to church activities, to the food pantry, to the Parish Nurse for medical care, to the gardens and other places as needed. Many volunteers have stepped forward to help meet these ongoing needs.

School Facilitators

As the refugee youth enter the American school systems, they may experience a level of discordance from being coerced into unfamiliar institutional practices and expectations. St. Leo volunteers strive to serve as facilitators and intermediaries to help the youth.

Linking to Housing

Cincinnati Metropolitan Housing Authority (CMHA) helps arriving refugees find immediate and suitable housing. St. Leo’s staff and volunteers connect the refugees to CMHA, where they assist in arranging rent subsidies.

Legal Advising

Many legal needs, including completion of the citizenship application, arise as the refugees establish their lives in a new and unfamiliar culture. To assist in legal advising, a volunteer lawyer provides services at St. Leo, as needed.
No comprehensive evaluation of the St. Leo Burundi Refugee Ministry Program resettlement has been completed since its inception. This study was an attempt to examine how effective this program has been to this point. The unique aspects of this Ministry Program necessitated a blended approach for the collection of data and further analysis. The next chapter will specify the methodology that was used to carrying out data collection and analysis.
CHAPTER THREE: METHODOLOGY

This study focused on the evaluation of the St. Leo Burundi Refugee Ministry program including a review of its attainment of goals and its intended impact on the refugees’ resettlement and empowerment. The findings of this study provide information that will be used for improvement of this program for future planning and implementation, in ways that better serve the refugees and others. This chapter includes a description of the evaluation model that was used, data collection procedures including a description of the instruments and data analysis, as well as a description of the population and the sample.

Subjectivity Statement

I have been a member of the St. Leo congregation for many years and am quite aware of the various programs offered there for refugees and other church members. I have been involved with the St. Leo Burundi Refugee Ministry program from its inception when the church first hosted many of the refugees. I was an intern working on my theological studies at Xavier University, Cincinnati, Ohio, as the first group of Burundians was settling in the area.

In reference to the St. Leo Burundi Refugee Ministry program, I have been voluntarily supervising university social work students who are also working in this program. Beyond that, I have no formal responsibility or control of the program at the church. The staff at St. Leo operates the program according to its own guidelines and policies. I am neither in charge of the program nor a direct beneficiary of the program. However, I, as an internal evaluator, have an added advantage in that I have extensive background knowledge on how the program was started. I have been involved in the development of the theoretical basis and setting the program goals as well as the implementation procedures for the past six years.
Because of this longstanding association with the church, I am aware of the possibility of unintentional bias in the analysis and interpretation of the data. At the same time, being an internal evaluator with deeper knowledge of the program history, the church organization, and the acquaintance of the stake holders, this might benefit the program evaluation in ways that are not possible if the study were to be conducted by an external evaluator (Fitzpatrick, Sanders, Worthen, 2011). Mathison (1999) argued that an internal evaluator in small organizations might exhibit more ethical behavior than an external evaluator. Collectively, these reasons are likely to outweigh any negatives that might come as an internal evaluator. I have a deep abiding interest in finding out if the Burundian Ministry program and others like it can be depended upon for successful refugee resettlement in Cincinnati and other communities. I also have the expertise through experience and involvement with the stakeholders to determine if the resettlement theory being used by St. Leo’s was rational or faulty (i.e. theory success or theory failure) as well as if the implementation procedures occurred as designed (i.e. implementation success or implementation failure).

**Evaluation Approach**

There are various evaluation approaches described in the program evaluation literature. Some of these are termed as “expertise oriented,” “consumer oriented,” “program oriented,” “decision oriented,” and “participant oriented” (Fitzpatrick, et al., 2011, p. 123). While all of these approaches have distinct strengths, they also have weaknesses. Program-oriented approaches are the most widely used in evaluation studies and is the dominant evaluation technique used in social science research (Fitzpatrick et al, 2011). One program oriented approach is Theory Based Evaluation (TBE), first proposed by Suchman (1967), elaborated upon by Weiss (1972), and later supported by Chen (1990), Bickman (1987) and Donaldson (2012),
has been widely used in evaluation studies. While this is not the preferred approach for everyone, its focus on program theory and implementation does provide significant advantages to understanding and improving the program effectiveness (Fitzpatrick, et al., 2011). It is with this in mind that I have chosen to use TBE as my model for evaluation in this research study.

The distinguishing characteristics of TBE are determined through discussion with key stakeholders. This discussion leads to the development of a program theory, and builds on the ideas that have been generated. This approach also allows for quantitative and casual interpretations of the data (Fitzpatrick, et al., 2011). A major strength of this approach lies in focusing on the logic of the program where the relationship between the problem and the program activities are clarified.

When using this evaluation model, the theoretical basis of the program is more accurately defined, which then leads to a better refinement of evaluation questions, as well as what concepts should be measured, and how the results should be interpreted. A significant emphasis is placed on the early stages of defining the logic and appropriateness of the program so that the relationship between the problem and the subsequent evaluative actions are clear (Fitzpatrick, et al., 2011).

Donaldson (2012) explains that the TBE model is “the process through which program components are presumed to affect outcomes and conditions under which the processes are believed to operate” (p. 13). Basically, the TBE model explains the logic of the program, what works and why it works. It is not just a “yes” or “no” of what components are effective based on collected data. Each component should effectively contribute to the end goal of the program and, as such, it is measured for effectiveness. There is a clear relationship between the problem
that is identified and the actions taken to achieve the desired outcome. The evaluator gains a much deeper understanding of the impact of the program’s success or failure.

According to Donaldson (2012), time should be spent engaging the stakeholders on their views of the goals and outcomes of the model; researching existing relevant studies and evaluations to the proposed program model; revising the model; and once consensus is reached, designing the evaluation plan for this program. The evaluation plan becomes a “phase 2” (p.13) where, with stakeholder input, the key questions are formulated and the design methodology is determined.

In studying the program, it is critical to ensure that it is being implemented as designed to avoid any inconsistencies (Donaldson, 2012). If services are being delivered as planned then the outcomes can be a true measure of the program theory as to its success or failure. It gives the evaluator a more in depth program perspective that can lead to one of the following options, for example, maintaining the original design; modifying some or all of the program activities; or terminating some or all of the program activities. All of this culminates in making recommendations for future direction of the program.

The evaluation approach is formative in nature since the majority of data were collected from personal interviews with a few key individuals involved in the program both as administrators and participants, as well as observations of activities. The data about the program were collected from questionnaires and demographic data collected from the observations and the church records.

**Theory Based Evaluation in Practice**

The review of the literature shows that there are numerous research studies that have used the TBE model. This technique originally began in the social science realm, especially in the
field of educational practices, but later broadened into other research fields like health care, criminal justice, evaluating the process of change, and developing “healthy cities” in Europe. There are many studies incorporating TBE in the area of refugee resettlement both in other countries as well as in their homeland. A few of these studies that closely resemble the St. Leo Burundi Refugee Ministry program are cited below.

Howard White (2009), in his study entitled “Theory Based Impact Evaluation: Principles and Practice,” examined the impact of the Bangladesh Integrated Nutrition Project (BINP). This program was a growth-monitoring project of infants. Those children who were not meeting growth norms and deemed to be malnourished were enrolled in the project. Parents received nutritional counseling and supplementary food for their children, believing that it was the parents’ ignorance about healthy diets that was to blame. Pregnant women were also targeted with nutritional counseling and more food.

Initially this program was deemed a success but further study showed that there were many weak and missing links in the chain of activities, thereby being an implementation failure. The analysis indicated that there were some clear ways that the program activities’ performance could be improved but these “fixes” faced both management and resource constraints so these modifications were not implemented. Three years later the project was closed down due to weak implementation. Had the modifications to the program activities been undertaken, based on the research data, the program’s theory could have been supported. This was an example of “implementation failure” rather than “theory failure.”

A second research study titled, “UNHCR-WFP Impact Evaluation Series: Contribution of Food Assistance to Durable Solutions in Protracted Refugee Situations” in Chad, Bangladesh, Rwanda and Ethiopia (UNHCR-WFP Impact Evaluation Theory, 2013), used a TBE mixed
method approach. This study consisted of short, medium and long-term goals. Short-term goals were supported by emergency responses to supply food to save lives. Medium-term responses provided interventions for services like sanitation, housing and education to improve lives and develop self-sufficiency. Long-term responses were asset-building plans that would create self-reliance, integration and resettlement. The results of the data showed again that there was implementation failure from the medium to long-term responses to action. There was no evolution to a greater sense of self-reliance as the results showed that food assistance intervention alone was not the way to develop self-sufficiency. Several recommendations as to the program activities in the implementation stages were given such as a shift in the paradigm of the governments, donors, agencies and the refugees themselves.

One final study utilizing TBE (Kim, 2013) and funded by the Robert Wood Johnson Foundation from February 2009 to February 2013, evaluated eight diverse programs and populations to research promising practices for preventing intimate partner violence among immigrant and refugee populations. Each program was expected to show practices and evidence of effectiveness based on their program activities. They showed a connection between the outcomes based on a theory of change, a TBE model, data collection instruments, and an analysis of the gathered data. All eight projects used a mixed method data collection.

There were common elements in each project, such as a positive reinforcement of the cultural norms and the promotion of healthy relationships within the cultural context. Each program showed positive results based on the data to support both theoretical and implementation success. Models that could be replicated by others were created. However, like many other program evaluations, there were also limitations of a small sample size that would limit generalizations but encourage further study following the established blueprint.
Current Research and the St. Leo Burundi Refugee Ministry Program

The studies cited above provide a common link to the current evaluation of St. Leo Burundi Refugee Ministry Program. Each of the programs in above mentioned studies served immigrants and/or refugees with mental health and related services and had established goals and objectives that were integral to the project design elements as well as the range of planned activities. Importantly, the studies were theory based with the intent to measure the success or failure of the implementation of the program activities as well as the theory itself. Like other forms of program evaluation, the evaluation plans were viewed as a tool for using the data for both program implementation and sustainability. Each study used mixed methods designs to inform which evaluation tools would be used, consisting of surveys, interviews, focus groups, and records reviews. Through this process, the findings allowed the researchers to differentiate between theory and implementation effectiveness and failure. Finally, the studies, again similar to the plan for the St. Leo Burundi Refugee Ministry program, present a model that could be replicated or that could provide sound suggestions for more effective or efficient operation.

In addition to the evaluation objectives, this project was also a research study with the purpose of examining the process of resettlement on refugees from a post war African region into the U.S. Using a TBE approach may allow the study findings to be used to contribute to new knowledge in the field. This study’s “discontinuous stage” architecture (Donaldson, 2012) included data collection, analysis, and interpretation with follow up questions, when appropriate, in order to probe and to extract more data from a particular participant’s interior response. The study allowed for a greater margin of discovery by comparing the data of a short questionnaire to semi-structured interview with staff and researcher observations. In combination, this makes a more comprehensive gathering of evidence to complete a proper study.
Understanding how to best serve asylees is important because there are challenges to be addressed due to traumatic incidents that may have been experienced resulting in individuals diagnosed with PTSD with maladaptive behaviors. These behaviors may also include substance abuse disorders (SUD), domestic violence (DV), desertion of families, and homelessness (Silove, 1999). Achieving a “psychosocial restitution” (Silove, 1999, p. 200) is a main goal for clinical interventions, and this study data can be used to help clinicians understand a nontraditional clinical intervention to promote well-being and socialization into a strange environment.

Following Donaldson’s (2012) model, the current study followed a two-stage process. In order to formulate the theory of the study in Stage One, the goals of the program were developed in conjunction with the Pastoral Counselor and other stakeholders who assisted in the creation of the St. Leo Burundian Ministry program. These program goals were useful in helping formulate the research questions and design the evaluation plan that allowed for interpretation of feedback from the program participants. This feedback was essential in studying the program effectiveness and looking for areas where modification and adjustments are needed or where termination of an activity is required. Empowerment of the refugees is the final goal of the program, so all levels of activities must be judged as contributing factors that lead to the end product. Central to this investigation was to develop a better understanding of how the St. Leo Burundi Refugee Ministry program could better serve the refugee population with the current resources available.

In Stage Two, the implementation of the program and the theory itself were evaluated using a variety of methods including questionnaires, individual interviews, and observations. Based on the analysis of the data collected, the answer to the questions determined the impact of the program at St. Leo and possible modifications to the program where necessary.
Stage One: Theory Development

The initial theory development started with meeting the Pastoral Counselor and the Priest about the goals they had for the Burundi resettlement program. The initial stage discussed by Donaldson (2012) is goal making. The goals discussed were narrowed down to six main goals that became the direction of the program over the initial period of resettlement. The Pastoral Counselor at St. Leo took the lead on the description of these goals as she had training in the Ecological Counseling Program from the University of Cincinnati. Angela Anno, PCC-S (professional clinical counselor with training supervision designation), has served as the Pastoral Counselor at St. Leo for many years before the resettlement programs began at St. Leo. Here is the list of goals:

1. Relocation into safe residential neighborhoods
2. Accessing the St. Leo nursing program and other referral services to maintain wellness
3. Empowering the refugees to self-sufficiency
4. Strengthening the emotional wellness, including needs for mental health and counseling
5. Encouraging outdoor activities and gardening for meeting nutritional needs
6. Providing necessary tutoring and educational services for economic self-sufficiency and citizenship

This study is based on the assumption that refugee resettlement is a complex process that requires many resources and coordination in order to have the greatest impact on a successful integration of these new immigrants into the culture of the U.S. The Theory of Refugee Resettlement, described below in Figure 3.1, and its various components show in stages how refugees can lead self-sustaining lives within their new environment. Although beyond the scope of this current evaluation, it is anticipated that this model may be replicated, intact or with
modifications in other settings regardless of the refugees’ country of origin or the final destination city.

Figure 3.1: Theory of Refugee Resettlement

In general, prior to getting permission for refugees to leave their homeland, the U.S. government determines that there is justifiable cause to allow this humanitarian mission to occur. The government facilitates the process by reviewing each refugee’s application for relocation, before arranging transport and entry into the U.S., and then to provide initial government assistance after coming to U.S. The model follows the program services that meet the needs of refugees and the expected outcomes, all of which are described first in general terms and then applied to the St. Leo Burundi Refugee Ministry Program. Together, the full model is represented in Figure 3.1.

Assessments and Referrals

After the refugees arrive in the U.S. and are received by a local agency, the agency staff begins to assess the needs of each individual. Many of these needs may be addressed by the hosting agency. The local hosting agency also refers the new arrivals to other agencies to receive care especially in the area where resources are few or unavailable. Most agencies have a case manager or caseworker who meets with the refugees to work with them individually and to
facilitate meeting specific needs. In addition, the refugees also need appropriate transportation to various locations in the city where they can access different services.

Upon arrival in Cincinnati, there is an immediate assessment of the refugees’ unmet needs. This assessment includes physical, and spiritual needs of the newly arrived refugees. The ongoing assessment by the Pastoral Counselor and the Nurses includes the medical and possible mental health needs as well as other physical needs of the refugees. The food pantry begins to provide most of the food consumed by the refugees. In addition, the church “team” continue to oversee any other unmet needs and provide necessary referrals elsewhere.

**Meeting Immediate Physical Needs**

Concurrent with the assessment and referral process, the “host” agency provides adequate resources for meeting immediate physical needs. All of the refugees at the very minimum need housing, health care, food and clothing assistance. It is possible that the medical care may be needed that can be either given through staff doctors or a nursing program on site or through partnering agencies and resources. As other physical needs emerge, the agency determines which of these may be best provided internally and which may be satisfied through partnering agencies.

In Cincinnati, these support groups include Catholic Charities, Cincinnati Metropolitan Housing Authority (CMHA), and St. Leo, which take the lead in securing safe, appropriate housing. These groups also ensure that the new apartment is stocked with the basic food supplies, cooking/eating materials, and simple furnishings. The family also receives donated clothing for all members of the family. Seasonal wear such as coats, footwear, gloves, etc. are acquired as well as everyday wear. For those families with school aged children, school gear such as backpacks, are also collected from donations made to St. Leo and other charities in the area.
Concurrently, arrangements are made to ensure that the health needs of each individual are addressed. Appropriate medical care is provided from physical exams to immunizations to filling prescriptions. Maintaining good physical health is a top priority for the doctors and nurses who donate their time and/or treat Medicaid patients. The St. Leo nursing program supports the physical needs by giving women medical care and nutritional counseling. The St. Leo nursing program also connects those with chronic and serious health care needs to doctors and hospitals in the community when necessary.

**Mental Health, Spiritual, Academic, and Skill Development Services**

New asylum refugee immigrants come with multiple challenges that often include mental health issues. All of them confront acculturation issues that include different challenges as to how they will adjust to a new country and society. Many refugees come with mental health challenges, which once addressed, can lead to greater wellness. However, not all agencies are equipped to handle these challenges, nor do all refugees see the importance of addressing such issues. Some refugee groups consider spiritual healing as a bridge to mental well-being. Spiritual needs require a wide array of services (e.g. access to religious institutions, various support groups, and spiritual readings in their own language). Some social agencies that work with refugees are well suited to assist in the area of mental health wellness, and other agencies offer assistance in spiritual wellness as it has been shown to be important to some groups of refugees (Hodge, 2015). The balance of the body, mind, and spirit leads to emotional and spiritual well-being.

At St. Leo’s, refugees participate in the various spiritual offerings such as Mass and adoration. Deeply religious people of all faiths seem to benefit in several areas: less substance abuse, lower rates of depression and anxiety, enhanced quality of life, and longer life expectancy.
Refugees often find that participation in spiritual services such as Mass, adoration and communion services contribute to their improved mental state. Finding solace through prayer and meditation can bring a sense of peace. When stressors such as economic instability or family life become emotionally overwhelming, seeking spiritual guidance can bring a sense of calm and clarity. For those who are unemployed, the participation in the service becomes important for a sense of inclusivity and acceptance in the new community.

Another important area of need is to assist refugees in developing appropriate skills that can lead to finding employment. Additionally for refugees to cope with the rigors of daily living, it is important that they receive transitional assistance. For example, daily activities such as cooking, shopping, and simple daily activities in the U.S. may require different skills unfamiliar to refugees.

Since most refugees come from non-English speaking countries and speak a language different than English, there is a benefit and need to organize English as Second Language (ESL) classes so that the refugees can begin to communicate with people with confidence. These classes can be offered at the school where their children are enrolled. The agencies may also offer ESL classes for adults who opt to learn or improve their English language skills.

Academic support services are also an important component to the health and well-being of children who have immigrated with their families. The refugee children enrolled in formal educational programs may require support to complete assignments and other projects related to schooling. Such tutoring programs will supplement their classroom learning and will focus on areas such as reading and math to increase proficiency.

In coordination with the theological belief that mind, body, and spirit must all be healthy, St. Leo offers outreach to the Burundians. It is vital that the emotional, mental, and spiritual
needs of the refugees are addressed. After facing traumatic events in their homeland and being uprooted often suddenly, it is important that emotionally these individuals can develop a sense of belonging in their new location, maintain a positive self-concept, and a sense of self-worth within a safe and loving community.

Mental health issues such as PTSD, substance abuse, physical abuse, survivor guilt, and depression may appear in refugees immediately or after a period of time. Help is readily available so that the individual can stay on a steady path to wellness. The Pastoral Counselor makes herself available for the time to meet with the new refugees and parishioners who need intervention.

St. Leo’s Pastor, staff, and volunteers address the spiritual needs by encouraging a sense of connection to a greater being and a sense of community. Church services, including spiritual materials such as Bibles and portions of the Mass, are available in their native language.

There is no definitive timeline by which all transitions are accomplished. Each individual is unique and, as such, receives the appropriate ongoing support and assistance needed to attain a state of wellness, i.e. a state of equilibrium of their body, mind and spirit. It is through the support of many that each refugee can meet the goal of becoming self-sustainable within the context of his or her new environment here in the U.S.

As the refugees settle into their new lives, attention is paid to helping them refine and/or develop skill sets that allow them to obtain employment and function more easily in their daily living. Programs such as English as Second Language and Academic tutoring provided at St. Leo address some of these needs. Becoming conversant in English allows greater ease in acquiring employment that can lead to economic security. The English proficiency also
enhances their immigration status as it opens pathways to advance to citizenship if they like, in their new country.

The tutoring program for those in school further supports the educational goal of at least earning a high school diploma. With guidance, learning skills for job preparedness as well as enhancing job performance have significant economic ramifications for the refugees. The St. Leo Women’s Group also serves as a strong support where the women not only develop emotional bonds with others but can also use existing skills in making handicrafts that can be sold, allowing them to earn an extra income.

**Outcomes**

After refugees have developed sufficient skills, these supports could lead to wellness and self-sufficiency, including obtaining official U.S. citizenship by passing the test that is given in the English language. It also would help them to obtain other forms of services offered by the different agencies, both government and non-governmental, such as obtaining food stamps, access to welfare assistance, and other localized services. The refugees’ abilities to find jobs and to effectively communicate with others would likely lead to a sense of economic self-sufficiency and wellness. Improved academic performance in educational institutions will provide them a chance to acquire diplomas, associates or baccalaureate degrees. This would enable the refugees and their children to secure meaningful employment and economic stability.

It should be kept in mind that wellness and self-sufficiency can only be reached when refugees also see a need for it. Some refugees are content just after their basic needs of food, water, housing, and health care are met, while others have a greater desire to obtain employment and live independently as quickly as possible. Eventually all refugees want to live healthy, happy
lives and be well adjusted in their communities. As a step toward obtaining self-sufficiency it is critical that refugees feel a sense of well-being both economically and personally.

**Stage Two: Analysis of Data**

Stage Two of the TBE process involves an analysis of how the program is being carried out at St. Leo in accordance with the Theory of Refugee Resettlement. Based on this theory as it applies at St. Leo, the following research questions were developed in partnership with the church leadership to better understand the refugees’ experiences with the St. Leo Burundi Refugee Ministry program and its focus on mental health, wellness and self-sufficiency. The initial question pertains to the extent to which the program is implemented as planned, and the subsequent two questions evaluate the specific components of the theory, examining the major relationships between the program activities and their expected outcomes. The answers to these questions would determine how well the Theory of Refugee Resettlement was implemented at St. Leo and its subsequent effectiveness.

**Purpose of Study and Research Questions**

The purpose of the study is twofold. The first is the evaluation of the St. Leo Burundi Refugee Ministry program at St. Leo Parish in Cincinnati Ohio. The second is having the potential to contribute to the relevant literature on refugee resettlement in the U.S. Since the study is based on a Theory of Refugee Resettlement, it would be essential to examine which aspects of the theory work well in the program. The primary research questions are as follows:

RQ1. Are the mental health, spiritual, and educational services being provided as planned based on the Theory of Refugee Resettlement?
RQ2. Do the Burundian Refugees at St. Leo’s attribute wellness to the services provided (ESL, Academic Tutoring, Women’s Group/Pastoral Counseling, Spiritual Services)?

RQ3. Do the Burundian Refugees at St. Leo’s attribute economic self-sufficiency to the services provided (ESL, Academic Tutoring, Women’s Group/Pastoral Counseling, Spiritual Services)?

The research questions in this study are related to the implementation of various program strategies and their outcomes for the Refugee Resettlement Program. The findings of this study would prove or disprove the Theory of Refugee Resettlement as proposed as a basis for this study. Research Questions 2 and 3 will be evaluated in light of the degree to which Research Question 1 is affirmed. That is, if the program strategies do not lead to desired outcomes, and the implementation of the Theory is not followed by the program, then it can be construed that either the implementation strategies are incorrect or the Theory itself is in need of further refinement. The data collected from this study will determine if this above described Theory is rational and effective.

**Population and Sample**

There are approximately 300 Burundi refugees in the Greater Cincinnati area of which 100 have sought assistance through the St. Leo Burundi Refugee Ministry program at one time or another. The subjects were chosen based on their participation in all or some of the components of the St. Leo Burundi Refugee Ministry program. The researcher solicited a target population of 10 volunteer participants who were currently receiving services to complete the questionnaire. The researcher also interviewed select employees, a Parish Nurse, and volunteers who were involved in the mental health and wellness components of the program.
Instrumentation

For purposes of this research, both qualitative and quantitative data were collected. Four primary instruments were used. The first is a questionnaire for program leaders to obtain descriptive outcome data pertinent to each of the program objectives. The second set of data was collected from the interviews with the 10 participants and one program administrator. The third set of data consisted of observation notes reported by the researcher concerning the delivery of the activities and the participants’ behaviors and participation in specific sessions.

The fourth instrument included an informational questionnaire that was completed by the program organizers and staff. This questionnaire focused primarily on obtaining statistical data about the program such as numbers of participants, participant hours of attendance in the various activities, and costs.

Procedures for Collecting Data

Prior to collecting data in Phase 2 of this study, approval from the University of Cincinnati Institutional Review Board (IRB) was received. This study included a sample of 10 refugee participants who were asked to complete a questionnaire with the help of an official translator (with knowledge of Kirundi and English). The questionnaire (Appendix A5) contained open-ended questions and Likert scale (1-4) items. The translator was familiar with the participants since he was currently assisting the St. Leo staff in communicating with them. For each participant, the translator explained the question in Kirundi to ensure that the refugees understood all of the questions. The refugees’ responses were kept confidential and translated into English for the researcher to record. The translated responses to the open ended items were recorded verbatim. Each interview lasted approximately 60 minutes.
The selection of the participants for the questionnaire was done carefully so that there was representation from each aspect of the program activities and included both men and women. Participants were selected if they had regular attendance in one or more of the following: Women’s Group, ESL classes, Academic Tutoring, attending the church Mass or seeking spiritual counseling from the church Pastor. All the selected participants were in the St. Leo Burundi Refugee Ministry program for at least six months and were 18 years or older.

The selected refugees were reimbursed for their time with a $10 debit card. Because of the language barrier, an interpreter was used who is fluent in both Kirundi and English. The interpreter was reimbursed at an hourly rate.

The church staff, including the Pastor, the Nurse, Pastoral Counselor, and the Volunteer Coordinator were given open-ended questionnaires specific to the services they provided within a two-week time frame. These surveys can be found in Appendix A. Individual follow up conversations were held for additional detail and clarification as needed. The church staff was asked to complete the questionnaires as a professional courtesy with no compensation.

In order to see the program in action and learn more about the operations and outcomes as well as watch the participants’ reactions, behaviors, level of participation, and interactions. The researcher conducted a separate observation of the spiritual services, Academic tutoring session, Women’s Group, and the ESL class, totaling four separate observations. An objective guide for observations was prepared and is included in appendix B. All of these were written in script form and the notes from these observations were reported in detailed descriptions with a concluding summary statement. These observations allowed the researcher to identify if the activities were being well received by the participants and if the activities were being delivered in an effective manner in line with the program’s goals. Further, these observations allowed the
researcher to observe first hand whether the implementation of the program was being delivered as designed within the theoretical framework and if the implementation affected the outcomes. The observations also helped identify any problems or miscalculations within the theoretical design that hinders the attainment of positive outcomes.

According to Fitzpatrick et al (2011), observations are useful to document the reliability and validity of the program design. These observations allowed the researcher to note the participants’ interactions and behaviors that occur in the ESL and Women’s Group sessions. Further, other elements such as how the programs were conducted; the development of relationships, existing language barriers, and other important factors were also included in the observations. The researcher had the chance to see the program in action and to provide meaningful feedback based on the real observations. This constructive input, which included recommendations for improvement, was much more relevant and meaningful for all involved as opposed to simple data collection from surveys or conversations.

**Analysis of Data**

The researcher reported the quantitative data and analyzed the interview data using qualitative methodology. This process is both inductive and deductive as it relied on the participants’ responses and interpretations by the researcher. The constructs of interest, or variables, are interrelated and designed to achieve the program outcomes, for example, the mental health, wellness, and self-sufficiency of the Burundian refugees. These variables include the program offering the Women’s Group, ESL, Academic Tutoring, and Spiritual Services. The key indicators of success are found in the feedback of the participants and as seen in the observations including attendance, participation in the classes, articulation of positive impact on their lives, and academic successes.
**Descriptive data.** Descriptive data was gleaned from the different questionnaires included in Appendix A and pulled together under various groupings. This included the number of participants served for wellness, mental health and counseling components, through the Women’s Group, ESL program, Academic Tutoring, and Spiritual Services. Based on the feedback from the St. Leo Pastoral Counselor, the extent of the participation from refugees in the voluntary spiritual services such as Mass, adoration, and parish council were recorded. Data from the participants’ questionnaire, Likert scale items were aggregated and an average score of each category was calculated and recorded.

**Qualitative data.** The responses to open-ended items on participant questionnaire from the sample of Burundian refugees were analyzed using Directed Content Analysis (DCA) techniques. Since the research study is focused on a theoretical model for refugee resettlement in the U.S., the researcher has followed the suggestions made by Hsieh and Shannon (2005) for employing Directed Content Analysis technique, which is a systematic approach that reduces larger amounts of data into smaller more compact categories (Stemler, 2001). “The goal of a directed approach to content analysis is to validate or extend conceptually a theoretical framework or theory” (Hsieh & Shannon, 2005, p. 1281). Directed Content Analysis begins with the original theory of the study including the key concepts that have been identified by the study’s research questions. This open-ended interview format allows the researcher to ask questions that have been designed based on these key variables (Hsieh & Shannon, 2005). The researcher looks for common themes, patterns, or categories that occur as the responses from the participants are classified and analyzed (Patton, 1987). “This process allows the researcher to understand the social reality of the study in a subjective but scientific manner” (Zhang & Wildemuth, 2009, p.1).
Several researchers (Kaid, 1989; Krippendorff & Bock, 2009; Zhang & Wildemuth, 2009) have identified steps that should be followed in the Directed Content Analysis process. These include: developing the research questions; determining the sample selection; defining the categories; organizing and implementing the coding process including the development of a codebook, setting boundaries for the analysis; analyzing the results and determining the target audience(s) for the conclusions.

In the analysis stage, coding breaks the data into significant meaningful chunks. Under Directed Content Analysis techniques, Stemler (2001) refers to the coding process as “a priori” since the categories are established based on the theory rather than the analysis of the data. The codes are predetermined and coding can begin immediately since the interview questions are designed around the key variables. Responses that do not seem to fit under any existing category are placed under new codes. Data packages such as NVIVO are designed to identify these coding categories.

Coding was important for the analysis of all the interview data. “Codes are the building blocks for theory or model building and the foundation on which the analysts’ arguments rest” (MacQueen, McLellan, Kay, & Milstein 1998). Pivotal to the process was a structured codebook, developed by the researcher with the help of NVIVO that served as the framework for the analysis process (Appendix D). MacQueen and colleagues (1998) suggest six basic components of the codebook including the code, a concise definition and a full definition, codebook guidelines explaining when to use and not use the code, and examples.

This codebook served as the framework for the data analysis of the research questions. The coding process was broken into meaningful segments, specifically a complete sentence. The
process identified all text associated with that particular research question. These sentences were then analyzed for in-depth analysis in or across topics.

After identification of the coding process, including the categories based on the theory and research questions, the coding scheme was tested. Refinements were made on an as needed basis depending on the results. At the same time, checks and balances on coding consistency is important (Zhang & Wildemuth, 2009). After the codebook was free of inconsistencies and misalignments, the researcher began to analyze the data in its entirety and report the findings through a comprehensive description representing “a personal and theoretical understanding of the phenomenon under study” (Zhang & Wildemuth, 2009, p. 5).

Observational data. The final analysis of these data included the general meaning of various statements made by participants in the interviews. In order to minimize the bias of the researcher, he asked an experienced college professor familiar with Nvivo and qualitative research techniques to serve as an auditor for validating the codes, themes, subcategories and meaning of the data (Seidman, 2012).
CHAPTER FOUR: RESULTS

The purpose of the study was to evaluate the effectiveness of the Burundi Refugee Ministry Program developed and offered at St. Leo, a Catholic Church in Cincinnati, Ohio. The goal of this program is to enable the refugees to successfully settle in the U.S. by overcoming barriers such as language, economic and cultural differences. As a further outcome of the study, the findings of this study will also contribute to the research based literature in the field of refugee resettlement.

The first research question in the Theory-Based Evaluation (TBE) is to identify whether the theory that was chosen for the refugee resettlement program has been implemented consistent with the theory design. The second research question focuses on whether the four programs provided by the church (Women’s Group, Academic Tutoring, English as a Second Language program, Spiritual Services/Pastoral Counseling) lead to wellness. The third research question examined if the above-mentioned programs also contributed to the economic self-sufficiency among the newly resettled refugees.

In order to answer these three research questions, the researcher conducted observations of the four programs, conducted interviews in the presence of a translator with ten refugees who had participated in some or all of the four programs initiated by the church, and administered questionnaires to four staff members at the Catholic parish.

Sample Description

The total number of refugees who received services at St. Leo under the Burundi Refugee Ministry Program was 17 families totaling 74 refugees who had attended one or more of the four programs. For this study, ten adult refugees were recruited to participate in the study. The participants in the sample ranged in age from 21-65 years old with an average stay of seven years.
in the U.S., as shown in Table 4.1 below. All the participants met the criteria to participate in the study; all were above 18 years of age, and all of them had attended one or more of the Women’s Group, Academic Tutoring, ESL, and Spiritual Services/Pastoral Counseling programs for a period of at least six months. Because the academic tutoring is for children and youth, the qualification of a family member participating was the only requirement for this category. The four church staff members that were interviewed included the Pastor, Pastoral Counselor, Parish Nurse and Volunteer Coordinator.

Table 4.1. Characteristics of Refugee Sample

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<tr>
<th>Refugee</th>
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**Research Question 1**

*Are the mental health, spiritual, and educational services being provided based on the Theory of Refugee Resettlement?*

Figure 3.1 depicts the Theory of Refugee Resettlement in a schematic form. It shows that refugees upon arrival are assessed for their unmet needs in the area of housing and other basic needs. After addressing the basic needs, the four regular programs are made available to empower them for acculturation in the American society. The outcomes from these programs include: wellness, economic self-sufficiency, improved academic performance, and optionally gaining American citizenship.

In order to examine the Research Question 1, the researcher conducted observations,
participant interviews and analyzed survey data from the staff questionnaires. In all, the researcher made four observations that included class sessions for ESL, Women’s Group, Academic Tutoring, and the Spiritual Services (Mass). Each of the observations allowed the researcher to better understand, first hand, the context of the activities, the reactions of the participants, and the implementation strategies used in relationship to the overall goals. Each observation lasted at least one hour in length and occurred on site at St. Leo church facilities. Detailed notes were taken by the observer, who talked with some participants, staff, and volunteers who were involved in conducting the sessions. The following sections will detail the findings related to each service to describe the degree to which each was implemented as planned.

**Mental Health Services**

In its original design, the mental health services were planned to be implemented only through the Women’s Group and pastoral counseling services. The researcher found during the observation that the focus of the Women’s Group had changed at the request from the participants to include more ESL opportunities. Pastoral counseling remained available upon request, immediately after the Women’s Group. The Nurse reported that participation in this group varies, but on average there are between 8 and 13 members each week. The numbers seeking pastoral counseling are not available and were not observed for reasons of confidentiality. In addition to the Pastoral Counselor, the priest also sees refugees and others for pastoral care upon request.

The researcher observed the Women’s Group on a Thursday morning from 10:15 a.m. until 11:45 a.m. The activity observed was a lesson on reading and speaking English. As noted previously, the shift in focus to ESL in the Women’s Group was confirmed by one of the leaders
(Pastoral Counselor) and was made for providing more practice time in the use of English language. She reported that the change was requested by the female participants along with the request to include adult male family members and friends to the group. The pastoral counseling occurs immediately following the regular session with individual refugees on request. Researcher also observed that Catholic Charities has set up an office across the street from the church where both licensed counselors and social workers have a space for mental health counseling. The Pastoral Counselor confirmed this.

The participants were asked to rate the helpfulness of each service in the questionnaire on a scale of 1 to 4 (1 being the lowest and 4 being the highest rating). The mean rating for the Women’s Group was 4.0 showing that the program is valued by the participants and provided a high level of utility for them. The pastoral counseling was not rated to ensure the sessions are still completely confidential for the refugees, and these services are only used by refugees if they feel a need and request this.

The findings revealed that the mental health service component of the theory is being met at St. Leo in a different form than originally designed. In the follow up interview with the Pastoral Counselor, the researcher also found that additional mental health services would be provided for the Burundi refugees by Catholic Charities office being opened across the street from St. Leo church. As such, the staff is ensuring that mental health services are available through an outside agency while the church program focused on ESL services.

**Spiritual Services**

Spiritual Services were designed to be offered through Mass, adoration, and the offering of the sacraments each week. The Priest’s survey revealed that many refugees attend the services each week. Since 2008, 13 refugee infants have been baptized and 12 refugee couples have been
married at St. Leo. The average attendance at Mass on Sunday varies between 40 and 80 refugees at each service.

The researcher observed Spiritual Service (Mass) on Sunday at St. Leo. Part of the Mass was conducted in Kirundi, and the refugees read translations of the daily reading provided by the church. The singing also included traditional hymns, sung mostly by some of the older parishioners and refugees. The refugees were included in all lay duties during the Mass, such as communion distribution, basket money collections, and serving at the altar. The local non-refugee parishioners who attended Mass participated in the same way and were interacting with the refugees. The children of the refugees were offered a separate class from the adults to learn the children’s Gospel with activities in a different room. The activities were done in English, as the children were able to understand the language.

The participants were asked to rate the helpfulness of each service in the questionnaire on a scale of 1 to 4 (1 being the lowest and 4 being the highest rating). The mean rating for the spiritual services was 3.9, showing that the spiritual services were valued and found to be useful by the participants. The spiritual services at St. Leo for the benefit of the refugees were being delivered consistent with the theory as planned. The refugees and other parishioners appeared to be pleased and grateful with the spiritual services overall.

**Skill Development for Work and Daily Living**

The skill development for work and daily living services was designed to be offered through the Women’s Group, and ESL classes. The Pastoral Counselor survey revealed that the women requested more time for ESL after they had acquired the daily living skills such as cooking, cleaning, washing in the first few months. These skills are now taught for any newly arriving refugees by the Nurse and the Pastoral Counselor according to the survey. The
Volunteer Coordinator interview revealed that the ESL classes are attended by an average of seven people on Saturdays from 10:30 a.m. until noon. The Women’s Group meets Thursdays 10:30 a.m. to noon. In total, three hours per week are devoted currently to developing the English language ability.

The researcher conducted the observations of the Women’s Group (described above) and the ESL Class. The English as a Second Language (ESL) class is held in the rooms of the St. Leo rectory. During the researcher’s observation, one Burundian woman was sharing some sad news after a phone call to her brother that morning in Burundi concerning the country’s political state and continuing civil war. The tutor expressed empathy to this negative news about their country. One refugee was there to receive special one-on-one tutoring to prepare her to take the GED exam. This one-on-one coaching was done separately while others practiced speaking English in a group with a second tutor. Both styles of teaching (group learning and one-on-one tutoring) are used in the session. All classes observed involved speaking English, and also writing responses on a worksheet. The class had students of different abilities and the tutors accommodated their needs throughout the class by separating them into a more homogenous setting where the teaching was appropriate for their fluency with English.

The participants were asked to rate the helpfulness of each service in the questionnaire on a scale of 1 to 4 (1 being the lowest and 4 being the highest rating). The mean rating for the ESL services was 3.9. As mentioned before the Women’s Group received a rating of 4.0. It shows that the participants see these programs as helpful.

The skill development service component of the theory is being met at St. Leo in a modified form than originally designed. The modification in the focus of the Women’s Group occurred due to the formal request of the refugees.
Academic Support

Academic support services were designed to be offered through Academic Tutoring each week. The Volunteer Coordinator interview revealed that many refugees’ children attend the tutoring sessions each week. She noted that there were 10 volunteers assisting in the sessions and 13-19 refugees who participate on a regular basis in sessions that average 1.5 hours per week. She reported that the materials used for the classes usually include homework and project assignments to be completed by students. In terms of impact, according to the Volunteer Coordinator, the Academic Tutoring Program has seen an increase of the graduation rate for students each year (no exact percentages reported). Many have graduated from a local high school, and three of the five graduates last year received scholarships to a major university in the city. Three of these students plan to pursue a degree in medicine.

The researcher observed the Academic Tutoring group that meets every Tuesday evening from 6:30 p.m. until 8:00 p.m. and is located in the basement area of the church. In this session, the tutors divided the group of students by age and grade levels. During the session they worked with the students in completing their homework and answered any questions the students had. They also clarified any confusion students had on the subject matter. The Volunteer Coordinator, who helps lead the sessions, described the successes that students were having from the academic tutoring such as improved grades in schools and graduation to the next grade level. This was attributed to their attendance at these sessions in the past years.

The participants were asked to rate the helpfulness of each service in the questionnaire on a scale of 1 to 4 (1 being the lowest and 4 being the highest rating). The mean rating for the Academic Tutoring services was 4.0. This shows that the parents of children in attendance valued the program and found it useful.
The academic support services at St. Leo are being delivered consistent with the theory as planned. The refugees and their children appeared to be pleased and grateful with the academic support services overall.

**General Implementation Themes: Challenges, Adaptations, and Appreciation**

During the qualitative analysis of the interviews and questionnaires, three themes emerged related to the implementation of services. They were challenges, adaptations, and appreciation, each of which will be described below.

**Challenges.** Table 4.2 represents the subthemes from the coded questionnaires and interviews pertaining to challenges that affect implementation of the services. These include: language barriers, lack of resources, cultural barriers, and trauma and sickness.
Table 4.2. Challenges to Implementing Services

<table>
<thead>
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<th>Theme</th>
<th>Description</th>
<th>Example Quotes</th>
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<td>Language barriers</td>
<td>Difficulties in communicating between staff, participants, and others preventing delivery of and use of services</td>
<td>Refugee I: Learning the English language was the most difficult and because of that it made very difficult to get a job.</td>
</tr>
<tr>
<td>Lack of Resources</td>
<td>Staff not having the resources to implement the services as planned.</td>
<td>Refugee E: Getting to the grocery store around here is hard because they're so far away the closest thing is small Quickie Mart. Food pantry helps.</td>
</tr>
<tr>
<td>Cultural barriers</td>
<td>Incompatibility between cultural norms that prevent use of services</td>
<td>Pastoral Counselor: When stressed they often revert to cultural patriarchal patterns where women's needs are not considered.</td>
</tr>
<tr>
<td>Trauma and sickness</td>
<td>Past traumatic experiences that cause transition challenges as well as physical illness related to the transition to the U.S.</td>
<td>Refugee A: Family killed in Civil War in Burundi…both my brother and mother.</td>
</tr>
</tbody>
</table>

Note: All participant quotes were translated from Kirundi to English.

**Language barriers.** The greatest challenge that the refugees and St. Leo staff faced was communicating with one another due to language difficulty. As the Pastor noted, “this influences everything such as preaching…counseling and the sacraments.” Some of the refugees expressed concerns due to their own challenges in relation to language barriers. St. Leo continues to offer ESL classes to all of the refugees twice a week. They have continually accommodated offerings based on times of day and weekends/weekdays to maximize the number of refugees they served. These classes serve both men and women. During the questionnaire interview
process, the refugees and staff confirmed that the ESL classes were the most important programs for the refugee’s acculturation. Due to this, now both men and women come to what was formerly known as the Women’s Group where staff provides additional practice time. The original ESL class was started on Mondays, but in order to accommodate more, as seen during the observation also, ESL was moved to Saturdays and Thursdays to accommodate more of the refugees.

**Lack of resources.** St. Leo has been ready to meet many of the challenges, but even with preparation, new challenges can always arise. Some challenges are persistent such as lack of resources to meet their growing needs. One refugee commented “The second hardest thing was that the United States of America cut off the living assistance in 2013 for two years” this shows the lack of resources the refugees face during resettlement.

**Cultural barriers.** The refugees have brought some cultural traditions that are positive, but at the same time, there are some habits that challenge the acculturation process. The Pastoral Counselor noted, “on the positive side, there is closeness in the family and great support for each other. They are hard workers and have welcomed the assistance of the church.” However, they had other challenges that the Nurse related to their previous cultural experiences. She identified that “Many of the African men have a practice that includes drinking too much alcohol and then they behave badly while intoxicated.” Because of this, the church makes space available every Friday for a meeting of Alcoholics Anonymous. In the office, the Pastoral Counselor keeps a Swahili translation of the book *Alcoholics Anonymous*, which is available for the refugees to use.

The introduction of refugees into the neighborhood also posed some issues with their neighbors. The Volunteer Coordinator explained, “The newly settled refugees had challenges with some of the neighbors who were not aware of the situation in Burundi and the issues the
refugees faced when they arrived, so there was not initial acceptance of them.” In response to these issues, the church began informing the neighbors and the local community council about who the refugees were. They explained the political climate in the refugees’ homeland and some of the conditions where their lives were in danger. Further, the church reinforced that the church services are open to everyone in the community. The final, and possibly the most important change made, was that the Pastor expanded the church’s food pantry boundary. This expansion allowed the neighbors, who were initially not within the food pantry boundary, the same privilege as the refugees to access the food pantry even if they did not attend Mass at St. Leo. This served to address broader community needs and reduce conflict between the refugees and their neighbors.

**Trauma and sickness.** Another challenge that came up in the interviews was “trauma and sickness.” Most refugees have continued to suffer with the trauma from the experience of civil war in Burundi where many of their family members have been killed or harmed in the war. In one of the interviews, a refugee revealed: “The most challenging thing was to come here from Africa, became sick when traveling to U.S….if I did not enter the U.S. I could've died in Africa.” While coming to the U.S. was the beginning of the healing process, these ailments also slowed down the resettlement process.

The church provided an important supportive environment for the refugees as they transitioned from Burundi to Cincinnati. The Pastoral Counselor indicated that these issues were always kept in mind and discussed in the Women’s Group and during the Mass when the needs arose. As the Pastor mentioned in his interview “The one thing that has not been taken from them is their faith. They have held onto it and they depend and rely on it.” One refugee agreed and mentioned, “…because back in our home country we are all Catholics and it is helpful for the
transition.” The Pastoral Counselor noted, and the researcher affirmed during the observations, that the ecological approach that includes holistic care of the refugees at St. Leo is essential for assisting the refugees in their adjustment in the new society.

Adaptations. The church has continued to adapt as the needs arise. There has always been a translator at the church conversant in Swahili, Kirundi and English. In addition to this, two priests who know the language have been available for services and have performed baptisms and weddings. Recently, recruitment effort for a third priest who speaks the language of the refugees has been underway at St. Leo. The St. Leo priest said, “We are currently making arrangements with a priest from Rwanda, who is studying here in Cincinnati, to provide some services for us on a once-a-month basis but he is already helping at three other parishes.”

To best address the Theory of Refugee Resettlement, adaptability is a key component. This is depicted in Figure 4.1 below as an example of how the Women’s Group shifted to address the growing need and request of the refugees for more ESL services. As the refugees have settled in over the years, there is less a need for skill development for work and daily living. The focus of the program shifted and adapted to the needs of the refugees over the years. Service providers’ sensitivity of the changing needs of the refugees requires adaptability in program offerings.
The refugees expressed their appreciation of the St. Leo services and the acceptance they have received through the church. It is best described in this comment: “The language classes have helped tremendously at the church. These have had the most important impact.” Another said, “when she started the program she could not write her name but now that they've done the Women's Group several years, she and others can at least write their names.”

Many of the outcomes noted in the Theory of Refugee Resettlement have been observed. For example, many of the refugee students who had attended Academic Tutoring have enrolled in college, three of whom have received scholarships from the University of Cincinnati. Also, it was reported that 14 families have steady employment.

In sum, the programs and activities at St. Leo have been helpful to the refugees and the theory and related activities exhibit partial alignment, when considered over the life of the ministry. Together, these data from the interviews and questionnaires as well as the observations affirmed that the components of the Theory of Refugee Resettlement were being implemented at St. Leo under the Burundi Ministry Program. Furthermore, as the needs of the participants have
evolved and additional resources are made available in nearby proximity, St. Leo has adapted, maintaining access to all services as needed.

**Research Question 2**

*Do the Burundian refugees at St. Leo attribute wellness to the services provided (ESL, Academic Tutoring, Women’s Group, Spiritual Services/Pastoral Counseling)?*

In order to examine this research question, data from participant interviews, observations, and staff questionnaires were analyzed to identify if responses were consistent with the Theory. The data was confirmed with observations. The findings are described below.

The Table 4.3 represents the data coded from questionnaires and interviews pertaining to services leading to wellness (self-confidence, spiritual satisfaction and physical satisfaction).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services leading to self-confidence</td>
<td>Description of feeling self-assured, emotionally stronger, belief in self, and overall mental stability due to participation in program services.</td>
<td>Refugee I: They helped emotionally and by listening to us and giving us different ideas of how to deal with things as they come up.</td>
</tr>
<tr>
<td>Services leading to spiritual satisfaction</td>
<td>Description of feeling at peace with self. Feeling closer to spiritual being, connected to community and creator, full of hope and less dependence on materialistic things.</td>
<td>Refugee B: Has been very helpful going to church at Saint Leo's I like the Mass. Helps us to be at peace and stay peaceful and happy.</td>
</tr>
<tr>
<td>Services leading to physical satisfaction</td>
<td>Description of feeling physically fit, healthy calmness, happy, reduced stress</td>
<td>Refugee D: They're very helpful with everything they do including Women's Group showing us how to eat properly</td>
</tr>
</tbody>
</table>

Note: All participant quotes were translated from Kirundi to English.
Services Leading to Self-Confidence

Together, the mental health services of Women’s Group, and pastoral counseling helped build self-confidence of the refugees for living in the new American setting. The participants rated the effect of services on their emotional well-being highly, rating them as a 4.0 on the Likert scale where 1.0 represented the lowest and 4.0 represented the highest level of helpfulness.

The benefit of these services was recognized by many of the refugee participants, one of whom claimed, “ESL classes are the most helpful because they teach us how to live in America…” The Volunteer Coordinator further explained the importance of learning English when she said, “…when a person becomes comfortable in the language of their new country it helps build trust.” The Nurse also reinforce the importance of English learning by explaining, “This together helps decrease some of their stress as they all worry about speaking English and securing income for their families.” In one of the observations, the researcher saw that one of the participants spoke fluent English in the Women’s Group and was in the class to receive special one-on-one tutoring to prepare for her to take the GED examination. Generally, the volunteer worked with participants in two separate groups based on their proficiency in English. By these reports, learning English can lead to stronger relationships and better mental health. The mental health services provided by St. Leo (pastoral counseling and Women’s Group) as evidenced by the feedback from the refugees and observations contribute to an increase in their self-confidence within their new living environment.

In one of the observations of the Women’s Group, the researcher observed participants discussing what they saw in the pictures about the weather and were asked by the volunteer tutor to practice answering in English and in complete sentences. The researcher found an average of
eight participants in the ESL classes on Saturday mornings. The volunteer was encouraging the participants to not worry about making mistakes but to practice speaking in English. The three men in the group were more actively participating and taking chances while the women, although participating, seemed more reluctant to make any mistakes. In another group, the ESL teachers asked women participants to read passages and use their comprehension skills to answer questions. It appears that the services are leading to self-confidence for men in mixed gender groups and for women in gender-segregated groups.

**Services Leading to Spiritual Satisfaction**

Participant wellness is also related to their feeling of peace with self in their new American setting. Together, the spiritual service programs of Mass, sacraments, and adoration helped build spiritual well-being of the refugees for living in the new American setting. The participants rated the services provided by St. Leo as helping their spirituality as 4.0 on the Likert scale where 1.0 represented the lowest and 4.0 represented the highest level.

Spiritual satisfaction is a major factor in feeling at peace and of overall wellness. Sensitive to development of spirituality, St. Leo has adapted its program to accommodate the refugees in order to enhance spiritual well-being. For example, the priest has arranged for parts of Mass to be conducted in Kirundi. Every Sunday Mass at 10:30 a.m., a reading from the scripture is read in Kirundi, and a hymn is also sung in the refugees’ native tongue. One of the participants expressed her appreciation of these accommodations, when explaining, “…back in our home country we are all Catholics and it is helpful for the transition….“ The Pastor stated, “The one thing that has not been taken from them is their faith.”

Beyond attending Mass, the church has become a viable part of the refugees’ connection to the community and creator as evidenced by the further involvement in activities and
leadership. The Pastoral Counselor noted, “We now have three refugees on our parish council who provide good ideas and input.” These three refugees have continually provided valuable suggestions and modifications for the various activities and services within the church. Over the last several years, many refugee infants have been baptized and several refugee couples have been married at St. Leo. The average attendance at Mass on Sunday continues to grow. This shows that the active level of participation is a sign that members are engaged and experiencing spiritual wellness. The researcher also observed that the refugees wore the native African attire during the spiritual service (Mass).

The refugees find a sense of solace through the opportunity to continue following and practicing their religious beliefs in this new country. The statements from the interviews with the refugees verify that the ability to access these spiritual services contributes to their overall wellness.

**Services Leading to Physical Satisfaction**

The church also provides special attention to the physical needs of the refugees. Together, the skill development for work and daily living, ESL, and Women’s Group helped build physical satisfaction of the refugees for living in the new American setting. The participants rated the services provided by St. Leo leading to physical wellness as 4.0 on the Likert scale where 1.0 represented the lowest and 4.0 represented the highest level.

Through the Women’s Group and ESL services the refugees are in constant communication with the Pastoral Counselor and the Nurse. Health related needs are constantly discussed and assessed to ensure physical well-being of the refugees. It is important that they receive medical services when needed, have enough clothing, food and adequate housing. When there are medical needs, the Nurse has provided medical assistance and help. One refugee in
particular expressed her appreciation of the Nurse’s services, stating, “The Nurse Mary Beth has been the most helpful. Because my husband had a stroke they've helped a lot through this tragedy.” One other refugee stated “[the program] helped me get connected to Medicare and Medicaid…. that help for overall wellness and health….” These services contribute to the refugees’ well-being by ensuring good health, reduction of life’s stressors, and promotion of a calm and happy lifestyle.

Overall the activities and programs at St. Leo’s have worked in tandem to assist in the emotional, spiritual, and physical wellness of the refugees. Data obtained, including statements from the refugees, have indicated the importance of St. Leo services to their wellness and acculturation process as they establish a life in the U.S. Questionnaires completed by the St. Leo staff and observations conducted by the researcher further confirm that St. Leo’s activities and programs have a positive impact on the refugees’ wellness.

**Research Question 3**

*Do the Burundian Refugees at St. Leo attribute economic self-sufficiency to the services provided (ESL, Academic Tutoring, Women’s Counseling, Spiritual Services/Pastoral Counseling)?*

Data from the participant interviews and staff questionnaires were analyzed in order to address this research question. The findings are described as follows:

The participants rated the services provided by St. Leo as helpful in leading to economic self-sufficiency as 4.0 on the Likert scale where 1.0 represented the lowest and 4.0 represented the highest rating.

Table 4.4 represents the data coded from questionnaires and interviews pertaining to services leading to economic self-sufficiency (self-transportation, stable government support, and employment)
Table 4.4. Services that lead to Economic Self-Sufficiency

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services leading to Self-transportation</td>
<td>Getting one’s self and family members to a new location</td>
<td>None</td>
</tr>
<tr>
<td>Services leading to stable government support</td>
<td>Description of feeling financially secure due to empowerment by programs offered at St. Leo to obtain government services.</td>
<td>Refugee G: Economically they've helped a little bit getting some of the benefits that was mainly coming from government but with the help of translator and Pastoral Counselor they're able to get the paperwork completed for the government benefits</td>
</tr>
<tr>
<td>Services leading to employment</td>
<td>Acquiring employment and pay of salary or hourly rate of pay.</td>
<td>Refugee J: Yes I have a job, The job is for packaging products at Amazon.com; it is 44 hours per week. Sometimes there is overtime work.</td>
</tr>
</tbody>
</table>

Note: All participant quotes were translated from Kirundi to English.

**Self-Transportation**

For any new person coming into the U.S., transportation poses a huge problem. In the case of refugees, this was an even bigger problem because they did not have any financial resources to either purchase a car or even be able to use public transportation. One of the first challenges for St. Leo was to provide access to different modes of transportation to allow for the refugees to participate in the four major refugees services. This included the church van, bus tokens and other parish volunteers providing rides to and from the church and to various other locations in the city. This is confirmed in a statement by one of the refugees, “The transportation helped a lot and they've even helped with follow-up ….” The researcher found during one of the observations that the volunteer ESL tutor picked up five refugees from their homes and brought
them to the class. Transportation to access the services while refugees continue to locate other means of self-transport is essential.

Transportation needs have still not been fully met, and most refugees do not have their own cars. This remains a big area of necessity. There was not solid evidence of services leading to self-transportation, but many were able to access destinations through other church members, biking, walking and friends. Self-transportation is not impacted by the four services offered by St. Leo, however, other alternatives are offered to ensure participation in the programs. This is one area they hope to continue to improve at St. Leo.

**Stable Government Support**

The refugees gained assistance in obtaining stable government support in two of the four main service areas, Skill Development for work and daily living and Mental Health Services. For these services, staff and volunteers assisted the refugees in completing necessary paperwork for Medicare and Medicaid to access government aide including food assistance, health care coverage, and even access to the public schools for their children. The refugees also received help in accessing health related services in the form of regular nursing checkups, therapies such as speech, physical and occupational, and during pregnancies, mothers received regular prenatal care. In the absence of a steady income or other finances, each refugee had different challenges.

In a statement by Refugee C about the assistance she received in the Women’s Group: “The Nurse … helped us get connected to both Medicare and Medicaid and other needs for insurance and basic needs that help for overall wellness and health.” Another participant commented about the assistance received in interpreting and filling out various forms for the different government benefits. The access to these government programs requires assistance with paperwork that is often brought in to the Women’s Group and ESL classes. These case
management services are offered not only during the Women’s Group, but also before and after the other programs and have become major assets to many of those seeking assistance with form completion. Flexibility and adaptability were key components.

The researcher noted in one of the observations, that the bulletin board at the entrance of the St. Leo church included announcements about the dental clinic hours for the refugee families and others available through the church. Following the Mass there was food distribution from the food pantry and winter clothing that had been donated in previous weeks to the church. It should be noted that the dental clinic and the food pantry are heavily government subsidized, and access to these programs is essential for the overall wellness and economic well-being for all of the refugees. Many of these exchanges happen when everyone is already at the church due to the lack of transportation and other challenges. St. Leo has shown that flexibility, when needs arise, is key to assisting the refugees.

**Employment**

All refugees upon arrival were unemployed for the first several weeks. Through the St. Leo Burundian Refuge Ministry Program, having received ESL services and other services in the Women’s Group, Academic Tutoring, and Spiritual Services, 14 families (family with at least one worker) have been able to find steady employment, mostly in low-wage jobs. A few refugees have acquired full time jobs with occasional overtime work. Refugee J commented, “I work the night shift and my husband works the day shift so the kids are supervised by mother-in-law.” The researcher also observed, during a Women’s Group session, a poster highlighting the handbags created by that group. These unique handbags are for sale locally. This program empowered the women to earn a modest income. A different refugee stated “I not only obtained two raises but I have also become a supervisor where I work due to my proficiency in English.”
“The ESL classes have also helped tremendously with getting jobs, and learning other employment skills, and also maintaining good job ethics for extended employment,” as mentioned by the Volunteer Coordinator. The increased facility with the speaking of the English language will allow them greater opportunity to find higher paying jobs that can lead to economic viability and movement in the socio-economic ranks.

From all the comments received and the interviews conducted, it appears that most of the refugees who are able to work have found at least minimum wage employment to sustain themselves, and those who are unable to work or find employment, have been connected with steady government support to meet their needs. Of the refugees who were interviewed, three had employment, one was in college for a nursing degree, two were unemployed (ages 47-59), and four were past the age of employment (60 years of age).

**Economic Self-Sufficiency through Citizenship**

In the data analysis process, a new code emerged which is related to economic self-sufficiency, citizenship. This theme was not in the original codebook, but was added later when it was observed as a theme from many of the refugees. In the sample, all of the refugees were working toward obtaining U.S. citizenship and one had already succeeded in this. One refugee stated, “They've helped a lot with the citizenship process.” Refugee F said that the women in charge of the Thursday group are assisting with the citizenship process especially for the older people. Additionally, the researcher found from the staff that most other refugees are working toward obtaining citizenship and eight had received citizenship already. As the refugees obtain citizenship, it is expected that they will have additional opportunities for employment and greater economic self-sufficiency.

**Economic Self-Sufficiency through Academic Performance**
Another new theme that emerged in the area of economic self-sufficiency is academic performance. The Academic Tutoring program is offered every Tuesday evening from 6:30 p.m. until 8 p.m. in the basement area of the church. The average number attending are about eight students of high school and middle age, and six of the elementary aged kids were observed in attendance during the observation of this service. This theme was not in the original codebook, but was added when it was seen as a theme from many of the refugees. The researcher observed that there were students from first to twelfth grade. The students brought their work with them and the tutors supervised or taught the needed skills to accomplish completion. The coordinator mentioned that she had seen the increase in the number of students over the years since its inception. This had resulted, according to the coordinator, in a higher graduation rate of high school students, and even acceptance into college. Receiving a comprehensive educational base best prepares these students to possess the skills for reliable employment and/or higher education that can lead to self-sufficiency and economic security.

In summary, the Burundian Refugee Ministry is leading to both wellness and economic self-sufficiency; however some of the individual services provide direct links to these outcomes while others do not. The data collected and analyzed for the second research question have shown how the mental health, spirituality, and skill development services at St. Leo Burundi Refugee Ministry Program assist in the overall wellness inclusive of emotional, and spiritual well-being of the refugees. In addition, there was only evidence that one of the four primary services of interest led to physical wellness; that being the Women’s Group where skills and mental health services are provided. It is important to note, however, that other services at St. Leo’s including the food pantry did contribute to physical wellness. Similarly, there was no evidence that the academic tutoring directly led to any of the dimensions of wellness in this
study. Another important finding was that when ESL and skill development services are offered through mixed-gender groups, women appear to demonstrate less self-confidence. The results addressing the third research question indicate that refugees become more economically self-sufficient after accessing the St. Leo services. Individual indicators of economically empowered lives include obtaining jobs, securing government support, pursuing education, and applying for citizenship. There was no clear evidence that the services led to self-transportation. In Chapter 5, further discussion is included about each of these questions.
CHAPTER FIVE: DISCUSSION

The St. Leo Burundi Refugee Ministry Program was developed to address the pressing needs of the newly arrived refugees from Burundi, Africa, who were placed in homes within the St. Leo parish. From its inception, the goals of the program were to help the refugees adjust to their new life in the U.S. of America and to support them as they strive to achieve economic self-sufficiency and wellness. The four service areas (St. Leo program components) of this effort evaluated in the current study include mental health services (Women’s Group, Pastoral Counseling), spiritual services (Mass, Adoration, sacraments), skill development for work and daily living (Women’s Group, English as a Second Language - ESL), and academic support (Academic Tutoring), each consisting of specific activities to support the overall program goals.

In order to evaluate the program and also to contribute to the existing literature, this study was designed to examine whether these program components and activities are aligned with the Theory of Refugee Resettlement as described by the leadership of the Burundi Refugee Ministry Program. The evaluation examined whether the Burundi refugees were attaining the outcomes of wellness and economic self-sufficiency after their participation in the program components. Additionally, this evaluation examined where modifications were needed and occurred in order to achieve a more significant impact on the lives of the refugees.

To conduct this study, data were collected from archival sources, questionnaires completed by four parish staff (the Pastor, the Volunteer Coordinator, the Parish Nurse, and the Pastoral Counselor), interviews with 10 Burundi refugees, and observations of the Women’s Group, the Academic Tutoring program, the English as a Second Language classes, and the spiritual services, especially the Mass and Sunday morning activities.
The discussion of findings of this study is organized by the three individual research questions related to implementation, wellness, and economic self-sufficiency as stated in the sections that follow. In addition, this chapter will include recommendations for St. Leo’s Burundian Refugee Ministry Program, theoretical implications and future research, as well as limitations.

**Implementation**

*Research Question 1: Are the mental health, spiritual, and educational services being provide as planned based on the Theory of Refugee Resettlement?*

Research Question 1 examines overall performance of the Burundi Ministry Program and its alignment with various components of the Theory of Refugee Resettlement. Based on the interviews, questionnaires, and observations, the results partially affirmed that the program components are being implemented as intended in the Theory. The services of St. Leo Burundi Refugee Ministry Program including Pastoral Counseling, ESL, Academic tutoring, and Spiritual Services remained consistent to the initial design which included regularly scheduled sessions, appropriate personnel including volunteers, and program focus. The stability of these services is consistent with the high satisfaction of the refugees indicated in the ratings. The data analysis also revealed that preliminary services pertaining to finding housing, the food pantry distribution, the nursing services, and transportation are greatly appreciated and considered vital to the refugees’ lives. During that initial period of resettlement, the services of a translator conversant in Swahili, Kirundi and English were also available at the church in order to help the refugees understand the scope of the St. Leo program and to make them more comfortable in their participation as well as aiding in the implementation of the program.
The Theory of Refugee Resettlement is being implemented as designed except that the Women’s Group meetings were modified to include men and to change the focus of these meetings for additional practice of the English language. Over the initial years of the program, as basic skill needs were met, such as cooking and shopping, the refugees requested that more time be devoted to learning the English Language. Expanding ESL opportunities may allow the refugees to learn the language, which opens the door to cultural competence and a greater opportunity to become successful in their new society (Wrigley, 2013). St. Leo staff and volunteers agreed with this assessment and showed flexibility by modifying the original program and responding to the refugees’ request.

Due to the complexity of refugee resettlement and the diversity of individual needs, it is of paramount importance that flexibility and adaptability be taken into account. According to Weine (2011), a program for refugees may require modifications and adaptations to effectively meet the needs of refugee resettlement efforts. Other examples beyond the Women’s Group at St. Leo would be the modification of having Mass in two languages and also the use of parish grounds for growing foods found in the refugees’ diet. It is also important to note that although the Women’s Group did not provide mental health services during the observed period, staff and participants have indicated how counseling services have been historically provided in this group. Therefore, it is useful to see how the larger cohort of refugees’ needs have changed over time, with counseling services being essential at the early stages of their resettlement and ESL services being required now at this later stage.

In total, the services were implemented as planned according to the Theory of Refugee Resettlement with this one exception, is the adaptation of Women’s Group occurred to add more ESL services. Other programs that use the Theory of Refugee Resettlement need to be open and
flexible to adaptations to better meet the needs of their unique circumstances in their service delivery.

Wellness

*Research Question 2: Do the Burundi Refugees at St. Leo attribute wellness to the services provided (Women’s Group, Academic Tutoring, English as a Second Language, and Spiritual Services/Pastoral Counseling)?*

Research Question 2 examined the views of the Burundian Refugees and the church personnel about the impact of these four services on wellness. Based on the interviews, questionnaires, and observations the results affirmed that the components of the program are described as extremely helpful for the refugees and have had a positive impact on their wellness. For the purposes of this study, wellness was divided into three components: self-confidence, spiritual satisfaction and physical satisfaction.

Refugees reported that they feel a greater level of self-confidence because the church staff has closely listened to their questions and concerns collaborating with the refugees to make program modifications. The staff is open to making changes, if needed, based on the refugees’ needs and suggestions. The refugees conveyed the importance of learning English in the ESL classes, resulting in more classes and practice time, because by learning the language and being able to talk with others, they are gaining greater independence and freedom. Benseman (2012) stated, “As the learners develop their learning skills and fundamental literacy skills, they also develop a set of skills, attitudes and knowledge about their new environment, enabling them to undertake daily tasks in their community with increasing confidence” (Benseman, 2012, p 26). Accomplishing these “milestones” in the supportive environment of ESL classes aligns with the refugees’ comments of feeling a greater sense of trust and self-confidence. The practice of
speaking the new language, and to learn from the mistakes when made, is empowering and confidence building. Refugees need English as a vehicle to engage in their new social environment thus English becomes a basis for improving self-confidence (Sutton & Benseman 2012). These findings suggest that St. Leo and other resettlement programs must emphasize the English as a second language program as they work with the refugees to promote self-confidence.

An additional finding in terms of self-confidence was the observation of gender differences in confident participation in the Women’s Group. It is difficult to ascertain whether the women’s limited participation was due to lower self-confidence or traditional cultural norms in the Burundian community. Either way, it is apparent that the women are getting less practice and that the ministry may consider using gender segregated groups. This finding is consistent with the research, which suggests that women from developing countries struggle in different ways. Women refugees experience unique cultural barriers such as not speaking in the presence of men as a sign of respect and shyness of speaking in public (Martin, 2004).

The refugees also reported that they feel a greater spiritual satisfaction through a sense of peace in their new setting. Much of this may be attributed to seeing the Pastor striving to accommodate their needs during spiritual services. By including Kirundi in sections of the Mass, they expressed a feeling of being more connected to their spirituality and a greater part of the religious experience. The inclusion of three refugees on the parish council also gave them a representative voice in church activities and the ability to personally connect to their spiritual practices. Finally, the celebration of life activities like baptism and weddings further cements their spiritual relationship to the church. As reported by the refugees, these religious experiences, which occur at the church, are an important part of their belief system that increases their
spiritual satisfaction while also creating a stronger connection to the church. According to Hodge (2015) there is a strong relationship between spirituality and wellness. Those who find a strong sense of self in their spirituality also exhibit a positive relationship to wellness (Hodge, 2015).

In this study, it was determined that physical wellness was not a result of all of the services. Of the four services provided in the St. Leo Burundi Refugee Ministry program, only the Women’s Group promoted physical satisfaction among the refugees. Through the services of parish Nurse, who is the leader of the Women’s Group, the refugees learned to cook, received support in the form of medical assistance, received donations of appropriate clothing to face the weather conditions, and received food/cleaning supplies to keep their family fed and healthy. Of all these activities, most fell outside of the four primary services of interest and reflect the ways that the ministry has adapted the Women’s Group to assist with basic needs. While there lacked a substantial direct connection between these four primary services and physical wellness, there may be indirect connections between the services and physical wellness related to the emotional and spiritual well-being of the participants. Physical wellness can come from mental health and skill development due to overlap of services, showing a need for flexibility, fluidity and adaptability when providing these refugee services.

In like form, this study did not show any direct evidence that Academic Tutoring led to any of the three subcategories of wellness specifically, but there may be indirect relationship between tutoring and wellness. This was evidenced in Volunteer Coordinator’s response with regard to wellness and students’ plans for higher education. It is expected that achieving success in school would correspond with self-confidence (Vialle, et al 2015). Subsequent studies of the children in refugee families would be one way to explore this relationship.
Overall wellness (self-confidence, spiritual satisfaction, and physical satisfaction) may be inhibited by certain challenges faced at St. Leo. It takes a great amount of time for the refugees to become proficient in speaking English. It can also be discouraging to those who are having difficulty mastering this new language. They are able to express themselves orally more proficiently than reading and writing English. Providing encouragement and positive reinforcement is essential to keeping motivation high. Soliciting donations of clothing, food, furniture, etc., to meet the basic physical needs of the refugees is another ongoing challenge that requires high visibility of the program and energy on the part of the St. Leo staff and parishioners. Such demands may keep staff from attending more fully to other wellness promoting activities. Addressing complex mental health issues remains a challenge although St. Leo’s does the best they can with the limited resources available to the Parish.

Overall, the data collected clearly demonstrates the importance of the St. Leo Burundi Refugee Ministry Program as it contributes to refugee wellness. The positive impact on wellness on the lives of the refugees is evident based on feedback received from the refugees.

**Economic Self-Sufficiency**

*Research Question 3: Do the Burundi Refugees at St. Leo attribute economic self-sufficiency to the services provided (Women’s Group, Academic Tutoring, English as a Second Language, and Spiritual Services/Pastoral Counseling)?*

Research Question 3 examines the views of the Burundi refugees and church personnel about the impact of these four services on economic self-sufficiency. Based on the interviews, questionnaires, and observations, the results affirmed that the components of the program are described as extremely helpful for the refugees and have had a positive impact on the economic
self-sufficiency. For the purposes of this study, economic self-sufficiency was divided into three components: self-transportation, stable government support, and employment.

The results showed that providing transportation for refugees to access the services like ESL classes, to keep appointments with doctors and hospitals, or to go to the food pantry, church or to their jobs became an important task for the Volunteer Coordinator. It is a huge effort and requires coordination from a cadre of volunteers willing to drive. This finding is consistent with the literature that suggests that assisting refugees to get to important destinations is important and can involve the use of public transport or alternative modes of travel such as carpooling and volunteer driver programs (Bose, 2014). Many volunteers in the church have stepped forward as well as the parish Nurse and Pastoral Counselor to help meet the transportation needs of the refugees. The use of the church van and bus tokens also became integral parts of providing transportation support. Even if a vehicle were available for personal use by the refugees, obtaining a driver’s license, insurance, and fuel become prohibitive due to language and financial barriers. Without the services of the volunteer drivers, the refugees would have limited access to any of the important services. Although the refugees are still dependent on volunteer transport, the findings indicate that a limited number of families are progression towards self-transportation. According to the Pastoral Counselor, both the Women’s Group and ESL classes prepare the refugees to read and access the bus schedules and routes. Bose, (2014) reinforces the notion that transportation of refugees including being able to go to jobs, healthcare and educational opportunities creates independence, a better quality of life and a greater participation within their community is essential. To the degree that refugees are able to access these services within the ministry and begin to access public transportation, they will move towards greater economic self-sufficiency.
Applying for and receiving stable government support in programs like Medicare and Medicaid are vital to the economic self-sufficiency of the refugees. The Pastoral Counselor, Volunteer Coordinator, and Parish Nurse within the Women’s Group and ESL Classes have been pivotal in assisting the refugees in properly filling out the forms for government assistance. In conjunction with Catholic Charities, St. Leo Pastoral Counselor continues to assist the refugees in ongoing contractual issues such as apartment lease renewal and ongoing food stamp acquisition. Overcoming the language barrier by participating in ESL classes also opens the door to economic self-sufficiency so that the refugee can take greater control of the decision making process that affects their life and that of their family (Belzer, 2013).

Upon arrival, all refugees face the problem of unemployment. Becoming proficient in conversing in English is probably the single most important skill in finding and keeping steady employment (Kaz, 2014). Skilled immigrant refugees who are proficient in English are going to be in high demand as the local and national economies grow. Most refugees who have found jobs are still in minimum wage positions such as packagers for Amazon. Immigrants who are challenged with the English language have more difficulty finding jobs, as well as advancing in the jobs that they currently occupy, thus resulting in earning lower wages in lower skilled jobs (Kaz, 2014). Also learning how to deal with money, including reading dollar signs and decimal points, is important as they go shopping, open bank accounts, pay bills, and the like. The ESL classes and Academic Tutoring provide opportunities to learn these skills. As the younger generation of refugees who are still enrolled in elementary and high school receive their education, these skills are being mastered more quickly and they can contribute to the families’ daily functioning. The youth are taking advantage of the opportunities to attend college to earn degrees that may place them in higher paying positions in the future. This too can help their
families’ finances and lead to economic self-sufficiency. Slavin and Cheung (2005) have stated that when parents learn English, the children are also more motivated to learn and they perform better in their school environment. Continuing academic achievement has been evidenced by the increasing number of Burundi youth who are graduating from high school and going on to college.

Challenges remain ranging from the lack of reliable transportation for getting to jobs to learning English at proficiency levels allowing understandable communication between employers and employees. More opportunities for ESL classes are the key to creating greater economic solvency.

For the immigrants and refugees themselves, control-if not mastery-of English represents the key to the Golden Door behind which lie the benefits of American society: educational opportunities jobs that pay a living wage, social mobility and a better life for oneself and one’s children (Wrigley, 2013, p. 222).

The data collected clearly demonstrate the importance of the St. Leo Burundi Refugee Ministry Program as it relates to refugee’s economic self-sufficiency. Findings from the interviews with the Burundi refugees, the questionnaires completed by the parish staff, and some program components provide evidence that the efforts of St. Leo Burundi Refugee Ministry program do support the goals of the Theory of Refugee Resettlement. The basic skills for daily living offered in the Women’s Group and the ESL classes showed the best evidence for acquiring economic self-sufficiency because they both enhance the skill sets necessary for gainful employment. Achieving economic self-sufficiency is an incremental process with the learning of English being of highest importance but occurring at each individual’s pace. The
focus of the program and its activities are in alignment with the theory and making a difference. On a related note, the attainment of citizenship can allow access to the welfare programs in the US that provide a safety net for economic self-sufficiency. As seen in the data those who can speak in English pass the citizenship test more easily. There was no finding of connections with spirituality or mental health services to economic self-sufficiency; however, there may be indirect effects that could be explored in future studies.

**Recommendations for St. Leo and Other Refugee Resettlement Programs**

In order to best meet the needs of the existing refugees at St. Leo and across the U.S., the following recommendations should be considered for their feasibility and impact on resettlement efforts. The overall recommendations for St. Leo were in the areas of ESL, a horticultural therapy counseling model and other supportive activities.

**ESL**

Since language is often the greatest barrier, much attention needs to be paid to the delivery of English as a second language services. For refugees whose native language is other than English, it may be beneficial to adopt similar strategies that have been found useful for acquiring spoken language. “Learning must begin where the student is at the moment he or she enters our classrooms” (Marrapodi, 2013, p.21). Teachers working with pre literate and low literacy adult learners should remember that their developmental processes are different and instruction should be modified to meet those needs. Lightbrown and Spada (2013) suggest looking at the stages of language development. The first exposure to language is the identification of spoken sounds. Next the sounds are put together to make simple words that have some meaning based on the reactions of those around them, then putting simple words together in order to convey a simple sentence. Language skills eventually progress to a more
sophisticated use of the language as the sounds and eventually words can be read. In other words, the learner is totally immersed in speaking the language from the very beginning.

For St. Leo, as the refugees participate in a variety of experiences such as cooking and socializing in the Women’s Group, attending Mass, etc., they are also learning the language from these experiences (Lieven & Tomasello 2008). The learner acquires the ability to use language and communicate from this totally immersive state. Based on observations of the St. Leo ESL classes and Women’s Group, the instruction is provided by many motivated, well-prepared volunteers. While the “classroom” environment is immersive in nature with much English spoken, the activities tended to involve a great deal of reading and writing for all the refugee students despite their level of readiness. There are definitely some who are ready for these reading skills but others who are greatly struggling even after participating in the ESL classes for years and should be exposed to a modified program which involves conversation format and less worksheet orientation. Flexible models that incorporate English learning into real-world contexts demonstrate promise (Due et. al., 2015). Therefore, if there is a possibility of offering a few levels of ESL and being open to these adaptations, the refugees may be served best. Instruction may be more effective if the classes are broken into more definitive levels based on learners’ needs and skill sets. In addition, it appears that retaining gender-segregated groups may be beneficial for some of the women (Martin, 2004). While the number of volunteers available also dictates this, having more homogenous groupings may prove to be more efficient and the rate of learning may increase. As it pertains to the ESL classes, St. Leo continues to exhibit the ability to be more flexible with the refugee resettlement services they offer.

The process for English as Second Language learners is of paramount importance. While adult second language learners have the advantage of knowing how language works as a
communicative tool, they also have some hindrances that accompany their experiences such as fear of making mistakes and looking silly when speaking the new language, preconceived ideas of how sounds should be made, attitudinal and cultural issues, and a feeling of stress when they are unable to express themselves clearly and quickly (Lightbrown & Spade, 2013). The ESL volunteers at St. Leo all showed a very nurturing, positive attitude toward the refugee learners. Continued reinforcement, praise and opportunities for success were evident during the observations at St. Leo. Immersion in hearing spoken English also helps with the varied and different sounds as compared to their native language. Celebrating an attitude of eagerness to learn as well as the cultural advantages of speaking English are important strategies for the refugees.

The older second language learners often do not have the benefit of taking their time in a totally immersive environment because the realities of life such as shopping, job interviews, etc. require immediate expectations of communication in the new language. Refugees arrive with many skills and talents that will enhance our communities given the opportunity (Alessio, 2013). Therefore, given what we know about language development and older learners, it is essential to consider the strategies we employ in the ESL classes (Marrapodi, 2013). Total immersion into the language by speaking and communicating may be the first line of instruction. Introducing reading and writing skills such as letter/sound recognition and comprehension strategies, should be taught after the learner becomes more proficient and comfortable with their ability to speak.

A Counseling Model Recommended for St. Leo

Presently St. Leo does honor a request by the refugees to have access to the church’s land in order to grow their own food. This is a natural extension of the work the ministry is already doing. Given the interest in growing their own food, a holistic counseling model that can be
employed is Horticultural Therapy (HT). Horticultural Therapy, when combined with holistic interventions is an ecological approach to aid refugees in the resettlement process. Horticultural Therapy, also known as Social and Therapeutic Horticulture (STH) is a treatment modality that is non-threatening, culturally respectful, and empowering of refugees. The treatment uses plants and gardening materials with a hands-on approach to help improve the client’s social skills, self-esteem, and use of leisure time, while also providing a means for refugees to become more self-reliant (Kim, 2013). HT provides a non-threatening context for the development of a therapeutic alliance (Smith 1998). Erie Bronfenbrenner’s (1986) bio-ecological model is a holistic approach incorporating ecological systems theory, in which the person within a complex system is affected by multiple levels of the surrounding environment. HT presents a type of phenomenological counseling approach sensitive to different styles of interaction and has been used with client groups in the U.S. and other countries (AHTA.org). In addition to building esteem, it also gives clients a sense of control in their lives and provides them an opportunity to grow food for their families and the community (Tristan & Nguyen-Hong-Nhiem, 1989).

Although HT has been considered one effective means of helping the refugees adapt and survive in their new environment (Davies et. al., 2014), it is likely that traditional counselors, social workers, and therapists have not received training or sufficient exposure to HT. There are, however, exceptions to these barriers since many different agencies, groups, and individuals have benefited utilizing the garden as a place of healing, rehabilitation, and reconciliation (Simson & Straus, 1998; Lewis, 1995). Research in the field of health psychology has investigated the benefits of person’s exposure to plants to further the understanding of the impact on individuals. For example, regarding stress reduction, Van Den Berg and Custers (2011) state, “…the causal impact of common domestic gardening activities on recovery from stress has not
been directly empirically demonstrated” (p. 4). When others consider various intervention programs, HT is a viable option to consider as it is affordable and offers potential treatment for PTSD.

Horticultural Therapy can address both the post-civil war stress and the need for access to a healthy lifestyle. In the Journal of Horticultural Therapy, Husted (2012) suggests that there is a relationship between therapeutic horticulture and stress reduction. Gardening and HT provides fresh vegetables to supplement the foods from the St. Leo Food Pantry; it also supports a healthy lifestyle that reduces stress and promotes economic self-sufficiency (Van Den Berg & Custers, 2011). In line with the current literature on the effects of HT, the expansion of the St. Leo garden, observed outside of the food pantry, would allow more crops to be grown by the different refugees involved in the program. Involvement of interns or counselors who have had some training in the therapeutic horticulture models will be needed.

**Other Recommendations**

Based on this study’s findings and to further support the acculturation process, there are many other recommendations for St. Leo and other Refugee Resettlement programs to address these needs. These include hosting more social functions for the refugees like cookouts and family game days. These functions as well as other events, like faith-based functions, could be held on the local grounds but also at the community center closer to where the majority of the refugees reside. The others in the neighborhood could also be invited so that they come to know one another better and create a more expansive support system. Finding advocates who can help the refugees negotiate leases, home repairs and other contracts can be most critical so that there is greater efficiency and positive outcomes in the process. Participation in social functions reinforces the spirit of community and engagement with others. It broadens the network of
acquaintances / friends who could be available to offer support and guidance that increases a sense of security and well-being among the refugees (Schwartz et al., 2010). It is important that refugees maintain their customs, connections with other refugees, personal spiritual practices, contact with relatives and friends, and also continue to use their native language (Hajdukowski-Ahmed, 2013). These efforts reinforce the process of acculturation and refugees’ sense of community by preserving and honoring their own cultural customs while also broadening their exposure and experiences with the local community customs (Berry, 2010). These practices can support wellness through healthy acculturation. Chung has developed the MLM approach to refugee resettlement that should be considered in the Refugee resettlement program at St. Leo. (Chung et al. 2010, p. 86) The five levels of the MLM are: Mental Health Education, individual/group/family counseling interventions, cultural empowerment, integration of traditional and western healing practices, and finally social justice and human rights issues. St Leo’s and Catholic Charities should use this ideology when training volunteers and workers who are in direct contact with newly settled refugees.

While the refugees of this study at St. Leo were Catholic, many others may practice varying religious beliefs. This model respects and values the tenets of all religions and can easily transcend to all faith-based communities. As “spiritual wellness” has been shown to be a contributing factor toward overall wellness in this study, it is important for program organizers to be mindful of refugees’ religious affiliations while setting up faith based resettlement programs.

Another recommendation to consider would be the exploration of writing grants as an additional funding source. Grants for positions like a full time translator or a satellite office closer to the residences of the refugees, and services of additional mental health counselors who could help with case management should be explored. Expanding duties of personnel to include
serving as a home school liaison would facilitate communication and follow through to help the youngsters in elementary, middle and high school achieve success with their formal education.

There are a few other recommendations to consider. One includes having more services to help those in need of passing GED exams. This would be an important service that can put many on the path to higher education, economic self-sufficiency and citizenship. The Academic Tutoring program would also benefit from more availability of current technology so that students can perform the necessary research needed to fulfill class assignments. It also closes the gap between those who have and those who have not by ensuring that computer skills and the knowledge of technology is up to date in this competitive society.

While this list of recommendations may not be exhaustive, the observations of the St. Leo Burundi Refugee Ministry Program confirmed that these could have a strong immediate impact on this and other similar refugee resettlement programs.

**Theoretical Implications**

Refugees come to the U.S. from all over the world bringing with them a vast array of experiences and conditions. Some are highly educated while others bring a very limited set of skills. Some arrive with many benefits awaiting them while others require huge assistance from social service agencies. Similarly the organizations assisting these refugees vary in their orientation and resources. These may range from faith-based programs to privately funded nonreligious agencies. Regardless of these differences, each agency must adhere to certain basic principles of the refugee resettlement process.

The Theory of Refugee Resettlement was useful for conceptualizing how staff and volunteers aid refugees through the St. Leo Burundi Refugee Ministry Program. This model could serve as a foundation and assist other agencies that are dealing with refugee resettlement
and could also be adapted to better meet the unique needs of other programs. The outcomes of economic self-sufficiency and wellness were achieved by making changes as the needs arose throughout the implementation of the program. Maintaining flexibility and adaptability that was sensitive to the needs of the refugees contributed to the impact of the services on the outcomes.

As revealed in the findings of this study, the resettlement services should focus on holistic care that includes addressing basic needs, wellness, economic self-sufficiency and acquiring American citizenship. The theory should also be comprehensive and address all of the needs of the refugees. According to George (2012), for resettlement, there is a great immediacy to fulfill their basic needs, including food, housing, and healthcare that can be done in a holistic manner. Consideration of these factors can increase the effectiveness of facilitation process of the refugee resettlement process. The theory should also include steps for developing wellness, and economic self-sufficiency, and providing assistance for attaining American citizenship for those who wish to consider this as their goal.

Based on the findings in the research, the Theory of Refugee Resettlement was revised in a few areas. When reviewing the data collected through the observations and interviews, the refugees, the volunteers, and the church staff all indicated that adaptability and flexibility were paramount to the success of the program. The Theory of Refugee Resettlement was revised to show which core services specifically led to particular outcomes. It was found that Mental Health Services, Spiritual Services and Skill Development all contributed to the outcome of Wellness. Skill Development was an important area of services that lead to Economic Self-Sufficiency. The development of English language skills for those with mother-tongue other than English was an important service as it enabled refugees to communicate. With functional English skills, and some guidance by program organizers, the refugees were able to seek and
receive government services such as Medicaid, and food stamps. Ongoing skill development process also helped them to acquire employment in relationship to their abilities and communication skills. Another area, although, beyond this study but significant, was the need for providing or finding adequate transportation for refugees to come and go to various places including to their places of employment. Further the Academic Support services were important for refugees’ children to succeed in schools and post-secondary institutions that would eventually lead to better jobs and higher incomes for the families. The theory also includes “citizenship” in America as an outcome of various services. It is worth noting that some refugees consider attaining American citizenship as an important step for moving forward in this country, while others find no need to do that and they are satisfied with the permanent “immigration” status. In light of this, the Theory of Refugee Resettlement was revised as shown in Figure 5.1.

![Figure 5.1. Revised Theory of Refugee Resettlement](image)

In order to be successful and cost efficient, it is important that agencies consider this theory, formulate their own, or adapt an existing comprehensive theory that guides the process of
resettlement of refugees. Without an overarching theoretical model the agencies could end up devising programs and activities that are scattered, incoherent, and ineffective. The theory should keep in mind the resources of the agency and the unique needs of the refugees and employ an ecological approach. The ecological perspective is a unique approach used by counselors that looks at different components of the refugees as they address their needs.

**Future Research**

In light of the findings of this study the following recommendations for future research should be considered. This study revealed the importance of the link between spirituality and mental health and wellness among the Burundian refugee population. Future research may focus on this connection and other contributing services. “Horticulture Therapy” enables refugees to work in the field or urban gardens and is being used at some places to serve refugee populations. Future studies should be designed to explore its impact on the refugees’ mental health. There is also a need for studies examining refugee acculturation to a new society with a special focus on the unique challenges for the acculturation of female and the older populations of refugees. There is also a need to undertake longitudinal quantitative studies that examine the impact of various approaches used by agencies on the refugee resettlement process. It will also be important to conduct research applying this Theory of Refugee Resettlement with different refugee populations. Additional research may include the exploration of the relationship between the refugees digital literacy when using computers and the navigation of the Internet with their readiness for employment. Finally, there is a need to research the relationship of how mental health of the refugees connects to their economic well-being.
Limitations

Within the parameters of this study, the following limitations should be considered. The study was conducted in a single parish of the Catholic Church. It is likely that there are unique constraints as well as advantages of the cooperation in a church community that may not become easily available in other settings/agencies involved in refugee resettlement. The findings of this study cannot be generalized in their entirety in other settings.

The data collection of this study did not include any persons under the age of 18. The data collected regarding the Academic Tutoring was only found from the interview with the Volunteer Coordinator and the questionnaires completed by the Refugees. Therefore, the researcher did not get direct feedback from the students as to how this affected their performance in their classrooms. Such direct feedback would likely provide additional details about the role of Academic Tutoring services in wellness and economic self-sufficiency.

Due to language difficulties for the refugees, the services of a translator, conversant in Kurundi and English, was used. This, although controlled as much as possible, still leaves the possibility that statements were not interpreted exactly as intended by the refugees and the researcher.

Lastly, this study involved refugees from the country of Burundi only. Resettlement programs serving those from other countries would likely have unique challenges based on language, economic conditions, and the circumstances that brought them to the U.S.

Conclusion

The arrival of refugees coming to United States of America is an ongoing event. Often, they escape from cruel conditions that might result in personal and family’s death due to torture, hunger, war, or other horrific events in their native countries. Their resettlement in the new
country however is a long and complex process. It requires not only the government, but the participation of a huge number of private, religious and non-religious organizations. Successful resettlement is an ongoing discussion in the professional literature.

In 2007, St. Leo Catholic parish in Cincinnati, Ohio, undertook the responsibility for resettling refugees from Burundi and has continued to serve this population since. This study was conducted to examine how effectively the initiative was working. The researcher, with the help of the church staff (Refugee/Volunteer Coordinator, and the Priest), developed a Theory of Refugee Resettlement that served as a path for delivering various services in the areas of Mental Health, Spiritual Services, Skill Development, and Academic Support. These services were delivered through the program components of Women’s Group, English as Second Language classes, Spiritual Services, and Academic Tutoring for the school age students in refugee families. Based on the interviews of the volunteer staff members, questionnaires completed by refugees (with the help of a translator), and observations of various activities by the researcher, it was determined that these services were effective. In addition, conclusions were drawn that might benefit other agencies that are involved in similar type of efforts for refugee resettlement.

First, it became apparent that the theoretical model in practice was slightly different than conceived earlier. One of the programs, Women’s Group, changed its focus from learning every day skills such as cooking and washing to more time for learning the English language in mixed setting of both men and women. The outcomes of self-sufficiency and economic well-being were verified. While counseling is very important for refugees to feel comfortable in their new country, the church was unable to provide comprehensive mental health services with a professional trained counselor in this area. The refugees felt that the ability to communicate in the English language is one of the most important and also difficult skills to learn. The children
enrolled in schools received special English language services, which allowed them to achieve academically, resulting in some attending college. The church was flexible in ensuring that the refugees were able to practice their religion with the inclusion of their native language on an occasional basis.

A significant finding in this study was that the program needs to remain flexible and adjust to the needs of the refugees as these arise, in part by offering translation services. The refugees need to have gainful employment and adequate housing as well as food and medical services. Although beyond the scope of this study, these services were being met by the staff and the church as a whole. Refugee resettlement is long and arduous process that requires many individuals and resources.

In conclusion, the findings suggest that flexibility and adaptability are key to design and implementation in refugee resettlement programs to address life changes including job security, communication about health and wellness, and ability to pursue any individual freedoms as a full citizen in the U.S. Due to the limited research on refugee resettlement and the increasing need for refugee resettlement services, these findings offer insight into an effective program model. The data of this TBE contributes to the base of knowledge of effective resettlement practices. It is hoped that this information will be useful for resettlement administrators and counselors, social workers, or other human service professionals who are responsible for developing intervention programs for refugees throughout the U.S. Finally, this study affirms that St. Leo Burundi Refugee Ministry Program provides a quality program that has been successful in the acculturation process for new refugees coming to the U.S., and they are to be commended for their effort.
Appendix A: Questionnaires
Appendix A1: Questionnaire for Nurse

Name of Interviewee:______________________

Date:_________________________

1. In the Women’s Group what are the number of participants, the hours per week, and attendance percentages?
2. How does the Women’s Group impact the physical, emotional, mental and spiritual needs of the Burundian Refugees?
3. Do activities in the Women’s Group lead to economic self-sufficiency?
4. Do activities in the Women’s Group lead to greater overall wellness?
5. What are the biggest challenges faced by St. Leo’s in meeting the needs of the Burundian refugees?
6. Do you have any additional comments, suggestions and /or insights to share?
Appendix A2: Questionnaire for Pastoral Counselor

Name of Interviewee:__________________________
Date:______________________________________

1. How many Burundian families are active in St. Leo’s Parish?
2. How does the Women’s Group impact the physical, emotional, mental and spiritual needs of the Burundian Refugees?
3. Do activities in the Women’s Group lead to economic self-sufficiency?
4. Do activities in the Women’s Group lead to greater overall wellness?
5. Has St. Leo staff assisted in seeking employment for the Burundian refugees?
6. What is your best estimate of the number of families who are economically self-sufficient. How many of those are earning a steady income even though it might be minimum wage?
7. How many Burundians achieved citizenship in the USA?
8. What are the biggest challenges faced by St. Leo’s in meeting the needs of the Burundian refugees?
9. Do you have any additional comments, suggestions and or/ insights to share?
Appendix A3: Questionnaire for Volunteer Coordinator

Name of Interviewee:______________________
Date:_________________________

1. Regarding the ESL classes, what is the data for the following:
   • Number of volunteers
   • Number of refugees who participate on a regular basis
   • Number of hours of ESL classes offered per week
   • What materials are used for the classes
   • Any information/scenarios on the impact of ESL classes on High School graduation rates; college enrollment, employment; citizenship

2. How does the English as a Second Language (ESL) class impact the physical, emotional, mental and spiritual needs of the Burundian Refugees?

3. Do activities in the ESL class lead to economic self-sufficiency?

4. Do activities in the ESL class lead to greater overall wellness?

5. Regarding the Academic Tutoring classes, what is the data for the following:
   • Number of volunteers
   • Number of refugees who participate on a regular basis
   • Number of hours of tutoring classes offered per week
   • What materials are used for the classes
   • Any information/scenarios on the impact of the Academic Tutoring Program on High School graduation rates; college enrollment, employment; citizenship

6. How does the Academic Tutoring class impact the physical, emotional, mental and spiritual needs of the Burundian Refugees?

7. Do activities in the Academic Tutoring class lead to economic self-sufficiency?

8. Do activities in the Academic Tutoring class lead to greater overall wellness?

9. Please share any feedback you have about the impact of the Academic Tutoring classes on the improvement of students’ school grades. (from parents, from teachers, from students)

10. What are the biggest challenges faced by St. Leo’s in meeting the needs of the Burundian refugees?

11. Do you have any additional comments, suggestions and or/ insights to share?
Appendix A4: Questionnaire for Pastor

Name of Interviewee:______________________
Date:_________________________

1. What is the average attendance of Burundians at Mass each week?

2. What is the average attendance at other services each week?

3. What is the average number of meetings the Burundians have with you outside of Mass or other services (describe services) each week?

4. How many baptisms have you performed within the Burundian population?
   Infants:___________
   Adults:___________

5. How do the Spiritual Services impact the physical, emotional, mental and spiritual needs of the Burundian Refugees?

6. Do activities in the Spiritual Services lead to economic self-sufficiency?

7. Do activities in the Spiritual Services lead to greater overall wellness?

8. What are the biggest challenges faced by St. Leo’s parish in meeting the needs of the Burundian refugees?

9. Please share any additional comments, suggestions, and/or insights.
Appendix A5: Burundi Refugee Ministry Participant Questionnaire

Interviewee: ____________
Time Start: ____________
Date: ____________
Time Complete: ____________

1. How many years have you been in the USA?
2. What was your age when you arrived?
3. What were the most difficult challenges for you and your family when you first arrived in the United States?
4. Which of the following programs have you and your family participated in at the St. Leo’s Burundian Ministry Program:
   a. ESL
   b. Academic Tutoring
   c. Women’s Group
   d. Any Spiritual Services. Please describe which ones you have attended.
5. On a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, how helpful were the services of each of these ministries?
   _____ ESL
   _____ Academic Tutoring
   _____ Women’s Group
   _____ Spiritual Services
6. On a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, has being a part of St. Leo helped you physically? Please describe how the programs and services at St. Leo have helped you to stay healthy and cope with physical problems (illness, injury, etc.). How can St. Leo’s services be improved?
7. On a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, has being a part of St. Leo helped you emotionally? Please describe how the programs and services at St. Leo have helped you cope with your emotions and feelings. How can St. Leo’s services be improved?
8. On a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, has being a part of St. Leo helped you spiritually? Please describe how the programs and services at St. Leo have helped you in your spiritual development. How can St. Leo’s services be improved?
9. On a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, has being a part of St. Leo helped you economically (financially, government benefits, access to resources in the community)? Please describe how the programs and services at St. Leo have helped you economically (financially, government benefits, access to resources in the community). How can St. Leo’s services be improved?
10. Have you had or do you have a paying job? If yes, please describe the work you do; how many hours do you work per week; and is this the main source of income for your family?
11. If no, are you looking for a job? What kind of job are you looking for? Why do you think you have not yet found a job?
12. Have you or do you plan to apply for citizenship in the USA?
13. Overall, on a scale of 1 to 4, with 1=Bad, 2=Somewhat Bad, 3=Good, and 4=Very Good, how would you rate the overall impact of St. Leo’s services in your new life in the United States?

14. What activities at St. Leo have been the most helpful and what have been the least helpful? How can they be improved?

15. Please share any additional comments, suggestions, and/or insights.
Appendix B: Observation Data Collection Tools
Appendix B1: Observation Form

Activity Observed:

_______ Women’s Group
_______ ESL
_______ Academic Tutoring
_______ Spiritual Services

Date: _______

Time: Start: _______ End: _______

Overall Description of Activity Observed:

Notes/Insights:
Appendix B2: Observation Prompts

Observation Prompts

Description of the activity

How are the services being delivered? (example lecture discussion one on one, type of student involvement)

Report between leader/service provider and the participants

What are the verbal exchanges between participants? (Is there one person who dominates? friendly discussion between purchase offense)

How does the leader/service provider respond to questions? (example responsive, friendly, approachable) What materials are used?

Describe the climate in the room.

Counseling sessions:

How does the leader begin the session?

How does the leader end the session?

Are the language barriers presenting problems?

Any other significant successes or problems during the observation?
Appendix C: Data Collection Process
<table>
<thead>
<tr>
<th>Research Question (focus of the inquiry related to research Questions)</th>
<th>St. Leo services examined</th>
<th>Data Sought</th>
<th>Participants/ Source</th>
<th>Data Collection Method</th>
<th>Data Collection Instruments</th>
</tr>
</thead>
</table>
| 1. Are the mental health, spiritual, and educational services being provided as planned based on the Theory of Refugee Resettlement? | Women’s Group, ESL, Academic Tutoring, Spiritual Services/Pastoral Counseling | Observations, archival records; refugee experiences, staff experiences | St. Leo archives, refugees, Pastoral Counselor, Nurse | Observations, individual interviews, questionnaire, examination of records | * Observation tool  
* Participant Questionnaire  
* Questionnaire for Nurse  
* Questionnaire for Pastoral Counselor  
* Questionnaire for Volunteer Coordinator  
* Questionnaire for Pastor |
| 2. Do the Burundian Refugees at St. Leo’s attribute wellness to the services provided (ESL, Academic Tutoring, Women’s Group/Pastoral Counseling, Spiritual Services)? | Women’s Group, ESL, Academic Tutoring, Spiritual Services/Pastoral Counseling | refugee experiences, staff experiences | refugees, Pastoral Counselor, Nurse, Volunteer Coordinator, Pastor | individual interviews, surveys | * Observation tool  
* Participant Questionnaire  
* Questionnaire for Nurse  
* Questionnaire for Pastoral Counselor  
* Questionnaire for Volunteer Coordinator  
* Questionnaire for Pastor |
| 3. Do the Burundian Refugees at St. Leo’s attribute economic self-sufficiency to the services provided (ESL, Academic Tutoring, Women’s Group/Pastoral Counseling, Spiritual Services)? | Women’s Group, ESL, Academic Tutoring, Spiritual Services/Pastoral Counseling | refugee experiences, staff experiences | refugees, Pastoral Counselor, Nurse, Volunteer Coordinator, Pastor | individual interviews, surveys | * Observation tool  
* Participant Questionnaire  
* Questionnaire for Nurse  
* Questionnaire for Pastoral Counselor  
* Questionnaire for Volunteer Coordinator  
* Questionnaire for Pastor |
### Appendix D: Codebook

An Evaluation of the St. Leo Burundi Refugee Ministry Program

“The codebook structure has evolved to include six basic components: the code, a brief definition, a full definition, guidelines for when to use the code, guidelines for when not to use the code, and examples” (MacQueen, McLellan, Kay, & Milstein, 1998, p. xx)

<table>
<thead>
<tr>
<th>Code Based on the Theory of Refugee Resettlement</th>
<th>Brief &amp; Full Definitions/Descriptions</th>
<th>Guidelines</th>
<th>Example Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services that Lead to Wellness (Wellness)</td>
<td>Services that are offered by St. Leo’s Burundian Refugee Ministry that lead to improved well-being.</td>
<td>Must be services offered by St. Leo’s.</td>
<td>“Feeling better about myself” “Feeling more comfortable in Cincinnati” “Knowing how to use the bus system”</td>
</tr>
<tr>
<td>Subcodes: services leading to self-confidence (self-confidence)</td>
<td>Description of feeling self-assured, emotionally stronger, belief in self, and overall mental stability due to participation in program services.</td>
<td>Must describe changes in self.</td>
<td>(for spiritual satisfaction) connectedness to self community and creator, spiritual peace and wellness, feeling more hopeful and positive/happy and contentedness</td>
</tr>
<tr>
<td>services to spiritual satisfaction (spiritual)</td>
<td>Description of feeling at peace with self. Feeling closer to spiritual being, connected to community and creator, full of hope and less dependence on materialistic things</td>
<td>(spiritual satisfaction) must describe feelings following a spiritual experience such as adoration, Mass, wedding, baptism.</td>
<td></td>
</tr>
<tr>
<td>services leading to physical satisfaction (physical)</td>
<td>Description of feeling physically fit, healthy calmness, happy, reduced stress</td>
<td>(for phys satisfaction) must describe physical well-being</td>
<td>(for physical satisfaction) feeling good, feeling healthy, feeling able to work, reduced stress, lowered anxiety, eating good food, consumption, not getting sick</td>
</tr>
<tr>
<td>-Other (Wellness: Other)</td>
<td>Other dimensions of wellness not addressed above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>citizenship</td>
<td>plans to apply as a citizen or has already become a citizen educational progress, advancement and attainment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code Based on the Theory of Refugee Resettlement</td>
<td>Brief &amp; Full Definitions/Descriptions</td>
<td>Guidelines</td>
<td>Example Words</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>2. Services that Lead to Economic Self-Sufficiency (Economic)</td>
<td>Services that are offered by St. Leo’s Burundian Refugee Ministry that lead to improved economic self-sufficiency</td>
<td>Must be services offered by St. Leo’s. (Services St. Leo connected clients with</td>
<td>“Feeling empowered by women’s group” Feeling comfortable with the skill development”</td>
</tr>
<tr>
<td>Subcodes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Self-transportation (Self-transport)</td>
<td>Getting one’s self and family members to a new location</td>
<td>Not transport services connected to St Leo’s. Does include gov’t, subsidized transportation: (bus) Must describe how they get self where they need to be</td>
<td>Feeling confident I can get where I need to go like work and grocery, feeling of security and independent</td>
</tr>
<tr>
<td>-Stable gov’t support/Medicaid (government)</td>
<td>Description of feeling financially secure due to empowerment by programs offered at St Leo to obtain government services.</td>
<td>Must describe their economic security. Freedom to access items of need and/or buy on their own; ie., Food, clothing, and medical</td>
<td>Relief to buy clothing or food items. Satisfaction to choose their own liking of food and other material items. Feeling of security knowing I have access to medical care. Feeling secure through housing and shelter. “knowing I can get formula for my babies”</td>
</tr>
<tr>
<td>-employment (employment)</td>
<td>Acquiring employment and pay of salary or hourly rate of pay.</td>
<td>Must describe their own earned economic support and other resources obtained with reliability/capability and stability to hold a job.</td>
<td>Feeling most confident in ability to find work, locate and keep stable employment feeling secure that there will be a paycheck and confidence</td>
</tr>
<tr>
<td>3. Challenges to implementing services (Challenges)</td>
<td>Example Subcode:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------</td>
<td></td>
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</tr>
<tr>
<td>-Lack of Resources (Lack of Resources)</td>
<td>-Staff not having the resources to implement the services as planned.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Cultural barriers (Cultural barriers)</td>
<td>-Incompatibility between cultural norms that prevent use of services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Language barriers (language barriers)</td>
<td>-Difficulties in communicating between staff, participants, and others preventing delivery of and use of services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Other (Challenges: Other)</td>
<td>-Other challenges not included above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>-Impediments for staff in delivering services, or for participants in using or benefiting from services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information not meeting the above codes and will be analyzed further.</td>
<td>must describe additional programs or the inability to fulfill current programs that are essential to meet the needs of the refugees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>we need more money, we need more services of the translator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Trauma</td>
<td>-Past traumatic experiences that cause transition challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Sickness</td>
<td>-Physical illness related to the transition to the U.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Church staff or refugee indicate presence of effects of trauma from their past experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Sick on arrival</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>-Learning English takes longer than originally expected with different ages”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-“I am not able to speak Kirundi”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-“I don’t feel they hear what I’m telling them”</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>-“I miss my Africa”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-“That's not how we did things in Africa”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-“I am not able to speak Kirundi”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptations</td>
<td>Ways St Leo made changes in services offered for Burundian refugees at St. Leo parish this includes Making changes to how the spiritual, transportation, and any other refugee service offerings are currently provided……adapted refugee services to serve the refugees better.</td>
<td>Requested changes, etc. Actual service changes Spiritual, transportation and program changes from St. Leo refugee Burundi ministry programming</td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>Appreciation</td>
<td>Positive statements by participants, volunteers and staff about the work they are doing or the benefits they are seeing from it.</td>
<td>Statements</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


*Qualitative health research, 15*(9), 1277-1288.


Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept


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