



NATIONAL HISPANIC HERITAGE MONTH PART II: THE EXPERIENCE OF BEING A NON-LATINO MENTAL HEALTH PROFESSIONAL WHO WORKS WITH LATINX CLIENTS: PROVIDING APPROPRIATE TRANSCULTURAL CARE



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
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Institute of Research, Education and Services in Addiction (IRESA)

The Institute of Research, Education and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

National Hispanic and Latino Mental Health Technology Transfer Center

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to adequate culturally and linguistically grounded approaches.

The School-Based Mental Health Project (SMH)

The School-Based Mental Health Project (SMH) of the National Hispanic and Latino MHTTC works specifically with schools, organizations, and professionals to strengthen their capacity to provide culturally and linguistically responsive school mental health services. This initiative facilitates training, technical assistance, and capacity building efforts led by experts in the field. Our goal is to increase awareness to attend to Latino students' mental health needs, promote the implementation of school mental health services that are culturally appropriate, encourage the use of promising and evidence-based practices, and disseminate information on practical strategies and implementation efforts of mental health services within a cultural context.

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INTRODUCTION

The National Hispanic and Latino MHTTC developed a two-part National Hispanic Heritage Month booklet. The booklet: *National Hispanic Heritage Month Part I: Unpacking What It Means to Work with Latinx Clients and Families* provides a snapshot of the National Hispanic Heritage Month, acknowledges mental health providers accomplishments, explain the diversity in Latinx culture, identify main issues and challenges and provide recommendations. Considering that Hispanics and Latinos are the largest ethnic minority group in the United States, the National Hispanic Heritage Month is the perfect moment to discuss and highlight issues and challenges to address the specific needs of Latinos with mental health disorders.

The current booklet: *National Hispanic Heritage Month Part II: The Experience of Being a Non-Latino Mental Health Professional Who Works with Latinx Clients: Providing Appropriate Transcultural Care* is designed to provide means to increase health equity among Latinx population. The main purpose is to:

- Describe approaches to enlist non-Latinx providers in our efforts to address Latinx health and behavioral health inequities.
- Provide strategies to increase the competency and proficiency of all providers who work with Latinx communities.
- Describe cultural themes to consider while providing mental health services for Hispanic and Latino clients that could increase practitioner's cultural responsiveness.
- Identify strategies to approach mental health services for non-Latino mental health providers.



National Hispanic and Latino
MHTTC Mental Health Technology Transfer Center Network
Funded by National Science Foundation and National Health Service Administration

Promoting culturally responsive
mental health services for
Latino agricultural workers who
bring food to our table.

Hispanic Heritage Month

September 15 - October 15, 2020

THE EXPERIENCE OF BEING A NON-LATINO MENTAL HEALTH PROFESSIONAL WHO WORKS WITH LATINX CLIENTS: PROVIDING APPROPRIATE TRANSCULTURAL CARE

Non-Latinos can provide culturally competent mental health services to Latino clients with appropriate training and background (Guilman, 2015).

NON-LATINO MENTAL HEALTH PROVIDERS

The National Hispanic Heritage Month is a celebration of the contributions of many Latinx to the United States culture. During this celebration and as a response to health disparities faced by Hispanic and Latinx communities during the COVID-19 pandemic, the National Hispanic and Latino MHTTC aims to raise awareness to non-Latino mental health practitioners who might be able to provide services in Spanish, or have some familiarity with Latino cultures, but who are uncertain how to provide the best care to our Latino clients. The Center believes that bridging non-Latino mental health providers with cultural humility and responsiveness skills, with Latinx communities presenting mental health conditions is a path to close some of the gaps in the delivery of health care.

There is a perceived value of matched race/ethnicity between health providers and consumers. However, findings have varied with regards to the impact of racial/ethnic matching on service utilization and outcomes (Cabral, & Smith, 2011; Chang, & Berk, 2009; Ruglass et al., 2014). Even if there were compelling evidence that racial/ethnic matching improves treatment outcomes, there is not enough Latino psychologists or other mental health providers to ensure ethnic matching with clients.

The number of Hispanics and Latinos in the United States will continue to grow. The U.S. Bureau of Labor Statistics (2015) reported only 11.5% of Latinx representation in education and health services. Around 5% of United States psychologists are Hispanic or Latino (American Psychological Association, 2018). Approximately 11% of United States social workers are Hispanic or Latinx. It is likely that many Latinx clients will be served by non-Latino psychologists and other mental health providers, some of whom may be unfamiliar with the cultural norms and expectations of their clients (APA, 2018).

A Review of the Basics About Latinx Populations

Statistics about Latinx living in the United States reported by the Census Bureau (2020):

**60.6
MILLION**

Hispanics in United States, which constitute about 18.5% of the Population.

65%

About 65% are US-born.

35%

Around 35% are foreign-born. Puerto Ricans foreign-born are citizen and legal residents.

29 YEARS

Median age is 29 years.

**29% OF U.S.
POPULATION**

Latinx populations will continue to grow about 119 million by 2060 (29% of U.S. population).

64%

About 64% are Mexican American descent.

REPRESENTATION OF LATINX IN DIFFERENT HELPING PROFESSIONS: WHAT DOES IT ALL MEAN?

We need to continue recruiting and training Latinx and non-Latinx providers on working effectively with the Latinx community.

The growth of the Latinx population exceeds and outpaces the growth of Latinx individuals in the helping professions. Matching should not be the goal, ethnic/racial matching does not always work best and other factors might be more significant than whether the client and the provider are both Hispanic and Latinx (Cabral, & Smith, 2011). Some data regarding different professions held by Latinos include the following:

7.5%

Latinx are less likely to work in life, physical, and social science occupations (U.S. Bureau of Labor Statistics, 2015).

6.6%

in computer and mathematical occupations (U.S. Bureau of Labor Statistics, 2015).

7.7%

Healthcare practitioners (U.S. Bureau of Labor Statistics, 2015).

6.3%

physician assistance (National Commission on Certification of Physician Assistance, 2019).

5.8%

active Hispanic physicians (Association of American Medical Colleges, 2019).

10.2 %

registered nurses (RN's) (U.S. Department of Health and Human Services, 2019).

9.3%

psychiatrists (Deville et al., 2015).

5%

psychologists (APA, 2018).

3.1%

social workers (Data: USA, 2017).



CULTURAL THEMES TO TAKE INTO CONSIDERATION WHILE PROVIDING MENTAL HEALTH SERVICES

The provision of mental health services that are culturally responsive to Latinx communities may require knowledge of the main cultural themes present in many Latino populations. Therapists can explore if clients see these factors as strengths and if so, they could be incorporated in the therapy process. Also, they can review if the cultural themes are risk factors that may influence health beliefs, help seeking behaviors, perceptions about behavioral health services, engagement and treatment outcomes. Here is a list of the main themes that practitioners may take into consideration:

***Diversidad* – diversity**

La diversidad means the diversity of Latin Americans in the United States. The diversity within Latin American culture includes ethnicities and languages. All major United States racial categories are represented in Latin America:

- European
- African
- Indigenous
- Asian
- Middle Eastern and North African descent

Race/ethnicity functions differently in Latin America than in the United States. Often racial boundaries are not as clearly defined due to earlier histories of interracial mixing (*mestizaje*). Elites across the region tend to be of European, Indigenous, African, Asian, or Middle Eastern descent.

Lenguaje – language

Non-Latino Spanish speakers’ providers can treat Latinos who speak Spanish or are Bilingual (Spanish/English), and practitioners may have learned Spanish in regions different from their clients. Spanish clinical language has a distinct vocabulary from Spanish lay language, just as any other language is distinct from lay English. Bilingual practitioners should learn both clinical and lay Spanish (Owen et al., 2015). Spanish words that mental health providers can use in sessions include lay vocabulary to describe emotions and ordinary experiences, also clinical vocabulary to describe disorders/symptoms like (Washburn Center for Children, 2015):

- *Qué pena.* – How sad, what a pity.
- *Me dió mucho coraje.* – It made me very angry.
- *Quiero desahogarme.* – I want to get things off my chest.
- *Trastorno de déficit de atención* – Attention Deficit Disorder
- *La depresión, el pánico, la ansiedad* – depression, panic, anxiety
- *Estado de ánimo* – mood

It is important as a clinician to consider clients country of origin, education level, and intention of intervention when using lay versus clinical language (Owen et al., 2015). Examples of differences in language according to area include:of protective cultural factors.

Caribbean Spanish	
<i>Él es un tigre</i>	When describing a rambunctious child.
<i>Fue un revolú</i>	It was a big mess/confusion.
<i>Espérame un chin</i>	Wait a second for me.

Mexican Spanish	
<i>Ahorita</i>	It could have three meanings about doing something immediately, later or never.
<i>Platicar</i>	To chat or talk.
<i>Nos miramos</i>	See you!
<i>Esos chamacos, güeyes, cuates</i>	Those kids, guys, brothers.



Personalismo – personalism

A more personalized approach may promote engagement when working with Latinos. Mental health providers may consider asking about family members or include family members in therapy sessions. Boundaries with Latino clients are different from non-Hispanic groups (Falicov, 2014). Some of the words to consider are (Arredondo et al., 2014; Washburn Center for Children, 2015):

- *Use of Usted vs. tú, vs. vos (in some countries)* – know which to use by asking your client during the first encounter.
- *El doctor, la doctora* – position of respect, Latinos may expect more directive therapy at first.

Familismo – familism

“Family comes first.” Family is considered a cultural element in Latino families. Latino cultures focus on family functioning rather than on autonomous individualism (Arredondo et al., 2014; Falicov, 2014). This information is crucial when providing psychotherapy, where most traditional models include an individualistic perspective. Some tips that are crucial to understanding is that:

- Many Anglo-American psychotherapies and theories prioritize individualism over collectivism.
- Family therapy is a useful and effective modality for Latinos (Falicov, 2014).
- Acknowledging the family’s role in therapy may include:
 - Ask about significant family members and their relationship with them.
 - If parents of infants or small children do not have day care, try to schedule telehealth appointments during the time children are sleeping or when someone else can provide supervision.

***Machismo and Marianismo* – machismo and marianism**

Machismo and marianismo may be exaggerated and stereotypical ways to view gender roles among Latin Americans (Arredondo et al., 2014). Non-Hispanic mental health providers can acknowledge sexism in Latin America, as well as in United States.

- Latin America has a long history of female university education.
- More female presidents in Latin America (9), than the United States (zero).
- In some parts of Latin America, masculine gender norms may allow for greater emotional expression than among White Anglo men.
- Latinas may themselves be very critical of social expectations for women.

***Espiritualidad and Religión* – spirituality and religion**

Spirituality and religion often play a central role in Latinx clients' lives. Spiritual and religious beliefs may also influence clients' sense of purpose, self-discipline, humility, acceptance, and the meaning they provide to suffering (SAMHSA, 2014). Latinx individuals practice Catholicism, Christianity, Protestantism, Pentecostal, Muslim, Jewish, among other religions. They may also engage in traditional spiritual practices like praying, meditation or other folk healing practices (i.e., curanderismo).

Spirituality in Latinx culture is one of the key issues that influence mental health because it impacts the client's worldview, including the client's view of therapy, psychiatric medication, and recovery and healing practices (Arredondo et al., 2014). Religion is embedded in Latinx culture through the practice of ceremonies to celebrate birth or deaths of loved ones or to feel more connected to God or to a superior being. For example:

- *Bautismos* – baptisms
- *Día de los Muertos* – day of the death
- *La Virgen de Guadalupe* – the Virgin of Guadalupe
- *Oración* – prayer

Some of the questions to consider while exploring spirituality and religious beliefs may include (American Psychiatric Association, 2013; Hays, 2013):

- Were you brought in a religious or spiritual tradition?
- Do you identify with a religion or have a spiritual practice now?
- What are the most important aspects of your background or identity?
- Are there any aspects of your background or identity that make a difference to your problem?



***Compromiso* – commitment**

Compromiso refers to forming a commitment to working with Latinx communities. For non-Latinos, it is important to demonstrate an ongoing commitment to working with Latinos. Linguistic and cultural knowledge are markers for commitment, but so is showing up. Some recommendations that demonstrate commitment includes (Arredondo et al., 2014; Cabral, & Smith, 2011; Falicov, 2014; Goldberg, Looney, & Lusin, 2015):

- Experience first-hand Latin America by traveling.
- Take university-level classes in Spanish, courses on Latin American history and culture.
- Visit Spanish-speaking neighborhoods in United States and frequent Latino-owned businesses.
- Seek rotations on Spanish-language in-patient units.
- Reach out professional opportunities to train and receive supervision in Spanish from psychologists from Mexico, Spain, Argentina, Dominican Republic or other countries from Latin American.
- Educate yourself about recent and past political events in your clients' countries of origin.
- Be present at public events in the Latino community and acknowledge important holidays and traditions with clients such as (Goldberg, Looney, & Lusin, 2015):
 - *La Posada* (Xmas event)
 - Community dance events
 - Art exhibits by Latino artists
 - Music concerts
 - *Día de los Muertos*
 - *12 de Diciembre* (Virgin of Guadalupe)
 - *Quinceañeras*
 - National Hispanic Heritage Month events

Compromiso – commitment (cont)

- Create a welcoming office space by including items representative of your own cultural background, and those with meaning to your clients. Some examples could be a map of Latino America, religious figures, information in Spanish, among others.
- Inquire about the impact of immigration experience and traumatic experiences. Latin American cultures tend to place more importance on the past than White American culture (Stewart & Bennett, 2011). Also, complex traumatic experiences of immigrants' pre-immigration impact their current mental health.

STRATEGIES TO APPROACH DIVERSITY IN PSYCHOTHERAPY

- Assume a position of cultural humility and curiosity about the lives of others (Owen et al., 2016).
- Educate yourself about the countries and regions where your clients come from, including past trauma and historical events in Latino America, which include (Stewart & Bennett, 2011):
 - Mexican American War (1848)
 - California, Nevada, Utah, Arizona, and New Mexico
 - Spanish-American War (1898)
 - Puerto Rico, Philippines, and Guantánamo Bay in Cuba
 - European colonialism
 - Forced labor and conquest of indigenous communities (e.g., Chumash in Santa Barbara, CA)
 - Widespread enslavement of Africans
 - Extractive economic systems similar to South American, based on large-scale production of commodities



STRATEGIES TO APPROACH DIVERSITY IN PSYCHOTHERAPY (cont.)

- Make space for talking about the past and about your/their home country (or family's home country) and immigration story in psychotherapy. Some Latinx clients present symptoms related to the paranoia that result from living in oppressive countries and appear as distrust in the therapeutic process, providers, and other authoritative figures. Anxiety/panic/*nervios* may be present among Latinx clients due to the contextual aspect of current immigration policy and raids on immigrants across United States.
- Use resources like the Washburn Center for Children Spanish Clinical Language and Resource Guide to review the translation of specific words from English to Spanish (Washburn Center for Children, 2015).
- Recommendations for monolingual and bilingual practitioners include:
 - Monolingual (English) practitioners
 - Be aware that emotions may be conveyed differently in different languages; sometimes, the native language carries a different affective charge than the acquired language.
 - Encourage clients to switch to Spanish when discussing emotionally charged material, even if the clinician does not understand (Guilman, 2015).
 - Bilingual (English/another language) practitioners
 - Use what you know about being bilingual to aid your clients. Share your experience of bilingualism/biculturalism.
 - Be humble when clients' use of language and your use of language differ – this is considered a learning opportunity.
- The ADDRESSING Cultural Differences Sketch is a resource that can help mental health providers explore influences that affect their view of clients and explore privilege by checking if they or their clients are part of the dominant group or nondominant/minority group (Hays, 2013). This sketch could help to identify oppression and privilege that could be addressed in therapy.

A - age and generational influences
D - developmental disabilities
D - other disabilities
R - religious and spirituality
E - ethnic and racial identity
S - socioeconomic status
S - sexual orientation
I - indigenous heritage
N - national origin
G - gender



SEVEN TIPS TO APPROACH RACE AND ETHNICITY IN PSYCHOTHERAPY WITH LATINOS

1. Be aware of their nationality rather than United States. Categories of race may be a stronger marker of identity for Latinos living in the United States (Falicov, 2014).
2. Do not assume that phenotype equals genotype or identity. Someone may have dark or light skin and not consider themselves to belong to the racial/ethnic group that they would belong to in United States.
3. Discuss the influence of class. Within Latin America, class divisions tend to be more prominent social divisions than race.
4. Consider urban and rural divide and indigenous identities.
5. Be willing to acknowledge your own racial/ethnic identity (SAMHSA, 2014).
6. Explore ethno-racial trauma. It is considered like the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination; threats of harm, violence, and intimidation directed at ethno-racial minority groups (Chavez-Dueñas et al., 2019).
7. If you speak Spanish and you are not Latino, clients will have curiosity about how you acquired it (Guilman, 2015). To not answer, questions about language acquisition or race/ethnicity may be perceived as hostile, strange, or may invoke fear and doubt. Be prepared to give a brief explanation and move on (Guilman, 2015).
 - “I lived in Chile and Argentina for a few years.”
 - “I learned Spanish at school and did supervision in Spanish”
 - “I know there is a need to Spanish speaking therapist, so I decided to learn Spanish”

CONCLUSIONS

The National Hispanic Heritage Month is an important celebration of the legacy Hispanic and Latinx communities. At the same time is an opportunity to create awareness about main issues and to provide innovative solutions. The National Hispanic and Latino MHTTC believe in training and capacity building of providers of diverse backgrounds on how to deliver culturally responsive mental health services. The delivery of mental health services to minority groups starts with being aware of our own bias, perception, and privilege position. Then, knowledge of the client's cultural backgrounds and factors that are impacting their mental health. Last, a commitment to continue learning about Latinx culture. Non-Latino practitioners that serve Latinx populations may need to understand that:

- You do not have to be Hispanic/Latino/Latinx to work with Latinx communities
- You do not have to speak Spanish.
- Being Hispanic/Latino/Latinx does not mean you have the skills to work effectively within same groups.
- You do have to be skilled/well trained in your discipline and have a blend of important “common factors.”
- You do have to be open to learning from your clients: cultural humility, proficiency or responsiveness.
- You do need additional, continuous training: culture is fluid and dynamic.



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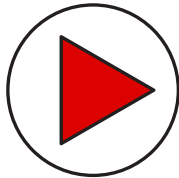
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