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Family Functioning and Psychological Well-Being in Vietnamese Adolescents

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This paper presents an exploratory study that examines the influences of family functioning on the psychological well-being in a sample of Vietnamese adolescents. Thirty Vietnamese families from the King County area in the state of Washington participated in this study. Thirty adolescents between 13 and 19 years of age and 53 parents (27 fathers and 26 mothers) responded to self-reported questionnaires. Data analysis was conducted to provide a descriptive "picture" of family and individual characteristics associated with Vietnamese adolescents' psychological well-being. Gender differences were apparent with Vietnamese female adolescents reporting higher mean scores on depressive symptoms and lower mean scores on self-esteem. These findings are consistent with prior research on Euro-American adolescents, where females reported more depressive symptoms and lower self-esteem than did their male counterparts. Further, mean scores on adolescents' reports of problems relating to parents were higher for females than males. These adolescents reported more family cohesiveness and parental supports, particularly from their fathers. Implications for future research, practice, and policy are also discussed.

This paper presents an exploratory study that examines the influences of family functioning on the psychological well-being in a sample of Vietnamese adolescents.

Although over one million refugees have resettled in the United States from Southeast Asia since 1975, knowledge derived from empirical study regarding refugee adjustment remains

limited. More than half of those who resettled in the U.S. are children, most of whom enter this country with a history of deprivation and multiple traumas (Hunt, 1991). In general, SEA refugees who were forced to leave their home countries have experienced many changes in their personal beliefs, behaviors, and social milieu (e.g., Nguyen, 1983; Nicassio, 1983; Rumbaut, 1986). Southeast Asian (SEA) refugees experience traumatic and stressful life events in escaping from their home countries to the persistent psychological, emotional, and social strains in establishing a new life in the host country. The literature on refugee mental health documents many difficulties that SEA individuals have experienced during the refugee transition. For example, psychiatric illnesses such as depression, anxiety, psychosomatic disease, and psychosis were identified in various refugee camps in Southeast Asian (e.g., Carlin, 1977). Similar psychiatric dysfunctions were commonly seen among SEA refugees in mental health centers in the U.S. (e.g., Flaskerud & Nguyen, 1988). However, there are refugee individuals and families who face similar difficulties during the refugee transition and have managed to establish a new life in the U.S. and maintain adaptive functioning. Nonetheless, there has been little attention paid to factors that contribute to adaptive functioning among SEA refugees.

Family Influences on Adolescent Functioning

The rapid changes which normally occur in the social environment of the adolescent from early to late adolescence present a complicating factor in the study of adolescent coping behaviors. Given this changing environmental context, the way in which an adolescent copes with a particular stressor must be examined within the context of the salient social environment and the phase of psychosocial development (Compas, 1987). The family's level of functioning and organization are important elements of the social environment potentially affecting the adolescent's effort to adapt to life stressors (Felner, Aber, Primavera, & Cauce, 1985). At this developmental stage, adolescents are more vulnerable to the effects of environmental stressors because of the adolescent's dependence on the family (Swearingen & Cohen, 1985). For example, a study of adolescent adjustment reported that adolescent

perceptions of family cohesion and family stress were significantly more powerful predictors of adolescents' well-being than reported specific negative life events (Walker & Greene, 1987). Other studies have also concluded that the quality and nature of the family environmental climate (e.g., levels of cohesion, conflict, and organization) are strongly associated with the style of coping adopted by the adolescent and its effects on adjustment (e.g., D'Arcy & Siddique, 1984; Gottfried & Gottfried, 1983; Moos, 1984; Moos & Moos, 1981, 1983; Rutter, 1983).

A Model for Studying Family Functioning

The SEA family is viewed as central and critical in ensuring survival by establishing ties between the individual and the society (Rottman & Meredith, 1982). Since family life is the cornerstone of Southeast Asian cultures, Rottman and Meredith (1982) believe that an appropriate approach to the study of adjustment outcomes and the subsequent development of effective interventions must involve examination of relevant intervening variables within the broad framework of family systems. The Circumplex model, a conceptual framework for understanding family adjustment, proposed by Olson and colleagues, is predicated on two dimensions—family cohesion and family adaptability (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1983). According to this model, family cohesion is described as the emotional bonding that family members have toward one another. Family adaptability is defined as the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Each dimension is characterized as a continuum of different levels of functioning. *Enmeshed* (i.e., families are overly close) and *disengaged* (i.e., not close enough) levels of functioning polarize the extremes of family cohesion; likewise, *chaos* (i.e., too much change) and *rigidity* (i.e., not enough change) characterize the extreme ranges of family adaptability. Empirical evidence suggests that functioning levels near the middle of these continuums is desirable in Euro-American families (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1983).

It is not clear how or if these patterns of family functioning are applicable to SEA families. Family cohesion may have a

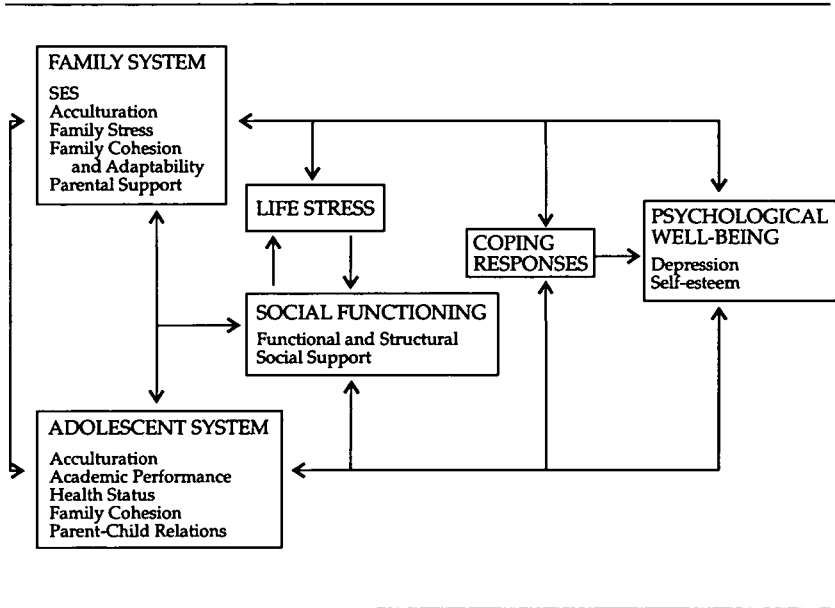
different meaning to members of a SEA family than to members of a mainstream Euro-American family. For example, a well-defined family structure with clearly prescribed roles is traditionally nurtured in a Vietnamese family, but may be seen as enmeshment by those unfamiliar with SEA cultures. However, according to the curvilinear hypothesis of the Circumplex model, "enmeshment" is hypothesized as an unfavorable condition for achieving positive family functioning. Again, a level of functioning between the extreme ranges of "disengaged" and "enmeshment" has been empirically determined as desirable in a "typical well-functioning" mainstream American family (Olson et al., 1983). Less functional families are either overly close (enmeshed) or not close enough (disengaged). For a typical Vietnamese family living in the U.S., enmeshment is likely problematic if and only if traditionally prescribed roles for its family members are subjected to differential acculturative pressures unevenly in the new society. Family tension may rise as certain family members begin to resent traditional Vietnamese rules and prescribed roles. The concept of adaptability as flexibility in adjusting to change probably has similar meaning in a typical SEA family. Again, Olson and colleagues suggest that moderation on the rigidity continuum is critical to positive functioning in a typical Euro-American family. However, a typical SEA family is socialized in the Confucian traditions that hierarchy and structure define roles for its members. Thus, the perception of rigidity or inflexibility of family rules is likely a source of tension and family conflict when members begin to question or object to the traditional roles and rules.

A Conceptual Framework

Figure 1 depicts a conceptualization of family influences on adolescent social functioning and psychological well-being that has influenced the formulation or design of the present study. The diagram was originally developed to illustrate theoretical linkages between family risk factors, parental attitudes, and adolescent maltreatment in the Family Interaction Project (Garbarino, Schellenbach, Sebes, & Associates, 1986). Based on this theoretical model, Vondra and Garbarino (1988) were interested in the antecedents and effects of social functioning and social network

Figure 1

A Hypothetical Model of Family Functioning and Its Influences on Southeast Asian Adolescent Social Functioning and Psychological Well-Being



characteristics among adolescents. According to Vondra and Garbarino, positive family relationships characterized by cohesion, nurturant concern, and mutual respect are likely to promote social competence in adolescents and their involvement in supportive social networks. In addition, supportive familial experiences directly affect adolescents' psychological well-being.

In Figure 1, hypothetical relationships among SEA family functioning, personal resources (i.e. acculturation, coping skills), adolescent social functioning and psychological well-being are diagrammed. According to this framework, positive functioning families may mitigate the negative impact of stressful life events, promote adaptive coping skills, and facilitate involvement in supportive social networks among Vietnamese adolescents. Consequently, positive family relations may influence in effective

social functioning and better psychological adjustment in these adolescents.

Specifically, this research attempted to identify adolescent psychosocial factors such as coping skills, cultural competencies, social support, social network structures, and family influences that may be salient among positively functioning Vietnamese families. In effect, Vietnamese families adjusting positively and coping adaptively to their refugee transition experience can serve as models of coping for dealing with difficult changes and cultural readjustment. Examination of psychosocial factors in positively functioning Vietnamese families provides information about the adaptive and moderating effects of coping processes, support systems, and interpersonal competencies on refugee transition. In turn, this information can inform social service program and policy development for Vietnamese families.

The following summarizes specific questions that were examined in this research study:

1. What are the characteristics of Vietnamese families, that are functioning positively including cohesiveness, flexibility, parental support?
2. What are the effects of adaptive family functioning on Vietnamese adolescents' experience with life stress?
3. What are the effects of adaptive family functioning on Vietnamese adolescent psychological well-being?

Method

Sampling Design

Thirty Vietnamese refugee families from the King County in the State of Washington participated in this research study. The total sample consisted of 53 parents (27 fathers and 26 mothers) and 30 adolescents (15 sons and 15 daughters). An eligible family included both parents and at least one child between 13 and 19 years of age living in the household. Two inclusion criteria chosen as indicators of positive family functioning were: (1) families that resettled in the U.S. before 1981; and (2) no member of the family was currently involved in any professional treatment services (i.e., mental health, juvenile delinquency, chemical dependency, or children's services).

Data were collected using self-report questionnaires. A nine-page self-report questionnaire was administered to all parents. Adolescents responded to a 23-page self-report questionnaire.

Measures

Family Indices

Family Adaptability and Cohesion Evaluation Scales III. (FACES-III; Olson, Portner, & Lavee, 1983) is a 20-item paper-and-pencil scale that measures the degree of family adaptability and cohesion using a five-point response option.

Index of Family Relations (IFR). This instrument measures the degree, severity, or magnitude of problems family members have in their relationships with each other. The IFR can be used as a measure of intrafamilial stress and as a rough index of quality of family life as perceived by specific members (Hudson, 1982). The instrument contains 25 items (e.g., "I can really depend on my family") and uses a 5-point Likert scale ranging from "rarely or none of the time" to "most or all of the time." High total score indicates severe family distress.

Index of Parental Attitudes (IPA). This scale measures the degree of contentment a parent has in his/her relationship with his/her child (Hudson, 1982). It contains 25 items (e.g., "My family is a real source of comfort to me") and uses a 5-point Likert scale ranging from "rarely or none of the time" to "most or all of the time." Positive items were reverse-scored. Total high score indicates severe discontentment.

Adolescent Indices

The *Center for Epidemiologic Study—Depression Scale (CES-D; Radloff, 1977)* is a 20-item scale that measures the current level of depressive symptomatology in the general population with emphasis on the affective component of depressed mood. The response categories range from 0 (symptom lasting less than one day) to 3 (symptoms lasting five to seven days). Higher scores indicate cumulative depressive symptoms. Although the CES-D is not a diagnostic instrument, a cutoff score of 16 or above is traditionally used as measure of significant depressive symptomatology (Radloff, 1973).

Self-Esteem Measure is a seven-item scale used by Oetting and Beauvais (1984) and was adapted from the Rosenberg's Self-esteem Scale. The measure has a reliability of .85 based on American Indian adolescent samples. Scale items range from 1 (never) to 5 (almost always).

Southeast Asian Adolescent Stressful Event Inventory (SAASEI-A) is a 90-item instrument composed of stressful life events derived from available inventories (Dohrenwend & Dohrenwend, 1974; Zitzow, 1984). Items focus specifically on stressful life events for Southeast Asian adolescents. The stressful life events inventory intends to measure generic stressful life events (e.g., death of a parent) as well as culturally-specific stressful life events (e.g., parent still alive but currently living in home country). The response format ranges from: (0) stressful life event never happened; (1) happened but no stress now; (2) little stress; (3) some stress; and (4) a lot of stress.

Family Environment Scale. Family environments were assessed by means of a set of items derived from Lewinsohn's (1987) pilot work in which he factor-analyzed the Conflict, Cohesion, and Expressiveness subscales from the Moos Family Environment Scale (Moos, 1974), the Conflict Behavior Questionnaire (Prinz, Foster, Kent, & O'Leary, 1979), the Parent Attitude Research Instrument (Schaeffer, 1965), and the Perceived Social Support-Family (Procidano & Heller, 1983). Four factors were derived reflecting "Mother Support" (e.g., I enjoy the talks my mother and I have; 6 items); "Father Support" (e.g., My father believes in showing his love for me; 5 items); "Cohesiveness" (e.g., There is a feeling of togetherness in our family; 5 items); and "Mother Guilt" (e.g., My mother tells me of all the things she has done for me; 5 items). Cronbach's alphas for all scales in prior studies were high (.71 to .84), test-retest reliability was also high ($r = .68$ to $r = .81$), and all scales correlated in expected directions with the CES-D based on the direction of scoring (Cohesion, $r = .40$; Mother Guilt, $r = -.28$; Mother Support, $r = -.27$; Father Support, $r = -.25$).

Child's Attitude toward Mother (CAM). This instrument measures the degree of contentment a child has in his/her relationship with his/her mother (Hudson, 1982). It contains 25 items (e.g., "I get along well with my mother"). Similar to other Hudson scales,

respondents use a 5-point Likert scale that ranges from "rarely or none of the time" to "most or all of the time." Higher total score indicates serious discontentment.

Child's Attitude toward Father (CAF). This instrument measures the degree of contentment a child has in his/her relationship with his/her father (Hudson, 1982). It contains 25 items (e.g., "I feel that I can really trust my father," "My father does not understand me"). Similar to the CAM, respondents use a 5-point Likert scale that ranges from "rarely or none of the time" to "most or all of the time." Similar to CAM, high total score indicates discontentment toward father.

Results

Demographic Data

Parents reported having lived in the United States an average of 12 years. The average age was 46 years ($SD = 5.79$) with a range from 36 to 69 years. Adolescents were evenly divided between males and females with a mean age of 16 years ($SD = 1.50$; range = 13 to 19 years). Adolescents enrolled in public schools in the Seattle suburban area were mostly in the upper grade classifications of junior and senior with 18 adolescents (60%) in the twelfth grade. The mean length of time residing in the United States was 12 years ($SD = 2.28$).

Adolescent Psychological Well-being

Both the Rosenberg's self-esteem and CES-D depression scales show good internal consistency (Table 1) and are in accord with findings from other studies with adolescents (e.g., Roberts, Andrews, Lewinsohn, & Hops, 1990). Mean CES-D score for the total sample was 16.93 ($SD = 10.28$) ranging from 1 to 38. Females reported a mean of 18.60 ($SD = 10.22$), and males had a mean of 15.27 ($SD = 10.41$). The Pearson product-moment correlation between adolescent self-esteem and depressive symptoms was in the expected negative direction ($r = -.67$; $p < .01$). A higher sense of self-esteem statistically associates with fewer depressive symptoms. Correlations between self-esteem and depressive symptoms for Vietnamese male and female adolescents were $-.64$ and $-.69$, respectively (both with $p < .01$).

Table 1

Mean Self-Esteem and Depression Scores among Male and Female Vietnamese Adolescents

	Self Esteem (alpha=.90)	CES-D Scores (alpha=.90)
Total Sample		
M	26.17	16.93
SD	5.45	10.28
Female		
M	25.27	18.60
SD	5.48	10.22
Male		
M	27.07	15.27
SD	5.44	10.41

Adolescents' Perceptions of Family Cohesiveness and Parental Support

Table 2 summarizes adolescents' perceptions of relationships with their mothers and fathers, family cohesiveness, and parental supports for the total adolescent sample, and for males and females separately. *T*-test scores showed Vietnamese adolescent females perceiving more problems in relating to both mothers ($t = 2.00$, $df = 28$, $p = .055$) and fathers than males ($t = 1.78$, $df = 28$, $p = .086$). Although mean scores on problematic relationship with father reported by females and males were not significantly different, the trend is particularly notable.

The four adolescent family functioning scales (i.e., family cohesiveness, mother support, father support, and mother guilt), in Table 2, show moderate internal consistency except the mother guilt scale ($\alpha = .52$). Amount of guilt from interactions with mother, where higher scores suggest minimal guilt, is statistically significant between adolescent males and females with females reporting more guilt ($t = 2.57$, $df = 28$, $p = .016$). Other mean scores, though not statistically significant, suggest that female adolescents reported slightly more support from their mothers but less from their fathers than did the male adolescents. No

Table 2

Means and Standard Deviations on Measures of Adolescent Perceptions of Family Functioning Variables by Total Sample and Gender

Variables	Total Sample	Male (n=15)	Female (n=15)	t _a	p
CAM (alpha = .91)				2.00	.055
M	20.30	15.87	24.73		
SD	12.75	12.92	11.30		
CAF (alpha = .97)				1.78	.086
M	37.37	29.67	45.07		
SD	24.54	17.46	28.55		
FESCOHES (alpha = .77)				-.23	.822
M	8.67	8.60	8.73		
SD	1.58	1.68	1.53		
MSUPPORT (alpha = .69)				-.75	.457
M	8.83	8.47	9.20		
SD	2.29	2.29	2.98		
FSUPPORT (alpha = .83)				.43	.670
M	6.93	7.13	6.73		
SD	2.50	2.39	2.69		
MGUILT (alpha = .52)				2.57	.016
M	7.03	7.73	6.33		
SD	1.63	1.49	1.50		

^a df = 28

Notation: CAM = Child's attitudes toward mother; CAF = Child's attitudes toward father; FESCOHES = FES family cohesiveness; MSUPPORT = Mother support; FSUPPORT = Father support; MGUILT = Mother guilt.

statistically significant difference in mean scores for females and males was noted for perceived family cohesiveness.

Parents' Perceptions of Family Functioning

Table 3 summarizes mean scores on perceived family functioning reported by mothers and fathers. IFR and IPA scales are

Table 3

Means and Standard Deviations of Stressful Life Events Scales by Total Adolescent Sample and Gender

Variables	Total Sample (n=30)	Male (n=15)	Female (n=15)	t _a	p
DEATH				.00	1.000
M	2.40	2.00	2.00		
SD	.49	2.73	1.46		
ACADEMIC				1.71	.099
M	16.37	13.80	18.93		
SD	1.55	7.74	8.67		
PEER				1.97	.059
M	16.23	12.87	19.60		
SD	9.83	8.94	9.78		
FAMILY				1.24	.225
M	14.10	12.53	15.67		
SD	6.98	7.14	6.68		
LIFEFAIL				.84	.408
M	4.73	5.93	6.93		
SD	.44	2.69	3.75		
PTSD				1.10	.280
M	19.40	16.47	22.33		
SD	2.67	15.21	13.94		
ACCULTUR				1.33	.195
M	10.63	9.13	12.13		
SD	6.27	6.57	5.78		
FINANCE				.249	.805
M	4.63	4.80	4.47		
SD	3.60	2.69	2.75		

^a df = 28

Notation: DEATH = death-related stress; ACADEMIC = academic stress; PEER = peer stress; ACCULTUR = acculturative stress; PTSD = traumatic stress; FAILURE = fear of life failure; FINANCE = financial stress.

intended to measure the degree of stress and problems perceived by parents in the family and in relationship with their children, respectively. Thus, higher scores on these scales indicate higher severity of perceived family stress and problematic parent-child relationships. As seen in Table 3, fathers perceived more family stress ($t = 2.02, df = 51, p = .048$) than mothers and more problems in their relationships with their children ($t = 2.08, df = 51, p = .043$). The FACES-III subscales (Olson, Portner, & Lavee, 1985)—Cohesion and Change—show moderate internal consistency coefficients, .79 and .70 respectively, for these parents. Mean scores on Cohesion and Change show little difference between mothers and fathers. This pattern suggests that Vietnamese mothers and fathers in general are in accord with their perceptions of family cohesion or emotional bonding within the family, and with their perceptions of adaptability or the family's ability to adjust to change.

Adolescent Perceptions of Family Functioning, Stressful Life Events, and Depression

Problems relating to mother significantly correlate with peer and acculturative stress in the positive direction as summarized in Table 4. Problems relating to father correlate positively with academic, peer, and life failure stress. Perceived support from father shows reverse relationships with peer and life failure stress. Further, less guilt from mother correlates with less peer and acculturative stress. As a reminder, MGUILT has an unfortunate negative connotation to its label, but it depicts a positive source of support from mother. In other words, higher scores indicate lower guilt feelings in relating to mother.

As summarized in Table 5, SLE mean scores were consistently higher on all eight scales among those with CES-D scores higher than the clinical cutoff of 16. Mean scores on Peer, Family, Acculturative, and PTSD stress scales were statistically different between adolescents who reported more or fewer depressive symptoms. The mean scale differences provide support to a well-established theoretical linkage in mental health research that life stress globally relates to depression in adults and adolescents. Chronic pains as a source of stress have been known to be most predictive of negative mental health outcomes (Pearlin & Schooler, 1978).

Table 4
Intercorrelations among SLE and Adolescents' Perceived Family Cohesiveness and Parental Support Scales

	CAM	CAF	FESCOHES	MSUPPORT	FSUPPORT	MGUILT
DEATH						
ACADEMIC		.45*			-.40	-.33
PEER/SOCIAL	.51*	.55**		-.32	-.45*	-.44*
FAMILY	.36	.36			-.35	
LIFEFAIL		.53*			-.45*	-.39
PTSD	.39	.28			-.31	
ACCULTUR	.67**	.30		-.42	-.41	-.43*
FINANCE						

* $p < .01$

** $p < .001$

Note: Coefficients below .30 are excluded from matrices.

Table 5
Means and Standard Deviations of Stressful Life Events Scales by Below and Above CESD Cutoff Scores, and Intercorrelations with Self-Esteem and Total CES-D Scores

Variables	< 16 CESD Score (n=14)	≥16 CESD Score (n=16)	t _a	p	Self- Esteem	CES-D
DEATH			1.57	.130	-.16	.42
M	1.36	2.56				
SD	1.60	2.45				
ACADEMIC			1.74	.092	-.29	.35
M	13.57	18.81				
SD	7.08	9.08				
PEER			3.93	.001	-.58**	.73**
M	10.07	21.63				
SD	6.65	9.05				
FAMILY			3.48	.002	-.51*	.64**
M	10.07	17.63				
SD	5.64	6.18				

continued

Table 5, continued

Variables	< 16 CESD Score (n=14)	≥16 CESD Score (n=16)	t _a	p	Self- Esteem	CES-D
FAILURE						
M	5.29	7.44	1.89	.069	-.36	.37
SD	3.36	2.87				
PTSD						
M	11.29	26.50	3.28	.003	-.71**	.73**
SD	10.38	14.35				
ACCULTURATION						
M	8.14	12.81	2.16	.039	-.47*	.62**
SD	4.67	6.79				
FINANCE						
M	3.79	5.38	1.22	.234	-.42*	.42*
SD	3.51	3.61				

^a df = 28

* p < .01

** p < .001

Notation: DEATH = death-related stress; ACADEMIC = academic stress; PEER = peer stress; ACCULTUR = acculturative stress; PTSD = traumatic stress; FAILURE = fear of life failure; FINANCE = financial stress.

Correlations among SLE scales, self-esteem, and depressive symptoms (CES-D) are also presented in Table 5. Self-esteem correlates negatively with five of the eight SLE scales. This pattern shows that Vietnamese adolescents who have a good sense of self-worth reported experiencing less stress. On the contrary, depressive symptoms correlate positively to peer, family, PTSD, acculturative, and financial stress.

No significant mean differences were found between the below and above clinical cutoff groups (i.e., 16 CES-D cutoff score) in adolescents' perceived family functioning scores. Table 6 summarizes the means on the parents' family functioning scales. For adolescents with CESD scores below and above 16, mean differences were nonsignificant. Pearson product-moment correlations were also calculated among these variables and the dependent variables. In Table 6, self-esteem correlates negatively to perceived family stress (IFR). CESD scores correlate positively to IFR and negatively to family cohesion. Thus, Vietnamese adolescent depression appears to be associated with parental reports of higher family stress and conflict, and lower levels of family cohesion.

Discussion

This exploratory study provided a glimpse of family functioning among 30 nonclinical Vietnamese families in the Pacific Northwest, and the influences of these families on adolescents' psychological well-being. Thus, the primary goal of the study is not to draw causal inferences about individual and family relationships, but rather to present a preliminary "empirical picture" of 30 positively functioning Vietnamese adolescents and their families one point in time.

There appear to be two distinctive family profiles of Vietnamese adolescents in this non-random sample of positively functioning families—one is a "supportive" family and the other is a "less-than-supportive" family. In a "supportive" family a Vietnamese adolescent is likely to have positive relationships with both mother and father, receive positive support from father, and experience minimal guilt in relating to mother. In this family, parents perceive minimal familial stress and problems relating to the adolescent child. Further, parents perceive a high degree of

Table 6

Means of Parent Perceived Family Functioning Variables by CES-D Cutoff Scores, and InterCorrelations with Self-esteem and Total CES-D Scores

Variables	< 16 CESD Scores (n=14)	≥16 CESD Scores (n=14) _a	t _b	p	Total CESD	Self- Esteem
IFR			-1.33	.196	.31*	-.38*
M	15.93	21.21				
SD	11.30	9.71				
IPA			-1.74	.094	.17	-.22
M	9.00	14.57				
SD	6.01	10.40				
COHESION			2.93	.007	-.51**	.28
M	37.79	31.20				
SD	6.14	4.71				
CHANGE			1.06	.297	.07	.05
M	21.50	21.00				
SD	4.13	7.97				

^a 2 parents had missing data

^b df = 26

* p < .05

** p < .005

Notation: IFR = Index of family relations; IPA = Index of parental attitudes toward child; COHESION = FACES-III family cohesion; CHANGE = FACES-III adaptability

cohesiveness in the family. In this "supportive" family, the adolescent is likely to have a mean CES-D (i.e., depressive symptoms) score of depressive symptoms well below the clinical cutoff of 16, high self-esteem, and infrequent experiences of stressful life events.

A "less-than-supportive" family would be characterized by excessive familial stress and problematic relationships with the adolescent child. In this family environment, parents perceive less cohesiveness in family relationships. The adolescent is likely to experience some problems relating to mother and particularly

father, little support from father, and guilt feelings relating to mother. It is also likely that the adolescent is a female with a high score on the depressive symptom scale, low self-esteem, and high mean scores on stressful life events scales.

Practice Implications

An indirect practice implication based on the findings in this exploratory study is the promotion of strengths perspective in the development of preventive interventions for Southeast Asian families. It is critically important to promote individual and family well-being at the various ecological levels as conceptualized by Bronfenbrenner (i.e., micro-, meso-, exo-, and macro-level intervention). In the present study, parental pressures on Vietnamese adolescents to do well in school are a major source of stress from the point of view of the adolescents themselves. An example of a meso-level family intervention to facilitate positive school performance among adolescents is to involve SEA parents in school activities. A benefit for SEA parents to be involved in their children's school activities is an increasing appreciation for extracurricular activities that are not academically related. For example, SEA adolescents might be interested in team school activities such as sports or theater that do not necessarily interfere with their school performance. One way to facilitate more parental involvement would be to assist SEA parents to overcome factors that influence the quality of their involvement. Several factors include their literacy level (both native language and English), educational status, size of the refugee's native community, and parental perceptions of their "expected" educational involvement (Morrow, 1989). In the native countries, for example, school administrators are expected to decide all matters, from curriculum to discipline, without regard to parental concerns or desires (Chan, 1986; Tran, 1980). As a result, little or not contact with the schools is expected or practiced by most Southeast Asians in their native countries (Tran, 1982). One practice recommendation is for school social workers, administrators, staff, and teachers to innovate strategies to increase flexibility in institutional procedures, mechanisms, and programs to promote more effective involvement by Vietnamese parents in their children's schooling.

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