

Transcript:

Providing Culturally Relevant Crisis Services Part 3

Presenter: Dr. Pang Foua Yang Rhodes
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ANN SCHENSKY: Hello, and thank you for joining us for our webinar today Providing Culturally Relevant Crisis Services During COVID-19-- Culturally Responsive Factors to Consider for the Hmong Population. My name is Ann Schensky and I will be your moderator today. Our webinar today is presented by Dr. Rhodes. It is also brought to you by the Great Lakes ATTC, PTTC, MHTTC, and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are all funded by the Substance Abuse and Mental Health Services Administration, otherwise known as SAMHSA.

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ALFREDO CERRATO: Thank you, Anne. My name is Alfredo Cerrato, and I am the senior cultural and workforce development officer for the Mental Health Addiction and Prevention Technology Transfer Centers at the Center for Health Enhancement System Studies, otherwise known as CHESS, located at the University of Wisconsin in Madison.

Today, I have the privilege of introducing to you Dr. Pang Foua Yang Rhodes. Dr. Yang Rhodes is a licensed marriage and family therapist, who, through her private practice, provides couples, family, and individuals therapy. Her private practice focuses on premarital counseling and couples therapy and consists mainly of Hmong clients.

She is a Minnesota board approved marriage and family therapist supervisor. From 2009 to 2019, Dr. Rhodes was an assistant professor at Argosy University in the Twin Cities, Minnesota where she taught in the [INAUDIBLE].

I'm sorry. Take two. Where she taught in the doctorate and masters of arts program in marriage and family therapy.

As a conference and retreat speaker, who has traveled across the United States and Canada, she enjoys teaching people how to grow personally and spiritually. She is energized by motivating people to thrive in their intimate and family relationships. Dr. Yang Rhodes will help us today to identify, understand, and explain the cultural and linguistic factors that are relevant when considering behavioral health of the Hmong population in a time of crisis. Dr. Rhodes, thank you and welcome.

PANG FOUA YANG RHODES: It is truly an honor for me to be here and speaking with you on how we can provide culturally relevant crisis services during COVID-19. And today, I'm going to be speaking particularly about culturally responsive factors that we can consider when we're working with the Hmong population.

The objectives for today are that you will be able to identify relevant Hmong-specific factors influencing crisis response at the individual, interpersonal, or family, community and societal levels. Secondly, you will be able to understand the challenges Hmong may experience during COVID-19, from a trauma-informed lens, and third, to explicate culturally relevant communications approaches and mental health services.

And a good place to start with all of that is with the history of the Hmong Americans. Confucius has said that, to study the past if we would define the future, and we don't have the time to go in depth into the history. But I want us to take a very cursory look at the life course of the Hmong in order for us to understand some of the current realities and to be able to effectively address implementation of services that will be effective and culturally responsive.

The Hmong history goes back all the way to 4,000 to 3,000 BC. No one really knows because we have lost much of the written history, but the Chinese history has mentioned a people called the Miao, which the Hmong are subsumed under that terminology as well, and that appeared 4,000 years ago, and some say even further back.

The Hmong American history also then goes back to the 1800s when our ancestors moved from southern China into different countries such as Laos, Vietnam, Myanmar, and even Thailand. That migration was due to needing to find new land to cultivate, but also in order to get away from the oppression that the Chinese government had over the Hmong.

Throughout much of Hmong history, there has been a lot of warfare and migration, and certainly, the group that left and came to Southeast Asia were still experiencing that. The secret war that took place from 1959 all the way to 1975 was when the American CIA recruited Hmong and other indigenous groups in Laos to fight against Communist forces and to disrupt the supply line, as well as to rescue downed US pilots.

As many as 20,000 Hmong soldiers died during the Vietnam War, and many thousands more civilians were also killed during that time. In 1975, when Laos fell to the Communist regime, there was a mass exodus of Hmong from Laos, or they would face execution and definitely revenge against their part in helping the US government.

1975 was the year that the United States started receiving Hmong as refugees, and since 1975, there were other waves notably in the '80s and the '90s, and the final wave of Hmong refugees came in 2005. Currently, there are about 600,000 Hmong still left in Laos.

According to the 2017 American Community Survey put out by the US Census Bureau, the population of the Hmong here in the United States is 309,564. Now as with any of the census counts, there's always a wondering how much we're under counting or over counting. In the Hmong community, I would say that we probably have a lot of under counting. I don't know any of my relatives who actually said that they had sent in their census data, So that's kind of my anecdote on that. But we'll go with this number, 309,564.

Now the most populous states where Hmong reside are first, California, secondly, Minnesota, and third, Wisconsin. Now of the Hmong American population, 33% say that they are foreign born. 15% of that population are 45 years old or older. Now, that is significant because it tells us that the Hmong population is very young, and that many of our first generation have died off or are getting older, but there are not very many of them. Just as a comparison, in the average US, there is 39% who are 45 years or older.

So in the Hmong population, the second and third generation, meaning those who were born in the United States and their children, make up the bulk of the population. In fact, the median age of the Hmong population is only 24 years old, compared to the median age of the US population, which is 38 years old. Another significant thing to know about the population is that 16% of the families live in poverty. In addition to that, Hmong have some of the biggest or the largest number of people living in a household and then people in a family.

The reason why the history and some of the stats are important for us to know is that these will impact the response to crises. And when we look at the response to crisis and the challenges that arise during COVID-19, I want us to take a social ecological model to look at various levels at which the Hmong community has been impacted. A social ecological model helps us to understand, explore, and address the interactive factors for health and functioning at the individual level, the relationships level, the community level, and the societal level, and we know that each level interacts with the other levels, and it's helpful for us to look at each level. But as you will find, that there are interacting relationships, and we will talk about some of these interactions as well.

So looking at the individual level, we can look at the factors of acculturation and socioeconomic status. Now I could have chosen a plethora of other

factors. But I believe that these are some salient factors that we as mental health providers, as communicators of what is happening, that we need to be considering these particular salient factors.

At the individual level, an individual's acculturation is important. Acculturation is the cultural modification of an individual's adaptation or borrowing of traits from a host culture that results from a prolonged contact with that host culture. So here, we are talking about Hmong acculturation into more Western, more mainstream American behaviors and thoughts, and acculturation involves not just changing the things you do, but also changing the philosophy and the values that you hold. So it's both behavioral and philosophical.

Acculturation affects response by determining what the individual or what level the individual has contact with mainstream media with outlets that will provide information, either in English, if they're more acculturated. It also affects for the individual where they get their news and whose opinions they listen to. And it will affect the type of social support and reliance on that social support. Some of the research has shown that the more acculturated a person is and the less connection they have to their own ethnic community, that tends to bring with it some amount of mental distress, whether it comes in the identity, self identity of the individual, or whether that comes from just not being supported by their own ethnic community. So acculturation is something we will need to look at as individuals come into the mental health system.

Socioeconomic status is a little bit related to acculturation, but it is separate. Socioeconomic status or SES has to do with the economic stability, kind of work and career that the individual is in, and it will greatly impact the job security of the person, as well as the financial viability of the person during these COVID-19 situations and challenges.

And what we need to see is that mental health at the individual level, although it is much affected by the other social ecological models, when we have the individual in front of us, we need to be able to assess for their own mental health or vulnerabilities, stress vulnerabilities that the individual might be going through, assess for their connection with their own community. One of the very salient factors that I believe we will be needing to address more and more is a very Hmong-specific factor of guilt and shame. The culture is very much predicated upon doing the right thing, knowing what to do in social situations. And so as a result of COVID-19 and the shelter in place orders, many Hmong have had to face not being able to live out and meet these values that the Hmong culture and the Hmong community expects of them. I will talk more about that when we talk about the relationship and the community levels.

But here at the individual level, it is important to help an individual work through and talk about their guilt and shame and what that may look like and what that may have stemmed from. With cultural and ethnic identity crisis as a challenge, I want us to remember that Hmong are from Asia, and currently, due to the societal level pressures of racism, that at the individual level,

people may be dealing with cognitive dissonance, and particularly, for those who are highly acculturated who have kind of entered into the mainstream society of the US, this anti Asian-American racism that has increased this year or due to the COVID-19 being attributed to Chinese, that this racism can really cause a cognitive dissonance for the individuals because there may be feelings of betrayal by their host country, and for those who are second and third generation who are born here, they may have thought that they were embraced by this nation already and this sense of dismay at what is happening to them.

Michelle Sotero talks about how intentional violence threatens basic assumptions about order, a just world, and the intrinsic invulnerability and unworthiness of the individual, and at the individual level, racism can really wreak havoc on a person's self identity, as well as their cultural and ethnic identity. Let's move on to the next level.

At the relationship level, the factors that are important for us to consider are poverty and familism. Poverty, as I mentioned earlier, in the Hmong American population, 16% of families fall at or under the poverty level. This has consequences for economic instability.

One of the challenges with poverty is that families have food insecurity. During a time when children are home, all the children are home and the parents have to take care of and feed them three times a day every day, when normally the children would be in school, and they would get their meals that way. So food insecurity is a challenge that we need to look at as well.

I will mention later that some of the very basic needs need to be taken care of before we can truly address the mental health issues. And so poverty and economic instability are things we need to look at. Now, poverty also has to do with the ability to provide the technology that is needed for distance learning. So this is definitely going to be a challenge as we come alongside families and make sure that the children are still getting access to their assignments and being able to connect and use technology in that way.

The second major factor is familism. This is a word that basically just means that the needs of the family are more important and take precedence over the needs of any one member of the family. And familism has the impact of combining with Eastern concepts of filial piety, where your first priority is to pay respect and to honor and to take care of the parents and the elderly in the family.

In a time of COVID-19, what can happen is that there could be intergenerational conflict. I have heard stories from family and friends where the children will restrict the parent's access or leaving the house, and the parents don't understand. The parents may be very upset that they're not able to go visit their other family and friends, which is a very much part of familism, and yet, the younger generation may do everything they can to keep the

social distancing and to obey the stay at home orders. And so there may be conflict there.

In addition to that, we will see that in the relationships, there may be times where the second and third generation are not able to honor the first generation the way that they would like to, and that comes up in some of the factors in the community level. So let's look at community level factors and challenges.

At the community level, some of the salient factors would be communalism and then the hierarchy and authority structure within the Hmong culture. Communalism is this idea where everyone lives and works closely together, interdependently for the common good of the community. There is deep interdependence, where people rely on each other for support and help, and there is this-- because of this communalism, there is a strong allegiance to one's own culture and cultural group, rather than to the larger society as a whole.

The most commonly cited social value among the Hmong, and it's become a saying, which says that Hmong have to look after their own. Literally translated, it says, Hmong must love Hmong with this idea that we are here for each other. This ethic of reciprocity translates into the idea that even if I am not able to provide any material support that just my showing up to something to an event that another person has is part of my giving to them and showing my solidarity with them.

In a time where we cannot see each other, we cannot have community gatherings. This idea that I am not able to fulfill this reciprocity, that I am not able to be participating in the communalism. That can be a great source of intergenerational conflict, but also of internal shame and guilt. The picture that we have here on this slide is actually a picture of a funeral that I went to. This is actually my aunt, my mom's older sister, who passed away right before COVID-19 hit, and so in April, early April, we had her funeral.

Normally, Hmong funerals are a big community event where hundreds, if not thousands, gather to honor the dead and to support the grieving family. While at this particular funeral, due to the social distancing, as well as the stay at home orders and the limitation on the number of people who could be at these gatherings, there were only maybe 40 of us, and even then, we were afraid that we were violating the law.

My uncles could not make it to the funeral because they all live out of state, and they didn't want to travel and be at risk. So my cousin who buried his mom was very heartbroken that this was the only way he could honor his mom, and to this day, when he talks about it, he still has tears in his eyes from not being able to give her the honorary burial that she deserved.

This idea of not being able to be there for the family when they need them the most, my uncles will have to live with that, and they will probably be dealing

with guilt and shame for that as well. So communalism is a very important factor. We will talk a little more in a little bit about the religious aspects as well and just about some of the issues that are not being able to address during this time.

The other factor that I talked about is hierarchy authority structure. In the Hmong culture, clan system and the hierarchy within the clan system is very important. It determines who gets listened to and who gets to speak for the people, and even with very acculturated individuals, their parents will still expect and want them to listen to the clan authority.

Because of that, one of the challenges that we have is that information gathering becomes very much about who says it and where it's coming from. So word of mouth is very important, and word of mouth from people that you trust. And so there's a heavy reliance on news that comes from the leaders within the community, and we might not get the most accurate information or the most up to date information if we're not listening to mainstream media, but instead, looking to the community leaders or the clan leaders to be providing that information. So that can be a challenge.

At the community level as well, this is a good time for me to talk about historical trauma. Now, historical trauma is something that has become much more prevalent in the mental health field as we're looking at how symptoms are being displayed, particularly as we look cross culturally, and so historical trauma is not just a buzzword, but I want us to see that as we looked at the life course, the history the Hmong, that there is a history of trauma, and this trauma from the distant history, as well as very recent history, how does that impact the individual, the families, and the community. So let me take a moment just to talk more broadly about historical trauma, in general, and then we will apply it to the Hmong American community. First, historical trauma can be defined-- and I'm using Maria Yellow Horse Brave Heart's words, "The cumulative, collective, psychological, and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences."

What's important is to be able to identify some of the historical trauma experiences. And so from the history, I've already said to you that there's been a long history of war and migration for the Hmong for centuries, and we can look then at how does this displacement and these war traumas, what are the responses to that trauma, and that will be important to note, because part of what happens with the historical trauma response is that, then, these responses get passed down from generation to generation.

And from a mental health perspective, we might look at the Hmong and try to figure out what are some of these symptoms of historical trauma or what we might call maladaptive social and behavioral patterns. What I would like to suggest is that rather than looking for maladaptive symptoms, instead, that we look at a much deeper level. I believe that part of what happens with historical trauma is that once a response is created, in response to the trauma, that it

becomes-- it gets absorbed into the culture in the narratives that we tell, in the behavior prescriptions and proscriptions that we give to our children, it gets transmitted in the way that we believe things about ourselves and about others, and so it gets transmitted from generation to generation often through our folklore, our narratives, and then through our learned behaviors as I said earlier, and it becomes almost a part of the culture.

So what I mean by this is, for example, looking at the second historical trauma component for the Hmong, when I talk about deprivation and suffering, the Hmong have learned to think in scarcity mentality. There is a saying that if a Hmong goes into a field and finds a banana tree, he or she will chop the tree down in order to get the banana for food. The sense that the banana is here, I need it right now, I will do whatever I can to get it, because it's about survival. I can't think about five years from now, will this tree still be here to produce more fruit, because right now, it's about survival and because of the scarcity mentality.

In the fall, I spoke at a conference and shared that part of the scarcity mentality comes from a slash and burn agrarian approach, and some of the Hmong in the audience, second generation Hmong in the audience came up to me afterwards and said, I never made that connection, but now I totally see how my parents have the scarcity mentality and how they are worried about do we have enough for today. And so in many ways, these second gen could see the behaviors and had been taught, but they didn't know the historical trauma piece that gave birth to the scarcity mentality.

This idea of deprivation and suffering also means that there's a willingness to sacrifice yourself in suffering for the benefit of the family, the clan, or the community. And again, the survival of the family and then the community is more important than the individual's survival.

Another part of the historical trauma for Hmong Americans is that there has always been for many centuries racism and discrimination that the Hmong have faced, whether in China or in Laos where the Hmong lived pretty segregated from the dominant Laos society. The Hmong lived in high mountainous areas where nobody wanted to farm those lands, but the Hmong were willing to, so that they could stay separate and still keep their own culture and their way of life.

And so this idea of having lived for centuries with racism and discrimination means that a trauma response would be fear, very real fear for your own life and the survival of your people. So there tends to be a hyper vigilance about our behaviors, what we're doing, what we're not doing. And the hyper vigilance also can translate into heightened distrust of people who are seen as outsiders, people who are not from the community or of the community.

And the separation means that as children growing up, we heard our parents say, don't play with and then fill in the blank with whoever the media has told us would be a danger to us. It might be people who are different than you,

people who have a religion different than you, people who have more money than you, people who have less money than you, but you get the idea that this sense of separation means there is a very heightened sense of difference, looking at I'm different from you, you are different from me. It doesn't mean good or bad. It just means, I need to be wary, and I need to keep a safe distance from someone who is different.

Interestingly enough, the separation then also increases communalism. And communalism, we had already said earlier, is this idea of having greater loyalty to your ethnic or cultural group than to the larger society. And so you can imagine that if you are vigilant and you are separated and you are constantly looking to see who is part of the community and who is not, that there would be a heightened sense of we are in this together and we need to stick together. So the communalism increases allegiance to your own ethnic group.

And as we look at historical trauma, like I said, it seeps into the individual level, the families and their relationships and the community, and even in how the community interacts with the larger society. And these are factors that we need to keep in mind.

In looking at the societal level, then, currently we can see that there is disparity in access to resources. So this disparity in resource access is very much tied to socioeconomic status. It's tied to poverty. It's tied to racism. There are many barriers that many Hmong Americans face, and this disparity may be due to lack of-- or decreased language fluency. It could have to do with just not being able to afford some of the resources. It has to do with not having access to the proper insurance that would allow coverage and access.

It may be as simple as a lack of the necessary knowledge and skills that are not disseminated to the community. It may have to do with outright racism, where even trying to access these resources can be faced with racism from support staff and service managers and the structures in place. These are very real factors that many Hmong face at the societal level.

Some of the challenges that come from disparity in resource access and racism is that there can be a barrier to a person's productivity and then even to their thriving. At the societal level, if we look back at the historical trauma where Hmong may have learned to suffer and to just stick to their own group, that there may be a lack of truly thriving by being able to have all these other resources because of a distrust for outsiders and also because of a need to protect your own safety and the safety of your community.

Another challenge that may come up, particularly in regard to racism is that there are real safety issues, and these safety issues can come in fear of leaving the house, can come in hyper vigilance when you're out and about and just this need to even pull in even closer your family members and to give many warnings for family members and community members to not leave the communal system.

In addition, at the societal level, racism can affect the mental health of the individuals as well as kind of the social health of the community together as a group. And all of this may then also contribute to less participation in the mental health services, and even if those resources are available, if the challenges are there internally, the community may not be open to getting mental health services, or individuals may be fearful of doing that as well.

So these are some of the salient factors and challenges at the individual, relationship, community, and societal levels for Hmong Americans. How then, with this as the backdrop, how will we be able to provide culturally relevant crisis services during COVID-19? And I want us to just take a look at three major things that we can take into account, and then will help us to implement more culturally effective and culturally relevant services. We're going to look at coordinating communications, we're going to look at providing mental health services, and we're going to look at how to utilize a trauma-informed care perspective as we're providing services.

So coordinating communications is important. You can have the best mental health services, the best social services possible, but if you cannot get that information out to those who need it, they won't come to you for it, or they won't even know that it's available. So it is important to coordinate communications, particularly in this time when the information about COVID-19 and the rules and the laws are changing almost daily that we need to be able to figure out how to get the information out in a timely manner, but also in a way that the Hmong population will hear.

So one of the first things that we need to do is to collaborate with community leaders. We talked about how the authority and hierarchy in Hmong culture and community is that we get our news, and we take orders per se, I guess. We listen to trusted members of our community. So in order to get the communications out, we need to collaborate with the Hmong politicians, the 18 clan council, the clan leaders in the area, the clergy.

Among the Hmong, about 20%-- we don't know the exact number, but an estimate is that about 20% of the Hmong are have converted to Christianity, and the other 70% to 80% still practice shamanism. And so it is important not to just reach to the religious leaders, leaders among the shamans, but also to talk to the clergy, the pastors of the local churches.

There are lots of non-profit organizations, particularly in the larger metropolitan areas, these organizations who specifically work with Southeast Asian-Americans or with Hmong populations. We need to talk to Hmong medical and mental health providers and invite them to be the spokesperson or at least to be the one to disseminate the information.

During this time of COVID-19, there are very few places that are still open, but Hmong grocery stores or Asian-American grocery stores, that's a great place to be able to provide information for a large group of people who will be

coming there to get their food. And then, last but not least, I would encourage that we also coordinate communications with funeral directors.

The picture that we see on this slide is actually one that I took at my cousin's funeral. He passed away early March, and his funeral was March 21. His funeral came at a time when literally, Minnesota was right at that cusp of what do we do? Do we restrict the number of people who can be in a public setting? And his funeral came the day after our governor issued the order that no more than 50 people can be in one place, and that they had to be six feet apart.

So normally, this funeral home that you see here is packed with chairs, and we can probably get, I don't know, maybe 200 to 300 people in this room and then another 200 in the adjoining room, where there's also a kitchen on one side. But this particular weekend, we were restricted and so some of us literally went just to pay our respects, and then we got back into our cars and drove back home. So you can see how it has transformed our funeral rituals.

However, during that weekend, there was miscommunication, and the funeral directors weren't sure what was happening. My family wasn't sure if they should cook, how much they should cook. It turned out that they were not able to even provide any food, because that would have been-- they would have had to cook it there at the funeral home and serve it to people. And so literally overnight, their funeral plans changed, and it would have been really helpful to have communications very upfront and very clear for them so that they could know how to plan.

The second thing we need to consider in coordinating communications is to provide information in Hmong, in the Hmong language. Part of this is that 82% of Hmong who were surveyed in the 2017 community survey said that they speak another language other than English at home, 82%. And then 32% of Hmong reported that they speak English less than very well, which just tells us that many in the Hmong population may still prefer to hear news and information in their own language.

And not only do we need to provide it in their language, but we need to use and disseminate the communications through methods that the Hmong are already using. So among the non-English speaking Hmong, there is a heavy reliance on telephone conference lines. You call in, and you get to hear news that's happening. There's usually a show that is being put on, but people just call in and listen on their phones. And there are literally hundreds of those.

In addition, there is Hmong radio, which can be broadcast through Facebook now, but also that people driving around the Twin Cities can listen to Hmong radio. Probably one of the most utilized in the community is YouTube, watching YouTube videos, and then Facebook. My mom, who is 83 years old, is now on Facebook, and she even knows how to host a viewing show, which I'm not sure I even know how to do. And so even in the first generation and

among the elderly, YouTube and Facebook are great ways that we can disseminate the information that is necessary.

Secondly, as we look at providing mental health services, my hope is that as I have been sharing some of the factors and challenges within the Hmong community, that you are already thinking through some of the things you will need to consider when we are providing mental health services. I'm just going to talk about a couple of these things.

The first is that we need to meet practical needs. According to Maslow's hierarchy of needs, it is very difficult to help somebody unpack and heal emotionally and psychologically when they don't even have food, or when they're not able to get their homework done, things like that. So it is important. It is part of providing mental health services is to be able to support them in getting their practical needs met.

The second thing we need to do is to coordinate our mental health care with religious leaders, whether that is their pastor or their Bible study small group leader that we coordinate care with them or whether that's with the shaman, the clan leaders who can connect us to the shaman. Much of the healing that needs to occur may be at a very soul level, and our mental health services need to incorporate that as well.

A third component of mental health services needs to be a broad psychoeducation in the Hmong language disseminated by methods that people will get it. A Hmong person may not come into our mental health clinics, but they will watch a YouTube video on depression, on preventing suicide, and so we need to be able to get that information out about the mental health services, the mental health issues, and to provide not only the education, but the hope that we want to put out there for the larger audience.

And then as far as doing mental health and providing that, certainly, we are in a time where we're using teletherapy now, where we can't be face to face with clients. And so with our Hmong population, we need to assess individually each client at a time, whether it is appropriate to use teletherapy. Currently, of my four clients, two of them have decided they'd prefer not to come in, to not use teletherapy and just wait, that face to face is what they find helpful. And so we need to assess on an individual basis.

Even as we're using teletherapy, we need to be able to adjust some of the relevant protocol. For instance, we may be wanting more privacy for our clients, but what if they live in a house with eight other people, and there really is no way for them to have a lot of privacy? We may have to work with them, wherever they may be.

Confidentiality. Teletherapy means that if they're in a room and somebody walks by, somebody will know you're doing therapy. Well, we may just have to live with that and be able to still support the client in their confidentiality as much as possible.

And in line with that, this third point is that we need to provide psychoeducation and support for clients and their whole family. So teletherapy might be a wonderful time where we can invite the whole family into talking about the client's symptoms, but also about family relationships and symptoms, so to be able to give support to our client through supporting their whole family. And I believe that teletherapy can open the door to that.

There are many more things we could say about the actual provision of mental health, but I want us to actually take almost a step back and take a big picture view, and I'd like to talk about utilizing trauma-informed care. I spent a lot of time making the point that the Hmong population has undergone historical trauma and that historical trauma means that even if you have a third generation Hmong in front of you, whose grandparents were the ones who escaped from Laos to Thailand and finally made it to the US, that you will still need to recognize the pervasiveness of trauma in various forms for this individual, this couple, this family, and to recognize the impact of that trauma.

Again, trauma doesn't have to be that they exhibit DSM 5 behaviors, but it can mean that they have adapted ways of viewing the world, ways of viewing their own helplessness, ways of viewing you as the service provider. And so we need to recognize the pervasiveness of trauma.

In addition to that, we need to acknowledge and understand the symptoms and what we might consider difficult behaviors, we need to acknowledge and understand them as coping strategies. I want us to recognize that there is a huge potential for us as privileged, Western trained mental health providers, that we privilege the medical model, that we privilege a Western conceptualization of illness and health and pathology. And so when we acknowledge that, then it might be easier for us to notice the community resources and notice these alternative methods of coping and resilience that we may not have noticed before.

Another component of the trauma-informed care is that we collaborate and empower the client and the client family. And this collaboration can take many forms, but one of the first is just being able to promote the community and indigenous helping capabilities that they already have, to privilege those coping styles and those helping mechanisms. Another way is to be very deliberate in sharing our health resources, resources such as where the money goes, resources such as the professionals who are working with the families.

A resource can be oversight or accountability, and many of these things-- we may feel like we're trapped or we're mandated to do things a certain way, but I believe that this collaborative and empowerment means that we're constantly giving away expertise and we're giving away power and giving away resources as much as we can.

And then the fourth component of trauma-informed care is for us to avoid re-traumatization. And re-traumatization is this idea that in the interface with

health care mental health providers that the client, the individual, the family may be re-experiencing many of those traumatic experiences and feelings, and so part of what we need to do, once we have that awareness, is to be very conscious about how we are presenting ourselves to the clients, how we are working or collaborating or not collaborating with them. It's in being able to ask questions in a very sensitive and culturally appropriate way. It is looking at gender and power dynamics. And it is looking at ways that the medical model may impinge upon the person's privacy or their timeline of when they want to be able to tell you their narrative.

There are many ways that we can re-traumatize a client, and if we can just begin to be aware that this might be happening, it will be helpful for us to at least work against re-traumatizing the clients.

So I've provided some very broad things for us to think about as we are learning culturally responsive factors that we need to consider. I understand that this is just the beginning, in many ways just scratching the surface. My biggest hope again is that you are reoriented in providing mental health care and services in a way that it's trauma-informed and that it takes into consideration the historical trauma that the Hmong population has undergone.

So as we close, I'd just like to summarize that culturally relevant crisis services during COVID-19 for the Hmong population will entail that we take a socio ecological approach that considers factors and challenges at all the various levels, from the individual to the relationship to the community to the societal levels and that the provision of mental health services needs to be trauma-informed in addressing at each of those levels. I appreciate your joining me on this webinar, and I hope that it has been helpful and encouraging for you. Thank you.

ALFREDO CERRATO: Dr. Rhodes, thank you so much for sharing how culturally responsive factors affect how we deliver behavioral health services to the Hmong community during these uncertain times. I am sure that the information you share will assist our behavioral health workforce, provide more culturally responsive services to our Hmong community.

Having said that, I want to mention to our audience that we will have a PDF file attached to this that will have additional resources for you, and I would like to thank you, our behavioral health workforce. Thank you for your service during these times. This concludes our webinar presentation. Thank you very much.