



LEGACY



WORKING WITH LATINOS LIVING WITH HIV

HIV and Mental Health

WWW.LEGACYCARES.ORG

In this handbook our goal is to provide you with information about working with Latinos living with HIV, culturally specific terminology, challenges that might affect Latinos and culturally sensitive interventions that may help link Latinos to care.

Purpose and Intentions

- ▶ The Latino Population Today
- ▶ Prevalence of Latinos Living with HIV
- ▶ Culturally Specific Characteristics
- ▶ Challenges Specific to Latinos
- ▶ Culturally-informed Interventions

For consistency purposes, **Latino** is used in this handbook to refer to individuals who live in the United States that have ancestry from Mexico, Puerto Rico, Cuba, the Dominican Republic, Central and South American Spanish-speaking countries.



Opening Statement

This information is intended to assist with possible factors that could be affecting your clients' care.

The material presented in this handbook is not intended to act as a definitive edition of information regarding the Latino community. The concerns mentioned may affect people on a spectrum, of "Not at All" to "Extremely," based on the individual's acculturation, country of origin, age, background, financial status, and the multitude of other factors that may impact an individual.

As providers, we are in a constant state of learning about various cultures and populations. Open minds yield a stronger understanding that increases connections which are needed for collaborative relationships.

The Latino Population Today

The Latino community is the largest ethnic or racial minority in the United States⁵:

- ▶ 57.5 million as of 2016
- ▶ 17.8% of the nation's total population
- ▶ 119 million by 2060; projected population

Texas⁵

- ▶ 10.9 million as of 2016
- ▶ Harris County, 39,600, largest increase from 2015-2016

Other important facts⁵:

- ▶ \$47,675 median income
- ▶ 19.4% poverty rate
- ▶ 16.0% lack health insurance
- ▶ 67.1% age 25 and older have high school diploma or equivalent
- ▶ 67.3% age 16 and older work in the civilian labor force
- ▶ 21.2% age 16 and older work in management, business, science and arts
- ▶ 9.2% voted in the 2016 presidential election
- ▶ 1.2 million are veterans



Prevalence of Latinos Living with HIV

The Latino community is one of the most-affected subpopulations in the United States. In 2015, Latinos accounted for **nearly one quarter (around 24%)** of all new diagnoses of HIV.² Of these new diagnoses, 87% identified as men and 12% as women.²

- ▶ 85% gay and bisexual men
- ▶ 90% Latina's infection was attributed to heterosexual contact

At the end of 2014²:

- ▶ 235,600 individuals living with HIV in the US of which 17% were living with undiagnosed HIV
- ▶ 83% received a diagnosis
- ▶ 58% received HIV medical care
- ▶ 48% were retained in HIV care
- ▶ 48% had a suppressed viral load
- ▶ 916 deaths attributed directly to HIV



Culturally Specific Characteristics

To provide culturally informed care, it is crucial for care providers to:

- ▶ Increase their cultural awareness
- ▶ Expand their cultural knowledge
- ▶ Develop culturally sensitive interventions/skills.

For care providers providing behavioral/mental health services, it is even more important to be aware of how the Latino community may view/interpret mental health concerns (e.g., mental illness/disorder).

The following is a brief introduction of culturally specific characteristics for providers to be mindful of when working with the Latino community.

Familismo & Personalismo

The Latino community emphasizes **familismo** which refers to their orientation of family loyalty that places the needs of close friends and family members before their personal needs.^{3,4}

Thus, interpersonal relationships are vital to the Latino community. This is best referred to as **personalismo**, the value stressed on warm personal relationships that are respectful, interdependent, and cooperative.^{3,4,5}

Simpatico

Another strong influence on the Latino community is **simpatico**. This refers to an emphasis on social harmony that is conflict-free, courteous, and personable.^{3,4}

Machismo/Marianismo

Machismo and **Marianismo** are two gender role expectations that may be depicted in the Latino community. Machismo refers to the expectation on men to be strong, dominant, and a good provider/protector for the family.^{3,4,5} Marianismo refers to the expectation on women to be nurturing, submissive/passive, and self-sacrificing.^{3,4,5}

Fatalismo

Fatalismo is the belief that misfortunes are inevitable, and because of this, they must accept to their fate.^{3,4,5} This may lead to what seems like a passive approach to problems and little assertiveness in handling challenges.^{3,4,5}

Curanderismo

Some Latinos rely on **curanderismo** as an indigenous healing practice.^{3,4} Curanderismo is a set of traditional medical beliefs and rituals that focus on psychological, social, and spiritual needs.^{3,4} Therefore, a **curandero(a)** is someone who uses these beliefs to diagnose and treat physical, psychological, and spiritual concerns through the use of herbs, food, medication, and ritual.^{3,4}

Challenges Specific to Latinos

Some of the challenges that are specific to Latinos include:

- ▶ Stigma associated with mental illness
- ▶ Cultural-bound syndromes
- ▶ Acculturation conflicts
- ▶ Racism/discrimination
- ▶ Linguistic issues.

Stigma

Stigma may be associated with accessing services for mental health. Stigma can manifest through many factors such as society, psychological, and cultural.

- ▶ Fear of embarrassment or social discrimination from close family, friends, and work if they admit to having psychological distress.⁵
 - ▶ Can lead their psychological distress to be expressed via somatic symptoms.⁵
- ▶ Fear that psychiatric medications can cause addiction, thus reducing their likelihood of seeking treatment in general.⁵



Cultural-Bound Syndromes

It is important to remember that culture has an impact on how individual's symptoms will present themselves.¹ Cultural-bound syndromes refers to specific disorders identified within the Latino community.

Nervios

Nervios is used to describe an individual's distress, vulnerability to stress, and to a syndrome of symptoms triggered by stress.^{3,4}

- ▶ **Ataque de nervios** is defined as a state of uncontrollable screaming/shouting, crying, and trembling, sensations of heat rising in the chest/head, dissociate experiences, and verbal/physical aggression.^{3,4,7}
 - ▶ Some believe this is a result of an evil spirit.³
 - ▶ Often precipitated by stressful events (e.g., divorce, death, injury, etc.).^{3,4}
 - ▶ *Related conditions may include Panic Attack, Panic Disorder, Generalized Anxiety Disorder, Intermittent Explosive Disorder, and/or Unspecified Dissociative Disorder.*⁷

Susto

Susto is a condition caused by a sudden frightening experience, such as an accident or witnessing a sudden death, or dangerous event.^{3,4,7} The primary fear is that one's soul will leave the body and result in unhappiness, sickness, and difficulties functioning in key social roles.^{3,4,7}

- ▶ Symptoms associated with susto vary from person to person but some of the more commonly identified by people include appetite disturbances, sleep disturbances, troubled dreams, feelings of sadness, low self-worth or dirtiness, and lack of motivation to do anything.^{3,4,7}
- ▶ Somatic symptoms often identified include muscle aches and pains, cold in the extremities, paleness, headache, stomachache, and diarrhea.^{3,4,7}
- ▶ A severe form of susto is known as **espanto**.³ In its extreme form, susto may result in death.^{3,7}
- ▶ *Related conditions may include Major Depressive Disorder, Posttraumatic Stress Disorder or other trauma related disorder, and/or somatic symptom disorders.*⁷

Locura

Locura is used by the Latino community to refer to severe forms of psychosis.⁴ Some forms of those labeled **loco** ("crazy") include:

- ▶ **Un loco tranquilo** refers to a quiet "crazy" person.⁴
- ▶ **Un loco violento** refers to a violent "crazy" person. These individuals are seen as totally out of control and are often more stigmatized than others.⁴

Colera

Colera is defined as anger and rage disturbing body balances leading to headache, screaming, stomach pain, loss of consciousness, and fatigue.³

- ▶ **Mal de ojo** ("Evil eye") refers to the belief that medical problems (e.g., vomiting, fever, and diarrhea) and related conditions may include Major Depressive Disorder, Posttraumatic Stress Disorder or other trauma related disorder, and/or somatic symptom disorders.⁷

Acculturation Conflicts

Acculturation is defined as the transfer of values and customs from one group to another. This could include language, clothing, hairstyle, tattoos, perspective (individualistic vs collectivistic), and religion.

Conflict sometimes arises in the Latino community due to differences in acculturation between family members; this may increase generationally.⁵

- ▶ For example, a client who migrated here from another country may not be as acculturated as their children who were born and raised in America. Their children may adopt the primary culture more than the parents which may then result in stress and/or conflict with family.

As an individual becomes more acculturated, they may reject or give less importance to their culture values such as, family connectedness (*familismo*), responsibility to be the provider/protector (*machismo*), and/or respect (*respeto*) between parent-child relationships.

Racism and Discrimination

Members of the Latino community continue to battle with racism and discrimination.

There are two beliefs that fuel racism:

1. the belief that one's own race is superior
2. the belief that all members of a particular race possess the same characteristics or abilities, which may be used to distinguish them as inferior.

For some in the Latino community, racism and discrimination are stressors that can lead to emotional difficulties.^{4,5} This is true even in situations in which discrimination is not explicit but perceived.⁵

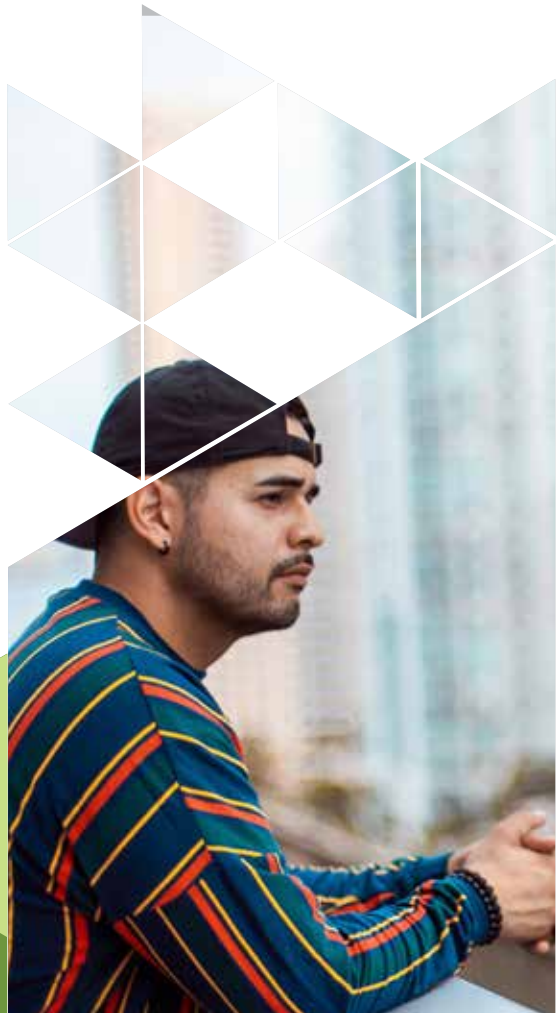
Evidence? Anti-immigrant rhetoric, racial profiling, legislation making it a crime for noncitizens to be without documentation at all times which allows law enforcement to verify immigration status, and the controlling of language spoken in public ("We speak English in America.").

Some of the Latino community fear accessing professional services for fear of being taken into custody or deported by the authorities.

Linguistic Issues

It is important to remember that most of our researched information on mental illness symptoms and how to identify such symptoms has been primarily normed around the majority population (e.g., White).⁵ Thus, some individuals in the Latino community can be unidentified, overlooked, and misunderstood.

For those in the Latino community who do seek care they often struggle with services due to lack of bilingual care providers/staff and bilingual materials⁴ Even with individuals who speak English it may be difficult to express their feelings or issues in terms the provider can understand.



Culturally Informed Interventions

Remember your approaches must reflect an understanding of and respect (*respeto*) for Latino culture, traditions, beliefs, and values as appropriate.³

First and foremost, you want to adhere to *personalismo* to develop a strong therapeutic interpersonal relationship that is caring, supportive, and personable.^{3,4} Care providers should be willing to modify their treatment that may include increased self-disclosure (relatability), accepting small gifts (often food), and more physical contact (e.g., shaking hands, pats on the back, hand on shoulder, and for some, a hug), as well as being closer spatially.

Regarding *familismo*, some individuals have such a strong family orientation that their treatment may include their entire family rather than only an individual or single parent.^{3,5}

Other things to consider with regard to family:

- ▶ Families often wait until all family, extended family, and close friends have been exhausted before seeking help, sometimes months to years at a time.⁵
- ▶ Traditional Latino families are hierarchical in form; authority is given to parents, older family members, and males.⁵
- ▶ Make sure to assess for family structure and how decisions are made.
- ▶ Assess for view of roles and expectations for family members.
- ▶ Regarding gender role expectations, it is important to assess how much adherence they give to traditional gender role norms.⁵
- ▶ This may lead to role conflict if a family member wants (or has) to break their cultural norm (e.g. husband being unemployed while his wife has full job and is primary income bringer).⁵
- ▶ Framing role conflicts as external issues between their cultural values and “mainstream values” (or necessity) then encouraging a collaborative problem-solving approach to manage the conflicting expectations.⁵

Many individuals of the Latino community have strong religious and/or spiritual values.^{1,4,5}

- ▶ You may try to frame mental health concerns as spiritual concerns for clients to better relate to. This helps explore how the client may define the spiritual meanings of their presenting concerns.^{3,4,5}
- ▶ You may try to explore their efforts to address their concerns with



spiritual healers (*curandero(a)*).^{3,4,5}

- ▶ For some members of the Latino community, having a strong religious/spiritual faith can be used to reduce suicide attempts and self-medication through alcohol/drugs.

For individuals who have a strong belief in *fatalismo*, you do not want to challenge or attempt to change their belief.⁵ No one wants to be denied their reality. Remember *fatalismo* is the belief that their situation is unchangeable.

- ▶ First and foremost, acknowledge their perspective.⁵
- ▶ Second, work WITH the client. You may state, "Given that the situation is unchangeable, how can you and your family deal with this?"⁵
- ▶ Remember to incorporate their religion/spirituality as a resource.
 - ▶ A counter debate to *fatalismo* is "Ayudate, que Dios te ayudara." which translates to, "God helps those who help themselves."⁵

Assess the level of stigma. There are multiple levels of stigma regarding mental health concerns in the Latino community.⁵ This may be not just *external stigma* (society, employers, doctors, politics) but *internal stigma* (role expectations, culturally, between family members, between the immediate community).

- ▶ It is imperative that you take the time to build on the therapeutic relationship by reinforcing the interpersonal relationship between the client and sometimes the family.⁵
- ▶ Express interest in exploring the client's heritage, culture, and view about mental health and provide psychoeducation on the flexibility

of counseling/therapy as well as their treatment options. Think, “culture-centered treatment”.⁵

- ▶ The Latino community prefers “talking cures” as opposed to starting treatment with medication as this may increase their fear of stigma.⁴
- ▶ However, once you’ve built the relationship with the individual, a biological explanation of mental health concerns may help to decipher some of the stigma. You might say, “There can be a chemical imbalance that is likely keeping you from overcoming your mental health concerns.”

Assess for the degree of acculturation as this can impact the perception of and responses to mental health treatment.⁵

- ▶ Meet them where they are. Clients who are not very acculturated may have difficulty opening up and provide minimal self-disclosure. This is why it is important to work toward building trust before gently exploring the presenting problem or specific topic.⁵
- ▶ Ethnic identity issues may rise from acculturation, “What does it mean to be a Latino or Mexican American or Immigrant?” Remind the client that ethnic identity is a normal part of their development.⁵



Assess for barriers to seeking treatment.

- ▶ This may include assessing client for past/present perceived or experiences with racism and/or discrimination. Be mindful of the unique sociopolitical and socioeconomic factors that may be an obstacle for the Latino community to seek mental health services.
- ▶ Linguistics—you want to assess for the client’s preferred language and coordinate accordingly with bilingual care providers. This includes providing the client with documentation in their preferred language. It is important for client’s to have visible representation in waiting areas or advertisements (e.g., ensuring photos of members of the Latino community are visible and/or posters are in their preferred language).

Ultimately

While it is important to be culturally mindful, remember that Latino clients first and foremost are individual human beings. We all deserve to be treated with respect, dignity, and courtesy.

- ▶ Do not make gross over-generalizations or stereotype all Latino clients.

Do your homework! Learn about the various Latino cultures! This may include but is not limited to their customs, religions, spirituality, characteristics, concepts of wellness as well as causes of illness (physical/mental), and their view of other cultures.

- ▶ Do this BEFORE interacting with your Latino client to have a general understanding.
- ▶ Become familiar with cultural bound syndromes and what members of the community have found helpful in treating them that may not be considered “mainstream” treatment.
- ▶ Remember, building rapport and trust can begin with an expressed curiosity of the client’s perspective of their culture. This demonstrates genuine interest and respect for the individual as well as an open mind toward their culture.

When assessing a member of the Latino community, remember the social and cultural components that are unique to them:

- ▶ Family closeness and potential inclusion in treatment, origin of birth, immigration experience (if applicable), religion/spirituality, traditions, social network, experience with racism/discrimination, acculturation, understanding of the origin of their illness, language preferences, and other barriers to their ability to seek/participate in treatment.
- ▶ Remind them of the protection of confidentiality regardless of immigration status.
- ▶ Don't use medical jargon when answering questions.

Outreach and advocate for mental health awareness and work to actively incorporate culturally aware tools, methods, and practices.

- ▶ Promote available services! Have pictures reflecting Latino people, simple and easy to read reading level, and when doing presentations or speaking engagements conduct them both in English and Spanish. You want to meet them where they are which sometimes may mean churches, their children's schools, and/or PTA meetings, etc.
- ▶ Educate all members of the client's identified support system (e.g. family, godparents, friends, etc.), not just the individual.
- ▶ Encourage and support collaborative care with the client regarding their understanding of the cause of their concerns as well as the treatment planning process.

Keep it simple!



What are your experiences with working with the Latino community living with HIV?

We are always looking to expand and evolve these handbooks and we value the input from the community.

Please share and email me at jose@legacycounseling.org

USEFUL RESOURCES

AIDS Source

<https://aids.nlm.nih.gov/topic/1203/specific-populations/1214/hispanics-latinos>

The Body: HIV/AIDS in the U.S. Latino Community

<http://www.thebody.com/index/whatis/latino.html>

CDC: HIV and Hispanics/Latinos

<https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/>

AIDS Education and Training Center Program

<https://aidsetc.org/>

References

¹ American Psychiatric Association. (2016, June 26). Working with Latino/a and Hispanic Patients. Retrieved September 10, 2018, from <https://www.psychiatry.org/psychiatrists/cultural-competency/treating-diverse-patient-populations/working-with-Latino-patients>

² Center for Disease Control and Prevention. (2018, February 12). HIV Among Hispanics/Latinos. Retrieved September 10, 2018, from <https://www.cdc.gov/hiv/group/raciaethnic/hispanicLatinos/index.html>

³ Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2003, November). Psychological Treatment of Ethnic Minority Populations [PDF]. Washington: Association of Black Psychologist. <http://www.apa.org/pi/oema/resources/brochures/treatment-minority.pdf>

⁴ Grove, M. (2016, June 6). La Cultura de Silencio: Understanding and Working with Latino Substance Abuse & Mental Health. Lecture presented in Dallas, Texas.

⁵ Sue, D. M., & Sue, D. (2013). Counseling Latinos. In D. W. Sue & D. Sue (Authors), *Counseling the Culturally Diverse: Theory and Practice* (pp. 409-424). Hoboken, NJ: John Wiley & Sons.

⁶ US Census Bureau. (2017, August 31). Hispanic Heritage Month 2017. Retrieved September 10, 2018, from <https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html>

LEGACY COUNSELING CENTER
4054 McKinney Ave, Suite 102
Dallas, TX 75204

Phone (214) 520-6308
Email jose@legacycounseling.org



LEGACY

www.legacycares.org