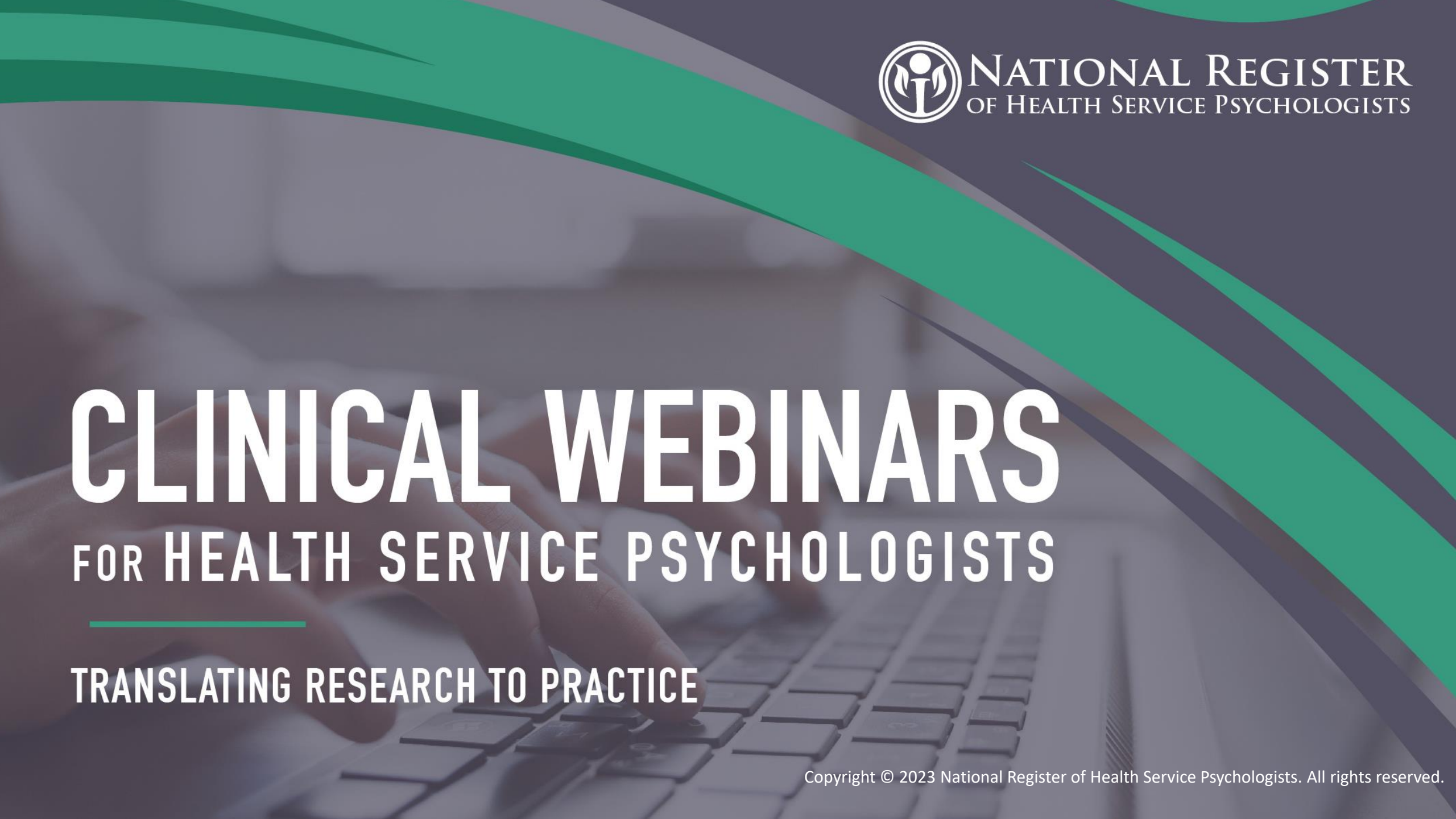

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CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Acculturation and Its Effect on Mental Health Treatment of Latinx Populations

Mayra Zoe Ortiz, PsyD

Clinical Psychologist

CHE Behavioral Health Services

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:
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1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Mayra Zoe Ortiz, PsyD

Dr. Mayra Zoe Ortiz is a clinical psychologist who has been delivering psychological services for 19+ years. She has worked with diverse populations including children, adolescents, adults and older adults in NY, CT and GA. Dr. Ortiz previously owned two small private practices in NY and has worked extensively with the Latinxs population. She is currently the Co-Chair of the Diversity Committee, APA Division 31, and 2023 President-Elect for Division 31. She is the Co-Chair of the EDI Network sponsored by CESPPA and Division 31. In addition, Dr. Ortiz was the Chair of the Diversity, Equity, and Inclusion in a private sector hospitality company where she created a 12-month diversity program for executives and managers.

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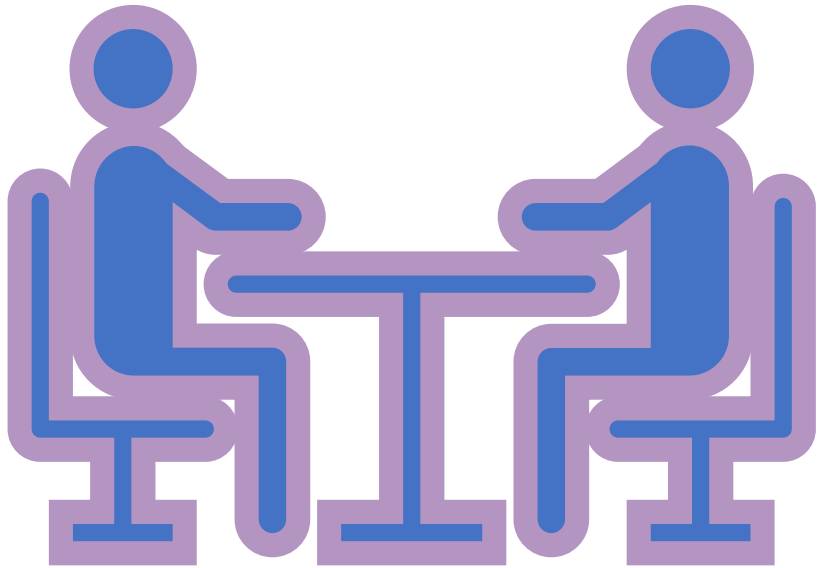
Conflicts of Interest

The presenter does not have any conflicts of interest to disclose



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Learning Objectives

1. Describe three acculturation models impacting Latinx/Hispanic populations.
2. Identify four acculturation strategies.
3. Explain cultural humility and its importance to the delivery of mental health services.

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Definitions:

A. Culture - customs, values, beliefs, knowledge, art, and language of a society or a community (VandenBoss APA Dictionary of Psychology, 2015).

B. Race - social construct and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy (APA Guidelines on Race and Ethnicity in Psychology , 2019).

C. Ethnicity - practices of one's culture of origin and the concomitant sense of belonging (Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2003).

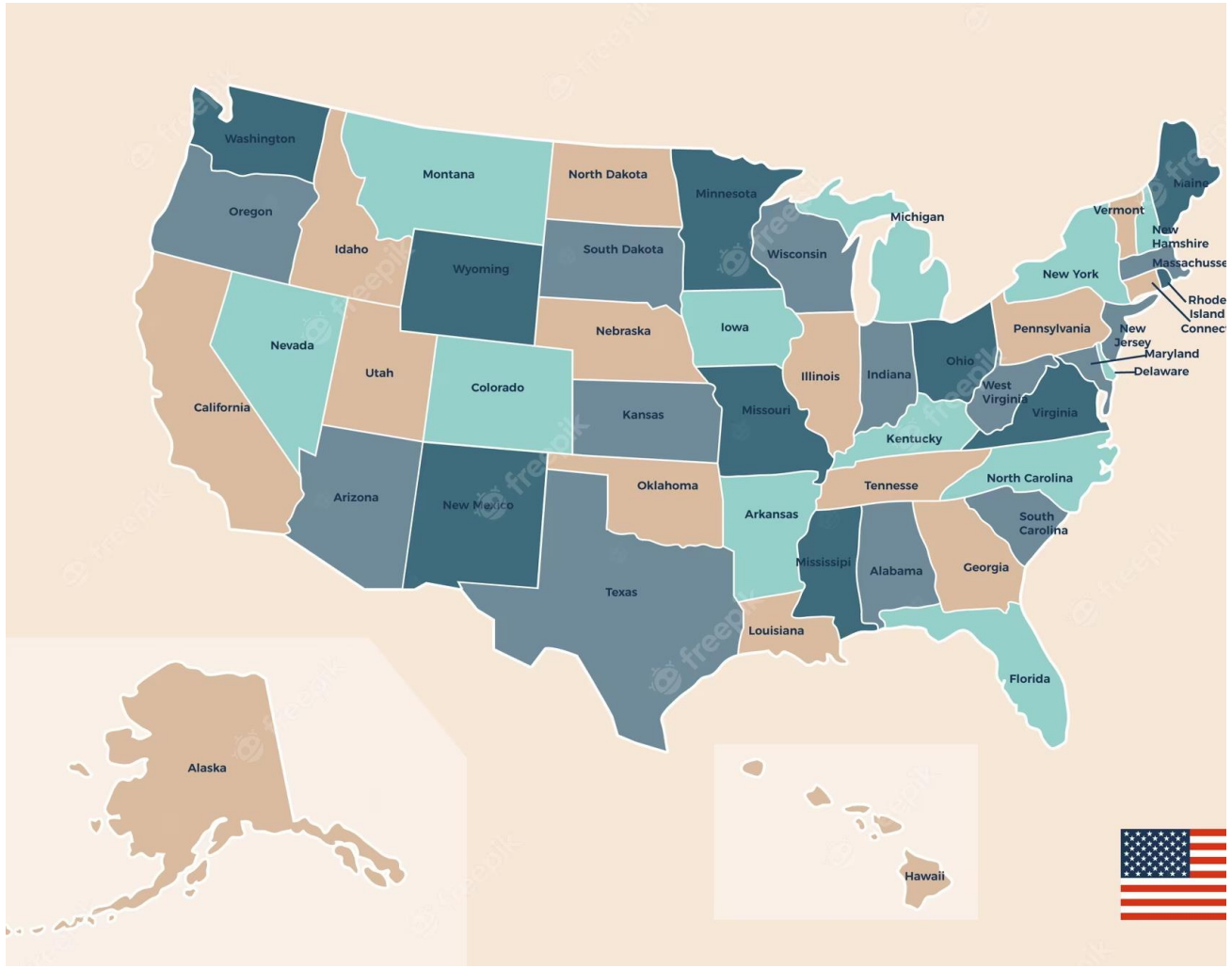
D. Assimilation - social assimilation which is the process by which two or more cultures or cultural groups are gradually merged, although one is likely to remain dominant (VandenBoss in the APA Dictionary of Psychology, 2015).

Definitions (2):

E. Acculturation - psychological and social changes that groups and individuals experience when they enter a new and different cultural context (Cabassa, 2003). Berry (2003) proposed a framework for acculturation divided in two levels: cultural and psychological level.

F. Acculturative Stress - tension from maintaining continuity with the behaviors and characteristics of one's heritage culture while concurrently adopting behaviors and characteristics associated with the majority culture (Berry, 2003 ; Driscoll & Torres, 2013).

U.S. Demographics



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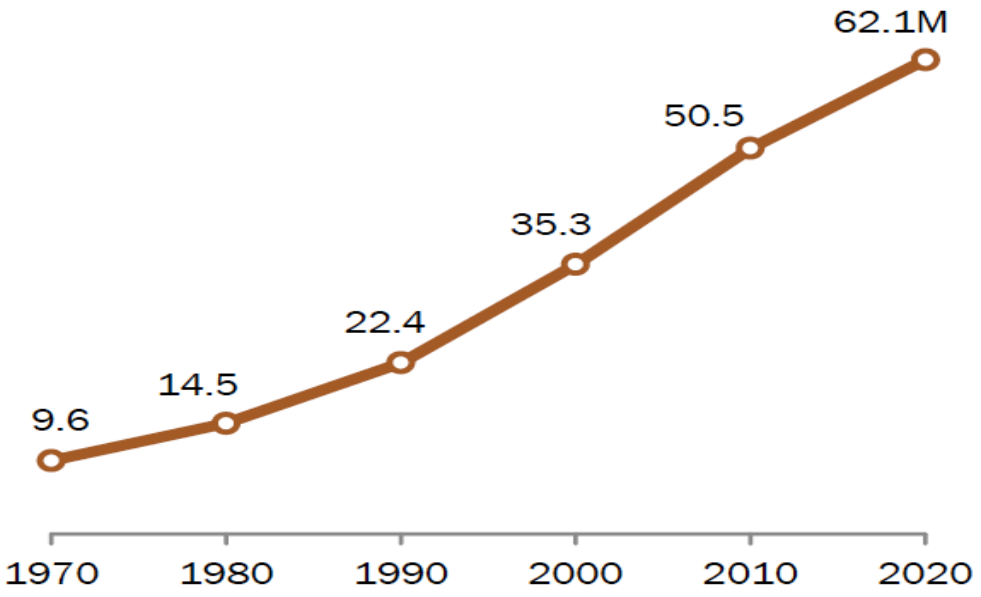
U.S. Census 2020:

According to the U.S. Census the Hispanic or Latino population, which includes people of any race, was 62.1 million (18.9%) of the total U.S. population (U.S. Census, 2022; Pew Research Center, 2022b; USAfacts, 2021).

U.S. Hispanic population reached more than 62 million in 2020

In millions



Note: Population totals are as of April 1 each year. Hispanics are of any race.
Source: Pew Research Center analysis of 1970-1980 estimates based on decennial censuses (see 2008 report "U.S. Population Projections: 2005-2050"), 1990-2020 PL94-171 census data.

PEW RESEARCH CENTER

Pew Research Center, June 14, 2022

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U.S. Census 2020:

The Hispanic or Latinx population grew 23%, from 2010 to 2020, while the population not of Hispanic or Latinx origin grew 4.3% (US Census, 2021; Pew Research Center, 2022a).

Hispanic origin groups in the U.S., 2021

Origin group	Population	% among all U.S. Hispanics	% change 2010-2021
U.S. total	62,530,000	100%	23%
Mexican	37,235,000	59.5	13
Puerto Rican	5,800,000	9.3	24
Salvadoran	2,475,000	4.0	35
Cuban	2,400,000	3.8	28
Dominican	2,395,000	3.8	59
Guatemalan	1,770,000	2.8	53
Colombian	1,400,000	2.2	46
Honduran	1,150,000	1.8	57
Spaniard	995,000	1.6	43
Ecuadorian	815,000	1.3	25
Peruvian	720,000	1.2	20
Venezuelan	660,000	1.1	172
Nicaraguan	455,000	0.7	19
Argentinean	295,000	0.5	26
Panamanian	240,000	0.4	37
Costa Rican	190,000	0.3	44
Chilean	190,000	0.3	35
Bolivian	130,000	0.2	15
Uruguayan	65,000	0.1	9

Pew Research Center, September 22, 2022

Assimilation & Acculturation: Unidimensional, Bidimensional and Multidimensional Models:

Unidimensional Model:

- Milton Gordon (1964) Assimilation in American Life: The role of race, religion, and national origins.
  - It was the first model proposed.
  - Assumes that assimilation happens along a unilinear, one direction continuum from not acculturated to completely acculturated.
  - To be assimilated the immigrant has to adopt the values and customs of the dominant culture.
  - The values and attitudes are middle-class cultural patterns - White Protestant, Anglo-Saxon origins.

Bidimensional Model:

- Acquiring a new culture is an independent process of maintaining your culture of origin (Berry, 2003; Cabassa, 2003; Cuellar, Arnold, & Maldonado, 1995; Marin & Gamba, 1996).
- Sam & Berry (2010) proposed that there are two dimensions: culture of origin and dominant culture. It may go from full participation to full rejection of the culture's values, behaviors and attitudes of the dominant culture.

Bidimensional Model (2):

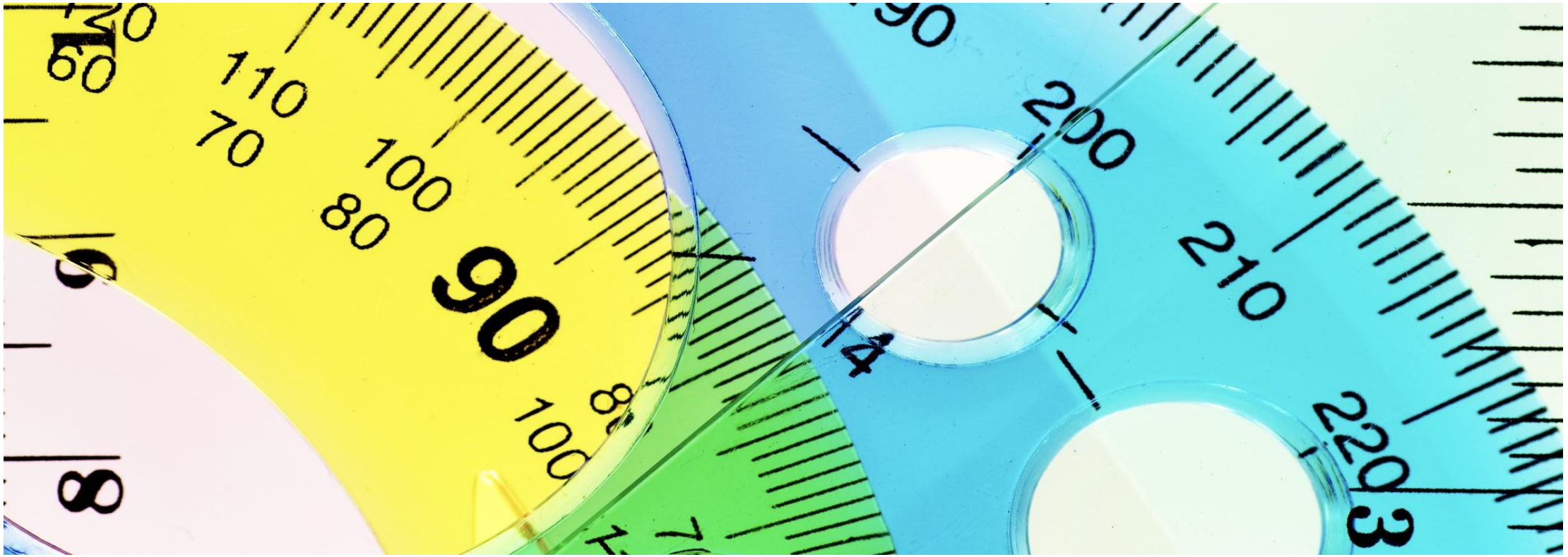
- Sam & Berry (2010) proposed a framework that outlines the acculturation process:
- Acculturation Strategies:
  - Assimilation- complete acquisition of the new culture, from the lack of desire to maintain the culture of origin or for other reasons.
  - Separation- maintenance of the culture of origin and avoidance of the new culture.
  - Integration- embracing and valuing both cultures.
  - Marginalization- (voluntary or not) by both cultures.

    Separation or Marginalization can result from societal circumstances- such as prejudice, institutional racism, and segregational rules or laws, or historical circumstances (Cabassa, 2003; Sam & Berry, 2010).

Multidimensional Model:

- Multidimensional models argued that the best way to conceptualize acculturation is through multiple dimensions, more global, and multiple identities. Social media enables exposure to distant cultures, music, dance or religion (Van De Vijver, 2015).
- Multidimensional models have been also conceptualized with several levels of change, including behavioral and cognitive changes (Schwartz, Unger, Zamboanga, & Szapocznik, 2010).

Acculturation Scales:



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Acculturation Scale Measures:

- They differ in what they attempt to measure:
    a. Embracing culturally specific behaviors (music, diet, & media).
    b. Usage, proficiency, and preferences for the Spanish or English language.
    c. Knowledge of historic and current events.
    d. Embracing belief and values of the dominant culture.

Criticism of Acculturation Scale Measures:

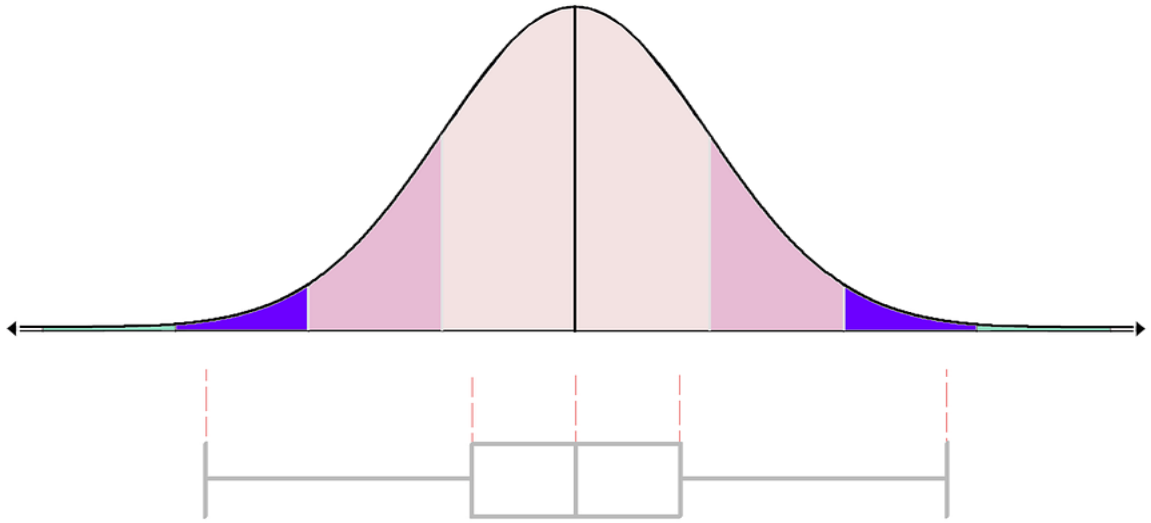
- Within the criticism for these scale measures are: (Hernandez Rodriguez, 2018; Lara et al., 2005)
  a. Being dominant in one language does not necessarily mean being competent in the other language and vice-versa.
  b. The generation of the respondents.
  c. Acculturation is a fluid process which implies growth across a continuum of dimensions such as behaviors, attitudes and values.
  d. Are we measuring what we intend to measure (Hernandez Rodriguez, 2018)

Acculturation has been associated with negative health-related behaviors among Latinxs:

- Higher acculturation has been associated with negative health-related behaviors (Guendelman & Abrams,1995; Lara, M. et al., 2005; Lorenzo-Blanco et al., 2011; Marin & Posner, 1995; Velez & Ungemack,1989; Zemore, 2007).

    - Illicit drug use
    - Dietary intake
    - Alcohol use
    - Cigarette smoking
    - Birth outcomes (prematurity, low birthweight, teen pregnancy and neonatal mortality)

Controversy in Acculturation Research:



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Controversy in Acculturation Research:

- Lawton, Gerdes, & Kapke (2018) examined how parent-adolescent acculturation differences were related to mental health in Latinx adolescents and their parents, and the role of acculturation conflict and family functioning within Latinx families.
- **Results:**
  - The study did not support prior studies that showed higher levels of acculturation in adolescents to be a risk factor for externalizing problems. Externalizing problems was impacted only if the level of conflict was high.
  - Whether the adolescent continued to embrace Latinx cultural values of familism, respect and religion has a positive impact on externalizing problems and provides greater access to cultural resources such as family and religion.

Controversy in Acculturation Research (2):

- Smokowski & Buchannan (2009) studied the relationship among risk factors, cultural assets, and Latinx adolescent mental health outcomes.
- **Results:**
  - The length of time the adolescent was in the U.S. was positively related to humiliation, aggression, and school bonding.
  - Parents' U.S. involvement had an inverse association with adolescent social problems, aggression, and anxiety.
  - Adolescent culture of origin involvement was positively related to adolescent self-esteem.

Controversy in Acculturation Research (3):

- Alegria et al. (2008), the authors examined the Immigrant Paradox- that foreign nativity protects against psychiatric disorders despite the stressful experiences and poverty associated with immigration.

- **Results:**
  - Consistent with the immigrant paradox, U.S. born Latino subjects reported higher rates for most psychiatric disorders than Latino immigrants and higher lifetime rates for most disorders than Latino immigrants.

Disorder Type	NIL	IL
Depressive	19.8%	14.8%
Anxiety	18.9%	15.2%
Substance Abuse	20.4%	7.0%
PTSD	5.9%	4.0%
Any Disorder	37.1%	24.9%

Latinx Values:

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American vs. Hispanic Culture (Abasto Magazine, 2015):

- **Family / Independence:** U.S. culture focus on the nuclear family and encourage children to be independent. Latinx focus includes extended family, and a child asserting too much independence can be seen as disloyal to the family.
- **Social Harmony:** U.S. culture is direct; Latinx less direct to avoid confrontation or upsetting situations. Politeness is very important to Latinx.
- **Individuality / Control:** U.S. culture believe the individual has control. Latinx are more accepting of "destiny" and may see matters as outside their control.
- **Eye Contact:** U.S. culture places emphasis on direct eye contact is a sign of respect. For the Latinx averting one's eyes shows respect for a person of authority.

Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

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Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

- **Principle A: Beneficence and Nonmaleficence**
  Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

- **Principle B: Fidelity and Responsibility**
  Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

- **Principle E: Respect for People's Rights and Dignity**
  Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

- **3.01 Unfair Discrimination**
  In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.
- **3.03 Other Harassment**
  Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Ethical Principles of Psychologists and Code of Conduct (APA, 2017)

- **3.04 Avoiding Harm**
  (a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
- (b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

Case Examples:

COGNITIVE SCREEN: Brief Interview for Mental Status (BIMS)

Ask patient: "I am going to say three words for you to remember. Please repeat the words after I've said all three. The words are: sock, blue and bed. Now tell me the three words"
After the patient's first attempt, repeat the words using cues.
("sock, something to wear; blue, a color; bed, a piece of furniture").
You may repeat the words up to two more times.

Repeats three words [ ]0 [ ]1 [ ]2 [ ]3 pts*(1 point per word repeated correctly during first trial)*
Identifies correct year [ ]0 [ ]1 [ ]2 [ ]3 pts *(0 = off by > 5 yrs; 1 = off by 2-5 yrs; 2 = off by 1 yr; 3 = exact)*
Identifies correct month [ ]0 [ ]1[ ]2 pts *(0 = off by >1 month; 1 = off by 6 day- 1 month; 2 = correct w/in 5 days)*
Identifies day of week [ ]0 [ ]1 pts *(0 = wrong; 1 = exact)*
Recalls three words: Sock [ ]0 [ ]1 [ ]2 pts *(0 = no recall; 1 = prompt needed; 2 = exact)*
Blue [ ]0 [ ]1 [ ]2 pts *(0 = no recall; 1 = prompt needed; 2 = exact)*
Bed [ ]0 [ ]1 [ ]2 pts *(0 = no recall; 1 = prompt needed; 2 = exact)*

BIMS Score: _____
Cognitive Functioning Legend: 13-15= Intact; 8-12 = Moderately Impaired; 0-7 = Severely Impaired

Saliba et al. (2012)

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DEPRESSION SCREEN: Psychological Health Questionnaire (PHQ-9)

Ask patient: “Over the past 2 weeks, how often have you been bothered by the following problems?”
Indicate symptom frequency: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

- Little Interest or pleasure in doing things [ ]0 [ ]1 [ ]2 [ ]3 points
- Feeling Down, depressed or hopeless [ ]0 [ ]1 [ ]2 [ ]3 points
- Trouble falling asleep or staying asleep, or sleeping too much [ ]0 [ ]1 [ ]2 [ ]3 points
- Feeling tired or having little energy [ ]0 [ ]1 [ ]2 [ ]3 points
- Poor appetite or overeating [ ]0 [ ]1 [ ]2 [ ]3 points
- Feeling bad about yourself - or that you are a failure or have let yourself or family down [ ]0 [ ]1 [ ]2 [ ]3 points
- Trouble concentrating on things, such as reading the newspaper or watching television [ ]0 [ ]1 [ ]2 [ ]3 points
- Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual? [ ]0 [ ]1 [ ]2 [ ]3 points
- Thoughts that you would be better off dead, or of hurting yourself in some way [ ]0 [ ]1 [ ]2 [ ]3 points

PHQ-9 Score: _____
Depression Severity: 0-4 = None, 5-9 = Mild, 10-14 = Moderate, 15-19 = Moderately Severe, 20-27 = Severe

Spitzer, Williams & Kroenke (1999) and colleagues with an educational grant from Pfizer Inc.

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ANXIETY SCREEN: Generalized Anxiety Disorder 7-Item (GAD-7)

- **Ask Patient:** “Over the past 2 weeks, how often have you been bothered by the following problems?”
- *Indicate symptom frequency: 0 = Not at all sure; 1 = Several days; 2 = More than half the days; 3 = Nearly every day*

• Feeling nervous, anxious, or on edge	[ ]0 [ ]1 [ ]2 [ ]3 points
• Not being able to stop or control worrying	[ ]0 [ ]1 [ ]2 [ ]3 points
• Worrying too much about different things	[ ]0 [ ]1 [ ]2 [ ]3 points
• Trouble relaxing	[ ]0 [ ]1 [ ]2 [ ]3 points
• Being so restless that it’s hard to sit still	[ ]0 [ ]1 [ ]2 [ ]3 points
• Becoming easily annoyed or irritable	[ ]0 [ ]1 [ ]2 [ ]3 points
• Feeling afraid as if something awful might happen	[ ]0 [ ]1 [ ]2 [ ]3 points

- **GAD-7 Score**: _____ **Anxiety Severity:** 0-4 = Minimal, 5-9 = Mild, 10-14 = Moderate, 15-21 Severe

- Spitzer, Williams & Kroenke (1999) and colleagues with an educational grant from Pfizer Inc.

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Case Example #1:

S was an 80y/o Black Latina who resides at a skilled nursing facility. S was referred for psychological services after reported being afraid that someone is going to kill her. On the day of our intake 'Diagnostic Evaluation', S reported having ruminations that the police will try to kill her or kill her family members. She reported calling her son over 20 times a day to make sure he was not hurt by the police. S's BIMS=15, PHQ-9=5 and her GAD-7=6.

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Case Example #2:

P was a 16+ year old teenager who was referred for psychological services due to frequent fights with his parents, breaking curfew and not completing school assignments. P's parents were born and raised in South America. P's parents came to the U.S. as adults. Although fully bilingual, their language of preference was Spanish. P was born in the U.S. His primary language of preference was English.

When P met with this psychologist for the first time, he reported tension and quarrels at home. He felt not understood and that he preferred to spend more time with his peers in school. Many of his close peers would make fun of his parents' accent and would make inappropriate comments about his parents. P began to feel conflicted, confused and uncomfortable. P reported crying spells, deep sadness, poor concentration, low energy and feeling bad about self.

Case Example #3:

D was a 40+ year old Latino man who was seeking psychotherapy services due to both depressive and anxiety symptoms manifested by deep sadness, poor concentration, sleeping disturbances, being nervous, on edge, worrying all the time and being restless. D and his family moved to the U. S. when D was 15y/o. He was the youngest of 4 siblings. His mother and father separated when he was young. D's siblings got married and moved out of the home. D remained at home because he was single. He reported a desire of having his own place, becoming independent, yet being conflicted with his Latinx roots, values and being loyal to the family.

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ATTITUDES TOWARD MENTAL HEALTH SERVICES & BARRIERS FOR TREATMENT:

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National Alliance on Mental Illness (NAMI, 2021):

- Barriers to mental health care:
  - Language barriers
  - Poverty and less health insurance coverage
    - 15.7% of Hispanic/Latinx people in the U.S. live in poverty (compared to 7.3% of non-Hispanic Whites).
  - Lack of cultural competence
    - Cultural differences may lead mental health providers to misunderstand and misdiagnose members of the Hispanic/Latinx community.
  - Legal status
    - Fear to be deported.
  - Acculturation
    - Higher acculturation has been associated with higher utilization of health care services.
  - Stigma
    - Issues with privacy “La ropa sucia se lava en casa.”

Stigma:

- Stigma has been associated as a key factor with seeking psychological services (Corrigan, 2004; Sun et al., 2016; Vogel, Wade, & Haake, 2006).
  - Self-Stigma- feeling low self-esteem and inadequate because of internalized prejudice.
  - Public Stigma- as it is viewed by society at large and possibly as lack of opportunities. May lead to stereotyping, prejudice and discrimination.
  - Social Stigma- prejudice and judgment from others in people's social network.

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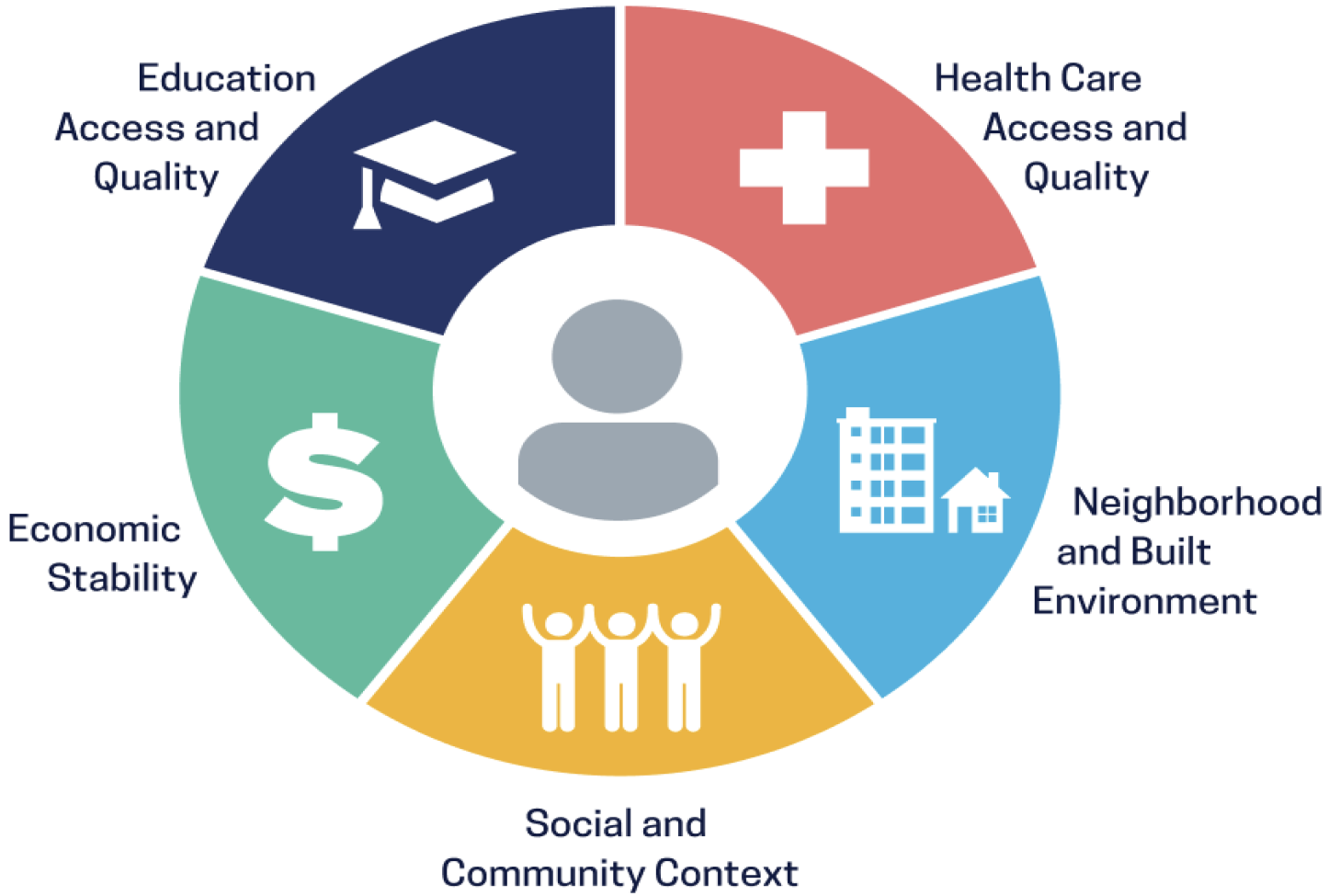
Social Determinants of Health



https://health.gov/healthypeople/priority-areas/social-determinants-health

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Cultural Humility:

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Cultural Humility:

- Essential qualities of the culturally responsive therapists (Hayes, 2016):
  - Humility
  - Compassion
  - Critical thinking
  - Courage

- She identified four obstacles that can contribute to defensiveness:
  - Fear
  - Ignorance
  - Aversion to Pain
  - Attachment

Q & A With Dr. Ortiz

- Dr. Elchert 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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