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PLANNING FOR
EXPERIENCES OF RACIAL
DISCRIMINATION

Psychological Practice With Individuals Of Latin American Descent

Anahi Collado, Ph.D.

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University of Kansas-Lawrence

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Anahí Collado, PhD

Anahí Collado is a Clinical Psychologist at Alvord, Baker & Associates, LLC and an Assistant Research Professor at the Cofrin Logan Center for Addiction Research and Treatment. Dr. Collado completed her Ph.D. in clinical psychology at the University Maryland–College Park and her pre-doctoral internship at the San Diego VA Healthcare System. Upon completing her internship, she accepted a postdoctoral fellowship at Emory University's Child and Adolescent Mood Program. Dr. Collado's clinical and research goals are to identify and address barriers (e.g., structural, sociocultural, and psychological) related to treatment access and utilization that deter individuals from ethnic/racial minority groups from receiving appropriate mental health care and contribute to long-standing disparities.

Disclosures/Conflicts of Interest

- None

Learning Objectives

1. Describe Latinx/Hispanics' diversity in demographics and mental health profiles.

2. Identify the risk factors for psychopathology and treatment outcomes among Latinx/Hispanic individuals.

3. Explain how the experience of psychopathology among Latinx/Hispanic individuals may differ from that of other subgroups.

General Overview

1. Best terminology to use when working with Latino/Hispanic clients
2. Where do Latino/Hispanic individuals "come from"?
3. Prevalence of psychopathology by generation/country of "origin"
4. Psychological constructs associated with mental health
5. Strategies to foster trust and safety in the clinical environment
6. Ways to conducting culturally-informed assessments that avoid stereotypes

What's In A Word?

Latino/Latina, Hispanic, Latinx, Latiné?

- 50% of individuals from Latin American descent describe themselves by their family's country of origin; 23% use the terms Latino or Hispanic; and 23% most often describe themselves as American.

- Between Latino/Hispanic, 32% prefer "Hispanic," 15% prefer the term "Latino" and the rest (51%) have no preference.

- 23% have heard of Latinx, and 3% identify as such

- Use the word that your client uses about their ethnic background.

Pew Research Center

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A Word Of Caution…

Prevalent U.S. Latino/Hispanic SubGroups

U.S. Hispanic population: 58,838,000

|	
Mexicans	**36,634,000**
Puerto Ricans	**5,614,000**
Salvadorans	**2,307,000**
Cubans	**2,298,000**
Dominicans	**2,067,000**
Guatemalans	**1,444,000**
Colombians	**1,246,000**
Hondurans	**940,000**
Spaniards	**810,000**
Ecuadorians	**738,000**

Facts About U.S. Latinos/Hispanics

- 33% are immigrants
- 79% living in the country are U.S. citizens
- 78% have lived in the U.S. for more than 10 years
- 70% of individuals ages 5 and older speak English proficiently
- 16% of individuals ages 25 and older have a bachelor's degree or higher
- Economic conditions vary significantly by country of origin

When "Where Are You From?" Is Not A Simple Question
Hispanic Origin by Generational Status

53 million

	Green	33.6
Orange	31.5
Blue	34.9
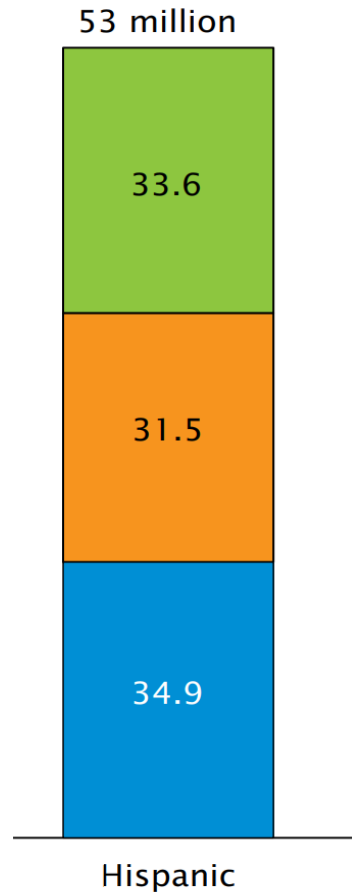
Hispanic

First | Second | Third-and-higher

	Mexican		Puerto Rican		Cuban		Central American		South American		Other Hispanic[4]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	37,447	100.0	5,156	100.0	2,484	100.0	5,585	100.0	3,972	100.0	5,450	100.0
First	11,750	31.4	33	0.6	1,438	57.9	3,310	59.3	2,472	62.2	1,887	34.6
Second	13,694	36.6	373	7.2	640	25.8	1,817	32.5	1,116	28.1	1,527	28.0
Third	12,003	32.1	4,750	92.1	406	16.4	458	8.2	384	9.7	2,036	37.4

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Prevalence of Psychopathology By Generational Status- "Immigrant Paradox"

|	Depressive Disorders		Anxiety Disorders		Substance Use Disorders		Overall Psychiatric Disorders	
	Men (n=129), OR (95% CI)	Women (n=278), OR (95% CI)	Men (n=137), OR (95% CI)	Women (n=293), OR (95% CI)	Men (n=180), OR (95% CI)	Women (n=64), OR (95% CI)	Men (n=324), OR (95% CI)	Women (n=445), OR (95% CI)
Generational status[b]								
First	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Second	0.98 (0.54, 1.75)	0.85 (0.58, 1.23)	1.06 (0.55, 2.05)	1.03 (0.70, 1.51)	2.65 (1.70, 4.14)**	9.44 (3.62, 24.60)**	1.59 (1.06, 2.40)*	1.15 (0.82, 1.63)
Third or later	1.72 (0.96, 3.07)	1.63 (1.02, 2.62)*	1.80 (0.91, 3.59)	1.40 (1.00, 1.97)	3.72 (2.29, 6.03)**	17.78 (7.25, 43.58)**	2.96 (2.10, 4.18)**	2.09 (1.50, 2.93)**

Alegria et al., 2007

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Prevalence of Psychopathology-
By Subgroup

	Depressive Disorders		Anxiety Disorders		Substance Use Disorders		Overall Psychiatric Disorders	
	Men (n=129), OR (95% CI)	Women (n=278), OR (95% CI)	Men (n=137), OR (95% CI)	Women (n=293), OR (95% CI)	Men (n=180), OR (95% CI)	Women (n=64), OR (95% CI)	Men (n=324), OR (95% CI)	Women (n=445), OR (95% CI)
Ethnic group								
Puerto Rican (reference)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Cuban	1.00 (0.64, 1.55)	0.75 (0.47, 1.18)	0.52 (0.29, 0.94)*	0.73 (0.45, 1.21)	0.31 (0.14, 0.68)**	0.33 (0.12, 0.91)*	0.51 (0.30, 0.89)*	0.72 (0.47, 1.08)
Mexican	0.57 (0.34, 0.97)*	0.69 (0.48, 0.99)*	0.65 (0.41, 1.04)	0.67 (0.38, 1.17)	0.74 (0.44, 1.24)	0.47 (0.23, 0.97)*	0.60 (0.42, 0.87)**	0.66 (0.43, 1.03)
Other Latino	0.70 (0.37, 1.32)	0.70 (0.49, 1.01)	0.67 (0.38, 1.20)	0.56 (0.30, 1.05)	0.63 (0.34, 1.16)	0.56 (0.26, 1.21)	0.59 (0.34, 1.02)	0.59 (0.40, 0.87)**

Alegria et al., 2007
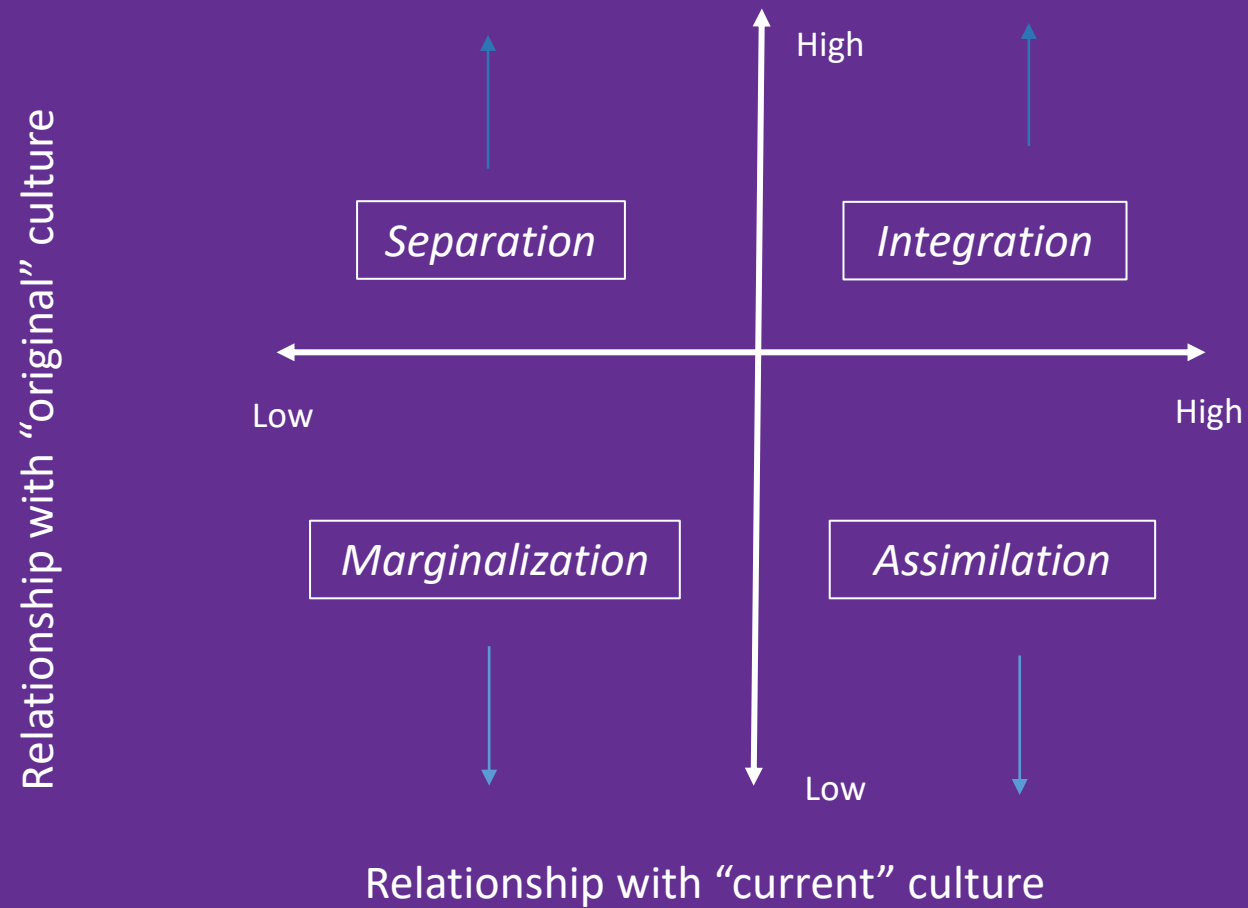
Risk Factors For Mental Health

- Low levels of ethnic identity
- Being U.S.-born or arriving to the U.S. at a younger age
- High levels of assimilation
- Acculturative stress
- Discrepancy between acculturation stage between parents and children

Fostering Trust in the Clinical Relationship

Reduce Stigma ("*los trapitos sucios se lavan en casa*"; Perception of being *crazy):*

- Learn about their and their family views about therapy
- **Validate**
- Frame presenting concerns from a contextual framework
- Learn about their religious background – Religious beliefs AND therapy and not Religious beliefs VS. Therapy
- Therapy is consistent with *"Poner de su parte"* – a value of putting effort into one's recovery

Fostering Trust in the Clinical Relationship

- Provide clients with a road map of what therapy will be like with you
- Emphasize therapy as a collaborative process
- Encourage clients to provide you with feedback
- Acknowledge cultural differences between the two of you
- Use metaphors
- Use appropriate self-disclosure
- *What would you like to know about me?*

Creating a Safe Space of Mutual Understanding

- Learn about the client's history from them
  - Ask them permission to ask questions; recognize they are the expert
- Do your research
- Discuss confidentiality → What is reportable? Who will you report to? Why will you report?
  - *Particularly relevant- immigration status, child abuse*
- Consider experiences of discrimination and stages of acculturation in the client's life
- After providing any type of analysis and case conceptualization, check in with the client: Did I get that right? What are some things that you would like to add?
- Consider your own identity development

Know the "Language" - Culture-Bound Syndromes

- Ataque de Nervios

Uncontrollable/dissociative experience involving shouting, crying spells, trembling, verbal or physical aggression... seizure-like or fainting episodes, being out of control. Triggers- stressful event relating to family.

- Bilis and Colera

Strong feelings of anger or rage, which are thought to impact core body balances (e.g., hot and cold balance, balance between material and spiritual aspects of the body). Symptoms: acute nervous tension, headaches, trembling, screaming, gastrointestinal and stomach problems, and in extreme cases, loss of consciousness.

- Mal de ojo

A belief that someone has been cursed by another. In children it can be manifested by fitful sleep, crying without apparent cause, diarrhea, vomiting, and fever.

Cardemil et al., 2007; APA 2000

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Commonly Cited Cultural Values

- *Familismo-* centrality of family in Latinos' identity and everyday life

- *Simpatia y Personalismo-* warm and positive interactions

- *Respeto y Formalismo-* respect and formality

- *Marianismo-* female gender role characterized by purity, submissiveness, and moral strength

How Values May Interfere/Facilitate the Therapeutic Process

- *Familismo*- Could shape their perceptions of therapy; could be a risk factor for depression if they don't have family in the country; discrepancies in acculturation?

- *Simpatia y Personalismo- Respeto y Formalismo*- Avoidance of providing feedback/ending therapy without communication; perception of authority ("what should I do?")

- *Marianismo*- May be in unhelpful relationships; clinician judgment...

How Values May Interfere/Facilitate The Therapeutic Process

- *Familismo*- Validate, invite family to therapy via the client

- *Simpatia y Personalismo*- Mirror their behaviors; discuss interpersonal communication infused with these values

- *Respeto y Formalismo*- Emphasize they are experts/ provide problem-solving tools/ emphasize collaboration/ explore the different options

- *Marianismo*- Validate; discuss interpersonal communication/ practice what a dialogue may sound like

Case Conceptualization

Kilcullen & Day (2018)

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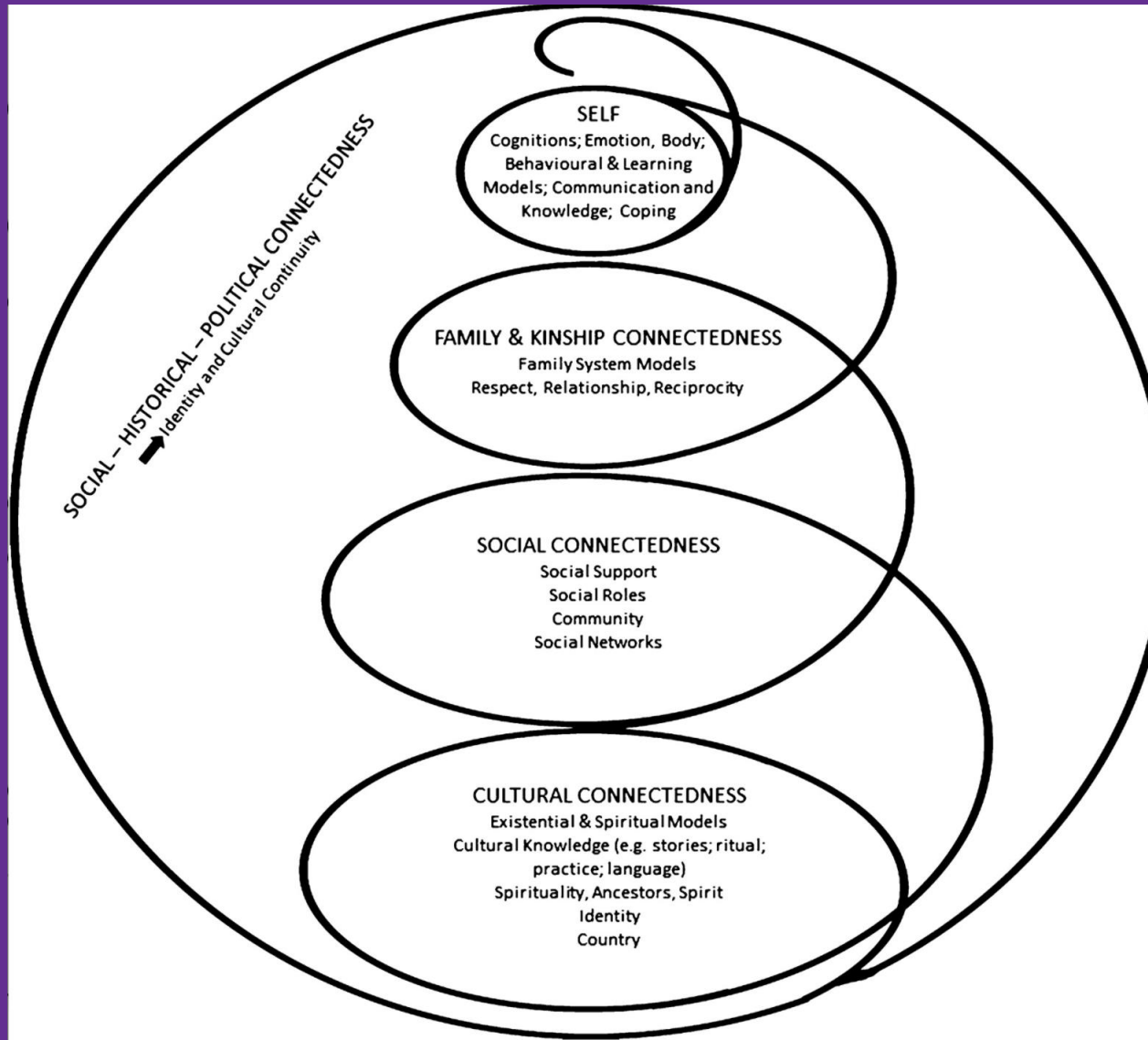
Assessment

Use DSM's Cultural Formulation Interview

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

(Explanatory Model, Social Network, Older Adults)

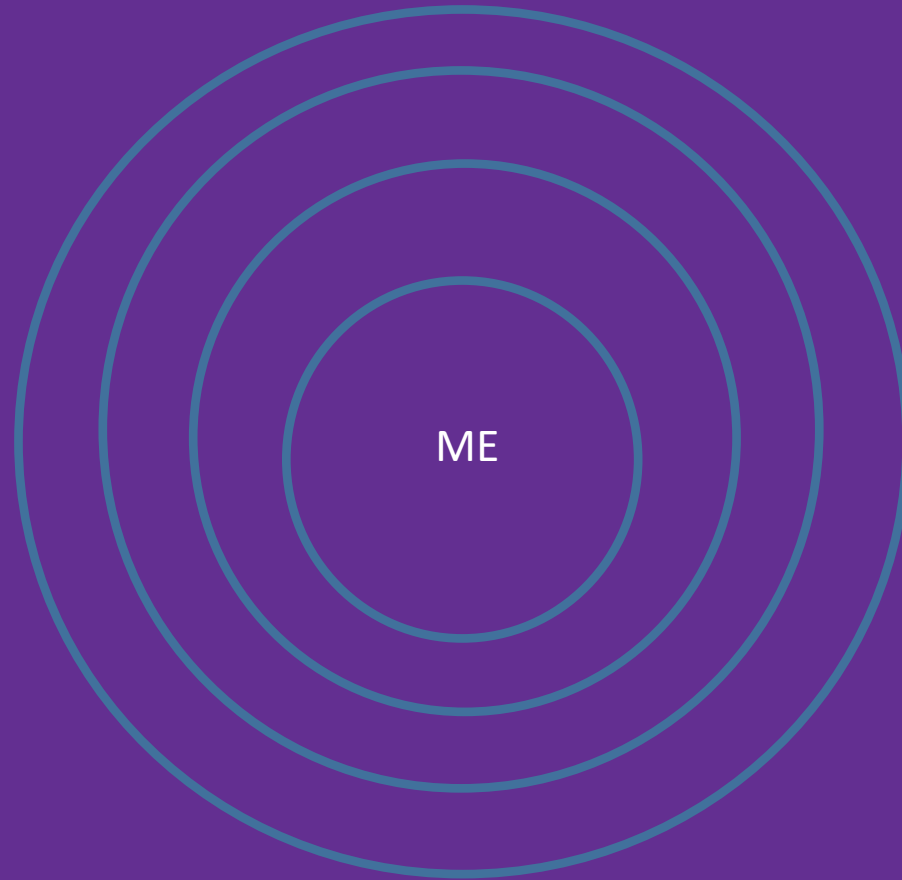|	
This question indicates the meaning of the condition for the individual, which may be relevant for clinical care.	4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?
Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.	*PROMPT FURTHER IF REQUIRED:* Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.
Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.	5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

Assessment

STRESSORS AND SUPPORTS

(Social Network, Caregivers, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Cultural Identity, Older Adults, Coping and Help Seeking)

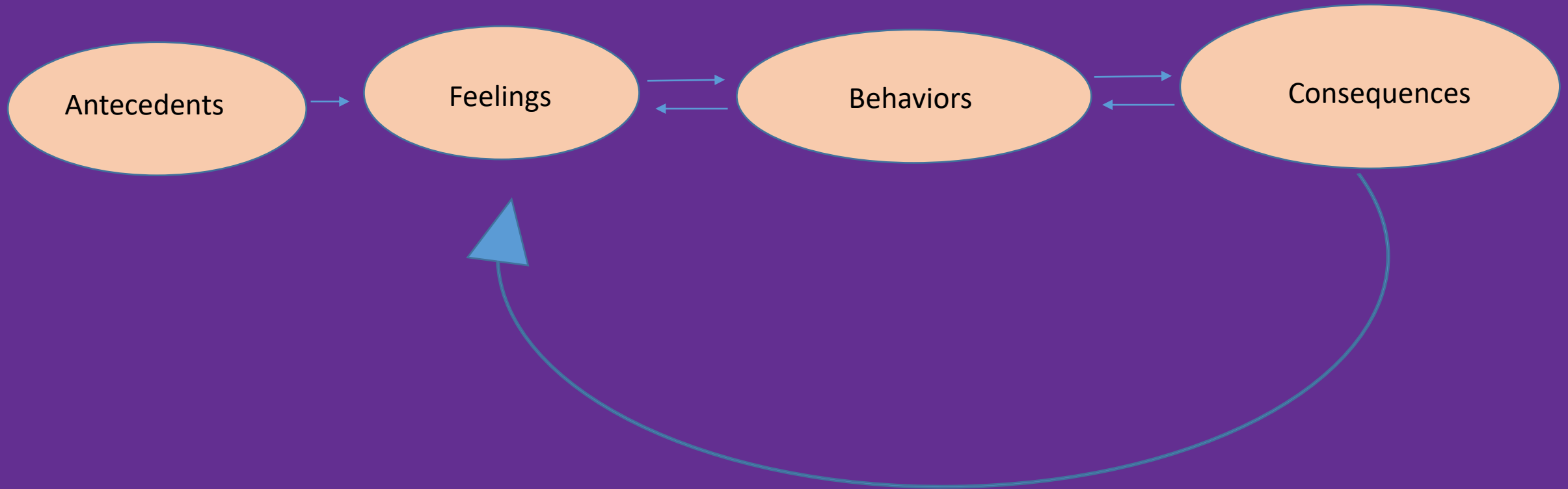|	
Elicit information on the individual's life context, focusing on resources, social supports, and resilience. May also probe other supports (e.g., from co-workers, from participation in religion or spirituality).	6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?
Focus on stressful aspects of the individual's environment. Can also probe, e.g., relationship problems, difficulties at work or school, or discrimination.	7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?

Identify Social Support
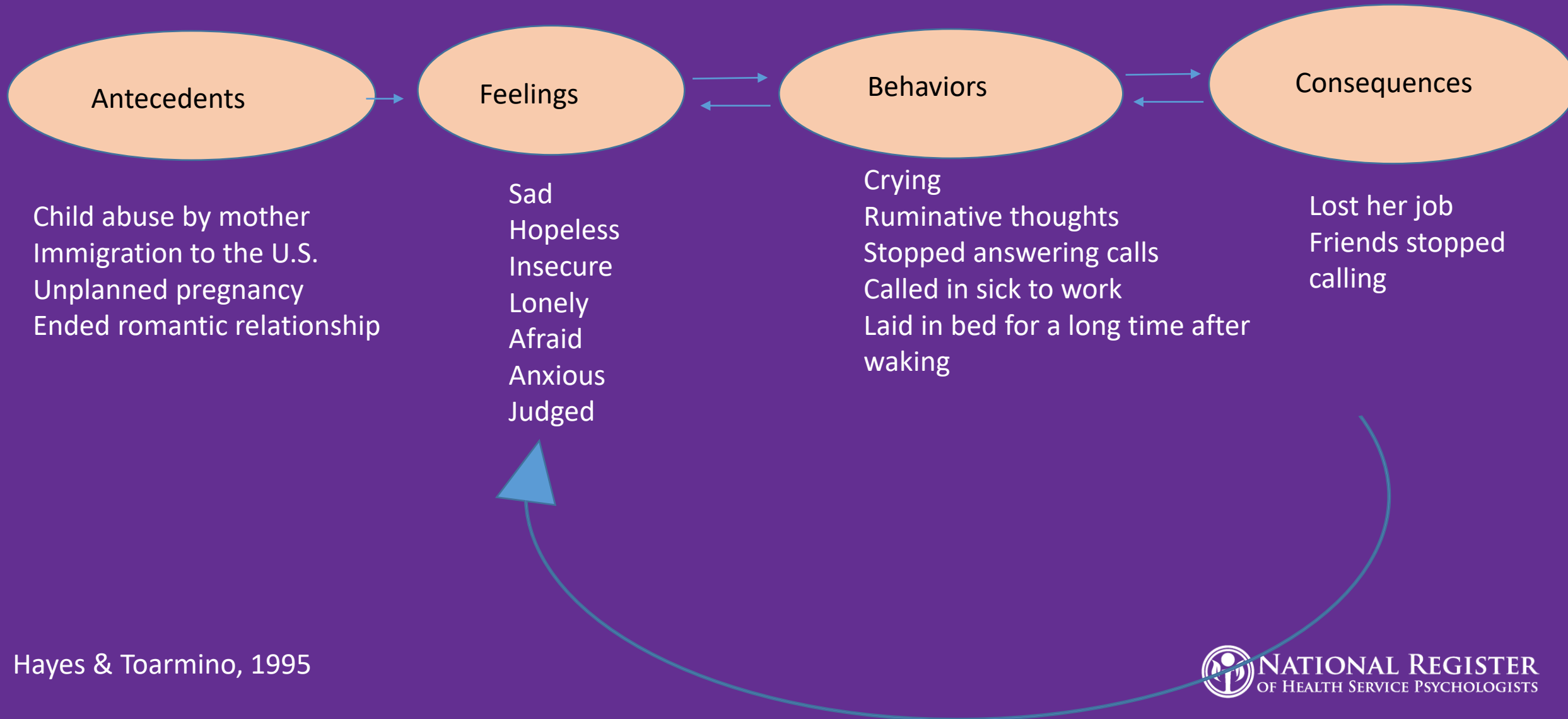

ME

Conduct a Functional Analysis (MAP)

Antecedents → Feelings ⇄ Behaviors ⇄ Consequences

Hayes & Toarmino, 1995

Conduct a Functional Analysis (MAP)

Antecedents

Child abuse by mother
Immigration to the U.S.
Unplanned pregnancy
Ended romantic relationship

Feelings

Sad
Hopeless
Insecure
Lonely
Afraid
Anxious
Judged

Behaviors

Crying
Ruminative thoughts
Stopped answering calls
Called in sick to work
Laid in bed for a long time after waking

Consequences

Lost her job
Friends stopped calling

Hayes & Toarmino, 1995

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Incorporate Values Into Clinical Work

- Life Areas
  - Relationships
  - Career/Education
  - Spirituality
  - Physical and Emotional Health
  - Daily Responsibilities

- Identify Values for each Life Area
  - A value is an ideal, quality, or strong belief in certain way of living
  - What is important to them and how do they want to live your life in that area
  - If X had no happened, how would your life be?
  - What are your goals in coming to therapy?

Reading Resources/References

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Reading Resources/References

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- *Hayes, S. C., & Toarmino, D. (1995). If behavioral principles are generally applicable, why is it necessary to understand cultural diversity?. Journal of Counseling Psychology, 28, 257.*

- Kilcullen, M., & Day, A. (2018). Culturally informed case conceptualisation: Developing a clinical psychology approach to treatment planning for non-Indigenous psychologists working with Aboriginal and Torres Strait Islander clients. *Clinical Psychologist, 22*, 280-289.

- Hispanic Trends - Pew Research Center

Q&A With Dr. Collado

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

- Due to time constraints, we will not be able to address every question asked.

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