



Increasing Cultural Connection with Hispanic and Latinx Clients: Incorporating Strategies to Effectively Engage Hispanic and Latinx Clients

Highlights & Key Concepts

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Summary Ideas:

Incorporate strategies to effectively engage and intervene with Hispanic and Latinx clients

- There are three primary belief systems of the origin of illness:
 - Personalistic
 - Naturalistic
 - Biomedical
- All cultures have their own combination of these beliefs, which influence their practices.
- Theories of health and illness help clients understand their experience of illness and are the foundation of the basis of their understanding of the need for change.
- Providers who are open and nonjudgmental will be better able to help clients formulate usable plans for treatment.

Applying culturally-centered interventions when working with Hispanic and Latino individuals 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
- Note: Due to *respeto*, the value of respect, Hispanic clients may be less likely to express disagreement with individuals who hold positional power.

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

Here are eight examples of adaptations based on the eight areas listed above:

- **Language:** The provider should clarify any meanings that are conveyed through idiomatic sayings or metaphors, e.g., "I have a stomach bug" does not mean an insect is inside my stomach but rather that "I have a stomach illness."
- **Persons:** Treatment may include multiple members of the patient-defined family.

- **Metaphors:** The provider must remain mindful of the differences in the personal involvement of the provider and client as an individual or family goes through changes.
- **Content:** Treatment needs to be holistic and may need to incorporate spiritual or other elements from the patient's culture.
- **Concepts:** When choosing a theoretical framework to use, ensure that it is consistent with the cultural concepts of the individual who is being served.
- **Context:** Treatment needs to focus on developing rapport with the client to create an accepting and supportive environment.
- **Methods:** Hispanic and Latino clients may feel more comfortable participating in treatment methods that they are already accustomed to. Including trusted individuals and offering services in the preferred language can increase clients' comfort.
- **Goals:** Treatment must incorporate values, customs, and traditions that are integrated into the client's understanding of the problem and continue the integration of these concepts through the goal-setting process.

Questions & Responses:

Q1 *What questions surface most often when you train providers to be more effective in their approach with Hispanic and Latinx clients?*

A1 I think that many times, the question is how do I do this with everything else that I'm doing? Often, they see cultural competence as something extra they need to do, as opposed to seeing the adaptation part of it, where it's not that we're creating something new. It's that we're adapting and helping the things that we are doing better serve the people that we're actually serving. Other questions that I see often: are we actually reaching the people we're trying to reach—and how would I know? When I do have to adapt an intervention, how do I know that it is actually effective? And how do I measure that effectiveness? And I think that's a question that we have both on the agency level - how do I make sure that the entire organization is doing this - but then as a clinician - how do I know that I'm being effective? How do I assess that?

Q2 *We know our MHTTC network and the field place value on evidence-based practices and with good reason. Yet we also know some EBPs haven't been researched with diverse communities. What is your perspective on providers using EBPs while keeping cultural identity and issues in mind?*

A2 So in our webinar, we talk about eight different cultural adaptations, and choosing the appropriate method to reach our clients is just one of them. With evidence-based practices, that speaks directly to the method we're using: are we using methods that are culturally competent and that can really reach the audience that we're working with? Whether that it is generational, whether it is racial, language, whatever it might be. When we think about EBPs, that's just one element. There are so many others that really can also help and support. And so, if you're not using something that has that EBP "seal of approval" on it, there are still multiple other ways to make sure that you are adapting your intervention to be culturally appropriate.

Q3 *How can we all continue our journey to better serve people from Hispanic and Latinx communities, knowing we may still have much to learn? Any words of*

wisdom to people striving to approach their work with humility, but also connecting to culture, which is so important?

A3

Research shows that the best thing you can do to become more culturally humble is get experience. On a daily basis, how many cultures are you interacting with, or do you see on social media? Do you learn different things about different cultures? Do you have friends or connections from different cultures in your agency? Do you move toward things that are familiar? You know, just as humans, that's what we do, and so are you challenging yourself? Are you going to different places in your community that might be for people of a different culture? Are you exploring them? A lot of that comes with just having an open mind. Ultimately, being open to different cultures has to happen within. It's an attitude, it's a perspective. Getting experience challenging yourself, finding where you're most uncomfortable, and then reaching out head on, that is how to grow in that area. But it takes a lot of courage—it really takes courage for that open-mindedness.

Resources:

- [Psychiatry.org - DSM-5 Assessment Measures](#): see the Cultural Formulation Interview (CFI)
- [Recording of the webinar with Dr. Evans and accompanying slides](#)

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