Cultural Adaptations of EBPs in Treating Hispanic and Latinx with Mental Health Disorders

Session 3

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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

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Welcome to this Learning Community!

A learning community is a bit different than a regular webinar!

- During this four-week learning community, there will be opportunities to participate in break outs with co-attendees.

- It is expected that participants will participate verbally and, in the chat – this is what makes it a learning community!

- In addition to discussing participant cases, an in-depth case vignette and toolkit will be shared.

Objectives of this Learning Community

Goal: This collaborative will provide training on adapting Evidence Based Practices to assessment and case conceptualization in the ongoing work of attendees.

Objectives:

- Participants will understand cultural models available and their impact on treatment.
- Participants will describe assessment in the context of culture and how that impacts the therapeutic work.
- Participants will review a case vignette and discuss the application to assessment and preparing for treatment.

Today's Goal

During today's community, we will:

- Learn about using the cultural adaptation models in assessment;
- Identify how to apply these to Evidence Based Practices;
- Apply this information to a case vignette.

Culturally Adapted Interventions

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

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

The Ecological Validity Model

There are eight areas in which you can adapt treatment to be more effective with ethnically diverse clients.

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

Source: Bernal, & Saez-Santiago, 2010

Cultural Sensitivity Framework

- Resnicow and colleagues' (2000) Cultural Sensitivity Framework offers two broad categories of adaptation: surface and deep.

- Surface adaptations attend to fit with cultural characteristics that are easily observed but not necessarily substantive (e.g., reference to music, food, locations) to mental health outcomes.

- Deep adaptations incorporate contextual factors known to influence the mental health outcome.

- A recent meta-analysis examined the impact of surface and deep adaptations of cognitive-behavioral interventions for depression in Latinx populations and found that deep adaptations result in better outcomes when compared to surface or no adaptations (Escobar & Gorey, 2018).

Your culture….

Let's Chat
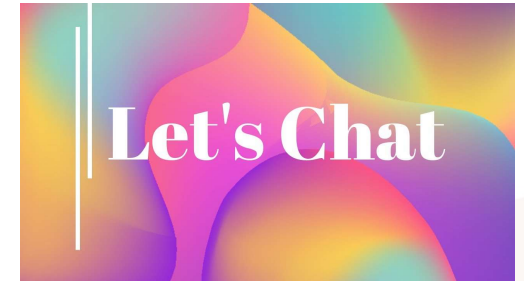
The facilitator for this exercise is the person whose name is closest to the letter M in the alphabet! - 12 minutes!

Last week we discussed the Ecological Validity Framework. What is one way that you have tried, or would like to try, adapting one of the principles to work with a client? Please describe the situation and the adaptation to your group!

**Language, Persons, Metaphors,
Content, Concepts, Context, Methods, Goals**

We will share out when we return!

Approaching the Assessment

- What is your experience of culturally adapting your clinical assessment?

- A culturally informed interview can provide essential information for selecting or developing a culturally adapted intervention. What have you found to be most useful in your work?

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

- Latinos may believe that physical symptoms are more serious than mental health symptoms. (Kouyoumdjjian, Zamboaga & Hansen, 2003)

- Latinos are less likely to endorse a biological etiology of depression and mental illness and they tend to view medication as addictive and harmful. Therefore, many prefer counseling over medications. (Cooper et al.,2003; Givens et al.,2007; Karasz & Watkins, 2006).

- Endorsing the belief that depression is a chronic condition is negatively associated with individuals' sense of treatment and personal control over their illness. (Cabassa, Lagomasino, Dwight-Johnson, Hansen & Xie, 2008)

Identified Characteristics of Hispanic/Latino Individuals

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

Issues impacting risk in assessment

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

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

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

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

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

Culturally Informed Interview Methods

From a practical standpoint, a tool that can be used to gain a better understanding of the significance of culture and the intersecting forces that can impact upon a client's clinical presentation is the Cultural Formulation Interview (CFI; American Psychiatric Association, 2013).

The core components of a cultural formulation approach are:

(a) cultural identity of the individual;

(b) cultural conceptualizations of distress;

(c) psychosocial stressors and cultural features of vulnerability and resilience;

(d) cultural features of the relationship between the individual and the clinician; and

(e) overall cultural assessment (American Psychiatric Association, 2013).

The CFI is often useful during the initial evaluation of a client or family, but it can be conducted at any point in care.

Overall cultural assessment

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

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

(APA, 2013. p.750)

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)

Cultural Definition of the Problem

CULTURAL DEFINITION OF THE PROBLEM

CULTURAL DEFINITION OF THE PROBLEM

(Explanatory Model, Level of Functioning)

Elicit the individual's view of core problems and key concerns. Focus on the individual's own way of understanding the problem. Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").	1. What brings you here today? *IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:* People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would *you* describe your problem?
Ask how individual frames the problem for members of the social network.	2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
Focus on the aspects of the problem that matter most to	3. What troubles you most about your problem?

Cultural Perceptions of Cause, Context and Support

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

	CAUSES
(Explanatory Model, Social Network, Older Adults)	
This question indicates the meaning of the condition for the individual, which may be relevant for clinical care. *Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.*	4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]? *PROMPT FURTHER IF REQUIRED:* Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.
Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.	5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

Cultural Perceptions of Cause, Context and Support

STRESSORS AND SUPPORTS

(Social Network, Caregivers, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Cultural Identity, Older Adults, Coping and Help Seeking)

Elicit information on the individual's life context, focusing on resources, social supports, and resilience. May also probe other supports (e.g., from co-workers, from participation in religion or spirituality).	6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?
Focus on stressful aspects of the individual's environment. Can also probe, e.g., relationship problems, difficulties at work or school, or discrimination.	7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?

ROLE OF CULTURAL IDENTITY

(Cultural Identity, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Older Adults, Children and Adolescents)

	Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse. By **background** or **identity,** I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.
Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor questions 9–10 as needed.	8. For you, what are the most important aspects of your background or identity?
Elicit aspects of identity that make the problem better or worse.	9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?
Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).	
Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).	10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

Cultural Factors Affecting Self-Coping and Past Help Seeking

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

SELF-COPING
(Coping and Help Seeking, Religion and Spirituality, Older Adults, Caregivers, Psychosocial Stressors)

Clarify self-coping for the problem.	11. Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

PAST HELP SEEKING
(Coping and Help Seeking, Religion and Spirituality, Older Adults, Caregivers, Psychosocial Stressors, Immigrants and Refugees, Social Network, Clinician-Patient Relationship)

Elicit various sources of help (e.g., medical care, mental health treatment, support groups, work-based counseling, folk healing, religious or spiritual counseling, other forms of traditional or alternative healing). *Probe as needed (e.g., "What other sources of help have you used?").* *Clarify the individual's experience and regard for previous help.*	12. Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]? *PROBE IF DOES NOT DESCRIBE USEFULNESS OF HELP RECEIVED:* What types of help or treatment were most useful? Not useful?

BARRIERS
(Coping and Help Seeking, Religion and Spirituality, Older Adults, Psychosocial Stressors, Immigrants and Refugees, Social Network, Clinician-Patient Relationship)

Clarify the role of social barriers to help seeking, access to care, and problems engaging in previous treatment. *Probe details as needed (e.g., "What got in the way?").*	13. Has anything prevented you from getting the help you need? *PROBE AS NEEDED:* For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

Cultural Factors Affecting Current Help Seeking

CULTURAL FACTORS AFFECTING CURRENT HELP SEEKING

PREFERENCES
(Social Network, Caregivers, Religion and Spirituality, Older Adults, Coping and Help Seeking)

Clarify individual's current perceived needs and expectations of help, broadly defined. *Probe if individual lists only one source of help (e.g., "What other kinds of help would be useful to you at this time?").*	Now let's talk some more about the help you need. 14. What kinds of help do you think would be most useful to you at this time for your [PROBLEM]?
Focus on the views of the social network regarding help seeking.	15. Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

CLINICIAN-PATIENT RELATIONSHIP
(Clinician-Patient Relationship, Older Adults)

|	
Elicit possible concerns about the clinic or the clinician-patient relationship, including perceived racism, language barriers, or cultural differences that may undermine goodwill, communication, or care delivery. *Probe details as needed (e.g., "In what way?").* *Address possible barriers to care or concerns about the clinic and the clinician-patient relationship raised previously.*	Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations. 16. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

Using the CAMINO in Assessment

Another psychosocial interview that can help shed light on factors that play a significant role in the lives of Latinx immigrants follows the acronym CAMINO (Silva et al., 2017), which denotes a path or journey in Spanish. This interview offers practical guidelines for assessing aspects of the immigrant experience that may not be readily elicited in a standard clinical interview.

Specifically, CAMINO prompts the clinician to ask recommended questions on

community and family supports (C),

acculturative stress (A),

migration history (M),

idioms of distress and resilience (I),

native language and preferences (N),

and origin (O).

This assessment is not meant to be diagnostic but to complement and enhance information gathered as part of the clinical intake process.
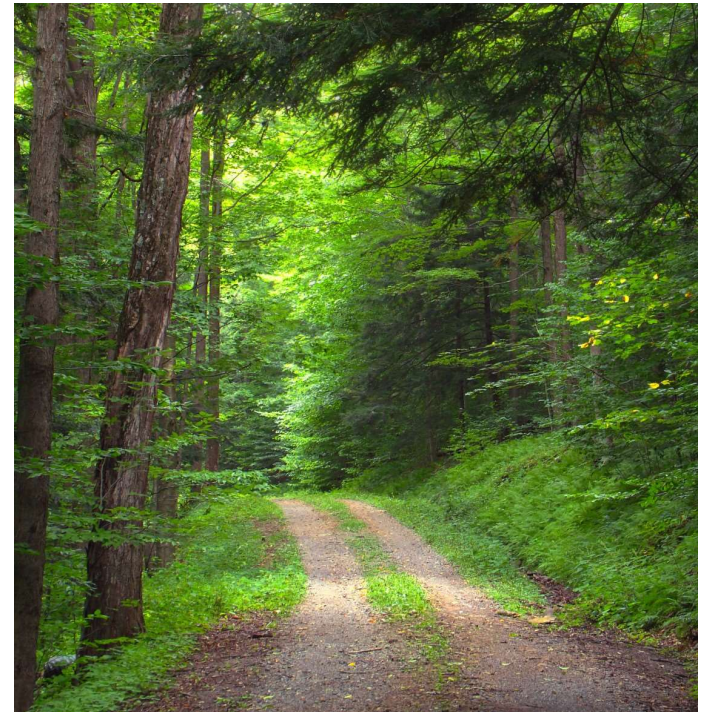
Considering the Ramirez Family…

Let's Chat
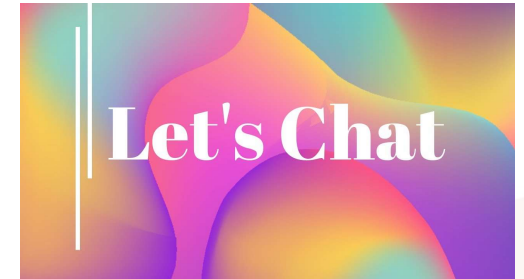
Review the vignette presented through the link in the chat!

As you are reading, consider the following questions….

1. What questions do you think would be most helpful to the family in sharing their story?

2. What role do early experiences, migration history, family dynamics, cultural patterns of expressing distress, and adherence to specific values play in the presenting symptoms (e.g., exacerbating or buffering the stressors and reactions)?

Next Week….

- Next week, we will review EBTs that are found to be effective with Hispanic and Latino populations, and we will continue exploring the Ramirez family's situation!