

# Cultural CONNECTION

Spring, 2007

## The Mental Health Recovery Model

Casey Dorman, PhD, BHS Training Coordinator

**R**ecovery means a lot of things to a lot of people. In medicine, recovery usually means the restoration or return to health from sickness or injury and signifies an endpoint. In substance abuse treatment, it is emphasized that recovery is a process, sometimes one without an endpoint, presumably because the underlying disease (the addiction) never goes away.

In mental health, recovery can signify either an endpoint or a process. The crucial difference between the mental health concept and the medical and substance abuse concepts is that, in mental health, recovery is not related to an underlying illness, but rather to one's quality

of life. Recovery still refers to the restoration of something that has been lost, though in some cases, the reality is that what is being recovered was never fully attained.

Nothing is perfect and neither is anyone's life, so quality of life is a graded concept – quality can be better or worse. Quality of life is also a broad concept – it includes health, medical care, mobility, means of transportation, finances, housing, education, recreation, work, and role fulfillment, to name only some of its dimensions. A crucial aspect of the concept of quality of life is that two people who are equally sick (no matter what the illness) can have different qualities of life depending upon their access to medicine, to health providers, to caretakers, to adequate housing, to income, to family and friends, to enjoyable recreational pursuits, etc.

The concept of recovery in mental health is associated with a model of services that emphasizes efforts to help a person improve his or her quality of life both by reducing the person's mental illness and its symptoms and by improving other aspects of the person's life, regardless of the status of their mental illness. This is often contrasted with the medical model in which services are directed solely at the symptoms of the illness and the sole goal is to reduce symptoms and cure the illness. In a recovery model of services, assistance is provided in areas of life that go well beyond the symptoms and the current state of the illness.

Recovery does not just concern how or what services are offered to the person with mental illness. Part of the recovery concept is the idea that gaining control over one's life is also an aspect of quality of life. Thus independence, choice, and responsibility are included in models of mental health recovery. A recovery model of mental health has the individual with mental illness at its center. That person is knowl-

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COUNTY OF ORANGE  
HEALTH CARE AGENCY

Part 1 of a 2-Part Series

# A brief Cultural Guide in working with Asian Pacific Islanders

*Minh-Ha Pham, Psy.D.*

Asian Americans have consistently underutilized mental health services due to:

- 1) the strong belief that family is their center where the majority of problems can be solved;
- 2) shame and fear of losing face as well as the reluctance to admit to psychological symptoms as failure of the family to solve own problems internally;
- 3) the cultural stigma and belief that there is no resolution with mental illness;
- 4) traditional reliance on other chosen forms of treatment, from herbalists, fortune tellers and matchmakers to temple visits;
- 5) lack of knowledge about available services, particularly among new working-class immigrants.



## Asian Characteristics

**Worldview—Major characteristics of most Asian worldviews include:**

- 1) **External locus of control:** the belief that humans are controlled by forces outside oneself, such as fate, luck, or chance.
- 2) **External locus of responsibility:** the belief that others share a certain amount of responsibility for the individual under any circumstances.

As a result of reinforcing experiences, many Asians tend to develop a consistent attitude toward an external locus of control and responsibility as the source of reinforcement that parallels the tradition of de-emphasizing one's self while heavily focusing on other members of the family,

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## MH Recovery Model

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edgeable about his or her mental illness, is aware of treatment options and involved in making a choice among them. He or she takes responsibility for making and following informed choices, and has opportunities for living as independently as possible, within a system in which he or she can make choices and gain assistance in pursuing educational goals, can achieve adequate living and transportation arrangements, can develop realistic work options, and can achieve his or her recreational and social goals.

It is obvious that the concept of recovery is intimately tied to the concept of quality of life. In turn, this latter concept is intimately tied to the culture in which one lives. Different cultures value different roles, define independence differently, and have different views of mental illness and its treatment. Within some cultures for instance, achieving independence from one's family of origin is the ultimate sign of living optimally. In other cultures, living interdependently and in an integrated way with family members is one of life's main goals. In some cultures persons define themselves primarily in terms of their family roles (father, son, parent, etc.), while in others they may place greater emphasis upon work roles. A satisfactory quality of life has different meaning for these people and a recovery model takes into account such personal and culturally determined meanings in how a person defines his or her quality of life. A mental health service delivery system that values cultural competence and strives to offer help to consumers

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# Working with lesbian, gay, bisexual, and transgender patients

**H**omosexuality was removed from the Diagnostic & Statistical Manual of Mental Disorders (DSM) in 1973, some 25 years after Eleanor Hooker's groundbreaking research on homosexuality. Prior to this time, homosexuality had been listed as a Sociopathic Personality Disorder.

Dr. Hooker applied to the National Institute of Mental Health (NIMH) in 1953 for a grant to study the adjustment of non-clinical homosexual men versus a comparable group of heterosexual men. She received the grant, with much excitement from NIMH, as this was a new area of research with very strong implications both psychiatrically and socially. This research was the first to empirically test the assumption that gay men were both maladjusted and mentally ill. Her research took place at the height of the McCarthy era when legal penalties for homosexual behavior were severe in the United States. Dr. Hooker's research demonstrated that there were no differences between homosexual and heterosexual men in her study. Thus began the dismantling of the myth that homosexuals were inherently ill.

Additional empirical results were also reviewed, leading to the American Psychiatric Association's removal of the diagnosis from the DSM. In 1975, the American Psychological Association followed suit, publicly supporting the removal from the DSM, stating that "homosexuality per se implies no impairment in judgment, reliability or general social and vocational capabilities ... (and mental health professionals should) take the lead in removing the stigma of mental illness long associated with homosexual orientation."

***The following are general interview recommendations for working with Lesbian, Gay, Bisexual, Transgender (LGBT) Consumers (The Center Orange County)***

- Avoid making assumptions about sexual orientation. Any consumer

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## Cultural Guide

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extended family units or group.

### Value and Belief Systems:

Many Asian societies typically demonstrate power differentiation, prefer order and acceptance of authority with willingness to observe courteousness, power distance to those in powerful positions (i.e. Taiwan, China, Singapore, and Hong Kong). Most Asian belief systems embrace hierarchy. They endorse collectivism, advocate low individualism, and are expected to integrate moral discipline.

## Identity Issues as Asian Americans

Persons of Asian American descent struggle with the question of "Who am I?" as they become progressively more exposed to the standards, norms, and values of the wider society. Absorbed from peers, schools, and the mass media, which uphold Western standards as better than their own, Asian Americans are often placed in situations of extreme culture conflict that may lead to much pain and agony regarding behavioral and physical differences. There are four types of questions for individuals undergoing acculturation conflicts:

1) **Assimilation:** Seeking to become part of the dominant society to the exclusion of one's own cultural group.

2) **Separation:** Identifying exclusively with the Asian culture.

3) **Integration/Biculturalism:** Retaining many Asian values but adapting to the dominant culture by learning necessary skills and values. Cultural integration is viewed as a synergistic and

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# Community Services & Supports Growth Funding Plan update

Orange County Health Care Agency, Behavioral Health Services has completed a Draft Plan for the use of the Mental Health Services Act (MHSA) Community Services and Supports (CSS), "Growth Funding." Due to revenues in excess of projections, the California Department of Mental Health notified counties that additional funding is available to expand existing Community Services and Supports programs or to add new programs not in the Plan approved last year.

Orange County is eligible to receive an additional \$9,030,400 for FY 2007-08 to accomplish this purpose. This plan includes the FY 2007-08 funding and also provides for the use of rollover funding in the last quarter of 2006-07 to support programs that are expanded or implemented prior to July 1, 2007.

The plan is the culmination of an intensive countywide community planning process. Public participation in the planning process was outstanding. The process included a long list of community partners and a wide variety of clients and family members.

The draft Plan is based on guidance provided by the California Department of Mental Health (DMH), the needs of the target population (those with serious mental illness or serious emotional disturbance) as identified by the community, and the best information available about the types

of strategies and services that are effective in improving mental health outcomes.

This plan was available for public review from January 30, 2007 through March 1, 2007, in hard copy and electronically. For those who would like a brief overview, an Executive Summary is available. The Executive Summary will be available in Spanish, Vietnamese and English. Both the Plan and the Executive Summary are posted on the County's MHSA website ([www.OCHHealthInfo.com.Prop63](http://www.OCHHealthInfo.com.Prop63)). Copies of each may be obtained by calling the MHSA Office at 714-834-2907. Hard copies of the Plan and/or Executive Summary are being distributed to local libraries and community partner agencies.

Public Comment forms are included with hard copies of both the entire plan and the Executive Summary. A comment form is also posted at the MHSA website. After reviewing the Plan, if you have comments or questions please fill out one of the Public Comment forms and send to the following address:

- Mental Health Services Act Administrator  
Orange County Health Care Agency  
Behavioral Health  
405 W. Fifth Street, Suite 502  
Santa Ana, CA 92701  
Or email to [Prop63@ochca.com](mailto:Prop63@ochca.com)

At the end of the Public Comment period, the Orange County Mental Health Board will conduct a hearing on the Plan. Upon ap-

proval of the Plan by the Mental Health Board, the Plan will be submitted to the Board of Supervisors for its consideration. Upon approval by the Board, the Plan will be finalized and submitted to DMH for review and approval.

The DMH estimates it will take 30-60 days to review the Plan. The County of Orange anticipates that within the next few months, DMH will release guidelines for the four remaining components: Prevention/Early Intervention; Innovative Programs; Capital Improvements and Information Technology; and Education, Training, and Workforce Development.

Funding provided by the Mental Health Services Act will provide Orange County with the needed resources to help change lives. The MHSA Office thanks all who participated in the community planning process. Completion of this Plan moves us one step further along the road to transforming the public mental health system in Orange County.

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## MH Recovery Model

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within their own cultural framework is part of the recovery model, as are efforts to reduce stigma associated with mental illness that may prevent families or individuals from addressing such illness and taking advantage of the services that are offered.

# 2007 LSWN Conference coming to Garden Grove in October

The Latino Social Network (LSWN) of California is holding its 18th Annual Conference on October 5-6, 2007 at the Crowne Plaza Resort in Garden Grove, CA. The theme of this year's event, hosted by LSWN Orange County, is **"Quest for Excellence—Orgullo en el Pasado y Esperanza para el Futuro"** (Pride in our Past and Hope for the Future). One topic to be showcased will be the Mendez vs. Westminster case that helped desegregate schools in the United States. Other historical events which have impacted the country and the Latino communities will also be presented.

The LSWN/OC is an affiliate of the larger state organization with six other affiliates throughout the state. The members of LSWN OC are social work-



ers and professionals from various county agencies and other community-based organizations.

Past conferences have been very successful with keynote speakers such as Edward James Olmos, acclaimed author Victor Villasenor, Most Reverend

Bishop Jaime Soto, Antonio Villaraigosa and many more. At least 500 participants are expected at this year's conference and multiple vendors and exhibitors will also be participating.

For more information, please visit the LSWN/OC website at [www.lswnoc.com](http://www.lswnoc.com).

## Cultural Guide

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an enrichment process. As lives and cultures are shared, each gains new values with the sum greater than its parts.

3) **Marginalization:** Perceiving one's own culture as negative but not able to adapt to the American culture.

### Concept of Self

Asians conceptualize a much more fluid and unidentified conception of self than most Western psychological theorists. As implied by Buddhism and Taoism, most Asians place less emphasis on self-reliance



and independence. Rather, they develop a sense of obligation and responsibility to groups, especially to the family. These concepts of the self affect how they view human relationships and their expectations of interpersonal relationships. Thus, Asian cultures look favorably upon humility and consideration of others' feelings while looking negatively on strong assertiveness or self-centeredness. Basically, most Asians appear to incorporate more identification with and concern for others into the ways they think and feel about themselves.

### Intergenerational Gap

As Asian immigrants, the first generation parents struggle to learn a new language and new cultural rules and standards while raising their families and trying to improve their living standards. The core of the intergeneration

gap comes from poor communication between the first generation parents who expect absolute obedience from their children, as well as placing heavy emphasis on education of the young as an investment for the collective future and pride of the family. Mixed messages from the cultural splits of American emphasis on individualism versus Asian values of obedience and submission to family solidarity and absolute authority greatly contribute to the struggle. Although many second-generation Asian Americans accepted their parents' strict expectations of obedience, Asian parents of first generation need to actively understand their own cultures in depth, and teach their culture and values to their children. Less educated first generation Asian parents, alarmed by American individualistic character and a tendency to enforce preservation of

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# Cultural Events Calendar

## April

### Tuesday & Wednesday, April 17-18 FREE

Immersion Training / Community Members  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

### Monday, Tuesday, Wednesday, April 23-25 FREE

Immersion Training / Clinical Staff  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

## May

### Monday, Tuesday, Wednesday, May 21-23 FREE

Immersion Training / Clinical Staff  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

### Thursday & Friday, May 24-25, 2007 \$250

6th Annual Older Adults System of Care Conference  
Omni San Diego  
675 L Street  
San Diego, California 92101  
Please make hotel reservations directly with the OMNI  
(800) 843-6664 by April 23, 2007; request the group  
rate (\$135.00) for the Older Adult Conference  
James Hernandez (619) 556-3480 x129  
[jhernandez@cimh.org](mailto:jhernandez@cimh.org)

### Tuesday & Wednesday, May 29-30 FREE

Immersion Training / **Community Members**  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

## June

### Friday June 1, 2007 FREE

Vietnamese Family Wellness Conference- Keynote  
presenter Hanh Truong , MFT, OA/Recovery Services  
Pickleweed Center  
50 Canal Street  
San Rafael, CA  
[Jeanne.kwong@sfdph.org](mailto:Jeanne.kwong@sfdph.org)

### Saturday, June 2, 2007 \$150/Professionals, \$75/Students

National Psychotherapy with Men Conference  
CSU Northridge  
[Mark.stevens@csun.edu](mailto:Mark.stevens@csun.edu)

### Monday, Tuesday, Wednesday, June 18-20 FREE

Immersion Training / **Clinical Staff**  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

### Tuesday & Wednesday, June 26-27 FREE

Immersion Training / **Community Members**  
SSA Training & Career Development Room  
SARC 101 A-B  
1928 S Grand  
Santa Ana, CA  
[cdorman@ochca.com](mailto:cdorman@ochca.com)

## Cultural Guide

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their homeland cultural traditions without the ability to present their cultural values with depth and meaning risk entertaining the rebellion and under-appreciation of the successive generations, and consequently slow down the pace of necessary new-American cultural assimilation and integration for their children.

### Acculturation Conflicts Between Parents and Children

Children with Asian parents encounter a unique challenge because they must deal with cultural differences. Children are raised with two conflicting viewpoints: an American culture that calls for active parental involvement, and a home life that demands individual and community responsibility.

Children of Asian descent who are exposed to different cultural standards often experience confusion and/or conflicts with their parent's backgrounds and different values. Common parent-child issues include not quite fitting in with their peers and being considered "too Americanized." The difficulty to resolve differences in acculturation results in misunderstandings with their families, miscommunication, and personal conflicts.



- **Parenting Styles**

The Asian American parenting style tends to be more authoritarian and directive than most Euro-American families. Problem behavior in children is thought to be due to a lack of discipline as a result of too much freedom and too many choices allowed with the new American culture.

- **Key Theme of Shame**

In Asian American groups, public discussion of family problems is considered to be a source of embarrassment and an indication of the family's inability to manage, or failure to solve, problems within the family circle.

- **Communication**

Harmony and "face-saving" are two important characteristics of the Asian communication mode. In order to maintain interpersonal harmony and save face, the majority of Asians emphasize emotional restraint and self-control, careful conformity to rituals of politeness, and avoidance of aggressive persuasion techniques. Indirectness, implicitness, and nonverbal expressions also characterize the communication patterns among Asians. Guided by interpersonal norms, most Asian verbal exchanges avoid argumentative and confrontational modes of communication.

- **Socialization**

Drawing from Confucian and Buddhist assumptions, Asian theories of child development emphasize the forming of correct behavioral habits. Most Asian socialization includes training for obedience, proper conduct, impulse control, and the acceptance of social obligations, whereas independence, assertiveness, and creativity are not emphasized. Creativity, when found, is often a direct consequence of Western colonial influences. Parents and school teachers are expected to set the standards of personal morality and serve as exemplary models for the child.

- **Coping Styles**

Research on the way of coping by most Asian individuals and families suggests that the experience of stress and the search for meaningful adaptive coping responses occurs at multiple levels of social organization within extended family, and not just at the level of the individual. Many Asians experience the stress level through their family, workplace, and other important social entities simultaneously and reveal a multi-layered coping process.

## Spotlight on Excellence

**B**ehavioral Health's Cultural Competency Program presented the January 2006 Spotlight on Excellence Award to Jonathon Schiesel, Therapeutic Behavioral Services (TBS) Coach. Jonathon is recognized for his keen understanding of cultural issues that may impact the treatment of his clients and family members. He began his career with the County in 1989 and was a member of the steering committee that helped form the Cultural Competency Program in the 1990s. Prior to his career with HCA, Jonathon served as a Drug Rehabilitation Counselor for the multiply disabled in New York for eight years. He additionally served as Assistant Co-Director for Drug Prevention and Education in Harlem. Jonathon holds a Masters Degree in Special Education and Counseling from Columbia University.



*Pictured (left to right) are Veronica Kelley, Jonathon Schiesel and Rafael Canul*

**B**ehavioral Health's Cultural Competency program named Dr. Ann Arcay as the recipient of the April 2006 Spotlight on Excellence Award. As a Physician Specialist with HCA's Alcohol and Drug Abuse Services program for the past four years, Dr. Arcay is acknowledged for being compassionate, respectful and honoring of her clients' needs, especially with regard to cultural issues. Per her colleagues, Dr. Arcay is looked upon as one of the best doctors they have worked with. Dr. Arcay specializes in internal medicine and currently volunteers as a teacher at UCI Medical School. She earned her Masters degree from Columbia School of Public Health and her medical degree from U.C. San Francisco. She has worked in a variety of clinical settings, including intensive care and preventive medicine, as well as community clinics. Dr. Arcay's special interest within addiction medicine is the psycho-physiology of the disease.



*Pictured (left to right) Veronica Kelley, Dr. Arcay, Brett O'Brien, Rafael Canul*

**B**ehavioral Health's Cultural Competency Program named Thelma Suzuki as the recipient of the October 2006 Spotlight on Excellence Award. Thelma currently serves as a clinician at the Aliso Viejo clinic for Alcohol and Drug Abuse Services. According to her colleagues, she is a person of respect, dignity and

integrity and is committed to the quality of services delivered to a wide range of clients in Orange County. Thelma is also dedicated to the supervision of clinical interns, giving 100 percent to help educate and train the County's future work force, particularly with regard to the diverse populations within the community.

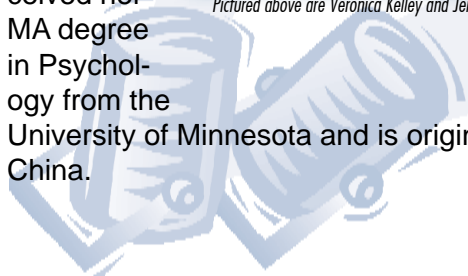
Spotlight

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**B**ehavioral Health's Cultural Competency Program presented its August 2006 Spotlight on Excellence Award to Jenny Qian, Administrative Manager II for Alcohol and Drug Abuse Services (ADAS). Jenny is noted for being intuitively responsive to the cultural needs of the diverse clients that ADAS serves. She also chairs a committee to enhance the accessibility of services to special groups. Jenny began her career with HCA 15 years ago as an ADAS Program Evaluation Specialist. She received her MA degree in Psychology from the University of Minnesota and is originally from Beijing, China.



Pictured above are Veronica Kelley and Jenny Qian.




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*Wisdom is the reward you get for a lifetime of listening when you'd have preferred to talk.*  
 — Doug Larson

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**D**o you work with someone who exemplifies Cultural Competency? Someone who is both sensitive and respectful to persons of all cultures, whether colleague or consumer? If so, the Cultural Competency Program would like to formally acknowledge these individuals.

Please fill out the necessary information and pony it back to us and we'll make sure this employee or consumer is acknowledged in our next newsletter. Our pony address is 38-P.

Awardees will also be honored at the County's Mental Health Advisory Board Meeting. Thank you.

Name: \_\_\_\_\_

Work address/ Pony address: \_\_\_\_\_

Discipline: \_\_\_\_\_

Why you believe he/she is Culturally Competent:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Example of dedication to Cultural Competency:

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## Patients

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you are working with could be LGBT.

- Try to use gender-neutral language. So, instead of asking if a consumer has a husband, ask, "Do you have a significant other, a partner?"
- View sexual behavior as a continuum, not as a black and white concept.
- Use inclusive language. When taking a personal history/assessment, be as broad as possible in your questions, to include all possibilities, such as "Are you sexually active? With men, women, or both?"
- Be aware of your body language, as this conveys your level of comfort and acceptance.
- Try to be non-judgmental and matter-of-fact. Nervousness or discomfort is readily relayed to the consumer and can act as a communication barrier.
- Simply apologize if you don't get it right the first time. It is okay to ask consumers how they like to be referred to, or how they would like you to refer to their partners.

For more information, please contact The Center Orange County, 714-534-0862.



Volume 3, Number 1, Spring 2007

The Cultural Connection is published quarterly by the Cultural Competency Program of the County of Orange/Health Care Agency. If you would like to contribute an article, or have comments, ideas, or suggestions for newsletter improvement, please write to us at:

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