



The LIVING WELL PROGRAM: A Case Study

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October 6, 2017

Viet Care API Mental Health Empowerment Conference

Fullerton, CA



Disclosure

I do not have relevant financial relationships with commercial interests.



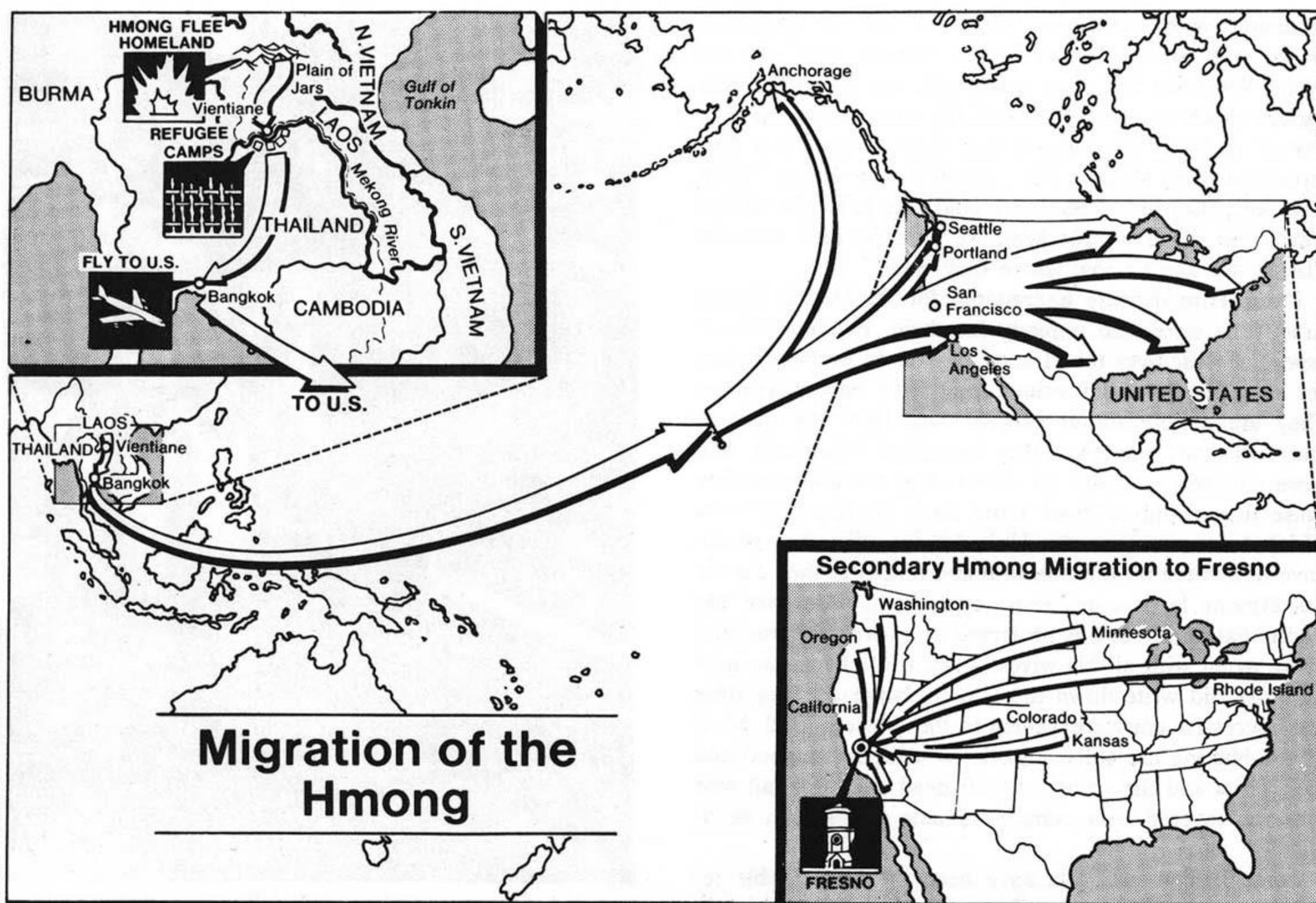
Objectives:

- ▶ Participants will gain a background knowledge of the Hmong people, their cultural values, beliefs and practices.
- ▶ Participants will gain insights into the challenges and success of starting a program to address specific cultural groups.
- ▶ Participants will gain knowledge about the California Reducing Disparities Projects and community defined evidence practices

WHO ARE THE HMONG? How ARRIVED in AMERICA

- ▶ Origin-"unknown"; But had long history in China;
- ▶ Today, most family can trace their roots to ancestors coming out of China (Beginning early 1900s)
- ▶ In Laos: 1963 to 1975- Involvement in the Vietnam War
- ▶ The Hmong Refugee Experience/Movement to the U.S. 1975-Early 1990s and as recently late in 2010,





Migration of the Hmong

BACKGROUND OF HMONG in the U.S

| | Hmong American average | Asian American average | U.S. average |
|--|------------------------|------------------------|-------------------|
| National population¹ | | | |
| U.S. residents, 2013 | 281,000 | 19.2 million | 316 million |
| Population growth, 2010–2013 | 8.2 percent | 10.9 percent | 2.4 percent |
| Population growth, 2000–2013 | 51 percent | 62 percent | 12 percent |
| Top states of residence² | | | |
| California | 101,096 | 6,161,975 | 38,332,521 |
| Minnesota | 77,575 | 279,984 | 5,420,380 |
| Wisconsin | 55,542 | 170,997 | 5,742,713 |
| North Carolina | 9,835 | 295,327 | 9,848,060 |
| Colorado | 5,889 | 212,320 | 5,268,367 |
| Total population in these states | 249,937 | 7,120,603 | 64,612,041 |

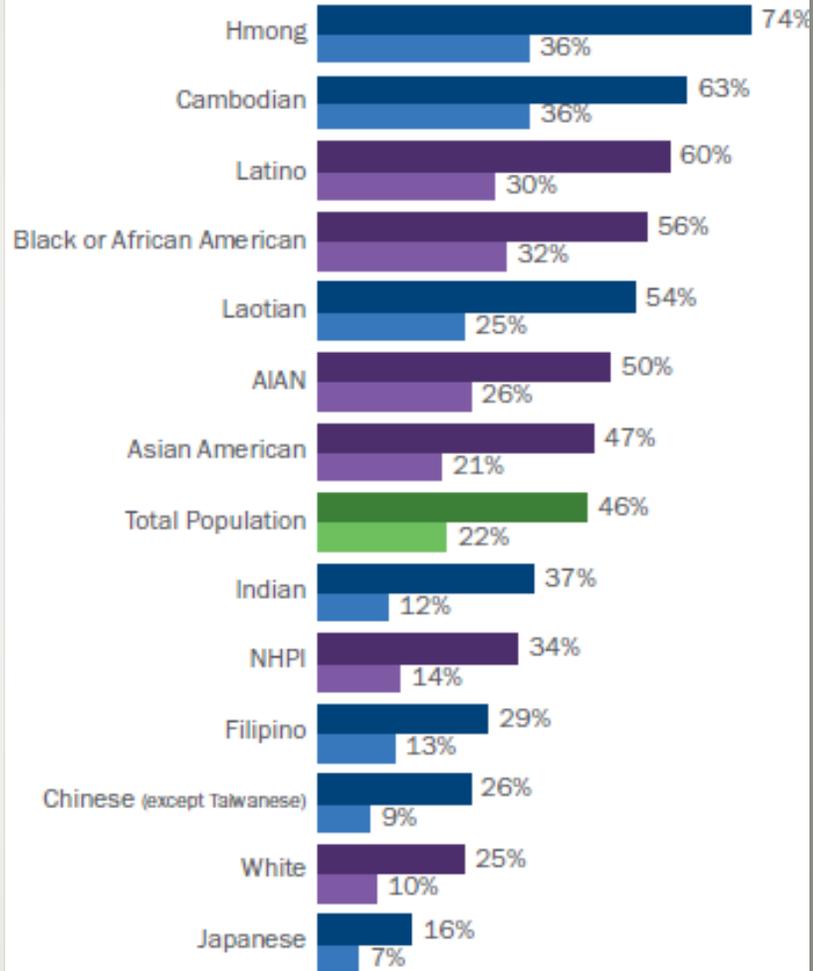
Population

by Ethnic Group, Fresno Metro Area 2010

| Ethnic Group | Number |
|----------------------------|--------|
| Hmong | 31,919 |
| Indian | 18,255 |
| Filipino | 14,581 |
| Laotian | 8,009 |
| Japanese | 7,837 |
| Chinese (except Taiwanese) | 7,793 |
| Cambodian | 5,705 |
| Vietnamese | 3,702 |
| Korean | 2,298 |
| Native Hawaiian | 1,261 |
| Thai | 802 |
| Pakistani | 735 |
| Samoan | 673 |
| Guamanian or Chamorro | 520 |
| Indonesian | 374 |
| Taiwanese | 225 |
| Fijian | 192 |
| Sri Lankan | 91 |
| Burmese | 90 |
| Tongan | 83 |
| Malaysian | 52 |
| Nepalese | 41 |
| Bangladeshi | 37 |
| Marshallese | 10 |
| Bhutanese | 1 |

Poverty & Low-Income

by Race, Hispanic Origin, and Ethnic Group, Fresno CSA
2006–2010, Ranked by Percent Low-Income



U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates, Tables B17001 and C17002.

Fresno home to the 2nd largest concentration of Hmong in the U.S

Education Attainment/Language Diversity

| Educational attainment ³ | | | |
|-------------------------------------|------------|------------|--------------|
| Less than a high school degree | 38 percent | 14 percent | 13.4 percent |
| High school degree or equivalent | 21 percent | 16 percent | 28 percent |
| Bachelor's degree or higher | 14 percent | 49 percent | 29.6 percent |

| Language diversity ⁶ | | | |
|---|------------|----------------|-------------|
| Speak language other than English at home | 91 percent | 77/70 percent* | 21 percent |
| Limited English proficiency, or LEP | 45 percent | 35/32 percent* | 8.5 percent |
| Share of linguistically isolated households | 18 percent | 17 percent | 5 percent |
| Most common language: Hmong, spoken by 217,921 people | | | |

The majority of the adults and older adults population have no or very limited formal education back home or in the US.

As result, more than half (but nearly the older adults Hmong) DO NOT speak English.

Traditional Hmong Beliefs

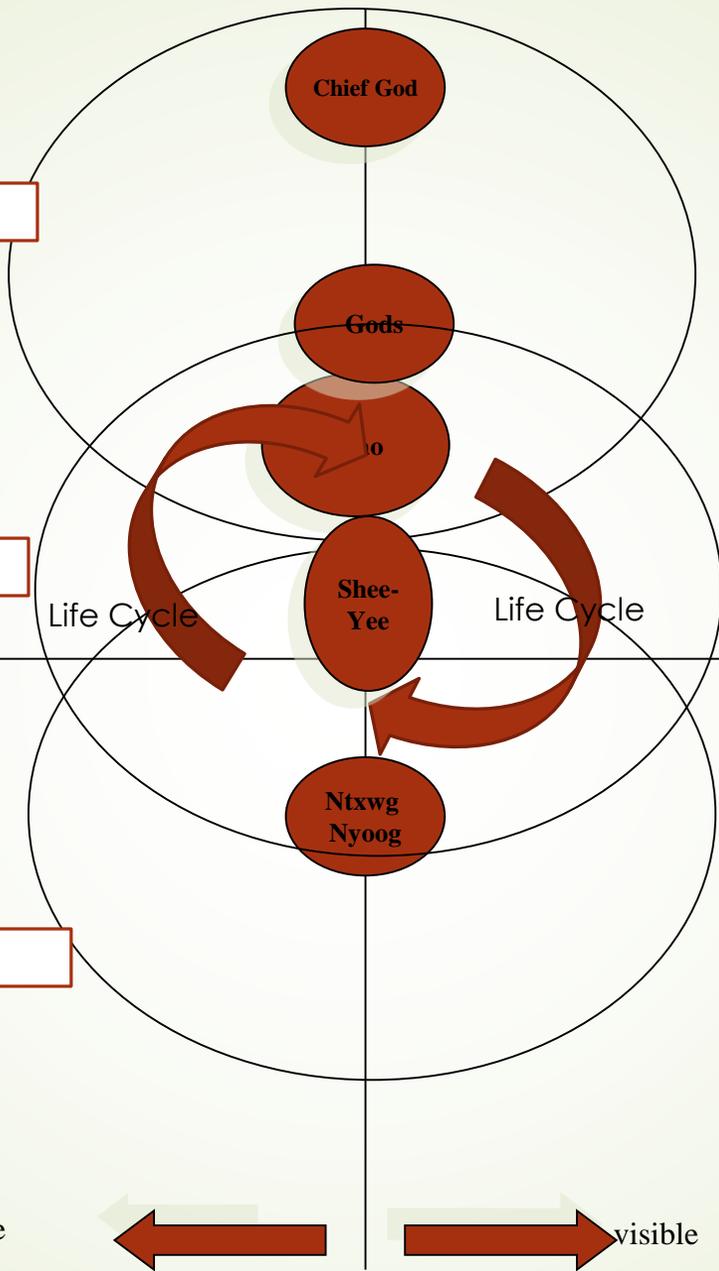
- Animism-that all things living or nonliving have a spirit.
 - Goal-To be in harmony
- Human have many 3 souls (ntsuj) and many spirits (32-plig)
 - Causes of illnesses
- Shamanism (spiritual)
 - Ways restoring balance or healing (kho)



"Heaven"-Ntuj Ceeb Tsheej

"Earth"-Yaj Ceeb

"Underworld"-Yeeb Ceeb



2. Space

1. Time

Sky

Day

Life Cycle

Life Cycle

Ground

Underground

invisible

visible

Spiritual Side

Physical Side

3. Visibility

Night

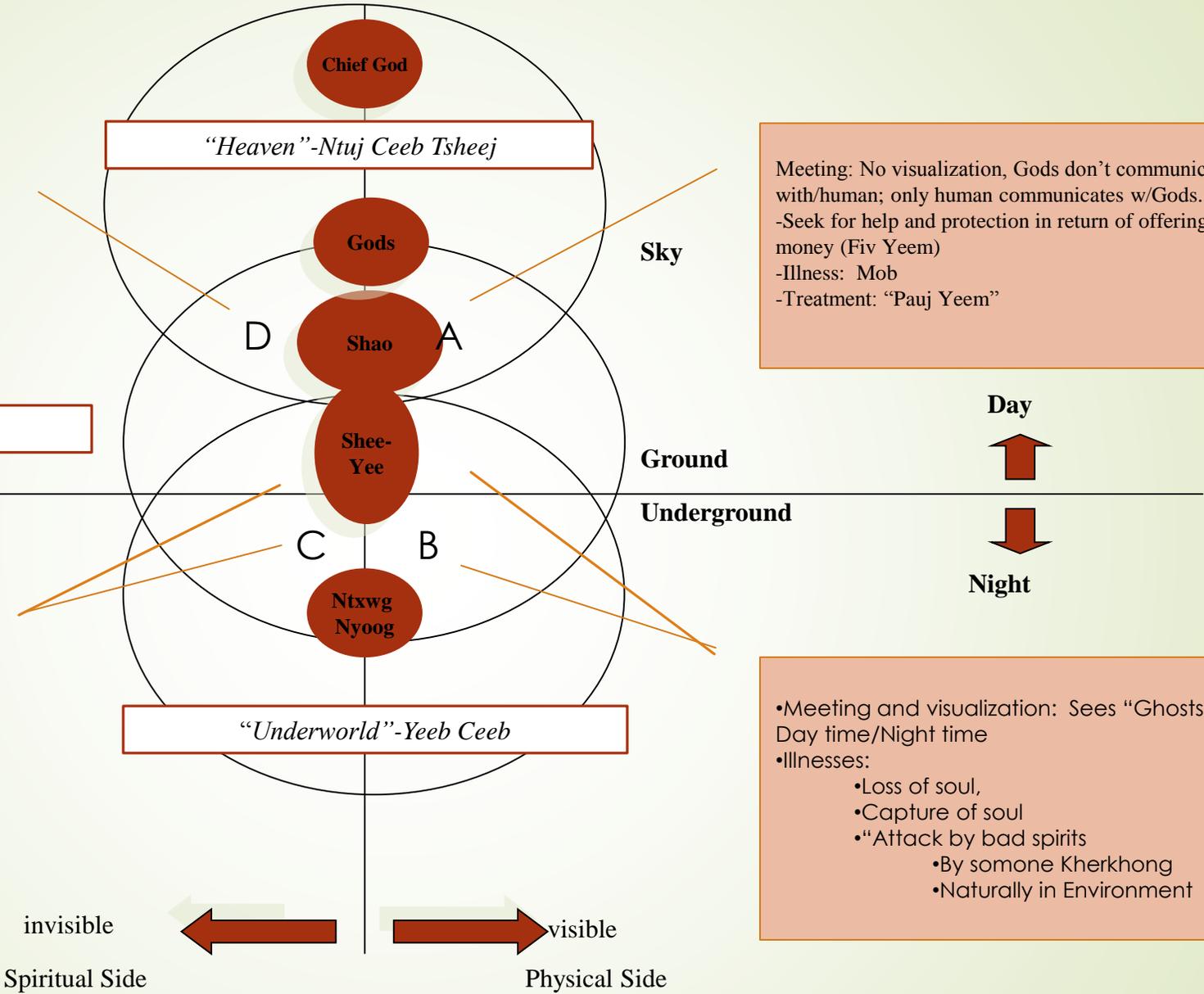
(Xiong, 2010)

- Meeting and visualization: Dreams
- Seek only to “cure” illnesses
- Illnesses:
 - Ancestor’s illness
 - Shaman illness
- Treatment-Pauj Yeem

Meeting: No visualization, Gods don’t communicate with/human; only human communicates w/Gods.
 -Seek for help and protection in return of offering and money (Fiv Yeem)
 -Illness: Mob
 -Treatment: “Pauj Yeem”

- Meeting and visualization-but maybe through dreams
- Seek to delay illnesses-fatal
- Illness:
 - Nyuaj Cab spirit-captured and killed
- Treatment: Shaman-hloov ntsuj; None

- Meeting and visualization: Sees “Ghosts”-Pom Dab. Day time/Night time
- Illnesses:
 - Loss of soul,
 - Capture of soul
 - “Attack by bad spirits
 - By someone Kherkhong
 - Naturally in Environment



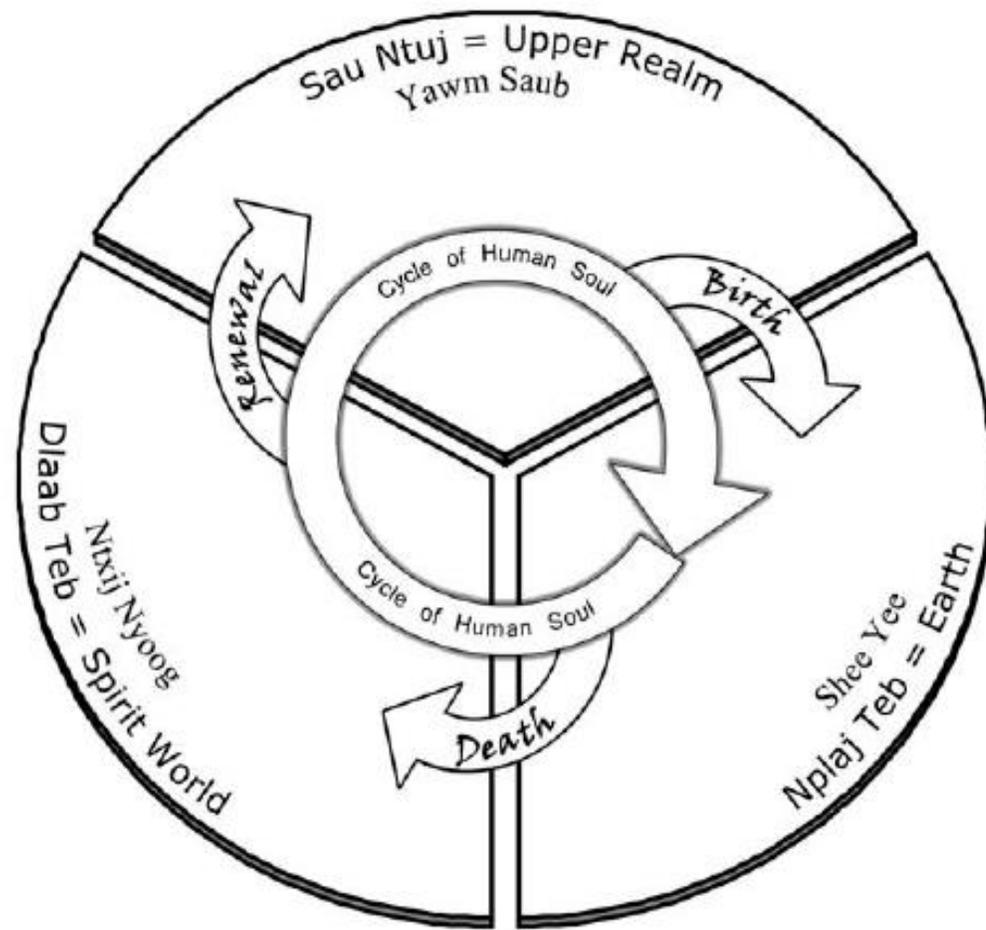
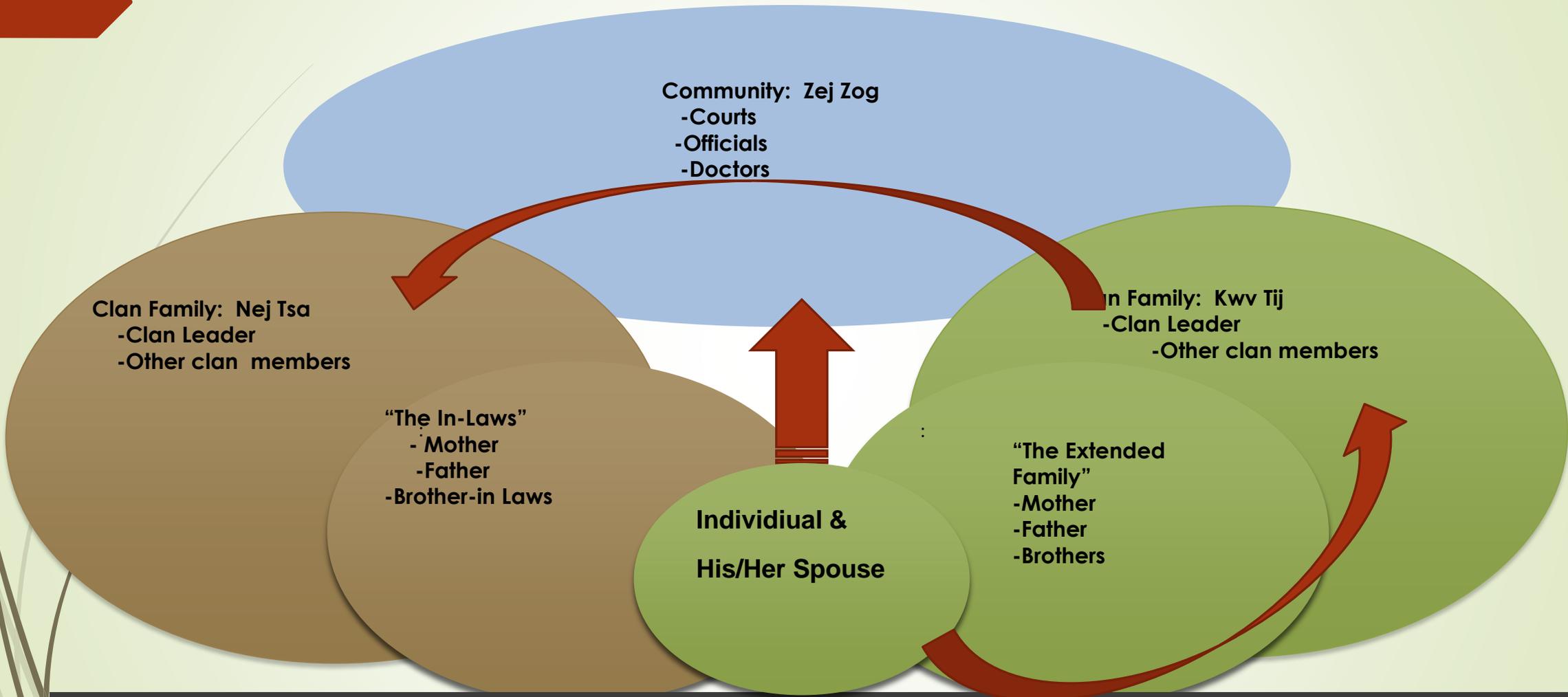


Figure 1: Domains of Hmong cosmology. Spirit world, earth and sau ntuj are linked together by the cycle of the soul. Birth, death (journey) and renewal (birth) are transition phases in that cycle. Diagram and interpretation by author.



Factors: Education (Acculturation), Experiences (age & generation) & Religious Beliefs (traditional vs. nontraditional)



SUMMARY: HMONG PEOPLE & CULTURE

- ▶ A group of people who has no historical origin, but a rich culture and believe system
- ▶ No formal education and no written system-VERY high illiteracy
- ▶ Faced historical suppression and oppression from their time in China to Laos. “Always” on the run, fighting, hiding, and defending themselves and their family.
- ▶ Vietnam War-displacement, separation, and trauma
- ▶ America-like many other minorities—faced discrimination and confused with the “model minority”
- ▶ “New diseases”-Cancer, diabetes, hypertension, depression, anxiety, PTSD.



Fresno Center for New Americans: Living Well Program; Fresno, CA

- ▶ FCNA founded in 1991 d/t continual needs of immigrant/refugee populations in Fresno, CA
- ▶ LWP founded in 2007 d/t language barriers and unmet cultural competency at the time in the Fresno County Behavioral Health Services
 - ▶ Training Program: sustainability and macro systems; offers a training program for student interns (BA/MA level) to train with licensed culturally congruent practitioners
 - ▶ To impart the unique insight only gained within this special dynamic
 - ▶ Higher rates of effective treatment when service providers are the similar cultural and language background as the client they serve
 - ▶ n = 120 clients, 80% female, average age 50s, monolingual, extremely low to low levels of acculturation
 - ▶ 5 FT bilingual/bicultural clinicians
 - ▶ Language and cultural support: Hmong, Lao, and Khmer
 - ▶ Types of Services: individual/group therapy/rehabilitation and clinical case management

LWP CHALLENGES

red tape

CONFIDENTIALITY



Why do super heroes disguise themselves?

Who are they protecting?

Are you a super hero?



Confidentiality



Telling someone with no formal education, no concepts of Western Therapy, or no ideas of confidentiality, and they are from another culture....

Not only within but also outside of the therapeutic relationship.

Multiple Relationship



Dual relationships or Multiple Relationships in psychotherapy refers to any situation where multiple roles exist between a therapist and a client.

[The APA Ethics Code Standard 3.05](#) states that psychologists should refrain from entering into multiple relationships if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

You are in one role as a clinician and possibility in another role related in some ways to the client in the culture as an aunt or uncle?



Living Well Program—clinical

- ▶ Four major diagnosis
 - ▶ Major Depressive D/O
 - ▶ Persistent Depressive D/O
 - ▶ Post Traumatic Stress D/O
 - ▶ General Anxiety D/O
- ▶ Acculturation difficulties
 - ▶ Language barriers
 - ▶ Lack of access and awareness of resources/services
 - ▶ Challenges in navigating social systems
- ▶ Continued unmet need: SE Asian clients who were born in another country, present with severity in need of more services, but unable to meet criteria for services d/t lack of IEP/504 plans (10 percent of intake)

Case Study: Choua, Female, 31

- ▶ Origin-When she first married, believed she had slept exactly on a deceased person's place.
 - ▶ Began to have bizarre and vivid dreams; experiencing incubus attacks; mother-in-law also experienced it. Believed contributed to her divorce. She said the family believed she was a "bad luck" to the family.
 - ▶ Problems continued on with her back at her mother's home. Her mother is a shaman she also experienced the incubus attacks at night, and fought with the spirits. Pretty much exhausted traditional remedies in fighting off the spirits.
- ▶ Other strange behaviors- a spirit telling her to do things and she said she realized the situation and is always fighting with it.
- ▶ To cope with problem, she sings bible verses to fight off the spirit attack-mostly in her dreams.

Mental Problems=Physical Problems

- ▶ Depression (Si)=Somatic Pain

- ▶ Describe how you are feeling today?

- ▶ “Mob mob kuv ib ce. Mob tau haus, mob kuv ob sab tes, mus rau kuv nraub qaum thiab tej tes tej taw no. Ua rau kuv ntxhov siab, pw tsis tsaug zog.”

- ▶ (My body aches. I have headaches. My arms, back, and legs are in pain. I am irritated and I can't sleep.)

- ▶ Instead

- ▶ “There are so many things happening. Doing this and that. I feel overwhelmed, I can't seemed to control them, they are controlling me. I can't stop it. I am feeling helpless and hopeless, I worried and I can't sleep.

LWP-BRINGING NEW HOPES AND DREAMS HMONG GARDEN VILLAGE

County of Fresno

Department of Behavioral Health

Horticultural Therapeutic Community Centers



[HTCC Home](#)

[WHO WE ARE](#)

[WHAT WE DO](#)

[PROGRAM RESULTS](#)

[CONTACT US](#)



WELLNESS • RECOVERY • RESILIENCE



Sarbat Bhala

*“Working for
the Welfare and
Well-Being of
All People”*



Ask a Gardner what they enjoy about gardening and more often than not you'll get the same answer, "It just makes me feel good." In a world that is changing faster everyday it's nice when we can slow down, connect to something that has been done for centuries and makes us feel united.

The HTCC "Community Garden" sites are platforms for peer support and delivers mental health prevention and early intervention activities in culturally relevant environments to unserved and under-served suburban and rural communities. The gardens are operated by contracted providers and currently serve all ages and include members from the Punjabi, Hmong, Latino, African American, and Russian/Slavic communities.

This HTCC program was developed in response to the community's desire for a non-traditional therapeutic environment where community members may share and work together to relieve stress, promote physical and mental wellness, and to help alleviate symptoms of depression and anxiety, and reduce thoughts of suicide. This garden program is funded by Mental Health Services Act Prevention and Early Intervention (PEI) dollars through the County of Fresno, Department of Behavioral Health.



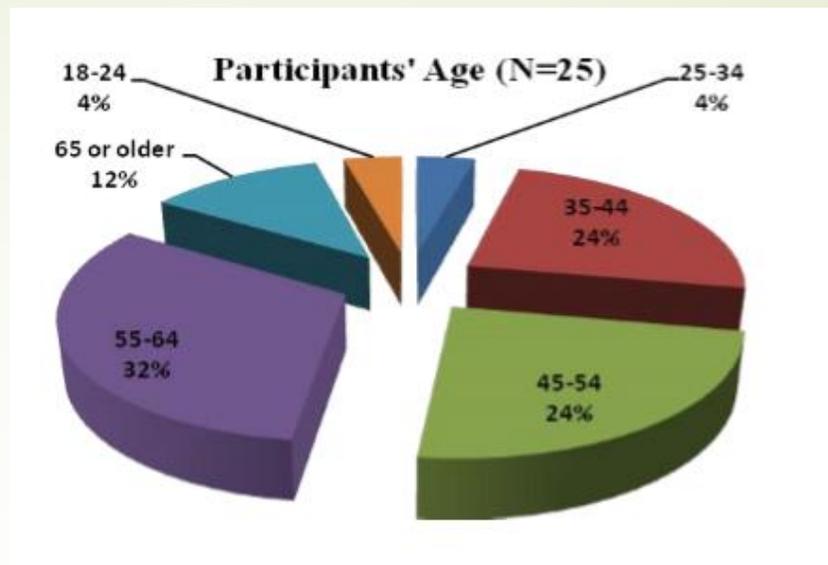


Table 1: Psychological Perception of the Benefit of Hmong Community Garden Village (N=25)

| | Strongly Agree | | Agree | | Disagree | | Strongly Disagree | | Don't Know | |
|---|----------------|------|-------|------|----------|-----|-------------------|----|------------|----|
| I have more confidence..... | 7 | 28% | 18 | 72% | 0 | 0% | 0 | 0% | 0 | 0% |
| I feel more involved in my neighborhood... | 0 | 0% | 25 | 100% | 0 | 7% | 0 | 0% | 0 | 0% |
| I spend more time with my family..... | 7 | 28% | 18 | 72% | 0 | 0% | 0 | 0% | 0 | 0% |
| I don't feel alone..... | 22 | 88% | 3 | 12% | 0 | 7% | 0 | 0% | 0 | 0% |
| I feel better about myself..... | 20 | 80% | 5 | 20% | 0 | 7% | 0 | 0% | 0 | 0% |
| I know where to go for help..... | 25 | 100% | 0 | 0% | 0 | 7% | 0 | 0% | 0 | 0% |
| I am better able to express myself to others..... | 4 | 16% | 21 | 84% | 0 | 11% | 0 | 0% | 0 | 0% |
| I learned ways to cope with stress | 18 | 72% | 7 | 28% | 0 | 4% | 0 | 0% | 0 | 0% |
| I am more physically active | 18 | 72% | 7 | 28% | 0 | 0% | 0 | 0% | 0 | 0% |
| I think less about suicide | 21 | 84% | 4 | 16% | 0 | 0% | 0 | 0% | 0 | 0% |

HMONG GARDEN VILLAGE

Hmong garden praised for mental health impact

By Barbara Anderson - The Fresno Bee

Monday, Jul. 30, 2012 | 11:40 PM

[In California, Gardening for Mental Health - The New York Times](#)

1. www.nytimes.com/2013/05/26/us/in-california-gardening-for-mental-health.html [Similar](#)

May 25, 2013 - Yer Vang in the Hmong Village Community Garden in Fresno. ... updates and special offers for The New York Times's products and services.

- 2.5 acres to 5 acres
- 30 families to 60 plus families (20+ waiting list)



SECTIONS

TRAFFIC

VIDEO

HMONG GARDEN SERVES AS THERAPEUTIC CENTER

Share G+ Tweet

October 28, 2011 12:00:00 AM PDT

By Dale Yurong

LWP-BRINGING NEW HOPES AND DREAMS KAISER FUNDED MINI-GRANTS

- Peer support group for clients with mild to moderate conditions
- A method for them to learn and experience the many ways to keep their bodies healthy.
 - For example, educating clients about healthy eating, participating in healthy activities, including exercising

Table 1: Frequency and Percentage of Participants Surveyed (N=22)

| | Eating More Fruits & Vegetables | % | More Involved in Neighborhood | % | More Time w/Family | % | Don't Feel Isolated | % | Eating More Traditionally | % | Feel Better About Self | % | Increase Mental Accessibility | % | Expressing Self to Others | % | Learned More Ways of Coping | % | More Physically Active | % |
|-------------------|---------------------------------|-----|-------------------------------|-----|--------------------|-----|---------------------|-----|---------------------------|----|------------------------|----|-------------------------------|-----|---------------------------|-----|-----------------------------|-----|------------------------|----|
| Don't Know | 0 | 0% | 0 | 0% | 0 | 0% | 3 | 14% | 0 | 0 | 0% | 0 | 0 | 9% | 0 | 0% | 2 | 9% | | |
| Strongly Disagree | 0 | 0% | 1 | 5% | 0 | 0% | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Disagree | 0 | 0% | 3 | 14% | 6 | 27% | 1 | 5% | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Agree | 5 | 23% | 8 | 36% | 8 | 36% | 3 | 14% | 5 | 5 | 23% | 2 | 2 | 9% | 6 | 27% | 2 | 9% | | |
| Strongly Agree | 17 | 77% | 10 | 45% | 8 | 36% | 15 | 68% | 17 | 17 | 77% | 20 | 18 | 82% | 16 | 73% | 18 | 82% | | |

California Reducing Disparities Project (CRDP)

- ▶ **The California Department of Public Health (CDPH) launched the California Reducing Disparities (CRDP) in 2009**
 - ▶ **Goal**
 - ▶ Identified solutions for the historically underserved populations of African Americans, Asian Pacific Islanders, Latinos, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ), and Native Americans.
 - ▶ Five targeted populations established a Strategic Planning Workshop (SPW) to identify Community-Defined Evidence Programs and Practices (CDEPs) and developed recommendations for reducing mental health disparities in their communities.



California Reducing Disparities Project (CRDP)

➤ Phase II

➤ Goal: 5 year project

- Implement the practices and strategies identified in the CRDP Strategic Plan
- Demonstrate the effectiveness of community-defined evidence in reducing mental health disparities.
- 35 Community based organizations throughout the State of California were selected to implement this Pilot Projects (IPPs).
- Provide mental health prevention and early intervention services to validate community evidence practices (CDEPs).



California Reducing Disparities Project (CRDP)

- ▶ Southeast Asian Mental Health Collaborative Partners
 - ▶ Fresno Center For New Americans
 - ▶ Lao Family of Merced
 - ▶ Lao Family Community Empowerment of Stockton



California Reducing Disparities Project (CRDP)

- ▶ SEA Mental Health Collaborative Partners (MHCP) pilot project
 - ▶ Expand on the key core component services of Living Well Program at FCNA.
 - ▶ Goal: come up with an **evaluation plan to validate** some of the practices as **community-defined evidence in LWP**.
 - ▶ Implementation will occur in Fresno, Merced, and Stockton areas with Southeast Asian clients through a culturally and linguistically approach called the **Hmong Helping Hands Intervention (HHH)**.



The Hmong Helping Hands Intervention

Hmong Mental Health Collaborative Partners



Hmong Helping Hands (HHH)

- ▶ The Hmong Helping Hands (HHH) intervention is a direct prevention and early intervention program that aims to improve the physical, psychological, social, and spiritual well-being of Hmong adults and older adults thru increasing their level of awareness and understanding of mental health problems and helping participants to connect with themselves, their environment and their culture.
- ▶ We are looking at how successful the Hmong Helping Hands Intervention is in improving Hmong adults' and elders' physical, psychological and spiritual well-being and their sense of belonging; and in reducing their psychological distress.
- ▶ We are interested at how well the implementation of components will be at each of the location.
- ▶ How satisfy the participants are with of the 5 components.

Component 1: HMONG TALK

- Culturally based from the Hmong's "Qhuab Ntuas" (Khoua Thoua) and is combined with current idea of from modern day Ted Talk:
- Goal: To inspire, motivate, and provide insight for personal growth through having special speakers coming to talk with the participants.
- Addresses the person's psychologically and socially

Component 2: Ncig Teb Chaws

- Addresses: Socially and physically
- Exploration of the environment-getting to know the environment and its resources gives a sense of belonging and mechanism for survival.
- Getting out means walking-walking is good exercise for the body. For Hmong, America is a lot a scarer “jungle” than Laos.

Component #3 Cultural Therapeutic Arts, Crafts, and Activities

- Addresses-socially and psychologically
- Cultural arts, crafts, and activities have been employed therapeutically to help all people cope with everyday life problems.
- Also, cultural arts, crafts, and activities can help people to find new meaning and purpose.
- This component will blend past and present cultural therapeutic arts, crafts, and activities to help participants engage in a more meaningful daily activities and learn more about themselves.

Component 4: Maij-Maij (Beautiful)

- Addresses-psychologically
- For Hmong culture beauty is forbidden because acknowledging in words would cause you to be ill and physically looking beautiful in public would alarm negative perception from others, Hmong only do this during the Hmong New Year.
- However, we know that when a person feels physically beautiful he/she also feels emotionally happier and physically more active
- So, our goal is to help and make a person to feel and see themselves beautiful through improving looks like grooming, hygiene, positive self talking and thinking.

Component 5: Hmong Spiritual Healing

- Address-spiritually
- Hmong believe strongly that spiritual plays a significant role in a person's illness.
- This component will explore Hmong's spirituality and conduct cultural therapeutic activities that will help to empower and restores one's own inner strength and self.
- Counselors working with respected spiritual healers will collaborate together with the participants and/or group members to implement various cultural healing practices.



Thank you!

➤ Questions?

