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Recovery in the Hispanic and Latinx Community: What is the Understanding of Recovery in the Hispanic and Latinx Community and How Can We Support It

Katty Rivera M. Ed.

Rutgers, School of Health Professions

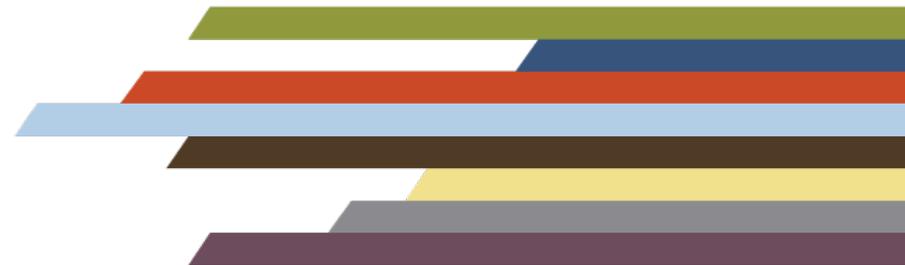
Project Coordinator- Northeast & Caribbean MHTTC

Sonia Rodrigues-Martó MA, LPC, ACS, NCC

Director- Child & Adolescent Services

School and Community Based Programs

Rutgers Health - University Behavioral Health Care



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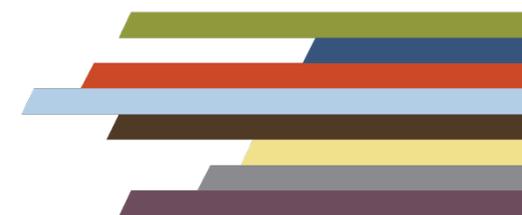
- Provides 5 years (2018 – 2023) of funding to:
 - Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses
 - Address full continuum of services spanning mental illness prevention, treatment, and recovery supports
 - Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses



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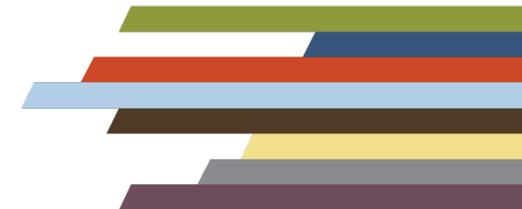
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Feedback

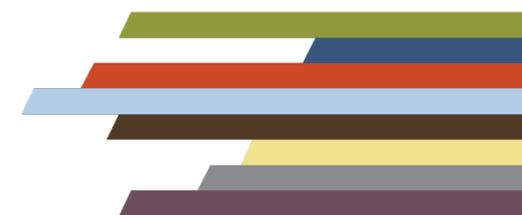
- Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs. Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. **Therefore, your feedback counts!**



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Video Recording Information

- Please note that we will be recording this webinar and posting it to our website. Any information and input you provide during today's call will be recorded and posted on our website.

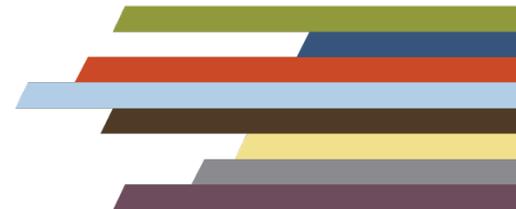
THANKS!



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Your Interactions With Us

- **Question and Answers**

- Q & A will occur at the end of the call.
- Please type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).

- **Chat and Polls**

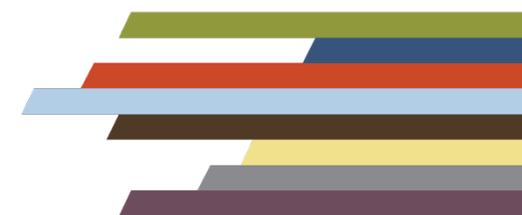
- Throughout the webinar, we will be asking for your input.
- Please use the Chat or Poll features in Zoom located on the task bar.



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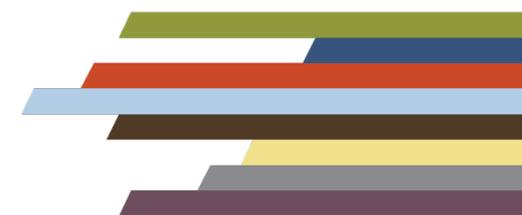
This presentation will be recorded and posted on our website. At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



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Today's Presenters

Katty Rivera M Ed.



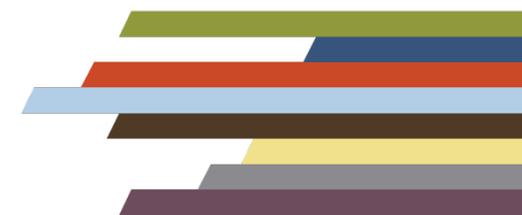
**Sonia Rodrigues- Marto
MA, LPC, ACS**



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Objectives

We will:

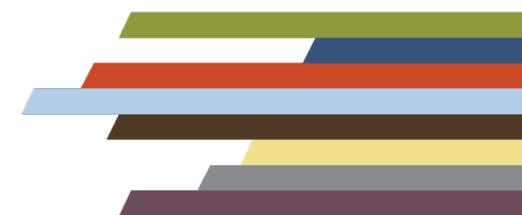
- Review the terminology used to describe the Hispanic and Latinx demographic
- Identify the cultural aspects that may affect mental health in the Latinx community
- Discuss the impact of culture, gender roles, religion/spirituality, and acculturation in the recovery process
- Identify strategies to make counseling culturally sensitive
- Identify interventions that are considered best practices for counseling



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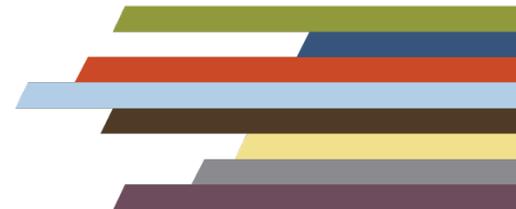
Who's joining us today?

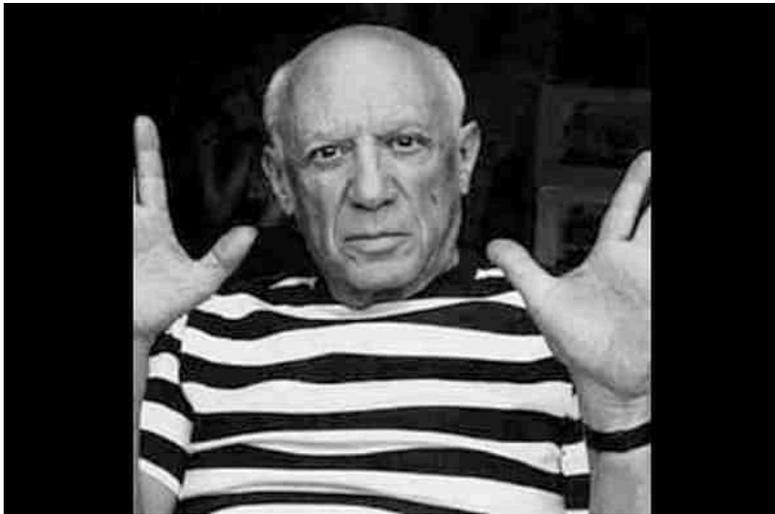


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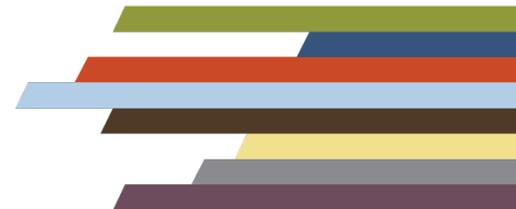




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Poll:

Which of the following terms do you use the most?

- Hispanic
- Latino and / or Latina
- Latinx
- Other

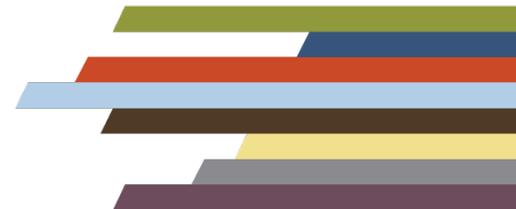


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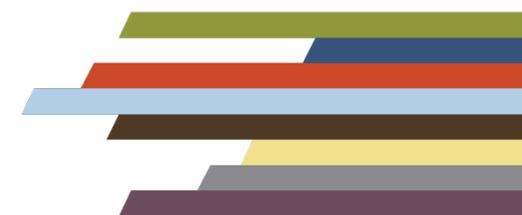
Who are Hispanics, Latinos and Latinxs?



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Labels defined:

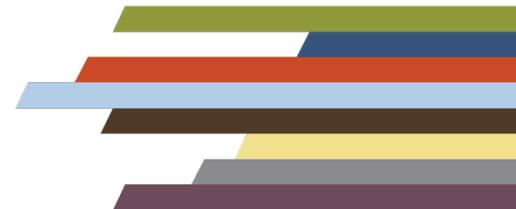
- ***Hispanic***: people who speak Spanish and/or who are descended from Spanish speaking lineage.
- ***Latino or Latina***: term that refers to geography, (unlike Hispanic, which refers to language); used to signify that a person is from or descended from people from Latin America.
- ***LatinX***: gender-neutral term that is commonly used to intersectionally combine identity politics of race and gender.



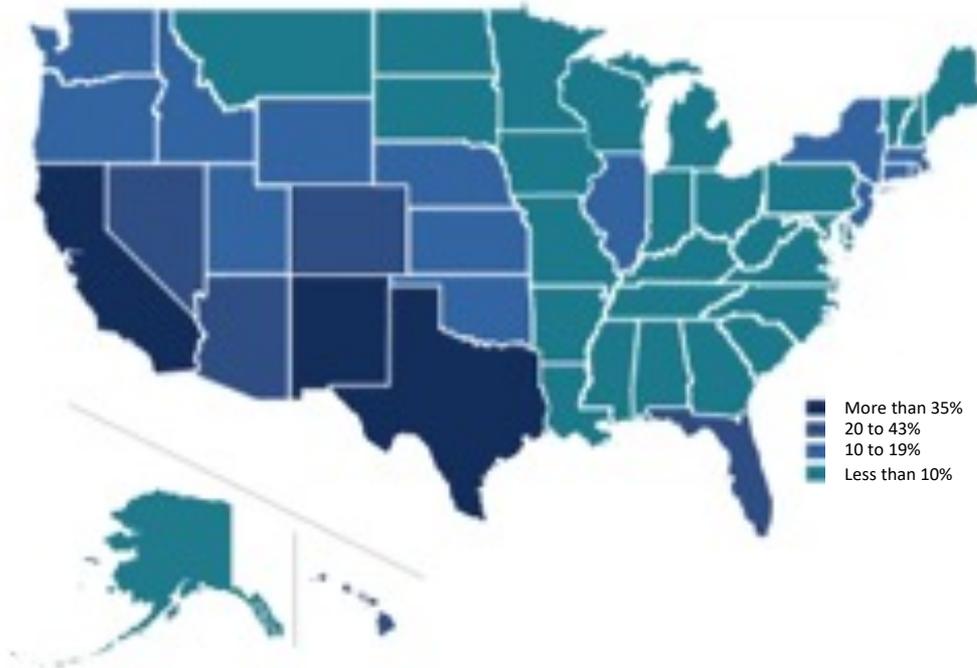
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Population Distribution by State



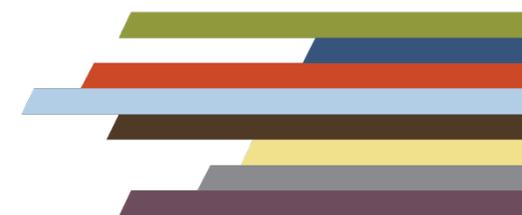
Source: Pew Research Center 2014



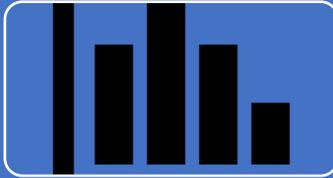
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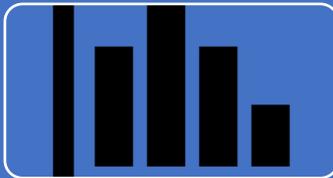
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Demographics



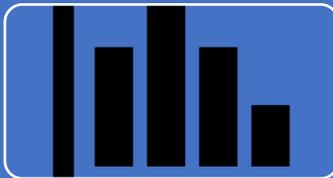
As of 2018, more than 17.6% of the U.S. population (56.6 million) self-identify as Hispanic or Latinxs, making this demographic the largest racial/ethnic minority.



It is projected that by 2060, Hispanics and Latinxs are expected to make up 30% of the population.



Hispanics and Latinxs are the youngest major racial/ethnic group in the US: 1/3 of the nation's Hispanic/Latino population is under 18 years old.



Approximately 16.4% of Hispanics and Latinxs held Bachelor's degree or higher in 2016.

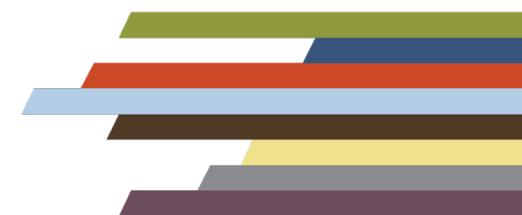
Source: Pew Research Center 2018



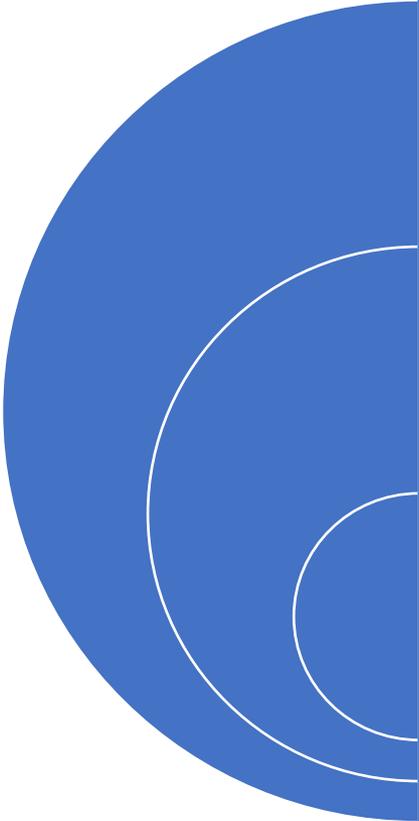
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Diversity Among Hispanics/Latinx



Includes many people from different nations, races and ethnic backgrounds.

Many have lived in the United States for many generations while others are recent immigrants.

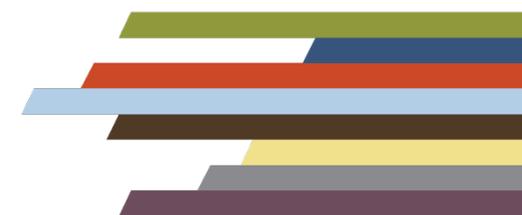
Spanish may or may not be a primary language especially for 1st and 2nd generation U.S born Hispanics and Latinos.



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Mental Health

Hispanics and Latinx

- At higher risk of most psychiatric disorders compared to non-Hispanic whites
- U.S born are at higher rates for most psychiatric disorders than immigrants
- Older adults and youth are vulnerable to psychological stresses associated with immigration and acculturation

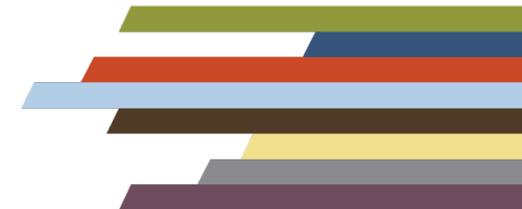
Source: American Psychiatric Association, 2017



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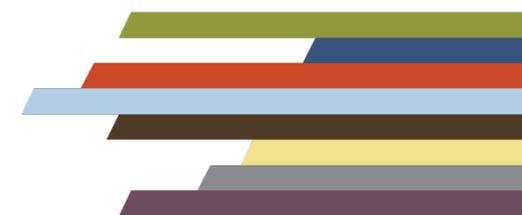
Cultura



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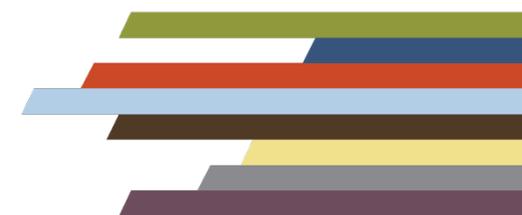
Family Structures



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Familismo

The Latinx culture is a collectivist culture. Collectivism is focused on the family or the group wellbeing over one person's personal ambitions.

In Spanish, this central cultural value is called ***Familismo.***

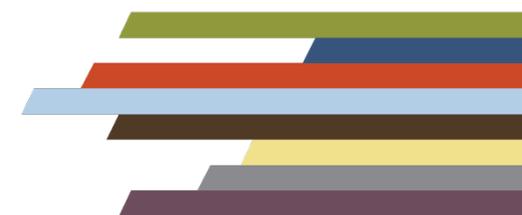
(Campos et al., 2014)



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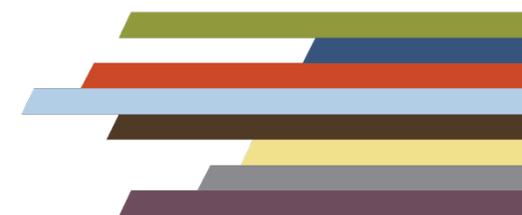
Personalismo and Confianza



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Respeto

The cultural value of *respeto* encourages deferential behavior towards people with higher social rank as designated by age, gender, authority or position.



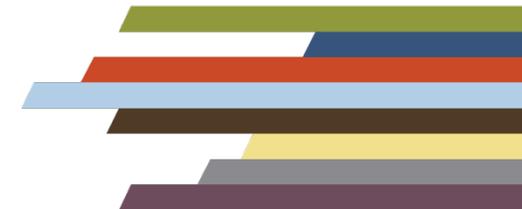
(Calzada et al., 2010)



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Religion, Faith & Spirituality

Psychological functions of spirituality

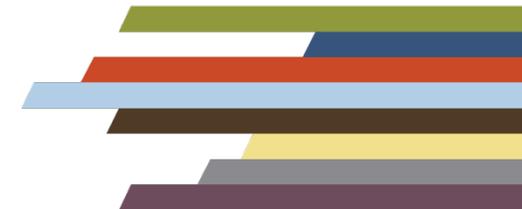
- Find meaning
- Gain a sense of control
- Gain comfort
- Gain intimacy (with others and with the sacred)
- Achieve life transformation



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How it helps & how it hinders

Many faith-based communities have a basic understanding of mental illness and for the most part will *refer* someone for professional help if necessary.

However...

Research has also shown that religious leaders have a strong role in setting the tone for the community's attitudes toward mental illness.

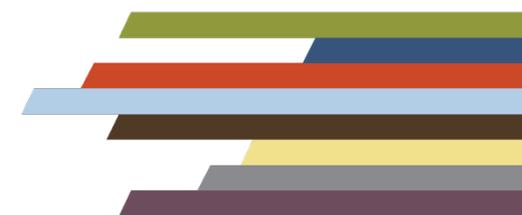
(Caplan,2019)



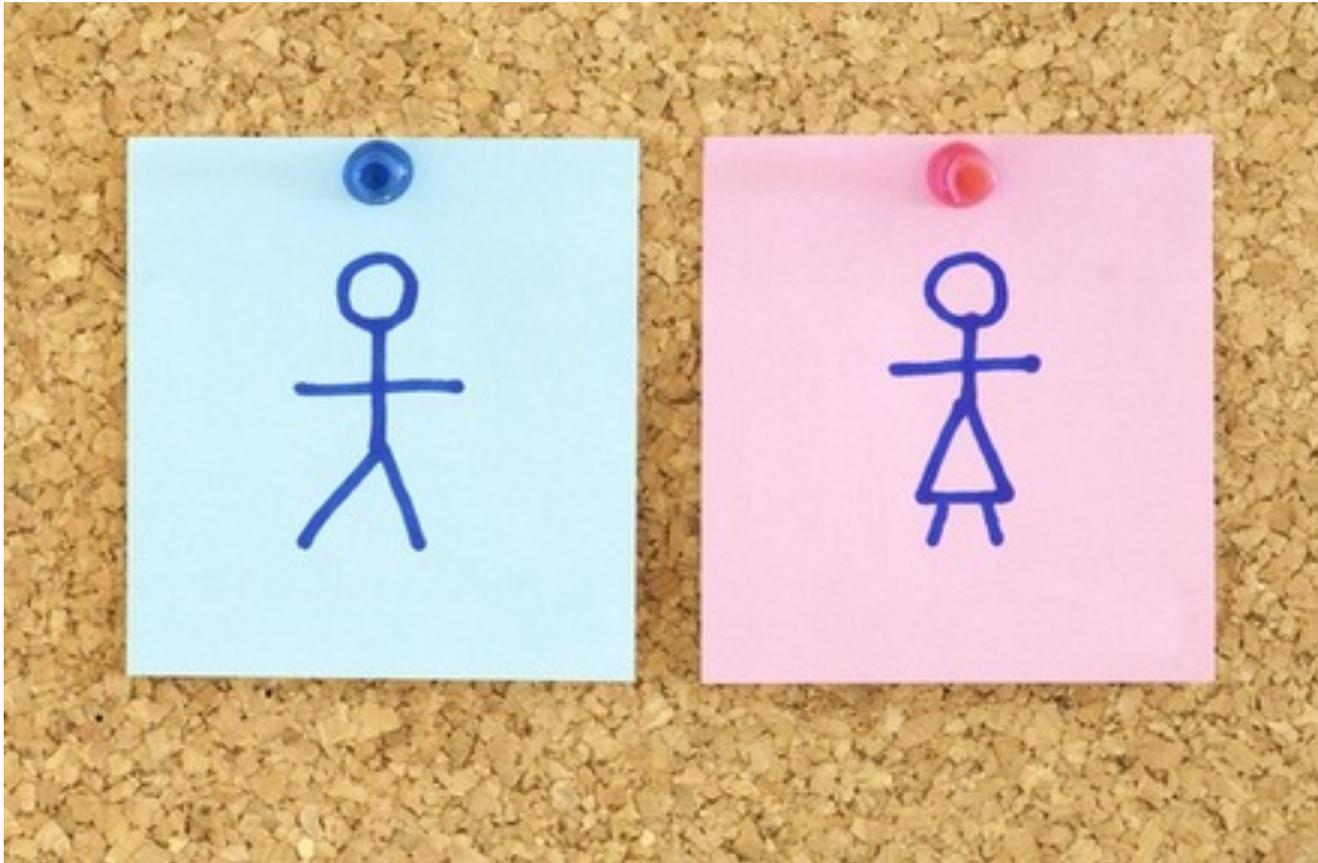
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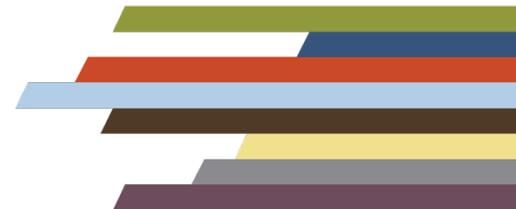
Gender Roles



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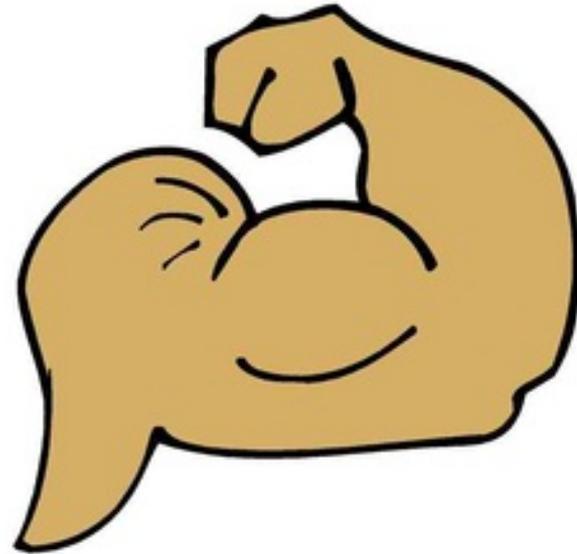
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Machismo

Beliefs and expectations regarding the role of men in society; set of values, attitudes, and beliefs about masculinity, or what it is to be a man.



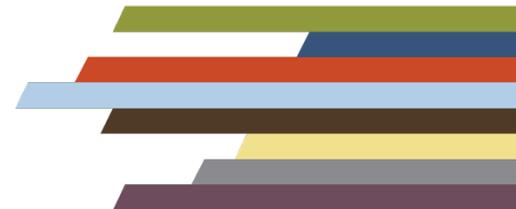
(Mirandé, 1997)



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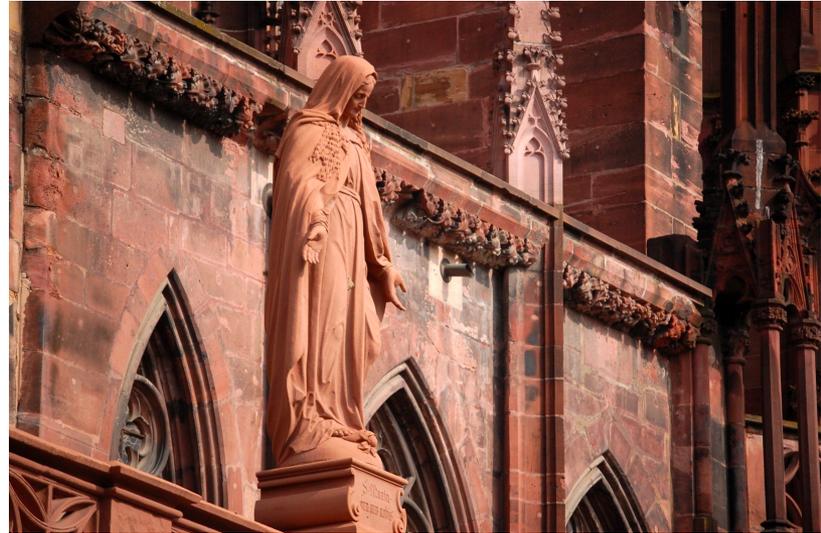
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Marianismo

A newer term for the feminine version of *machismo*, is connected to religious veneration of the Virgin Mary and tends to stress obedience to males, moral purity, motherhood, and self-denial.



(Gil & Vazquez, 1996).

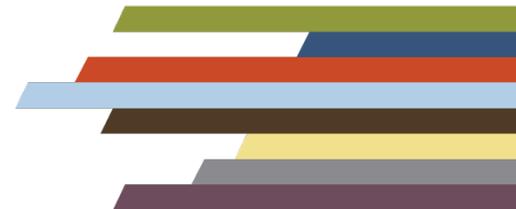


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This is slowly changing...

Significant factors include

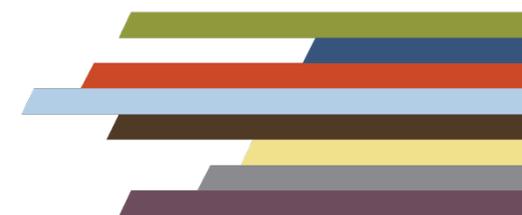
- Level of Education
- Socioeconomic status
- Biracial, bicultural or multicultural relationships
- Increased awareness
- Changing global economy and workforce demands
- Greater acceptance of fluid gender roles



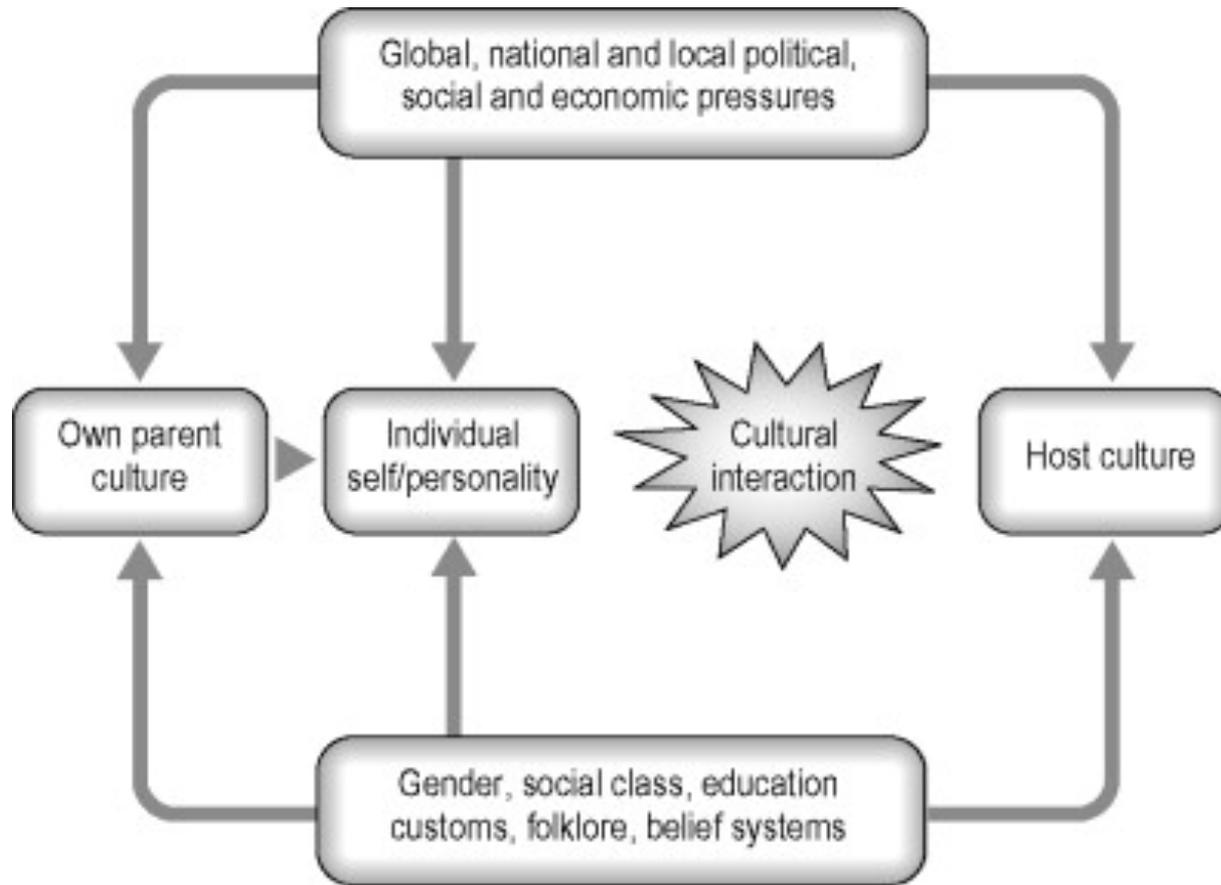
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Acculturation



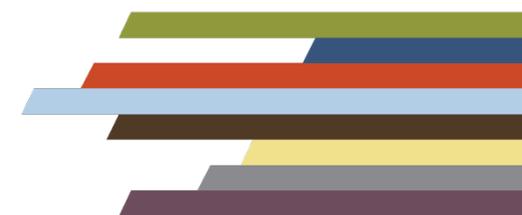
(Berry, 2006)



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John Berry's Model of Acculturation

Acculturation Model		
	Identification with Heritage culture: HIGH	Identification with Heritage culture: LOW
Identification with US culture: HIGH	Integration (Bicultural)	Assimilation
Identification with US culture: LOW	Separation	Marginalization

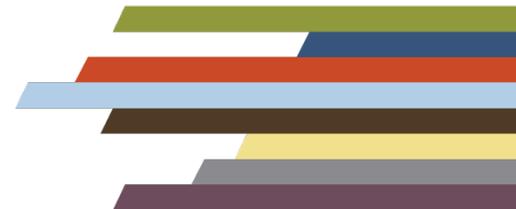
(Berry, 1997)



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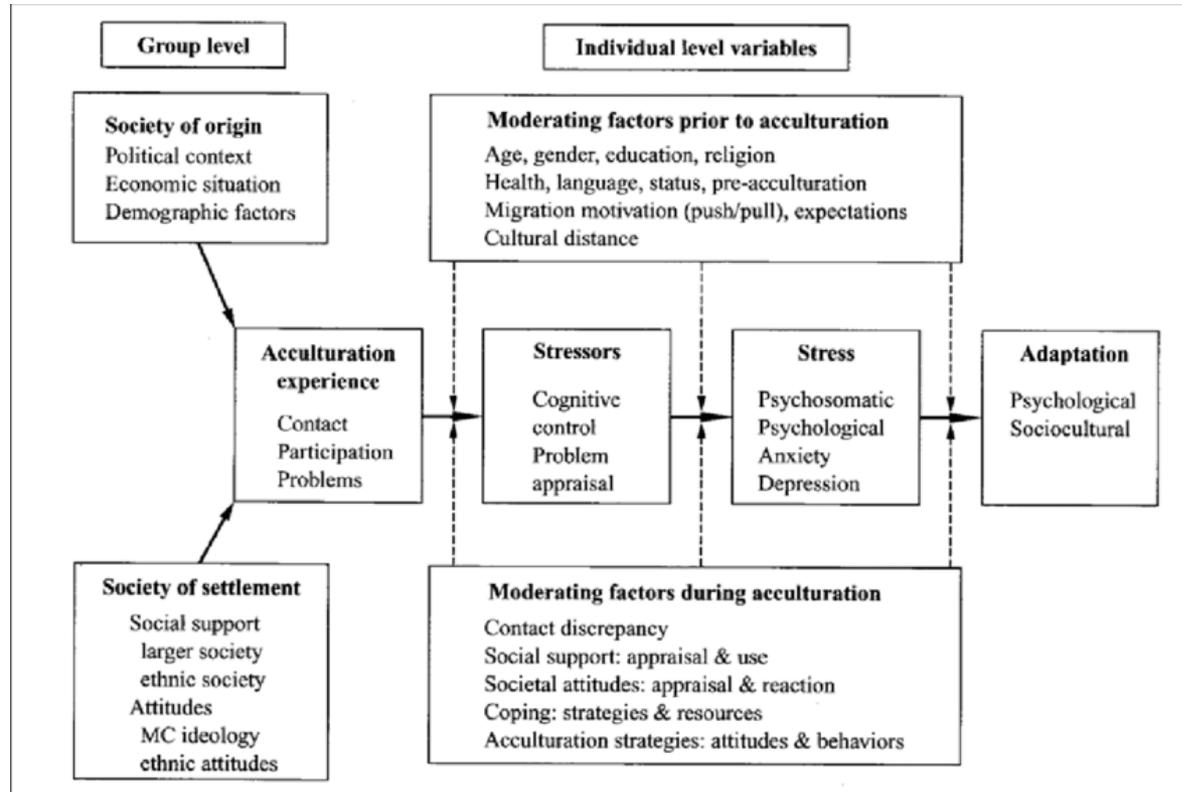
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Acculturative Stress

Stress response of immigrants in response to their experiences of acculturation.



(Berry, 2006)



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How we can help...

Cultural Humility

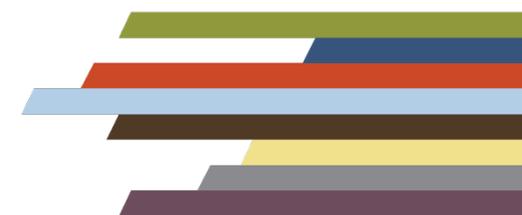
The American Psychological Association defines Cultural humility as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”



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Let's Chat...

In your experience, which of the cultural factors mentioned had the most impact on mental health and recovery?

Please share your answers in the chat box.

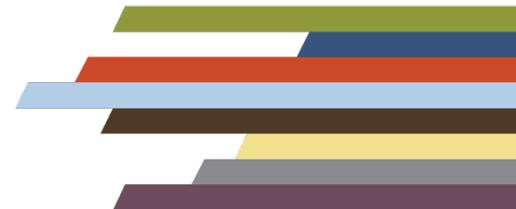


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Cultural Considerations

- In every community, culture infuses all behaviors
- Culturally expected expectations or patterns of responsibility can vary when compared to the expectations of the dominant culture (i.e. role of adolescent Latinos versus Latinas)
- Determining what is normal and expected behavior in multicultural families is “a culture-bound task” and important in working with these families
 - Clinicians should explore the function of behaviors in a family, while also exploring what the cultural norm is
 - this will offer insight into what the overall impact one’s cultural background has on their development and how it has impacted them overall

Questions to Consider

- When evaluating someone from a different country of origin, the evaluator needs to be aware of the extent of their acculturation within the mainstream society.
- Some suggestions of questions to ask:
 - (1) how assimilated is the individual to the host culture versus how much the person tries to avoid the host culture?
 - (2) Does the host culture marginalize the individual?
 - (3) Does the individual embrace the host culture while at the same time maintain his or her own cultural identity?
 - (4) How familiar is the individual with Western cultural norms?
 - (5) How much time has the individual spent in the United States?
 - (6) Are there language issues which may need to be taken into consideration during the forensic evaluation? (Frumkin, 2017)



Cultural Considerations



Cultural Concepts in DSM 5

- In an effort to improve diagnosis and care to people of all backgrounds, the DSM-5 incorporates greater cultural sensitivity
- DSM-IV listed culture-bound syndromes, DSM-5 provides:
 - criteria to reflect cross-cultural variations in presentations
 - gives more detailed and structured information about cultural concepts of distress
 - includes a clinical interview tool to facilitate comprehensive, person-centered assessments

Key Point!



In the case of a traumatized client, only addressing their presenting issue is like looking at the tip of the iceberg; when we are treating individuals with unresolved trauma issues, it is important to acknowledge how their trauma reactions (avoidant bxs, anxiety, fear, and negative cognitions) are interfering with overall functioning.



Assessing their trauma history?

- Can use a Formal screen/measure (Child PTSD Symptom Scale, Parenting Stress Index, Traumatic Symptom Checklist)
- Informal interview during initial and follow-up appointments

***Shifting our lens from “What is wrong with you?” but
“Tell me what happened to you?”***

Practical Application-When Trauma is Reported

First

- **Empathize:**
 - “I am so sorry to hear that. Thank you for trusting that you and I can work together to address this issue.”
- **Gather info:**
 - “How has his/her behavior changed since the incident?”
 - “How have you all gotten through this?”
 - “Who are your supports?”

Then

- **Inquire about symptoms and provide reassurance**
- **Provide education**
- **Consult/Connect:**
 - “I have some amazing colleagues who know just what to do in situations like these. Would it be ok if I connected you to some of them? I want to know that you will have additional support when you leave here.”

Treatment Considerations

- **Studies indicate that the quality of care afforded to Spanish speaking patients and their willingness to comply with treatment is improved by having a health care provider that speaks their language and understands their culture (Coalition of Spanish Speaking Mental Health Organizations, 1991).**
- **never utilize a “one-size-fits-all approach” when providing culturally competent services**
 - do not assume that a particular characteristic applies to all Latinos and make a general statement because there can be very different characteristics that exist among Latinos depending on which specific country they are from
 - significant changes may exist even within specific cities or towns for those individuals from the same country, for example, there are generally distinct differences in individuals from the “pueblo” or country versus someone who lives in the city

Treatment Considerations

- Obtain information regarding cultural variations within the clinical presentations of specific disorders
- Familiarize yourself with culture-bound syndromes
- Create a cultural formulation to aid in accurately assessing the impact of one's culture on their clinical presentation



Treatment Considerations

- Ask them about their story (How did they get here?)
- Trauma History
- Identification with Culture (Latino culture versus American culture)
- Family and Social supports

Migration Experience

- How did they get here?
- How long did it take them?
 - Was this their first attempt at crossing the border?
- What issues did they encounter during their migration?
 - Lack of food, water
 - Overwhelming Fear
 - Sexual and/or physical abuse
 - Threats to hurt their family

What is trauma-informed care?

Providing Trauma-Informed Care

Trauma-Informed System:

Recognition & response to the varying impact of traumatic stress on those who have contact with the system

Programs & organization within the system infuse this knowledge, awareness, and skills into their organizational culture, policies, and practices

The act in collaboration, using the best available science to support resilience and recovery

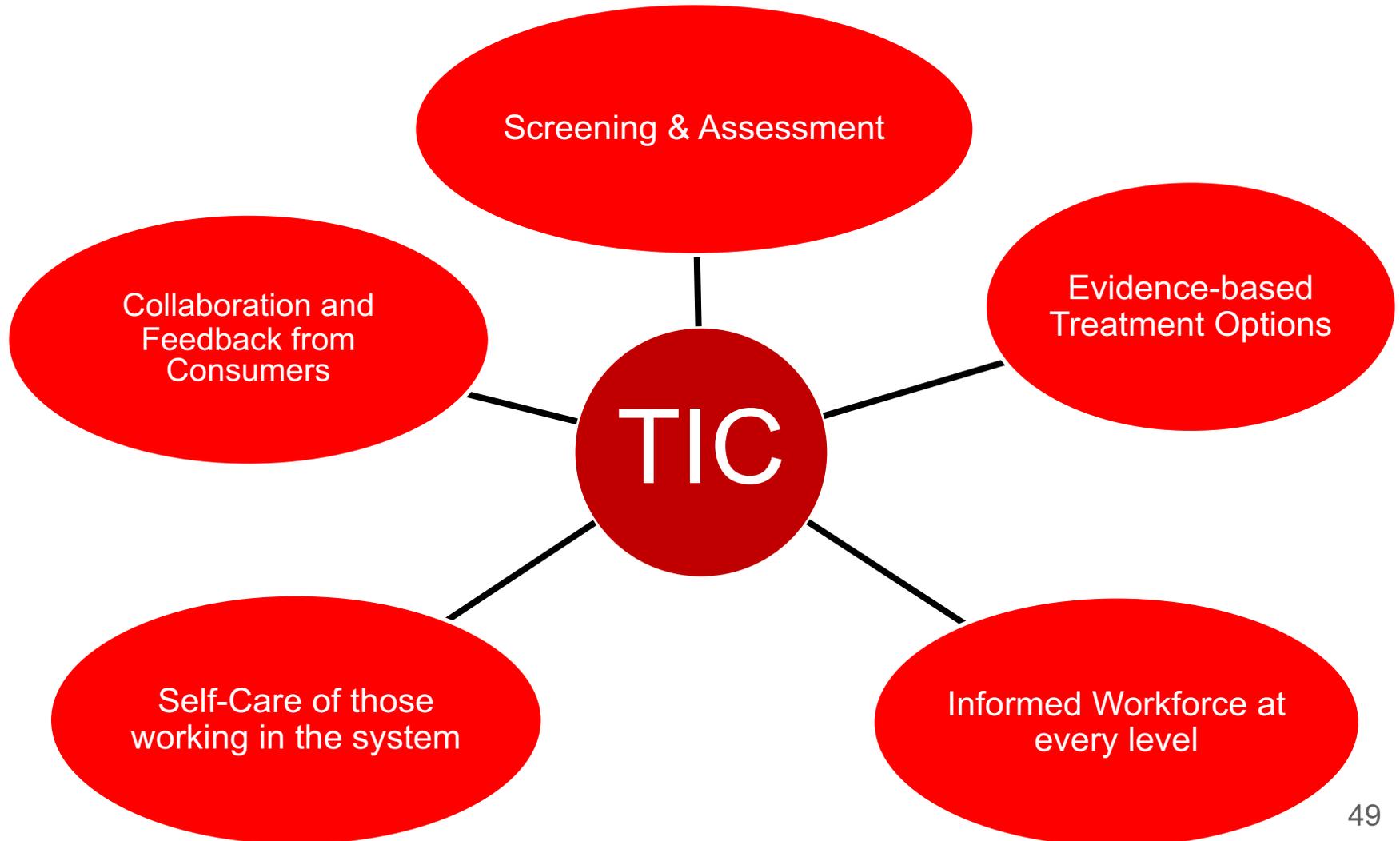
Trauma-Informed Clinician:

Clinicians are aware of and assess for trauma experiences and its impact on a patient, their family, and life

Clinicians, where they can, cultivate an environment of safety, predictability, and collaboration

Clinicians make an effort to promote resilience and use a strength based approach and make effort to address the underlying issues that precipitate maladaptive patterns of behavior

Components of trauma-informed care



SIGNS OF A CULTURALLY UNSAFE ENVIRONMENT

- Low utilization of available services
- 'Denial' that there is a problem
- 'Non-compliance' with referrals or prescribed interventions
- Unexplained anger
- Low self-worth
- Complaints about lack of 'cultural appropriateness' of tools and interventions

Cultural Safety 5 Principles



[Ball, J. \(2009\). Cultural safety in health care for Aboriginal Peoples. Presentations to the British Columbia Public Health Services Authority and Vancouver Coastal Health Authority. Fall, Vancouver. \[PDF\] \(2.9 MB\)](#)

[Poster: Cultural safety in practice with children, families and communities.](#)

[Presented at The Early Years Interprofessional Research and Practice Conference, Vancouver, February 1, 2008. \[PDF\] \(305 KB\)](#)

Setting the space

If trauma is about:

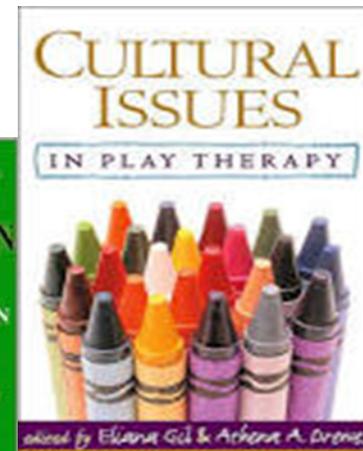
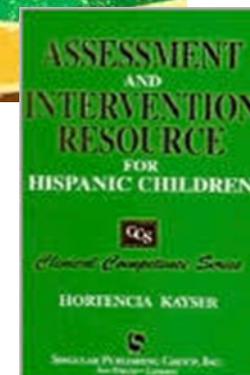
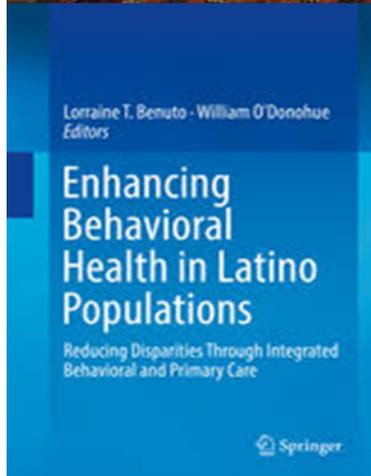
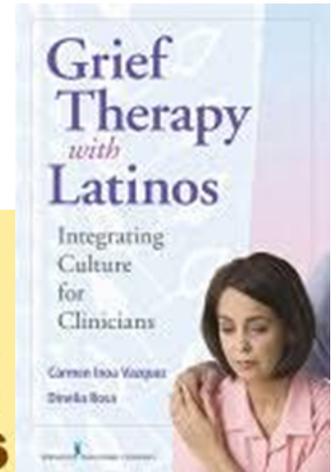
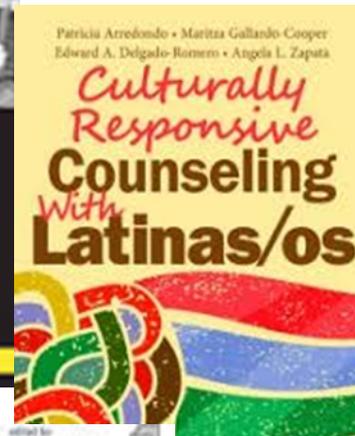
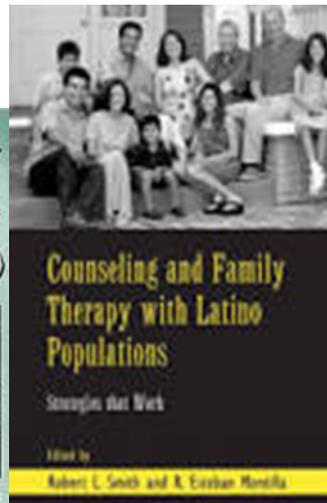
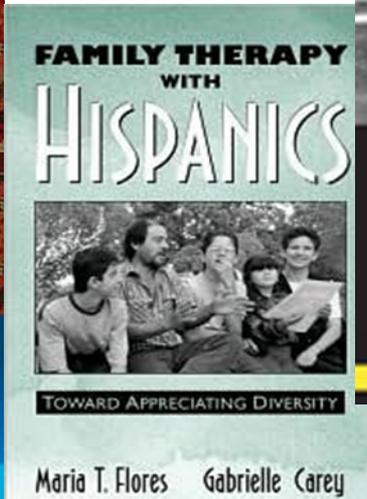
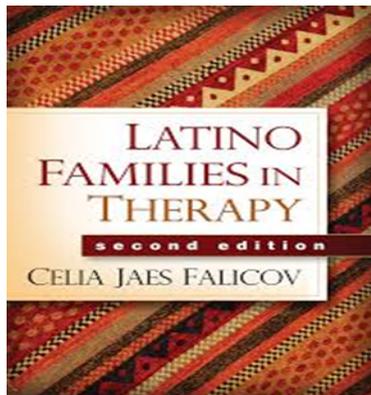
- 1) Lack of predictability
- 2) Loss of control
- 3) Lack of perceived safety
- 4) Negative worldview of self and others

Our role is to create an environment in the health setting that gives a sense of all of these and contrasts potential negative cognitions.

Take Aways

- Failure to acknowledge a client's cultural factors increases the risk of errors in clinical decisions or case formulations, use the cultural formulation for guidance
- Familiarize yourself with “culture bound syndromes”
- Acknowledge early on what are some potential barriers to treatment
- Be aware that clients from various cultural and/or racial backgrounds have different perceptions about things such as eye contact, body language, and open-ended questioning, all of which can impact rapport building.
- Be mindful of the impact of vicarious trauma and set aside time to care for ourselves so that we can truly be present for our clients

Helpful Books



“We don’t heal in isolation but in community”

-S. Kelley Harrell



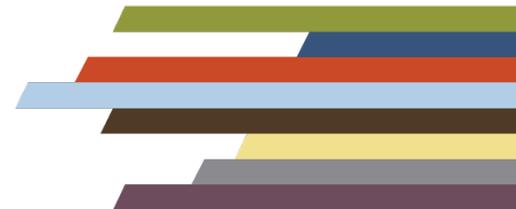
Q & A



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!Muchas Gracias!

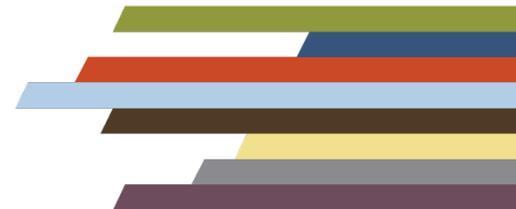
Thank you!



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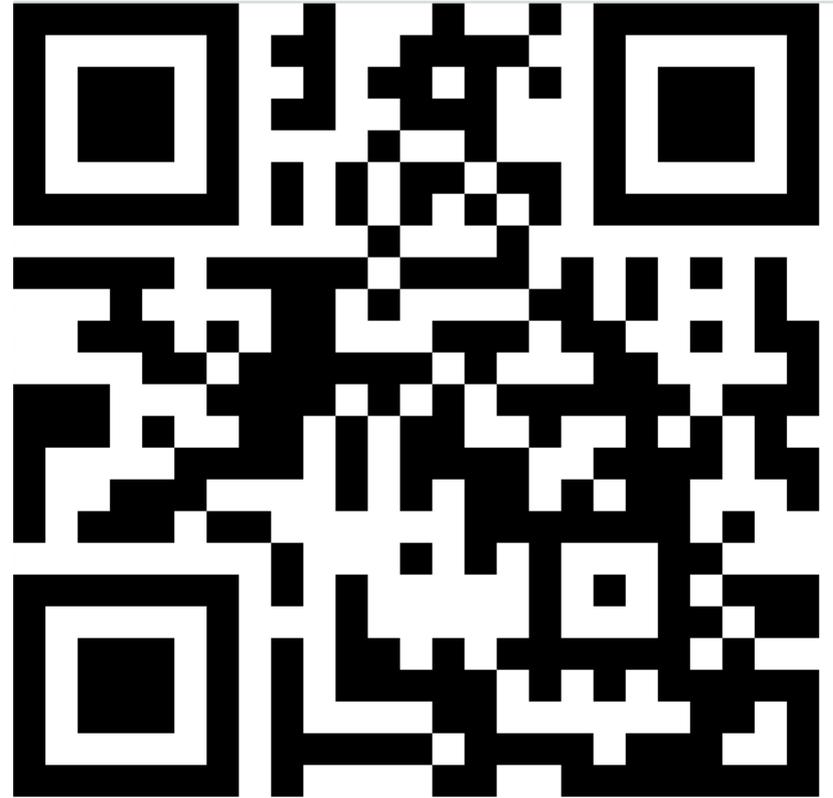
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We Need Your Input!

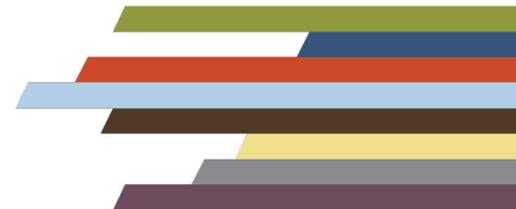
Please take a moment to complete this brief survey. We appreciate your feedback.



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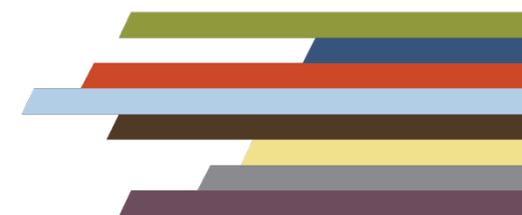
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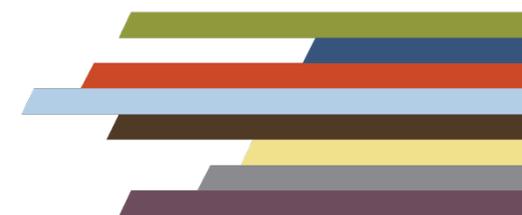
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