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## Cultural Considerations in Treating Hispanic/Latino Populations 2016 Midwest Conference on Problem Gambling and Substance Abuse



# Objectives

By the end of the presentation:

1. Participants will understand how their attitudes toward this population will affect treatment outcomes.
2. Participants will be able to describe how culture changes affect Latino substance use.
3. Participants will have an understanding of ways to integrate culture into therapy.



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# MY EXPECTATIONS

- PARTICIPATE
- OPEN TO LEARNING
- CONFIDENTIALITY
- MAKE MISTAKES
- HAVE FUN



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

# Hispanic and Latino Populations

53,986,412  
Hispanic and Latinos

17.1%  
of the total  
US population



Source: US Census Bureau, 2013 American Community Survey

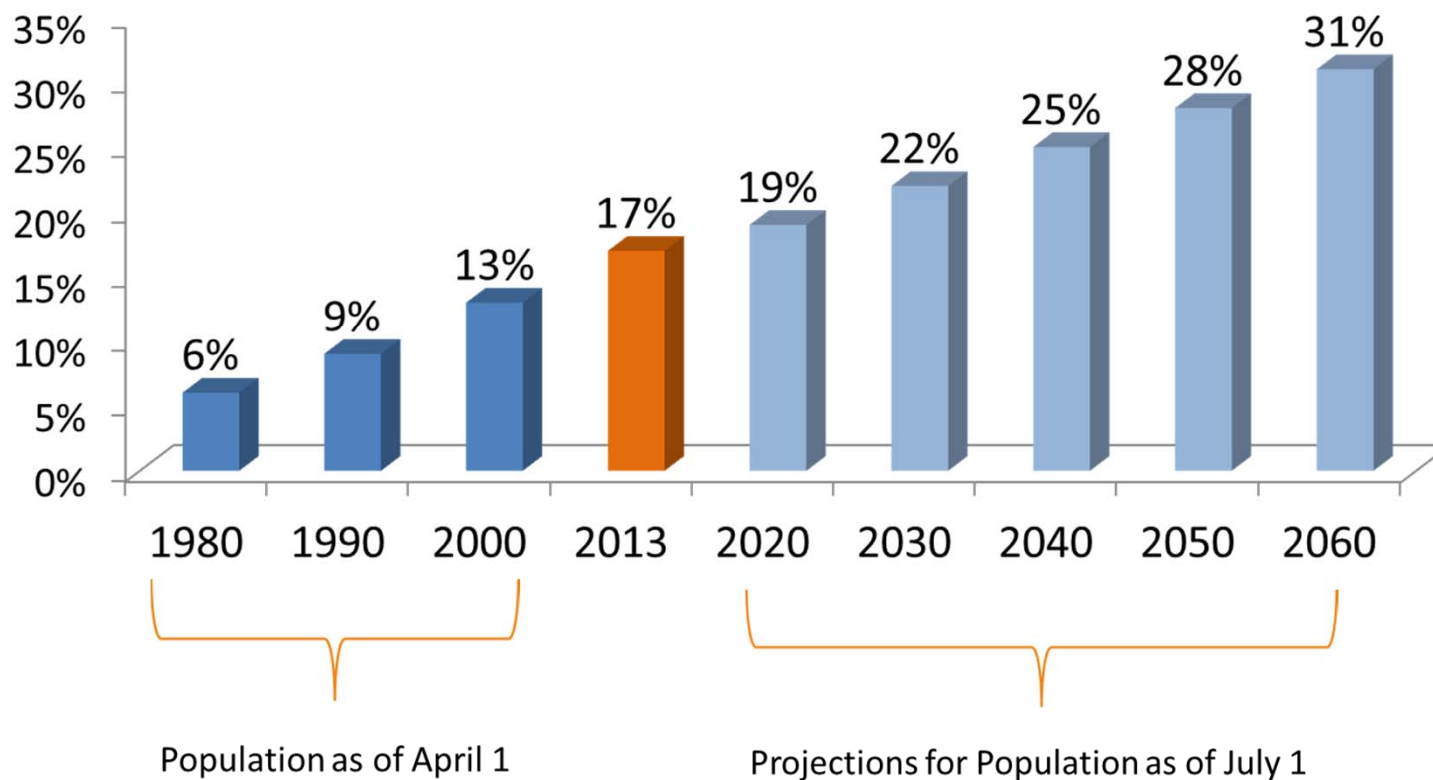


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# Percent of Hispanic Population in the United States: Trends and Projections



Source: US Census Bureau. (2013). 2012 National population projections.



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# More National Statistics

- \$39,005 median income for Hispanics vs. \$51,017 for total U.S. population (2012)
- 25.6% poverty rate in 2012 vs. 9.7% for total U.S. population
- 74% speak Spanish at home
- 19.5% over the age of 5 speak English “not well” or “not at all”

Source: DeNavas-Walt, Carmen, Bernadette D., Proctor, and Jessica C. Smith, U.S. Census Bureau, 2013



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# Health Insurance

The percentage of uninsured Hispanics decreased in 2012 to 29.1 percent, down from 30.1 percent in 2011. The number of uninsured Hispanics in 2012 was not statistically different from 2011, at 15.5 million



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# GROWTH IS...

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

- Reduced access
- Low retention rates
- Absence of effective community strategies



Source: Caribbean Basin and Hispanic ATTC, 2006



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## Need:

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

- Hispanics and Latinos are underrepresented in professions related to behavioral health.
- Access is hindered by the fact that a significant number of Hispanics and Latinos are uninsured.



Source: Chapa & Acosta, 2010; Clemens-Cope, Kenney, Buettgen



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# Tough Times, Tough Choices – Leaders Needed

- **Be Visible**
- **Be Heard**
- **Be aware of challenges faced by you and others in minority communities**
- **Be a Leader**
- **Inspire others to make a difference**
- **Use your presence, education, skills, and talents to focus attention on the ongoing needs of minority communities**
- **See opportunities in the change around you**



## 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



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

**Just ask!**

*“What do you prefer to be called?”*



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## Important..

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





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# What is culture?

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

Beliefs

Norms

Values

Behaviors



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# What is Acculturation?

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

Beliefs

Norms

Values

Behaviors

# Bicultural or Biculturalism

- Is defined as the integration of two or more cultural identities.



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# Multicultural Practices

## Key Factor

Impacts Relationship building

Communication among people



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# Multicultural Practices

Requires three domains

Awareness of oneself and others

Knowledge of self and others

Skills-interpersonal and intervention



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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*.



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## *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.





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## *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.



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## *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.



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## *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.



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

- Immigration
- Family difficulties
- Latina/ female with SUD's



# How culture change affects Latinos and their wellbeing

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



# 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.”

Miranda, 1985.



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

To effectively deliver culturally competent treatment services for Hispanic/Latino populations, providers should practice the following:

- 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.



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## *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.



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## *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 medical 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**.



## Evidenced-Based Practices

In the United States, the development of evidence-based practices (EBPs) has been a major force in improving the quality of mental health services. The movement toward evidence-based practices emphasizes using treatment approaches that have research support.

- Evidence-based practices are being adopted and promoted by insurers and state and local governments around the country in the name of increasing quality of services and optimizing financial investments.

<http://www.samhsa.gov/nrepp>



New Pharmacotherapies for treating addiction will continue to evolve, but these won't replace the need for high quality counselor-client communication.

A culturally competent communication repertoire includes knowing:

- Correct styles of greeting and general demeanor;
- Acquiring knowledge of specific cultural cues;
- Interpreting body language;
- Developing culturally ingratiating questions that engage the client;
- Expressing appropriate warmth.





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



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

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



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## **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**