

Cultural Considerations for Addressing Mental Health Issues and Racial Discrimination in Latino and Hispanic Children and Youth

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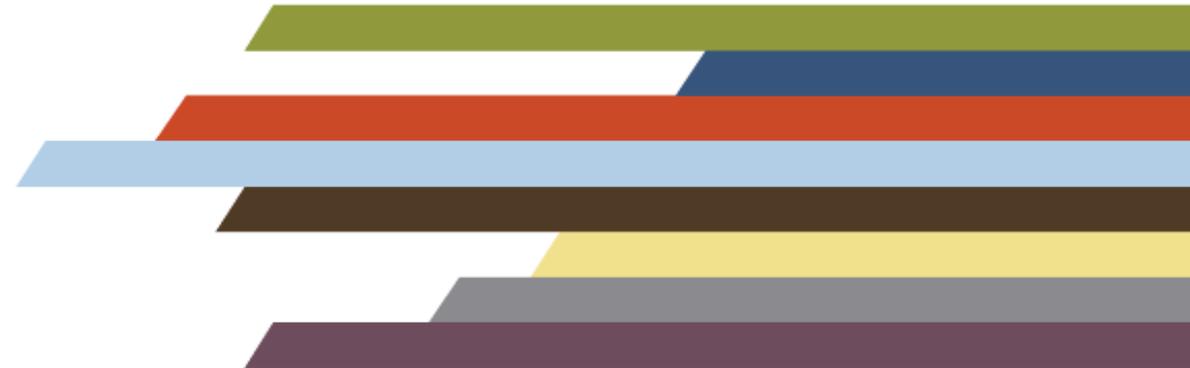


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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Authors Disclose Conflicts of Interest

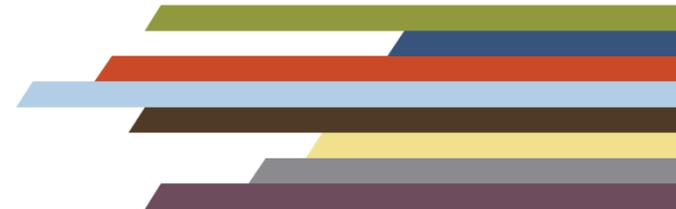
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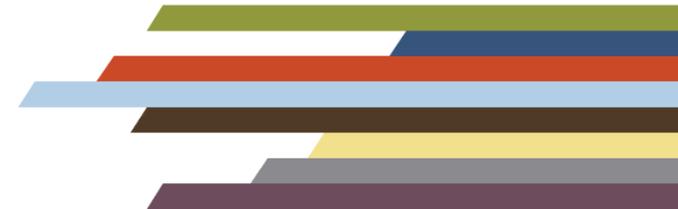
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What is your role at your organization?

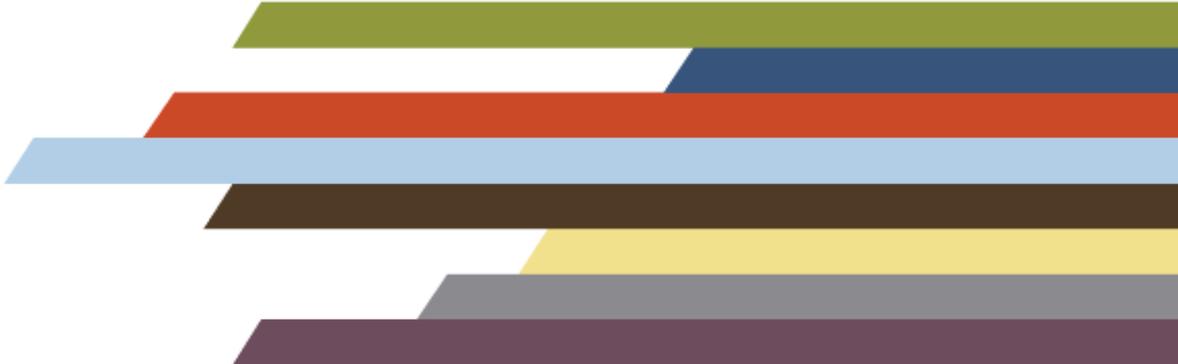


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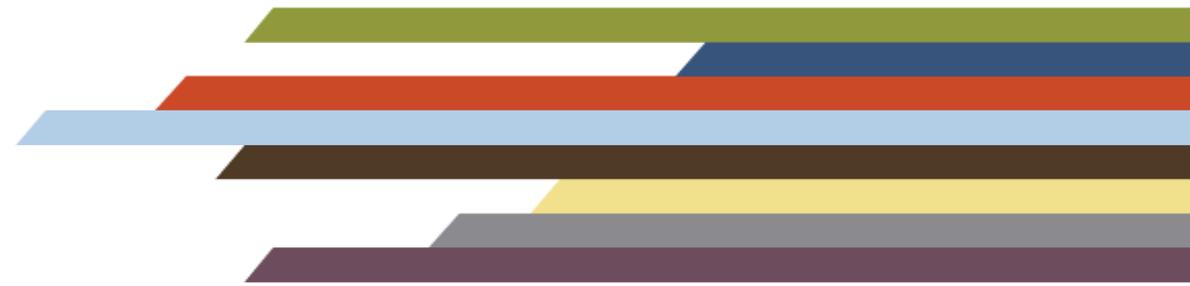
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Learning Objectives

Objectives:

- Identify trends in mental health disorders including suicidal thoughts and behaviors
- Discuss culture-specific risk and protective factors associated with mental health
- Discuss cultural elements that inform mental health assessment and treatment for Latino/Hispanic youth

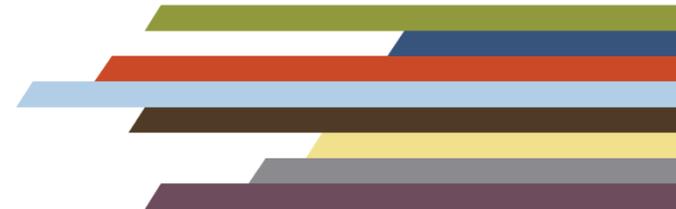




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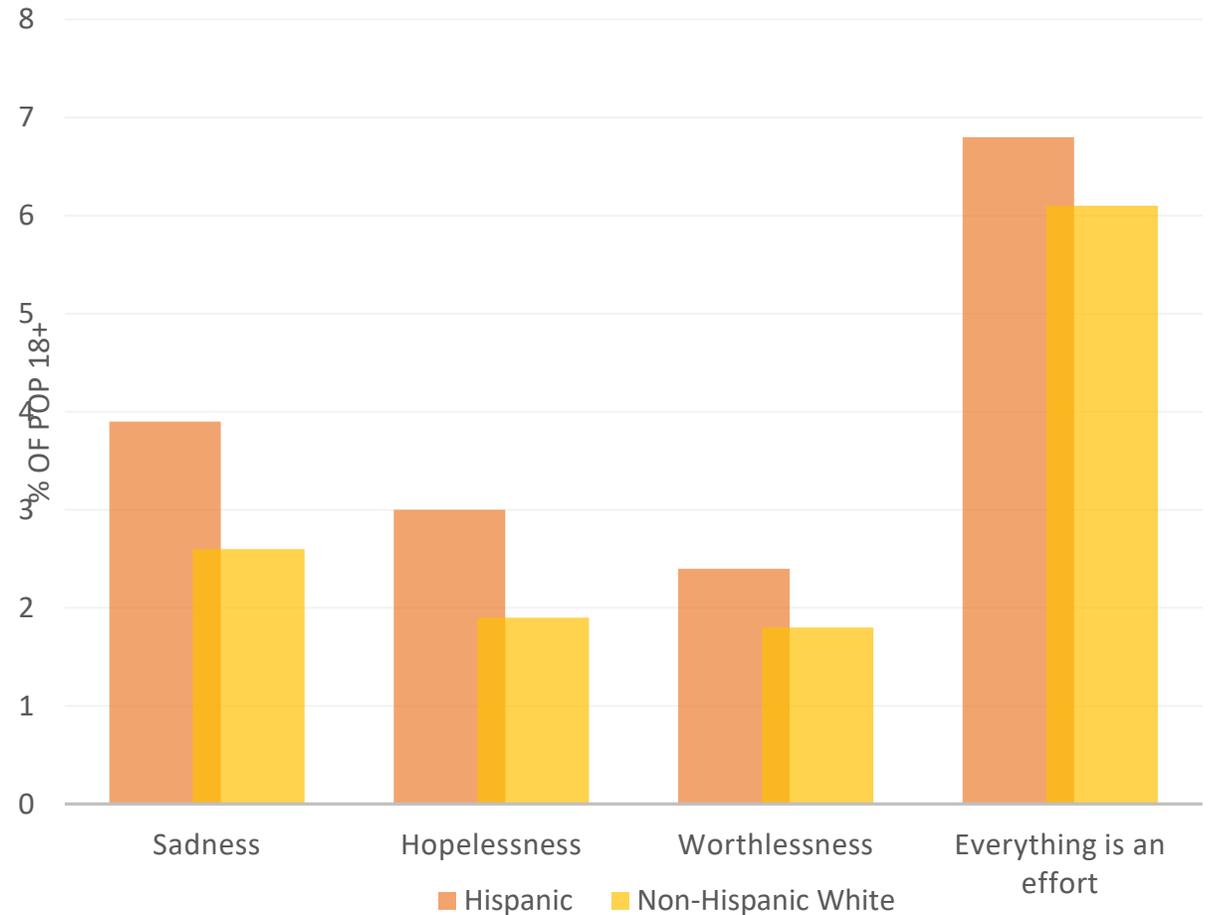
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Latinos and Mental Health

- 36 % of Latinos with depression received care vs. 60% of whites
- 50% of Latinos return for 2nd visit with MH, 70% of non-Latino whites do



Disparities in Latino Children and Adolescents

- About 33.7% Latino students experience persistent feelings of sadness or hopelessness.
- Are more likely to have initiated alcohol use or cigarette use in the past year.
- Are half as likely as white children to use stimulants to treat disorders such as attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD).

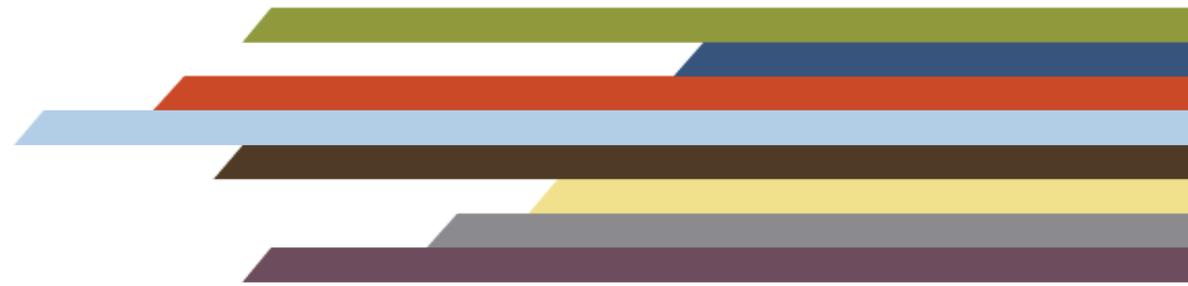
(Centers for Disease Control and Prevention, 2018)



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Research on Latinos and experiences with Mental Illness

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



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Beliefs and Stigmas of Latinos and experiences with Mental Illness

- Some Hispanic and Latino cultural groups believe in spiritual causality of emotional and psychological suffering (“why is God punishing me?”)
- Their troubles may be attributed to moral conflicts, guilt and shame over poor judgement, punishment from God for one’s ancestors’ indiscretions, or simply fatalism.
- These beliefs make it more likely that Hispanic and Latino people may seek spiritual or other healers as a first step in seeking help for their symptoms.
- They are more likely to seek help from someone that they know first such as a trusted family member, grandparents, a close relative, godparent, or a trusted priest from the local parish.
- When Latino reach out to a professional, they are most likely to do so from someone they know and respect, such as a schoolteacher or long-time family doctor.



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Mental Health Needs of Latino and Latino Youth

- While Latino communities show similar susceptibility to mental illness as the general population, unfortunately, they experience disparities in access to treatment and in the quality of treatment they receive.
- This inequality puts them at a higher risk for more severe and persistent forms of mental health conditions.

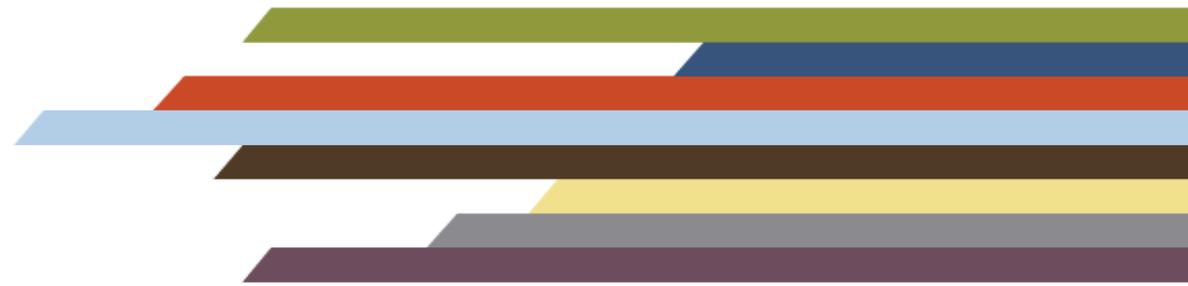
Source: NAMI, 2019



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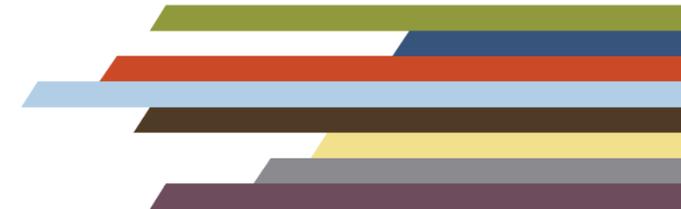
The Latino mental Health crisis is real



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Common mental health disorders among Latinos

- Depressive disorders
- Generalized anxiety disorder
- Posttraumatic stress disorder
- Substance use disorders

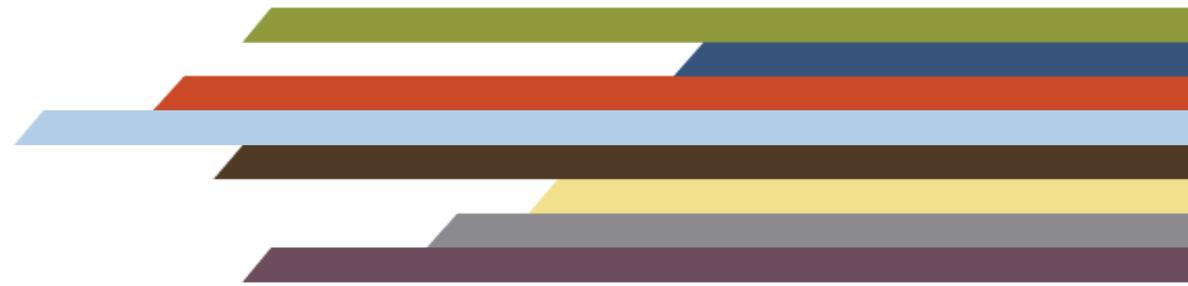
Source: NAMI, 2019



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Depression

- Unusual sadness or irritability, persisting even when circumstances change
- Loss of interest in activities they once enjoyed; reduced feelings of anticipation
- Changes in weight
- Shifts in sleep patterns
- Sluggishness
- Harsh self-assessment (“I’m ugly. I’m no good. I’ll never make friends.”)
- Feelings of worthlessness, hopelessness
- Thoughts of or attempts at suicide

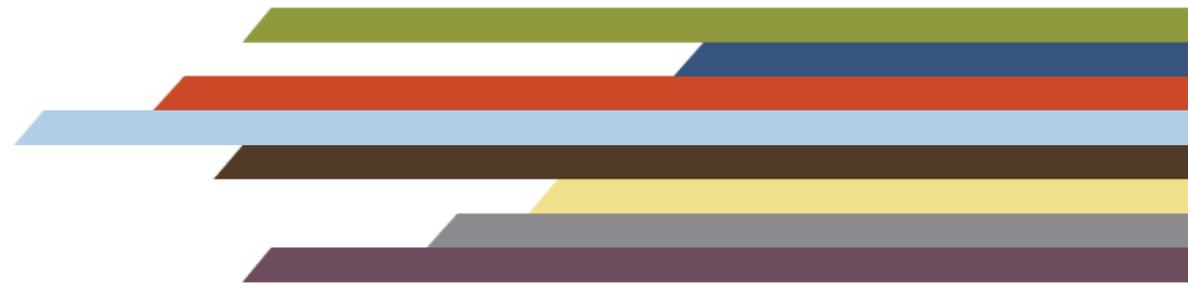
(Child Mind Institute, 2020)



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Anxiety

- Trouble sleeping
- Complaints about stomachaches or other physical problems
- Avoidance of situations
- Exhibiting clingy behavior around parents or caregivers
- Trouble focusing in class or being very fidgety
- Disruptive behavior and explosive outbursts
- Overly self-conscious behavior

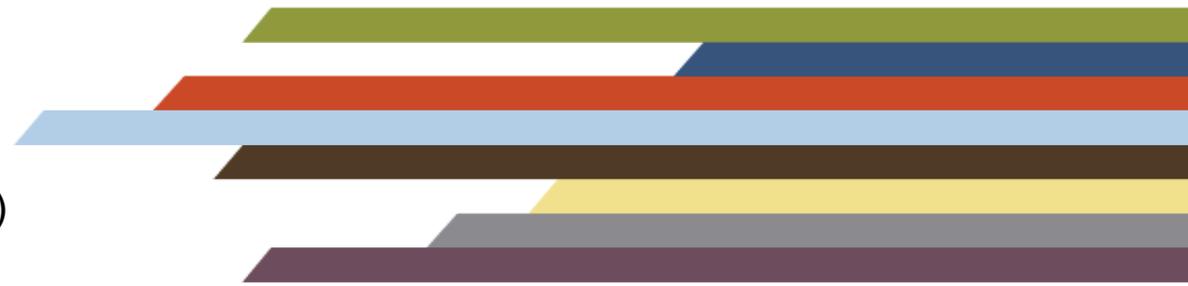


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(Child Mind Institute, 2020)



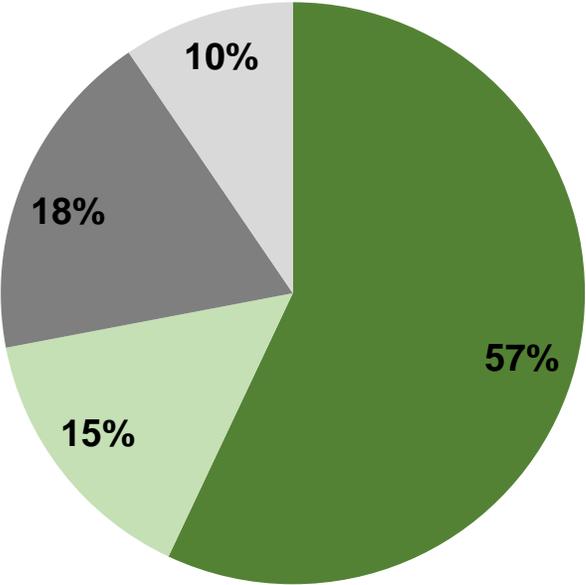
Latino Teen Suicide Rates

- 1 out of 10 Latinas attempted suicide in the past year
- 2 out of 10 made a suicide plan
- Half said they felt hopeless
- Suicide is the 2nd cause of death for Latinos, 15 -34

Warning Signs of Suicide

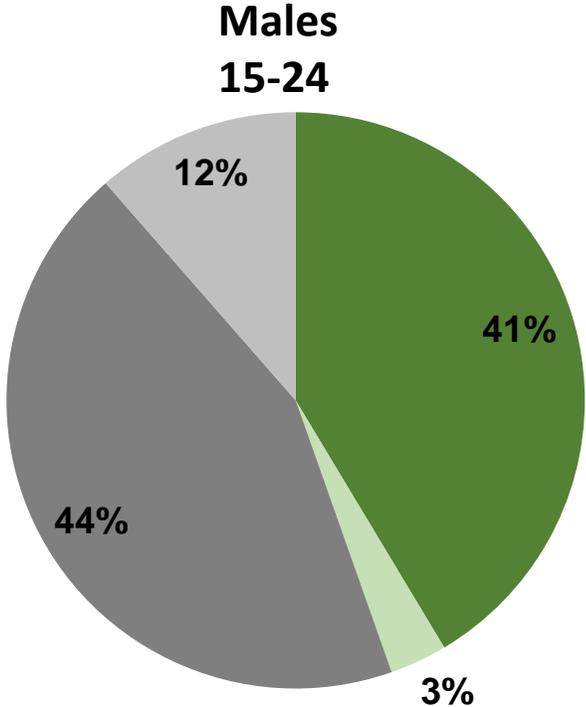
- Isolation from friends and family
- Problems eating or sleeping
- Mood swings
- Reckless behavior
- Dropping grades
- Increased use of alcohol or drugs
- Giving away belongings
- Talking about feeling hopeless or trapped
- Talking about being a burden to others or not belonging
- Talking about suicide or wanting to die
- Writing or drawing about suicide, or acting it out in play

Suicide Trends in Latino by Age Group



**Females
15-24**

- Suffocation
- Poisoning
- Firearms
- Other



**Males
15-24**

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SUICIDE

PREVENTION

LIFELINE

TM

1-800-273-TALK (8255)

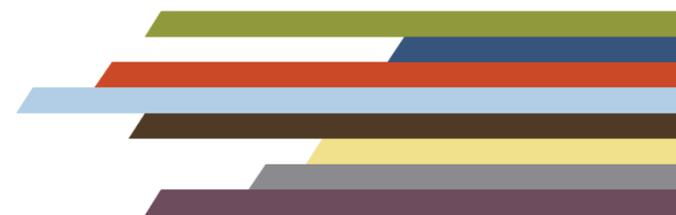
suicidepreventionlifeline.org



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Culture-Bound Syndromes

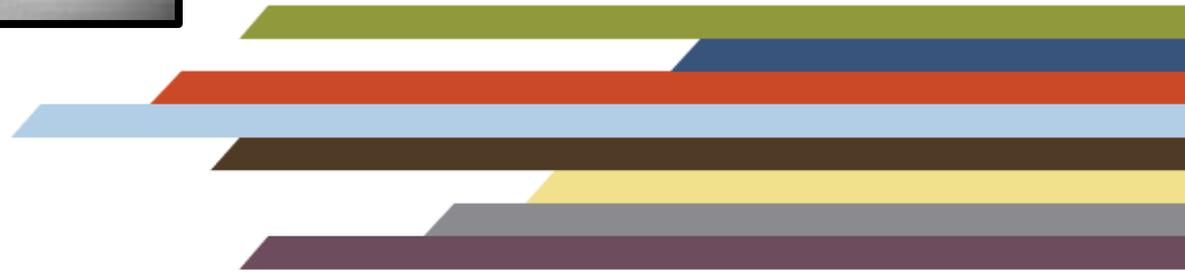
The term culture-bound syndrome involves groups of symptoms that only co-occur among individuals in specific cultural groups, communities, and contexts.



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Latino Cultural Syndrome

- ***Most common - Ataque de nervios***
 - Characterized by symptoms of intense emotional upset (including anxiety), screaming, shouting, crying, trembling, may include verbal and physical aggression.
 - Dissociative experiences, seizure-like or fainting episodes, and suicidal gestures are prominent in some *ataques* but absent in others.
 - Mostly, it occur as a direct exposure to a stressful event relating to family.

(DSM V, p. 833)



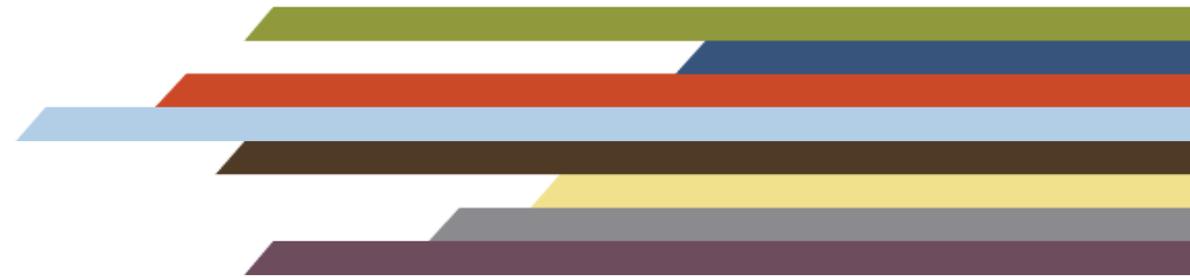
Idioms of Distress Prevalent among Latino and Latino Culture

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

For example:

- ***Nervios***

- It starts with a “persistent idea that is stuck” (“idea pegada a la mente”). The individual may find it difficult to think about other things, or they find their thoughts consistently returning to the idea.



Nervios in children/adolescents

- Headaches or “brain aches”
- Irritability
- Stomach disturbances
- Sleep difficulties
- Nervousness
- Easy tearfulness
- Inability to concentrate
- Trembling
- Tingling sensations
- Dizziness



Susto

- Attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness, as well as difficulties functioning in key social roles. This syndrome may occur with somatic symptoms.
- Prevalent among Latinos living in the US that are from Mexico, Central America and South America.
- In the Andean region it could be named as *espanto*.
- Related DSM-5 diagnoses include:
 - major depressive disorder;
 - post traumatic stress disorder;
 - other specified or unspecified trauma and stressor-related disorder; and
 - somatic symptom disorders.



Susto

- An interpersonal *susto* characterized by feelings of loss, abandonment, and not being loved by family, with accompanying symptoms of sadness, poor-self image, and suicidal ideation, seemed to be closely related to major depressive disorder.
- When *susto* resulted from a traumatic event that played a major role in shaping symptoms and in emotional processing of the experience, PTSD appeared more appropriate.
- *Susto* characterized by various recurrent somatic symptoms was thought to resemble a somatic symptoms disorder

(DSM V, p. 836)

Mal de Ojo

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

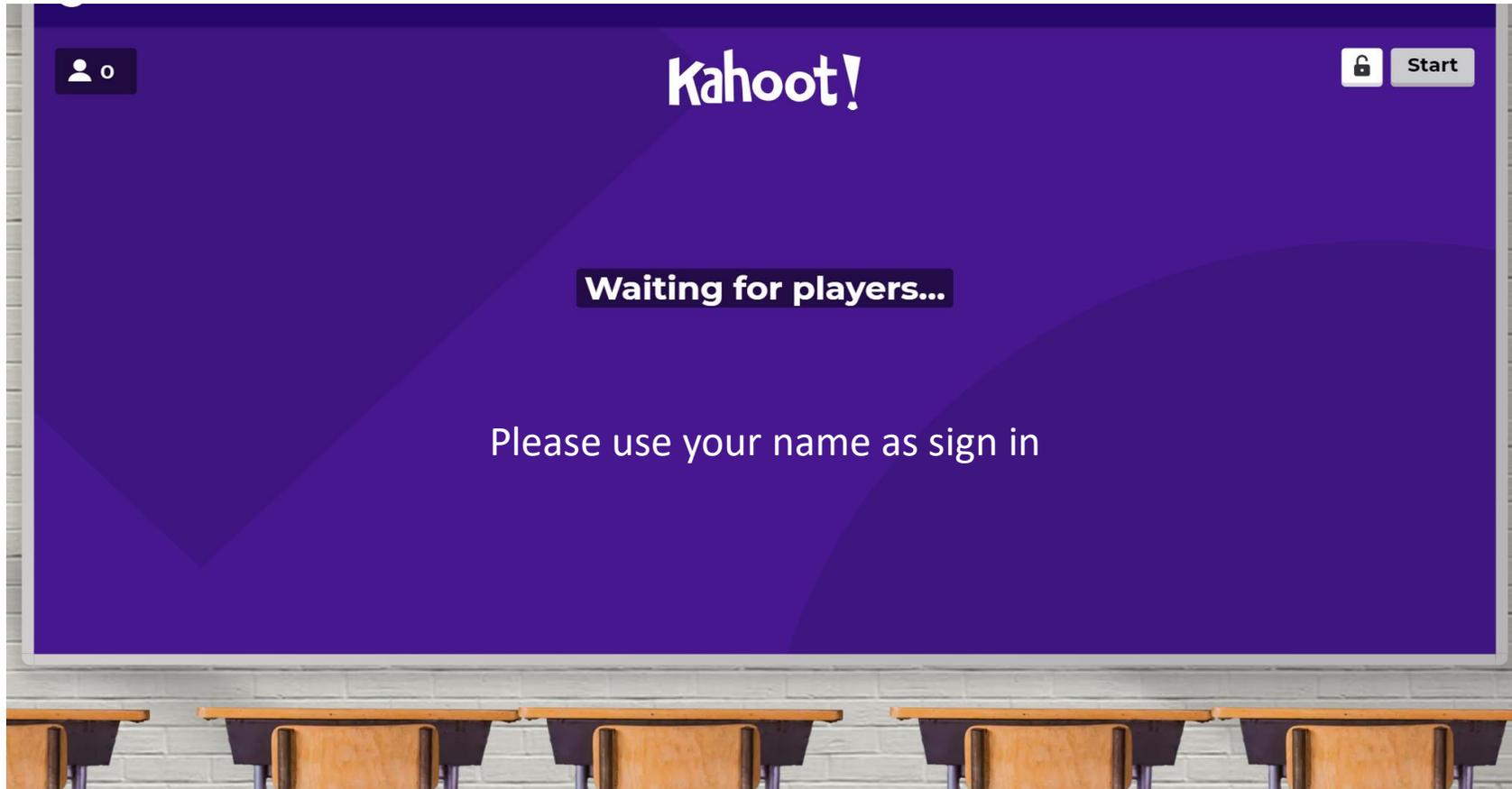


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QUIZ TIME



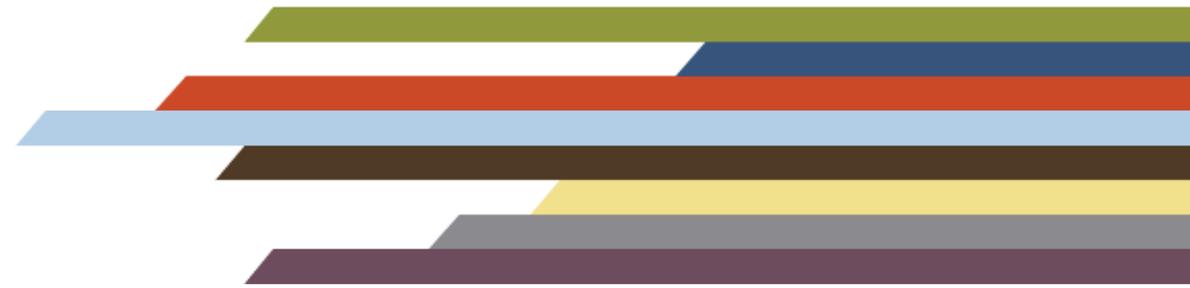
Risk and Protective Factors for Young Latinos

Risk Factors:

- Depression or anxiety
- Minimal or no sense of family connectedness
- Acculturation—the process by which individuals acquires the culture of a new society from an early age.
- Cultural dissonance or the feeling of an uncomfortable sense of discord, disharmony, confusion, or conflict experienced by people facing changes in their cultural environment.
- Migration experience

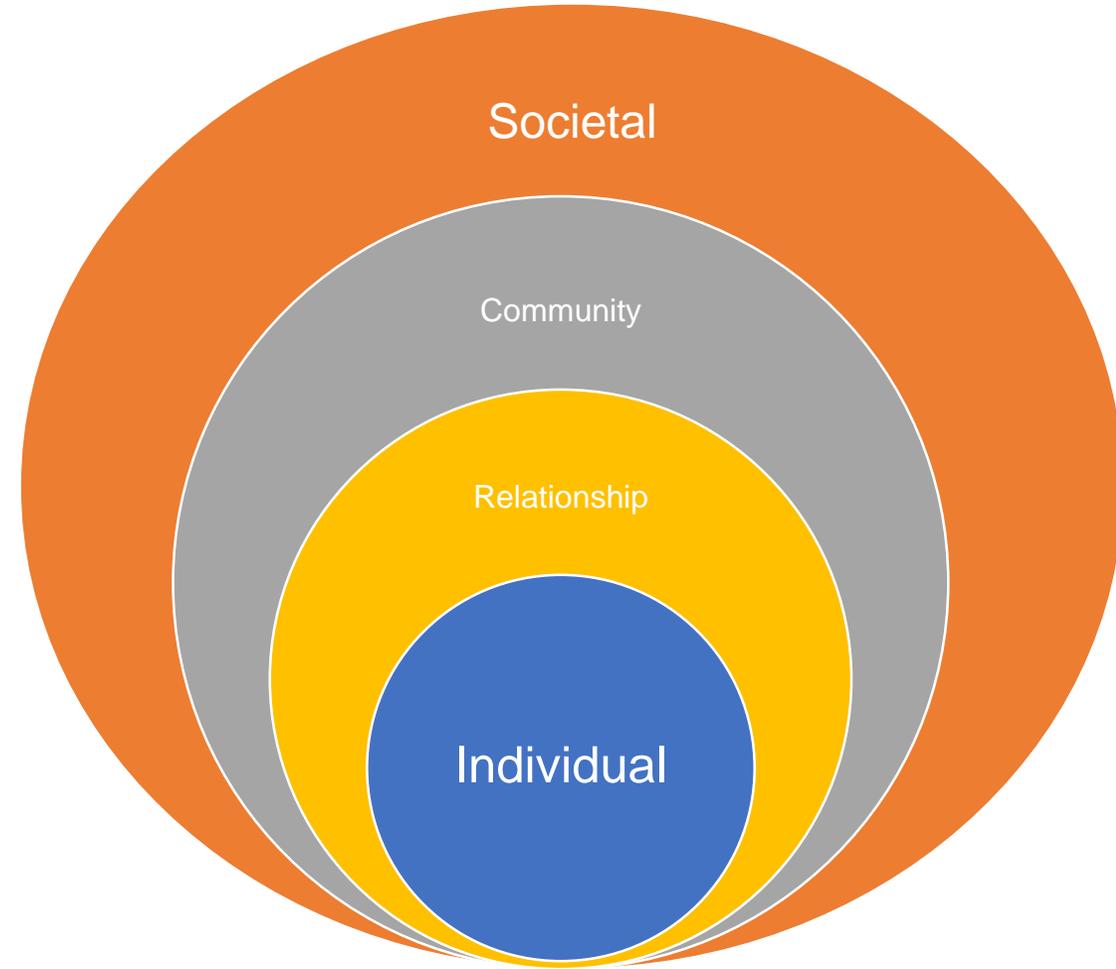
Protective Factors:

- Access to effective and culturally appropriate mental health and behavioral health care
- Family connectedness and supports
- Participating in physical activity such as participating in sports team.



Risk Factors

- Studies have shown that people that present risk factors have a chance to experience more risk factors and lower protective factors.



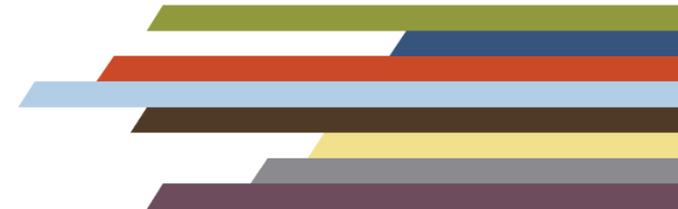
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Common Risk Factors in Latino Population?



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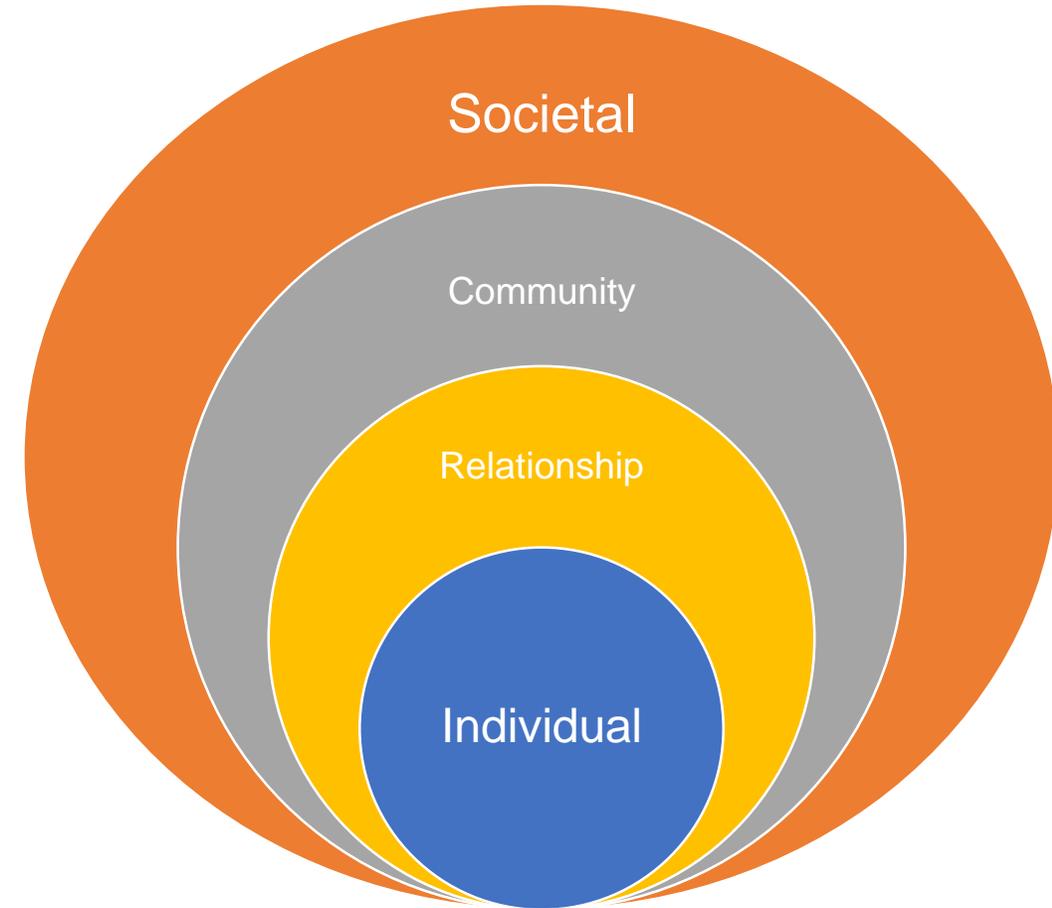
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Mental Health Risk Factors

A. Individual

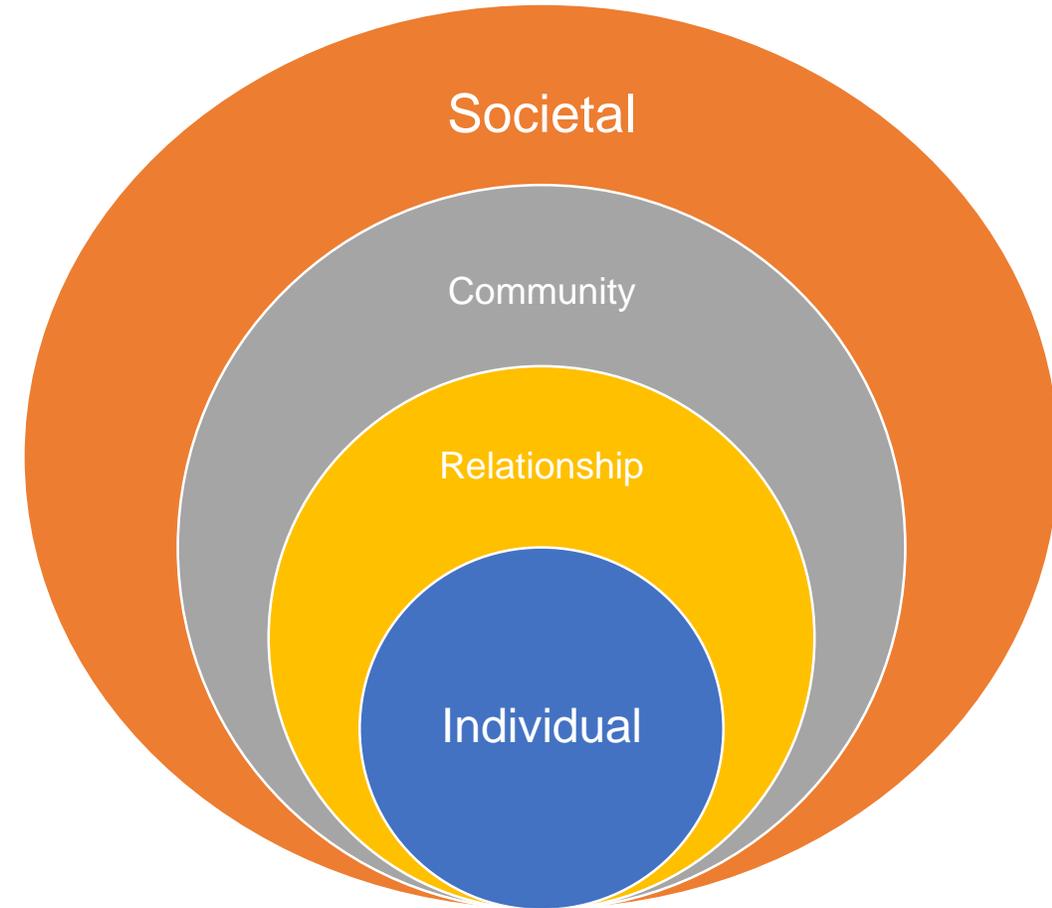
- Language barriers
- Low educational or financial status



Mental Health Risk Factors

B. Relationship

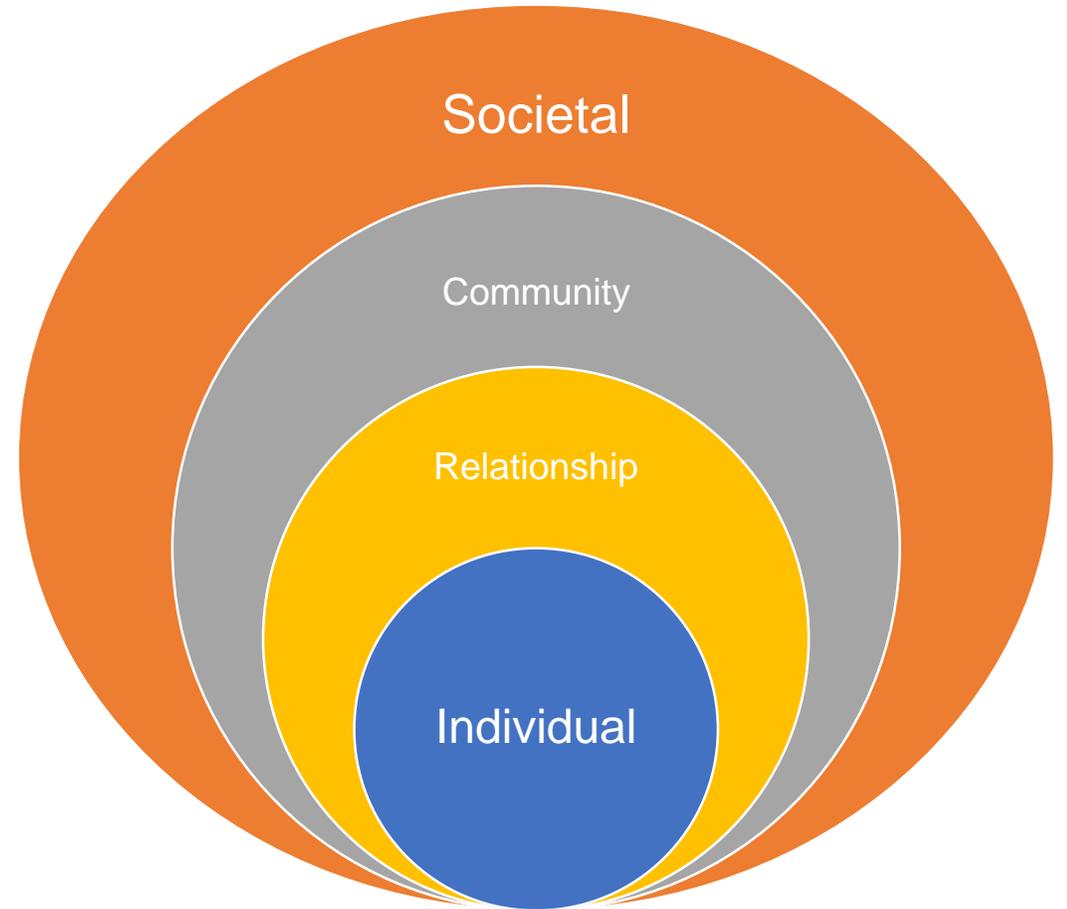
- Acculturation Stress
- Acculturation Gaps-aspects of intergenerational conflicts



Mental Health Risk Factors

C. Community

- Stereotyped Gender roles
- Disparities in service
- Other social determinants of health



Mental Health Protective Factors:

Traditional Gender Roles

- *Machismo* is the expectation that men will take the role of protector or provider for the family demonstrating strength, self-reliance, and control.
- *Marianismo* is the expectation that females will take on a Virgin Mary-Like demeanor or the role of caretaker for the family demonstrating purity, care, family privacy, and morality.

Gender Roles

- Family and spiritual *marianismo* pillars may be protective against depressive symptoms and promote academic resilience among adolescent Mexican American Latinas (Rodriguez, Castillo, & Gandara, 2013).
- Virtuous/chaste, subordinate to others, and self-silencing pillars are purported to be “negative aspects” of *marianismo*, and have been associated with depression (Perez, 2011) and poor academic outcomes among Latina adolescents.

Mental Health Risk Factors: Social Determinants of Health

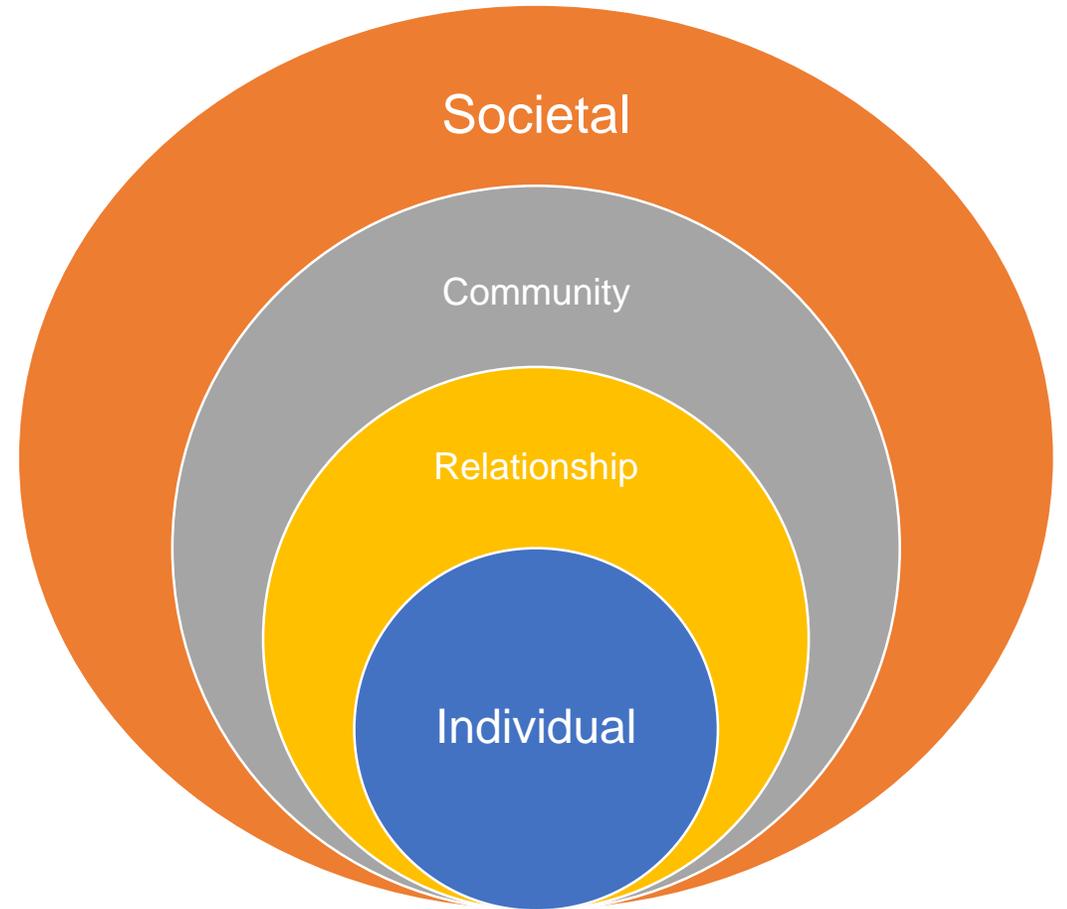
- Marginalization
 - Policies
 - Institutions
 - Daily interactions



Mental Health Risk Factors

D. Societal

- Racism



Mental Health Risk Factors: Racism

- Oppression
- Anti-immigration Laws
- Policies

✓ Racism can lead to Ethno-racial trauma in the immigrant Latino and Latino communities.

Protective Factors

Increasing of protective factors in the community will reduce mental health conditions and substance use disorders.



Protective Factors

- Protective factors reduce negative outcomes.
- Two types of protective factors:
 - Variable- income level, peer group, adverse childhood experiences and employment status.
 - Don't change-include the genetic predisposition.



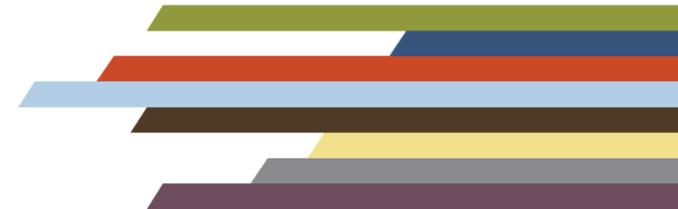
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Common Protective Factors in Latino Population?



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Mental Health Protective Factors:

Religion and Spirituality

- Connection within the community.
- Connection with other Hispanic and Latino communities.
- May inspire hope to the client/patient.
- Clinicians should:
 - Respect traditional healing approaches.
 - Recognize that *fatalism* is the value of destiny or in some cases divine intervention.

Mental Health Protective Factors:

Involve family

- Clear roles and expectations.
- Interpersonal relationships are significant during the interview process.
- Family view mental health conditions.

Role of the Family

- Some Latino families in the US will have a negative stigma towards mental health treatments.
- Latino families will often turn to community-based care before assessing a formal network.
- Family members may share medication with other family members while integrating alternative medicine.
- The cultural value of *familismo* puts the family's well-being at the forefront of care.

Mental Health Protective Factors:

Show respect

- Respect is important in all cultures.
- Latino and Latino individuals tend to expect status differences between professionals and non-professionals.
- Warm and personal interest can increase engagement in the therapeutic process.

Mental Health Protective Factors:

Get personal

- *Personalismo* towards health care providers.
- If health care providers demonstrate *simpatía*, kindness and are friendly the likelihood of compliance with treatment and recommendations will increase.

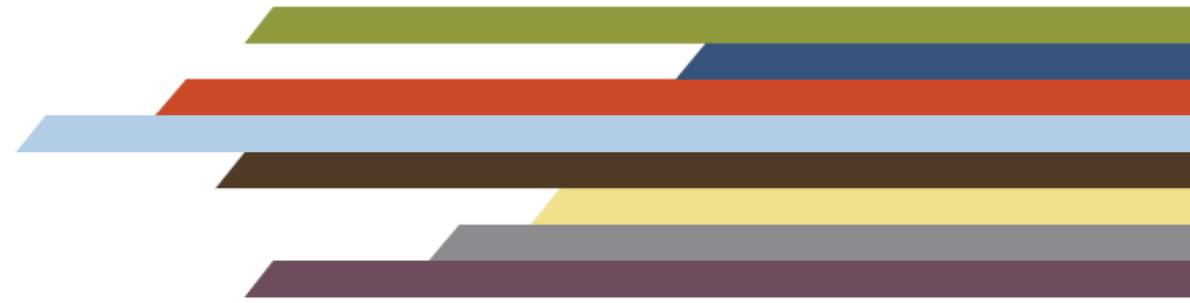
Mental Health Protective Factors:

Collectivism

- The emphasis on group activity rather than individual task
- Responsibility for achievement is a shared concept
- Sense of balance or harmony within collectivism and interdependence

Cultural Identity of the Individual

- Spanish language;
- Cultural ideal of *personalismo* (personal contact)
- *Simpatía* (social engagement, charm)
- *Familismo* (familialism or collectivism)
- *Machismo* (manliness)
- *Marianismo* (womanliness)



DSM-5 Cultural Formulation Interview (CFI)

The DSM-5 Cultural Formulation Interview (CFI) is a set of 16 questions that providers may use during an interview to assess the impact of culture on key aspects of an individual's clinical presentation and care.

(APA, 2013. p.750)



DSM-5 Cultural Formulation Interview

Emphasizes four domains of assessment:

- Cultural Definition of the Problem (Q. 1-3)
- Cultural Perceptions of Cause, Context, and Support (Q. 4-10)
- Cultural Factors Affecting Self-Coping and Past Help Seeking (Q. 11-13)
- Cultural Factors Affecting Current Help Seeking (Q. 14-16)

(APA, 2013. p.750)



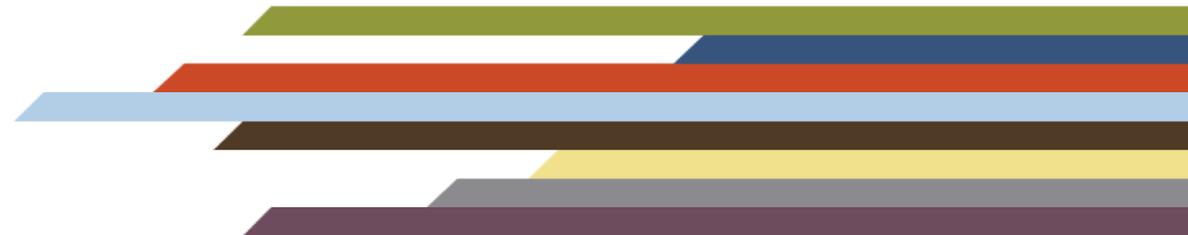
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CFI – Informant Version

- In addition to the DSM-5 Cultural Formulation Interview, the Informant Version is also provided within the DSM-5.
- The interview follows the same format that the primary Cultural Formulation Interview follows.
- Hispanic and Latino individuals frequently desire to bring family members into the assessment process.
- This interview may be ideal in these situations, so that a more complete clinical picture is obtained.



School-Age Children and Adolescents Supplementary Module of the CFI

- Provide specific questions to assess culture in youths with mental health conditions.
- Amplifies the information by asking collaterals about the children and youth culture and mental health symptoms.
- The module questions could be asked by interpreters, but providers must take into consideration:
 - children age;
 - intergenerational differences between the child and his/her network;
 - degree of the emotional symptoms; and
 - adverse childhood experiences.

(Handbook in the Cultural Formulation Interview, 2016)



School-Age Children and Adolescents Supplementary Module of the CFI

- Questions 1-7-Feelings of age appropriateness in different settings
 - Home
 - School
 - Church
- Questions 8-10 -Age-related stressors and supports
- Questions 11-14- Age-related Expectations
 - Ex. Chores at home that could seem abusive
- Questions 15-20 Transition to adulthood/maturity (Only for adolescents)
 - Ex. Cultural events like Quinceañeras



Handbook in the Cultural Formulation Interview, 2016)



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Application of the School-Age Children and Adolescents Supplementary Module of the CFI

Add Collaterals

Adapt Questions

Be Brief

Be Creative

(Handbook in the
Cultural
Formulation
Interview, 2016)



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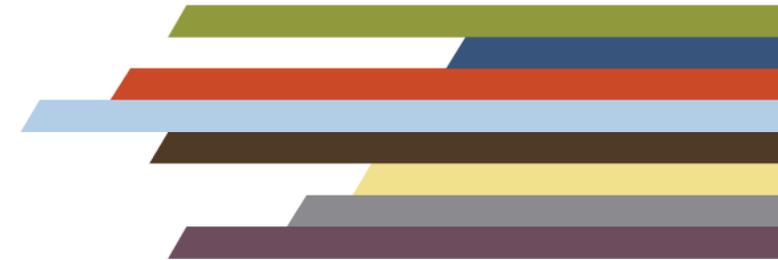
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Culture Centered Treatment

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

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

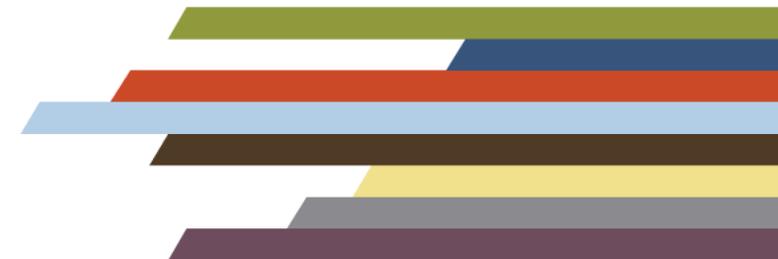


Culturally Adapted Interventions

To integrate the student's/client's understanding of the cause of the illness into goals and treatment plan, interventions must include:

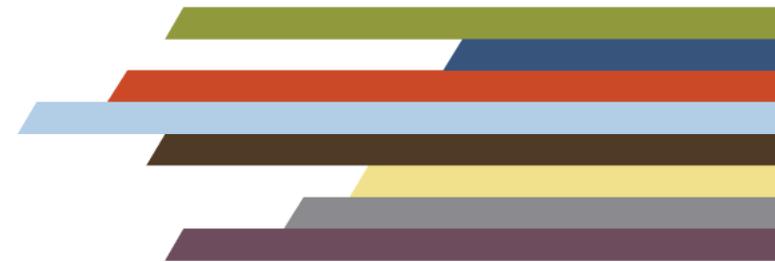
- client's concept of health,
- client's concept of distress and suffering,
- client's cultural values,
- and diagnosis and assessment of the provider.

The first known framework that was developed for this purpose is the ecological validity model (Bernal, et al., 2005)



Ecological Validity Model

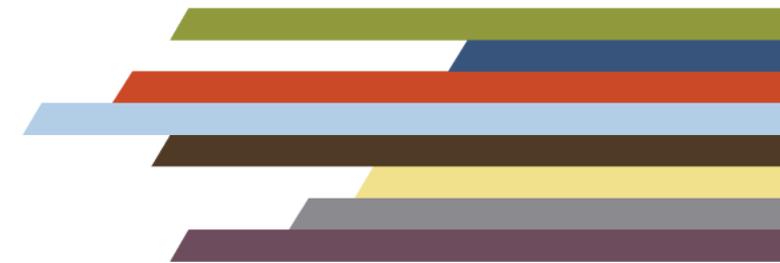
- The Ecological Validity Model was created in order to provide a holistic framework to provide treatment (Bernal, et al., 2005)
- Research shows that culturally adapted interventions have lowered rates of premature drop out (Flaskerund & Liu, 1991; Takeuchi, Sue & Yeh, 1995).



The Ecological Validity Model

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

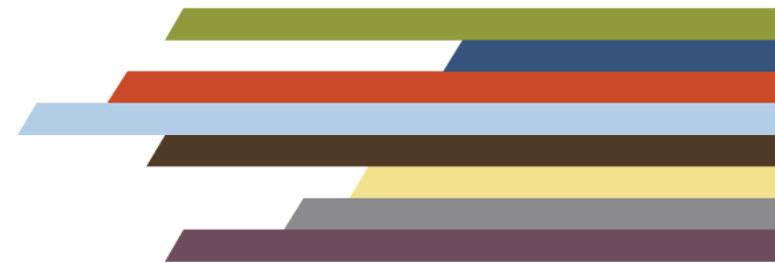
- Language
- Persons
- Metaphors
- Content
- Concepts
- Goals
- Methods
- Context



Language

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

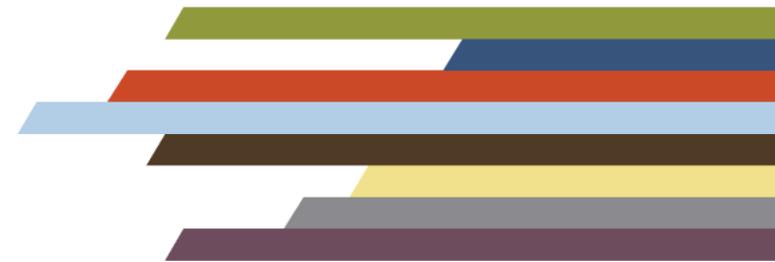
- provides the communication tool for the speaker to communicate concepts which are valued by that culture.
- Individuals are not likely to think of ideas which they cannot express within their culture.
- knowledge of the language usually implies a greater cultural knowledge.



Language

Importance to Latino Clients:

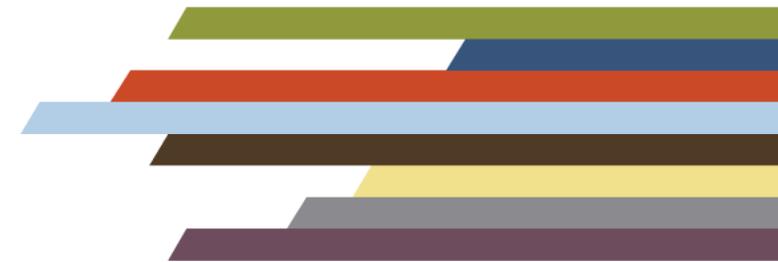
- Students can express themselves better in their native language.
- Local dichos, or idioms, can connect cultural metaphors with the student's experience to increase understanding of treatment concepts.
- Language may also indicate acculturation or assimilation levels.



Language

Specific Modifications for the Hispanic and Latino Culture:

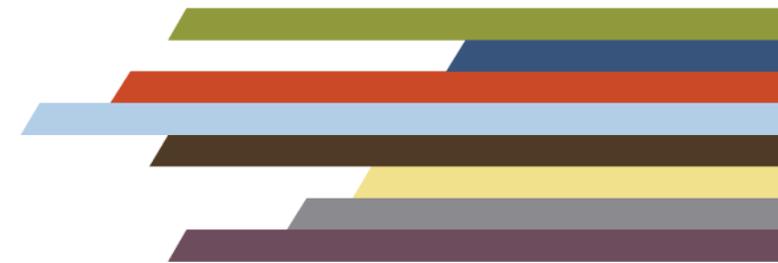
- Appropriate translation/interpretation of communicated information.
- The provider should clarify any language imbedded meanings that are conveyed through sayings or metaphors.
- Many theories encourage the naming of experiences of distress and suffering in order to reframe and restory experiences.



Persons

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

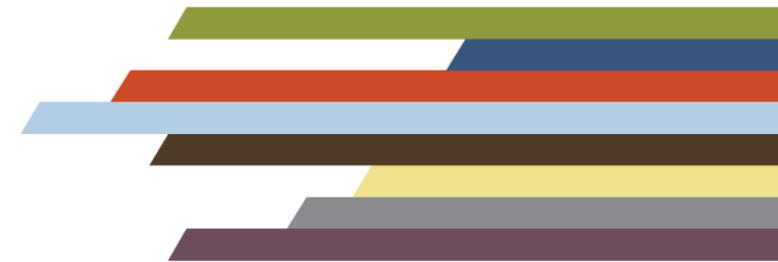
- This can mean the significance of the individuals involved in the student's care, including family members, holistic healers, and extended family.
- Refers to the student-provider relationship during the intervention.



Persons

Importance to Latino Clients:

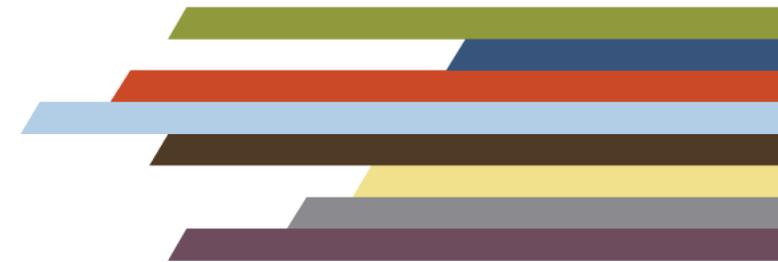
- Students and families may place a high value on personalismo, or friendliness.
- Students and families may be more likely to place a high level of trust in one professional, instead of relying on multiple specialists.
- The family may not always express disagreement to individuals that are in positions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



Persons

Specific Modifications for the Latino and Latino Culture:

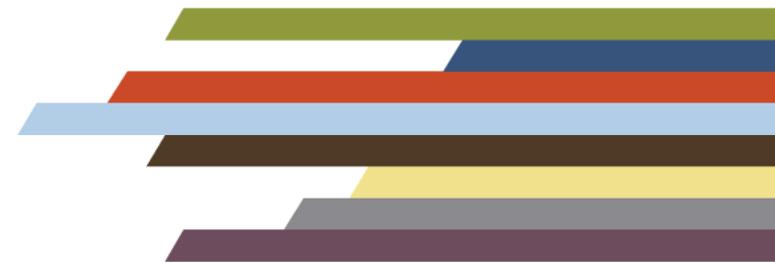
- The provider needs to focus on developing rapport with the students and family.
- Treatment may include multiple members of the patient-defined family.
- Treatment should empower students, with the provider as a guide.
- The provider must remain mindful of the referent power that he or she has.



Metaphors

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

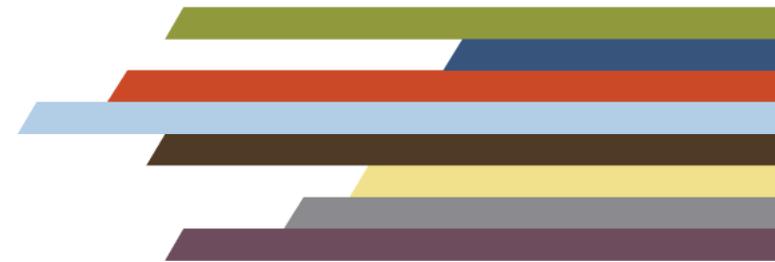
- Metaphors help individuals make meanings of new situations based on previous experiences that they have had.
- Metaphors may connect seemingly unrelated situations together due to the similar meanings experienced by the student.



Metaphors

Importance to Latino Students:

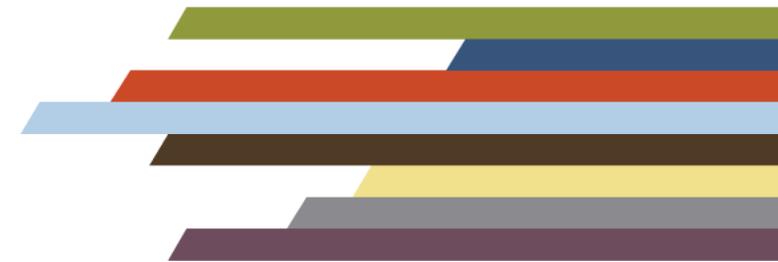
- Individuals of power may symbolize oppression or prejudice to the student, which may impact the therapeutic rapport.
- A provider that is attentive to these variables will be able to identify the positive symbols that are helpful for the individual, and minimize symbols that negatively impact treatment.



Metaphors

Specific Modifications for the Latino and Latino Culture:

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



Content

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

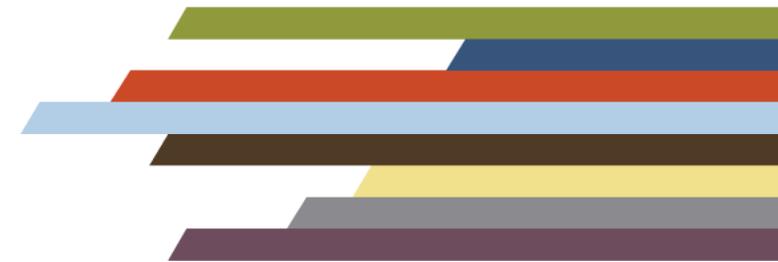
Each client may be influenced by cultural values, customs and traditions specific to their family, community, and race.



Content

Importance to Latino Students:

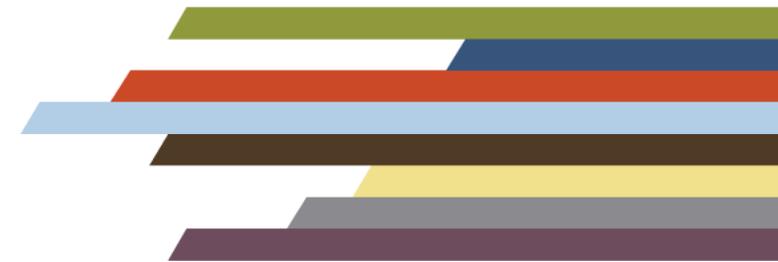
- Students may have unique values, customs and traditions that connect them to their native countries and to their families.
- Being conscious of the impact of cultural content can allow the provider to hear the specific problems and concerns that their students have in order to address them efficiently.



Content

Specific Modifications for the Latino and Latino Culture:

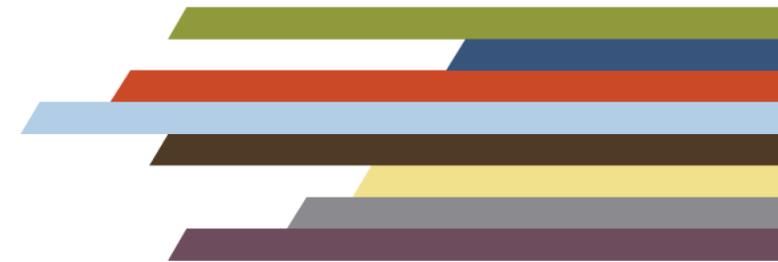
- Treatment needs to be holistic and may need to incorporate spiritual or other elements from the patient's culture.
- Treatment may incorporate values, customs, and traditions will increase the amount of comfort and familiarity that the student has with the behavior that he or she is asked to perform.



Concepts

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

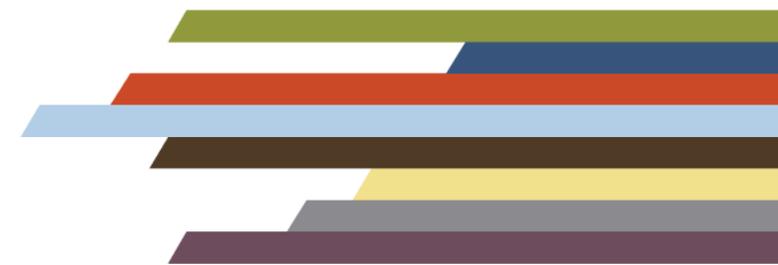
- Concepts incorporate the provider's understanding of the student's problem, and it involves the student's understanding of that same problem.
- If the provider's and student's understanding of the problem is not conveyed, there may not be an adequate partnership to complete treatment goals.



Concepts

Importance to Latino Students:

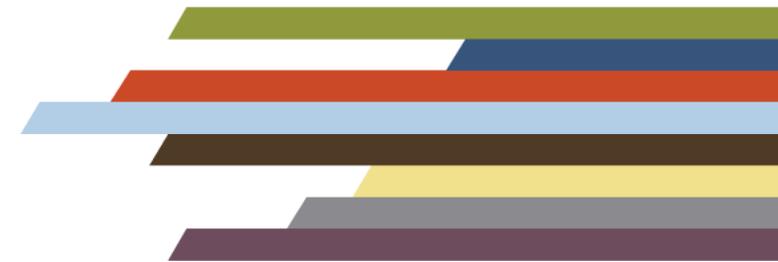
- Theories should be used that allow for the integration of the individual's cultural values and beliefs so that they can understand and accept the framework of their problem.
- If the student's understanding of his illness is incongruent with the theory being used, he may not be able to fully participate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



Concepts

Specific Modifications for the Latino and Latino Culture:

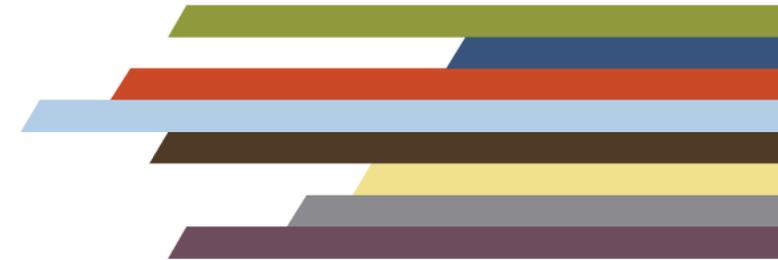
- When choosing a theoretical framework to use, ensure that it is consistent with the cultural concepts of the individual that is being served.
- The Cultural Formulation Interview (CFI) of the DSM 5 may be helpful in identifying the cultural concepts that are meaningful for the student.



Goals

Definition: refer to the identified desired outcome of treatment.

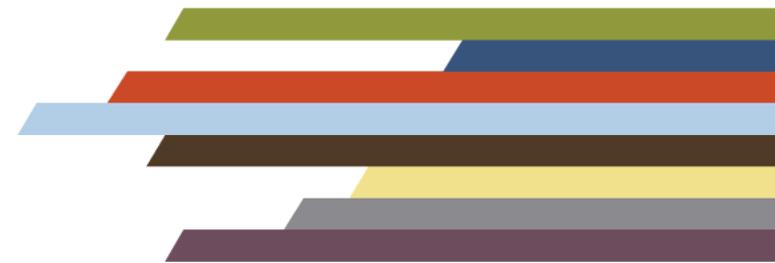
- Should reflect the student's and provider's understanding of the problem and of the solution.
- Should be specific to the student's problem, attainable for the student by using his current supports and resources, relevant to the student's understanding of his problem, and offered at the right time,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



Goals

Importance to Latino Students:

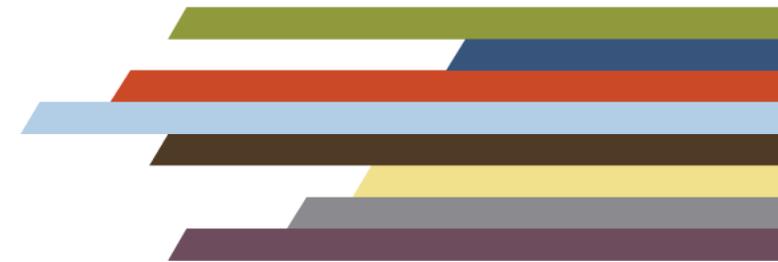
- If a student does not feel that a goal is worthwhile, his/her motivation for participation will be less.
- Due to “respeto”, Latino students/families may be less likely to express disagreement with individuals who hold positional power.



Goals

Specific Modifications for the Latino and Latino Culture:

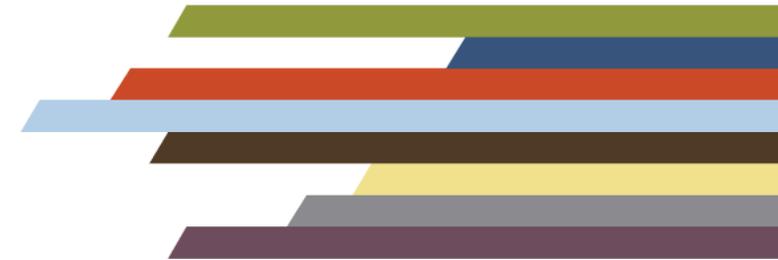
- Treatment must incorporate values, customs, and traditions that are integrated into the student's understanding of the problem and continue the integration of these concepts through the goal setting process.
- This approach will provide the student with an opportunity to integrate new goal behaviors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



Methods

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

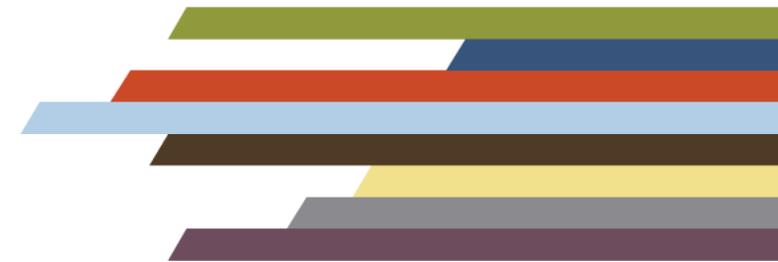
Methods incorporate the theory used, but it also incorporates the provision of the assessment, the use of transference and countertransference in the relationship, and the use of specific interventions, such as group or individual treatment.



Methods

Importance to Latino Students:

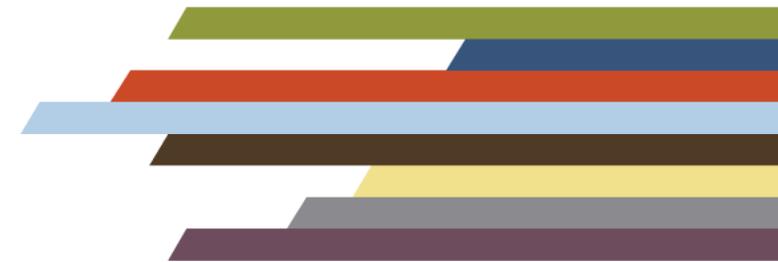
- In treatment, the experience, expression, and explanation of symptomatology is bound to the provider's and student's intersubjective perspective, which is impacted by each person's culture (Hardy, Cahill, & Barkham, 2007).
- If the method to achieving the goal is not consistent with the student's understanding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



Methods

Specific Modifications for the Latino and Latino Culture:

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

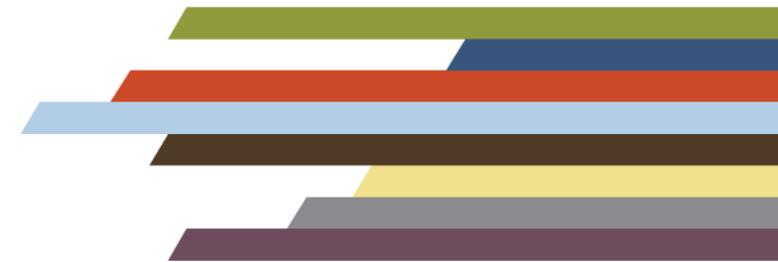


Context

Definition:

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

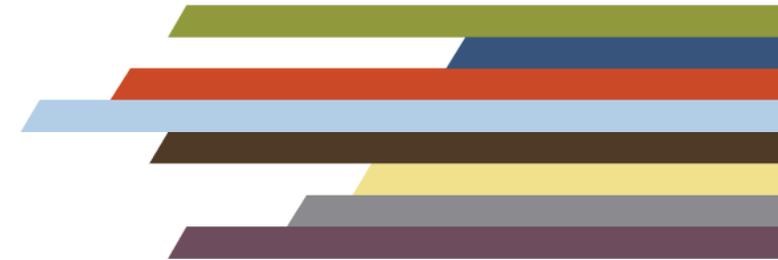
The context of the intervention impact the student's priorities in completing tasks and in if and how they follow treatment recommendations.



Context

Importance to Hispanic and Latino Students

- Impacts their understanding of the subliminal meanings that are communicated in everyday interactions in the school setting.
- If the provider does not understand the social, environmental, and economic context of the student, the intervention may not be feasible for the student or may even put the family at risk.



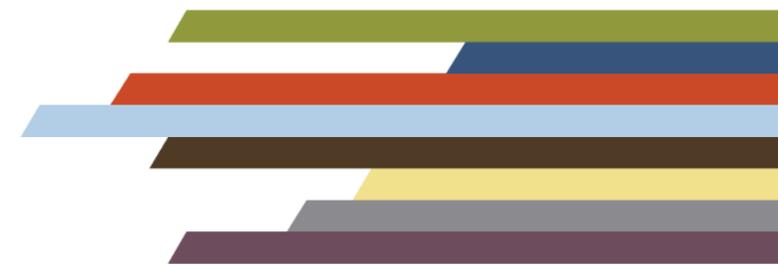
High Context vs. Low Context Culture

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

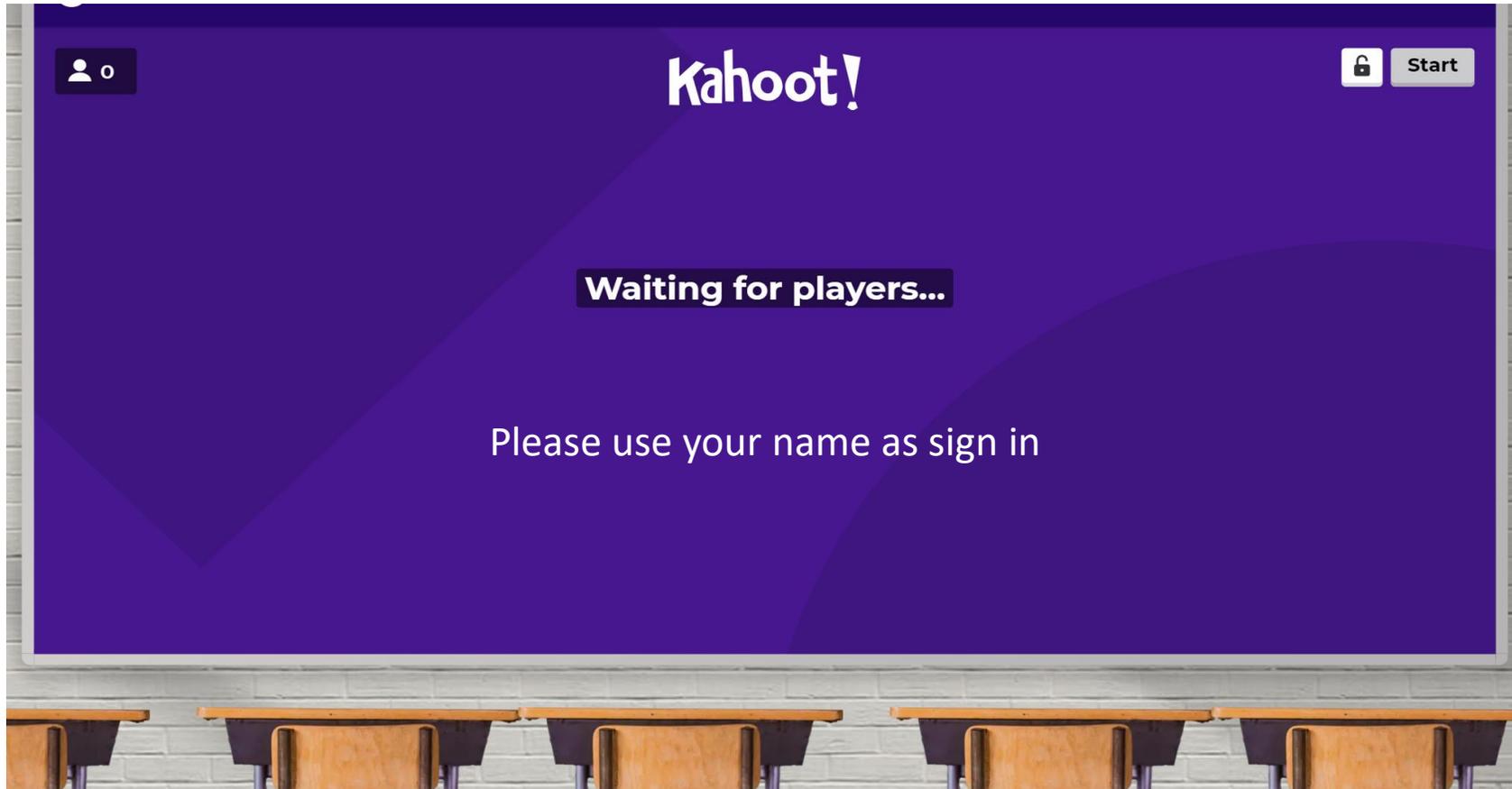
Context

Specific Modifications for the Latino and Latino Culture

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

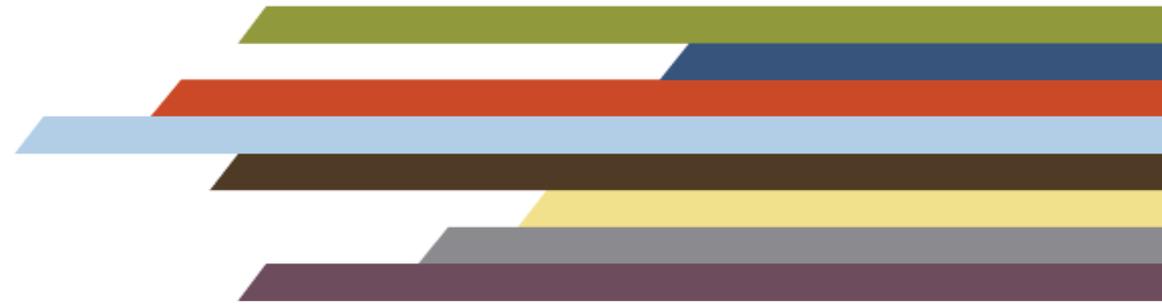


QUIZ TIME



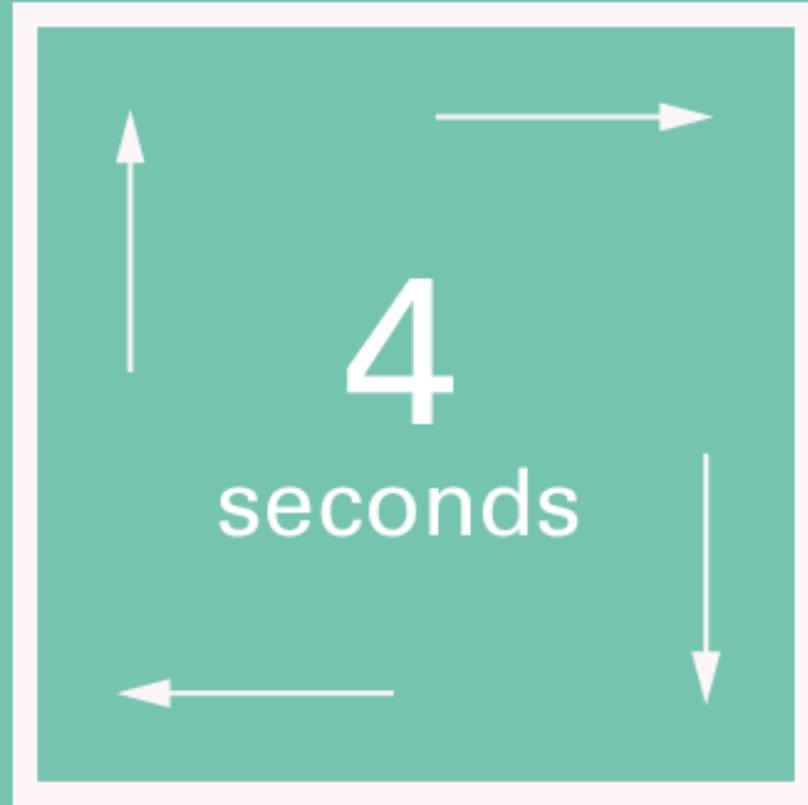
Therapies

- 1. Cultural Adaptation of Cognitive Behavioral Therapy (CBT)***
- 2. Culturally-Modified Trauma Focused Cognitive Behavioral Therapy (CM-TF-CBT)***
- 3. Seeking Safety***



Breathe In

Hold



Hold

Breathe Out

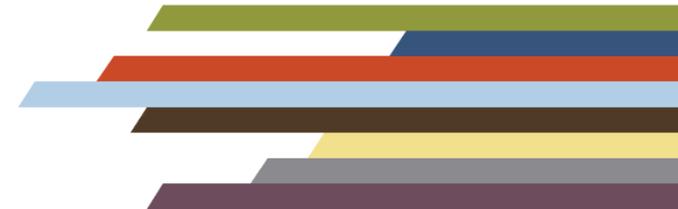
Thank you!!!



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Diane Arms



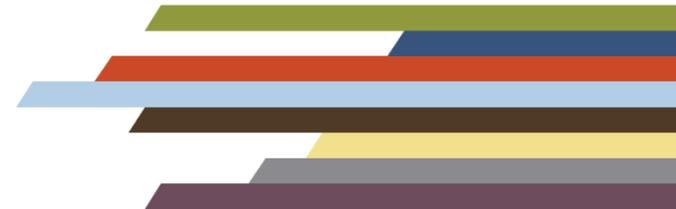
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<https://doi.org/10.1111/j.1755-5949.2010.00137.x>



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