



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Presented in 2022 by the National Hispanic and Latino MHTTC

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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Presented 2022

SAMHSA

Substance Abuse and Mental Health Services Administration

National Hispanic and Latino

Mental Health Technology Transfer Center Network

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Increasing Cultural Connection with Hispanic and Latinx Clients

Assessing the Cultural Adaptation Needs of the Organization and Clinician

Michelle Evans, DSW, LCSW, CADC

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





**Our goal:
Help reduce health
disparities among
Hispanic and Latino
experiencing mental
disorders**

The National Hispanic and Latino MHTTC serves as a key subject matter expert and resource for the mental health and school mental health workforce across the U.S. and its territories to ensure:

- High-quality services;
- Effective mental health treatment;
- Recovery support services; and
- Implementation of evidence-based and promising practices



We offer free:



NEEDS
ASSESSMENTS



PRODUCTS



TRAININGS



TECHNICAL
ASSISTANCE



SYMPOSIUM &
CONFERENCES

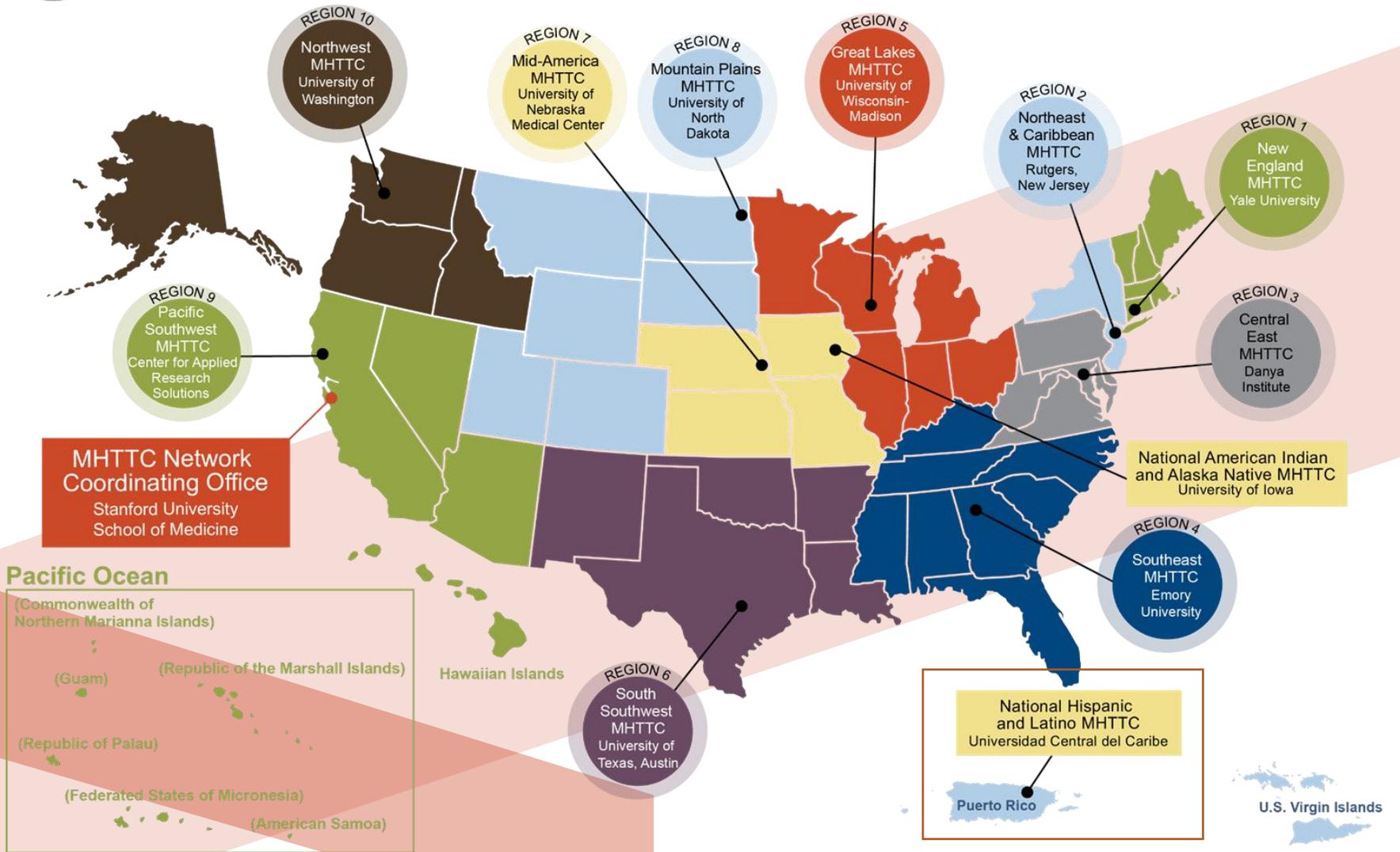
To learn more about services visit: <https://mhttcnetwork.org/hispaniclatino>



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MHTTC Network



Pacific Ocean

- (Commonwealth of Northern Marianna Islands)
- (Guam)
- (Republic of the Marshall Islands)
- (Republic of Palau)
- (Federated States of Micronesia)
- (American Samoa)

National Hispanic and Latino MHTTC
Universidad Central del Caribe

Puerto Rico

TRAUMA-INFORMED CARE MODEL FOR IMMIGRANT HISPANIC AND LATINO CLIENTS



Delay in Latinx with First Episode Psychosis



Many Latinx with serious mental illness (SMI) and their family members fail to recognize the signs of a first episode of psychosis symptoms. In general, they have poor psychosis literacy which may lead to longer delays in treatment and longer Duration of Untreated Psychosis (DUP).¹ López and colleagues developed a psychoeducational tool known as *La CLAVE* to reduce DUP among Latinx.^{1,2} *La CLAVE* was informed by conceptual models of health literacy.³

La CLAVE is a tool in Spanish that represents the symptoms of psychosis.²

- C - false beliefs or delusions (*Creencias falsas*)
- L - disordered speech or thought disorder (*Lenguaje desorganizado*)
- A - hallucinations (*Alucinaciones*)
- v - seeing things that others do not see (*Ver cosas que otros no ven*)
- e - hearing sounds or voices that others do not hear (*Escuchar voces que no existen*)

La CLAVE uses plain language to guide individuals and caregivers to recognize the three domains of psychosis literacy (i.e., knowledge of psychosis, attributions

COVID-19 and the Impact of Intimate Partner Violence in Latinx Communities



Latinx communities have been emotionally affected by the quarantine and isolation measures implemented during the COVID-19 pandemic. Increased stress and anxiety, job losses, school closings, disconnection from community resources and services, and a growth in intimate partner violence (IPV) have been observed. IPV refers to violence experienced by a partner, including spouses, ex-spouses, other intimate relationships [1, 2]. Statistics have shown that 1 in 4 women and 1 in 10 men in the United States have faced IPV in its different manifestations, including sexual violence, physical violence, and stalking at some point in their lives [3, 4]. In Latinx, these rates are similar. However, there are cultural factors that differentiate Latinx's IPV experiences.

Staying home it's not always safe

Home is where people often experience physical, psychological, economic, and sexual abuse. During the COVID-19 pandemic, some regions observed an increase in hotline calls pointing to a spike risk of facing gender violence, child abuse, stress and family conflicts during lockdown [5].

Considerations for Hispanics and Latinx Experiencing IPV

For Latinx and other immigrants, trauma associated with interpersonal violence can be compounded by immigration and acculturation issues. Clinicians should consider the following [6,7]:

- Cultural background can shape how women experience and respond to violence. For example, "Los trapos sucios se lavan en casa" a saying used by Hispanics and Latinx, may depict how culture can impact help-seeking behaviors.
- Latinx and other immigrant women may be harassed or abused in ways that are demeaning to their

Perinatal Mental Health Disorders (PMHDs): Supporting Latinxs

We would like to acknowledge Mariela Rodríguez, PhD, PMH-C, Coordinator at Postpartum Support International (PSI), PR and Co-founder of *Centro de Salud Mental en Puerto Rico*, at the University of Puerto Rico, Medical Sciences Campus (UPR-MSC), for her contribution to the development of this product.



One in five women will experience symptoms of mood and anxiety disorders during pregnancy or the postpartum period. Perinatal Mental Health Disorders (PMHDs) includes various disorders that can affect individuals during pregnancy and postpartum. PMHDs have adverse effects on gestational and non-gestational parents, caregivers, and mother-infant interactions, and infant development. Making early detection and treatment are essential for the overall well-being of families [1]. Latinas seem to be at a higher risk of developing postpartum depression than non-Hispanic women and are less likely to be diagnosed [2]. Cultural values (such as familism and *marianismo*), stigma, accessibility, and language may present as barriers to identify risks and seek help during this period. Mental health care providers should identify risk factors, screen and treat people with PMHDs [3].

Perinatal Mental Health Disorders

- "Baby blues": This is not a disorder. Up to 80% of birthing parents may experience transient symptoms, such as feeling tearful, irritable, emotional lability, and reactive right after birth and up to two weeks after delivery. These should be resolved without the need for intervention, and do not interfere with daily living activities.
- **Perinatal Depression:** It affects 1 in 7 women. Latinas are 37% more likely to experience Perinatal Depression than other groups [4]. The DSM-5 diagnostic criteria for Major Depressive Disorder diagnosis with peripartum onset require that 5 or more symptoms are present during a two week period: depressed



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DOWNLOAD BOOK



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¿Quiénes somos y de dónde venimos?

A Historical Context to Inform Mental Health
Services with Latinx Populations

SAMHSA

Substance Abuse and Mental Health Services Administration
National Hispanic and Latino
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Culturally Sensitive Psychoeducational Services for Hispanic Unaccompanied Children

J Rocky Romero, PhD, LMSW
Luis H. Zayas, PhD
Rosaura Orengo-Aguayo, PhD
May 20, 2021

Logos: National Hispanic & Latino MHTTC, SAMHSA, UCC, IRES

Culturally Sensitive Psychoeducational Services for Hispanic Unaccompanied Children Webinar Panel

52 views • Jun 4, 2021



Overview of Training

Session 1: Introduction/Latinos in the US;
Assessing Risk and Protective Factors.

Session 2: Assess the cultural dynamic of the client-clinician-supervisor relationship;
Assess the organizational environment to identify cultural adaptation needs for the Hispanic/Latinx population.

Session 3: Incorporate strategies to effectively engage and intervene with Hispanic and Latinx clients.

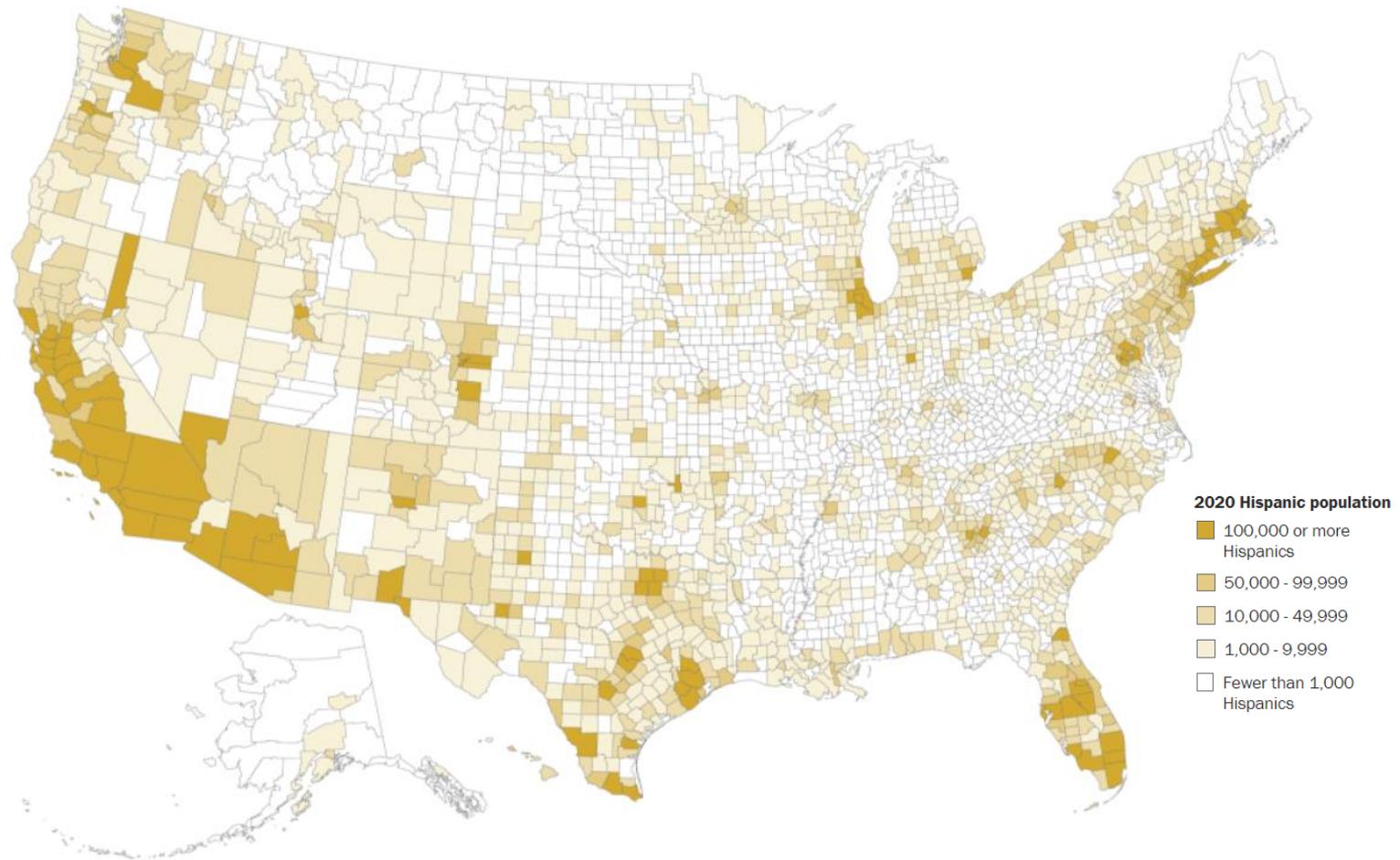
Objectives

- Participant will be able to identify elements of organizations that are impacted by culture
- Participant will be able to identify elements of culturally competent supervision
- Participant will be able to identify three adaptations in their practice to develop a culturally competent organization.

Consider:

What is your greatest barrier to being culturally humble?

Understanding Need



Top 10 counties by Hispanic population, 2020

Culture

Cultural norms are patterns of behavior that are typically noted in specific groups of people. These behaviors include the values, attitudes, beliefs, and behaviors within the context of their own organizational culture.

A group of specific cultural norms which are attributed to a specific population is called a culture.



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Cultural Competence

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



Cultural Dynamics within the Organization

Adapting the Organization for the Hispanic/Latinx Population

1

Assess your
Community
and Context

2

Assess your
Organization

3

Do something!

Assessing Your Community

Examples of Questions to assess your community's cultural background:

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

Cultural Markers that Influence an Organization

- Values
- How the organization brings people in
 - Hiring
 - Admission
- How the organization communicates
- What does the data say?

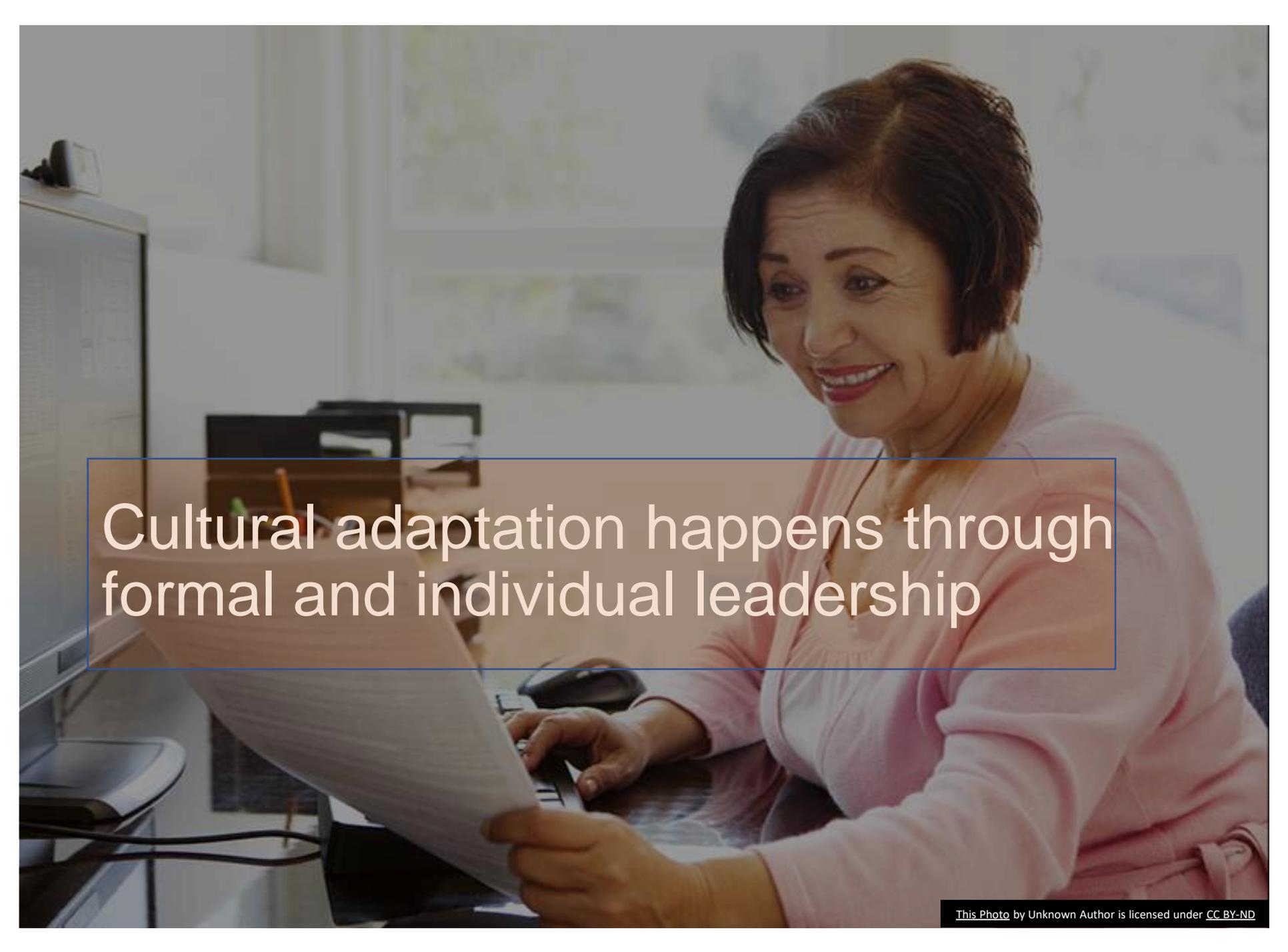
Adapting the Organization for the Latino Population

Does the organization provide space for collectivist values (familismo)? Are the values based on lifting up the community, developing a personal relationship (personalismo), respect (respeto) and professionalism (simpatia)?

Do your employees reflect your community? Is it comfortable for Latinx individuals to enter the organizational space?

Who receives the organization's communication? Who does not? Who is it written for? Is it available in Spanish? Does it hold information relevant for the Latinx population? Is it accessible?

What does the data say? What staff are you retaining? What clients are you retaining? Are there differences based on race/ethnicity? Is feedback being gathered? Engaging *promotoras* or other community advisors can help an organization identify opportunities.

A woman with short dark hair, wearing a light pink long-sleeved shirt, is sitting at a desk in an office. She is smiling and looking towards the camera while holding a large sheet of paper. Her hands are on a laptop keyboard. In the background, there is a computer monitor, a mouse, and some office supplies. The overall scene is brightly lit and professional.

Cultural adaptation happens through formal and individual leadership



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| Developing Culturally Humble Staff

Developing a Culturally Humble Organization through Supervision and Leadership

Professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place.

The supervisor is responsible for providing direction to the supervisee, who applies theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process.



What does this look like in supervision?

The powerful metaconcept of cultural humility is a valuable tool to incorporate a commitment to critical self reflection, self-evaluation, and self-critiquing, essential to multicultural awareness.

Adopting a stance of cultural humility offers an approach to address and redress power dynamics and imbalances in client-worker-supervisor dynamics, instilling humility in relationships with both clients and supervisees that are respectful of individual and community-contextual mores and practices.

(Tervalon & Murray-Garcia, 1998.)



Supervision Theory

Practice theory as a model –
Alfred Kadushin

- Administrative
- Educational
- Supportive

Administrative

Administrative supervision is synonymous with management. It is the implementation of administrative methods that enable social workers to provide effective services to clients.

Administrative supervision is oriented toward agency policy or organizational demands and focuses on a supervisee's level of functioning on the job and work assignment.

Adaptation for the Hispanic/Latinx Population

- In supervision, are culturally humble practices discussed?
- Is the client provided with staff that can meet their linguistic and cultural needs? If not, are adaptations made?
- Are staff assigned to clients based on best fit? Are staff weaknesses addressed?
- Is agency policy regarding culture discussed?

Educational

Educational supervision focuses on professional concerns and relates to specific cases.

It helps supervisees better understand social work philosophy, become more self-aware, and refine their knowledge and skills, and focuses on staff development and the training needs of a social worker to a particular caseload.

Adaptation for the Hispanic/Latinx Community

- Is cultural adaptation discussed?
- Does the supervisor assess the cultural knowledge of the supervisee?
- Are protective factors of this population discussed?
- Are risk factors discussed?
- Are you adapting outreach to mitigate those factors?

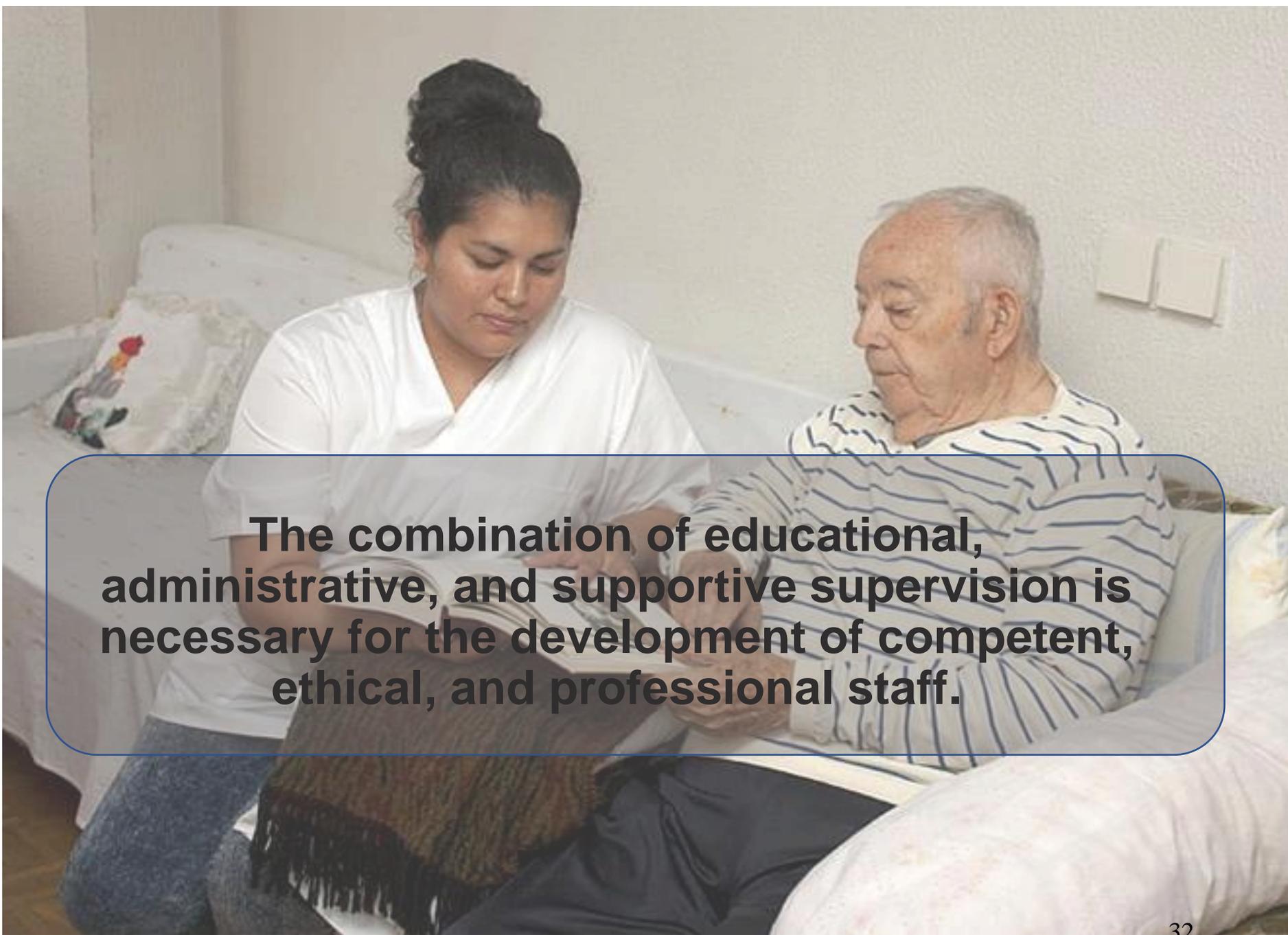
Supportive

Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that compliment their success and encourage self-efficacy.

Supportive supervision is underscored by a climate of safety and trust, where supervisees can develop their sense of professional identity.

Adaptation for the Hispanic/Latinx Community

- Are the employee's values assessed? Are there cultural values that provide the employee with meaning? (Respeto, fatalismo, personalismo, simpatia)
- Are there cultural triggers impacting staff? (Apathy, overidentification, guilt, etc.) (Comas-Dias & Jacobsen, 1991)
- Who is your employee connecting with? Who are your consumers connecting with?



The combination of educational, administrative, and supportive supervision is necessary for the development of competent, ethical, and professional staff.

MECA

Using a multidimensional, ecosystemic, comparative approach (MECA) integrates culture into all elements of supervision.

The worker is encouraged by the supervisor to always view families in a comparative, sociocultural context.

Only one do and don't: Do ask, and Don't assume.

(Falicov, 2014).

The overarching goal is to raise awareness of the impact of cultural issues on the supervision relationship and on the Hispanic/Latinx client.

To do this, a proactive, intentional stance is needed.

Adaptation to Supervision

- Modeling reflectivity and cultural humility, including disclosing multicultural identities and challenges to multicultural competence;
- Valuing and respecting the supervisee's multicultural identities and perspectives;
- Considering with the supervisee the impacts of diversity and multicultural identities within the supervisory relationship;

Adaptation to Supervision

- Presenting, discussing, and providing didactic material about the ways in which gender, class and ability (as well as other factors) contribute to relationships of privilege and oppression within the Latinx population; (Hernandez, 2008);
- Directing and supporting reflective activities, such as mindfulness, both in session and outside of sessions;
- Using self-assessment and inquiry tools to enhance reflection;

Adaptation to Supervision

- Addressing barriers to multicultural competence by empathy based attention to sources of discomfort related to difference;
- Engaging in collaborative reflection and assessment of the effectiveness of supervisory activities aiming to support the development of multicultural competence and eliciting recommendations for improvement.
- Encouraging training on working with the Hispanic/Latinx population to increase competence and awareness.

(Falender, Shafranske, Falicov, 2014.)



Cultural Adaptions for the Organization

Cultural Adaptation

Cultural adaptation requires cross-cultural differences to be addressed and handled within organizations.

Cultural adaptation changes the entire organization to be cultural humble for staff and consumers of services.

Leadership

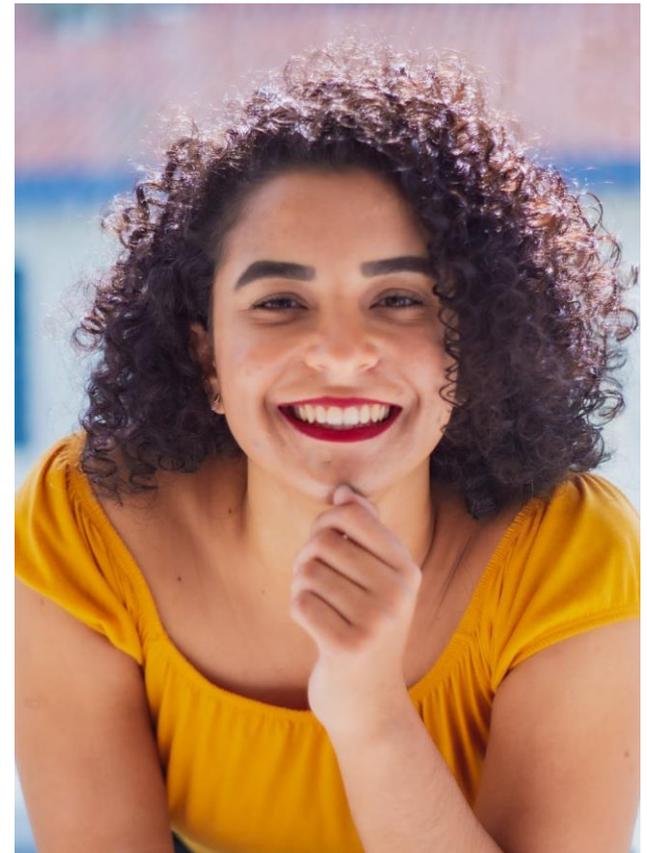
- Do your leaders know about the cultural differences between staff? Between consumers? Between staff and consumers?
- Do your leaders know how cultural differences impact the receipt of services?

Decision makers at the organization set the tone for cultural change within the organization.



Basic Cultural Adaptations

1. Provide interpreter services
2. Recruit and retain minority staff
3. Provide training to increase cultural awareness, knowledge, and skills
4. Coordinate with traditional healers
5. Use community health workers
6. Incorporate culture-specific attitudes and values into health promotion tools
7. Include family and community members in health care decision making
8. Locate clinics in geographic areas that are easily accessible for certain populations
9. Expand hours of operation
10. Provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials



Do a Cultural Inventory

- What does your organization do to intentionally encourage all stakeholders to engage?
- Who is talking about culture in your organization? Who is listening? Do you have cultural translators from your community that can advise?
- Can you see goals for cultural humility set in the organization's guiding documents?

Identify your Motivation

- Does your organization have values that support cultural humility?
- What are your guiding principles regarding diversity and inclusion?
- Are the organization's motivations congruent with the employee and consumer culture?

Resources

National CLAS Standards – Think Cultural Health:

<https://thinkculturalhealth.hhs.gov/clas/standards>

Evaluation Tool – SAHMSA TA tool:

http://.cbcs.usf.edu/projects-research/_docs/CLASStandardsCLCAssessmentTool_FINAL.pdf

Principal Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



Application

A report was received by the state Child Protective Services department regarding Gabriela and John. Gabriela is a 24-year-old Spanish speaking Mexican woman who immigrated to the United States 6 months ago after she married John. John is a 43-year-old bilingual Mexican man who has lived in the United States for over 25 years, and who is a United States citizen. A report was made by police reporting that John had slapped Gabriela in front of her 4-year-old son, Samuel. Samuel is Gabriela's son from a previous relationship; she is also four months pregnant.

John and Gabriela met when John went to visit family in Mexico, where he was introduced to Gabriela. He reports that he went to Mexico specifically to find a wife. John was previously married and has two teenage children. John owns a construction business, and his house. John has a history of depression and alcohol use, but the specifics of his current use are unknown.

Gabriela reports that she is currently in the United States on a VISA, and she cannot work. Gabriela's family lives in Mexico, however, she has developed a strong relationship with her neighbors, and helps them out by cooking for them on a regular basis, which they pay her for. She has also developed relationships at the church and is on friendly terms with John's ex-wife.

Your thoughts?

1. If this family walked into your organization, who would feel the most comfortable?
2. What elements would help them feel comfortable? What elements would cause them to feel uncomfortable?
3. How might the worker's supervisor support the worker in delivering culturally competent services to this family?
4. How might the supervisor help the worker adapt treatment?

Thank you!

Michelle Evans, DSW, LCSW

DrMichelleEvans115@gmail.com



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Ibis Carrión, Psy.D.
Director

ibis.carrion@uccaribe.edu

Angel Casillas, MHS
Project Manager

angel.casillas@uccaribe.edu

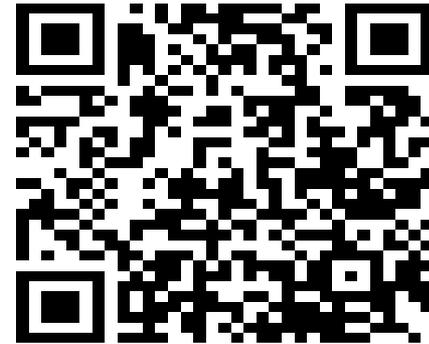
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