Engaging Latino Families - In the treatment of their children’s Sexual Behavior Problems

Latino Families in Treatment

• According to the US Census Bureau - Latinos are the largest ethnic or racial minority in the country.
  • The Latino population is projected to grow to 120 million by the year 2060.
  • Diverse and heterogeneous group of people
• This means increasing numbers and referrals for treatment.
How can we work better with our Latino clients?

Closing the gap:

• Important for Mental Health providers to provide culturally sensible therapeutic services to decrease the under-utilization of mental health services by Latinos.

• For many Latinos who seek treatment, their first contact with a mental health professional may be their last.
  • 50% never return after the first session
G is a 13 year old boy who lives alone with his mother. A referral was called in by DCFS after G had touched his cousins inappropriately.

Intake: G and Mother arrived for intake. Mother shared that they had been shamed by the family and G is being treated as an outcast. G was feeling the shame and could not discuss the incident. He offered another incident that was more socially acceptable stating that he got caught having sex with his girlfriend. Mother told G he was fine and referred to him as “Mi Rey.”

In Treatment: Weekly check-ins were always “fine” with “good behavior reports.” Mother reported on G completing age appropriate tasks and so he was fine. Are chores done? Model child? No concern for PSB. Disconnect between group and behavior.

G minimally participated. Maintained he got caught with his girlfriend and changed the details frequently. He sat with his hair in his face. Rolled his eyes despite being respectful in other ways. He did not see behavior as problematic.

Mom didn’t understand why G’s behavior with his girlfriend was problematic either.

**Vignette: G**

R is a 12 year old boy who lived with both of his young parents. R was the oldest of 2 younger siblings whom he acted out on. R also got caught watching porn by himself.

Intake: Father, mother and R arrived for intake. Father did most of the talking, initially. Father shared how he and R watch TV and football together.

In Treatment: R felt very uncomfortable when other group members made comments about his mother. Mom liked getting noticed by the boys. R would verbally insult the other group members.

**Vignette: R**
Initiating Services

- There are so many challenges that bring Latino clients into treatment
- Stigma around treatment may turn them off altogether
- Many Latinos quit simply because they do not feel understood or understand
- First impressions- Everything!
- Interpersonal warmth is very important
- Balance *Formalismo* and *Respeto*

Initiating Services

- Engaging Latino clients in therapy is a process
  It cannot be rushed.
- Cultural Etiquette- socially and culturally learned set of unspoken rules for engaging with strangers
- *Conocimiento*/Knowledge:
  - *Compromiso*/Commitment
  - *Respeto*/Respect
  - *Confianza*/Trust
  - *Dignidad*/Dignity
  - *Personalismo*/Being Personable
Cultural Framework
*Es parte de nuestra cultura*

Not many Latino clinicians.
You don’t have to be Latino to be helpful.

Preliminary findings suggest:
Strategic use of Spanish- *even with English-fluent* Latino clients- and couching interventions in Latino values may improve therapy

Values

- Faith

- **Family-centeredness** (familism)
  - Family First after God
  - The first relationship you have is with your family
  - Notion of being united helping each other

- **Respeto** (Respect)

- **Simpatía**
  - The tendency to aim for harmony in personal relationships
Values

- **Respeta** (Respect)

- **Simpatia**
  - The tendency to aim for harmony in personal relationships
Communication Styles

Nonverbal communication cues
Rely heavily on Nonverbal communication and gut feelings in almost every interpersonal encounter

- Emotionally Expressive
- Physical connection
- Smell
- Body and Hand Movement
- Voice Pitch and Volume
- Emotional or Spiritual Connection

Culturally-Bound Syndromes

Ataques de nervios

Cólera
Anger & Rage body disturbances leading to headaches, screaming, stomach pain, fatigue

Mal de ojo
Evil eye experienced from another person leading to anxiety and depression or medical issues such as vomiting, fever, stomach distress

Susto, Miedo, Espanto, Pasmo
Tiredness and weakness resulting from a startling experience

Wind or Cold Illness
Fear of cold and the wind. Beliefs that natural and supernatural elements are not balanced
Culturally-Bound Syndromes

Immigration Experience

Immigrant Paradox

Gender role norms (Nunez, Gonzalez, Talavera, & Sanchez-Johnsen 2015)

Machismo

Marianismo

Sexual Communication

We don’t talk about those things

Purity

How do we educate our children?
Sexual Values

Don’t talk about it

Don’t discuss Private Parts
We just don’t refer to them
Not proper

Don’t even mention Relationships
Can’t talk about that either
Premarital sex forbidden
Religious aspect

Sex Educational in the Home

Who talks to who

Virginity

Bi-culturation - Acculturation

Family Image
Stigma of Treatment in the Latino Community

• Share your problems only with your family and no one else
  • What will others say?
  • Don’t air your dirty laundry
• Most families don’t have a clear understanding of what counseling is
• Fear of deportation
• Multigenerational conflicts
• Language Barriers

Breaking Down the Stigma of treatment in the Latino Community

How do we get folks in the door?

Normalize- Therapy does not equal to being “crazy”

Educate

Reassure/ Validate

Acknowledge/ Accessibility
Problematic Sexual Behavior

Sweep it under the rug
Don’t know what to do
Lack of awareness
Intergenerational Trauma History

Normalize – Acknowledge - Validate

Engagement is Key:

Normalize
This is uncomfortable

Acknowledge
Understand differences

Validate
Human experience
Lessons Learned

Bilingual and Bicultural staff
Find the common thread

Use of Staff
Care Coordinators/Para-professionals

Integrating into Group
The art of translation

Personalismo
How much to disclose

Applying Culturally-Responsive Communication

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<thead>
<tr>
<th>Cultural Norm</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Community and Family are Important</td>
<td>• When possible include family members in outreach and educational events</td>
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<td>• Male head of household will be involved in the final decision making. Be sure to engage him- or the Abuelita.</td>
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### Applying Culturally-Responsive Communication

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| Faith and Religion are Important | • You could evoke religious values and beliefs to motivate the group to take personal action.  
For example- God as forgiving versus punishing. |
| Respect                       | • Show respect by using formal rather than familiar words when addressing or speaking to people and groups. For example, use the formal “usted” instead of familiar “tu.”  
• Speak in a clear and sincere manner and encourage questions. Avoid acronyms- your families may not know what those mean. |
### Applying Culturally-Responsive Communication

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| Personal Familiarity | - Ask questions about family, friends, work or the neighborhood where people live.  
- Share your own background. This will help you connect.  
- Reach out to the community. Find out who is doing similar work and what resources would be most valuable. Ask for advice about the best person or people to partner with in the community. |

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| Trust | - Follow through when you agree to something for a person or group.  
- Transparency  
- Build a relationship with community members and trusted entities such as churches, schools, or health care providers. |
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| Fatalism      | - Encourage families to take control by taking personal action.  
|               |   - Completing program requirements  
|               | - Explain the importance of knowing risks  
|               |   - Noncompliance  
|               |   - Laws  
|               | - Explain the plan and steps towards goals  
|               |   - Steps towards graduation |

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| Food          | - Provide culturally-appropriate food at group  
|               | - Partake in shared meals  
|               |   - Refusing could offend group members  
|               | - Panza llena Corazon Contento |
G is a 13 year old boy who lives alone with his mother. A referral was called in by DCFS after G had touched his cousins inappropriately.

Progress in Treatment: Challenges. Mom didn't understand the purpose of the group or the treatment goals. Mom kept reporting no problems. "He was fine this week." "I watched him."

In Group- G was held accountable. G. thought he could just give examples of things and not be personal.

Changing Point: Feedback meeting

R is a 12 year old boy who lived with both of his young parents. R was the oldest of 2 younger siblings whom he acted out on.. R also got caught watching porn by himself.

Progress in Treatment: Father, mother and R continued attending group each week. They each participated and worked on the homework lessons together.

They successfully completed treatment after realizing they needed to adjust things at home.
¡Muchas Gracias!
Thank you!

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