

Clinical Applications of Cultural Elements when Working with Hispanic and Latino Populations

National Hispanic and Latino MHTTC

Revised 11-03-2022

Module One

- Hispanic and Latino Populations

Goal: This module will provide a description of Hispanic and Latinx populations and their specific clinical needs.

Objectives:

- Participants will be able to identify elements that make up Hispanic and Latinx populations.
- Participants will be able to describe stereotypes that individuals within Hispanic and Latinx populations have regarding clinical services.
- Participants will be able to identify the strengths and challenges of the cultural norms of Hispanic and Latinx populations.



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- Cultural norms are patterns of behavior that are typically noted in specific groups of people. These behaviors include the values, attitudes, beliefs, and behaviors within the context of their own organizational culture.
- A group of specific cultural norms which are attributed to a specific population is called a culture.

Culture

Latin - cultura – “to cultivate”

Understanding culture is one more methodology to use to allow us to reflect critically and respond creatively to the change forces which impact the lives of our patients. (Tuohy, 1999)

Hispanic vs. Latino

HISPANIC

A Spanish-speaking person living in the US, especially one of Latin American descent

Of or relating to Spain or to Spanish-speaking countries, especially those of Latin America

LATINO

A person who was born or lives in South America, Central America, or Mexico or a person in the U.S. whose family is originally from South America, Central America, or Mexico

(Merriam Webster Dictionary, 2015)

LATINX

Latinx is a gender-neutral label that emerged during 2014 in social media. Data suggest that the term was developed by the LGBTTTQ community as a way to have a gender-neutral cultural identity.

Assessing the Need for Services

The provision of services requires multiple strategies, founded on an appropriate cultural assessment.

Similarities between different nationalities include:

- Use of the Spanish language;
- Importance of the family and religion in daily life;
- The male role which is sometimes more dominant than in other cultures;
- Protocol in social relationships which can frequently be more elaborate than in casual mainstream U.S.;
- Personal nature of relationships, even business ones.



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Examples of Questions to assess cultural background:

- What part of the general population is Hispanic (both number and percentage)?
- Which Hispanic subcultures are significantly present (e.g., Cubans, Mexicans, Puerto Ricans, Central or South Americans?)
- In which neighborhoods do Hispanics live? Are they concentrated in certain areas or counties?
- To what extent are they literate in Spanish and English (consider verbal as well as written skills)?
- What assistance are they now receiving and how have these programs reached them?
- To what extent are Hispanics with disabilities in your client's area getting needed services?
- Do gaps in services in your area exist and if so, why?



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Needs for Services

Statistically, Hispanic individuals may be at risk for poverty and/or other risk factors

- 15.7% of Hispanic or Latinos, of any race, were below the poverty line.
- 10.5% of White individuals, not Hispanic or Latino, were below the poverty line.
- Latinos are more likely to be uninsured than any other racial or ethnic group in the U.S. In 2019, 20% of all Hispanics were uninsured vs 8% of non-Latino whites

(US Census Bureau, 2019, HHS, 2021)



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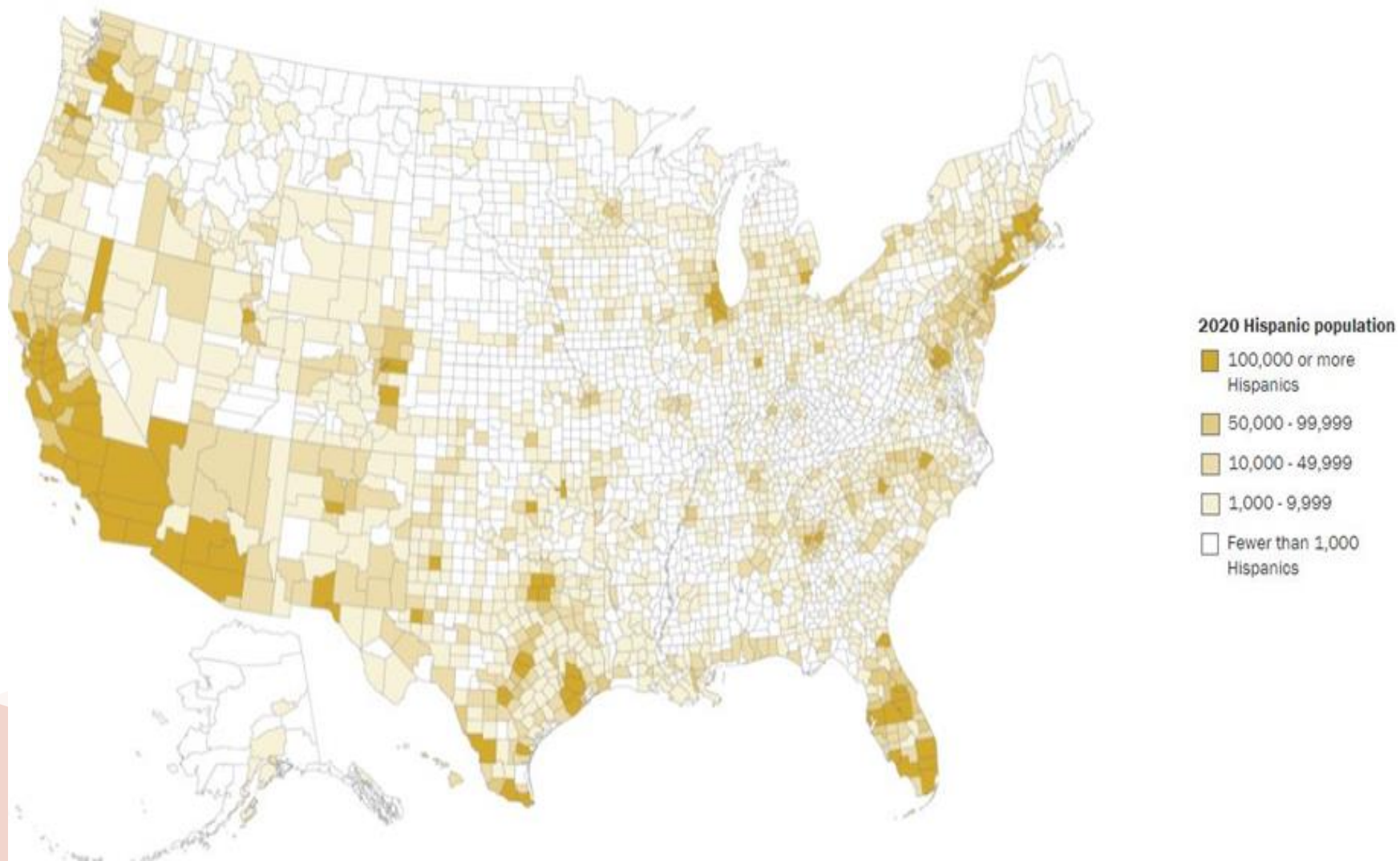
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Hispanic and Latino Populations

- According to the 2020 Census 62.1 million individuals in the US self-identify as Hispanic or Latino, an increase of 23% over the previous decade.
- This is 19% of the total US population
- Median age: 29.8 (US Census 2019)

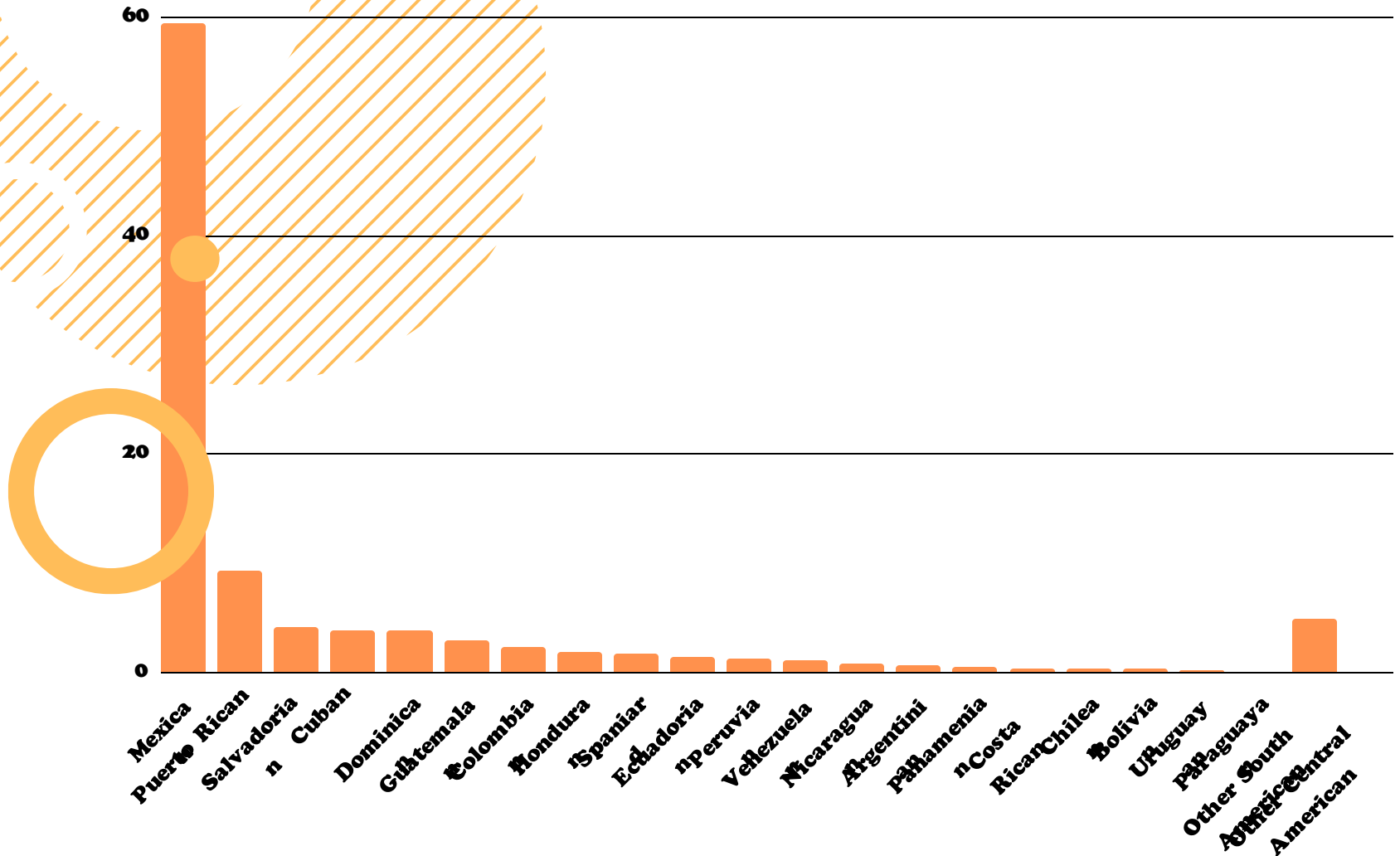
US Census 2019, 2020



[Hispanic Population Growth and Dispersion Across U.S. Counties, 1980-2020 | Pew Research Center](#)

[Hispanic Population by State 2022 \(worldpopulationreview.com\)](https://worldpopulationreview.com)

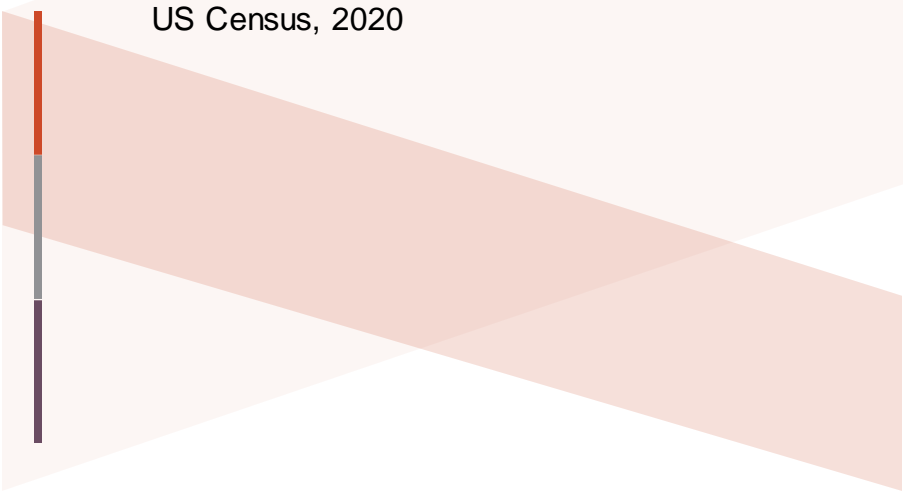
HISPANICS BY COUNTRY OF ORIGIN



Poverty rates

- The historically low poverty rates for Blacks and Hispanics in 2019 reflect gains for race and Hispanic origin groups that have traditionally been disadvantaged compared to other groups over time.
- However, even with these gains, Blacks and Hispanics continue to be over-represented in the population in poverty relative to their representation in the overall population.

US Census, 2020



Needs of Immigrants

Historical and social subgroup differences may impact the needs of immigrants due to political strife, poverty, and oppression.

- Central Americans may be in particular need of mental health services due to political trauma experienced in their home countries.
- Puerto Rican and Mexican American children and adults may be at a higher risk than other immigrants due to their lower educational and economic resources.
- Immigrants who have arrived recently and who are adapting to life in the United States may have different stressors than long term immigrants.
- Puerto Ricans have citizenship, and therefore can access many services available to all United States citizens
- Mexicans may or may not have citizenship, they may have a strong cultural support and, because of their numbers, may have family or others in their community who share many cultural similarities who may support them.
- South and Central American immigrants may have experienced differing levels of political strife and oppression, which may influence their perception of government services offered in the United States

Research on Hispanics and experiences with Mental Illness

- Hispanics and Latinos tend to experience depression in the form of body pains, such as backaches, headaches, or stomach aches.
- Hispanics and Latinos may describe symptoms of depression as feeling tired, having changes in their sleeping or eating patterns, or feeling nervous and restless.
- Latinos are more likely to believe that their symptoms are caused by outside environmental, spiritual, or personal problems (Kouyoumdjian, Zamboaga & Hansen, 2003).
- Latinos are less likely to endorse a biological etiology of depression and mental illness and they tend to view medication as addictive and harmful.
- May Latinos may prefer counseling over medications (Cooper et al., 2003; Givens et al., 2007; Karasz & Watkins, 2006).

Cultural Humility

- Cultural humility involves an awareness of one's limitations to understanding a client's cultural background and experience. Cultural humility also involves an interpersonal stance that is other oriented rather than self-focused in regard to the cultural background and experience of the client.

APA, 2013

Concepts Related to Cultural Sensitivity

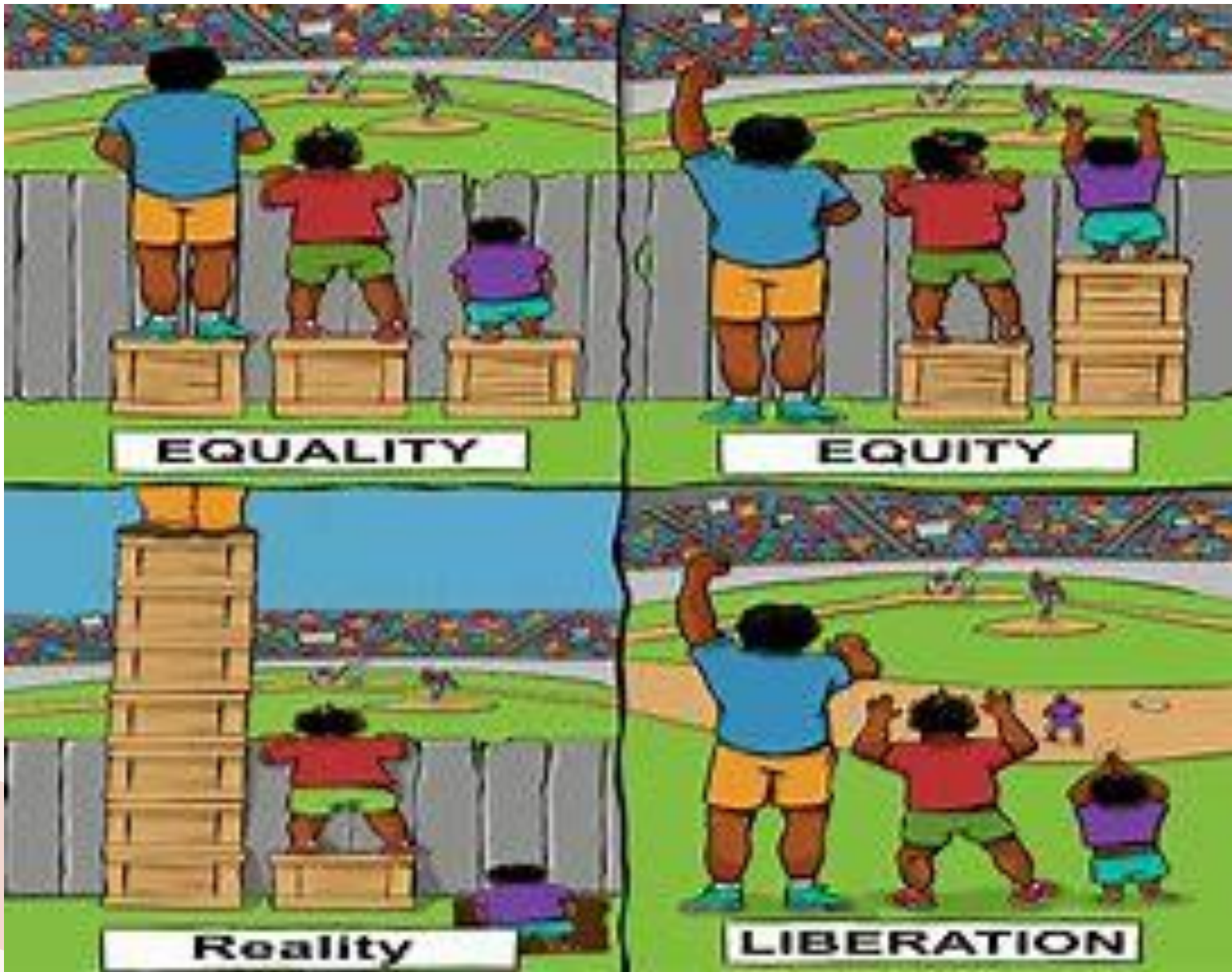
Cultural Competence

- An **awareness** of ourselves and of the individual
- **Knowledge** of how to ask crucial questions that will help us discover the perspective of our client.
- **Skills** to know how to modify treatment interventions to increase efficacy.

Concepts Related to Cultural Sensitivity

Health Disparities

- Health disparities are differences between groups of people that may impact individual access to health care.
- These health disparities may exist due to:
 - lack of funding,
 - lack of an ability to understand and communicate health information,
 - cultural factors which impact the beliefs and values of the receipt of healthcare.
 - stigma or stereotypes held by treatment providers or clients



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Concepts Related to Cultural Sensitivity

Immigration Patterns



- Immigration changes the relationship between persons who identify as Latino and their environment.
- Latinos born in the United States and long term residence have higher rates of mental illness, compared to recent immigrants..
- Immigration is frequently is a source of stress on the family and the individual
- Immigrants may experience family discord as each family member acculturates to the new country at a different rate.

Concepts Related to Cultural Sensitivity

Acculturation, Assimilation, and Biculturalism

- Acculturation is the process in which members of one cultural group adopts the beliefs and behaviors of another group.
- Assimilation is the incorporation of one cultural group into another as evidenced by changes in language preferences, and in changes in cultural values and attitudes.
- Biculturality emphasizes the strengths of both culture, and does not require that the individual eliminates any elements of his identity.

Elements of the Population that Impact Clinical Treatment

Hispanic and Latino populations bring many strengths, as well as challenges, to the treatment experience.

Culturally responsive care includes an effort to overcome any challenges by potentially using the client's strengths.

Cultural Strengths in Latino Populations

- Many Latinos have strong support systems in their family who are willing to attend relevant appointments and otherwise support the client.
- Some Latinos may be open to a holistic treatment experience involving spirituality and physical health treatment.
- If a positive rapport is developed, Latinos are more likely to trust a professional and follow recommendations.
- Research has demonstrated that Latinos are more likely to believe in the positive impact of mental health treatment than their White counterparts.

Challenges

- Many Latinos only go to the doctor when something is wrong and when pain is unbearable (Rivera-Ramos & Buki, 2011).
- Latinos are more likely to seek help from a medical professional than a psychologist or psychiatrist due to the stigma associated with receiving mental health treatment.
- Latinos are more likely to see medical professionals as authority figures and are less likely to overtly disagree or express discomfort with a plan of action.
- As many Latinos hold the cultural ideal of personalismo, they expect personal contact with the provider who is diagnosing and treating their condition.

Application

Case Example: John and Gabriela

Case Example

- A report was received by the state Child Protective Services department regarding Gabriela and John. Gabriela is a 24-year-old Spanish speaking Mexican woman who immigrated to the United States 6 months ago after she married John. John is a 43-year-old bilingual Mexican man who has lived in the United States for over 25 years and who is a United States citizen. A report was made by police reporting that John had slapped Gabriela in front of her 4-year-old son, Samuel. Samuel is Gabriela's son from a previous relationship; she is also four months pregnant.
- John and Gabriela met two years ago when John went to visit family in Mexico, where he was introduced to Gabriela. He reports that he went to Mexico specifically to find a wife. He had previously been married to a Puerto Rican woman for 18 years but divorced. He has two children, ages 12 and 14, from this relationship, whom he has visitation with on a weekly basis. John owns a construction business and his house. John has a history of depression and alcohol use, but the specifics of his current use are unknown.
- Gabriela reports that she is currently in the United States on a VISA, and she cannot work. Gabriela's family lives in Mexico, however, she has developed a strong relationship with her neighbors, and helps them out by cooking for them on a regular basis, which they pay her for. She has also developed relationships at the church and is on friendly terms with John's ex-wife. She reports feeling anxious, having trouble sleeping and loss of appetite for the last six months.

Case Questions

1. What cultural beliefs, racial, ethnic, and gender stereotypes and assumptions might a mental health practitioner have when approaching this family?
2. What racial, ethnic, and gender beliefs, stereotypes, and assumptions might Gabriela and John have when working with mental health provider?
3. Based on the information provided in this scenario, what are the primary challenges facing this family?
4. Based on the information provided in this scenario, what are the family's primary strengths?
5. How might the agency or clinical supervisor support the practitioner in delivering culturally competent services to this family?

- Cultural Case Formulation and Assessment Using the Cultural Formulation Interview

Module Two

Learning Objectives

Goal: This module will provide training on the development of an assessment and a cultural formulation using the DSM 5 Cultural Formulation Interview.

Objectives:

- Participants will be able to define the five elements of the cultural formulation of the DSM 5;
- Participants will be able to demonstrate the use of the Cultural Formulation Interview (CFI);
- Participants will be able to apply the five elements of the cultural formulation to a case.

The DSM 5 defines culture as:



- “The values, orientations, knowledge, and practices that individuals derive from membership in diverse social groups (e.g., ethnic groups, faith communities, occupational groups, veterans groups).
- The influence of family, friends, and other community members (the individual’s social network) may also have a large impact on the individual’s illness experience.”

(DSM–5, p.750; APA, 2013)



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Concepts Related to Cultural Sensitivity

DSM 5 provides an outline for a cultural formulation to supplement the diagnostic assessment. This allows the provider to assess the effect that cultural issues will have on treatment.

- Cultural identity of the individual
- Cultural explanations of the individual's illness
- Cultural factors related to psychosocial environment and levels of functioning
- Cultural elements of the relationship between the individual and the provider
- Overall cultural assessment for diagnosis and care

(APA, 2013)

Cultural Identity of the Individual

- Literature has documented a set of characteristics shared by most Latinos, including:
 - Spanish language
 - Cultural ideal of personalismo (personal contact)
 - Simpatia (social engagement, charm)
 - Familismo (familialism or collectivism)
 - Machismo (manliness) and marianismo (womanliness)
- (Bernal & Enchautegui-de-Jesus, 1994; Dana, 1998; Rivera-Ramos & Buki, 2011)

Cultural Conceptualization of Distress

Depending on the specific nationality, the cultural explanation of distress can vary. Some common themes are:

- Latinos may believe that physical symptoms are more serious than mental health symptoms. (Kouyoumdjian, Zamboaga & Hansen, 2003)
- Latinos are less likely to endorse a biological etiology of depression and mental illness and they tend to view medication as addictive and harmful. Therefore, many prefer counseling over medications. (Cooper et al.,2003; Givens et al.,2007; Karasz & Watkins, 2006).
- Endorsing the belief that depression is a chronic condition is negatively associated with individuals' sense of treatment and personal control over their illness. (Cabassa, Lagomasino, Dwight-Johnson, Hansen & Xie, 2008)

Psychosocial stressors and cultural features of vulnerability and resilience

Statistics show that Latino ethnic groups are more likely to experience the following high risk factors:

- Poverty
- Inadequate housing
- High proportion of single parent families
- Alcohol/drug addiction
- Acculturative stress
- Discrimination
- Relatively low educational and economic status
- History of conquest, oppression, defeat, and struggle for liberation

(Bernal & Saez-Santiago, 2010; Dana, 1998; U.S. Department of Health and Human Services, 2000.)



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Depending on their acculturation level and immigrant status, they may also face barriers of:

- English proficiency level
- Legal status issues
- Family separation due to immigration
- Issues of loss and trauma due to the immigration process
- Loss of status in the community and loss of self-esteem due to undocumented immigrant status



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Overall cultural assessment

The aggregate of these factors lead to an overall assessment of the diagnosis in a culturally appropriate way, which in turn sets a solid foundation for culturally appropriate treatment.



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Assessment

DSM-5 provides an outline for a cultural formulation to supplement the diagnostic assessment. This allows the provider to assess the effect that cultural issues will have on treatment.

- Cultural identity of the individual
- Cultural conceptualizations of distress
- Psychosocial stressors and cultural features of vulnerability and resilience
- Cultural features of the relationship between the individual and the provider
- Overall cultural assessment for diagnosis and care

(APA, 2013. p.750)

Cultural Formulation Interview (CFI)

The Cultural Formulation Interview (CFI) is a set of 16 questions that providers may use during an interview to assess the impact of culture on key aspects of an individual's clinical presentation and care.

(APA, 2013. p.750)

CFI

Emphasizes four domains of assessment:

- Cultural Definition of the Problem (Q. 1-3)
- Cultural Perceptions of Cause, Context, and Support (Q. 4-10)
- Cultural Factors Affecting Self-Coping and Past Help Seeking (Q. 11-13)

Cultural Factors Affecting Current Help Seeking (Q. 14-16) (APA, 2013. p.750)

CFI – Informant Version

In addition to the Cultural Formulation Interview, the Informant Version is also provided within the DSM-5.

The interview follows the same format that the primary Cultural Formulation Interview follows.

Individuals who identify as Latinos frequently desire to bring family members into the assessment process.

This interview may be ideal in these situations, so that a more complete clinical picture is obtained.

Application

Case Example: Elena



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Case Example

- Elena is a 50-year-old Guatemalan woman, with a 6-year history of mental health treatment for Generalized Anxiety Disorder. Within the last 6 years, Elena has experienced the following symptoms: panic attacks, shortness of breath, tearfulness, and paranoid thoughts. She reports that in the last two weeks she has experienced sleeplessness, weight loss, obsessive thoughts, and “nervousness.” She reports that within the last week, she has felt that she is being watched when she is alone, and has a feeling of being out of control.
- Elena was born in rural Guatemala. She completed a 2nd grade education. She immigrated to the United States 20 years ago to join her husband. He died 10 years ago in a car accident. Elena cleaned houses for the first 10 years that she lived in the United States. After her husband’s death, she struggled to maintain employment. Elena has 2 children, a son who is 28, and a daughter that is 32. Her daughter currently lives in the home and helps care for her.
- Elena has a poor history of medication compliance as she states that she has the feeling that her doctor is not trying to help her. She is currently receiving services at an outpatient Latino Clinic, where her symptoms of anxiety reassessed as ataque de nervios.



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Case Example Questions

Based on the example, identify how the Cultural Formulation Interview may be used.

- What would you like to know about the client that you do not already know?
- Which questions would be most helpful during your intake interview to identify her current treatment needs?
- Imagine that Elena lives in your town. What cultural factors would need to be considered based on living in that social and political environment?
- How might you use the Cultural Formulation Interview – Informant Version in Elena's assessment?

- Considering Culture in the Diagnosis of Mental Health Disorders with Hispanic and Latino Populations

Module Three

Learning Objectives

Goal: This module will provide training on integrating cultural factors into the diagnosis of mental health disorders.

Objectives:

- Participants will be able to define and identify major concepts of distress within substance use disorder diagnosis with Hispanic and Latino clients.
- Participants will discuss cultural concepts of distress unique to Hispanic and Latino cultures.
- Participants will demonstrate an ability to identify unique concepts of distress and create a case formulation to integrate these concepts of distress into an appropriate treatment plan.

Impact of the Concept of Illness

- Cultural concepts may be related to acculturation, discrimination, oppression, and the stigma related to substance use and mental illness.
- Individuals with co-occurring disorders, there may be an increased perception of suffering, as this inability to connect with others may be more strongly missed than in a culture that values independence and detachment.



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The Impact of Cultural Values on Mental Health Disorders

- Within Hispanic and Latino populations, the cultural values of “familismo”, “machismo”, and “personalismo” have been found to impact interpersonal and intrapersonal behaviors (Delgado, 2007).
- “Familismo” (familism) is a concept which emphasizes an individual’s dedication to the family above the needs of the individual. This value may provide a substance user a strong support system to help with recovery, and to diminish feelings of being isolated. On the other hand, rejection from the family due to mentale may be more strongly felt.
- “Machismo” is a concept that may also positively or negatively impact a substance user’s perception of suffering, as it may either encourage courage and strength, and the need for responsibility to care for the family, or it may isolate the individual through their belief that they need to dominate others, and to not demonstrate vulnerability (Torres, Solberg, & Carlstrom, 2002).
- “Personalismo” places emphasis on personal relationships. These relationships may be strained during the substance use recovery process, or they may also help the individual in recovery.

Possible Beliefs Regarding Mental Illness, Co-Occurring Disorders, and Treatment

- Values of Latino families may be used as a support, or as a risk factor in the treatment of mental health and co-occurring disorders.
- For example: If you have an individual who has harmed his family due to his mental illness, he may be alienated and struggle to access resources due to sociological barriers. However, if his family agrees to provide support, this may be a great strength.



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Cultural Concepts of Distress

Cultural concepts of distress are expressed through three concepts:

- Cultural syndromes: Groups of symptoms that co-occur among individuals in specific cultural groups, communities, and contexts.
- Cultural idioms of distress: Ways that symptoms are expressed which provide a collective, shared ways of experiencing and talking about personal and social concerns.
- Cultural explanations (perceived causes): Labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress. (APA, 2013. p.758.)



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Cultural Syndromes

Involves groups of symptoms that only co-occur among individuals in specific cultural groups, communities, and contexts.



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Latino Cultural Syndromes

- “Ataque de nervios” – characterized by symptoms of intense emotional upset (including anxiety), screaming, shouting, crying, trembling, may include verbal and physical aggression.
- “Susto” – cultural explanation for an illness attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness, as well as difficulties functioning in key social roles. This syndrome may occur with somatic symptoms.

Latino Cultural Syndromes

“Mal de Ojo” – is an illness transmitted by making eye contact with someone, as it is received through the eyes of the intended recipient. The instigator frequently covets the victim child, and when the illness is passed it heats the blood of the victim, causing multiple gastrointestinal problems.



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Cultural Idioms of Distress

Cultural Idioms - Hispanic and Latino persons may use expressions that are consistent with the culture-bound syndromes that they experience.

- “Nervios” – general state of vulnerability to stressful experiences. It is a broad idiom that may be accompanied by somatic symptoms.
- “Nervios” starts with a “persistent idea that is stuck” (“idea pegada a la mente”). The individual may find it difficult to think about other things, or they find their thoughts consistently returning to the idea.
- “Coraje” (anger) is the most infrequently researched and identified idiom of distress. It may be related to “nervios,” depression, and trauma.

Cultural Explanations

- Many Latinos only go to the doctor when something is wrong and when pain is unbearable. (Rivera-Ramos & Buki, 2011)
- As many Latinos hold the cultural ideal of “personalismo”, they expect personal contact with the provider who is diagnosing and treating their condition. They may also expect more self disclosure than non-Latinos. (Bernal & Enchautegui-de-Jesus, 1994)
- Latinos expect to include family members in the relationship with their provider.

Help Seeking Plans for Recovery

- In addition to the assessment of cultural syndromes and cultural idioms, the DSM 5 (APA, 2013) encourages an assessment of cultural factors affecting self-coping and past help seeking behavior.
- The more assimilated the Hispanic or Latino individual is, the more likely he or she is to seek help from a psychiatrist or psychologist.
- Individuals with different levels of acculturation may have multiple models of distress and help seeking. Each individual must be evaluated based on their individual, communal, and national culture (Durá-Vilá & Hodes, 2012).

Application

Case Example: Maria



Application

- Maria is a 33-year-old Cuban woman. She has an 8-year history of Major Depressive Disorder, which began after she arrived in the United States. Although she has never been suicidal, she experiences the following symptoms: lack of appetite with significant weight loss, insomnia, irritability and rage, and nightmares. At times, she will go months without symptoms, but then will have several months of debilitating symptoms which have caused her to miss several days of work at a time due to depression and insomnia. During the assessment, she was well groomed and well spoken, but tearful when discussing her symptoms.
- Maria was born in Cuba. She completed a 12th grade education, and some college. She reported that she was married and divorced in Cuba, and after the divorce she decided to live with her sister in America. To do so, she had to leave her now 13-year-old daughter with her ex-husband. Although she feels that her ex-husband was an adequate father, her daughter, when she was 6, had an accident a year after she left Cuba. This accident caused her daughter to be paralyzed, and her daughter is not able to communicate. Her daughter is cared for by her ex-husband's family. Maria continually feels that this accident was her fault, and that there are "bad spirits" over her family as she abandoned her daughter. Maria can communicate with her ex-husband and daughter via video, however, her daughter cannot communicate and does not appear to recognize Maria.

- Maria continues to live with her sister's family, and she works in a downtown office as a secretary. Her English is good, however, she frequently does not feel accepted by the other office workers. She feels that sometimes they do not understand her. Maria spends most of her free time in the Cuban neighborhood and speaks Spanish in her sister's home. She has considered returning to Cuba, however, her parents passed away over a decade ago, and her sister is her primary support system. Maria reports that she enjoys spending time with her neighbors, when she is feeling good. However, whenever she is feeling good, she feels that something bad is around the corner, and so she never feels that she can totally be comfortable. Maria's general practitioner prescribed her an anti-anxiety medication; Maria reports that sometimes she takes more than she is prescribed so that she can go to work. She has fallen asleep at work on more than one occasion after taking too much; her employer did not find out, but Maria is afraid that if her employer discovered her sleeping at work that she would be fired.
- Maria attempted counseling with an agency close to her work, however, the therapist told her that she needed to move on and seek an independent life. Maria did not feel that she was able to do so. Maria wants to figure out what she needs to do to move forward, but also feels that her symptoms are her punishment for what happened to her daughter.



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Questions

Based on the example, identify how the cultural expressions of distress may be impacting Maria

- What would you like to know about the client that you do not already know?
- How might an understanding of cultural syndromes help the assessment and treatment plan for Maria?
- How might an understanding of cultural idioms of distress help Maria's treatment?
- How might cultural explanations of illness impact Maria's commitment and motivation for treatment?



Module Four

Developing Culture Centered Interventions



Learning Objectives

Goal: This module will provide training on the integration of culturally centered interventions in substance use treatment.

Objectives:

- Participants will be able to apply culturally centered interventions when working with Hispanic and Latino individuals;
- Participants will be able to discuss the eight areas of culturally centered interventions, and will be able to identify specific elements of Hispanic and Latino populations which may need special attention;
- Participants will be able to demonstrate use of the eight culturally centered intervention modifications.

Beliefs about the Origin of Illness

There are three primary belief systems of the origin of illness:

- Personalistic
- Naturalistic
- Biomedical



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Personalistic

- Within a personalistic system of beliefs, the individual may believe that their illness was caused by the intervention of a divine being with special powers.
- It may be caused by retaliation for sins or disrespect to an ancestor
- It may be believed to be caused by bad luck or karma.
- Recovery entails the use of ritual and symbolism, often by natural or spiritual healers.

Naturalistic

Harmony and balance is sought in maintaining health and well-being. When there is not balance, illness results.

Naturalistic treatments increase metabolic health through diet, exercise, and energy balancing treatments.

Naturalistic Interventions

- Humoral Approach – focuses on attention to diet and activity
- Ayurveda – focuses on exercise, yoga, meditation and massage
- Vitalism – belief is the disease is the result of an imbalance in the vital energies

Biomedical Approach

- Biomedicine is a system of beliefs that is summarized by a “body-as-machine” metaphor.
- Is frequently used in western medicine
- Focuses on theory, knowledge, and the empirical research of illness in order to advance treatment options.



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- All cultures have their own combination of these beliefs, which influence their practices.
- Theories of health and illness help clients understand their experience of illness, and is the foundation of the basis of their understanding of the need for change
- Providers who are open and nonjudgmental will be better able to help clients formulate useable plans for treatment.

Culturally Adapted Interventions

Meeting the client where they are requires an integration of the following concepts:

- Client's concept of health
- Client's concept of distress and suffering
- Client's and provider's cultural values
- Diagnosis and assessment of the provider

Ecological Validity Model

- The Ecological Validity Model was created in order to provide a holistic framework to provide treatment (Bernal, et al., 2005)
- Research shows that culturally adapted interventions have lowered rates of premature drop out (Flaskerund & Liu, 1991; Takeuchi, Sue & Yeh, 1995).

Culture Centered Treatment

The term, culture centered, is used to encourage the use of a “cultural lens” as a central focus of professional behavior.

In culture centered practices, all individuals, including the treatment provider, are influenced by different contexts, including the historical, ecological, sociopolitical, and disciplinary.

Culture Centered Treatment

The best approach to working within a culture centered context:

Knowledge about specific cultures

+

A “not knowing” stance that
incorporates the cultural and personal

=

This creates the ability to see the specific individual or family norms which impact the individual which may or may not be congruent with the person’s color, class, ethnicity and gender, while simultaneously recognizing and respecting culture-specific differences that exist due to color, class, ethnicity and gender.

Ethnically Sensitive Treatment

1. Recognizing and expressing the existence of cultural differences between the client and provider;
2. Having a knowledge of the client's culture;
3. Distinguishing between culture and pathology in the assessment phase;
4. Modifying the treatment as necessary to accommodate the client's individual culture.

Zayas, Torres, Malcolm, and DesRosios 2006

The Ecological Validity Model

There are eight areas in which you can adapt treatment to be more effective with ethnically diverse clients. (Bernal, & Saez-Santiago, 2010)

- Language
- Persons
- Metaphors
- Content
- Concepts
- Context
- Methods
- Goals



Language

Definition: includes the actual language (Spanish, English), but it also includes local colloquialisms and idioms that impact the expression and understanding of what is occurring

- provides the communication tool for the speaker to communicate concepts which are valued by that culture.
- Individuals are not likely to think of ideas which they cannot express within their culture.
- knowledge of the language usually implies a greater cultural knowledge.

Language

Importance to Hispanic Clients:

- Clients can express themselves better in their native language
- Local dichos, or idioms, can connect cultural metaphors with the client's experience to increase understanding of treatment concepts.
- Language may also indicate acculturation or assimilation levels

Language

Specific Modifications for Hispanic and Latino Cultures:

- Appropriate translation/interpretation of communicated information
- The provider should clarify any language imbedded meanings that are conveyed through sayings or metaphors
- Many theories encourage the naming of experiences of distress and suffering in order to reframe and restory experiences.

Persons

Definition: This concept refers to the individuals that the client expects to be involved in their treatment, and the significance of each of the persons.

- Can mean the significance of the individuals involved in the client's care, including family members, holistic healers, and extended family.
- Refers to the client-provider relationship during the intervention.

Persons

Importance to Hispanic Clients:

- Clients may place a high value on personalismo, or friendliness.
- Clients may be more likely to place a high level of trust in one professional, instead of relying on multiple specialists.
- The client may not always express disagreement to individuals that are in positions of authority, but then may not follow treatment recommendations.



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Persons

Specific Modifications for Hispanic and Latino Cultures:

- The provider needs to focus on developing rapport with the patient.
- Treatment may include multiple members of the patient-defined family.
- Treatment should empower clients, with the provider as a guide.
- The provider must remain mindful of the referent power that he or she has.



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Metaphors

Definition: This concept refers to the symbols and concepts shared by a particular group.

- Metaphors help individuals make meanings of new situations based on previous experiences that they have had.
- Metaphors may connect seemingly unrelated situations together due to the similar meanings experienced by the client.

Metaphors

Importance to Hispanic Clients:

- Individuals of power may symbolize oppression or prejudice to the client, which may impact the therapeutic rapport.
- A provider that is attentive to these variables will be able to identify the positive symbols that are helpful for the individual, and minimize symbols that negatively impact treatment.

Metaphors

Specific Modifications for Hispanic and Latino Cultures:

- Treatment needs to explore the patient's story as understood by the patient, including the patient's perception of his or her experience.
- The provider must remain mindful of the differences in the personal involvement (meaning) of the provider and client as an individual or family goes through changes.

Content

Definition: refers to the cultural knowledge about values, customs, and traditions

Each client may be influenced by cultural values, customs and traditions specific to their family, community, and race.



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Content

Importance to Hispanic Clients:

- Clients may have unique values, customs and traditions that connect them to their native countries and to their families.
- Being conscious of the impact of cultural content can allow the provider to hear the specific problems and concerns that their clients have in order to address them efficiently.

Content

Specific Modifications for Hispanic and Latino Cultures:

- Treatment needs to be holistic and may need to incorporate spiritual or other elements from the patient's culture.
- Treatment may incorporate values, customs, and traditions will increase the amount of comfort and familiarity that the client has with the behavior that he or she is asked to perform.



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Concepts

Definition: refer to the constructs of the theoretical model that is to be used in treatment.

- Concepts incorporate the provider's understanding of the client's problem, and it involves the client's understanding of that same problem.
- If the provider's and client's understanding of the problem is not conveyed, there may not be an adequate partnership to complete treatment goals.

Concepts

Importance to Hispanic Clients:

- Theories should be used that allow for the integration of the individual's cultural values and beliefs so that they can understand and accept the framework of their problem.
- If the client's understanding of his illness is incongruent with the theory being used, he may not be able to fully participate in treatment.

Concepts

Specific Modifications for Hispanic and Latino Cultures:

- When choosing a theoretical framework to use, insure that it is consistent with the cultural concepts of the individual that is being served.
- The Cultural Formulation Interview (CFI) of the DSM 5 may be helpful in identifying the cultural concepts that are meaningful for the client.

Goals

Definition: refer to the identified desired outcome of treatment

- Should reflect the client's and provider's understanding of the problem and of the solution.
- Should be specific to the client's problem, attainable for the client by using his current supports and resources, relevant to the client's understanding of his problem, and offered at the right time, based on the client's schedule and needs.
- Must be congruent with the client's cultural values.



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Goals

Importance to Hispanic Clients:

- If a client does not feel that a goal is worthwhile, his motivation for participation will be less.
- Due to “respeto”, Hispanic clients may be less likely to express disagreement with individuals who hold positional power.



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Goals

Specific Modifications for Hispanic and Latino Cultures:

- Treatment must incorporate values, customs, and traditions that are integrated into the client's understanding of the problem, and continue the integration of these concepts through the goal setting process.
- This approach will provide the client with an opportunity to integrate new goal behaviors into existing beliefs.

Methods

Definition: Methods are the procedures to follow in order to achieve therapeutic goals.

Methods incorporate the theory used, but it also incorporates the provision of the assessment, the use of transference and countertransference in the relationship, and the use of specific interventions, such as group or individual treatment.

Methods

Importance to Hispanic Clients:

- In treatment, the experience, expression, and explanation of symptomatology is bound to the provider's and client's intersubjective perspective, which is impacted by each person's culture (Hardy, Cahill, & Barkham, 2007).
- If the method to achieving the goal is not consistent with the client's understanding of his or her symptoms, the client will not follow through with recommendations.



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Methods

Specific Modifications for Hispanic and Latino Cultures:

- Hispanic and Latino clients may feel more comfortable participating in treatment methods that they are already accustomed to.
- The provider may encourage the client to express their culturally bound behaviors and feelings by way of methods that they are most comfortable with, in order to resolve internal and external conflicts.
- Including trusted individuals and offering services in the preferred language can increase client's comfort.

Context

Definition:

Context considers the client's broader social, economic, and political contexts.

The context of the intervention impact the client's priorities in completing tasks and in if and how they follow treatment recommendations.

High Context vs. Low Context Culture

Factor	High-context culture	Low-context culture
Overtness of messages	Many covert and implicit messages, with use of metaphor and reading between the lines.	Many overt and explicit messages that are simple and clear.
Locus of control and attribution for failure	Inner locus of control and personal acceptance for failure	Outer locus of control and blame of others for failure
Use of non-verbal communication	Much nonverbal communication	More focus on verbal communication than body language
Expression of reaction	Reserved, inward reactions	Visible, external, outward reaction
Cohesion and separation of groups	Strong distinction between ingroup and outgroup. Strong sense of family.	Flexible and open grouping patterns, changing as needed
People bonds	Strong people bonds with affiliation to family and community	Fragile bonds between people with little sense of loyalty.
Level of commitment to relationships	High commitment to long-term relationships. Relationship more important than task.	Low commitment to relationship. Task more important than relationships.
Flexibility of time	Time is open and flexible. Process is more important than product	Time is highly organized. Product is more important than process

Context

Importance to Hispanic and Latino Clients

- impacts their understanding of the subliminal meanings that are communicated in every day interactions in the behavioral health setting.
- if the provider does not understand the social, environmental, and economic context of the client,, the intervention may not be feasible for the client.

Context

Specific Modifications for Hispanic and Latino Cultures

- Context is made up of the client's experience of acculturation, immigration, the client's stage of development, their social supports, and their relationship with their country of origin.
- Treatment needs to focus on developing rapport with the client to create an accepting and supportive environment.

Application

Case Example: Men's Group



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Application – Case Example

- You have been assigned to develop and lead a mandated group of individuals that have been convicted of driving under the influence of alcohol. The population that will attend your group are primarily Mexican men, most who have immigrated to the United States within the last 15 years.
- In the group that you are leading, you have found that a significant number of the men show depressive symptoms and have evidence of Post-Traumatic Stress Disorder. This group is offered by a substance abuse agency in a large metropolitan area in the United States. Your task is to identify culturally appropriate interventions for the group.

Questions to Consider:

1. How will you identify the cultural needs of the group?
2. Based on the ecological validity model, name four adaptations that you can make in providing the group.
3. How will you measure if these adaptations have been effective?
4. How will you balance the cultural needs of the group with the requirements of the Department of Transportation authorized curriculum?



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Module Five

Engaging and Treating Hispanic and Latino Clients

LEARNING OBJECTIVES

Goal: This module will provide training on best practices in the engagement and treatment phase of mental health with Hispanic and Latino clients.

Objectives:

- Participants will be able to identify three cultural elements that inform mental health assessment and treatment interventions with Hispanic and Latino individuals;
- Participants will be able to list and discuss at least two specific evidence-based interventions and techniques in Latino mental health
- Participants will be able to demonstrate two culturally informed assessment and treatment techniques shown to be effective with Latino clients.



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Cultural Values that Impact the Engagement Phase

- Cultural values are embedded in every interaction
- Providers need to:
 - Be familiar with normative cultural values
 - Have an understanding of his/her own beliefs
 - Be aware of values that increase client engagement
 - Be aware that values impacting health care may change over the life of the case

Cultural Values that Impact the Engagement Phase



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Confianza

“Confianza”, or trust, is a form of mutual reciprocity having faith that individual will help you to the best of their ability based on the relationship.

Mutual reciprocity in the relationship may be emphasized and expected.

Small, well-timed, purposeful self-disclosures may be helpful in establishing trust (Falicov, C., 1982.)



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Personalismo – Formal Friendliness

- “Personalismo” (formal friendliness) refers to how one behaves within relationships.
- Clients may expect health care providers to demonstrate “simpatia”, or kindness, and “personalismo”, which is a formal friendliness.
- Clients may feel slighted if these values are not expressed; this reduces the likelihood of compliance in treatment and in recommendations.

Familismo

- Familismo describes the client's focus on family and their community group as a source of identity and support.
- Boundaries may be flexible between family members; clinicians must avoid pathologizing relationships that may be supportive.
- Provider should convey a flexible understanding of boundaries to build trust between the clinician and the client.

Respeto – respect

Respeto refers to the respect given to professional based on their position.

Providers are seen as authority figures, therefore, individuals may struggle to question or express concerns about recommendations.

Healthcare professionals should demonstrate respect through use of titles.

Cultural Values that Impact the Treatment Phase



Cultural Values that Impact the Treatment Phase

Values that most affect the treatment phase due to the pervasive way that these values impact the client's perception of identity may be:

- Machismo
- Marianismo
- Fatalismo



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Machismo

- Machismo is a form of masculinity that involves having pride, being courageous and valorous, but it also promotes male dominance and superiority.
- Men with this value may struggle to accept appropriate emotions and vulnerability.
- In treatment, machismo may lead to men minimizing symptoms, not using familial support, or stopping treatment prematurely.

Marianismo

- Marianismo is the female equivalent of machismo, which incorporates the concepts of saintliness, submissiveness, humility and vulnerability. It may also include the role as a provider and having a strength to raise children.
- Women with this value are more likely to minimize symptoms or neglect treatment to care for family.
- Providers should develop a treatment plan that considers the client's values regarding treatment. (Kouymdjian, Zamboaga, & Hansen, 2003.)

Fatalismo

- Fatalismo (fatalism) is the concept that the individual can not change their fate.
- Individuals may be less open to new technology, and may have less drive to manage their own health care in favor of trusting a higher power.
- Providers must respect individual beliefs, while offering education and options for wellness.

Therapeutic Elements of the Engagement Phase



Development of the Therapeutic Relationship

- Differing experiences of justice, oppression, and discrimination can impact the establishment of therapeutic rapport.
- The areas that are most impacted in the engagement and treatment phase are in the expression of empathy, transference, and countertransference.
- The provider must consider the client's values, and suspend judgement in order to understand the client most accurately.



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Expression of Empathy

- Empathy is a “feeling in oneself the feeling of others” (Strayer, 1987.)
- The provider should seek to empathize with the client regarding their experienced based on an understanding of each of their culturally based perspectives.
- This empathy offers clients a richer opportunity to resolve their own ethnocultural conflicts (Comas-Días, 1991).

Transference

- Transference is when the client attributes unconscious thoughts and feelings to the provider.
- A provider's openness to ethnocultural transference may lead to a deeper therapeutic experience.

Countertransference

- Countertransference is the provider's own repressed feelings in reaction to the emotions, experiences, or problems of a person undergoing treatment, as specifically related to the race and ethnicity of the provider and client.
- The goal for the provider is to be aware of biases and to explore the impact of those biases in supervision to avoid an impact on the client.

Impact of an Intercultural Relationship

An intercultural relationship between a client and provider who are racially and ethnically dissimilar may present with some challenges. The provider may:

- Endorse colorblindness
- Deny importance of ethnicity and race
- Overly focus on culture
- Feel guilt, pity, or aggression toward client
- Feel ambivalent regarding cultural experiences.

Impact of an Intercultural Relationship

The client may demonstrate evidence of intercultural transference by:

- Demonstrating overcompliance and friendliness as to not reinforce stereotypes
- Demonstrate mistrust, suspicion, and hostility
- Deny the impact of ethnicity and culture
- Demonstrate ambivalence



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The Impact of Evidence Based Therapies on the Engagement and Treatment Phase



Cognitive Behavioral Therapies

Cultural Adaptation of Cognitive Behavioral Therapy (CBT)

- Developed for adolescents with severe depression.
- Considers and adapts cultural developmental and socioeconomic factors.



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Cognitive Behavioral Therapies

Dialectical Behavior Therapy (DBT)

- focuses on capability enhancement, motivational enhancement, and the generalization to outside environments.
- Can be adapted to integrate elements of the individual's culture

Motivational Enhancement Therapy

Motivational Enhancement Therapy was adapted from motivational interviewing.

- Uses an empathic and strategic approach to increase client's motivation to change.
- Can be adapted to integrate client's beliefs, values, and context to maximize benefit of treatment.

Trauma Informed Therapies

Seeking Safety is an evidence-based counseling model used to help clients who have experienced trauma and substance abuse. The goal is to help clients attain safety through a focus on:

- Integrated and holistic treatment
- Ideals
- Cognitive, behavioral, interpersonal, and case management
- The clinician's process

(Navavits, 2001)

Trauma Informed Therapies

The Trauma Recovery and Empowerment Model (TREM) is a group treatment model designed to empower, provide trauma education, and to build skills (Harris, 1998).

This model is highly adaptable to the cultural values and beliefs of Hispanic and Latino populations (Harris, 1998).



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Family Therapies

Family therapies can be very effective with clients as it may be used to engage all members of the client's support system.

Family therapies can be used to identify cultural interactional patterns, improve family interactions, and educate the family as a system.



Family Therapies

The following family therapies have been identified as evidence based:

- Brief Strategic Family Therapy (BSFT)
- Celebrating Families
- Family Support Network
- Functional Family Therapy
- Multidimensional Family Therapy
- Network Therapy

All are proven effective with the Hispanic population.



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Application

Therapist Self-Assessment

Please complete the Cultural Humility Scale

[TI-ROC_Cultural_Humility_Scale_FINAL.pdf](#)
[\(thenationalcouncil.org\)](#)

After the self-assessment is completed, consider asking the following questions:

1. Where did you find your greatest strengths in your cultural competence?
2. Based on our discussion today and the assessment, what is one thing that you can change in your practice to increase your cultural competence?



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