

Culture and Trauma Brief

V2 n3 2007

Preliminary Adaptations for Working with Traumatized Latino/Hispanic Children and their Families

The Culture and Trauma Briefs series serves to support the NCTSN commitment to raising the standard of care for traumatized children, their families, and their communities by highlighting the diversity of needs and experiences of those children, families, and communities.

Introduction

This Culture and Trauma Brief was developed through information gathered via a preliminary focus group of bilingual/bicultural therapists at the Chadwick Center for Children and Families at Rady Children's Hospital and Health Center, San Diego, California. The focus group was conducted as part of the Workgroup on Adaptation of Latino Services (WALS). This workgroup was formed to ensure that products and services developed by the Chadwick Center are appropriate for diverse Latino/Hispanic communities. This workgroup currently includes staff at the Chadwick Center. The members' goal is to expand the workgroup on a national level to include experts from all aspects of the National Child Traumatic Stress Network (NCTSN) in the development of Adaptation Guidelines for Latino/Hispanic Services. WALS will focus on the needs of diverse Latino populations regarding language, country of origin, and other relevant factors. If readers are interested in participating in the WALS subcommittee through future focus groups and in the development of the Adaptation Guidelines for Latino/Hispanic Services, please contact Lisa Conradi, PsyD, NCTSN project manager at the Chadwick Center for Children and Families, at lconradi@rchsd.org.

Background Information

Latinos/Hispanics are the largest and fastest-growing minority group in the United States (NASW, 2003). The US Census Bureau (2000) reported that 12.5% of the entire US population comprised Latinos/Hispanics and that the percentage of Latinos/Hispanics in the United States is expected to double by 2010. There are diverse Latino/Hispanic populations residing in this country, each with its own rich cultures and identities. The following is a breakdown of Latinos/Hispanics residing in the United States.

- Mexican Americans, 63.3%
- Puerto Ricans, 9.5%
- Cubans, 3.4%
- Other Hispanic/Latin American Countries, 23.8%

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Experiences of Trauma among Latino/Hispanic Children

In a national sample of traumatized children, the NCTSN (NCTSN, 2005) found significant differences among groups in the types of trauma experienced. The Latino/Hispanic children sampled experienced the following types of traumas in order of prevalence:

- Complex trauma, 72%
- Exposure to domestic violence, 53%
- Impaired caregiver, 47%
- Emotional abuse, 42%
- Traumatic loss, 42%
- Physical abuse, 33%
- Sexual abuse, 29%
- Neglect, 27%
- Community violence, 22%

Latinos/Hispanics in this study experienced a lower incidence of sexual abuse and neglect but a higher incidence of domestic violence, impaired caregiver, and community violence when compared to Caucasian children. Almost three times as many Latinos/Hispanics as Caucasians experienced community violence. Some Latino/Hispanic children may have experienced additional trauma types that are not listed above. In this same national sample, the NCTSN found that 20.3% of refugee youth had experienced trauma related to war exposure and 14.8% of refugee youth had experienced forced displacement. While this study did not break these particular trauma types apart by ethnicity, these numbers suggest that some of the children presenting at NCTSN clinics and sites may have been exposed to war and/or been displaced from their homes.

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According to the National Child Abuse and Neglect Data System (2002), of all children reported as maltreated in 2001, 50.2% were white, 25% were African American, and 14.5% were Latino/Hispanic. Certain risk factors that have been linked to trauma exposure are more prevalent among Latino/Hispanic children in the United States. For example, 28% of Latino children live in poverty compared to 9% of all children (US Census Bureau, 2000). Bernal and Santiago (2006) identify many of the additional environmental risk factors, such as inadequate housing, single-parent families, substance abuse problems, stress related to acculturation and discrimination, lower levels of education, and cultural history of oppression. For these reasons, it is particularly important to provide culturally sensitive trauma-informed treatment to Latino/Hispanic clients. While many of the following recommendations are good practice when working with Latino/Hispanic clients, it is also important to remain flexible. The intervention that works with one family may not be appropriate for another.

Treatment Recommendations with Latino/Hispanic Families

1. Make a Good First Impression

Rapport building begins with the first phone contact. Ensure that staff members are warm and pleasant and very attentive. Many Latino/Hispanic caretakers who hold a more traditional cultural orientation may feel intimidated when making the first call and may not have much experience interacting with community agencies. They may also have some problems differentiating among agencies (e.g., protective services as opposed to treatment agencies). Additionally, the lobby environment of the agency provides a crucial first impression. Small details such as offering a warm and genuine greeting by reception staff, making polite conversation, and having books, signs, brochures, and activities available in Spanish play a vital role in helping a Latino/Hispanic family feel welcomed by the agency and staff and into the therapeutic process.

2. Take Acculturation into Account

The process of acculturation is complex and multidimensional. Understanding and working within a client's level of acculturation requires a willingness to explore the world through the client's eyes. There are also often acculturation differences within a community and between different generations of the same family. For example, a client may speak English and feel comfortable in the values of American culture, while his or her parents may speak only Spanish and identify more closely with the values of their country of origin. Individuals and families who have immigrated to the United States may experience a number of stressful and traumatizing events throughout the process of preparing to immigrate, while they are crossing over into the United States, and following the immigration process as they become accustomed to life in the United States. Some individuals may immigrate formally, while others may immigrate under circumstances that can cause additional stress. Conduct a thorough assessment of acculturation and acculturative stress (stress associated with the process of acculturation) by asking specific questions focusing on clients' language, how many generations they have lived in the United States, and their experiences of acculturation. There are also some objective measures designed to measure acculturation and acculturative stress. It is highly suggested that these measures be integrated into the assessment process. Some recommended measures include the Acculturation Rating Scale for Mexican-Americans – II (ARSMA II; Cuéllar, Arnold & Maldonado, 1995) and the Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children (SAFE-C; Chavez, Moran, Reid & Lopez, 1997).

3. Conduct a Thorough, Culturally Modified Assessment

Conducting a thorough and culturally modified assessment at the outset of treatment can help engage the particular family system and keep the family in treatment (De Arellano, 2006). By conducting a thorough assessment and integrating the assessment results into the treatment process, providers can help Latino/Hispanic families become engaged and be less likely to terminate therapy. Breaking the assessment process into manageable pieces (rather than doing it immediately in the first two sessions) and accurately translating all assessment paperwork into Spanish plays a key role in helping Latino/Hispanic families feel welcomed in therapy (see NCTSN Culture and Trauma Brief, volume 1, number 3, *Translation of English Materials to Spanish*, for more information on this topic).

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It is highly recommended that the assessment be conducted in the family's language of origin. If the clinician does not speak Spanish, then the use of a Spanish-speaking interpreter will be necessary. Some guidelines for use of an interpreter include the following (Minas, Stankovska, & Ziguras, 2001):

- Use a qualified interpreter with an understanding of the mental health profession. Do *not* use an available family member. While this may seem like a quick and simple solution, it often puts undue pressure on the family member who is there to receive services. Accurate interpreting, particularly in the context of mental health services, requires someone with skill and professionalism around often delicate and personal matters.
- Meet with the interpreter prior to the scheduled time for the assessment. In this meeting, discuss the purpose of the assessment and ask that the interpreter translate sentences word for word, rather than merely summarizing what is said. This helps to ensure that important details are not omitted in translation.
- Try to have the same interpreter present when meeting with the client in subsequent sessions. Continuity between the client and the interpreter can help build trust so that the client can feel more comfortable when the interpreter is in the room.

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During the assessment, some key areas to assess include the following:

- Cultural identity
- Transgenerational immigration experiences
- Perimigration trauma (Perez-Foster, 2005), which is psychological distress occurring at four points of the migration process: events before migration (e.g., extreme poverty, war exposure, torture); events during migration (e.g., parental separation, hunger, death of traveling companions); continued rejection and suffering while seeking asylum (e.g., chronic deprivation of basic needs); and survival as an immigrant (e.g., substandard living conditions, lack of sufficient income, racism).
- Transgenerational acculturation differences, particularly between an adolescent and his or her parents and grandparents
- Cultural values
- Beliefs about the cause of the presenting problem
- Attitudes and expectations related to therapy
- Attitudinal barriers
- Family support
- Discrimination experiences

4. Integrate Cultural Values into the Therapeutic Process

A traumatic event is not an isolated event perceived equally by those who experience it. Rather, cultural values play an important role in making sense of a trauma within a particular cultural context. For Latinos/Hispanics, cultural values provide added layers of meaning to traumatic events. (See Key Cultural Values, below, for some examples of values that may influence the meaning that is attached to traumatic events). Therapists must develop a deep understanding of these cultural values in order to be effective in treatment and for families to

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feel understood and accepted. If these cultural values are not understood, honored, and properly assessed, if they are oversimplified or stereotyped, families may not engage in treatment, and this can create a barrier for treatment engagement and for the development of a treatment alliance. For a more thorough discussion of cultural values and incorporating them into the treatment process, refer to De Arellano (2006).

5. Engage Families

A crucial early phase of the intervention process is engagement. Due to the cultural value of *familismo* shared by most Latino/Hispanic groups, the importance of family engagement with Latinos/Hispanics cannot be overstated as a necessary component for effective intervention. The process of engaging Latino/Hispanic family members in treatment may include much more work at the beginning of therapy than with other cultures. Prior to the trauma treatment itself, therapeutic effort may be focused on increased outreach attempts and spending time building relationships. This may include engaging extended family members (who may be opposed to treatment) and/or other important people in the child's life (e.g., godparents and grandparents) and requires a shift in how programs provide services. Family loyalty and privacy are especially relevant in trauma cases involving sexual abuse, as cultural taboos related to sexuality often exacerbate stigma and further impede treatment (Hopkins et al., 2005). Also, *personalismo*, *simpatía*, and *respeto* are very important throughout the treatment process. Therefore, in the engagement process and throughout therapy, therapists must also remain conscious of the importance of being warm and respectful and paying attention to the pleasantries and formalities expected in social interactions. The extra time spent on engagement at the beginning of therapy will likely reap great rewards in increasing family engagement throughout treatment.

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6. Incorporate Evidence-Based Practices (EBPs) to Fit the Cultural Context

Cultural competency needs to be a priority when adopting and implementing EBPs in this field. Some preliminary suggestions for adaptations of EBPs with Latino/Hispanic families include the following:

- Provide increased psycho-education regarding the process of therapy. Many Latino/Hispanic families feel more comfortable starting with a focus on psycho-education while the therapeutic relationship develops. Depending on the individual family's knowledge about and experience of therapy and the treatment process, more time may need to be spent on general psycho-education about therapy to clarify goals, expectations, and roles.
- Relating to children via the mechanism of play therapy within the framework of an EBP is helpful. This aids the child in becoming more relaxed and feeling safer within the context of therapy.
- Work within the time frame that is best for the family for individual sessions. For example, it may be difficult to do one-and-a-half hours of therapy as specified in a protocol in only one hour. If a family can only attend for one hour at a time, maintain your flexibility and adjust the goals of the session accordingly.
- Focus the therapy on being "in tune with the clients." That is, go beyond just putting fires out and focus on both the short- and long-term needs of the client.
- Have some flexibility in the use of the procedures taking into account the family's cultural needs without sacrificing the EBT fidelity. Understand and honor the need for the family's continued engagement and their need to feel connected to the therapist.

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In general, maintain flexibility regarding implementation of all evidence-based practices. While it is important to remain faithful to the model, minor adjustments within a particular therapeutic framework may be necessary to meet the needs of an individual family.

Future Directions for Trauma Treatment with Latino/Hispanic Families

The mental health field can improve our provision of services to Latino/Hispanic clients in the following ways:

1. Provide Support for Bilingual/Bicultural Therapists

- Place an emphasis on hiring and training bilingual and bicultural therapists since there is a great shortage of Latino/Hispanic clinicians in the United States.
- Provide group support that may include a specified supervision and creation of a listserv or online forms for bilingual/bicultural therapists to help share ideas, experiences, and concerns.
- Provide agency support that includes support from supervisors that allows therapists time for the group process, including being allowed to speak and process in Spanish (without it being perceived as a threat from English-speaking-only therapists or staff).

2. Provide Additional Training for Working with Latino/Hispanic Clients

Trainers should be professionals with experience working within this population. Suggested training topics include:

- Working with traumatized Latino/Hispanic youth
- Educational training on Central and South American countries, as well as training regarding different regions within a particular country. Training should include a discussion on the role a client's home country plays in the treatment process.

3. Provide Increased Resources

While resources available for Latino/Hispanic families are increasing, there are still far too few to serve the need. Additionally, many families (and therapists) are not aware of all of the resources that exist. It is important to continue focusing on gathering community and internal agency resources that serve Latino/Hispanic clients. These resources may include case management, legal referrals, and other forms of psychotherapy.

Key Cultural Values

The following are examples of how cultural values may influence the meanings that are attached to traumatic events. Differences in values may vary depending upon class, socioeconomic status, and acculturation.

- A sexually abused Latina may view herself as *dañada* or “damaged goods” because she no longer meets the cultural standard for girls of purity and chastity (called *Marianismo*) and her family may share this view (Fontes, 2005; Kenny & McEachern, 2000). *Machismo*, the man's responsibility to provide for and protect his family, also affects the way a Latino family may deal with sexual abuse or other traumas.

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- *Personalismo* is another important value to consider when engaging Latino families, as they “usually need to connect through simple everyday matters, in order to perceive the therapist as someone reachable, and therefore trustworthy” (Hopkins, Huici & Bermudez, 2005, 151).
- *Simpatía* and *Respeto* are central Latino/Hispanic values that may impact treatment. *Simpatía* is the avoidance of conflict in favor of cooperative and pleasant social interactions. *Respeto* refers to respect for social hierarchies and clear boundaries in relationships. *Respeto* is likely to impact the therapist-client relationship and intergenerational family dynamics.
- How Latinos/Hispanics explain why the trauma happened may be related to the cultural value of *fatalismo*, a fatalistic view that incorporates an external locus of control: God decides our fate and we are powerless to change it (Fontes, 2005). Some Latinos/Hispanics believe that the trauma serves as God’s punishment for a perceived failure or mistake, which can compound a victim or family member’s sense of guilt.

Latinos/Hispanics often turn toward spiritual beliefs and religion in times of stress. Therefore, it may be necessary to incorporate spirituality/religion into the treatment process. This may include working with the client through themes of guilt/punishment, self-sacrifice, and suffering with both the client and the caregivers. Additionally, some families may seek outside support in the form of a *curandero* (folk healer) or from an *espiritista*, *santero*, or *baba* after a trauma.

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