



Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



# Cultural Considerations in Treating Hispanic/Latino Populations

## Spring Training Institute/ May 31, 2019



# Objectives

1. Provide examples of how culture and culture change effect Latinos' mental health
2. Describe the role of cultural factors in treatment, and
3. Identify approaches to integrating culture into therapy



# WHAT DO WE KNOW ABOUT APPROPRIATE TREATMENTS FOR HISPANIC/LATINO POPULATIONS?

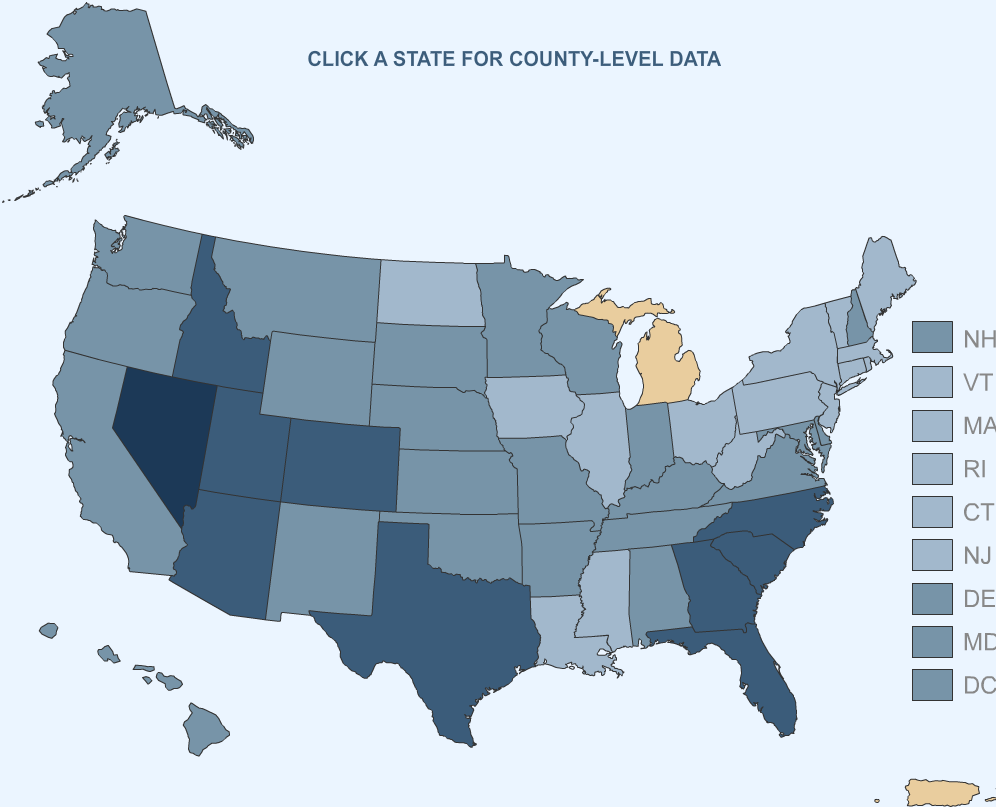
# United States

NATIONAL POPULATION: 308,745,538








## POPULATION CHANGE BY STATE: 2000-2010





CLICK A STATE FOR COUNTY-LEVEL DATA



## NATIONAL POPULATION BY RACE UNITED STATES: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
 White alone	72.4%	5.7% ↑
 Black or African American alone	12.6%	12.3% ↑
 American Indian and Alaska Native alone	0.9%	18.4% ↑
 Asian alone	4.8%	43.3% ↑
 Native Hawaiian and Other Pacific Islander alone	0.2%	35.4% ↑
 Some Other Race alone	6.2%	24.4% ↑
 Two or More Races	2.9%	32.0% ↑

## NATIONAL POPULATION BY HISPANIC OR LATINO ORIGIN UNITED STATES: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
 Hispanic or Latino	16.3%	43.0% ↑
 Not Hispanic or Latino	83.7%	4.9% ↑



# Current Trends:

- As of April 1, 2010, 50.5 million Hispanic/Latinos lived in the United States, accounting for 16 % of total population of 308.7 million;
- Between 2000 and 2010, Hispanic/Latinos accounted for more than half of the nation's growth; and
- The Hispanic/Latino growth rate of 43.0% was more than three times the growth rate of the total US population of 9.7%.

Source: U.S. Census Bureau



# Hispanic/Latino Population in the United States: Population in Millions from 1970 to 2050

<b>Millions</b>	<b>9.6</b>	<b>14.6</b>	<b>22.4</b>	<b>35.3</b>	<b>50.5</b>	<b>59.7</b>	<b>73.0</b>	<b>87.6</b>	<b>102.6</b>
<b>Year</b>	<b>1970</b>	<b>1980</b>	<b>1990</b>	<b>2000</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>	<b>2050</b>
	<b>Census</b>					<b>Projected</b>			

*Source: U.S. Census Bureau*



# Hispanic/Latino Origin by Type: 2010

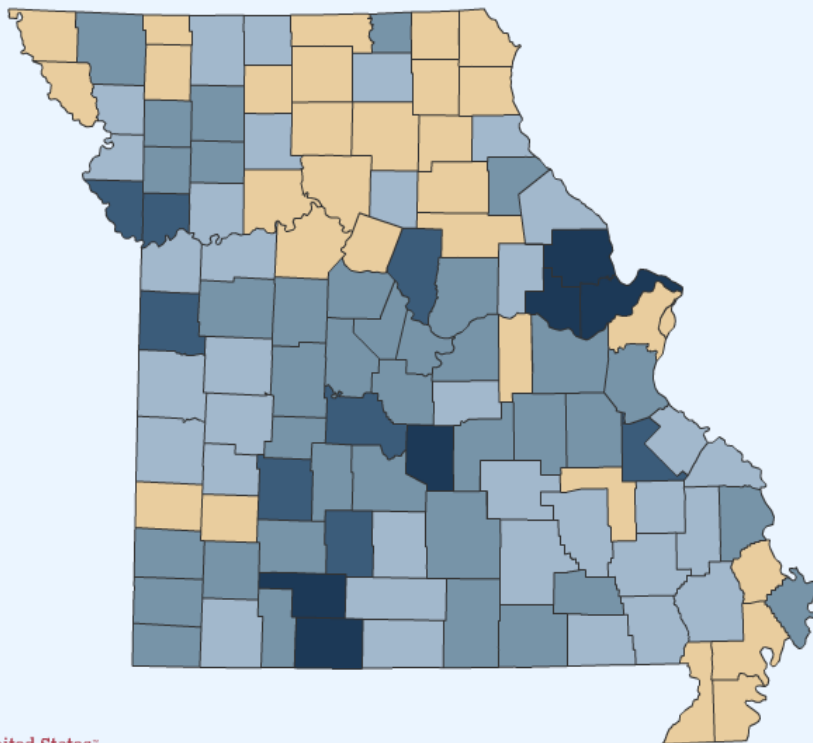
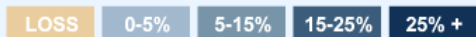
Type of Origin	Number	Percent
<b>Total</b>	<b>50,477,594</b>	<b>100.0</b>
Mexican	31,798,258	63.0
Puerto Rican	4,623,716	9.2
Cuban	1,785,547	3.5
Dominican	1,414,703	2.8
Central American	3,998,280	7.9
South American	2,769,434	5.5

Source: U.S. Census Bureau, 2010

# Missouri

STATE POPULATION: 5,988,927

## POPULATION CHANGE BY COUNTY: 2000-2010



## STATE POPULATION BY RACE MISSOURI: 2010

PERCENT OF POPULATION	CHANGE 2000-2010
White alone 82.8%	4.4% ↑
Black or African American alone 11.6%	10.2% ↑
American Indian and Alaska Native alone 0.5%	9.2% ↑
Asian alone 1.6%	59.2% ↑
Native Hawaiian and Other Pacific Islander alone 0.1%	97.0% ↑
Some Other Race alone 1.3%	75.6% ↑
Two or More Races 2.1%	51.8% ↑

## STATE POPULATION BY HISPANIC OR LATINO ORIGIN MISSOURI: 2010

PERCENT OF POPULATION	CHANGE 2000-2010
Hispanic or Latino 3.5%	79.2% ↑
Not Hispanic or Latino 96.5%	5.5% ↑







# GROWTH IS...

- Not paralleled with services
- Available information and services may not meet specific needs or circumstances of Hispanics



# In Behavioral Health Context

- Reduced access to treatment
- Reduced participation
- Low retention rates
- Absence of effective strategies to reduce barriers and promote appropriate services



## Need:

- Culturally appropriate and science based treatment models
- Treatment programs addressing cultural needs
- Culturally relevant prevention



# SAMHSA's 2010 National Surveys on Drug Use and Health

## Mental Health in Hispanics/Latinos

- In 2010, the percentage of persons aged 18 or older with past year mental illness was 18.3 percent among Hispanics; 4.6 percent of Hispanics suffered from a serious mental illness. The percentage of Hispanics who suffered from a major depressive episode was 5.6 percent.
- In 2010, 4.3 percent of Hispanics experiences a co-occurring mental illness and substance use disorder.

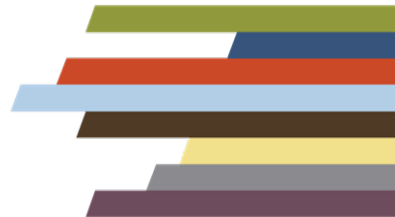
# Demographics of our field(s)

Occupation*	% Female	Median Age	% racial minority
Psychologists	66.5	50.3	5.1
Psychiatrists	30	55.7 (46% are 65+)	19.2
Social Workers	80.8	42.5	17.5
Counselors	71.2	42	10.3

Race	% of counselors*	% of social workers**
White	55.8	68.8
African American	27.9	21.6
Hispanic/Latino	11.1	11.0
American Indian/Alaska Native	.7	.8
Asian/Pacific Islander	2.8	3.8

\*U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*. January 2013.

\*\* Salsberg, E., et al. Profile of the Social Work Workforce: A Report to Council on Social Work Education and National Workforce Initiative Steering Committee. George Washington University Health Workforce Institute. October 2017.



# Missouri Treatment Demographics

Demographic	Missouri*	Treatment Admissions in MO**
% Female	50.9	38.6
Race		
White (non-Hispanic)	83.1	76.5
Black (non-Hispanic)	11.8	17.8
Hispanic origin	4.2	1.6
American Indian/Alaska Native	.6	.2
Asian/Pacific Islander	2.2	.2
Other	--	3.7

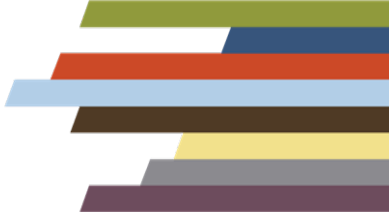
\*Missouri QuickFacts. U.S. Census Bureau. (V2018) <https://www.census.gov/quickfacts/fact/table/mo.us/PST045218>

\*\* Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Treatment Episode Data Set (TEDS) 2016: Admissions and Discharges from Publicly Funded Substance Use Treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.



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## Terms: Hispanic versus Latino

- For some:
- **Latino** – relates to “*latinoamericano*”
- For others:
- **Hispanic** – those who speak Spanish or more inclusive
  
- Neither is all encompassing or satisfying



Won't be able to get it right...

**Just ask!**

*“What do you prefer to be called?”*





## Important..

- Explore their self-definition and personal values
- Take the time
- Listen to what it means to them



# What is culture?

Is the conceptual system that **structures the way we view the world**

Beliefs

Norms

Values

Behaviors





## Concept of Culture

Culture is defined as "the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group."

Culture defines whether behavior is acceptable or not, under what circumstances, and how others whose opinions we value will see it.

Cultures also provide explanations about why behaviors occur and supply appropriate responses.



# What is Acculturation?

Refers to **changes** in the conceptual system that **structures the way we view the world**

Beliefs

Norms

Values

Behaviors



## Acculturation

Acculturation is the process in which members of one cultural group adopt the beliefs and behaviors of another group. Although acculturation is usually in the direction of a minority group adopting habits and language patterns of the dominant group, it can be reciprocal--that is, the dominant group also adopts patterns typical of the minority group.

*Acculturation is mostly concerned with the individual and how he or she relates to his or her own group as a subgroup of the larger society.*

<http://www.rice.edu/projects/HispanicHealth/Acculturation.html>



## Bicultural

- The integration of two or more cultural identities.
  - The identification and measurement of indigenous and universal personality constructs can be a tremendous strength-based asset in the treatment process.
- Providers can highlight and use the strengths and values of both the dominant culture and the native culture to build a participant's self-efficacy, self-esteem, and sense of empowerment.



# Multicultural Practices

## Key Factor

Impacts Relationship building

Communication among people





# Multicultural Practices

Requires three domains

Awareness of oneself and others

Knowledge of self and others

Skills-interpersonal and intervention



Strangers in a new culture see only what they know.

Unknown



## Common cultural characteristics for Hispanic/Latinos in the United States

Hybrid cultural experiences are the rule because there is such a mixing of national origins and generational differences within the American population.

Common themes:

- Family or *familia*;
- Respect or *respeto*;
- Personal relationships or *personalismo*;
- Trust or *confianza*; and
- Spirit or *espíritu*.



## *Family:*

May include extended families (grandparents, aunts, uncles, cousins, close friends, and godparents of the family's children)

Family involvement often is critical in the health care of the patient.



## *Respect:*

The intimate confines of extended families, close-knit Hispanic/Latino communities, and traditional patriarchal networks are mediated by respect.

Implies a mutual and reciprocal deference and dictates appropriate deferential behavior towards others based on age, sex, social position, economic status, and authority.

Older adults expect respect from those younger, men from women, adults from children, teachers from students, employers from employees, and so on.



## *Personal Relationships:*

Importance of personal relationships, which is why so many Hispanic/Latinos continue to rely on community-based organizations and clinics for their primary care.

Hispanic/Latinos expect health providers to be warm, friendly, and personal and to take an active interest in the patient's life.

Providers are expected to personally greet a patient and inquire about his or her well-being and the well-being of their family.



## *Trust:*

Over time, by respecting the patient's culture and showing personal interest, a treatment provider can expect to win a patient's trust.

When there is trust, Hispanic/Latinos will value the time they spend talking with their treatment provider and believe what they say.

Trust means that the provider will have their best interests at heart.



## *Spirit:*

Providers often work within the structures of mainstream medicine, which provides separate physical and mental health care.

Hispanic/Latino culture, on the other hand, tends to view health from a more synergistic point of view. This view is expressed as the continuum of body, mind, and spirit.





# After discussing common themes among Hispanic/Latinos, let us consider some variations and conflicts in those themes:

- Immigration
- Family difficulties



# How culture change affects Latinos and their wellbeing

- Immigration
  - Represents two major sources of stress
    - 1-Family dislocation-fragmentation and reconstruction
    - 2-Culture Change



## Family Difficulties

Serious strains among family members, especially intergenerational conflicts, are the types of situations that evolve into problem behaviors that often create pathways to addiction by fueling breakdowns in communication.

Parents that never had the time to parent or were too tired to do so, as commonly occurs in low-income immigrant households, may resort to belittling comments and physical punishment to control their children.

Often parents, especially fathers, have alcohol problems that have created or contributed to serious problems and family crises including domestic violence and possibly sexual abuse.



## Motherhood and Associated Roles

Motherhood is fundamental for the formation of Latina self-concept. Motherhood is nearly a sacred status. This is doubly the case among lower income Latinas that have few or no viable alternatives to motherhood as a source for positive self-valuation and actualization.

The expectation of self-sacrifice of a mother on behalf of her children is prescribed by cultural convention and reinforced through families, social networks, religion, and public imagery in mass media. This concept is also known as “*marianismo*.”



# Machismo

The cultural value of machismo is a value of strength. When applied out of context it takes on a negative connotation. The context in which this value is viewed can help or get in the way of effective treatment and recovery.

“Genuine machismo is characterized by true bravery, or valor, courage, generosity, and a respect for others. The machismo role encourages protection of and provision for family members, the use of fair and just authority, and respect for the roles of wife and children.”



# Principles for Culturally Competent Treatment Services for Hispanic/Latino Populations

To effectively deliver culturally competent treatment services for Hispanic/Latino populations, providers should be able to practice the following (when appropriate):

- Involve family members;
- Show respect;
- Get personal;
- Respect traditional healing approaches; and
- Encourage the asking of questions.



## *Involve family members:*

Hispanic/Latino families traditionally emphasize interdependence over independence and cooperation over competition. Family members are more likely to be involved in the treatment and decision-making process for a patient;

Allow for several family and friends to participate in a consultation and communicate with the group. The patient may not be the key decision-maker for describing symptoms, deciding among treatment options, or complying with recommended treatment.



## *Show respect:*

Always be respectful and explain without sounding condescending. Health providers, as authority figures, need to take seriously the responsibility and respect conferred on them by many Hispanic/Latino patients;

Address elders in traditional ways (such as below eye level if you're younger than they are), and be mindful of parents and elders when an acculturated child or a health mediator is the spokesperson. The older Hispanic/Latino adult patient may terminate treatment if he or she perceives that respect is not being shown.





## *Get personal:*

Hispanic/Latinos typically prefer being closer to each other in space than non-Hispanic/Latinos;

When non-Hispanic/Latino providers place themselves two feet or more away from their Hispanic/Latino patients, they may be perceived as not only physically distant but also uninterested and detached; and

Overcome such perceptions by sitting closer, leaning forward, giving a comforting pat on the shoulder, or other gestures that indicate an interest in the patient.



## *Respect traditional healing approaches:*

Hispanic/Latino patients may combine respect for the benefits of mainstream medicine, tradition, and traditional healing, with a strong religious component;

They may bring a broad definition of health to the clinical or diagnostic setting. Respecting and understanding this view can prove beneficial in treating and communicating with the patient.



## *Encourage the asking of questions:*

Out of a sense of respect, many Hispanic/Latino patients will avoid disagreeing with or expressing doubts to their health care provider about the treatment they are receiving;

They may be reluctant to ask questions or admit they are confused about instructions or treatment; and

There is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient withholding information, not following treatment orders, or terminating care.



## Resilience

- While the research surrounding children from diverse Latino cultures and data on these children and their families may delineate a discouraging picture for young Latinos, they overlook the role of resilience in their lives.
- Resilience is an inherent quality that allows children to thrive even in the most adverse environment.
- Resilience does not exist in a vacuum but is connected to some of the protective factors tied to the cultural elements discussed during the training.
- As opposed to a problem-focused approach, providers are encouraged to conduct **strength-based assessments**.



## **Things to Look for and to Be Concerned About**

Formulate your own system of case development and fact-checking in arriving at satisfactory understanding of a Hispanic/Latino client's needs.

Keep in mind that a Hispanic/Latino client may never have formulated any of their life problems or their unique history of mental health or substance use disorder as a cultural problem or even been influenced significantly by cultural processes.

Keep in mind there is no typical Hispanic/Latino client. Much of the descriptions given in this work will be very pertinent to some individuals, and to others perhaps only a few limited aspects will pertain.



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*Multicultural effectiveness is not a destination, it is a journey.*



What concepts from this presentation  
can I apply in my agency?

What concepts from this presentation I  
am already applying in my agency?



## **Thank You!**

Let us rise up and be thankful, for if we didn't learn a lot today, at least we learned a little, and if we didn't learn a little, at least we didn't get sick, and if we got sick, at least we didn't die; so, let us all be thankful.

**Buddha**