



**HISPANIC/LATINO**  
**BEHAVIORAL HEALTH**  
CENTER OF EXCELLENCE

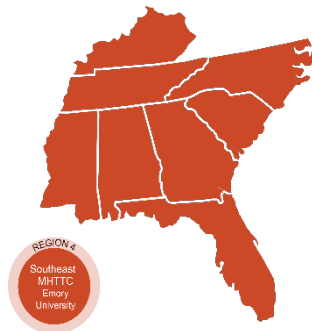
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# Integrating Culture in Care: Behavioral Health Approaches for Hispanic and Latine Populations

Diane Arms, MA

August 19<sup>th</sup>, 2024

**In collaborating with the Southeast  
MHTTC**

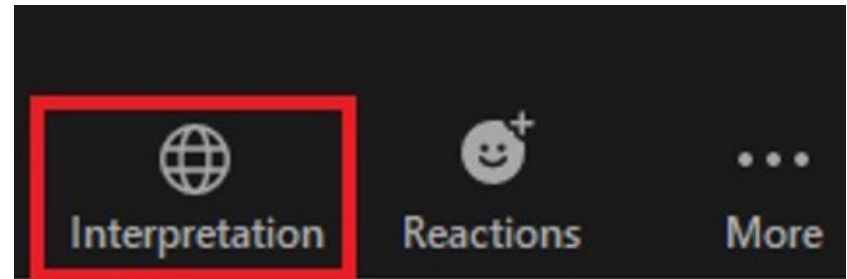


# For simultaneous translation to Spanish

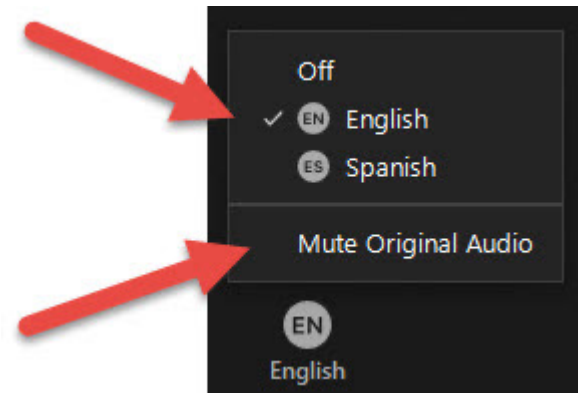
## Para traducción simultánea a Español

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Click the interpretation tab and then click Spanish



Presionar la pestaña de interpretación y luego presionar Español





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# Mission

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To advance and support the sustainability of behavioral health equity by promoting community driven, culturally grounded and person-centered prevention, intervention, multiple pathways of recovery, and recovery supports for diverse Hispanic and Latine communities.

# Diane Arms

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Diane Arms currently serves as the Director, Community Behavioral Health at The Council on Recovery. She has dedicated her career to serving the Latino population in the Health Field, including Mental Health and Substance Use. She received her Bachelor and Master of Arts Degree in Clinical Psychology from UTEP. She sits on the board of El Centro de Corazon a Federally Qualified Health Center in Houston, Texas. She is also a fellow of the American Leadership Forum, Class 44 and a Mujeres de HACE graduate. She also serves as a trainer and consultant for the Hispanic/Latine Behavioral Health Center of Excellence.



# Who I am

Partner

Middle-aged

Sister

Citizen

El Pasoan

Daughter

Dog mom

Cis-Gendered

Advocate

Mentor

Suburban resident

Zumba instructor

Bilingual

Madrina

Mom

Average size

Mentee

Owns Property

Learner

Servant Leader

Neuro-typical

Houstonian

Texan

Fair skin

Board Member

Able bodied

1<sup>st</sup> generation college grad

Friend



**Latine**

**Latina**

?

?

**Hispanic**

**Latinx**

**Latino**

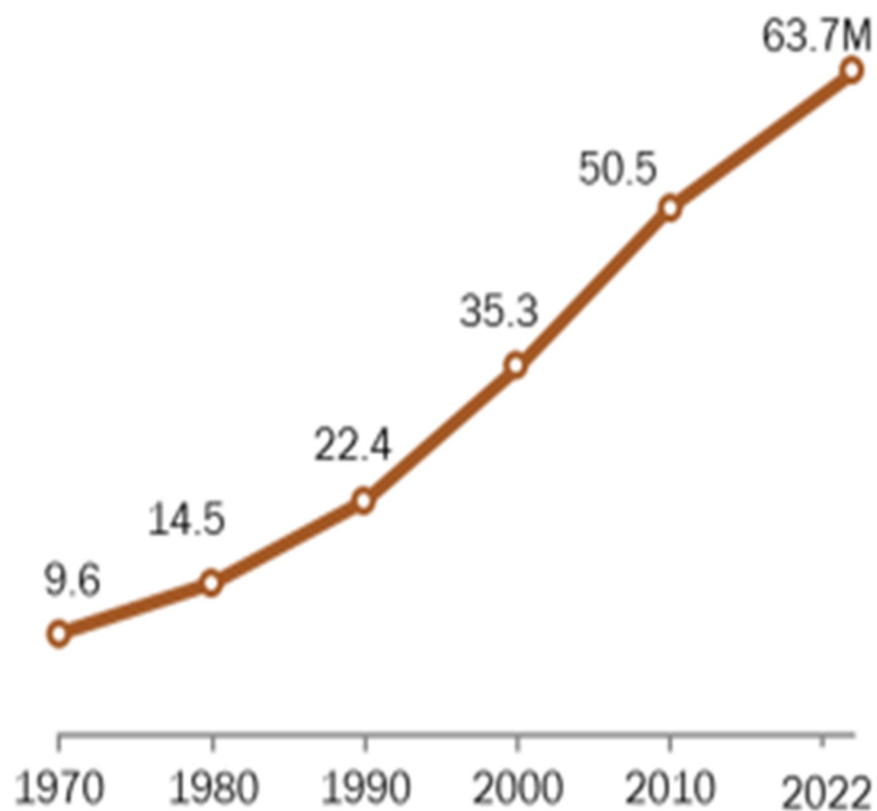


# Objectives:

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- **Understand Demographics and Trends:** Provide an overview of the demographic trends and key characteristics of Hispanic and Latine populations in the Southeast.
- **Explore Cultural Humility and Multicultural Framework:** Introduce and explain the principles of cultural humility and the multicultural framework as they apply to behavioral health practices.
- **Recognize Common Cultural Values and Norms:** Identify and discuss common cultural values, beliefs, and gender norms within Hispanic and Latine populations.
- **Understand Expressions of Emotions and Resilience:** Analyze common idioms of distress and the ways grief, sorrow, joy, anger, fatalism, and resilience are expressed among Latine populations.
- **Apply Culturally Responsive Approaches:** Learn and apply culturally responsive strategies for adapting mental health interventions to be culturally centered and effective for Hispanic and Latine clients.

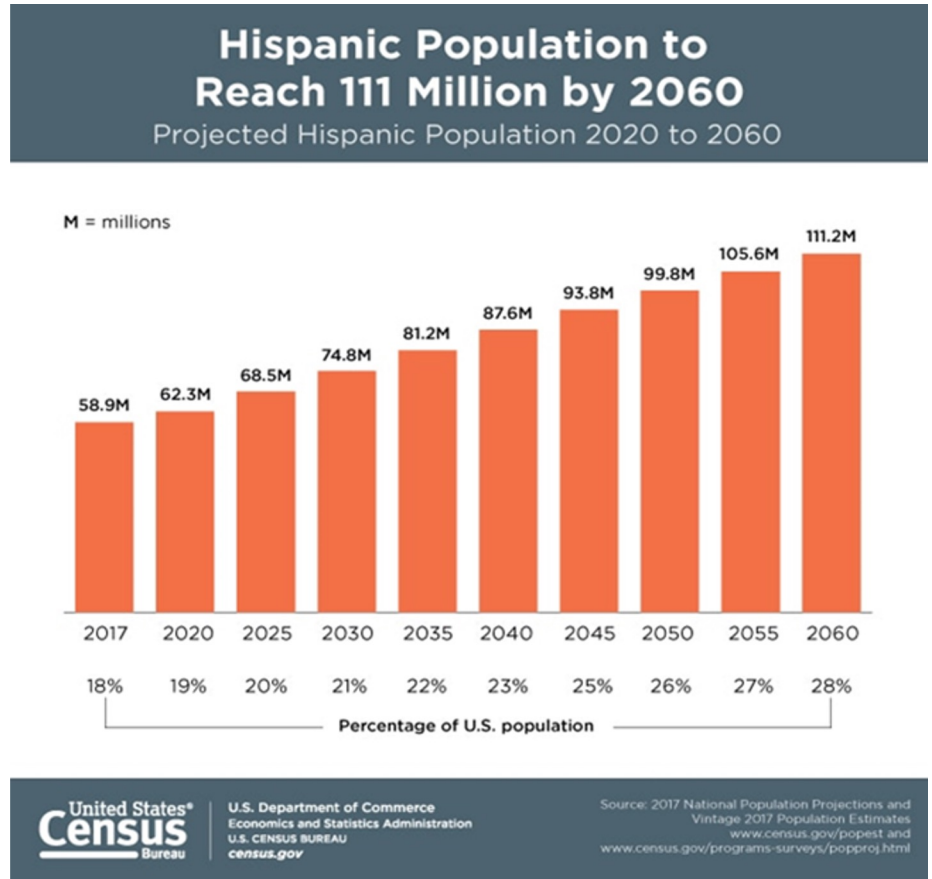
# Nearly 64 million Latinos live in the U.S.



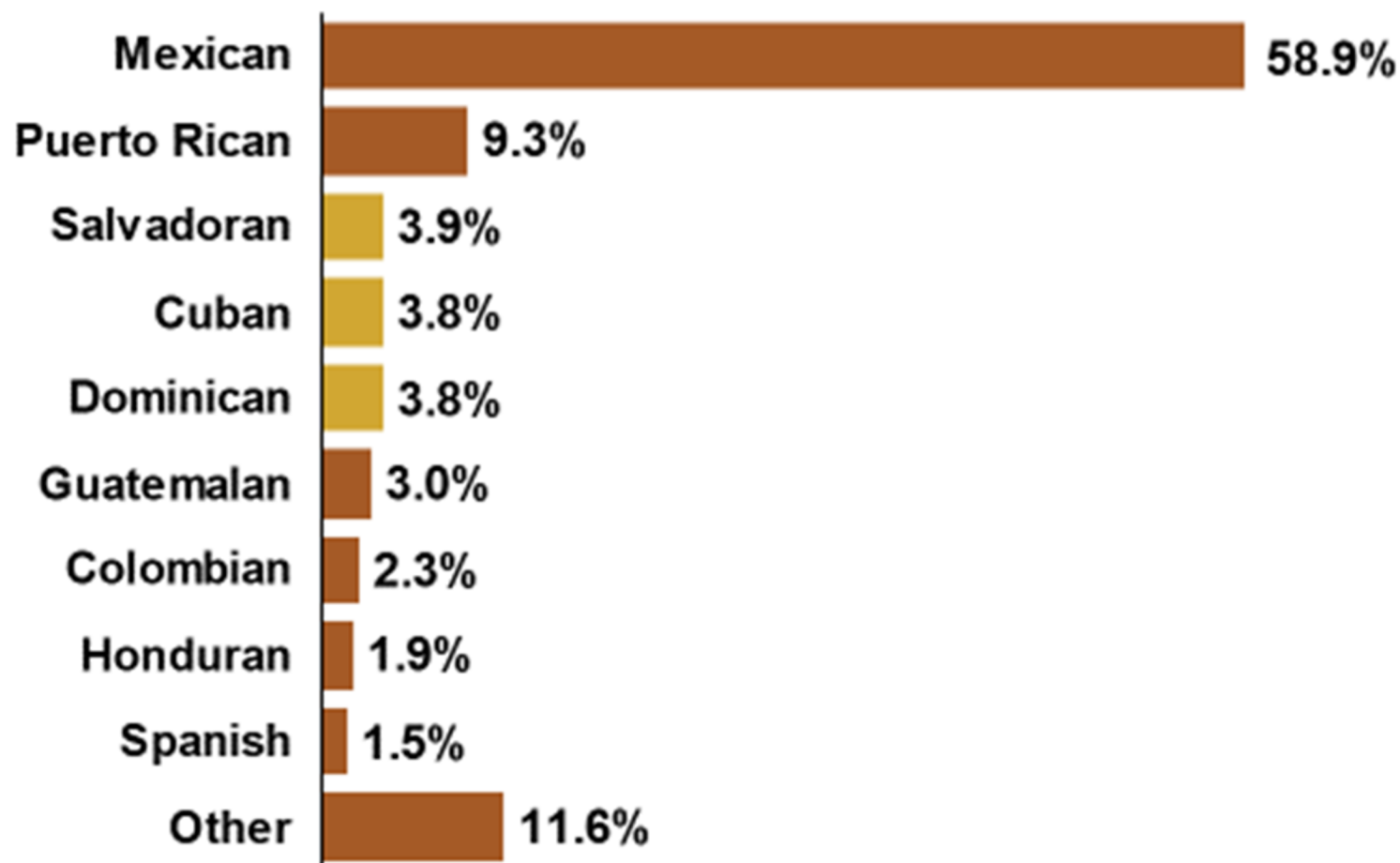
# US Census data

In 2022, 63.7 million Hispanics lived in the US. Hispanics were 19.1% of the U.S. population in 2022.

By 2060 it is estimated that the Hispanic and Latine population will grow up to 111.2 million.

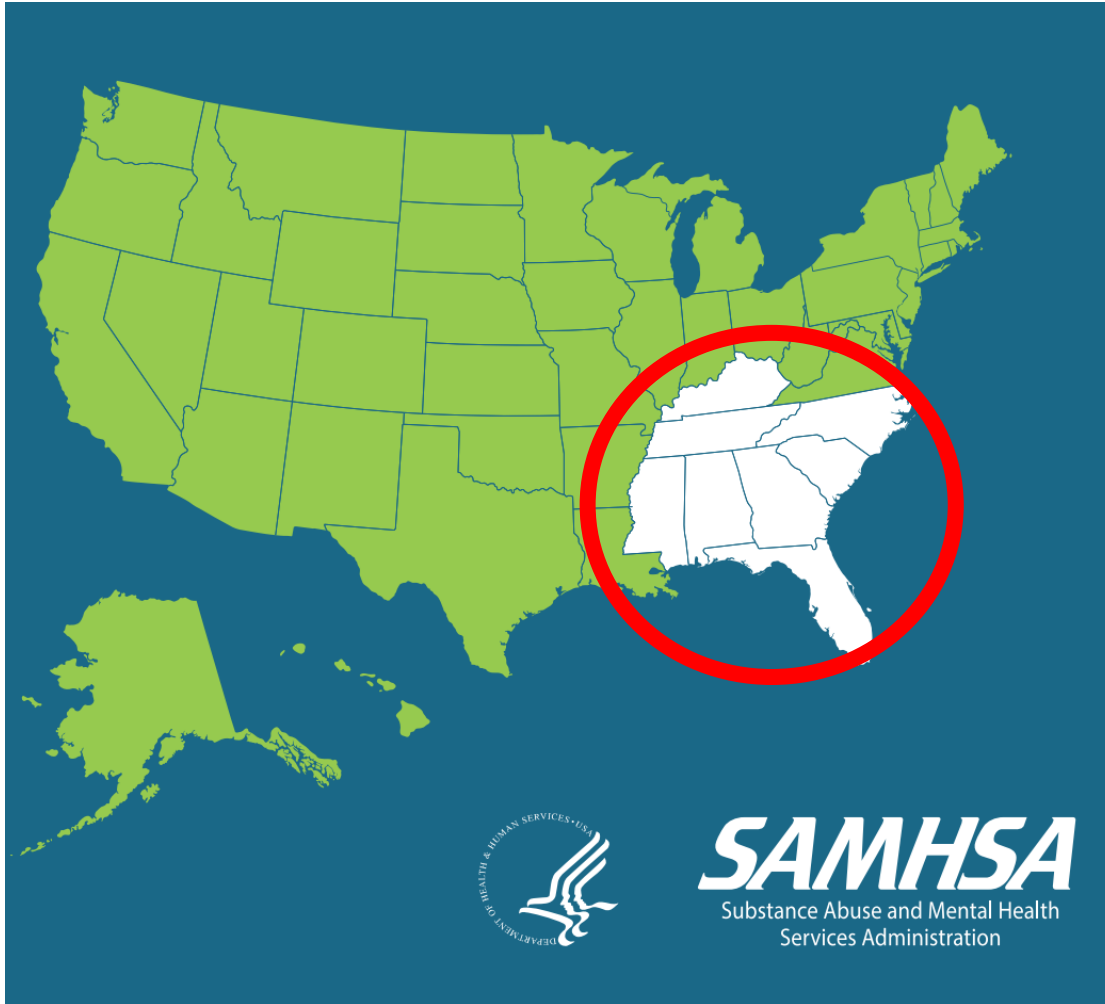


# Origins of U.S. Latinos, 2022



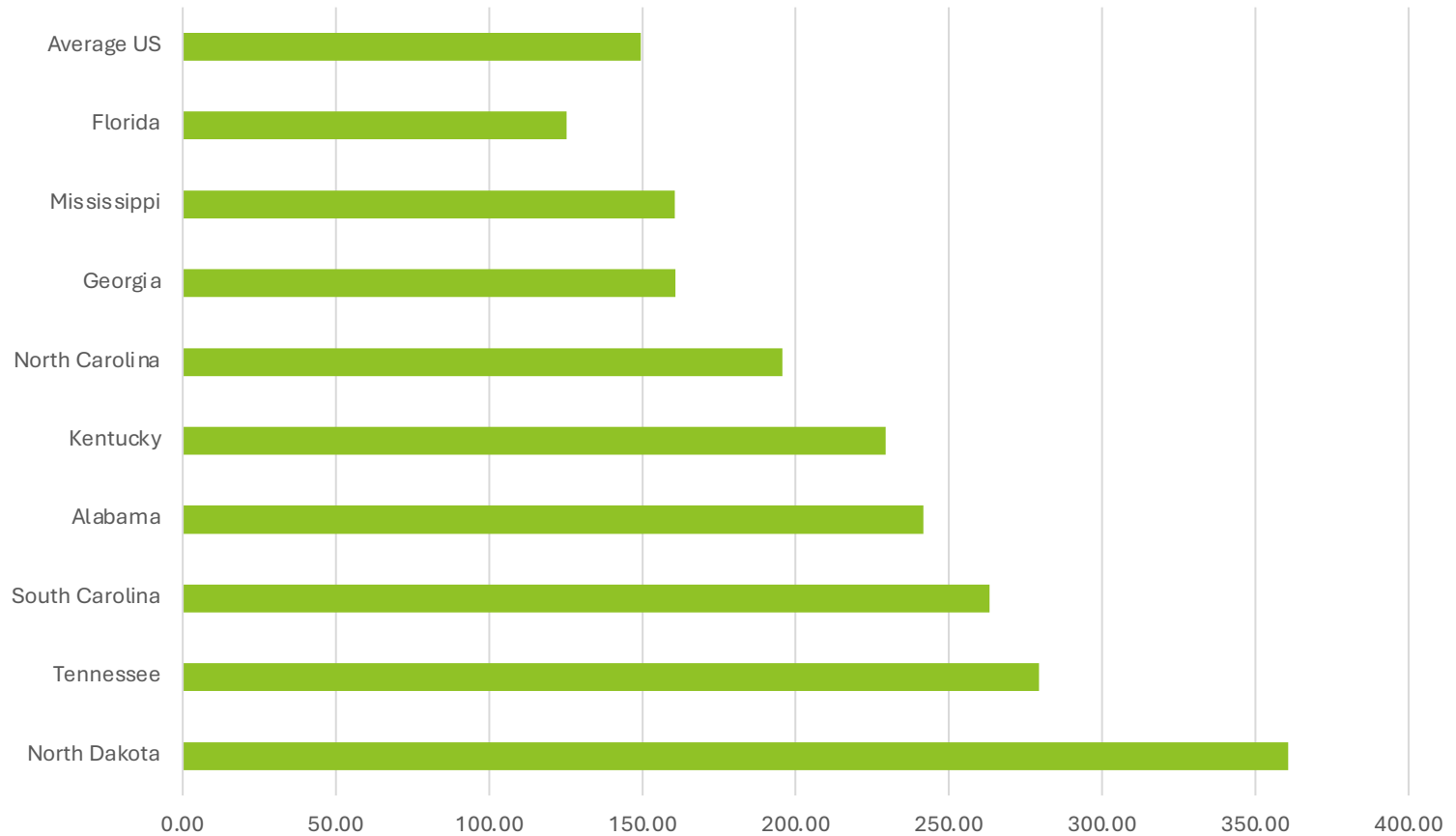
Source: Pew Research Center analysis of the 2022 American Community Survey.

# HHS Region IV - SEMHTTC



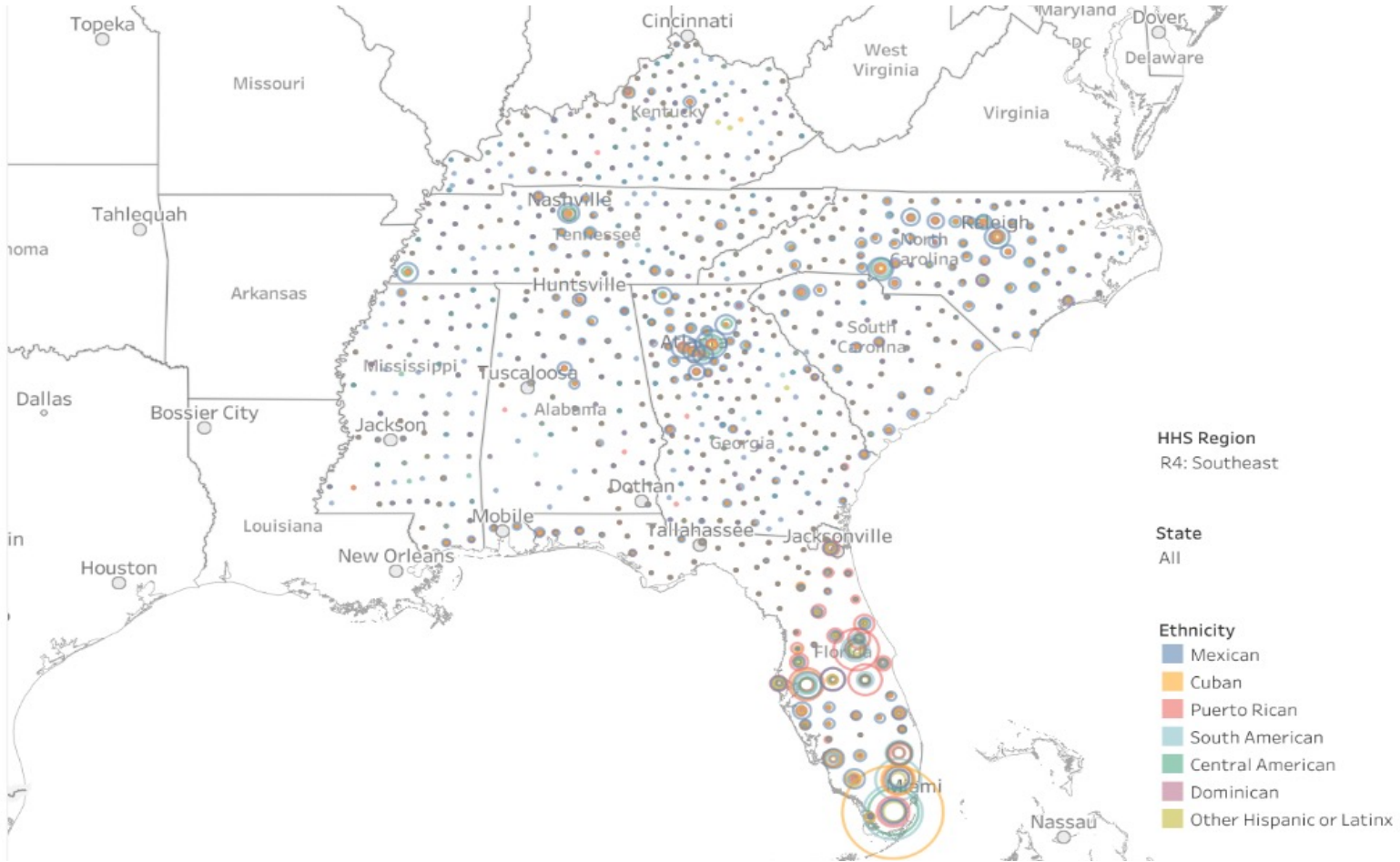
**Alabama,  
Florida,  
Georgia,  
Kentucky,  
Mississippi,  
North Carolina,  
South Carolina,  
and Tennessee**

# % Hispanic population growth in Region 4 of the U.S., by state 2000-2022

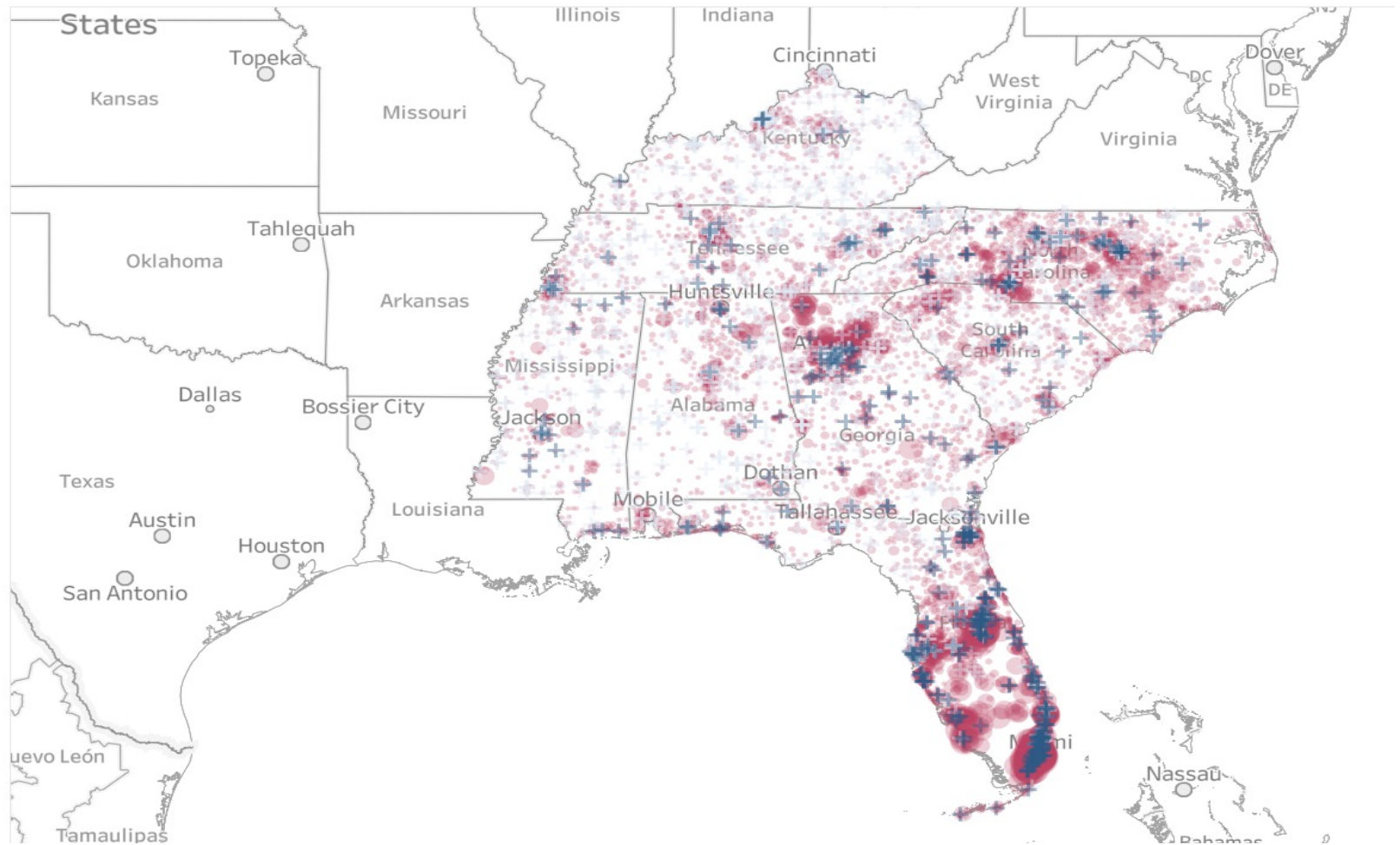




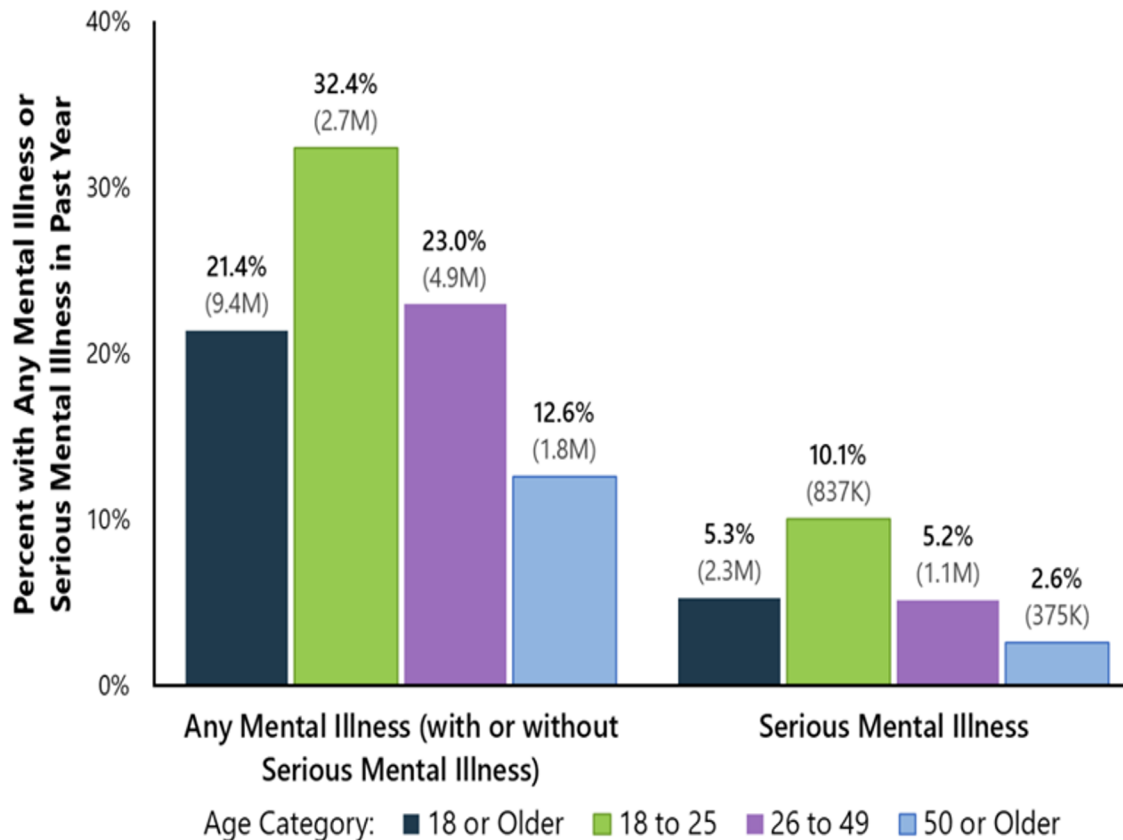
# Hispanic/Latine populations by county



# Mental Health Facilities and Census tracts with Spanish-speaking communities



# Past Year Mental Illness: Among Hispanic Adults Aged 18 or Older



- The prevalence of mental illness was **highest** among Hispanic young adults aged **18 to 25**, for both any mental illness and serious mental illness

Past Year  
Major  
Depressive  
Episode  
Latines 12-  
17yrs

1 in 5 (19.5%) had an MDE in  
the last year

3 in 4 (75.5%) had a severe  
impairment

Nearly 50% (49.7%) did not  
receive mental health treatment

Of those with severe impairment  
42.3% did not receive treatment

# Hispanic/Latines Who Did Not Receive Treatment for Substance Use or Mental Health Issues in the Last Year (12yrs or older)

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Substance Use Disorder (12yrs+) 87.5%

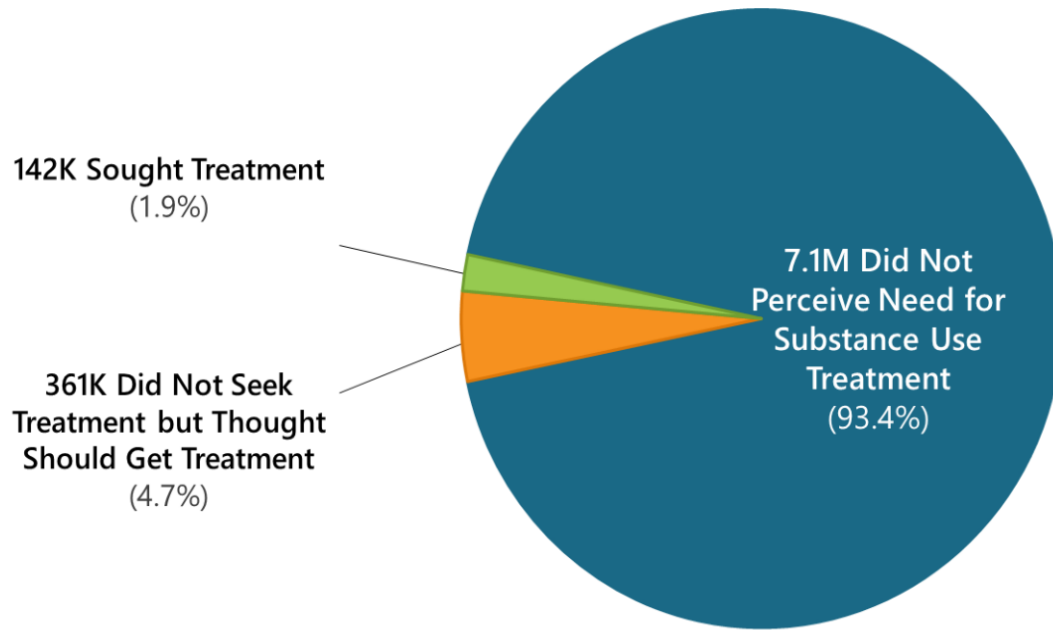
Major Depressive Episode (12-17yrs) 55.7%

Any Mental Illness (18yrs+) 60.4%

Serious Mental Illness (18yrs+) 41.6%

Co-Occurring Disorders (18yrs+) 45.7%

Perceived Need for Substance Use Treatment:  
Among Hispanic People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not  
Receive Substance Use Treatment in the Past Year



- Nearly all Hispanic people with a substance use disorder who did not receive substance use treatment **did not think they needed treatment**

**7.8 Million Hispanic People with a Substance Use Disorder Who Did Not Receive Substance Use Treatment**

Note: Respondents with unknown perceptions of need for substance use treatment were excluded from the analyses.

# Multicultural Orientation Framework

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# Cultural Humility

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The therapist is curious, open to different perspectives, and other-oriented.





# Cultural Opportunity

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The therapist notices and addresses cultural themes in therapy when they arise.



# Cultural Comfort

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The therapist is calm and courageous when discussing culture and identity.



# Cultural Values and Norms

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# Mental Health

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**“La ropa sucia se lava**



***Stigma*** fear of being labeled as “locos” (crazy) or bringing shame or unwanted attention to their families.

# Cultural Values that Impact the Engagement

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1. Use of the Spanish language;
2. Importance of the family and religion in daily life
3. Traditional gender roles;
4. Protocol in social relationships which can frequently be more elaborate than in casual mainstream America;
5. Personal nature of relationships, even business ones.



# Confianza - Trust

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- A form of mutual reciprocity having faith that individual will help you to the best of their ability based on the relationship.
- Mutual reciprocity in the relationship may be emphasized and expected.
- It has to be earned
- Small self-disclosures may be helpful in establishing trust (Falicov, C., 2014)

# Personalismo

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Formal friendliness referring to how one behaves within relationships. (sincerity , authenticity, warmth ).

Clients/patients may expect health care providers to demonstrate (eg. small talk, physical contact (e.g., hugging a child), sharing personal information,



# Respeto – Respect

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- Respeto refers to the respect given to professional based on their position.
- Providers are seen as authority figures, therefore, individuals may struggle to question or express concerns about recommendations.
- Health care professionals should demonstrate respect through use of titles.





# Familismo

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- Familismo describes the client's focus on family and their community group as a source of identity and support
- Boundaries may be flexible between family members; clinicians must avoid pathologizing relationships that may be supportive.
- Importance of family may result in some individuals putting family needs before their own.

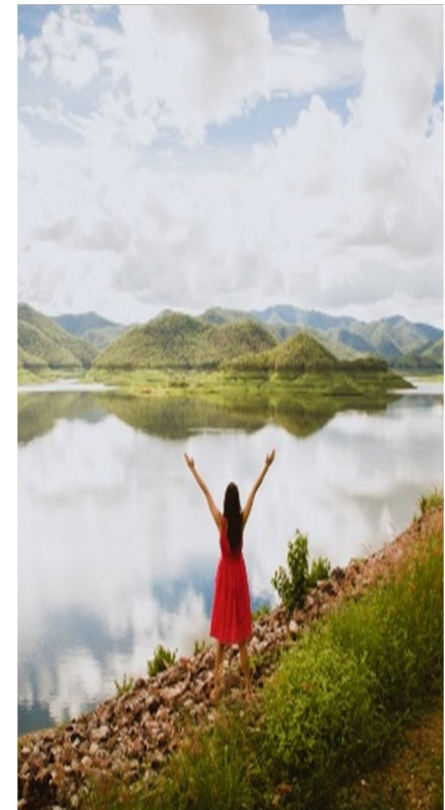
# Espiritualidad-Spirituality

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May offer meaning to existential/transcendental aspects of life.

Illness can be view as a spiritual punishment.

Spirituality can be very helpful, as the religious leaders tend to also be community leaders.



# Cultural Values that Impact Interactions

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Values that most affect the treatment phase due to the pervasive way that these values impact the client's perception of identity may be:

*-Machismo*

*-Marianismo*

*-Fatalismo*

# Machismo

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*Machismo* is a form of masculinity that involves having pride, being courageous and valorous, but it also promotes male dominance and superiority.

Men with this value may struggle to accept appropriate emotions and vulnerability.

In treatment, machismo may lead men to minimizing symptoms, not using familial support, or stopping treatment prematurely.

# Marianismo

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*Marianismo* is the female equivalent of machismo, which incorporates the concepts of saintliness, submissiveness, humility and vulnerability. It may also include the role as a provider and having a strength to raise children.

Females with this value are more likely to minimize symptoms or neglect treatment to care for family.

Providers should develop a treatment plan that considers the client's values regarding treatment. (Kouymdjian, Zamboaga, & Hansen, 2003.)

# Fatalismo

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Belief that an individual's future and fate is beyond one's control and cannot be changed (Rosales, R., & Calvo, R., 2017).

Related to locus of control

Events are predetermined

*“Está en manos de Dios”*

(It's in God's hands)

# Cultural Concepts of Distress

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Cultural concepts of distress are expressed through three concepts:

- Cultural syndromes
- Cultural idioms of distress
- Cultural explanations  
(perceived causes)

(APA, 2013. p.758.)

# Cultural Syndromes

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The term culture-bound syndrome involves groups of symptoms that only co-occur among individuals in specific cultural groups, communities, and contexts.





# Latine Cultural Syndromes

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*“Nerv*

*“Ataq*

*“Sust*

*“Mal*



# Cultural Idioms of Distress

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Cultural Idioms - Hispanic and Latine persons may use expressions that are consistent with the culture-bound syndromes that they experience.

For example:

- “***Nervios***” starts with a “persistent idea that is stuck” (“idea pegada a la mente”). The individual may find it difficult to think about other things, or they find their thoughts consistently returning to the idea.
- “***Coraje***” (anger) is the most infrequently researched and identified idiom of distress. It may be related to “nervios,” depression, and trauma.

# Cultural Explanations

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Many Latines only go to the doctor when something is wrong and when pain is unbearable. (Rivera-Ramos & Buki, 2011)

As many Latines hold the cultural ideal of “*personalismo*”, they expect personal contact with the provider who is diagnosing and treating their condition. They may also expect more self disclosure than non-Latines. (Bernal & Enchautegui-de-Jesus, 1994)

Latines expect to include family members in the relationship with their provider.





All cultures have their own combination of these beliefs, which influence their practices.

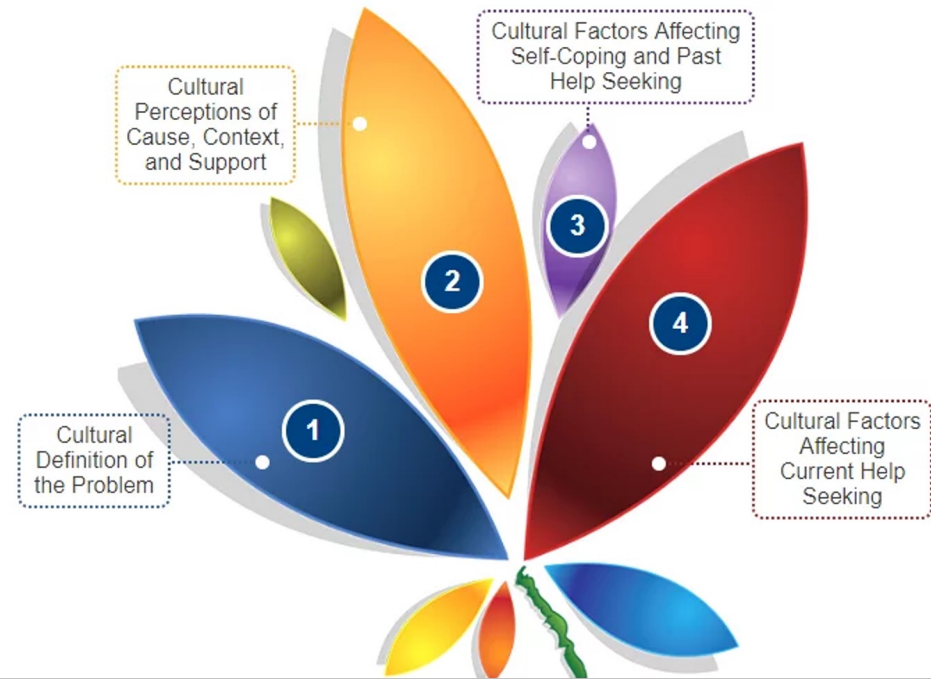
Theories of health and illness help clients understand their experience of illness, and is the foundation of the basis of their understanding of the need for change providers who are open and nonjudgmental will be better able to help clients formulate useable plans for treatment.

# Cultural Formulation Interview (CFI)

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The Cultural Formulation Interview (CFI) is a set of 16 questions that providers may use during an interview to assess the impact of culture on key aspects of an individual's clinical presentation and care.

(APA, 2013. p.750)



# Culturally Adapted Interventions

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Meeting the client where they are 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

# The Ecological Validity Model

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There are eight areas in which you can adapt treatment to be more effective with ethnically diverse clients. (Bernal, & Saez-Santiago, 2010)

Language

Persons

Metaphors

Content

Concepts

Context

Methods

Goals

# Language

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**Definition:** includes the actual language (Spanish, English), but it also includes local colloquialisms and idioms that impact the expression and understanding of what is occurring provides the communication tool for the speaker to communicate concepts which are valued by that culture.

Individuals are not likely to think of ideas which they cannot express within their culture.

Knowledge of the language usually implies a greater cultural knowledge.





# Persons

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**Definition:** This concept refers to the individuals that the client expects to be involved in their treatment, and the significance of each of the persons.

Can mean the significance of the individuals involved in the client's care, including family members, holistic healers, and extended family.

Refers to the client-provider relationship during the intervention.



# Metaphors

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**Definition:** This concept refers to the symbols and concepts shared by a particular group.

Metaphors help individuals make meanings of new situations based on previous experiences that they have had.

Metaphors may connect seemingly unrelated situations together due to the similar meanings experienced by the client.



# Content

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**Definition:** refers to the cultural knowledge about values, customs, and traditions

Each client may be influenced by cultural values, customs and traditions specific to their family, community, and race.



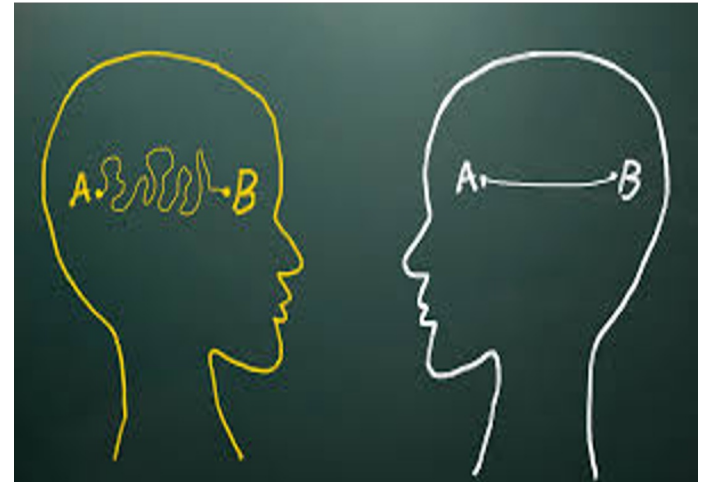
# Concepts

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**Definition:** refer to the constructs of the theoretical model that is to be used in treatment.

Concepts incorporate the provider's understanding of the client's problem, and it involves the client's understanding of that same problem.

If the provider's and client's understanding of the problem is not conveyed, there may not be an adequate partnership to complete treatment goals.



# Context

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## **Definition:**

Context considers the client's broader social, economic, and political contexts.

The context of the intervention impact the client's priorities in completing tasks and in if and how they follow treatment recommendations.

# High Context vs. Low Context

Factor	High-context culture	Low-context culture
Overtmess of messages	Many covert and implicit messages, with use of metaphor and reading between the lines.	Many overt and explicit messages that are simple and clear.
Locus of control and attribution for failure	Inner locus of control and personal acceptance for failure	Outer locus of control and blame of others for failure
Use of non-verbal communication	Much nonverbal communication	More focus on verbal communication than body language
Expression of reaction	Reserved, inward reactions	Visible, external, outward reaction
Cohesion and separation of groups	Strong diistinction between ingroup and outgroup. Strong sense of family.	Flexible and open grouping patterns, changing as needed
People bonds	Strong people bonds with affiliation to family and community	Fragile bonds between people with little sense of loyalty.
Level of commitment to relationships	High commitment to long-term relationships. Relationship more important than task.	Low commitment to relationship. Task more important than relationships.
Flexibility of time	Time is open and flexible. Process is more important than product	Time is highly organized. Product is more important than process

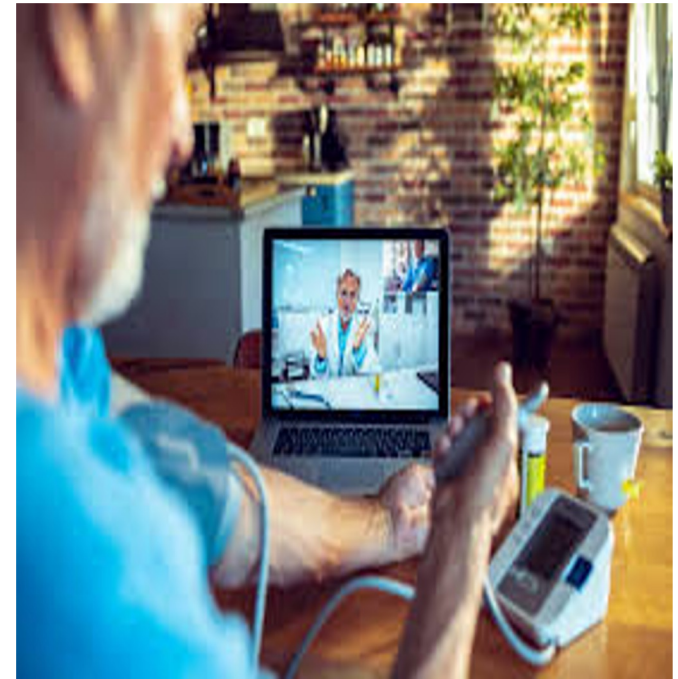


# Methods

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**Definition:** Methods are the procedures to follow in order to achieve therapeutic goals.

Methods incorporate the theory used, but it also incorporates the provision of the assessment, the use of transference and countertransference in the relationship, and the use of specific interventions, such as group or individual treatment.





# Goals

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**Definition:** refer to the identified desired outcome of treatment

Should reflect the client's and provider's understanding of the problem and of the solution.

Should be specific to the client's problem, attainable for the client by using his current supports and resources, relevant to the client's understanding of his problem, and offered at the right time, based on the client's schedule and needs.

Must be congruent with the client's cultural values.

# Trauma Informed Therapies

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Seeking Safety is an evidence-based counseling model used to help clients who have experienced trauma and substance abuse. The goal is to help clients attain safety through a focus on:

- Integrated and holistic treatment

- Ideals

- Cognitive, behavioral, interpersonal, and case management

- The clinician's process

(Navavits, 2001)

# Family Therapies

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The following family therapies have been identified as evidence based:

Brief Strategic Family Therapy (BSFT)

Celebrating Families

Family Support Network

Functional Family Therapy

Multidimensional Family Therapy

Network Therapy

All are proven effective with the Hispanic population.

# Cultural Strengths

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Many Latinos have strong support systems in their family who are willing to attend relevant appointments and otherwise support the client.

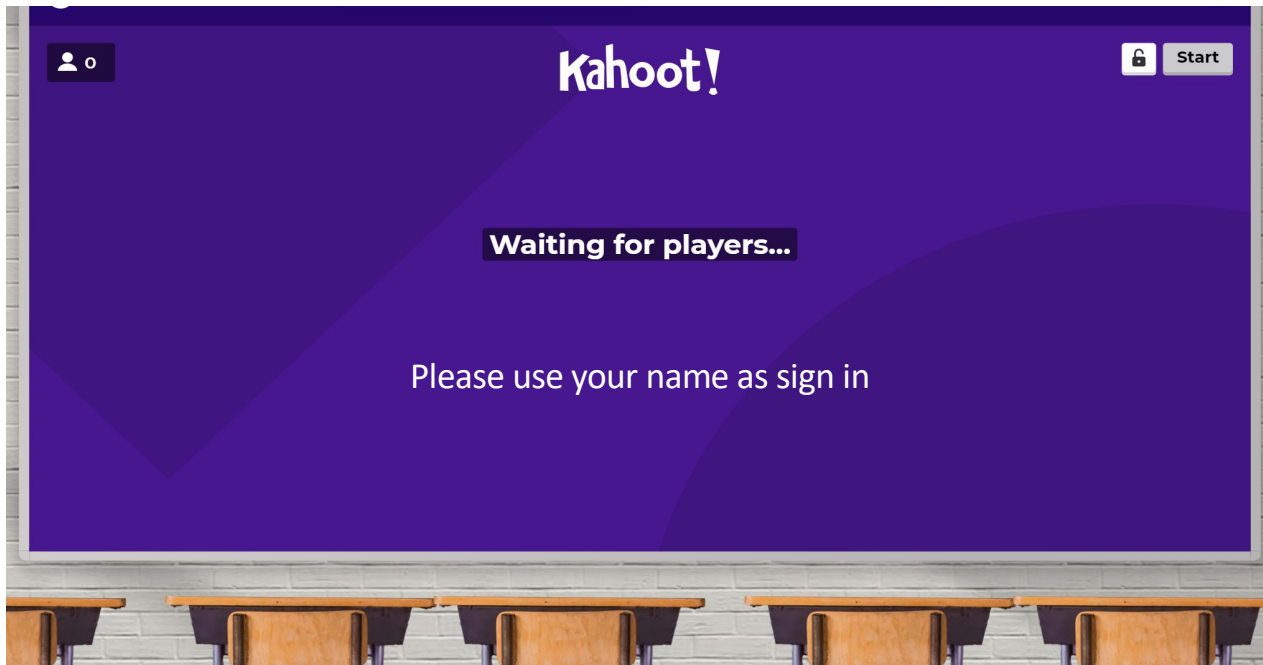
Some Latinos may be open to a holistic treatment experience involving spirituality and physical health treatment.

If a positive rapport is developed, Latinos are more likely to trust a professional and follow recommendations.

Research has demonstrated that Latinos are more likely to believe in the positive impact of mental health treatment than their White counterparts.

# QUIZ TIME

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# Questions?



Diane Arms



Connect with  
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