Cultural Elements in Treating Hispanic/Latino Populations

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August 19, 2011
In 2010, data from the U.S. Census Bureau showed that the growth rate for the Hispanic/Latino population was second highest (43%) of the racial and ethnic groups. Yet, this growth rate has not been paralleled by the development of information and services that effectively reach Hispanics/Latinos.

Hispanics/Latinos often depend on service models and information that may have succeeded with non-Hispanic populations but which do not necessarily meet their needs or respond to their circumstances.
Current Population Trends in the Hispanic/Latino Population

As of 2010, 50.4 million Hispanic/Latinos lived in the United States, accounting for 16.3% of total population of 308 million;

Between 2000 and 2010, Hispanic/Latinos accounted for almost one-half of the nation’s growth; and

The Hispanic/Latino growth rate was more than four times the growth rate of the total US population.

Source: U.S. Census Bureau 2010
<table>
<thead>
<tr>
<th>Type of Origin</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Total</td>
<td>50,477,594</td>
<td>100.0</td>
</tr>
<tr>
<td>Mexican</td>
<td>31,798,258</td>
<td>63.0</td>
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<tr>
<td>Puerto Rican</td>
<td>4,623,716</td>
<td>9.2</td>
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<tr>
<td>Cuban</td>
<td>1,785,547</td>
<td>3.5</td>
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<tr>
<td>Dominican</td>
<td>1,414,703</td>
<td>2.8</td>
</tr>
<tr>
<td>Central American</td>
<td>3,998,280</td>
<td>7.9</td>
</tr>
<tr>
<td>South American</td>
<td>2,769,434</td>
<td>5.5</td>
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*Source: U.S. Census Bureau, 2010 – American Community Survey*
Hispanic/Latino Population in the United States: Population in Millions from 1970 to 2050

<table>
<thead>
<tr>
<th>Year</th>
<th>Census</th>
<th>Projected</th>
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<tr>
<td>1970</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>14.6</td>
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</tr>
<tr>
<td>1990</td>
<td>22.4</td>
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</tr>
<tr>
<td>2000</td>
<td>35.3</td>
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<td>2020</td>
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<tr>
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<tr>
<td>2050</td>
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In the context of substance abuse, this mismatch between the population’s needs and the service models available results in:

- Reduced access to and participation in drug treatment programs;
- Low retention rates in programs; and
- Absence of effective community strategies to help diminish cultural barriers and promote the use of culturally-appropriate, science-based treatment models in drug use services to Hispanics/Latinos.
Combined data from 2002 to 2007 indicates that an annual average of 8.3 percent (2.6 million) of Hispanics aged 12 or older were in need of alcohol treatment in the past year, and 3.4 percent (1.1 million) were in need of illicit drug use treatment. Regarding Hispanics, the need for alcohol treatment was highest among Mexicans (9.2 percent), and the need for illicit drug treatment was highest among Puerto Ricans (6.1 percent). Among those in need of alcohol treatment in the past year, 7.7 percent received it in a specialty facility, and 15.1 percent of those in need of drug treatment received it in a specialty facility.
The word *culture* is loaded with meaning and has many potential implications, so the ideas expressed in this brief overview are not exhaustive nor intended to provide a “freeze frame” cultural portrait of all Latinos that assumes they are all the same or unchanging.

The approach taken in the guide is to highlight key similarities and differences in cultural beliefs, attitudes, and practices commonly seen among Latino ATOD clients that potentially influence their drug use behavior and responsiveness to treatment.

The guide is intended to be non-technical in style yet based on the most current knowledge we have about culture, ATOD addictions, and treatment.
Hispanic versus Latino

In the early 1970s, the Federal government established *Hispanic* as the their word of choice for people of Spanish origin — a term that made it onto the official U.S. census form in 1980. It has since been used in local and federal employment, mass media, academia, and business market research.

Due to the popular use of *Latino* in the western portion of the United States, the government adopted this term as well in 1997, and it was used in the 2000 census.

For the U.S. government and others, Hispanic or Latino identity is voluntary, as in the U.S. census and in some market research. Neither term refers to race as a person of Latino or Hispanic origin can be of any race.
Hispanic versus Latino

For some Spanish-speakers Latino connotes ethnic pride and resonates with authenticity and respect for their heritage. This camp often thinks of Latino as a diminutive for “latinoamericano” which refers to a person of Latin American origin.

Others prefer Hispanic which to them connotes the ability to speak the rich and evocative Spanish language and to embrace the fascinating mixture of racial and ethnic lines from 21 countries of origin that call it their mother tongue.

Neither term is all-encompassing or fully satisfying; both are fraught with inconsistencies that make them problematic in everyday use, never mind when peppered indiscriminately within the stylized language used in advertising.
The Federal Standard

The Federal government of United States has mandated that “in data collection and presentation, federal agencies are required to use a minimum of two ethnicities: ‘Hispanic or Latino’ and ‘Not Hispanic or Latino’.” 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.

The new federal standard for identifying Hispanic or Latino individuals and for reporting aggregate data is Hispanic/Latino. This term represents ethnicity, whereas American Indian or Alaska Native, Black or African American, White, Asian, and Native Hawaiian or Other Pacific Islander represent race categories.
Concept of Culture

Culture is defined as "the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group."

Culture defines whether behavior is acceptable or not, under what circumstances, and how others whose opinions we value will see it.

Cultures also provide explanations about why behaviors occur and supply appropriate responses.
Acculturation is the process in which members of one cultural group adopt the beliefs and behaviors of another group. Although acculturation is usually in the direction of a minority group adopting habits and language patterns of the dominant group, it 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 he or she relates to his or her own group as a subgroup of the larger society.*

http://www.rice.edu/projects/HispanicHealth/Acculturation.html
Assimilation

Assimilation is the incorporation of one cultural group into another as evidenced by 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. *The focus is on the group rather than the individual and on how minority or immigrant groups relate to the dominant or host society.*

http://www.rice.edu/projects/HispanicHealth/Acculturation.html
Americanization describes the influence the United States of America has on the culture of other countries on such matters as technology, culture, and lifestyle among others. It also describes the process whereby the immigrant in the United States is induced to assimilate American speech, ideals, traditions, and way of life.

http://encyclopedia2.thefreedictionary.com/Americanization
Common cultural characteristics for Hispanic/Latinos in the United States

In the case of Latinos, hybrid cultural experiences are the rule because there is such a mixing of national origins and generational differences within the American population.

It is possible to identify some common themes; unstated rules that may impact the way in which individuals perceive, seek, and receive services.

• Family or *familia*;
• Respect or *respeto*;
• Personal relationships or *personalismo*;
• Trust or *confianza*; and
• Spirit or *espíritu*.

http://www.novanthealth.org/eap/daily_issues/hispanic_american.jsp
Points to consider about *Family* in the context of drug treatment to Hispanic/Latino populations:

Traditionally, Hispanic/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. Hispanic/Latino people frequently consult with other family members and often ask them to come along to medical or treatment appointments.
Points to consider about *Respect* in the context of drug treatment to Hispanic/Latino populations:

For Hispanic/Latinos the intimate confines of extended families, close-knit Hispanic/Latino communities, and traditional patriarchal networks are mediated by respect; and

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.
Points to consider about *Personal Relationships* in the context of drug treatment to Hispanic/Latino populations:

Hispanic/Latinos tend to stress the 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.
Points to consider about *Trust* in the context of drug treatment to Hispanic/Latino populations:

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; and

Trust means that the provider will have their best interests at heart.
Points to consider about *Spirit* in the context of drug treatment to Hispanic/Latino populations:

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.
Immigration

Immigration is so much a part of the Latino cultural experience in the U.S. that it deserves special consideration. Immigration represents two major sources of stress:

• Family dislocation, fragmentation, and reconstruction; and

• Culture change for individuals and across generations.

These two processes are often intermeshed, but it is useful to distinguish them in order to understand how they have shaped the life course of clients leading them to the present moment.
Motherhood and Associated Roles

Motherhood is fundamental for the formation of Latina self-concept. Motherhood is nearly a sacred status. This is doubly the case among lower income Latinas that have few or no viable alternatives to motherhood as a source for positive self-valuation and actualization.

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.”
Spanish-speaking or highly bilingual clients can be assumed to possess more knowledge about Latino culture, which may provide some cultural information for more accurate interpretation of information. *Never assume that a patient that speaks some Spanish is knowledgeable about Latino culture.*

It should, however, not be concluded that a Spanish-speaking patient is somehow a more favorable prognosticator of recovery because this is not likely to be the case.
Machismo

The cultural value of machismo is a value of strength. When applied out of context its 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.”

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.
Approaching Recovery

When treating Hispanic/Latino populations, providers must consider issues around access and readiness for treatment, and sustaining a course of recovery.

Addicted Latinos tend to have been children exposed to many more risk factors, especially family instability, poor family environment, and hostile parenting.

Many of these family risk factors are persistent from childhood into mid-adolescence and are often accompanied by associating with friends and peers who are involved in using both licit and illicit drugs.
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.
Hispanic/Latino adults who are drug dependent offer a somewhat different challenge since quite often they have already disconnected from family and friends and have adapted to the necessities of purchasing and consuming drugs regularly.

- Consumption and abuse of multiple substances is more the rule than the exception including tobacco, alcohol, marijuana, and “hard drugs” such as cocaine and heroin.

- As adults Hispanic/Latinos have lived in multi-cultural situations and are adept at role playing for different cultural audiences and may be very facile at presenting a non-addict persona in many settings, thus minimizing the importance of addiction as a factor in their lives.
The unfortunate reality is that treatment for drug dependence is difficult to access, and Hispanic/Latinos tend to underutilize it or miss appointments at a higher frequency and drop out early.

- Hispanic/Latinos do seem to take advantage of various treatment services once they have entered residential care as highly impaired cases of addiction or court ordered cases where the alternative is prison time or loss of child custody.

- Hispanic/Latinos who have never used drug treatment facilities have a higher opinion of their value than Hispanic/Latinos who have already used them.
Hispanic/Latinos have difficulty accessing and utilizing drug treatment services because of the following barriers:

- Self-help groups may be filled with ethnically diverse people, but only English is spoken. Spanish speaking self-help programs are often adopted as surrogate families and attended regularly by recovering Hispanic/Latinos.

- Hispanic/Latinos have access to information about treatment, but no financial resources to pay for private care because they lack insurance.
How Culture Enters into Treatment

When treating culturally diverse populations, providers must consider how culture influences a patient’s desire and ability to access treatment, initiate care, engage in the treatment process and stay engaged, follow plans for personal change, complete treatment, avoid relapse, and sustain recovery.

- The provision of treatment is like completing a puzzle, which requires providers to take time to find the pieces and place them in the correct position so they fit properly together.
Culturally Competent
Recovery-Oriented Practices

In 2002, President George W. Bush established the New Freedom Commission on Mental Health as part of his commitment to eliminate inequality for Americans with disabilities.

The Commission was directed to identify policies that could be implemented by Federal, State and local governments to:

▪ Maximize the utility of existing resources;

▪ Improve coordination of treatments and services; and

▪ Promote successful community integration for adults with a serious mental illness and children with a serious emotional disturbance.
The general impression is that Hispanic/Latinos are more reluctant to use clinics and more likely to drop out but those who are very impaired do stay in care and use multiple forms of treatment such as mental health care to manage their recovery.

- The traditional counseling method of reproaching the addict and questioning their ability to stay clean on their own and focusing on their demonstrated powerlessness to resist temptation may work well with many Hispanic/Latinos who view themselves this way already.

- Many others, however, will not be attracted or held in treatment with this approach because it lacks warmth and acceptance and simply turns them off.
Despite the stigma associated with drug addiction in Hispanic/Latino culture, the strong emphasis on family supplies a potential foundation for rebuilding lives.

- If families are available to give support during recovery to the addicted individual and the home environment is forgiving and not hostile, an important starting point for recovery is established.

- The values that the family life represents may have powerful significance to the recovering addict.

- The absence of family of origin may directly contribute to a series of other relationships associated with the addiction lifestyle.
Sustaining Recovery

Values that support family life are closely intermeshed with values of spirituality and faith in God and an orientation toward a collective cultural identity rather than an individual one.

- These distinctions are not absolute, but for many addicted and recovering Hispanic/Latinos there has been a long series of painful life experiences for which they have used drugs as a coping mechanism to self-medicate even while feeling guilty about letting down family members.

- Seeking the emotional support and structure that family represents is a natural reaction as well as seeking spiritual guidance to gain strength for validating their commitment to change.
If the recovering Latino addict is returning to his or her family in an effort at establishing drug free lives, they will face a series of tests to validate the depth of their commitment to change.

- Distrust is to be expected from family members and they will be looking for signs of old behaviors. This is only natural but it is a potential problem.

- Overly harsh communication about past behaviors and anguish and problems caused on the family can short circuit a recovery process.

- The fact that many of these families suffer from poor communication and stressful conditions of unemployment and poverty makes them potentially less resilient, and there may be other family members with substance use problems.
If the family is inaccessible or simply not interested in the recovering family member then that individual may need to find another situation and avoid family contact.

- It may be very difficult for Hispanic/Latinos to understand the role of treatment for addiction of a family member, primarily because they may not understand how taking drugs qualifies as a sickness deserving of compassion and material support.

- This is especially true for maintenance therapy such as methadone, but any drug therapy may require careful explanation to be understood and supported.
Medical care is probably the most effective way to supplement drug counseling in facilitating recovery for Hispanic/Latinos.

- Their role as providers for their children is an excellent cultural entry point for encouraging both appropriate medical care for mothers and a plan for fostering their wellness.

- It is also true that some cultural characteristics of Hispanic/Latino families may operate both to support family members when they have these health problems but also may impede their recognition by denying, failing to recognize them or assign due importance, or fail to treat problems because of financial limitations.
Many drug-dependent Hispanic/Latinos come from families that are seriously disorganized, even chaotic, and some members may also share substance dependence problems.

- Families with these characteristics are often not very amenable to offering social support or encouragement for treatment, and an alternative placement is preferable for individuals with multiple problems requiring treatment, in particular residential care if available.

- Hispanic/Latinos as a population underutilize regular health and mental health care providers even when they could benefit from these services.
Drug dependent Hispanic/Latinos, especially women, are very likely to be depressed and perhaps have a lengthy history of depression stemming from early childhood abuse, sexual and/or physical in nature.

- Many drug dependent women, especially those with minimal educational attainment or occupation skills, may have entered into prostitution and experienced further abuse, resulting in medical complications.

- Women who are supporting drug consumption and household costs through prostitution are probably most in need of a radical change in their situation.
The values of the Hispanic/Latino culture of self-reliance and perseverance can lead individuals to delay seeking treatment, which can lead to serious deterioration in functioning or worse.

- A very high percentage of drug dependent individuals will test positive for HIV or Hepatitis C and will also have mental health problems.

- These problems combined with personal histories of criminal activities, meager occupational preparation, and residential and family instability pose a challenge for counselors trying to manage drug dependent clients.
Many people, especially Latinos, do not have their illnesses detected nor treated during the early stages and will be impaired throughout their lives.

- For many Latinos who reside in areas where alcohol and drug abuse are common, the use of these substances, particularly by males, is part of a process of adapting to their perceived situation within the culture and society.

- The biggest challenge, however, is attempting to address addiction problems with individuals who have never had conventional lives as adults.

- The expectations for appropriate social roles of Latinos are very structured by gender, age, and role in the family.
Family Response to Addiction

Hispanic/Latino families are generally more tolerant and exhibit less negative responses to seriously mentally ill family members.

- As opposed to drug dependent individuals, the mentally ill are more likely to be relegated to the role of a sick person with lowered expectations for their contribution.

- Mentally ill family members are perceived as people to be protected.

- Hispanic/Latino mentally ill are much more likely than other ethnic groups to remain in the home and even to be married and have children.
Language as Trauma Trigger

It is important for drug treatment and other service providers to consider the role of native or first language related to trauma and regression. It may be necessary to provide services in the participant’s native language.

Treatment providers must assess the role and importance of language and its relation to trauma and the need to secure, if necessary, competent and professional staff to provide services in the participant’s native language.
Border Issues

There are ten states, four U.S. and six Mexican, that adjoin the 2,000 mile border. The four U.S. Border States are California, Arizona, New Mexico, Texas, and the six Mexican Border States are Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas.

This area is assailed by drug-related violence. Drug cartels have staked out territories and trafficking routes, moving heroin, crystal meth, cocaine and other drugs north to the U.S. on a grand scale.

Border issues are not addressed in this training. Treatment providers are encouraged to contact their local authorities regarding safety and collaboration opportunities.
How to Think About the Hispanic/Latino Culture and its Place in Therapy

- Approaches to integrate culture into therapy, resist using the term cultural competence because it is too encompassing, vague and stereotyping.

- For some, cultural competence conveys the impression that counselors are incompetent and need remedial work. This is not the case.

- The truth is that no one is an expert on how to most effectively use cultural information in drug counseling.
The most important ingredient in cultural competence is self-knowledge, the direct result of what Dr. Wade Nobles, an African-American social psychology professor at San Francisco State University, calls *deep thought*.

- Deep thought is similar to the iceberg concept in that the thoughtful analysis and understanding of the idea goes beyond the superficial level to that of introspection and self-understanding.

- A second vital ingredient in cultural competence is experience. One cannot learn about a people or culture exclusively through books, movies, and classes. The best teacher is firsthand experience with a culture, if not immersion in it.

Cultural competence does not exist without demonstrated positive change both in the educational/clinical setting and the real-life environment in which the patient must function.

- Cultural competence replaces the earlier ideas of cultural sensitivity and awareness that were often embraced with no corresponding change in behavior.
- This process will take years, but the important thing is that it is underway already. To be effective innovation in treatment must be specific and based on developing new skills among counselors.

*Source: Hanley, Jerome. (1999). Beyond the tip of the iceberg: Five stages toward cultural competence. *Reaching today’s youth.* Vol.3 No.2 pp. 9-12*
Things to Look for and to Be Concerned About

Formulate your own system of case development and fact-checking in arriving at satisfactory understanding of a Hispanic/Latino client’s needs.

Keep in mind that a Hispanic/Latino client may never have formulated any of their life problems or their unique history of addiction as a cultural problem or even been influenced significantly by cultural processes.

Keep in mind there is no typical Hispanic/Latino client. Much of the descriptions given in this work will be very pertinent to some individuals, and to others perhaps only a few limited aspects will pertain.
Counselors who are routinely treating clients with particular ethnic background characteristics, such as Spanish speaking Hispanic/Latinos or Hispanic/Latinos from different nationality backgrounds, may find they need to innovate in implementing universal interventions to make them more understandable.

- Language use, Spanish versus English, should not be confused with culturally effective communication.

- Although the two are intertwined, they are also distinguishable and represent different skill sets.