

WEBVTT

1

00:01:30.660 --> 00:01:42.030

Ann Murphy: Welcome to all of you have already joined. We're just going to hang in about one more minute and let some additional people join join the webinar and then we'll get started.

2

00:02:24.180 --> 00:02:34.200

Ann Murphy: Okay, we'll go ahead and begin thanks everybody for joining us and welcome to today's webinar on recovery in the Hispanic and Latinx community.

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00:02:35.370 --> 00:02:48.060

Ann Murphy: Will be talking today about some of the factors that influence recovery and some important information to consider when providing services and supports to people from Hispanic and Latinx communities.

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00:02:49.260 --> 00:02:50.220

Ann Murphy: Next slide please.

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00:02:55.320 --> 00:03:07.530

Ann Murphy: Just to introduce myself and the center. My name is Ann Murphy and I'm the co director of the northeast and Caribbean Mental Health Technology Transfer Center.

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00:03:07.860 --> 00:03:19.980

Ann Murphy: This webinar is being sponsored by the northeast and Caribbean and HTC housed at Rutgers School of Health Professions department of psychiatric rehabilitation and counseling professions.

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00:03:21.780 --> 00:03:31.860

Ann Murphy: Just to tell you a little bit about our center the northeast and Caribbean MH TTC is funded by SAMHSA the Substance Abuse and Mental Health Services Administration.

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00:03:32.250 --> 00:03:43.860

Ann Murphy: To enhance the capacity of the behavioral health and other related workforces to deliver evidence based and empirically supported practices to individuals with mental health conditions.

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00:03:44.400 --> 00:03:55.380

Ann Murphy: We encourage you to visit our website and [HTC network.org](http://HTC.network.org) that takes you to the main website and then you can navigate to our

10

00:03:55.860 --> 00:04:11.850

Ann Murphy: Specific regional center by clicking on find your center and you can click on northeast and Caribbean for us. And if there are people joining us from other parts of the country. You'll also be able to click on the regional center that covers the state that you're in.

11

00:04:13.020 --> 00:04:13.590

Ann Murphy: Next slide.

12

00:04:15.990 --> 00:04:20.130

Ann Murphy: Here's a link to allow you to join our

13

00:04:21.450 --> 00:04:23.820

Ann Murphy: Our email listserv.

14

00:04:25.410 --> 00:04:28.920

Ann Murphy: We don't send out too much information.

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00:04:30.240 --> 00:04:45.870

Ann Murphy: We just send about a monthly newsletter and then information about new products and new trainings and technical assistance opportunities that you have the ability to participate in. So please feel free to join us there.

16

00:04:47.820 --> 00:04:48.480

Next slide.

17

00:04:50.040 --> 00:04:54.660

Ann Murphy: We did want to let you know that after this webinar, you'll receive a

18

00:04:55.350 --> 00:05:04.200

Ann Murphy: You'll either be redirected to the link automatically or you'll receive a link in your email to complete a very brief survey for us.

19

00:05:04.650 --> 00:05:09.030

Ann Murphy: It's only a handful of questions, it literally takes about two minutes to complete.

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00:05:09.900 --> 00:05:23.910

Ann Murphy: And we really appreciate your feedback. It helps inform the activities that will be providing going forward and also allows our funder to get some input from the people participating in our activities. So it's very helpful to us.

21

00:05:24.570 --> 00:05:28.800

Ann Murphy: If you would take the moment to go ahead and complete that at the end of the webinar.

22

00:05:30.030 --> 00:05:38.370

Ann Murphy: Next slide. We do want to let you know that we are recording this webinar, the recording of the webinar as well as

23

00:05:39.150 --> 00:05:54.420

Ann Murphy: The presentation slides will be available on our website later today or tomorrow, probably so you can access it there and we will send an email to you with that link so that you you have direct access to it.

24

00:05:57.270 --> 00:06:11.280

Ann Murphy: We wanted to let you know that the webinar will be interactive. So we will ask, I think there's at least one poll in the webinar, where we'll ask you to provide some input and may also be some questions that we

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00:06:12.060 --> 00:06:23.730

Ann Murphy: Are asking you to answer using the chat feature. I know some of you have already typed in the chat. You can also post questions that you have either in the chat or using the Q AMP a

26

00:06:24.630 --> 00:06:33.180

Ann Murphy: Button and will address those questions at the end of the presentation with the time that's left for questions and answers.

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00:06:37.020 --> 00:06:46.710

Ann Murphy: Do want to just go over our disclaimer here. This presentation was prepared for the HTC network under a cooperative

agreement from SAMHSA.

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00:06:47.010 --> 00:06:53.940

Ann Murphy: All the material that appears in this presentation, except for anything that's taken directly from copyrighted sources.

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00:06:54.540 --> 00:07:12.420

Ann Murphy: Is in the public domain and can be reproduced or copied without any specific permissions citation on the source is appreciated. You are not allowed, however, to reproduce or distribute any of this for a fee without specific authorization this presentation.

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00:07:13.590 --> 00:07:16.500

Ann Murphy: As I mentioned, will be recorded and posted on our website.

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00:07:16.980 --> 00:07:33.750

Ann Murphy: At the time of the presentation. Dr. Eleanor McCann's cats is currently serving as the SAMHSA assistant secretary and any opinions expressed herein are the views of the presenters and don't reflect the official position of the Department of Health and Human Services or SAMHSA.

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00:07:36.840 --> 00:07:47.790

Ann Murphy: Excellent, so we can get into it. Now here we have two wonderful presenters with us today. I'll introduce them briefly before I turn it over to them.

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00:07:48.360 --> 00:07:56.700

Ann Murphy: We have coffee Rivera, who is the project coordinator for the northeast and Caribbean Mental Health Technology Transfer Center.

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00:07:56.970 --> 00:08:05.970

Ann Murphy: She comes to the m HTC from a large community based behavioral health organization where she managed treatment teams and coordinated services.

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00:08:06.180 --> 00:08:15.690

Ann Murphy: For people living with serious mental illnesses in employment and housing programs. She's presented training programs and managed large community based events.

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00:08:16.020 --> 00:08:27.030

Ann Murphy: Most recently she presented on cultural considerations for mental health services within the Latino community at the New Jersey psychiatric rehabilitation Association annual conference.

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00:08:27.390 --> 00:08:39.840

Ann Murphy: As well as trauma informed care for adolescents at a youth conference in the US Virgin Islands for research interests include acculturation and its impact on mental health as well as trauma informed care.

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00:08:40.410 --> 00:08:48.990

Ann Murphy: Katia is a leader in the Latin next community serving as Co chair on the advisory board of the Center for Latino arts and culture at Rutgers University.

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00:08:49.260 --> 00:08:59.940

Ann Murphy: And also serves as an undergraduate and graduate student mentor for students from disadvantages disadvantaged backgrounds. We also have Sonia Rodriguez markdown

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00:09:00.540 --> 00:09:07.710

Ann Murphy: She's a licensed professional counselor, a national certified counselor and approved and an approved clinical supervisor.

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00:09:08.040 --> 00:09:14.700

Ann Murphy: She's co owner of the Center for interpersonal well what wellness a small private practice located in watch on New Jersey.

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00:09:15.180 --> 00:09:20.520

Ann Murphy: She's also the director of school and community based programs at Rutgers University.

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00:09:21.000 --> 00:09:34.320

Ann Murphy: Where she provides oversight to various programs focused on professional development and providing intensive mental health services to at risk youth in school and community settings. She's presented on a variety of workshops

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00:09:34.800 --> 00:09:45.450

Ann Murphy: on various topics related to stress and anxiety suicide assessment and non suicidal self injury trauma and resiliency and multicultural issues in psychology

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00:09:45.930 --> 00:09:53.850

Ann Murphy: Her clinical and research interests are within the areas of acculturation among Latino populations multicultural factors and counseling.

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00:09:54.210 --> 00:10:07.170

Ann Murphy: Working with teens and young adults on life transitions and career exploration self injurious behavior and at risk assessments sexual abuse trauma and factors related to resiliency.

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00:10:07.710 --> 00:10:14.850

Ann Murphy: We're very happy to have both of them with us today and I will go ahead and turn it over to coffee now to begin the program.

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00:10:24.150 --> 00:10:25.710

Ann Murphy: Kathy. We can't hear you. If you're

49

00:10:26.850 --> 00:10:27.600

Ann Murphy: Speaking

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00:10:39.600 --> 00:10:44.100

Katty Rivera: Oh hello, everyone. Thank you. And hello. Hello, everyone, and welcome.

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00:10:44.190 --> 00:10:45.660

Katty Rivera: Thank you for joining us today.

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00:10:46.050 --> 00:10:53.340

Katty Rivera: So today, our main objectives for this webinar is to review the terminology used to describe the Hispanic and Latin next demographic

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00:10:53.760 --> 00:11:01.920

Katty Rivera: Identify the cultural aspects that may affect mental health in the Latin next community, the spot discuss the impact of culture generals.

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00:11:02.280 --> 00:11:14.370

Katty Rivera: Religion spirituality and acculturation in the recovery process identify strategies to make counseling culturally sensitive identify interventions that are considered best practices for counseling.

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00:11:16.770 --> 00:11:24.000

Katty Rivera: So before we begin, I'd like to just get a feel of who's joining us today in the chat box. Please share where you're joining us from

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00:11:26.190 --> 00:11:31.200

Katty Rivera: I see here that we have guests that are joining us from Atlanta, Georgia.

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00:11:34.680 --> 00:11:47.940

Katty Rivera: As well as Ventura County. I assume that's in California, Santa Cruz, Long Island, New York, Michigan, Connecticut, Lebanon, Pennsylvania. Wonderful. All the way from Oregon.

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00:11:49.020 --> 00:11:50.520

Katty Rivera: Thank you. Thank you, everyone.

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00:11:51.780 --> 00:11:52.800

Katty Rivera: Thank you for your time.

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00:11:55.440 --> 00:11:56.940

Katty Rivera: Arizona. I see.

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00:11:58.440 --> 00:12:02.250

Katty Rivera: Washington DC. Okay, wonderful. Well, thank you.

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00:12:04.560 --> 00:12:20.250

Katty Rivera: So I would like to begin by asking you to take a look at these photographs. Many of you may recognize these artistic icons, we have if you can recognize them Pablo Picasso Frida Kahlo and celebrated author Isabel Allende

63

00:12:21.270 --> 00:12:31.770

Katty Rivera: What they all have in common is their experience with

mental illness free to call us work was a reflection of the traumatic events in her life that ultimately inspired and field her passion that created her artwork.

64

00:12:32.490 --> 00:12:47.130

Katty Rivera: As a young adult after her right leg was amputated due to gangrene, it was reported that column became severely depressed and anxious, causing her to rely on and ultimately become dependent on opioid medications after her marriage to Diego Rivera another

65

00:12:48.360 --> 00:12:48.900

Katty Rivera: Mexican

66

00:12:50.160 --> 00:12:54.930

Katty Rivera: Artists call attempted suicide after learning that her husband had cheated on her.

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00:12:56.100 --> 00:13:05.100

Katty Rivera: Next we have Chilean author Isabella yen day after the death of her daughter's the author fell into a deep depression, she thought that she would never climbed out of

68

00:13:05.490 --> 00:13:15.180

Katty Rivera: I am they wants to describe her grief as, and I quote, if you had told me the day before she fell into the coma. That's such a thing was going to happen. And if I had known the amount of pain.

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00:13:15.570 --> 00:13:22.020

Katty Rivera: I would have to endure. I would have killed myself because I would have thought I would never be able to survive this thing and I wouldn't

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00:13:22.680 --> 00:13:34.560

Katty Rivera: Have wanted to survive. I would have wanted to die before Oedipal she lived with depression that she attributes her gift of writing as a coping mechanism that helped in her recovery and healing.

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00:13:35.820 --> 00:13:43.320

Katty Rivera: And then next to Isabella. Yeah, that we have public Picasa, the famous Spanish painter, sculptor.

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00:13:43.890 --> 00:13:49.950

Katty Rivera: Who was one of the most influential 20th century, the parties in the world was no to have lived with bipolar disorder throughout his life.

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00:13:50.730 --> 00:13:58.200

Katty Rivera: There were long periods in Picasso's life as an artist, where he translated his emotions into artwork through colors and the style of his paintings in art.

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00:13:59.730 --> 00:14:01.080

Katty Rivera: Historians mark the years of

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00:14:03.600 --> 00:14:18.420

Katty Rivera: As Picasso's blue period where he used the color blue to convey emotions of coldness misery and despair, and shortly after that the colors were transition into the brighter warmer tone and art historians call this the rose period of 1904 to 1906

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00:14:21.420 --> 00:14:25.710

Katty Rivera: So now it's got a better sense of our audience. Could you please take the following poll

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00:14:26.790 --> 00:14:34.710

Katty Rivera: Remember there are no right or wrong answers we which we would just like to see which of the following terms are predominantly used in your line of work.

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00:14:37.830 --> 00:14:44.460

Katty Rivera: We have as options, Hispanic, Latino, or Latina flat and next or other

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00:14:48.390 --> 00:14:56.100

Ann Murphy: Coffee. We're getting responses in. I'm just going to give it another couple seconds here for people to respond.

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00:14:56.310 --> 00:14:56.790

Katty Rivera: Thank you.

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00:15:00.750 --> 00:15:03.390

Ann Murphy: Okay, looks like we have most of the results.

82

00:15:05.880 --> 00:15:19.440

Katty Rivera: Okay, so it appears that Hispanic, which is expected is still very used predominantly within the mainstream culture and society. And then we also have second to Hispanic Latino and Latina

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00:15:20.640 --> 00:15:33.390

Katty Rivera: And then, you know, we have Latinx as well as other and I'm assuming other could also refer to someone who would like to be identified as someone from their native country or even

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00:15:34.410 --> 00:15:40.410

Katty Rivera: If they are of mixed race they can identify as both. So thank you so much for taking this poll

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00:15:42.030 --> 00:15:44.910

Katty Rivera: It's. It was definitely as as we had expected.

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00:15:49.050 --> 00:15:57.270

Katty Rivera: So, who are Hispanics Latinos and Latin exes with. So let's define what these terms mean. And I will share some history behind these terms.

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00:15:57.900 --> 00:16:02.100

Katty Rivera: Hispanic and Latino are often used interchangeably, though they mean two different things.

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00:16:02.640 --> 00:16:09.210

Katty Rivera: As bank refers to people who speak Spanish and or art, send it from Spanish speaking populations and nations.

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00:16:09.720 --> 00:16:22.800

Katty Rivera: While that the inner refers to people who are from or descended from people from Latin America since Hispanic specifically refers to the Spanish language that their ancestor spoke it also refers to an element of culture.

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00:16:24.150 --> 00:16:31.740

Katty Rivera: This means that as an identity category. It is closest to the definition of ethnicity, which groups people based on shared

common culture.

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00:16:33.090 --> 00:16:39.240

Katty Rivera: However, people have many different ethnicities can identify as Hispanic. So it's broader than ethnicity.

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00:16:39.720 --> 00:16:44.250

Katty Rivera: Let's consider that people who originally from Mexico, the Dominican Republic and Puerto Rico.

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00:16:44.760 --> 00:17:00.180

Katty Rivera: Will have come from very different cultural backgrounds accepting their language and possibly their religion. Because of this, many people consider Hispanics today equate their ethnicity with their or their ancestors country of origin or with an ethnic group within this country.

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00:17:01.500 --> 00:17:11.820

Katty Rivera: Reports indicate that the term Hispanic came into use by the you knighted states government during Richard Nixon's presidency from 1968 to 1974 were first appeared

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00:17:12.180 --> 00:17:20.220

Katty Rivera: On the US census in 1980 as a question, prompting the census taker to determine whether or not the person was with Spanish or Hispanic origin.

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00:17:21.030 --> 00:17:29.430

Katty Rivera: Hispanic are most commonly used in eastern US including Florida and Texas people of all different races identify as Hispanic, including white people.

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00:17:30.630 --> 00:17:36.540

Katty Rivera: The term Latino unlike Hispanic, which refers to the language is a term that refers to geography.

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00:17:37.230 --> 00:17:41.580

Katty Rivera: It is used to signify that a person is from or descended from people from Latin America.

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00:17:42.120 --> 00:17:52.470

Katty Rivera: It is in fact the shortened form of the Spanish fairies Latino medical journal by an American and English like Hispanic Latino does not technically speaking, refer to race.

100

00:17:53.040 --> 00:18:09.240

Katty Rivera: Anybody from Central or South America and the Caribbean can be described as Latino within that group like within Hispanic. There are a variety of races that the nose can be white, black, indigenous American excuse me indigenous American misty so makes and even of Asian descent.

101

00:18:14.160 --> 00:18:22.590

Katty Rivera: Next is a gender neutral term used in place of Latino or Latina to refer to a person of Latin American descent.

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00:18:23.370 --> 00:18:35.040

Katty Rivera: Using the term Latin next to refer to all people in of Latin American descent has become more common as members of the LGBT q plus community and it's advocates have embraced this label.

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00:18:36.420 --> 00:18:43.380

Katty Rivera: The gender destruction structure of the Spanish language has made Latin next both an inclusive and controversial term.

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00:18:44.250 --> 00:18:51.090

Katty Rivera: The word was created as a gender neutral tentative to let the nose, not only to better include those who are gender fluid.

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00:18:51.510 --> 00:18:56.910

Katty Rivera: But also to push back on the inherently masculine term used to describe all genders in the Spanish language.

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00:18:57.840 --> 00:19:06.690

Katty Rivera: Even though Latinos technically refers to all genders of the Latin American of Latin American descent is still a masculine word in Spanish, for example.

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00:19:07.320 --> 00:19:18.330

Katty Rivera: A group of females would be called Latinas and a group of males would be called Latinos. However, a group of males and females of Latin American descent would revert to the masculine Latino

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00:19:21.780 --> 00:19:24.120

Katty Rivera: So let's take a look at some demographics.

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00:19:25.830 --> 00:19:31.650

Katty Rivera: Hispanic and Latinx account for 16.7% of our national population or around 52 million people.

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00:19:32.100 --> 00:19:42.000

Katty Rivera: Over 60% of the Hispanic and Latino that the next population in the United States is the Mexican ancestry. The states with the largest Latin next population, California, Texas.

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00:19:42.540 --> 00:19:50.490

Katty Rivera: And New Mexico. The remaining 40% of the next United States I've come from the Latin Caribbean Central America and South America.

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00:19:51.690 --> 00:20:00.510

Katty Rivera: Caribbean Latin our Latin nexus for those with ancestry origin forge originating in the Caribbean islands of Puerto Rico Cuba and the Dominican Republic.

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00:20:01.740 --> 00:20:07.140

Katty Rivera: For Puerto Ricans are the second largest Hispanic group in the United States after those of Mexican descent.

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00:20:08.070 --> 00:20:15.300

Katty Rivera: There are large Puerto Rican and Dominican populations in the northeastern states, including New York, New Jersey, Connecticut, Massachusetts.

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00:20:15.720 --> 00:20:24.870

Katty Rivera: Other regions include Florida where a large Cuban American community resides in Miami and Orlando, which is the home to the third largest Puerto Rican community in the world.

116

00:20:26.940 --> 00:20:43.740

Katty Rivera: There are some additional Demographics As of 2018 more than 617 point 6% of the US population or 56.6 million self identify as Hispanic or Latinx making this demographic, the largest racial ethnic minority.

117

00:20:44.850 --> 00:21:01.470

Katty Rivera: It is projected by 2016 that has found some Latin exes are expected to make up 30% of the population and Hispanics and necklace or the youngest age of racial ethnic group in the US, accounting for one third of the nation's Hispanic Latino population that is under 18 years old.

118

00:21:02.580 --> 00:21:10.440

Katty Rivera: Approximately 60% of 16.4% of Hispanics and Latin. Next is held a bachelor's degree or higher into 2016

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00:21:14.070 --> 00:21:21.570

Katty Rivera: Hispanic the line that's community is also very diverse this diverse the includes people from different nations races in the background.

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00:21:22.650 --> 00:21:31.020

Katty Rivera: As a whole, we tend to be multi racial many have lived in the United States for many generations, while other our recent immigrants.

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00:21:31.320 --> 00:21:46.050

Katty Rivera: And then Spanish may or may not be the primary language, especially for first and second generation us born Hispanic Latinos other factors of diversity also includes socioeconomic status levels of education and members of the LGBT q plus community.

122

00:21:51.990 --> 00:21:53.040

Katty Rivera: So here are some

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00:21:54.510 --> 00:22:04.260

Katty Rivera: Information of broad overview on mental health and where we are right now. According to the National Alliance on Mental Illness generally in the Hispanic and Latinx community.

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00:22:04.740 --> 00:22:18.390

Katty Rivera: The most common mental conditions are Gen X generalized anxiety disorder major depression post traumatic stress disorder PTSD excessive use of alcohol and drugs. Additionally, suicide is a concern for Latino you

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00:22:19.800 --> 00:22:25.920

Katty Rivera: While Latino community show similar susceptibility to mental illness as the general population, unfortunately.

126

00:22:26.490 --> 00:22:39.150

Katty Rivera: So that, and that's community experience disparities and access to treatment and then the quality of treatment they receive this inequality puts them at a higher risk for more severe and persistent forms of mental health conditions.

127

00:22:40.860 --> 00:22:55.560

Katty Rivera: Approximately 33% of Latino adults with mental illnesses receive treatment each year compared to the US average of 43% without treatment certain mental health conditions can worsen and become disabling

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00:23:02.760 --> 00:23:12.630

Katty Rivera: In the next few slides we will identify the aspects of culture and the values that play a significant role and mental health and recovery within the Hispanic and Latin community.

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00:23:15.660 --> 00:23:28.830

Katty Rivera: Let's begin with family structures. Most are patriarchal with very strong matriarchal influences regarding family upbringing, for example, child rearing matters regarding the home and

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00:23:30.210 --> 00:23:37.590

Katty Rivera: Other gender specific roles are mostly falls fell fall under the matriarchal influences

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00:23:38.250 --> 00:23:46.050

Katty Rivera: Most households are multi generational and have an expanded nuclear family to include grandparents, uncles, aunts, cousins nieces and nephews.

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00:23:46.950 --> 00:23:56.340

Katty Rivera: The oldest sibling is usually in the caretaking position of siblings and grandparents. It's very common to see multi generational families within the Latino community.

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00:24:02.130 --> 00:24:07.980

Katty Rivera: So to discuss cultural aspects that may impact mental health per point is food again with families small

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00:24:09.150 --> 00:24:18.150

Katty Rivera: Hispanics and Latinx this come from a very collectivist culture where group activities are dominant responsibility is shared and accountability is collected

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00:24:19.110 --> 00:24:27.300

Katty Rivera: Because of the emphasis on collectibility harmony and cooperation in the group tend to be emphasized more than individual function and responsibility.

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00:24:28.350 --> 00:24:39.000

Katty Rivera: I'm Elise mo refers to a strong sense of identification with an loyalty to nuclear and extended family. It also includes a sense of protection of familial honor

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00:24:39.450 --> 00:24:47.550

Katty Rivera: Respect and cooperation among family members through these values individuals, place your family's needs over their desires and choices.

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00:24:49.410 --> 00:24:56.550

Katty Rivera: Families ma is further define as the most important, important cultural aspect defining the beliefs and attitudes of light nexus

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00:24:57.180 --> 00:25:09.120

Katty Rivera: That's it becomes fundamental that mental health professionals working with Hispanic and Latin next populations, understand the concept of families small and its impact on the well being of members of this population.

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00:25:10.440 --> 00:25:20.880

Katty Rivera: Emily small also consists of social norms personal attitudes and behaviors such as a sense of obligation to the family regarding the family as the first source of emotional support.

141

00:25:21.240 --> 00:25:37.020

Katty Rivera: Valuing interconnectedness among family members, taking the family into account with making important decisions managing

behavior to maintain family honor willingly sub subordinating individual preferences for the benefit family.

142

00:25:38.400 --> 00:25:49.560

Katty Rivera: An example of this in mental health and mental health setting would be, and many of us may have heard of a common saying lateral associates allowing Casa which translate to

143

00:25:50.400 --> 00:26:00.180

Katty Rivera: Don't air your dirty laundry in public, the Latino community tends to be very private and often don't want to talk in public about challenges at home and usually keep sensitive and

144

00:26:00.720 --> 00:26:14.070

Katty Rivera: Boots topics within the home families mo also helps the psychiatric recovery as it provides natural and social supports to people living with mental illnesses. The support me prevent feelings of isolation.

145

00:26:17.820 --> 00:26:20.130

Katty Rivera: Next, be half personality small and content.

146

00:26:21.330 --> 00:26:31.620

Katty Rivera: At its core, personality small is an unconditional recognition for the essential value of each individual and a therapeutic relationship. This means there's a mutual understanding.

147

00:26:32.070 --> 00:26:36.390

Katty Rivera: Of the inherent value of each person beyond the professional relationship.

148

00:26:37.020 --> 00:26:44.970

Katty Rivera: Personality personality is more facilitates conveyancer inconveniences a trust based largely on personal relationships and rapport.

149

00:26:45.360 --> 00:26:56.100

Katty Rivera: The idea that the person knows us or is one of us far outweighs the person's credentials or professional accomplishments. So in other words on Piazza is a genuine trust of another person.

150

00:27:00.570 --> 00:27:11.460

Katty Rivera: More generally, a physical, which is another cultural consideration relates to knowing the level of courtesy and decorum required in a given situation and relation to other people.

151

00:27:11.850 --> 00:27:23.640

Katty Rivera: Have a particular age, sex, and social status is cultural value encourages differential behavior towards people with higher social rank as as needed by age, gender, authority or position.

152

00:27:27.390 --> 00:27:36.900

Katty Rivera: Many Hispanics in Latin as identify as religious and spiritual the predominant religion in the Latin community, as many of you know is Christian

153

00:27:37.410 --> 00:27:52.500

Katty Rivera: Including Roman Catholicism Protestant Pentecostal Jehovah's Witnesses and others a smaller minority identify as Jewish, Muslim and other folk religions, including native shamanism spiritualism Santeria and other folk religions.

154

00:27:56.610 --> 00:27:59.730

Katty Rivera: Psychological punches or spirituality assist

155

00:28:01.290 --> 00:28:13.380

Katty Rivera: People with mental health and mental illnesses in finding meaning gaining a sense of control gain comfort gain intimacy with others and with the sacred and achieve life transformation.

156

00:28:17.040 --> 00:28:17.880

Katty Rivera: There's also

157

00:28:20.160 --> 00:28:30.540

Katty Rivera: Ways in which it helps psychiatric rehabilitation and how it hinders psychiatric recovery. Many faith based communities have a basic understanding of mental illness.

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00:28:31.050 --> 00:28:43.110

Katty Rivera: And for the most part will refer someone to professional help if necessary. However, research has also shown that religious leaders have a strong role in setting the tone for the communities attitudes towards mental illness.

159

00:28:46.380 --> 00:28:58.740

Katty Rivera: Now let's take a look at how gender roles are seen in the line x community Latinos and Latinas living in the United States, bring with them the particular gender power dynamics from their countries of origin in Latin America.

160

00:29:02.580 --> 00:29:04.170

Katty Rivera: Let's first start with much useless.

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00:29:05.790 --> 00:29:18.090

Katty Rivera: machismo encompasses positive and negative aspects of masculinity, including bravery honor dominance aggression sexism sexual prowess and reserved emotions, among others.

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00:29:18.870 --> 00:29:28.110

Katty Rivera: machismo also includes attitudes and beliefs that consider it appropriate for women to remain in traditional roles and thus encourages male dominance over women.

163

00:29:29.280 --> 00:29:36.660

Katty Rivera: other facets of machismo also includes chivalry bravery and family provider attributes.

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00:29:37.350 --> 00:29:49.710

Katty Rivera: Research suggests that machismo may be influenced by socio demographic factors such as acculturation that is the enforcement of machismo is higher among individuals with lower us acculturation

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00:29:50.700 --> 00:30:01.620

Katty Rivera: Research has also shown that traditional male gender role beliefs have been associated with the veteran mental, emotional health outcomes such as higher depression, anxiety and anger.

166

00:30:05.070 --> 00:30:06.750

Katty Rivera: On the other hand, we have money on a small

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00:30:07.890 --> 00:30:09.750

Katty Rivera: Which is a counterpart of machismo

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00:30:10.890 --> 00:30:14.970

Katty Rivera: My daddy was a set of values and expectations concerning female gender roles.

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00:30:15.540 --> 00:30:23.880

Katty Rivera: My knees mo emphasizes the role of women as family and home centered and encourages passivity self sacrifice and chastity.

170

00:30:24.360 --> 00:30:31.470

Katty Rivera: My knees also encourages women to take a nurturing take on your train roles and prescribes respect for patriarchal values.

171

00:30:32.190 --> 00:30:42.870

Katty Rivera: Historically money on these is rooted in Christian values brought to that in America during colonization which define women as nurturing figures and spiritual pillars of the family.

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00:30:43.590 --> 00:30:48.060

Katty Rivera: It is a construction of the expected female gender roles, based on the Virgin Mary.

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00:30:49.050 --> 00:31:00.960

Katty Rivera: Research suggests that the cultural General of money on these small may be associated with health outcomes and Hispanic and Latinx women, including decreased emotional well being an increased symptoms of depression.

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00:31:02.670 --> 00:31:14.670

Katty Rivera: In a mental health setting themes of my daddy's book can be found, if a client mentioned that her culture requires her to be pure to be unconditionally supportive and make sacrifices that would benefit her husband and children.

175

00:31:15.750 --> 00:31:24.420

Katty Rivera: Also, the choice of not engaging in premarital sex or being on nurturing female role models for her daughters can be rooted in Miami small

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00:31:29.310 --> 00:31:36.930

Katty Rivera: However, this is slowly changing mostly due to changing global economy and workforce demands also gender roles.

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00:31:37.530 --> 00:31:55.680

Katty Rivera: And then shifts are changing as the level of education increases. People are achieving a higher socioeconomic status by racial and cultural or multicultural relationships are increasing increase the awareness of socially impose gender roles and greater acceptance of fluid gender roles.

178

00:31:59.070 --> 00:32:17.550

Katty Rivera: So now I'd like to talk about acculturation because this is an important factor in where a client or a consumer mental consumer can be in within their recovery. And these are some factors that may influence how they see mental health recovery.

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00:32:18.810 --> 00:32:25.800

Katty Rivera: acculturation is defined as the culture interaction between an immigrant person or a family and the host new country.

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00:32:26.790 --> 00:32:35.610

Katty Rivera: Changes are seen in language dominance stress preference food and leisure pursuits topics of conversation attitudes to religious worship.

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00:32:35.970 --> 00:32:42.330

Katty Rivera: marriage partner selection child rearing and the balance between work and family life male change.

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00:32:43.050 --> 00:32:53.460

Katty Rivera: They use of health services and attitudes to illness and mental health may also change. So this can lead to tensions between the individual and their immediate family social movement and overall society.

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00:32:56.070 --> 00:32:58.710

Katty Rivera: So when discussing acculturation we often

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00:32:59.910 --> 00:33:06.900

Katty Rivera: also bring up john berries model of acculturation and this side we see his quadrant model.

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00:33:07.530 --> 00:33:18.750

Katty Rivera: BY JOHN Berry, who's a psychologist known for his work in the areas of ecological and cultural influences on behavior as well as the adaptation of immigrants in native peoples following into cultural context.

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00:33:19.710 --> 00:33:28.500

Katty Rivera: If we take a look at this quadrant. We see Barry's model that describes the four acculturation strategies is the integration, which is

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00:33:28.980 --> 00:33:40.500

Katty Rivera: Also known as by cultural ism where people seek to maintain their heritage culture and learn from and interact with the new culture and are considered to be using the acculturation strategy, known as integration.

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00:33:41.640 --> 00:33:50.340

Katty Rivera: And then we also have a simulation people who consider their culture of origin to not be important and want to identify more interact mainly with the new culture.

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00:33:51.390 --> 00:34:02.400

Katty Rivera: Separation people who value their heritage culture and don't want to learn about the new culture and these people are adopting a separation strategy of acculturation

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00:34:03.780 --> 00:34:19.620

Katty Rivera: And lastly we have marginalization, people who are in need, or identify with their heritage culture or with a new culture and are pretty much on living on the fringe marginalized. So I'd like to also share with you an interview that

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00:34:20.790 --> 00:34:23.580

Katty Rivera: Psychology Today had with dr john berry.

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00:34:24.930 --> 00:34:29.760

Katty Rivera: He was asked, How does racism or discrimination influence the process of acculturation

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00:34:30.300 --> 00:34:39.180

Katty Rivera: And Dr. Barry responded, one of the most negative factors influencing a person's well being particularly mental health

is the experience of discrimination.

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00:34:39.750 --> 00:34:53.010

Katty Rivera: Discrimination also impacts on acculturation strategies and are working in many societies, there is a sequence low discrimination leads to a preference for integration, which leads to over all better mental health.

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00:34:54.150 --> 00:35:01.680

Katty Rivera: He was also asked about any advice for new refugees and migrants about how to adapt more easily successfully to a new environment.

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00:35:02.670 --> 00:35:08.670

Katty Rivera: And Barry advise to seek the integration strategy that is to remain rooted in their own culture.

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00:35:09.090 --> 00:35:23.430

Katty Rivera: And community while reaching out to be involved in the larger society in which the migrant now lives. This is also known as double engagement, which according to Dr. Barry has the most positive adaptive value psychologically socio culturally and enter culturally

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00:35:24.480 --> 00:35:29.970

Katty Rivera: And he also advised us. And if you have a choice to avoid went to countries that are overtly racist and exclusionary

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00:35:33.420 --> 00:35:43.500

Katty Rivera: And he also spoke about a culture of stress this stress refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process.

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00:35:44.010 --> 00:36:00.240

Katty Rivera: The stressors include pressures of learning a new language, maintaining one's native language balancing different cultural values and brokering between native and host differences and acceptable social behaviors, it can manifest in many ways.

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00:36:01.410 --> 00:36:09.390

Katty Rivera: This type of stress can manifest in many ways, such as anxiety, depression, substance abuse, and other forms of mental and physical malady reputation.

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00:36:10.440 --> 00:36:15.720

Katty Rivera: A culture of stress can have a negative impact on an immigrant's mental health, especially in children.

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00:36:16.500 --> 00:36:24.120

Katty Rivera: Factors such as a family's legal status force versus voluntary immigration or migration and perceived discrimination.

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00:36:24.780 --> 00:36:40.440

Katty Rivera: For example, a study found that undocumented Mexican immigrants are more vulnerable to exploitation and are at risk, increased risk of its experiencing traumatic experiences, including migration rates and negative experiences with law enforcement.

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00:36:41.550 --> 00:36:48.720

Katty Rivera: A culture of strength is further emphasize intensified if they resigned and lower socioeconomic neighborhoods and the combination of poverty.

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00:36:49.230 --> 00:37:02.550

Katty Rivera: And acculturated of stress has been identified as a risk factor for stress and anxiety, the impact of this these stressors can often be buffered by multiple protective factors including family and natural social supports.

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00:37:05.370 --> 00:37:15.840

Katty Rivera: So how can we help let's discuss cultural humility, which is very different from cultural competence which was the goal and past

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00:37:17.520 --> 00:37:27.360

Katty Rivera: trainings and, you know, capacity building workshops cultural humility is rather new This differs greatly from cultural competence.

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00:37:28.050 --> 00:37:37.350

Katty Rivera: Cultural Competence implies a discrete endpoint. In contrast, cultural humility is a commitment for active engagement in the process.

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00:37:38.160 --> 00:37:47.550

Katty Rivera: Of focusing on self humility, rather than achieving a state of knowledge or awareness, lifelong learning and critical self reflection it

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00:37:48.360 --> 00:37:57.360

Katty Rivera: wants the practitioner or the provider to recognize and challenge power and balances. It also includes community based research and advocacy.

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00:37:57.990 --> 00:38:02.820

Katty Rivera: With the overall goal to increase the quality of their interactions with clients and community members.

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00:38:03.630 --> 00:38:13.380

Katty Rivera: Some recommendations for mental health professionals include leading with the intention to establish a safe and trusting rapport and know that this may take longer with and their white counterparts.

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00:38:14.550 --> 00:38:21.120

Katty Rivera: Allow them to explain a client's heritage and background, ask them how they would like to be identified and address

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00:38:21.480 --> 00:38:30.060

Katty Rivera: And understand that a professional may be seen as an authority figure there for communication might be limited. They may also see a provider.

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00:38:30.540 --> 00:38:48.690

Katty Rivera: As someone in authority or an expert. And in the course of treatment and may often defer to your opinion and it also, it also asked a provider to explain the course of treatment as well as the expectation, so that they're aware of their active role in recovery.

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00:38:51.180 --> 00:39:05.880

Katty Rivera: So, before moving forward. I just in the chat box, we have, I just wanted to generally ask in your experience, which of the cultural factors mentioned had the most impact on mental health recovery. Please share in the chat box.

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00:39:32.940 --> 00:39:37.950

Katty Rivera: Okay, we have someone who's saying it's different for everyone. Do you mean, personally.

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00:39:38.970 --> 00:39:53.250

Katty Rivera: Okay acculturation assimilation from what they've seen discrimination my cheese small men having difficulty admitting fault and will not accept help okay stigma. Absolutely. Thank you.

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00:39:55.470 --> 00:39:58.110

Katty Rivera: Immigration yes the stressors with immigration.

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00:40:00.570 --> 00:40:04.770

Katty Rivera: Most of them. Thank you, language and cultural values. Okay.

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00:40:06.900 --> 00:40:10.800

Katty Rivera: Well, thank you, everyone. It appears that the cultural themes that we discussed

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00:40:12.210 --> 00:40:14.940

Katty Rivera: Apply to most of the experiences that you've had.

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00:40:16.680 --> 00:40:17.160

Katty Rivera: So,

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00:40:18.330 --> 00:40:22.140

Katty Rivera: I will now turn the president webinar presentation over to sonya

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00:40:27.150 --> 00:40:28.650

Sonia Rodrigues-Martó: Hi everyone, how are you

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00:40:30.090 --> 00:40:47.010

Sonia Rodrigues-Martó: We're going to talk a little bit about some of the cultural considerations to think about when working with Latinos and Latinas, I'm going to talk a little bit from a clinical perspective, given that is predominantly my background.

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00:40:48.120 --> 00:41:00.330

Sonia Rodrigues-Martó: My private practice focuses predominantly in

working with immigrant families specifically children, adolescents and usually their mothers who have experienced

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00:41:01.530 --> 00:41:10.320

Sonia Rodrigues-Martó: Lots of trauma in their migration experience as well as trauma that they endured prior to coming to the US.

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00:41:12.180 --> 00:41:15.870

Sonia Rodrigues-Martó: And so it's important to think about all of the

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00:41:17.400 --> 00:41:27.330

Sonia Rodrigues-Martó: Cultural components when working with with a client, I'll use clients, just because I typically work with clients, but these can certainly be

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00:41:28.980 --> 00:41:50.910

Sonia Rodrigues-Martó: You families that you work with. I know we have some non clinical staff on on the webinar. But it's important to really think about where they come from, how long they've been here. How have they adapted to their current environment. And what do they bring with them when they arrived.

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00:41:51.930 --> 00:41:59.520

Sonia Rodrigues-Martó: So recognizing that in every community culture infuses all of the behaviors that we experience and we witness

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00:41:59.940 --> 00:42:10.650

Sonia Rodrigues-Martó: Culturally expected expectations or patterns of responsibility can vary when compared to expectations of the dominant culture. So thinking about the role

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00:42:11.130 --> 00:42:24.630

Sonia Rodrigues-Martó: Of adolescent Latinos versus the role of adolescent Latinos and he spoke previously about the gender roles and how they contribute to the expectations.

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00:42:25.380 --> 00:42:33.420

Sonia Rodrigues-Martó: Of adolescence determining what is normal and expected behavior and multicultural families is considered a culture bound task.

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00:42:33.840 --> 00:42:48.960

Sonia Rodrigues-Martó: And it's important to really look at this. When working with families clinicians should explore the function of behaviors within a family system while also exploring what is considered the cultural norm, it's really important to talk about

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00:42:50.490 --> 00:43:03.660

Sonia Rodrigues-Martó: To talk about where they come from. So someone who comes from a city environment has very different experiences and cultural beliefs and expectations than someone who comes from a very small

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00:43:04.650 --> 00:43:15.630

Sonia Rodrigues-Martó: Pueblo. And so really recognizing that we can't just generalize people from specific countries, but that we really need to ask about

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00:43:16.050 --> 00:43:20.520

Sonia Rodrigues-Martó: What it was like growing up for them and what kind of environment. They're coming.

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00:43:21.210 --> 00:43:33.600

Sonia Rodrigues-Martó: They're coming to us particularly looking at how this impacts them in their transition. So are they moving into a large city setting where

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00:43:33.960 --> 00:43:50.250

Sonia Rodrigues-Martó: Public transportation is available versus coming from a small Pueblo where they had to walk everywhere and the children could play outside, and it was very safe. So really thinking about how all of these changes in their life impact them in the present moment.

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00:43:51.510 --> 00:43:53.010

Sonia Rodrigues-Martó: We can move on to the next slide.

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00:43:56.280 --> 00:43:59.580

Sonia Rodrigues-Martó: So some of the questions to consider when working with

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00:44:00.840 --> 00:44:05.700

Sonia Rodrigues-Martó: immigrant populations we want to really ask about

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00:44:06.720 --> 00:44:17.130

Sonia Rodrigues-Martó: The extent of their acculturation within the mainstream society we want to ask them how they're assimilating assimilating to the host culture versus how much

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00:44:17.550 --> 00:44:28.650

Sonia Rodrigues-Martó: They are trying to avoid the host culture and we often see this with adolescents completely assimilating and their parents wanting them to completely avoid

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00:44:28.980 --> 00:44:38.970

Sonia Rodrigues-Martó: The host culture. And this creates a lot of conflict within the family system. This is something I particularly see in my work with families where

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00:44:39.960 --> 00:44:49.260

Sonia Rodrigues-Martó: It's so important for the adolescent to feel like they belong and fit in to the American culture, whereas the parents are really holding on.

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00:44:49.530 --> 00:45:07.260

Sonia Rodrigues-Martó: To their dominant culture and wanting their child to do the same. And it creates a tremendous amount of conflict and the the adolescent then chooses to separate from the family system at times and wanting to completely ignore their dominant culture.

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00:45:08.520 --> 00:45:18.180

Sonia Rodrigues-Martó: We want to ask about whether or not they feel marginalized. We want to see if they are embracing the culture.

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00:45:19.080 --> 00:45:26.430

Sonia Rodrigues-Martó: And at the same time maintaining their own identity. And this is something that can be very, very difficult, particularly with

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00:45:27.300 --> 00:45:37.650

Sonia Rodrigues-Martó: Adolescents who are going through this period of figuring out who they are. What's important to them and fitting in is super important for them so

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00:45:37.980 --> 00:45:48.870

Sonia Rodrigues-Martó: This comes up a lot, and how can they embrace the host culture, while at the same time maintaining their own cultural identity. So this becomes a critical part of the work that we do.

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00:45:50.040 --> 00:45:56.880

Sonia Rodrigues-Martó: We want to ask about how familiar, the individual is with the Western cultural norms. Right. So sometimes

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00:45:58.170 --> 00:46:07.230

Sonia Rodrigues-Martó: Particularly with adolescence. Again, that's usually my experience. They don't always know that something is considered

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00:46:07.590 --> 00:46:20.340

Sonia Rodrigues-Martó: A norm, you know, so they'll ask about this. And they'll say, you know, my friends are doing this and it seems weird to me. And so really, you know, educating them about what are some of the cultural norms in Western culture.

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00:46:21.300 --> 00:46:30.090

Sonia Rodrigues-Martó: How much time has the individual spent in the US. So this is important. And sometimes we'll hear that families have been here for 20 years yet the

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00:46:30.810 --> 00:46:44.190

Sonia Rodrigues-Martó: Elders. Do not speak English and they choose not to come out of their small community because they don't yet understand the culture there they feel comfortable staying in their little

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00:46:44.730 --> 00:46:54.450

Sonia Rodrigues-Martó: Area. So sometimes, even if they've been here for a long time. It could also mean that they just, they still haven't assimilated fully assimilated into the host culture.

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00:46:55.830 --> 00:47:01.140

Sonia Rodrigues-Martó: And then certainly looking at language issues or any language barriers.

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00:47:06.990 --> 00:47:12.810

Sonia Rodrigues-Martó: So I'm just reading in the chat box. And this is something that I see a lot in my work.

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00:47:13.620 --> 00:47:24.060

Sonia Rodrigues-Martó: One of the comments is that, in my experience, many parents come to the US first and then bring the children later. So the time spent apart affects their relationship. This is absolutely critical.

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00:47:24.510 --> 00:47:42.030

Sonia Rodrigues-Martó: And many of these children feel abandoned and isolated in some ways, and they don't always understand why this happens so they they don't understand why there was this separation of the family, and it does lead to a lot of trauma that needs to be addressed and treatment.

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00:47:43.980 --> 00:47:49.620

Sonia Rodrigues-Martó: So really educating the children and adolescents about why this needed to occur.

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00:47:50.040 --> 00:47:57.420

Sonia Rodrigues-Martó: And recognizing what their parent perspective, might have been that usually the parents want to come and stabilize

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00:47:57.750 --> 00:48:05.010

Sonia Rodrigues-Martó: This stabilize the home find jobs and to create an environment that they feel comfortable for their children to come

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00:48:05.490 --> 00:48:15.750

Sonia Rodrigues-Martó: And also encouraging them to recognize that parents don't necessarily know what they're coming to they're coming to a brand new country, they're not sure if they're going to be able to find a job and support their family.

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00:48:16.410 --> 00:48:34.440

Sonia Rodrigues-Martó: Whereas from the Child and Adolescent perspective. They just see that the parent is abandoning them and leaving them behind. And so this creates a very complicated dynamic that absolutely needs to be addressed and treatment. So thank you for bringing that up.

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00:48:36.210 --> 00:48:50.250

Sonia Rodrigues-Martó: Some of the other cultural considerations. So the person with with their head down that body is reflective of how trauma really impacts us physically and that sometimes

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00:48:51.060 --> 00:48:54.960

Sonia Rodrigues-Martó: That's how it manifests for a long time that there are physical.

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00:48:55.530 --> 00:49:14.850

Sonia Rodrigues-Martó: ailments. And so our trauma lives in our bodies. And a lot of times what we'll see is that people will go to the primary care doctors to talk about their physical ailments, which in fact are often a result of some of their traumatic experiences.

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00:49:16.320 --> 00:49:26.580

Sonia Rodrigues-Martó: Sometimes to we also recognize that there. They don't have words to talk about their experiences or how they're feeling. And so, recognizing that

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00:49:27.240 --> 00:49:37.710

Sonia Rodrigues-Martó: You know, talk therapy is not always the best course of action. Sometimes they need to have other opportunities to express what they're feeling how they're feeling

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00:49:38.550 --> 00:49:56.130

Sonia Rodrigues-Martó: And really creating space for that. And then the other image on this slide is reflective of how many times they come to us with some deep rooted trauma deep rooted family issues that will often need to be addressed.

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00:49:57.180 --> 00:50:13.530

Sonia Rodrigues-Martó: At some point in order for them to really feel healthy and continue to move on. So this is a process and it happens over significant time but recognizing that they are coming to us with some deep rooted issues.

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00:50:18.360 --> 00:50:28.770

Sonia Rodrigues-Martó: Um, I bring this up as a clinician, I think it's important to recognize this, the change that we've had in the DSM five the Diagnostic and Statistical Manual.

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00:50:30.180 --> 00:50:40.170

Sonia Rodrigues-Martó: From the DSM four to the DSM five. So the DSM four really looked at these culture bounced syndromes that were reflective of

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00:50:41.040 --> 00:50:51.000

Sonia Rodrigues-Martó: Illnesses within specific cultures, whereas we have moved towards a model that really incorporates greater cultural sensitivity.

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00:50:51.630 --> 00:51:05.430

Sonia Rodrigues-Martó: The DSM five really looks at cross cultural variations and different presentations of symptoms. It gives more detailed and structured information about cultural comms concepts of distress.

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00:51:05.970 --> 00:51:15.990

Sonia Rodrigues-Martó: And it really also helps by providing a clinical interview tool that helps to facilitate comprehensive in person centered assessments this tool.

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00:51:16.380 --> 00:51:30.210

Sonia Rodrigues-Martó: Is really wonderful. For those of you clinicians who are not yet aware of it, but it really helps to fully complete a clinical interview that is comprehensive and really culturally sensitive

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00:51:34.620 --> 00:51:50.760

Sonia Rodrigues-Martó: So a key point here is that when working with any clients who have experienced trauma and I really, I really say this from a trauma informed ones that looks at the fact that many people

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00:51:51.720 --> 00:51:56.220

Sonia Rodrigues-Martó: Often, most people that we work with have experienced some level of trauma.

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00:51:56.730 --> 00:52:02.640

Sonia Rodrigues-Martó: And that that has really shifted for us over time where we used to think about people who were traumatized.

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00:52:03.000 --> 00:52:10.590

Sonia Rodrigues-Martó: If they came from, you know, violent neighborhoods, or if they had been exposed to domestic violence or sexual assaults.

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00:52:11.220 --> 00:52:19.860

Sonia Rodrigues-Martó: But that has really shifted over time where you know trauma is really comprehensive and it's it's about how we

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00:52:20.340 --> 00:52:31.500

Sonia Rodrigues-Martó: How we observe something that has a lasting impact on us, you know, we can be traumatized by witnessing a very terrible car accident.

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00:52:32.010 --> 00:52:50.490

Sonia Rodrigues-Martó: We can be traumatized by coming home one day and finding a loved one who has died, and is laying there, you know, dead. I mean, trauma is just, it's all around us and recognizing that for the most part, at some point in their lives. People will have some exposure to trauma.

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00:52:52.050 --> 00:52:59.670

Sonia Rodrigues-Martó: So in thinking about our work with clients who have a trauma history. We really want to provide

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00:53:00.810 --> 00:53:15.240

Sonia Rodrigues-Martó: Formal screening measures, if possible, some of the measures that are really helpful that I've used in the past or the parent and stress index the trauma. Symptom Checklist as well as the trial PTSD symptoms scale.

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00:53:15.750 --> 00:53:29.670

Sonia Rodrigues-Martó: And really provide an informal interview, along with follow up appointment that really look at how this culture impact them. So a lot of times they'll come to you with the presenting issue.

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00:53:30.270 --> 00:53:39.810

Sonia Rodrigues-Martó: And it's really important to really think about the client as a whole and really looking at their spiritual beliefs or cultural beliefs.

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00:53:40.590 --> 00:53:52.020

Sonia Rodrigues-Martó: What was it like for them as a child and really providing a comprehensive assessment when working with our clients, particularly those from different cultures.

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00:53:55.920 --> 00:54:08.400

Sonia Rodrigues-Martó: So we want to shift our lens to what is wrong with you to what happened to you. And that's really a trauma informed approach is that when someone is

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00:54:09.480 --> 00:54:20.520

Sonia Rodrigues-Martó: acting a certain way or out of sorts, we, you know, people used to say, well, what's wrong with you. Why are you acting like this are you sometimes people would say things like, why are you acting crazy

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00:54:21.270 --> 00:54:34.830

Sonia Rodrigues-Martó: So trauma informed perspective really looks at what's happened to you what impacted you. And so that's really the shift that we want to make when working with clients who have a trauma. History

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00:54:38.940 --> 00:54:52.650

Sonia Rodrigues-Martó: So some of the practical active applications when someone reports that there, they've experienced something traumatic. The very first thing we want to do, regardless of whether you're in a clinical role or not is to really empathize with that person.

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00:54:53.430 --> 00:54:59.460

Sonia Rodrigues-Martó: Something like, I'm so sorry to hear that happened to you. Thank you for trusting me enough to share this with with me.

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00:55:00.540 --> 00:55:09.180

Sonia Rodrigues-Martó: You know that must have been really hard to really just empathizing and validating how challenging that experience must have been with them for them.

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00:55:10.200 --> 00:55:17.550

Sonia Rodrigues-Martó: Gathering information is your next step. So really assessing do, what are their needs. What do they need in the moment.

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00:55:18.360 --> 00:55:26.040

Sonia Rodrigues-Martó: What can what services. Can you provide what resources. Can you provide for them. How have they gotten through this, what are their supports.

303

00:55:26.670 --> 00:55:37.320

Sonia Rodrigues-Martó: So really looking at. We call this is also protective factors, what are their protective factors. What gets them through the day. How have they made it through. And so it's really important to kind of start with

304

00:55:38.700 --> 00:55:41.310

Sonia Rodrigues-Martó: their strengths. It's a strengths based approach.

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00:55:42.480 --> 00:55:51.150

Sonia Rodrigues-Martó: And then we really want to inquire about the symptoms they might be experiencing and then providing them reassurance that this is typical experience symptoms.

306

00:55:51.600 --> 00:55:56.910

Sonia Rodrigues-Martó: Of someone who has experienced something traumatic. So really kind of validating that

307

00:55:57.480 --> 00:56:06.300

Sonia Rodrigues-Martó: And we want to give them education about what they're experiencing and also really just normalizing the fact that many people experience.

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00:56:06.960 --> 00:56:15.900

Sonia Rodrigues-Martó: traumatic events throughout their life, and then we want to provide consultation or connect them with services, depending on what your roles are

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00:56:16.470 --> 00:56:30.930

Sonia Rodrigues-Martó: So you talking about some other agencies, you might be able to connect them with for support and this is important to really consider when working with Latinos, is that a lot of times there's a fear of

310

00:56:32.610 --> 00:56:38.370

Sonia Rodrigues-Martó: Fear of connecting with resources or accessing certain services because they're undocumented

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00:56:38.790 --> 00:56:47.670

Sonia Rodrigues-Martó: And this is a tremendous fear that they live with all the time. So really just kind of normalizing that they you can understand the fear that they have

312

00:56:48.180 --> 00:56:59.340

Sonia Rodrigues-Martó: And educating them about the services that you can provide or you can connect them to that don't require them to be documented that won't ask them for social security number.

313

00:57:00.240 --> 00:57:11.580

Sonia Rodrigues-Martó: And then just really encouraging them that this is a helpful resource and that you want to be supportive to them. And so really just helping them ease their fears.

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00:57:15.330 --> 00:57:18.840

Sonia Rodrigues-Martó: Their treatment considerations, look at

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00:57:20.610 --> 00:57:28.920

Sonia Rodrigues-Martó: You know, whenever possible, is finding a healthcare provider that speaks their language and really understands their, their culture.

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00:57:30.030 --> 00:57:40.230

Sonia Rodrigues-Martó: And it's interesting because I I also speak Portuguese and I do therapy in Spanish as well and I'll often have people call me who are fluent English speakers.

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00:57:40.590 --> 00:57:51.270

Sonia Rodrigues-Martó: But want to come to somebody who also understands their native language and what they'll often say, is sometimes when I'm expressing myself I want to be able to express myself in my native language.

318

00:57:51.660 --> 00:58:06.390

Sonia Rodrigues-Martó: And that's really important to them and then they'll also say I really want to work with somebody who understands my cultural background where my religious beliefs. And so it's really important for them to feel connected with their

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00:58:07.620 --> 00:58:08.700

Sonia Rodrigues-Martó: Their therapist.

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00:58:09.720 --> 00:58:22.890

Sonia Rodrigues-Martó: Even if they speak English or even if they've been here for a long time that sometimes this is just you just feel better doing so and so, offering that is also very helpful for them whenever possible.

321

00:58:24.510 --> 00:58:31.200

Sonia Rodrigues-Martó: Recognizing that we can't use a one size fits all approach when providing culturally competent services, you know, so

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00:58:31.650 --> 00:58:38.760

Sonia Rodrigues-Martó: You know, working with one one person from Mexico is not the same as working with another person from Mexico. So really,

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00:58:39.390 --> 00:58:50.100

Sonia Rodrigues-Martó: individualized treatment and recognizing that just because you have two people from the same culture that things are in her not necessarily going to be the same or similar

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00:58:51.840 --> 00:59:00.450

Sonia Rodrigues-Martó: So don't assume that a particular characteristic applies to all Latinos, or make any general statements because they can have very different characteristics.

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00:59:01.950 --> 00:59:07.740

Sonia Rodrigues-Martó: Usually, depending on where they come from. Specifically, whether it's a specific part of the country.

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00:59:08.910 --> 00:59:16.380

Sonia Rodrigues-Martó: You know, I was in Spain. A few years ago, and met some people from Galicia and I could hardly understand them.

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00:59:17.400 --> 00:59:27.900

Sonia Rodrigues-Martó: And so their, their Spanish dialect was very, very different from anything I've ever heard before. And so, you know,

just recognizing that there are these differences, whether it's in language.

328

00:59:28.290 --> 00:59:38.760

Sonia Rodrigues-Martó: It's in characteristics. It's in belief systems or values and just really the best thing we can do is ask them, you know, to have have them teach you about their culture.

329

00:59:39.210 --> 00:59:51.420

Sonia Rodrigues-Martó: And not make assumptions. That's the best thing that you can do, regardless of what kind of work you do. It's just, you know, encourage them to tell you a little bit about their culture and their beliefs.

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00:59:53.340 --> 00:59:54.990

Sonia Rodrigues-Martó: We can move on to the next slide.

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00:59:56.970 --> 00:59:57.270

Great.

332

00:59:58.530 --> 01:00:01.350

Sonia Rodrigues-Martó: We want to obtain information about

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01:00:02.910 --> 01:00:23.040

Sonia Rodrigues-Martó: variations within clinical presentation of specific disorders. So, you know, sometimes they'll make statements like an attack the narrative iOS, you know, what does that really mean and really asking them to explain what they're feeling because sometimes they'll use certain

334

01:00:24.180 --> 01:00:41.310

Sonia Rodrigues-Martó: Language and you really want to tease that out and figure out what does that really mean for them. Tell them to explain the symptoms that they're having. How often is having how often they're having these symptoms and how it impacts them how how frequent are they

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01:00:42.330 --> 01:00:52.050

Sonia Rodrigues-Martó: You want it from familiarize yourself with culture bouncing syndromes. We've talked about that before as well, creating a cultural formulation again.

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01:00:52.470 --> 01:01:06.540

Sonia Rodrigues-Martó: There's really great examples online, especially in the DSM five about how to create a cultural formulation for culturally diverse clients that you work with. And this is really helpful in assessing

337

01:01:07.620 --> 01:01:15.330

Sonia Rodrigues-Martó: Their treat their, you know, determining their proper treatment goals and making accurate assessment of what they might be experiencing or dealing with

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01:01:22.230 --> 01:01:32.700

Sonia Rodrigues-Martó: So a lot of times I asked them to just tell me about their story. Everyone has a story. And sometimes there's just so much

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01:01:34.230 --> 01:01:40.740

Sonia Rodrigues-Martó: therapeutic benefit to having someone listen to their story.

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01:01:42.120 --> 01:01:47.970

Sonia Rodrigues-Martó: That's a big part of the process is feeling heard feeling like I can share this story with

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01:01:50.070 --> 01:01:58.320

Sonia Rodrigues-Martó: In my work with sexual assault survivors, particularly, a lot of times they didn't say a word to anybody for years.

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01:01:59.670 --> 01:02:14.100

Sonia Rodrigues-Martó: And then they're finally at a point in their life where they're recognizing how this trauma has impacted them that they know they need to be able to just tell their story and there's just such a healing.

343

01:02:16.170 --> 01:02:27.330

Sonia Rodrigues-Martó: You know, it's such a dynamic healing process to be able to share your story with someone. How did they get to where they are. What's happened to them really assessing their trauma. History

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01:02:28.350 --> 01:02:34.530

Sonia Rodrigues-Martó: You know, I have yet to work with a Latino client or Latino client who doesn't have complex trauma.

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01:02:36.240 --> 01:02:46.440

Sonia Rodrigues-Martó: complex trauma is just having had multiple traumatic experiences on top of each other and really just assessing for that.

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01:02:48.240 --> 01:02:58.590

Sonia Rodrigues-Martó: You know, I worked several years ago with a sexual assault survivor who had been date raped when she was out with some girlfriends and

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01:03:00.060 --> 01:03:09.660

Sonia Rodrigues-Martó: Several weeks into treatment. She finally realized that she had also been abused by an uncle when she was five.

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01:03:10.140 --> 01:03:22.770

Sonia Rodrigues-Martó: And she had never thought about this. She had never talked about it. It was something she had just pulled off to the side and never considered it but when she had this secondary trauma. The secondary assault.

349

01:03:23.730 --> 01:03:36.270

Sonia Rodrigues-Martó: Things started to come up for her and she started to unravel and she was able to then connect to that very first traumatic experience that she had. So sometimes that will come up for some of the people that you work with.

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01:03:38.460 --> 01:03:47.070

Sonia Rodrigues-Martó: And really looking at family and social supports. And so I really encourage working with everyone that's involved with

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01:03:47.610 --> 01:03:54.540

Sonia Rodrigues-Martó: The individual that you're working with, you know, bring in the family system if they have a great grandmother, who is like a mom to them.

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01:03:54.840 --> 01:04:01.770

Sonia Rodrigues-Martó: You know, bring them in for a family session

and incorporate them as long as the client is okay with that. But recognizing that

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01:04:02.580 --> 01:04:08.910

Sonia Rodrigues-Martó: There's this larger family or social support system. You know, sometimes they'll talk to you about a tea.

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01:04:09.690 --> 01:04:22.710

Sonia Rodrigues-Martó: And the tea is not really related and but it's somebody who's grown up in their wife, and they call them to so you know if the tea is important, bring them in, into your sessions incorporate them into your family, work.

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01:04:26.550 --> 01:04:38.520

Sonia Rodrigues-Martó: Again, this is a big part of my work and working with Latinos is talking about their migration experience. And oftentimes, you know, when I asked about this will say, you know, no one's really ever asked me about this.

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01:04:39.900 --> 01:04:57.540

Sonia Rodrigues-Martó: I have yet to hear about someone's migration experience that wasn't traumatic. You know, it takes some days to get her take some months to get her some time. Sometimes. Sometimes they've had multiple attempts at crossing the border. Sometimes they had to undergo some really harsh.

357

01:04:58.620 --> 01:05:07.800

Sonia Rodrigues-Martó: Situations, and you really want to ask about that. I mean, I've seen a tremendous amount of sexual abuse and physical abuse that bores endured

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01:05:08.280 --> 01:05:15.930

Sonia Rodrigues-Martó: By people during their migration experience, but really asking about this. Sometimes there are threats to hurt their family and so

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01:05:16.410 --> 01:05:25.320

Sonia Rodrigues-Martó: They are living with this ongoing fear during the entire time that they're migrating here. So you're dealing with the migration experience.

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01:05:25.740 --> 01:05:40.230

Sonia Rodrigues-Martó: As well as you know that massive transition to a brand new country and culture when they arrive. So these are these are important elements in your work. So, you know, if you feel comfortable enough and you're coming from.

361

01:05:41.970 --> 01:05:47.970

Sonia Rodrigues-Martó: It's a you're in a position where you can ask about this. This is super important and and working with clients.

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01:05:52.050 --> 01:06:02.760

Sonia Rodrigues-Martó: So we talked a little bit about trauma informed care and what it is and how important it is to provide trauma informed care. Again, regardless of the setting that you work in

363

01:06:05.220 --> 01:06:17.130

Sonia Rodrigues-Martó: A trauma informed system really looks at recognizing and responding to the varying impact of traumatic stress. Stress on those who have contact within this system.

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01:06:17.520 --> 01:06:23.550

Sonia Rodrigues-Martó: It's a program or organization that infuses knowledge about being in trauma informed.

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01:06:24.300 --> 01:06:39.660

Sonia Rodrigues-Martó: That they focus on implementing skills into their organizational culture. They've revised their policies and practices to make them really trauma informed and again looking at things from a very trauma sensitive lens.

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01:06:40.800 --> 01:06:49.830

Sonia Rodrigues-Martó: The agency or system X and collaboration using best available science to support the resilience and recovery of the people that they work with.

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01:06:52.440 --> 01:07:06.630

Sonia Rodrigues-Martó: A trauma informed clinician is aware and assesses for the trauma experiences that their clients have had and what the impact is on them, their family, their past life and their present life.

368

01:07:07.440 --> 01:07:21.000

Sonia Rodrigues-Martó: And when they can they cultivate an environment

of safety. Safety is key client and anybody that you work with needs to feel safe in the environment that you're in, as well as safe with you.

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01:07:22.020 --> 01:07:28.710

Sonia Rodrigues-Martó: May need to feel like things are predictable that they know exactly what to expect. So a lot of times in my work.

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01:07:29.550 --> 01:07:35.160

Sonia Rodrigues-Martó: They don't know about the therapeutic process, they have not been to therapy. What is therapy like

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01:07:35.940 --> 01:07:44.520

Sonia Rodrigues-Martó: In the US, and really talking about what that looks like talking about creating a treatment plan and setting goals and assessing those goals.

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01:07:45.000 --> 01:07:58.590

Sonia Rodrigues-Martó: Over time. And so really explaining that and giving them this sense of predictability, so they know exactly what to expect from the process or from the program that you're in and really explaining that before you even start working with them.

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01:08:00.210 --> 01:08:02.790

Sonia Rodrigues-Martó: Clinicians, I'm sorry. Can we just go back one more.

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01:08:04.710 --> 01:08:21.300

Sonia Rodrigues-Martó: Clinicians make an effort to promote resilience and this is this is huge to strengths based approach. How have you gotten through it is really a big part of of the work and resilience is, how have you gotten to this point so far and looking at

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01:08:22.320 --> 01:08:32.010

Sonia Rodrigues-Martó: addressing any underlying underlying issues that precipitate any maladaptive patterns of behavior utilizing the strengths based approach.

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01:08:36.750 --> 01:08:44.400

Sonia Rodrigues-Martó: The components of trauma informed care, as I've been mentioning is really completing accurate screening and assessment.

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01:08:45.060 --> 01:09:00.600

Sonia Rodrigues-Martó: I encourage all of the clinicians that I work with, to really assess for trauma. A lot of times people will present with what looks like ADHD or bipolar disorder. And so they're often diagnosed with some of these things.

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01:09:01.620 --> 01:09:13.260

Sonia Rodrigues-Martó: Because they haven't accurately been assessed for trauma because trauma can look like a lot of other things. And so it's really important to accurately assess for any past trauma.

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01:09:14.100 --> 01:09:24.180

Sonia Rodrigues-Martó: Providing evidence based treatment options are really looking at trauma focused treatment as well as collaboration and screening

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01:09:25.200 --> 01:09:31.680

Sonia Rodrigues-Martó: You want to look at that getting feedback from other providers and also really looking at

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01:09:33.540 --> 01:09:39.060

Sonia Rodrigues-Martó: Is everyone in the system that you work with trauma informed, does that mean that they are looking

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01:09:39.510 --> 01:09:49.230

Sonia Rodrigues-Martó: At every client or every individual that they work with from a trauma focus lens recognizing that we don't know what this person is walking in with

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01:09:49.590 --> 01:09:57.990

Sonia Rodrigues-Martó: When they walk in the door. I call this an invisible backpack that everybody that we work with has an invisible backpack that they wear

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01:09:58.290 --> 01:10:13.440

Sonia Rodrigues-Martó: With everything that they've experienced and recognizing that they're coming in, they're coming to us with that backpack and our job is to really help them unload that backpack and feel like they're not alone, and that they have the support that they need.

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01:10:15.270 --> 01:10:32.820

Sonia Rodrigues-Martó: The last part of being a trauma informed care agency or system is to be able to really think about self care of the people working within the system and recognizing that we're all impacted by vicarious trauma that we all take in

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01:10:34.320 --> 01:10:42.360

Sonia Rodrigues-Martó: We all take in this information from the people that we work with, and it weighs on us. And so, recognizing that we need to

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01:10:43.440 --> 01:10:46.950

Sonia Rodrigues-Martó: Take care of ourselves so that we can continue to take care of others.

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01:10:52.860 --> 01:11:12.180

Sonia Rodrigues-Martó: So what's a trauma informed culturally system culturally safe system look like. Again, I'm going to talk a lot about safety, the importance of safety. This is a key component of a trauma informed system or being trauma informed is really to encourage this idea of safety and predictability.

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01:11:17.850 --> 01:11:26.100

Sonia Rodrigues-Martó: So signs signs that we're not a culturally safe environment is that, you know, the individuals that we work with feel

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01:11:27.240 --> 01:11:36.030

Sonia Rodrigues-Martó: Like they don't have services available to them they denied it. They have a problem that there is a problem because they don't want the services they don't comply with

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01:11:36.840 --> 01:11:50.010

Sonia Rodrigues-Martó: The recommendations. They have unexplained anger. They don't feel worthy, they don't feel like they're being supported and they'll often complain about a lack of cultural appropriateness in their interventions.

392

01:11:51.030 --> 01:12:16.470

Sonia Rodrigues-Martó: And so we really want to look at how do we create this idea of cultural safety, we want to look at our protocols of where we work in making sure that we're providing informed consent that we are engaging in community as a company meant that we are

really providing this sense of community.

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01:12:17.700 --> 01:12:29.340

Sonia Rodrigues-Martó: For our clients are the individuals that we work with that we really are partnering with other agencies whenever applicable to really look at how do we problem solve collaboratively.

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01:12:29.760 --> 01:12:40.740

Sonia Rodrigues-Martó: We want to look at our process. How do we ensure equity and dignity for all the individuals that we work with. Listening is really important here. So how do we

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01:12:41.640 --> 01:12:52.500

Sonia Rodrigues-Martó: Focus on listening to what the client's needs are and to how they present with that to us. And now we want to have a positive purpose, we want to really be

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01:12:53.310 --> 01:13:00.780

Sonia Rodrigues-Martó: Strengths based I've talked a lot about being strengths based building on their strengths and that's a big part of the resiliency work too is

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01:13:01.200 --> 01:13:09.600

Sonia Rodrigues-Martó: Really focusing on the strengths and how they've gotten through rather than on the problems. And so it's

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01:13:10.140 --> 01:13:21.060

Sonia Rodrigues-Martó: It's very easy to focus on the problems that they're having. And a lot of times clients will come to us focused on the problem. So this is happening to me and I don't know what to do. And I have this going on.

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01:13:21.450 --> 01:13:30.540

Sonia Rodrigues-Martó: And sometimes it's really important to shift the perspective to what's the strength. How have you made it this far, how have you dealt with this in the past.

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01:13:30.810 --> 01:13:41.280

Sonia Rodrigues-Martó: What was helpful for you. And so really spending some time on that approach as is a trauma informed approach to working with individuals and families.

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01:13:46.410 --> 01:14:00.090

Sonia Rodrigues-Martó: So we want to look at setting up a safe a culturally safe space. So again, we've talked about when we're when we're not providing a culturally safe space we're providing

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01:14:01.440 --> 01:14:10.230

Sonia Rodrigues-Martó: Her clients and individuals that we work with, with this lack of predictability loss of control, lack of perceived safety.

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01:14:10.530 --> 01:14:19.560

Sonia Rodrigues-Martó: And this negative world view of themselves for others. And so this is this is what they come to us with and we want to make sure that our role is to create an environment

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01:14:19.920 --> 01:14:24.870

Sonia Rodrigues-Martó: And a healthcare setting or a school setting or whatever solid setting it is that you work in

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01:14:25.290 --> 01:14:39.450

Sonia Rodrigues-Martó: That we want to give them a sense of all of the contrast to these potential negative cognition. So again, thought you take anything from today is really just creating a sense of culturally safe environment for the people that you work with.

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01:14:43.770 --> 01:14:57.960

Sonia Rodrigues-Martó: So some of the takeaways for today is that a failure to acknowledge a client's cultural factors increases the risks of errors in our clinical decisions as well as our case formulation. So we really need to look at

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01:14:59.040 --> 01:15:08.790

Sonia Rodrigues-Martó: All of the cultural considerations that we talked about and using cultural formulations for guidance when working with clients from different cultures.

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01:15:09.420 --> 01:15:22.140

Sonia Rodrigues-Martó: We want to familiarize yourself with culture bounced syndromes and how that impacts the way clients see their illnesses or their symptoms, what have they been told about this, how do we

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01:15:22.800 --> 01:15:30.690

Sonia Rodrigues-Martó: How do we frame things in a way that moves away from a problem focused approach to a strengths based approach.

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01:15:31.320 --> 01:15:41.790

Sonia Rodrigues-Martó: We want to acknowledge early on, what are some of the potential barriers to treatment. Again, huge barriers to treatment for many of the Latinos are often

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01:15:42.480 --> 01:16:00.810

Sonia Rodrigues-Martó: Lack of transportation lack of insurance fear of being found out that they're not here legally. So oftentimes they really just isolate themselves and they don't seek out support. And so we really want to acknowledge this early on.

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01:16:02.040 --> 01:16:09.270

Sonia Rodrigues-Martó: We want to be aware that clients from various cultural, racial backgrounds have very different perceptions about things such as eye contact.

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01:16:09.720 --> 01:16:16.140

Sonia Rodrigues-Martó: Body language open ended questioning, all of these things that can impact their rapport building

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01:16:16.590 --> 01:16:33.120

Sonia Rodrigues-Martó: So really thinking about all the things that caught you and I talked about with regards to some of the cultural beliefs and how this might play into the work that you do and how they can establish rapport with you and recognize that you're safe person for them.

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01:16:35.010 --> 01:16:51.870

Sonia Rodrigues-Martó: It's also really important to be mindful of the impact of vicarious trauma, I talked about that briefly and setting aside time to take care of ourselves so that we can truly be present for our clients, regardless of whether you're in a clinical setting or not anytime that you work with.

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01:16:53.250 --> 01:16:58.650

Sonia Rodrigues-Martó: Have in your work in healthcare and social service agency we often

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01:16:59.430 --> 01:17:11.010

Sonia Rodrigues-Martó: Feel like it's it's more important sometimes to take care of others and we forget about the importance of taking care of ourselves. So I think it's truly important to recognize how we can take care of ourselves.

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01:17:11.550 --> 01:17:24.090

Sonia Rodrigues-Martó: And recognize how the information that we're receiving impacts us. I can tell you that I've heard some pretty horrific stories about some of these migration experiences.

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01:17:24.690 --> 01:17:34.410

Sonia Rodrigues-Martó: And regardless of how long I've been doing this for it still impacts me and that I have to really work at not taking that home with me.

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01:17:34.830 --> 01:17:49.410

Sonia Rodrigues-Martó: We're not letting it consume me. And so that's a huge challenge, but really just being mindful of the impact that the work that you're doing has on you and what you need to do to take care of yourself is critical.

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01:17:53.670 --> 01:18:01.380

Sonia Rodrigues-Martó: I'm a huge advocate for books and utilizing books and resources with my clients are sharing some of the

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01:18:01.890 --> 01:18:16.680

Sonia Rodrigues-Martó: Tools that I find. And so these are just a handful of some of the books that have been very helpful in my work with Latino families and Latino youth. So just to give you that as a resource.

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01:18:22.860 --> 01:18:33.630

Sonia Rodrigues-Martó: And so I want, I want to leave you with this quote because I think it's it's critical, particularly with this population. So we don't heal in isolation, but in community.

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01:18:34.710 --> 01:18:42.570

Sonia Rodrigues-Martó: And one of the things I've really found in my work with Latinos, is that there's so much fear when they get here.

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01:18:43.650 --> 01:18:56.250

Sonia Rodrigues-Martó: And just so much that they're experiencing when they get to this new country that they often isolate themselves and they don't necessarily always know that the those around them are experiencing the same thing.

426

01:18:57.120 --> 01:19:10.020

Sonia Rodrigues-Martó: And there's so much power to validating their experiences and their feelings and their symptoms and in really just encouraging them to seek out support because they're not the only ones feeling that way.

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01:19:10.410 --> 01:19:18.510

Sonia Rodrigues-Martó: And that what they're feeling is very much a part of their experiences and in some ways similar to what others.

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01:19:18.960 --> 01:19:31.380

Sonia Rodrigues-Martó: Are experiencing as well. And so I think there's some tremendous power to having them connect with someone who can really validate their experiences. And I think we're going to open it up for some questions.

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01:19:33.690 --> 01:19:44.850

Ann Murphy: Thank you, Cathy and Sonia. Thank you so much for your presentation. I did just see in the Q AMP a there's a question about access to the PowerPoint. So we will be providing you with

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01:19:46.440 --> 01:19:55.170

Ann Murphy: The PowerPoints, as well as a recording a link to the recording of this webinar, so you can you can look back at the books that Sonia just recommended and

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01:19:55.740 --> 01:20:11.580

Ann Murphy: And the other slides and share them with your colleagues, I do see a question in the chat box, which I will pose if other people have questions, now is the time. So please feel free to go ahead and put them either in the Q AMP. A or

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01:20:12.720 --> 01:20:27.450

Ann Murphy: Or in the in the chat. But the question that's there is what books would you recommend for young children books that promote positive self identity and pride in their culture. As they deal with the stresses of being bicultural and acculturation

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01:20:28.740 --> 01:20:44.970

Sonia Rodrigues-Martó: Great question, the place therapy book that I have posted. I'm could certainly address some of that because with younger children. A lot of what they do is through play. And so they can express themselves, either through play through our

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01:20:46.170 --> 01:20:56.700

Sonia Rodrigues-Martó: So they can eat. They can certainly express some of the feelings are having about being bicultural through play. So I have found that that book has been very helpful.

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01:20:58.590 --> 01:20:59.100

Thank you.

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01:21:01.650 --> 01:21:04.230

Ann Murphy: Anybody else have any questions at this time.

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01:21:08.910 --> 01:21:15.090

Ann Murphy: So another question about resources resources for direct care staff of youth and adults.

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01:21:16.650 --> 01:21:25.860

Ann Murphy: Do you all have any particular resources that you like that you want to share if you don't have them off the top of your head, but have some. We can also try and make those available on our website.

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01:21:29.460 --> 01:21:31.770

Sonia Rodrigues-Martó: Sure. I'm going to just jump in here.

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01:21:32.850 --> 01:21:43.650

Sonia Rodrigues-Martó: You know, I think definitely trainings that direct care staff can go to about the impact of vicarious trauma.

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01:21:44.520 --> 01:22:01.470

Sonia Rodrigues-Martó: Also, just what they bring to the table, through their work, how they're impacted in their work with clients. So sometimes looking for some of those trainings. I'm not sure what state you're from. I do know that Rutgers has a number of trainings accessible.

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01:22:03.150 --> 01:22:17.940

Sonia Rodrigues-Martó: As well as the for New York. Okay. And I would also say that, making sure that staff have access to their employee assistance programs. Sometimes that can be helpful for support for them.

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01:22:19.380 --> 01:22:21.030

Sonia Rodrigues-Martó: That could be another resource.

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01:22:22.710 --> 01:22:41.040

Ann Murphy: Great, thank you. We have a couple more questions in the Q AMP. A when you mentioned talk therapy. I think this is to you, Sonia when you mentioned talk therapy, not always being the best option. What are some other ways that a Latin next individual with complex trauma could be supported.

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01:22:41.610 --> 01:22:45.270

Sonia Rodrigues-Martó: Great question. I'm a huge proponent obviously of

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01:22:46.320 --> 01:22:48.090

Sonia Rodrigues-Martó: journaling and

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01:22:49.230 --> 01:22:57.750

Sonia Rodrigues-Martó: Writing a narrative a trauma narrative, so that a lot of that work comes out of the T T FC BT trauma focused CVT work and

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01:22:58.230 --> 01:23:14.040

Sonia Rodrigues-Martó: They can certainly write a trauma narrative. A lot of the trauma work and come from work and also through play. I've done a lot of tree. I've had some training and sand play and adults, you know, can even

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01:23:15.060 --> 01:23:20.970

Sonia Rodrigues-Martó: Work through their trauma through sand tray so that can also be another alternative

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01:23:22.470 --> 01:23:32.250

Ann Murphy: I think the second question here that I think is related.

So, so lots of children who may have experienced or may be experiencing trauma or complex trauma.

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01:23:32.610 --> 01:23:45.180

Ann Murphy: But aren't necessarily demonstrating you know symptoms, you know, which I'm I'm putting in quotes, you can't see me. But, you know, do you still recommend moving forward with trauma informed therapy.

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01:23:47.220 --> 01:23:57.060

Sonia Rodrigues-Martó: You know, a lot of times they don't have the words to express the trauma or they don't necessarily recognize that, you know, I've done some work in inner cities where, you know,

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01:23:57.510 --> 01:24:05.610

Sonia Rodrigues-Martó: experiencing violence is a daily thing for them so they don't necessarily recognize that as being traumatic because it's what they're used to.

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01:24:06.180 --> 01:24:10.500

Sonia Rodrigues-Martó: I think the best thing to do is to be able to just provide supportive

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01:24:11.190 --> 01:24:21.780

Sonia Rodrigues-Martó: Environments, and resources for them. A lot of times, this is in the family, work. So not necessarily in this specific work with children. But how do you support parents

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01:24:22.080 --> 01:24:29.190

Sonia Rodrigues-Martó: How do you teach parents to be supportive and to have these discussions with their kids about trauma.

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01:24:29.940 --> 01:24:41.100

Sonia Rodrigues-Martó: And how they can self regulate because any child that has experienced trauma at some point or another, is going to have difficulty with emotional regulation.

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01:24:41.460 --> 01:24:51.720

Sonia Rodrigues-Martó: And so, teaching them about the coping skills is always a proactive approach, regardless of whether or not they're demonstrating some of the negative symptoms.

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01:24:52.890 --> 01:24:54.000

Sonia Rodrigues-Martó: Yeah, just the answers it.

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01:24:54.630 --> 01:25:05.250

Ann Murphy: Yeah. As a follow up to that I'm feeling. I've had similar experience that you're describing, you know, where people who have are in highly traumatizing environments.

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01:25:06.210 --> 01:25:17.280

Ann Murphy: You know, it's like a fish in water, right, they don't they don't. That's all they know. So do you see a benefit of helping those individuals name the trauma.

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01:25:18.570 --> 01:25:27.450

Ann Murphy: Kind of, I can acknowledge recognize or kind of educate them about those being traumatic events and the potential impact of that.

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01:25:28.620 --> 01:25:39.960

Sonia Rodrigues-Martó: I've only seen the benefit to that because a lot of times they don't recognize it, but they're they're almost always feeling something and they don't know how to describe it. And so for young children.

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01:25:40.470 --> 01:25:45.990

Sonia Rodrigues-Martó: They have these feelings and they don't know how to describe it. But sometimes when you can normalize things

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01:25:46.380 --> 01:25:58.380

Sonia Rodrigues-Martó: And you can just educate them about how sometimes people feel certain ways when they've experienced certain things. I think there's tremendous benefit to just providing that education to them.

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01:25:58.650 --> 01:26:08.010

Ann Murphy: Mm hmm. Yeah. And I was sort of thinking about that in terms of the, the question, too, about not demonstrating symptoms. Yeah, that I think sometimes

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01:26:09.150 --> 01:26:14.430

Ann Murphy: It comes out in various ways, right. So while it might not

be a diagnosable

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01:26:15.450 --> 01:26:20.040

Ann Murphy: You know, mental health condition or explicit mental health symptoms, you know,

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01:26:20.640 --> 01:26:35.400

Ann Murphy: It's, it's still impacting them, they may not be able to name it to articulate it or see it in that way. But as you mentioned, you know, it's coming out, whether it's through emotion dysregulation or, you know, challenge in in coping so

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01:26:36.480 --> 01:26:44.430

Sonia Rodrigues-Martó: Absolutely and that's the difference between externalising symptoms versus internalizing some sometimes so

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01:26:44.970 --> 01:26:54.510

Sonia Rodrigues-Martó: We see the externalising symptoms which are the acting out behavior. So you know that emotional dysregulation, but when when someone is struggling

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01:26:54.990 --> 01:27:02.400

Sonia Rodrigues-Martó: Internally with these internalizing symptoms. We don't see that you know that might be someone who's struggling

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01:27:02.790 --> 01:27:18.990

Sonia Rodrigues-Martó: On their own, and we don't necessarily get to see that. So it's really important to really have these conversations about trauma and about how we should respond to challenging emotions and teach coping skills early on.

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01:27:20.490 --> 01:27:20.970

Thank you.

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01:27:22.800 --> 01:27:33.600

Ann Murphy: Well, that is all the questions that I have seen so far I'll pose, just for a moment, in case in case there's anything else that people want to raise I did see a comment that

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01:27:34.710 --> 01:27:40.230

Ann Murphy: That the information was really great. There's just so

much of it that they're sort of processing and taking it in so

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01:27:40.590 --> 01:27:59.190

Ann Murphy: I think that's probably also part of what's going on for the participants just trying to take in all the really important information. So with that, I will say thank you again to our presenters. Thank you. Sonia and coffee and thank you to all of the participants who have joined us today.

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01:28:00.390 --> 01:28:15.630

Ann Murphy: I'll mention one more time that the slides and the recording of this will be posted on our website you'll receive a link in your email to those. And I do encourage you, if you are willing to just complete

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01:28:15.720 --> 01:28:31.950

Ann Murphy: Our, our very brief survey so that we can get a little input from you. So thank you again and I hope you all have a good rest of the day. And that you're able to stay safe and take some good good care of yourself. Thank you again.