Objectives

• Define terms that are useful in the treatment of culturally diverse populations.
• Identify and address barriers faced by Hispanics and Latinos around access and readiness for treatment and recovery.
• Explain the relationship between culture and treatment.
Objectives

• Describe common themes among Hispanic and Latino populations.
Hispanic versus Latino

HISPANIC

[US Census 1980]
The Census Bureau defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

Source: US Census Bureau, 2010
Individuals from diverse cultural backgrounds are unable to attain their highest level of health.
Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage”.

Source: www.healthypeople.gov
Health Disparities

Source: www.healthypeople.gov
Hispanic and Latinos:  
Substance Use and Treatment Admission

• 8.4% of Hispanics (12yrs or older) reported current substance use.

• Treatment admissions for Hispanic and Latinos have increased from 10.7% to 14.0% since 1992 to 2010.

References

Disparities

- 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, Buettgens, Carroll & Blavin, 2012
Mismatch between Needs and the Service Models Available

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

Source: Caribbean Basin and Hispanic ATTC, 2006
Culturally and Linguistically Appropriate Services in Health Care

The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care are issued by the USDHHS’ Office of Minority Health to advance health equity, improve quality and eliminate health care disparities by establishing a blueprint to implement culturally and linguistically appropriate services.

Source: OMH, 2013
Enhanced CLAS Standards

- Currently 15 standards:
  - Principal Standard:
    Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
Enhanced CLAS Standards

• Three broader themes:
  – Theme 1: Governance, Leadership and Workforce (Standards 2-4).
    
  – Theme 2: Communication and Language Assistance (Standards 5-8).

  – Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).
Culture

• Loaded with meaning

• Not a “freeze frame” cultural portrait
Acculturation

- The process in which members of one cultural group adopt the beliefs and behaviors of another group.

- Acculturation 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 they relate to their own group as a subgroup of the larger society.

Source: Hazuda; Stern & Haffner, 1988
Assimilation

Changes in language preference, adoption of common attitudes and values, membership in common social groups and institutions, and loss of separate political or ethnic identification of one group as they come in contact with their host society.

Source: Alba & Nee, 1997
Americanization

• Used initially in the latter part of the 19th century and early part of the 20th century.

• Referred to a social movement whose goal was to fully assimilate immigrants into American society.

• Referred to the process by which “immigrants are transformed into Americans”.

Source: Graham & Koed, 1993; Huebner, 1906
Bicultural or Biculturalism

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

Includes being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy.

Source: OMH, 2001
Considerations of common culture characteristics for Hispanics and Latinos in the U.S. in the context of substance use treatment.
Culture plays a key role in our ability to influence behavior in a patient. However, we cannot afford to let cultural barriers limit our ability to meet the needs of our patients, or reduce their opportunity to benefit from the services we can provide.
Common Cultural Themes for Hispanic and Latinos in the United States

- Family or *familia* (*familismo*)
- Respect or *respeto*
- Personal relationships or *personalismo*
- Trust or *confianza*
- Spirituality or *espiritualidad*

Familismo-Definition

“A cultural value that involves individuals’ strong identification with and attachment to their nuclear and extended families, and strong feelings of loyalty, reciprocity, and solidarity among members of the same family”

Source: Marín & Marín, 1991
Familismo

“I do not belong to the culture of 911, there is always a relative I can depend on to rescue me.”

A Hispanic client

Source: Falicov, 1998
Traditionally, Hispanic and Latinos include many people in their extended families, not only parents and siblings, but 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.

Source: Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002
Familismo

- Flexible boundaries
- Avoid pathologizing closeness
Respect

- Defer to those in positions of authority
- Reciprocal
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.

Source: Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002
Personalismo/Personal Relationships

- Formal friendliness

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

Source: Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002
Trust

- Building trust has been described as the earliest developmental task and the foundation on which all others are built.

- Establishing trust is broadly accepted as fundamental to the development of a therapeutic relationship.

Source: Erickson, 1980
Over time, by respecting the patient's culture and showing personal interest, a treatment provider can expect to win a patient's trust.
Spirituality

• Personal relationship that is transcendent or beyond the self

• Powerful instrument for recovery

• Recognized as a protective factor
Spirituality

- Spirituality is strong with Hispanics and Latinos and combing faith with science is not uncommon. Faith is a key component of recovery.

- Hispanics and Latinos respect mainstream medicine and will rarely question recommendations. Instead, they might augment the medical treatment they are receiving with herbal remedies by going to a (Yerbero) which is an herbalist.
Curanderismo

• *Curanderismo* is a form of folk healing that includes various techniques such as prayer, herbal medicine, healing rituals, spiritualism, massage and psychic healing. It is a system of traditional beliefs that are common in Latino communities. It is practiced in several Latin American countries, as well as in the U.S., particularly in the southwest. This is according to the American Cancer Society. Therefore, this is something that is utilized in all health related fields including behavioral health.
Spirituality

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

• Hispanic and Latino culture, on the other hand, tends to view health from a holistic point of view. This view implies a continuum of body, mind, and spirit.

Pajewinski & Enriquez, 1996
Other Culture-Related Issues in Treatment

- Immigration
- Family difficulties
- Gender roles
- Language selection and recovery
- Adolescents
Immigration

Represents two major sources of stress:

1. Family dislocation, fragmentation, and reconstruction.

2. Culture change for individuals and across generations.
Family Difficulties

- Family conflicts (including intergenerational conflicts).
- Neglect and physical abuse.
- Domestic violence and sexual abuse.
Latino Adolescents and Substance Use

- Acculturation gaps
- Trauma and Stress in Schools and Communities
Gender Roles

May be particularly difficult cases to treat primarily because families stigmatize women in a more complete and isolating manner than they do male family members.
Motherhood and Associated Roles

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

• Significantly influences behavior and attitudes of adolescent males during time of identity formation.

• Distinction between the sexes.

• Includes dignity in personal conduct, respect and respect for others.

Source: Rivera. & Rogers-Adkinson, 1997
Machismo

“Gender specific value that applies to Hispanics and refers to a man’s responsibility to provide for, protect and defend his family”.

Source: Morales, 1996
Language Selection and Recovery

• Spanish speaking or highly bilingual clients can be assumed to possess more knowledge about Hispanic and Latino culture and this may provide some cultural information for more accurate interpretation of information.

• Never assume that a patient that speaks some Spanish is knowledgeable about Hispanic and Latino culture.
• Involve family members
• Show respect
• Get personal
• Respect traditional healing approaches
• Encourage the asking of questions.
Involve Family Members

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

- Lean forward
- Be comforting
- Use gestures that indicate interest
Hispanic and 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.
There is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care.
Remember

• Common themes among Hispanics and Latinos may play a part in terms of substance use, access, readiness and recovery.

• By recognizing and addressing such themes, counselors can be more effective in their interventions with Hispanic and Latino populations.

• Explore how cultural circumstances are related to your client’s presenting problems.
References


Pew Hispanic Research Center (2013)