
Providing psychological services to members of the Latinx community: Cultural considerations

Panelists:

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Objectives

The purpose of this seminar is to enhance existing information, continue to sensitize, and provide additional skills helpful to psychologists in training when working with someone who identifies as Latinx. Through references provided, didactic presentation, and small group discussion the following objectives are addressed:

1. Doctoral interns will enhance their knowledge about considerations when working with members of the Latinx community, using developmental, psychological and social dimensions.
 2. Doctoral Interns will be more able to identify values, beliefs and world views that someone from the Latinx community might bring when seeking psychological services; will enhance awareness of how these may differ from their own, as well as those current and historical values that inform and have informed our profession; and will consider what the implications of these differences might be for the process of psychological intervention (assessment, therapy, etc.).
 3. Doctoral Interns will develop enhanced awareness of their own world views, values and beliefs, and how they might impact their work with people who identify as Latinx. In this context, the goal is enhanced awareness and knowledge of issues related to ethical and culturally competent professional practice (practice and content).
 4. Doctoral Interns will explore majority culture values, beliefs and world views, and will become more sensitized to how these have permeated areas of psychological practice, including diagnosis, assessment (both formal and interview), and clinical intervention, potentially leading to sources of conflict and misinterpretation
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Decolonizing Mental Health

When we talk about mental illness simplistically in terms of labels and treatment, we perpetuate a continuation of colonization and avoid the hard work of exploring the issues and trying to address the root causes of distress.

Decolonizing Mental Health

Those who come for treatment are promptly given a label and then tend to receive a medication.

Someone who has dealt with their recent ancestors losing their lands, being forced to immigrate and often forced to assimilate into Western culture is likely to experience emotional distress.

Simply labeling this person as depressed, offering an antidepressant or trying to talk them through it with cognitive behavioral therapy is a further form of colonization, requiring them to be treated by a mental health system that ignores underlying wounds.

Decolonizing Mental Health

Creativity and hope

Strengths and person-in-environment perspective that allows you to assess the simultaneous forces of history, social structure, human agency, and political context.

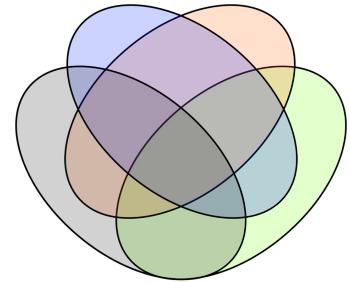
Pay attention to process of cultural change

Multicultural personality context

Intersectionality

Critical openness and capacity for dialogue.

Frame your own critical encounter.



[Intersectionality | Definition of Intersectionality by Merriam-Webster](#)

Decolonizing Mental Health

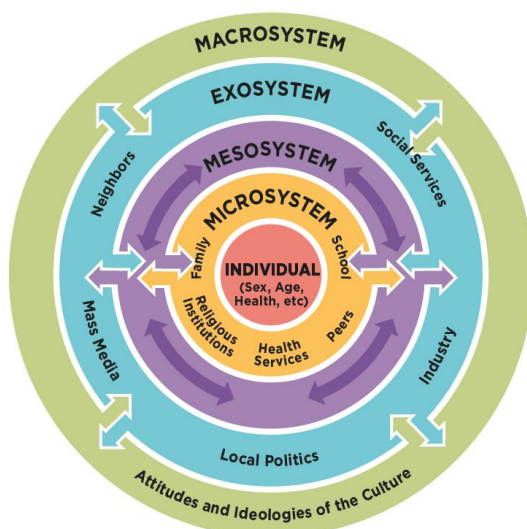
What individuals/Hispanic/Latinos/Latinx use to deal with stressful situations, anxiety, depression and other mental health disorders.

- Different from person to person
- Community pride
- Family
- Spirituality
- Resiliency

All generalizations are false,
including this one.
Marc Twain.



All human behavior may be viewed as occurring
within multiple systems



Bronfenbrenner, 1979

Cultural Competency and Cultural Humility

A Life of Learning Instead of Knowing



Broad Stroke Characteristics of Majority, Euro-American Culture (usually)

Culture

Standard English
Verbal communication
communication
Individual centered
Verbal/emotional/beh'l
expressiveness
Client-counselor commctn
Openness and intimacy
Cause-effect orientation
Clear distinction between
physical and mental well-being
Nuclear family structure

Middle Class

Standard English
Verbal communication
Adherence to time schedules
Long-range goals
Ambiguity

Language

Standard English
Verbal

Broad Stroke Characteristics of Latinx Culture (hxally)

Culture

Spanish-speaking bknd
Group/community centered
Temporal difference
Family orientation
Different pattern of commctn
Religious distinction between
mind and body
Extended family foundational

Middle Class

Non-standard English
Action oriented
Different time perspective
Immediate short-range goals
Concrete, tangible, structured approach

Language

Bilingual

Cultural Considerations in the Latinx Community: The importance of values

Though heterogeneous in many ways, the Latinx community also often shares overarching cultural values. It is important for clinicians to be aware of what these values are in order to explore if, to what extent, and how, they may be relevant for a particular client.

1. Family (*familismo*)
2. Individualism/individual independence....community
3. Cooperation/collaboration/collectivism
4. Large networks and relationships

Values...#2

5. Power distance (relational)
 - a. *Respeto*
 - b. *Simpatía*
 - c. Personal space
 6. *Personalismo*
 7. Values related to affiliation vs confrontation
 8. Language
-

Values....#3

9. Physical and emotional well-being
 - a. Indigenous helper networks
 10. Cultural fatalism
 11. Role of religion and religiosity
 12. Present time orientation
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Process of Cultural Change

Assimilation

Separation

Integration

Marginalization

Transmutation

Cole, Nicki Lisa, Ph.D. "Understanding Acculturation and Why It Happens." ThoughtCo, Dec. 30, 2020, [thoughtco.com/acculturation-definition-3026039](https://www.thoughtco.com/acculturation-definition-3026039).

How does culture impact therapy?

— Breakout room activity #1 —

Considerations for the discussion

- Can rapport be created genuinely if you have overt biases toward the person's culture?
- Is your ability to measure clinical outcomes impacted if you are not fully aware of the inner workings of the patient's culture?
- How does your own considerations about your culture, affect the way you treat a person of your same culture?
- If someone is having a clear difficulty that stems from their culture's customs and/or beliefs, how would you manage it in therapy?

Emic V. Etic

What are the differences?

Emic - Inside view (sees how culture impacts an individual)

Etic - Outside view (does not see relevance in how culture impacts specific conducts and maladaptive behaviors)

Which one are you?

Etic

- A therapist that believes disorders behave in the same way in every society.
- Does not have to adapt therapeutic method to meet cultural need.
- Diagnosis, treatment and symptoms are universal.

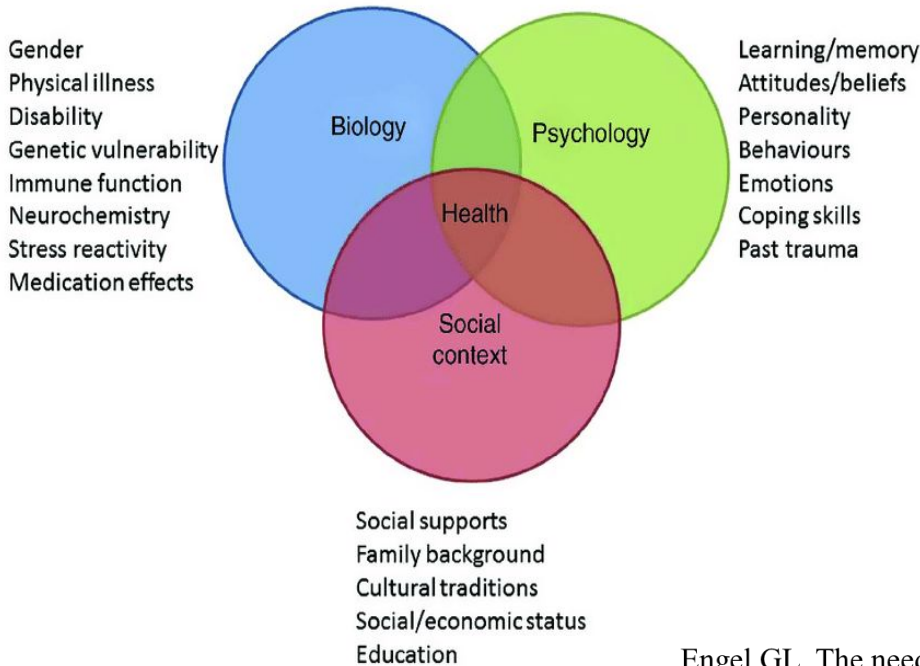
Emic

- A therapist that believes that many factor play a role in diagnosing and treatment.
- Its crucial when to integrate cultural needs in the process for a more efficient and effective process.
- Only symptoms and diagnosis are universal.

Even if mental illness is universal, the way in which groups of symptoms are confronted, discussed and managed will vary per group; cultural meaning and practices shape its course

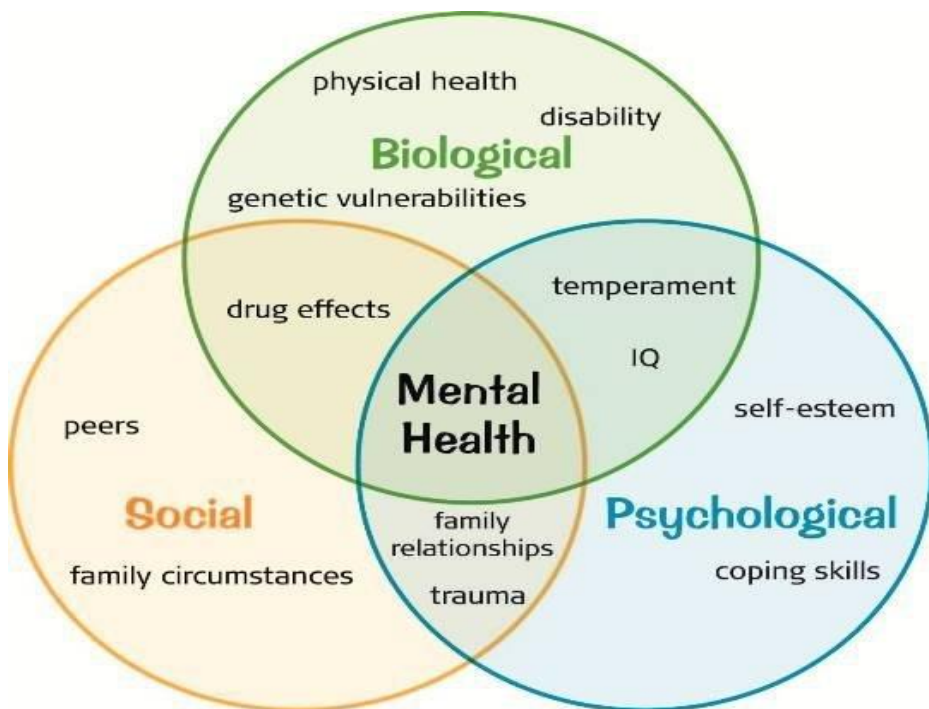
Kleinman (2004)

Biopsychosocial approach to understanding health



Health and illness are the product of biological characteristics (genes), behavioral factors (lifestyle, stress, health beliefs), and social conditions (cultural influences, family relationships, social support)

Engel GL. The need for a new medical model: A challenge for biomedicine. *Science*. 1977;196:129–36.



This model provides clinical practitioners with a multidimensional framework to improve and appreciate variations in patient outcomes through a method of conceptualizing patients that examines a range of factors across macro-and microlevel systems.

Engel GL. The need for a new medical model: A challenge for biomedicine. *Science*. 1977;196:129–36.

Culture and Psychotherapy

Cross-Cultural treatment

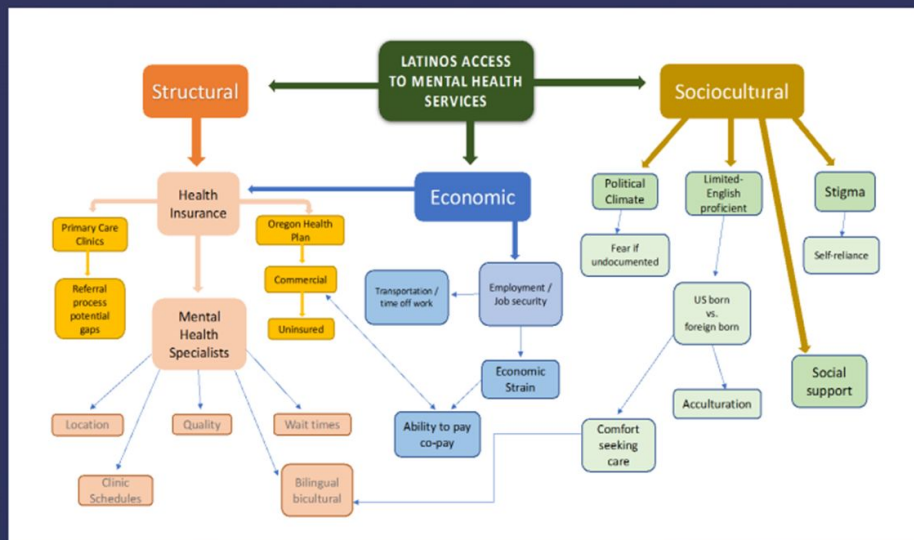
- A philosophy of treatment in which the therapist takes into consideration the inner workings of one's culture. It is understood that culture will be a looming presence in all the individuals decisions and it will be taken into consideration at all times.
- What to consider:
 - Clinicians need to consult with family members and or clinicians with proper knowledge of the culture
 - We cannot assume that people across culture see or label emotions in the same way
 - Not all groups value the independent view of the self as western society has.
 - Focus on self v. focus on others

Research and findings

- MBCT was evidenced to be more effective dealing with anxiety and depression in Japanese patients when compared to cuban americans. (Ando et al, 2019)
- Culture adapted trauma focused cognitive behavioral therapy was more effective by itself than drug based intervention and combination of drug and TFCBT. (Ramirez et al, 2019)
- Intervention in same language are twice as effective as second language (Griner, 2006)
- Accommodation of culture specific values was evidenced to be 3x as effective with the hispanic patients. The same significance was not evidenced with other cultures in this study. (Kalibatseva, 2014)



Factors influencing Access to Mental Health Services for Latinos



Based primarily on systematic review by Cabassa et al, 2006³

Consideration when dealing with Latinx patients

- Be watchful for diversity. Some don't even speak Spanish.
- There will be a heavy reliance on family and community network. (collectivism and familism)
 - Integration of extended family
- High likelihood of incorporation of traditional, spiritual and/or religious beliefs
 - Integration of spiritual leaders
- Some members of the culture might experience acculturation and assimilation issues. (different ethnic identity development)
- Gender Role socialization can also be variable to consider.

Developing Treatment sensitive to culture

Ecological validity framework (Bernal, Bonilla and Bellido, 1995) is a framework developed that outlines 7 areas to consider:

1. Language - translation and jargon
2. Ethnically similar person - (however similar world view and attitude was evidenced to more impactful than ethnic similarities)
3. Metaphors - express yourself in culturally relevant forms
4. Concepts - treatment is in line with patients culture
5. Goals - established by the patient, taking into consideration their culture
6. Method - adapt treatment to be culturally competent
7. Context - Account for the changing context (acculturation, country of origin and social support)

Barriers to seeking treatment

- Cognitive Barriers
 - The way people think, is influenced by culture
 - Ex. some may rely on own will power and confront problems by toughing it out
- Affective Barriers
 - Some collective cultures will avoid treatment due to stigma and shame that comes from diagnosis and mental illness.
 - Ex. The label of being mentally ill could deter someone from reaching out
- Sociocultural Barriers
 - Disclosure of personal and family dysfunctionality is highly discourage in some collective cultures.
 - Lack of awareness, financial constraints and low language proficiency might also be barrier.

Developmental Considerations

26%

- 18,631,835 Hispanic Children in the US

50%

- 36,133,127 White children in the US
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Let's think and talk!

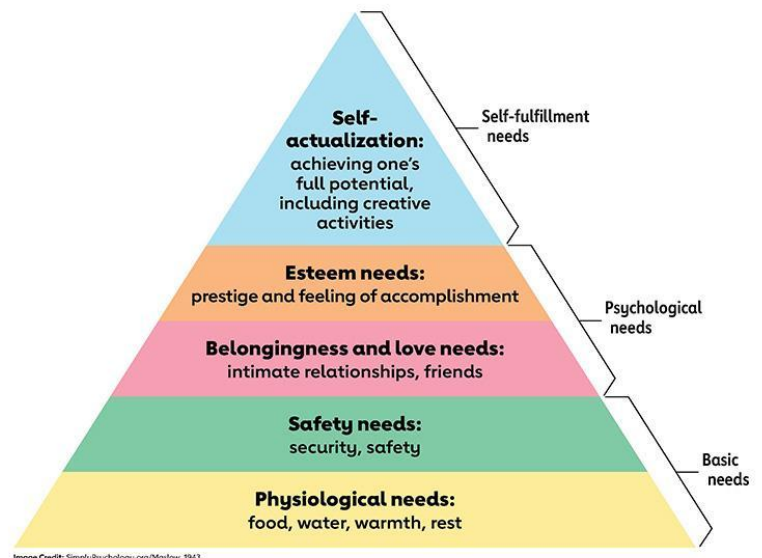
- Latinx average household income: \$57,981
 - 48.4% of latinx in the US own a house.
 - Multigenerational households
 - 28% of hispanic population in US speaks only english
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Common Stressors

- Financial Hardship
- Health Coverage
- Immigration Status
- Reduced social support
- Language barriers
- Changes in non-verbal cues by the new culture.
- Change in diet and access to known and preferred foods

Let's think and talk!

- “We can be the best psychotherapist and the best psychiatrists but If basic needs are not met there is no mental health” (Ruiz, 2022)
- “It is not possible to pathologize what is social” (Ruiz, 2021)



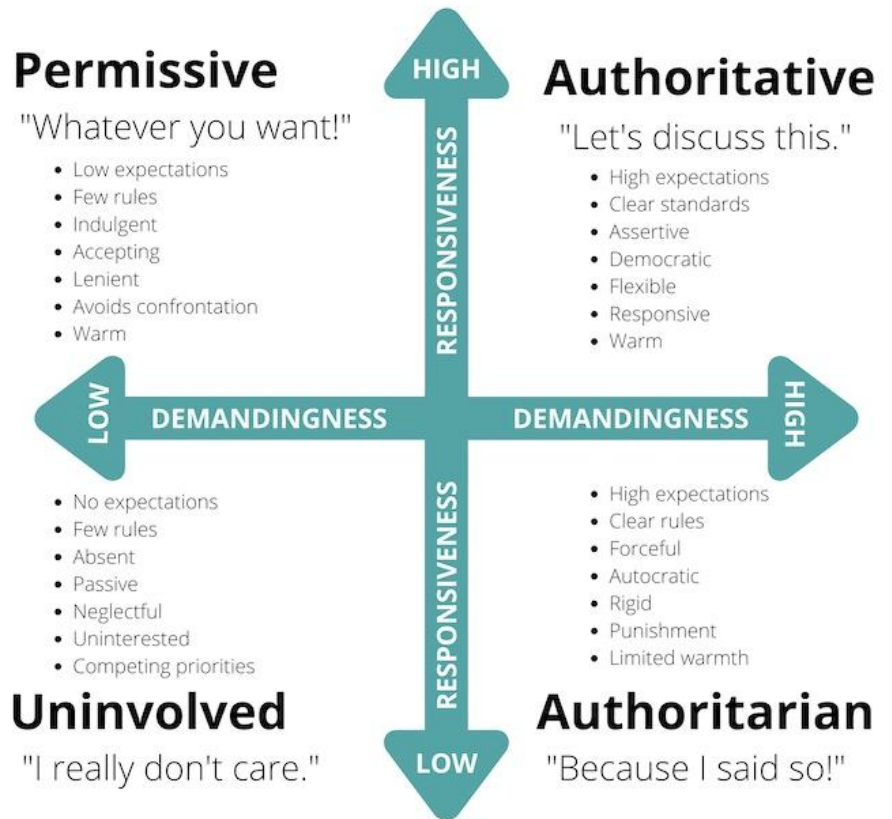
Bilingualism

- Speech delay is one of the most prevalent myths about bilingual children.
- Children raised bilingual experience different stages of speech development than those raised as monolingual.
- At the beginning of the language development both languages are undifferentiated. (Ages 0-3)
- At ages 4+ languages become differentiated and used separately.

Working with Latinx children and families

Parenting Styles

- Studies have shown that less educated mothers rely more on authoritarian parenting style.
- There is a relationship between education and parenting style.
- Latinx families are mainly identified within the Authoritarian parenting style.



What are some assumptions we could make about latinx families based on parenting style?

Assumptions:

Research Findings:

- Latino parents tend to exhibit both greater intimacy and more protective behaviors and strictness than non-Hispanic whites.
- When we don't take the time to view parenting decisions through the cultural lense of the family we are working with we are bound to make assumptions that could be harmful for the therapeutic relationship.

Parent Training Interventions and cultural considerations

- Sleep Protocols
 - Bedsharing
- Multigenerational Families
- Rules, limits and personal space.

Case Example:

- Client is a 15 year-old Hispanic female in the 9th grade. She is brought to therapy to address difficulties initiating and maintaining sleep, depressed mood and poor academic performance.

Parent Training Interventions and cultural considerations

- Reward Systems
- Consequences
 - Physical punishment

- Unspoken rules around talking, taking turns and listening to one another.



Parent Training Interventions and cultural considerations

- Everyone is entitled to discipline within the “extended family”. Family and neighbors are the preferred choice for child care.
- When teaching parenting strategies we have to consider the implications they will have on the parents and respect the need for modifications.
- Expectation for independence is different from non-hispanic cultures.
- Clinicians need to be cautious when working towards self sufficiency and independent with a teen client.



When you tell your mom that you feel sick, and right away she says it's because you walk around bare foot

You could be dying but this will 'cure' you #GrowingUpHispanic



being 18 in a Hispanic family doesn't mean anything. Your parents control you until you leave the house lol



Who else can relate?

Discussion and Questions

References

- Adames, H.Y. and Chavez-Duenas, N.Y. (2017) *Cultural foundations and interventions in Latino/1 mental health: History, theory, and within group differences*. New York: Routledge: Taylor and Francis Group.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, Massachusetts: Harvard University Press. (ISBN 0-674-22457-4)
- Cabassa, L., Zayas, L. & Hansen, M. Latino Adults' Access to Mental Health Care: A Review of Epidemiological Studies. *Adm Policy Ment Health* 33, 316–330 (2006). <https://doi.org/10.1007/s10488-006-0040-8>
- Calzada, E. J. (2010). Bringing culture into parent training with Latinos. *Cognitive and Behavioral Practice*, 17(2), 167-175.
- Cole, Nicki Lisa, Ph.D. "Understanding Acculturation and Why It Happens." ThoughtCo, Dec. 30, 2020, [thoughtco.com/acculturation-definition-3026039](https://www.thoughtco.com/acculturation-definition-3026039).
- Engel GL. The need for a new medical model: A challenge for biomedicine. *Science*. 1977;196:129–36.
- Geertz, C. (1983) Common sense as a cultural system. In *Local knowledge: Further essays interpretive anthropology* (pp. 73-93). New York: Basic Books.
- Guerrero, A. D., Fuller, B., Chu, L., Kim, A., Franke, T., Bridges, M., & Kuo, A. (2013). Early growth of Mexican–American children: Lagging in preliteracy skills but not social development. *Maternal and child health journal*, 17(9), 1701-1711.

References Continued

- Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior therapy*, 47(6), 993-1014.
- Lopez, S.R., Barrio, C., Kopelowicz, A. and Vega, W.A. (2012). From documenting to eliminating disparities in mental health care for Latinos. *American Psychologist*, 67(7), 511-523.
- Mills, C. (2013) *Decolonizing Global Mental Health: The psychiatrization of the majority world (Concepts for Critical Psychology)*. New York, NY: Routledge
- Paniagua, F. and Yamada, AM. (2013). *Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations* (2nd edition). Cambridge, MA: Academic Press.
- Perreira, K. M., & Allen, C. D. (2021). The health of Hispanic children from birth to emerging adulthood. *The ANNALS of the American Academy of Political and Social Science*, 696(1), 200-222.
- Sue, D.W. & Sue, D. (2013). *Counseling the Culturally Diverse: Theory and Practice*. (3rd ed.) New Jersey: John Wiley & Sons, Inc..
- Swidler, A. (1986) Culture in action: Symbols and strategies. *American Sociological Review*, 51, 273-286.
- Yeh, M., Zerr, A., & McCabe, K. (2022). Personalizing PCIT for culturally diverse families: Outcomes from a pilot trial utilizing the PersIn framework. *Behaviour Research and Therapy*, 104204.