

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

## *Module 1: The Hispanic and Latino Population*

### Goals and Objectives

Module Goal: This module will provide a description of Hispanic and Latino populations and their mental health needs.

#### Module Objectives:

1. Participants will be able to identify elements that make up Hispanic and Latino populations;
2. Participants will be able to describe stereotypes that individuals within Hispanic and Latino populations have regarding mental health services;
3. Participants will be able to identify the strengths and challenges of the cultural norms of Hispanic and Latino populations.

### Hispanic and Latino Populations: Context and Needs

In this section, you will review the elements of Hispanic and Latino populations to gain a greater understanding of their context and mental health needs. This will prepare the practitioner to provide Latino-centered culturally sensitive assessments and interventions.

#### Definitions: Cultural Norms, Culture, Hispanic and Latino

When considering the impact of culture on Hispanic and Latino populations, the definition of these concepts is important. A provider showing sensitivity and knowledge of ethnic diversity when assessing and treating clients of different cultures and traditions is said to be culturally competent.

Hispanic, Latino or Latinx?

According to the Merriam Webster Dictionary (Merriam-Webster, 2020), Hispanic and Latino mean the same thing, however, much more commonly the word Hispanic refers to people and things that have a connection to Spain. More commonly, Latino refers to people and things that have a connection to Latin America. The U.S. Census Bureau (2010) defines the ethnicity of Hispanic or Latino as referring to "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." The Bureau does not define the two words differently. The U.S. Census Bureau considers Hispanic and Latino an ethnicity. Per this census, Hispanic and Latino persons most commonly self-identify as being from the White race this has been changing in more recent years. **The number of Latinos who say they are multiracial has increased dramatically.** More than 20 million Latinos identified with more than one race on the 2020 census, up from just 3 million in 2010. This may be due in part to changes made in race questioning in the 2020 Census as well as increase in those who identify as other race and changes in demographics. The second most common race is of Native American or indigenous populations. Hispanic ancestry is considered connected to European ancestry (i.e. Spain). Therefore, Hispanic/Latino ancestry is defined solely as an ethnic designation. However, many individuals define Latino as geographic, which means that they have descended from Latin American countries, while Hispanic is commonly related to language, meaning someone coming from a Spanish speaking country. Some individuals prefer to be called Latino, while others may prefer Hispanic, or prefer being titled with their nationality, such as Mexican or Cuban. Your client may feel differently about the definition, depending on the area of the country that you are in and the specific citizenship and generation of the individuals that you are interacting with. A client's ethnic designation contributes to their personal and collective identity, and significantly contributes to the client's metaphorical expression of emotions, grief, and sorrow.

Latinx is a gender-neutral label that emerged during 2014 in social media. Data suggest that the term was developed by the LGBTTQ community as a way to have a gender-neutral cultural identity. The dearth of literature regarding the significance of this emerging label for a large segment of the U.S. population has created a knowledge gap within higher education. While it may not be possible to pinpoint the exact time and place the term emerged, it appears to have been born out of the LGBTQIA community in the U.S. as a way to resist the gender binary.

In terms of self-identification, a survey from the Pew Research Center found that while about one-in-four Latinos are aware of the term Latinx, just 3% say they use it to describe themselves, a share that is similar across all major demographic subgroups. The survey also found that the term is more commonly used among younger individuals and those with college degrees (Pew, 2020).

Providers of mental health care should be aware of these terms and provide a safe space to have a conversation with clients about self-identification. Furthermore, organizations should reflect the diverse identifications of individuals in their documentation.

### ***Ambiculturalism***

We call this cultural fluidity, or polymorphous cultural identity, ambicultural behavior. Latinos literally choose what cultural identity and preferences they display in various ecological cultural niches, such as the workplace, at home, schools, etc.

### [Hispanic and Latino Populations and the Needs for Services](#)

The effective provision of services to underserved populations requires multiple strategies. Due to the breadth of diversity within Hispanic and Latino populations, identifying appropriate or needed services can be difficult. In addition to having a wide variety of representatives from different countries, there can also be differences among the national subcultures. However, similarities do exist. Some of the similarities across the different nationalities within the Hispanic culture include:

1. Use of the Spanish language;
2. Importance of the family and religion in daily life;
3. Traditional gender roles;
4. Protocol in social relationships which can frequently be more elaborate than in casual mainstream America; and the
5. Personal nature of relationships, even business ones.

Even though there are similarities, individuals may be vastly different. They may hold positions, which vary from the commonly understood cultural similarities of the group. This is an important consideration as you assess your client's cultural needs. While consideration of cultural similarities is essential, it is equally important to guard against perpetuation of stereotypes.

When assessing the national origin and ethnicity of your client, there are a few general demographic questions that may help you assess your client's acculturation and assimilation into minority or majority culture. These questions include:

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

The answers to these questions range from simple statistical data to more subjective responses.

The purpose in gathering this information is to ascertain gaps and the reasons for them.

Statistical data are available from several sources:

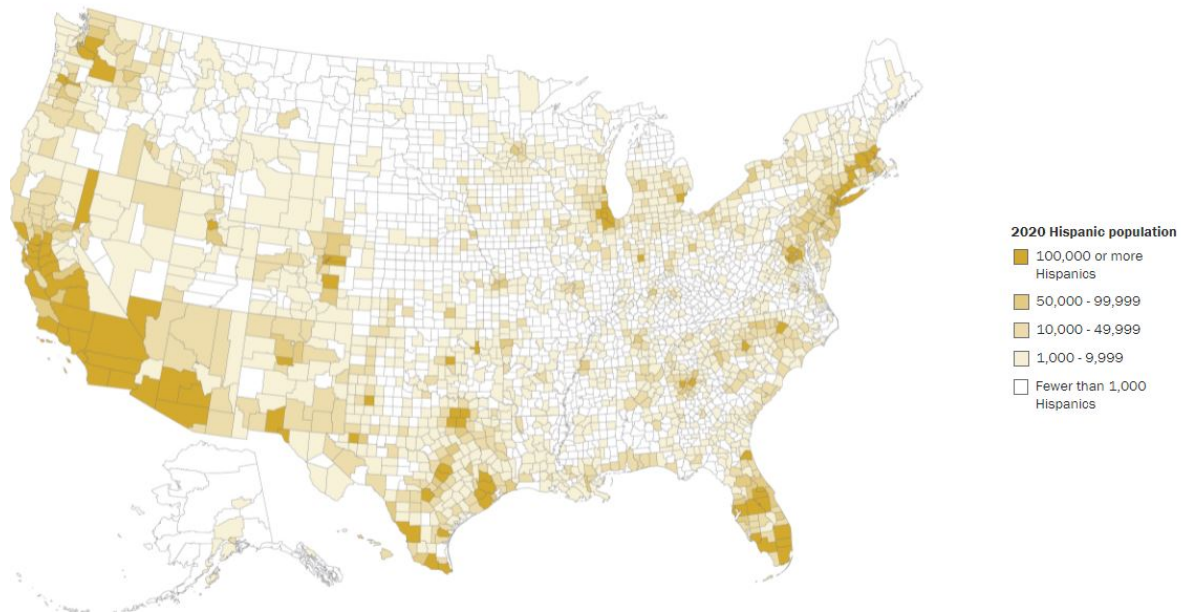
1. Statistical Abstract of the United States published annually by the U.S. Census Bureau provides information on a national level. Contact the U.S. Department of Commerce Census Bureau, Public Information Office (301-763-4040), or <http://www.census.gov/compendia/statab/>

2. State-level data can be found in the State Data Center Program Book, available from the State Data Center Program, Bureau of the Census (301-763-1580), or <http://www.census.gov/sdc/>
3. For area-specific information the County and City Data Book is available from the U.S. Printing Office (301-763-4100), or <http://www.census.gov/statab/www/ccdb.html>

Below, you will see the distribution from the most recent census of Hispanic or Latino Populations as a Percent of the Total Population by State: 2022. This information is informative regarding the amount of support that your client may be able to receive from family and culturally appropriate services.

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

**Table 1** Pew Research Center: [Hispanic Population Growth and Dispersion Across U.S. Counties, 1980-2020](#) | [Pew Research Center](#)



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The success of this approach can vary with the nationality but considering the answers to these mezzo questions can help you identify acculturation and assimilation concerns that might impact the client in his environment. Latinos with strong cultural ties to the community will be a more effective spokesperson, while a Latino person who is a minority even within the Latino neighborhood may experience more discrimination. Additionally, when considering the services needed, the availability of interpreters, bilingual professionals, and funding also impact the capabilities of programs to successfully serve this population.

### Hispanics and Latinos by Country of Origin

Although the term Hispanic and Latino is broad, each nationality has its own history of prejudice, discrimination, and oppression. Each nation has specific reasons why its people may

immigrate to America. Below (Table 2) are the numbers regarding the Latino population, based on nationality.

Source: Pew Research Center 2019 [Facts about U.S. Latinos for Hispanic Heritage Month | Pew Research Center](#)

### Hispanic origin groups in the U.S., 2019

| Origin                 | U.S. population   | % among all U.S. Hispanics | % change, 2010-19 |
|------------------------|-------------------|----------------------------|-------------------|
| Mexican                | 37,185,000        | 61.5                       | 13                |
| Puerto Rican           | 5,845,000         | 9.7                        | 25                |
| Cuban                  | 2,380,000         | 3.9                        | 26                |
| Salvadoran             | 2,345,000         | 3.9                        | 28                |
| Dominican              | 2,085,000         | 3.4                        | 38                |
| Guatemalan             | 1,655,000         | 2.7                        | 49                |
| Colombian              | 1,240,000         | 2                          | 27                |
| Honduran               | 1,075,000         | 1.8                        | 47                |
| Spaniard               | 845,000           | 1.4                        | 20                |
| Ecuadorian             | 710,000           | 1.2                        | 6                 |
| Peruvian               | 650,000           | 1.1                        | 7                 |
| Venezuelan             | 540,000           | 0.9                        | 126               |
| Nicaraguan             | 435,000           | 0.7                        | 15                |
| Argentinean            | 310,000           | 0.5                        | 29                |
| Panamanian             | 195,000           | 0.3                        | 11                |
| Costa Rican            | 170,000           | 0.3                        | 33                |
| Chilean                | 160,000           | 0.3                        | 14                |
| Bolivian               | 135,000           | 0.2                        | 21                |
| Uruguayan              | 75,000            | 0.1                        | 15                |
| Paraguayan             | 30,000            | 0.05                       | 41                |
| Other Central American | 60,000            | 0.1                        | 90                |
| Other South American   | 25,000            | 0.04                       | -9                |
| All other Latinos      | 2,345,000         | 3.9                        | 50                |
| <b>Total</b>           | <b>60,485,000</b> | <b>100%</b>                | <b>19%</b>        |

Notes: Hispanic origin group populations rounded to nearest 5,000; listed in descending order of population size. Hispanic origin is based on self-described ancestry, lineage, heritage, nationality group or country of birth. Total may not add to 100% due to rounding. Source: Pew Research Center tabulations of the 2010 and 2019 American Community Surveys (IPUMS).

PEW RESEARCH CENTER

Many Latin American immigrants have undergone significant political strife, poverty, and oppression in their home countries. Historical and social subgroup differences may impact the needs of immigrants. Central Americans may be in 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. Many of the individuals who are listed above may not have ever lived in a Latin American country but may be a first- or second-generation immigrant that continues to speak Spanish and follow other cultural norms in the home. Lastly, each nationality may have different strengths and weaknesses. For instance, Puerto Ricans have citizenship, and therefore can access many services available to all United States citizens. Although 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. Immigrants who have experienced differing levels of political strife and oppression may have varying perceptions as to the availability of government support (Samson, 2014. p.489.) These factors may impact the experience and values of the Hispanic and Latino client.

### Beliefs and Stigma held by Hispanics regarding Mental Illness, Substance Use Disorders, and Treatment

Mental illness is culturally defined. What is pathological in one culture (psychosis, hearing voices) may be spiritual in another (hearing the voice of God to serve). Mental illness is experienced differently based on an individual's cultural upbringing, family traditions, and beliefs about morality, health, illness, and cure. For instance, individuals from Hispanic and Latinos cultures tend to experience depression in the form of vague somatic complaints such as backaches, headaches, and stomach aches. Latino clients' report changes to their sleeping or eating patterns. They may state that they feel "nervous" (nervioso) and "restless" (inquieto). Depending on the specific nationality, the cultural explanation of illness can vary. Latinos may believe that physical symptoms are more serious than mental health symptoms (Kouyoumdjian, Zamboaga & Hansen, 2003). Latinos are more likely to believe that their symptoms are caused by outside environmental factors such as catching a cold in rainy cold weather. For many Latinos, depression is caused by loss of soul, substance use is caused by



moral conflict, and trauma is caused by *susto* (fright). Latinos are less likely to endorse a biological etiology of depression and mental illness. Latinos are inclined to view psychotropic medication as addictive and harmful. Therefore, many Latinos prefer counseling over medications (Cooper et al., 2003; Givens et al., 2007; Karasz & Watkins, 2006). This is an important cultural element that supports the fact that Latinos engage and respond positively to psychotherapeutic interventions, especially family therapy, given Latinos' sociocentric nature.

Racial disparities in the use of mental health care are evident in all levels in services. Although there is evidence of lack of access to care and to funding for care, often there are also differences in treatment preferences and in beliefs about mental health care that may pose challenges to effective treatment. There are multiple factors involved in the decision to seek help for mental health problems. One primary component is the individual's belief about the natural course of mental disorders and the effectiveness of treatment. These beliefs may be influenced by the availability of services or the perceived use of those services, or they may also be influenced by cultural beliefs (Anglin, Alberti, Link & Phelan, 2008).

Spirituality is the *sine qua non* of understanding the Latino psyche. Some Hispanic and Latino cultural groups believe in spiritual causality of emotional and psychological suffering ("why is God punishing me?" "What have I done to deserve my sorrow?"). Their troubles may be attributed to moral conflicts, guilt and shame over poor judgement, punishment from God for one's ancestors' indiscretions, or simply fatalism ("no hay otra vida" "Es mi destino"). These beliefs make it more likely that Hispanic and Latino individuals may seek spiritual or other healers as a first step in seeking help for their symptoms. Thus, it behooves the provider to understand, appreciate, and integrate in assessments and treatment plans the role that prayer and popular saints (*Santos del Pueblo*) have in managing mental illness and co-occurring disorders. Due to a cultural emphasis on "*familismo*" (familism), Latinos are more likely to seek help from someone that they know first such as a trusted family member, grandparents, a close relative, godparent, or a trusted priest from the local parish. When Latinos reach out to a professional, they are most likely to do so from someone they know and respect, such as a schoolteacher or long-time family doctor.

### Myths related to mental health disorders

Hispanic and Latino individuals tend to be relational, family centered, and sociocentric which can be a strength and a challenge in the assessment and treatment of mental illness and co-occurring disorders. A person who has harmed his family because of his mental illness and substance use may feel alienated and struggle to access resources due to sociological barriers. However, if his family agrees to provide support this may be a great resource. Often, Hispanic and Latino families struggle to understand the function and process of treatment for mental illness, primarily because they may not understand depression and co-occurring disorders are in fact illnesses deserving of compassion and support. Symptomatic behavior of may cause the individual to become involved with local police, Court, Immigration and Customs Enforcement (ICE), mandated social services, which may put the entire family at risk of deportation if the patient is undocumented.

Compared to White non-Hispanic patients, individuals from ethnic minority groups tend to avoid medication due to a belief that they are addictive, and are more likely to seek psychotherapy (Cooper, Gonzales, Gallo, Rost, Meredith, Rubenstein, Wang & Ford, 2003; Dwight-Johnson, Sherbourne, Liao, & Wells, 2000). However, while Hispanic and Latino patients may have positive beliefs about psychotherapy or an individualized mental health treatment, they are less likely to seek treatment as they believe that mental health problems will improve on their own. Although differences in illness beliefs and treatment preferences may impact service delivery, the literature does not demonstrate that it is significant enough to explain all of the racial disparities in the use of mental health care (Hunt, Sullivan, Chavira, Stein, Craske, Golinelli, Roy-Byrne, Sherbourne, 2013). Other considerations such as access to treatment, transportation, time, health insurance and others must be taken into consideration.

Overall, once an individual is in treatment and has built a therapeutic rapport with a culturally responsive service provider, the individual will be more likely than his White counterparts to follow recommendations due to the respect given to professionals with perceived power and education. This can be a strength in meeting client outcomes.

Concepts Related to Cultural Sensitivity with Hispanic and Latino Populations

There are several key concepts that mental health care providers need to know when delivering culturally responsive services. Ongoing evaluation of these concepts will allow the provider to assess the impact of one's culture on the therapeutic process.

## Culture

Culture as it is used in this training is defined as a system of enduring traditions that govern beliefs about health and illness, courtship and family composition, child rearing practices, intergenerational expressions of grief and suffering; and meaning making ability through music, ritual, spirituality and religion. Culture gives meaning to all aspects of one's lived experiences. Cultural traditions are so strongly ingrained psychologically that one may be unaware of the impact on daily life.

## Cultural Humility

Cultural humility is the bedrock of developing a strong multicultural orientation and reflects the focus and title of this book (Hook et al., 2013). 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. The culturally humble therapist is interested in and open to exploring the client's cultural background and experience. The culturally humble therapist does not assume their cultural perspective is "the correct one"; rather, the culturally humble therapist recognizes that there are several valid ways of viewing the world and developing a sense of one's beliefs and values. Cultural competence in mental health is defined as having appreciation, knowledge, skill, and experience to effectively assess and treat individuals and families from another ethnic or racial group different from the practitioner. (DiAngelis, 2015.)

## Goal of Cultural Humility Training

The goal in developing cultural humility in mental health practice is to be able to effectively assess and intervene with ethnically and racially diverse clients; to assist them to understand mental health issues and engage culturally sensitive therapeutic services in order to improve

their therapeutic outcomes. Developing an understanding of the client's culture while also remaining aware of individual differences is integral to providing culturally competent care.

Cultural competence consists of:

An **awareness** of ourselves and of the individual. Our knowledge of others occurs through our ongoing assessments. Many traditional psychological theories are particularistic rather than universal. Most traditional instruments were normed on dominant group participants, reflecting a world view as well as a particular social context (Trickett, Watts, & Birman, 1994). Those individuals who more closely fit specific demographics will perform differently than those who deviate from them. Therefore, part of the assessment process must include an assessment of cultural factors that may affect how theories interact with the client's perspective.

Each individual dwells in a system of traditions, beliefs, rituals, and customs which is internalized, and in so doing contributes significantly to a personal and cultural identity formation. Problematic behaviors grow out of this system, and specifically from the individual's adherence to its values and principles. Latino clients can be assisted to learn and gain perspective by appropriately examining their cultural beliefs about health and illness, grief and sorrow, happiness and sadness, and the cure for their emotional and mental infirmities, i.e. therapy. We can enhance positive responses to mental interventions by incorporating these cultural beliefs and practices in the psychotherapy of Latino clients.

Accurate knowledge of a client's acculturation status gives us the opportunity to provide services in a way that the client will feel the most comfortable, and it increases the likelihood that they will continue with services upon discharge.

Cultural competence consists of **knowledge**: Providers need to have the knowledge of how to ask crucial questions that will help us discover the perspective of our client. It has been said that culture is like skin; it is only noticed when it is rubbing up against someone else's.

Lastly, cultural competence consists of **skills**: Providers need the skills to know how to modify our treatment interventions to increase efficacy. Once the assessment information is compiled,

the provider can change specific interventions and behaviors to provide the client with the services that best fit his or her needs.

### Health Disparities

The concept of cultural competence is linked to the movement to reduce 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, or cultural factors which impact the beliefs and values of the receipt of healthcare. Mental health and substance use stigma or stereotypes held by treatment providers or clients can affect the delivery of services. Increasing cultural competence is designed to reduce health disparities by identifying specific cultural norms, values, and behaviors of the client, provider, and service system that impact the receipt of services.

### Immigration Patterns

A concept which influences the cultural values and beliefs of Hispanic and Latino persons is immigration patterns. Immigration in this case, is when individuals move from their native country to the United States. Immigration changes the relationship between a Latino person and their environment. Latinos born in the United States and those with long-term residence have higher rates of mental illness, compared to recent immigrants. Additionally, higher rates of substance use is found among non-immigrants, when compared to immigrants (Grant, Stinson, Hasin, Dawson, Chou, and Anderson, 2004). The only ethnic group that has not demonstrated an increase in mental health issues compared to non-immigrants are Cuban Americans.

Immigration is frequently a source of stress on the family and the individual. Individuals who have immigrated frequently experience family dislocation and separation for a period of weeks to years. Individuals who have traveled without legal documentation have frequently been

exposed to high levels of stress and may have been victims of abuse or manipulation. Immigrants may have suffered from poverty, discrimination, and oppression in their home country, thus prompting the immigration. Immigrants may experience decreased self-efficacy, low social interest, and a sense of alienation and feelings of vulnerability. This acculturative stress has a lifelong influence on the immigrant's psychological adjustment, decision-making abilities, occupational functioning, and physical and mental health (Smart and Smart, 1995). This leads to increased vulnerability to mental health and substance use disorders.

In addition to individual stress, immigrants may experience family discord as each family member acculturates to the new country at a different rate. Immigrant parents may experience a sense of role reversal when their more acculturated children participate as a translator in adult transactions. Additionally, children may not be able to communicate effectively with parents due to a lack of fluency in the language and different cultural beliefs and values. The family may or may not be aware of the stress on the family, and there may be differences in their comfort in talking about their immigration experience. Literature demonstrates that immigrants are often isolated due to lack of health insurance, lack of knowledge of available services and few Spanish-speaking providers.

#### Acculturation, Assimilation, and Biculturalism

Acculturation is the process in which members of one cultural group adopt the beliefs and behaviors of another group. Acculturation is mostly concerned with the individual and how he or she relates to his or her own group as a subgroup of the larger society. The acculturation process within Latino populations has been linked to fatalistic thinking and cultural distance, which may contribute to a sense of alienation and isolation. Many immigrants perceive that acculturation as a negative experience which impacts their sense of identity (Bhugra & Becker, 2005. p.18).

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. Assimilation is a one-

directional version of acculturation, in which only one side changes in order to fit into the other. Assimilation requires the individual or group to give up their cultural norms in order to be able to actively participate in the common society (South, Crowder, & Chavez, 2005. p.498).

More evidence has been available regarding the benefits of biculturalism. This is when an individual can retain the positive attributes of both cultures, and where diversity of beliefs and values are valued by the community. Bicultural Latinos are less likely to experience depression (Miranda and Umhoefer, 1998). Biculturality emphasizes the strengths of both cultures and does not require that the individual eliminate any elements of his identity.

### [Elements of Hispanic and Latino Populations that Impact Clinical Treatment](#)

Hispanic and Latino populations bring many strengths, as well as challenges, to the treatment experience. Culturally responsive mental healthcare tries to overcome any potential challenges, hinderances to therapeutic interventions using the client's strengths.

#### Latinos' cultural strengths

Many Latinos have strong support systems in their family who are willing to attend relevant appointments and otherwise support the client. Some Latinos may also wish to involve a folk healer (curandero) and other holistic treatments. This may allow for a holistic treatment experience. 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. (Kouyoumdjian, Zamboaga & Hansen, 2003).

#### Challenges

In addition to strengths, there are several challenges that clinicians may face when working with Latino populations. Stigma related to mental health and mental health treatment is one of these. 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. They may also expect more self-disclosure than non-Latino (Bernal & Enchautegui-de-Jesus, 1994). If this does not occur, they may feel that they are not receiving good care and may prematurely terminate treatment.

### Application – Case Example

Following is a case example designed to apply the concepts discussed in this module. Present the case, and then use the following questions to conduct either small or large group discussions about the case.

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.

As a mental health care provider your goal is to sensitively assess and evaluate the individual's and family's psychological problems and emotional needs, and to create a culturally informed treatment plan to resolve the presenting problems. Please discuss the following:

1. What cultural beliefs, racial, ethnic, and gender stereotypes and assumptions might a mental health practitioner have while working with this family?
2. What racial, ethnic, and gender beliefs, stereotypes, and assumptions might Gabriela and John have when while with a 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 responsive services to this family?



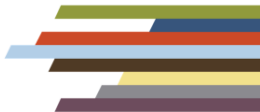
## Clinical Application of Cultural Elements in Mental Health Treatment for the Hispanic and Latino Population

TRAINER GUIDE



### Module One

The Hispanic and Latino Population



**Goal:** This module will provide a description of the Hispanic and Latino population and their specific clinical needs.

**Objectives:**

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



# CULTURE

- 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. (Tashy, 1999)



A provider’s knowledge of cultural competence involves the provider’s acknowledgement and incorporation of the importance of culture, and assessment, with an awareness of the impact of culture on relationships, and an adaptation of services to meet culturally unique needs. Cultural competence also integrates cultural norms, behaviors, beliefs, and treatment outcomes for specific patient populations (Betancourt, Green, Carillo, & Ananeh-Firempong, 2003).

## Hispanic vs. Latino

| HISPANIC  | LATINO  |
|---|---|
| A Spanish-speaking person living in the US, especially one of Latin American descent        | 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 |
| Of or relating to Spain or to Spanish-speaking countries, especially those of Latin America |   |

(Merriam Webster Dictionary, 2015)



The U.S. Census Bureau defines the ethnicity of Hispanic or Latino as referring to "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." The Bureau does not define the two words differently. The U.S. Census Bureau considers Hispanic and Latino an ethnicity. Hispanic and Latino persons are most commonly of the White race. The second most common race is of Native American or indigenous populations. Hispanic roots are considered connected to European ancestry (Spain). Therefore,

Hispanic/Latino ancestry is defined solely as an *ethnic* designation. Your client may feel differently about the definition, depending on the area of the country that you are in and the specific citizenship of the individuals that you are interacting with.

### 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.



#### 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?



When assessing the national origin and ethnicity of your client, there are a few general demographic questions that may help you assess your client's acculturation and assimilation into minority or majority culture. The answers to these questions range from simple statistical data to more subjective responses. The purpose in gathering this information is to ascertain gaps and the reasons for them.

## Needs for Services

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

- 24.7% of Hispanic or Latinos, of any race, were below the poverty line.
- 10.6% 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 2009, nearly one-third (32.4%) of all Hispanics were uninsured.



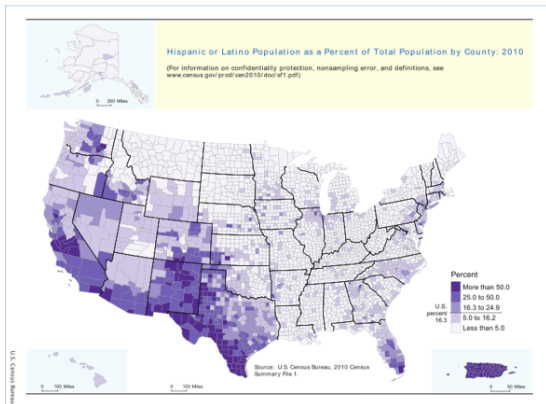
(National Council of La Raza, 2015)



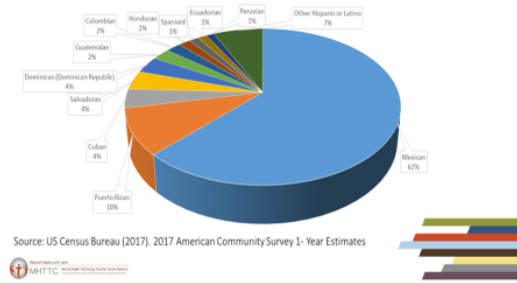
## The Latino Population

What does the Latino population in North America look like?

- U.S. Population: 318,857,056 (estimate) as of December 2014
- Approximately 17.6% of the U.S. population consider themselves Hispanic or Latino
- Within the U.S., 8.2% of persons over 5 years old report speaking primarily Spanish in the home. 44% of those households report speaking English "less than very well."
- Source: U.S. Census Bureau, State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Organics Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report



## Hispanic or Latino by country of origin



### 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).



Hispanics make up the largest ethnic minority in the country.

These factors may impact the experience and values of the Hispanic and Latino client.

A primary component in the individual's desire to seek help for mental health problems is the individual's belief about the natural course of mental disorders and the effectiveness of treatment. These beliefs may be influenced by the availability of services or the perceived use of those services, or they may also be influenced by cultural beliefs (Anglin, Alberti, Link & Phelan, 2008).

## 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

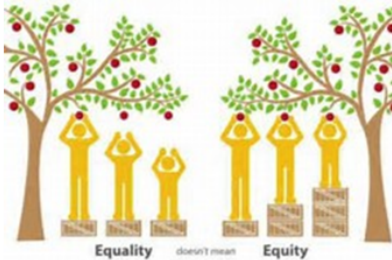
### Health Disparities

- 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



Increasing cultural competence is designed to reduce health disparities by identifying specific cultural norms, values, and behaviors of the client, clinician, and service system that impact the receipt of services.

## Equality vs Equity



## Concepts Related to Cultural Sensitivity

### Immigration Patterns



- Immigration changes the relationship between a Latino person 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

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

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





### **Strengths Presenting in Treatment Regarding the Culture of the Hispanic and Latino Population**

- 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 Presenting in Treatment Regarding the Culture of the Hispanic and Latino Population**

- 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.



See Participant Handout in Appendix A

### **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?

