



A Protocol for Working with Hmong Clients
Guidance for Behavioral Health & Substance Abuse Professionals



HMONG AMERICAN
FRIENDSHIP ASSOCIATION INC.
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Introduction

Purpose of this protocol

There is remarkably little data available regarding behavioral health and substance abuse issues in the Hmong community. Most recordkeeping and reporting continue to be inadequate in providing helpful data. Hmong individuals are usually combined into one group with all Asians, or even more unhelpfully, simply put into a category called “Other.”

We know, however, that the Hmong community is not immune from mental health concerns or from the epidemic of substance misuse that plagues the U.S. As an example, there are anecdotal reports from Hmong community members regarding misuse and even deaths attributable to opioids. Treatment providers, however, tell us that they seldom, if ever, see Hmong patients or clients. There is clearly a gap between need and services. The information in this protocol is designed to assist behavioral health and substance abuse providers to:

- 1) Reach out to the Hmong community in ways that make it more likely that Hmong individuals will be open to receiving help.
- 2) Provide treatment and other services that are culturally sensitive, and therefore, more likely be to be effective.

Behavioral health needs in the Hmong community

In order to begin filling the data gap regarding behavioral health needs in the Hmong community, the Hmong American Friendship Association, in Partnership with the Center for Urban Population Health, conducted a survey of over 1,000 Hmong adults in Wisconsin. Findings from the 2021 Wisconsin Hmong Behavioral Health Needs Assessment included the following:

- Frequency of depression among Hmong adults seems to correlate with the U.S. population in general at about 7%.
- Frequency of anxiety was higher in the Hmong population at 6.3% vs. 3.1%.
- PTSD was evident in 20.7% of the Hmong population vs. 3.5% of the general population in the U.S.
- Depression and anxiety across all age groups correlated with higher use of substances, including alcohol, prescription medications, and illegal drugs.

Trauma and Hmong History

Underlying all of the information that follows is the importance of having some understanding of Hmong history—as it is rooted in traumatic events that have carried into the present generation. While the information below is brief, it will provide a sense of what the Hmong people have endured. References listed in Appendix A will provide additional information for those who are interested.

Pre-Vietnam War

Hmong history can be traced back about 4,600 years in Central China along the Yangtze River. The Hmong were a subgroup of the Miao people; they lived in the mountains of Southern China. Beginning in the mid-18th century, the Hmong were victims of massacres by Chinese leaders. Their villages were destroyed. The Hmong began to migrate south into Laos and Vietnam. This migration continued into the early 20th century.

Hmong people settled primarily in the highlands of Laos and Vietnam, where the native peoples did not live. They grew crops such as rice and corn and raised cattle, goats, and pigs. They also cultivated opium—the cooler climate of the highlands was just right for opium production. Opium was used as a medicine, not only for pain but for stress relief and digestive issues. It is estimated that 8 – 12% of Hmong opium farmers were addicted to opium (Westermeyer, 1981).

The Hmong were taxed unfairly in Laos, and some rebelled. In Vietnam some Hmong people fought against French colonialism. During World War II there were Hmong people involved in fighting between the French and the Japanese, but most of the fighting occurred in low lying areas, which was not where the Hmong people lived.

Vietnam War

During the Vietnam War, the Hmong in Laos were recruited by the CIA to help combat the spread of communism. Young Hmong men were trained and armed by the CIA and were involved in rescuing downed U.S. pilots, gathering intelligence, and cutting off the Ho Chi Minh (North Vietnamese) supply trail, which cut through Laos. This is sometimes referred to as the “Secret War in Laos” because the U.S. government did not acknowledge that the U.S. had expanded the war into Laos until many years after the war ended. It was no secret in Laos, however, where the U.S. dropped more than two million tons of ordnance on Laos during 580,000 bombing missions from 1964 to 1973.

Estimates vary but it is likely that 30,000 – 40,000 Hmong soldiers and Hmong civilians died in the conflict in Southeast Asia. When the U.S. pulled out of Southeast Asia in May 1975, the communists gained complete control of Laos.

Post-Vietnam War

The Hmong were now targets of retaliation in Laos and fled to Thailand. Escape to Thailand meant crossing the Mekong River—usually at night to avoid detection by communist soldiers. Parents used opium to quiet their children; many died during the exodus. It is estimated that about 50,000 Hmong people died after the war, trying to flee to Thailand. This is more than the number killed during the war.

Once in Thailand, Hmong people obtained refugee status and were housed in camps. From the camps, they were displaced to the West—most went to France or the U.S. though some went to Australia and other countries.

In late 1975 and early 1976, the first Hmong refugees began to arrive in the U.S. from Thai refugee camps. The number of refugees arriving reached a peak of about 27,000 in 1980; however, refugees continued to come throughout the 80s and into the early 1990s.

Thailand began closing refugee camps by the early 1990s though there were still many Hmong refugees in Thailand. A Thai Buddhist monk allowed refugees to stay at a temple north of Bangkok called Wat Thamkrabok. These refugees had no official status in Thailand; the Thai government wanted to force them to go back to Laos, but many were afraid to do so.

Finally, in late 2003 the U.S. government agreed to accept 15,000 refugees living in Wat Thamkrabok. They began to arrive in June 2004. From 2004 – 2006, 3,262 of those refugees arrived in Wisconsin. A few more came in subsequent years. In the 2021 Wisconsin Hmong Behavioral Health Needs Assessment, 15% of the Hmong adults who responded were born in Thailand, which almost certainly means that they were born in refugee camps, and in some cases, lived a significant part of their childhoods there.

Refugees vs. Immigrants

Hmong people were driven from Laos because of their support for the U.S. during the Vietnam War. As a result, they were given refugee status. An immigrant is someone who makes a choice to live in different country. Refugees are fleeing for their lives. The Hmong people who came to the U.S. arrived as refugees.

Wisconsin is home to three of the U.S. communities with the largest numbers of Hmong refugees: Milwaukee, Wausau, and Sheboygan. Other communities in Wisconsin with significant Hmong populations include La Crosse, Eau Claire, Manitowoc, Green Bay, and Appleton.

Hmong Story Cloths

Perhaps you have seen a Hmong story cloth (called a paj ntaub) such as the one reprinted below. This one tells the story of Hmong history. If you look closely, you can see the Hmong people fleeing China in the upper righthand corner. (If you are viewing this document digitally, you might want to zoom in on the various sections of the story cloth.) Next, you can see scenes of life in Laos during and after the Vietnam War—including airplanes dropping bombs and soldiers shooting civilians. You can also see the people who are fleeing across the Mekong River with various kinds of boats—or in some cases, just hanging onto a piece of bamboo.

At the bottom of the story cloth, there are people lined up to be processed at a refugee camp in Thailand—with a plane waiting in the lower lefthand corner ready to fly refugees to their new homes. As more than one Hmong person has said, “We are always on the run.”



Understanding this history is key to understanding the Hmong community today. It is a community affected by generational trauma and also one that has demonstrated tremendous resilience, courage, and adaptability throughout its history.

Outreach

Barriers

Many behavioral health providers report little success in reaching out to the Hmong community. There are a number of reasons for this:

Limited trust of outsiders

Especially for those who were born outside the U.S., Western medicine and Western clinicians are often viewed with mistrust and skepticism. Trusted people are family elders and clan leaders. Traditional Hmong culture is a patriarchal system with 18 clans. Last names are based on clan membership. Women become part of their husbands' clans upon marriage, which can make it especially difficult for Hmong women to reach out when they experience mental health issues, substance abuse, sexual assault, or domestic abuse.

Each clan has a leader, as well as clan elders. Family is also organized into a traditional hierarchical system headed by the father with the eldest of any sons "next in line."

Shame and stigma about seeking help

While this is not unique to the Hmong community, it may be magnified. Hmong culture—unlike most Western cultures—places value on the family and the clan over and above the individual. Seeking help can be seen as shameful for the person directly involved, and it can also be viewed as a negative reflection on the reputation of one's family and clan. In the behavioral health needs assessment cited earlier, survey respondents who had tried to get professional help for emotional issues most frequently cited stigma/shame and cost as barriers to treatment.

Language accessibility

For Hmong people with limited English proficiency, providing information in English will be of little use. Even translating written materials into Hmong is helpful only in limited circumstances. The Hmong people did not have a written language until the 1950s when a writing system was created by a French missionary. The number of people who can read and write Hmong—but cannot read and write English—is very limited. Interpretation services are essential.

Resources & Strategies

Here are some resources and strategies that might assist in overcoming these barriers to your outreach efforts.

Mutual Assistance Associations in Wisconsin (MAAs)

Mutual Assistance Associations are nonprofit organizations that were started by and for Southeast Asians refugees to help one another in their adjustment to living in the U.S. Most of the Wisconsin communities previously mentioned as having a significant Hmong population have a local Mutual Assistance Association. Services vary widely, but can include:

- ❖ Translation/interpretation services. MAAs may be able provide interpretation services or direct you to someone who could offer that service for clients whose English proficiency is limited.
- ❖ Opportunities to participate in Hmong community activities where your organization could have a presence. As an example, there are Hmong New Year celebrations throughout the state, as well as summer soccer tournaments, which allow sponsorship opportunities that include informational tables.
- ❖ Links to clan leaders, who can be helpful in encouraging clan members to obtain treatment for behavioral health/substance abuse issues. Many of Wisconsin's Hmong clan leaders have participated in training relating to mental health and substance abuse; you may be able to leverage their support to provide ingresses into the Hmong community. Referral to treatment by a trusted person (usually a family elder or a clan leader) increases the likelihood that a Hmong person will be open to treatment.

A list of Mutual Assistance Associations in Wisconsin can be found in Appendix B.

Staff diversity

Nothing makes people more comfortable, especially in an unfamiliar setting, than seeing individuals who look like them! Do you have Hmong staff among your employees? Your clinicians? Is your Human Resources Department actively seeking Hmong employees as part of your organization's diversity, equity, and inclusion strategy? Even Hmong therapists tell us that it is difficult to gain the trust of Hmong clients—it will, of course, be even harder for staff who are not Hmong.

Intake/Assessment

Reaching out to the Hmong community is just the first step. In the 2021 Wisconsin Hmong Behavioral Health Needs Assessment of over 1,000 Hmong adults, only a very small percentage said that they had received, or even sought, professional help for dealing with emotional issues. Of those who did seek such help, almost 70% felt that the professionals they saw "**respected** my culture and way of life" but only 45% reported that the person "**understood** my culture and way of life." This disparity points to the need for clinicians to be better educated regarding Hmong history, cultural beliefs, and attitudes.

Within the structure of your organization's initial intake and assessment process, here are some things to consider:

Explain the reason for questions

Asking direct questions might seem very intrusive. Take the time to explain why you are asking personal questions—why the information is important for you, as a healthcare provider, to have. Don't assume that a Hmong person is viewing your questions from a Western perspective, where asking deeply personal questions is more normalized.

Recognize that “Yes” might not mean “yes”

“No” is seen as an impolite response, especially to someone in a position of authority. “Yes” may mean that the person understands what you are saying, but not necessarily that the person agrees with you or will do as you have suggested. It is part of an avoidance of overt conflict that is a cultural norm.

You may find it helpful to solicit negative feedback. For instance, when the Hmong American Friendship Association began to survey clients who had used its medical interpretation services, recipients were asked if they were satisfied with the services. Almost everyone said “yes.” It is culturally uncomfortable for Hmong people to complain about a service that is helping them, especially one offered at no cost. When the wording was changed to, “What could we do to make our medical interpretation services better?” useful feedback was provided by some, though by no means all, survey respondents. Soliciting negative feedback in this way invites a more honest response.

Ask about symptoms instead of diagnoses

Assessment questions will be more effective if they do not reference the names of illnesses or conditions, but instead focus on signs and symptoms. There are very few words in the Hmong language to talk about mental health issues. Consider asking:

- “Are you often worried?” or “Is it hard for you to relax” rather than “Are you anxious?”
- “You seem very sad” rather than “Are you depressed?”

Invite participation from family and clan members

In traditional Hmong culture it is common practice for everyone in the family—and perhaps clan leaders, as well—to be present when major healthcare decisions are made. This is an offer that might be welcomed and appreciated by your Hmong client. There may also be benefits in terms of treatment compliance as discussed in the next section.

Treatment

With so few Hmong people undergoing treatment for behavioral health and/or substance abuse issues—along with the lack of disaggregated data—information regarding treatment

effectiveness is limited. The behavioral health needs assessment referenced earlier included the following encouraging data from the limited number of Hmong respondents who reported having seen a behavioral health professional:

- 61% said, “They understood my problems or concerns.”
- 74% said, “It was easy for me to contact them when I needed to.”
- 74% said, “I would recommend these services to my family or friends.”

The suggestions listed below are meant as a means of expanding your toolkit—not replacing strategies that you currently use, but recognizing that you might need to adapt those strategies to work successfully with Hmong clients. And another reminder here: not all Hmong individuals are the same; some will be much more comfortable and trusting of Western treatment practices than others. Age, place of birth, and English proficiency are a few of the factors that might influence attitudes toward treatment.

Leverage traditional Hmong values

Clients who accept traditional Hmong values, likely will believe it is important to:

- Work hard
- Avoid conflict with others
- Show deep respect for elders
- Fill one’s proper role in society
- Ensure the welfare and reputation of one’s family and clan
- Know Hmong customs and appropriate behaviors.

These traditional values can make your job more difficult in some ways and easier in others. For instance, ensuring the reputation of one’s family and clan might make it more difficult to admit to substance use struggles. On the other hand, the desire to work hard and fill one’s proper role can be a motivating factor in recovery. The deep respect for elders can be beneficial if clan leaders or family elders are encouraging and supportive of treatment.

Be open to adapting treatment practices

Welcoming people to your treatment program or facility is only a first step. Methods traditionally used in your program might need adaptation if they are to be effective. For example, traditional support groups based on “talk therapy” might be met with compliance—but a lack of participation. Some programs have found it more successful to have therapy groups centered around a culturally familiar activity (e.g., gardening or sewing), and then

introducing discussion around a therapy-related topic in a more indirect way while participating in the activity. Art therapy may offer an “in” more easily than asking a Hmong person to sit in a circle with a group of non-Hmong individuals and share deeply about their lives.

Consider combining traditional practices with Western medicine

If it is the preference of your client, be open to integrating shamanism into your treatment practices. Ceremonies performed by a shaman can provide psychological support to clients and to their families. Particularly for older Hmong individuals, ceremonies by a shaman are a frequent source of emotional support.

Many shamans are open to working alongside Western healthcare practitioners. Their work can complement yours. Think about shamans as you would other spiritual leaders—priests, pastors, rabbis, or imams. In hospital settings, a shaman is akin to a chaplain.

Capitalize on insights from research on effective treatment strategies with Hmong people

While there is very little publicized data about the Hmong community with regard to drug use, abuse, and treatment in peer-reviewed literature, there are a couple of relevant journal findings that are very useful:

A 2002 study, *Treatment Response of Opium Smoking Hmong Refugees to Methadone Maintenance* (Azeem, Carlson, and Soudaly), found a positive response to methadone maintenance treatment, as measured by improvement in employment status, family and social functioning, and psychiatric status. In this study, family/clan members played a “significant role” via regular, two-way communication with the patients’ case managers—described as a “therapist/clan contract.”

A 2012 study, *Superior methadone treatment outcome in Hmong compared with non-Hmong patients* (Bart, Wang, Hodges, Nolan and Carlson) found better treatment retention and lower maintenance doses required for stabilization when comparing Hmong and non-Hmong patients in a methadone maintenance program.

Because of the essential role that both family and clan play in the lives of Hmong people, offering to incorporate them into your treatment plan may be a significant benefit to your Hmong clients.

We hope that this information will provide a helpful starting point in considering ways that your organization can reach out to the Hmong community and provide effective, culturally sensitive treatment for behavioral health and substance abuse needs.

We are grateful to the State of Wisconsin Department of Health Services for support and funding of this project!



Appendix A: Resources

Books

Alisa, K. (2007). *The Hmong*. Detroit, MI: Greenhaven Press.

Cha, Y. P. (2010). *An introduction to Hmong culture*. Jefferson, NC: McFarland & Co.

Quincy, K. (2017). *Hmong: History of a People*. Marshall, WA: GPJ Books.

Vang, T. S. (2013). *A history of the Hmong: From ancient times to the modern diaspora*. Morrisville, NC: Lulu Press.

Journal Articles

Azeem, M., Carlson, G., & Soudaly, C. (2002). Treatment Response of Opium Smoking Hmong Refugees to Methadone Maintenance. *Jefferson Journal of Psychiatry*, 17(1).
<https://doi.org/10.29046/jjp.017.1.001>

Bart, G., Wang, Q., Hodges, J. S., Nolan, C., & Carlson, G. (2012). Superior methadone treatment outcome in Hmong compared with non-Hmong patients. *Journal of Substance Abuse Treatment*, 43(3), 269–275. <https://doi.org/10.1016/j.jsat.2011.12.006>

Appendix B: List of Wisconsin Mutual Assistance Associations

Eau Claire Area Hmong Mutual Assistance Association, Inc.
1320 W. Clairemont Avenue
Eau Claire, WI 54701
(715) 832-8420

Hmong American Center, Inc.
1109 North 6th Street
Wausau, WI 54403
(715) 842-8390

Hmong American Friendship Association, Inc.
3824 W. Vliet Street
Milwaukee, WI 53208
(414) 344-6575

Hmong American Partnership Fox Valley, Inc.
2198 South Memorial Drive
Appleton, WI 54915
(920) 739-3192

Hmong Mutual Assistance Association of Sheboygan, Inc.
2304 Superior Avenue
Sheboygan, WI 53081
(920) 458-0808

Hmoob Cultural Center Agency, Inc.
1815 Ward Avenue
La Crosse, WI 54601
(608) 781-5744

United Asian Services of Wisconsin, Inc.
1310 Mendota Street, Suite 104
Madison, WI 53714
(608) 256-6400