



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network
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TRAUMA-INFORMED CARE MODEL FOR IMMIGRANT HISPANIC AND LATINO CLIENTS



Table of Contents

National Hispanic and Latino Mental Health Technology Transfer Center	4
Introduction	5
Trauma-Informed Approach of Care for Immigrant Hispanic and Latino Clients	6
Essential Terms Regarding Trauma-Informed CareConcerns about Contagion	7
Trauma-Related Risk Factors that Affect Hispanic and Latino Clients	8
Clinicians' Roles in Trauma-Informed Care	9
Conclusion	13
References	14

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Institute of Research, Education and Services in Addiction

The Institute of Research, Education and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

National Hispanic and Latino Mental Health Technology Transfer Center

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to adequate culturally and linguistically grounded approaches.

The School-Based Mental Health Project

The School-Based Mental Health Project (SMH) of the National Hispanic and Latino MHTTC works specifically with schools, organizations, and professionals to strengthen their capacity to provide culturally and linguistically responsive school mental health services. This initiative facilitates training, technical assistance, and capacity building efforts led by experts in the field. Our goal is to increase awareness to attend to Latino students' mental health needs, promote the implementation of school mental health services that are culturally appropriate, encourage the use of promising and evidence-based practices, and disseminate information on practical strategies and implementation efforts of mental health services within a cultural context.

Introduction

Adverse childhood experiences and psychological trauma are sudden and sometimes unexpected events. Latinos' immigration experiences prior, during, or after arriving to the United States could influence their emotional wellbeing. The trauma-informed care approach for immigrant Hispanic and Latino Clients take into consideration cultural aspects that may influence treatment delivery and outcomes. This booklet is intended to enhance mental health providers' skills serving Hispanic and Latino populations around the United States that have experienced adverse events.

The booklet aims to:

- Define main concepts of trauma and provide key components of Hispanic and Latino clients' traumatic experiences.
- Identify traumatic experiences in immigrant Hispanic and Latino populations.
- Explain the principals of trauma-informed care for Hispanic and Latino populations.



1. For the purpose of this publication the term Latinx will be used as well.

Trauma-Informed Approach of Care for Immigrant Hispanic and Latino Clients

The trauma-informed approach of care emphasizes the need for behavioral health practitioners and organizations to recognize the prevalence and pervasive impact of trauma on clients and the importance of developing trauma-responsive services (Harris & Falot, 2001; Substance Abuse and Mental Health Services Administration, 2014). Immigrant Latinxs' experiences of stressful and traumatic events are different from U.S.-born Latinxs. The prevalence of adverse childhood experiences in United States-born children is about 30%, compared to 16% in non-US-born Latino children (Ramirez et al., 2017). On the other hand, researchers have found that 44% of Latinxs youth experienced a traumatic event once, and 23% faced two or more traumatic experiences across the migration process (Cleary et al., 2018). From all the participants that experienced one event, about 59% reported that the event happened at their home country, 20% informed they faced the traumatic situation during migration, and 18% informed they experienced the event after arriving at the United States (Cleary et al., 2018). These uncertain social and cultural events could impact how clients perceived the world, themselves, and also their clinical presentation. Some of the typical common emotions that clients experience includes (APA, 2013; Levine, 2008; SAMHSA, 2014):

- A loss of connection to themselves, to their bodies, to families, to others, and the world around them.
- Intense fear, terror, and lack of control.
- A sense of threat to one's physical or mental wellbeing through violence or the threat of violence.



Essential Terms Regarding Trauma-Informed Care

Adverse or distressing experiences, harmful, painful, and upsetting events are some of the words used to describe a traumatic experience. The following terms are essential to mental health professionals providing trauma-informed care.

- *Adverse Childhood Experiences:* Events that occur during childhood and adolescence that impact personal safety during crucial developmental stages. Adverse experiences include witnessing violence, abuse, neglect, having a family member that dies by suicide, experiencing loss due to separation from a parent due to incarceration, immigration, or divorce, having a parent or caregiver with a substance use disorder or other mental health conditions (Centers for Disease Control and Prevention, 2020).
- *Psychological Trauma:* An experience that is sudden, unexpected, and perceived as dangerous. It may involve a threat of physical harm or actual physical harm, leading to intense fear (APA, 2013; SAMHSA, 2014). Trauma includes different modalities such as collective, community, historical, intergenerational, and insidious (Serrata & Notario, n.d.).
- *Trauma-informed Approach:* This is the method an agency, program, or provider utilizes to deliver behavioral health care that accommodates the vulnerability of trauma survivors. It includes an understanding of past and current trauma and an awareness of its impact across settings, services, and populations (Harris & Fallot, 2001; SAMHSA, 2014). Additionally, it involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events. It includes realizing the prevalence of trauma, recognizing the effects of trauma and adverse experiences, and responding after being informed.
- *Trauma-specific Treatment Services:* Includes services and treatment that are evidence-based and promising practices developed to help clients heal from adverse experiences. Also, it comprises all stages of mental health care, including prevention, intervention, and treatment. (SAMHSA, 2014).



Trauma-Related Risk Factors that Affect Hispanic and Latino Clients

Latinx migrating from Central and South America may go through adverse experiences in different phases of their journey to the United States: prior to, during and post-immigration. Those traumatic experiences come in many forms, and can leave survivors with overwhelming feelings of loss, danger, helplessness and in more severe cases, clients could present dissociation. These symptoms may be able to lead to a diagnosis of trauma and stressor-related disorders. Some of the most frequent political and social traumatic events in Latin America include (Fortuna et al., 2008):

- The ongoing influence of drug trafficking in the community
- Being exposed to a recent civil war, oppressive or authoritarian regimes
- Witnessing terrorism
- Exposure to violence, including community violence, and intimate partner violence
- Human-made and natural disasters
- History or ongoing neglect and/or maltreatment
- History or ongoing physical, sexual or emotional abuse

Other risk factors during and post-immigration to the United States may include (Beth Israel Lahey Health Winchester Hospital, 2020; The National Child Traumatic Stress Network, 2007):

- Racism, discrimination and oppression
- Experiencing ongoing stress, including acculturative stress and hardship (e.g., hunger, poverty and economic crises)
- Loss of a family member, friends, and traveling companions
- Lack of social support
- Rejection and suffering in the process of seeking asylum





Clinicians' Roles in Trauma-Informed Care

Trauma-Informed Care is an essential approach that builds on the individual's existing resources and views the person as a resourceful and resilient survivor (Harris & FalLOT, 2001). Behavioral health services have traditionally focused on presenting problems, risk factors, and symptoms in an attempt to prevent negative outcomes, provide relief, increase clients' level of functioning, and facilitate healing (SAMHSA, 2014). Several principles to take into consideration include the following:

- 1. Promote trauma awareness and understanding of main sociocultural events.**
 - a. Providers and agencies should acquire knowledge and education about the main traumatic experiences, historical trauma, immigration, acculturation, and assimilation processes in Latinx clients. If agencies provide mental health care to survivors of trauma without acknowledging intergenerational trauma, they: “may fail to make appropriate referrals for trauma services,” which may increase re-traumatization and affect treatment outcomes (Harris & FalLOT, 2001; SAMHSA, 2014).
 - b. Adverse experiences may result in mental health conditions for some Latinx adults for various reasons, including lack of protective factors, barriers to treatment access, and lack of support (Fortuna et al., 2008; Gonzalez-Guarda et al., 2013).
 - c. Clarifying and providing psychoeducation about trauma and mental health services is vital to reach treatment goals. Providers could use pláticas, which are small and informal conversations, as a way to provide psychoeducation.
- 2. Incorporate culturally responsive trauma routine screenings.**
 - a. Most providers know that clients can be affected by trauma, but universal screening provides a steady reminder to be watchful for past traumatic experiences and their potential influence upon a client's interactions and engagement with services across the continuum of care.



- b. Screening guides treatment planning increases clients' awareness of the possible impact of trauma and the importance of addressing related issues during treatment, to obtain better treatment outcomes (Harris & Fallot, 2001).
- c. The DSM-5 Cultural Formulation Interview is a resource to explore the impact of culture in their view of mental health conditions (APA, 2013). Other screening measures include the Acculturation Rating Scale for Mexican Americans-II, the Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children (NCTSN, 2007), and the Hispanic Stress Inventory 2 (University of Miami Center of Excellence for Health Disparities Research, n.d.).

3. View trauma in the context of individuals' environments and through a sociocultural lens.

- a. Latinxs' life history, cultural meaning of adverse events, and community and family intergenerational trauma, impacts Latinx groups' view of trauma. These factors determine the person response and include help-seeking behaviors, acceptability, and treatment compliance (Herman, 2015).
- b. Traumatic symptoms in Latinx communities are at times expressed through somatic symptoms. Furthermore, Latinxs' responses to trauma may be influenced by how individuals respond to the environment, relationships, interventions and treatment services. The recognition of trauma-related symptoms and behaviors that originate from adapting to traumatic experiences is crucial.
- c. Identify strengths in Latinx culture, including main cultural elements like religion, fatalism and familism and their influence on the views and understanding of mental health conditions. Another consideration while providing mental health services to Latinx individuals is to provide hands-out, consent forms, and other paperwork on their native language (Velasco Mondragon et al., 2016).

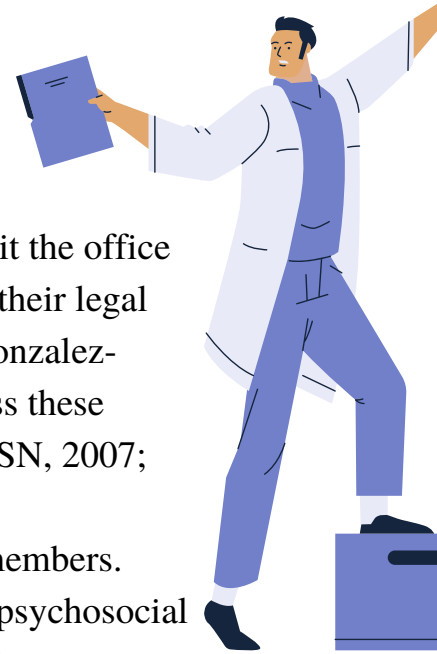


4. Create a safe environment by minimizing triggers.

- a. Trauma-informed providers recognize that clients can experience re-traumatization due to procedures and practices and make an effort not to replicate prior trauma dynamics. Exploring with clients, cues associated with past trauma may be favorable (Gonzalez-Guarda et al., 2013).
- b. Clinicians may take into consideration that safety may be achieved by recognizing possible triggers like (Harris & Fallot, 2001; SAMHSA, 2014):
 - Visiting an office or receiving home-based therapy
 - Going to an office with limited space
 - Visual or auditory stimulus
 - Lack of privacy especially while receiving services through telehealth
 - Lighting
 - Access to exits
 - Seating arrangements
 - Emotionality within a group
- c. Other critical elements in establishing a safe environment include consistency in client interactions and treatment processes, following through with what has been reviewed or agreed upon in sessions or meetings, and dependability (Harris & Fallot, 2001; SAMHSA, 2014).

5. Identify recovery from trauma as a primary goal.

- a. Latinx may present difficulties identifying stressful experiences as traumatic and may find these topics difficult and painful.
- b. Cultural sayings as: “Los trapos sucios se lavan en la casa” (dirty laundry should be washed at home) used by Latinx communities. This saying is used to express that family members' problems stay within the family and cannot be shared with outsiders (Sangalang, & Vang, 2017). Moreover, trust issues towards clinicians could be present and individuals could express: “No quiero hablar de eso, porque quiero olvidarlo” (I don’t want to talk about that, because I want to forget it).



c. Latinx individuals could be hesitant to request services or visit the office because of stress and fear related to deportation, issues about their legal status in the United States and stigma about mental health (Gonzalez-Guarda et al., 2013; Velasco-Mondragon et al., 2016). Address these issues from a culturally and trauma-informed approach (NCTSN, 2007; SAMHSA, 2014):

- Take extra time to engage clients and extended family members. A straightforward way is to explore the client's primary psychosocial needs and provide alternatives to attend to those needs (i.e., development of a safety plan for clients experiencing ongoing violence, food pantries, legal services, connect them with community organizations with services near their home.
- Start providing psychoeducation about the psychotherapy process by clarifying goals and expectations while engaging a client using a warm and respectful manner.
- Ask about their culture, values, and traditions and do not make assumptions of client's cultural or social identity.

6. Support control, choice, and autonomy.

- a. Traumatic events are usually unexpected, are perceived as scary, include feelings of helplessness and loss of control. Psychotherapy should not be this way. The client may need to have a feeling of control and predictability (Harris & Fallot, 2001).
- b. A trauma-informed approach should be supportive, empathetic, and collaborative and encourage ongoing dialogue. It should also be genuine, open, respectful (*respeto*), and friendly (*simpatía*) since the first call with a client or a family member.
- c. Provide a clear message of availability and accessibility throughout treatment and be open to include family members, friends, partners, and religious leaders if necessary (Harris & Fallot, 2001; SAMHSA, 2014).

Conclusion

Implementing a Trauma-Informed Care approach that focuses on Latino culture adverse events, identifying strengths, and views the person as a resourceful and resilient survivor is considered an essential approach. Agencies, organizations, and mental health providers that implement a trauma-informed approach and provide trauma-specific treatment services considering the application of cultural elements may increase clients' engagement, satisfaction, and treatment outcomes. Furthermore, committing to increasing the practitioner's awareness of the prevalence of trauma, knowledge of the effects of adverse experiences, and skills for recognizing cues and how to respond is a way that assists to reach health equity for Latino communities.



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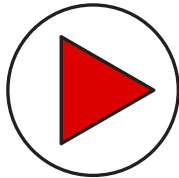
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