Trauma-Informed Care Approaches to Working with Latinx/Hispanic Clients

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Objectives

- Gain a better understanding of Latinx/Hispanic clients and their cultural experiences

- Be able to implement a trauma-informed care approach to working with Latinx/Hispanic clients

- Learn clinical considerations working with Latinx/Hispanic clients and consider ways in which we can advocate for Latinx/Hispanic clients

CONSIDERATIONS WORKING WITH LATINX/HISPANIC FAMILIES

- Country and region of origin
- Cultural values
- Race
- Family and immigration process
- Level of education
- Religion/spirituality
- Sexual and gender identity
- Socio-economic level
- Language
- Discrimination
- Personal Experiences

CULTURAL VALUES

Familialismo or familism (Family Orientation)
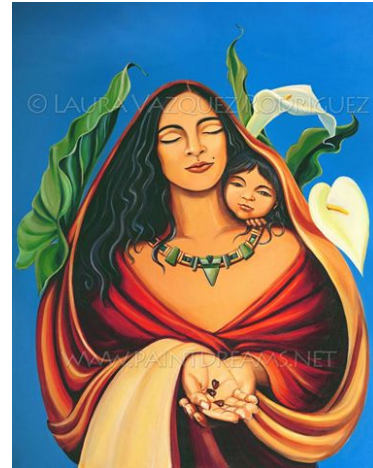
Respeto (Respect)

Personalismo (Interpersonal Connection)

Simpatía (Sympathy and Harmony)

Machismo (Traditional Gender Roles)

Marianismo (Idealized Femininity)

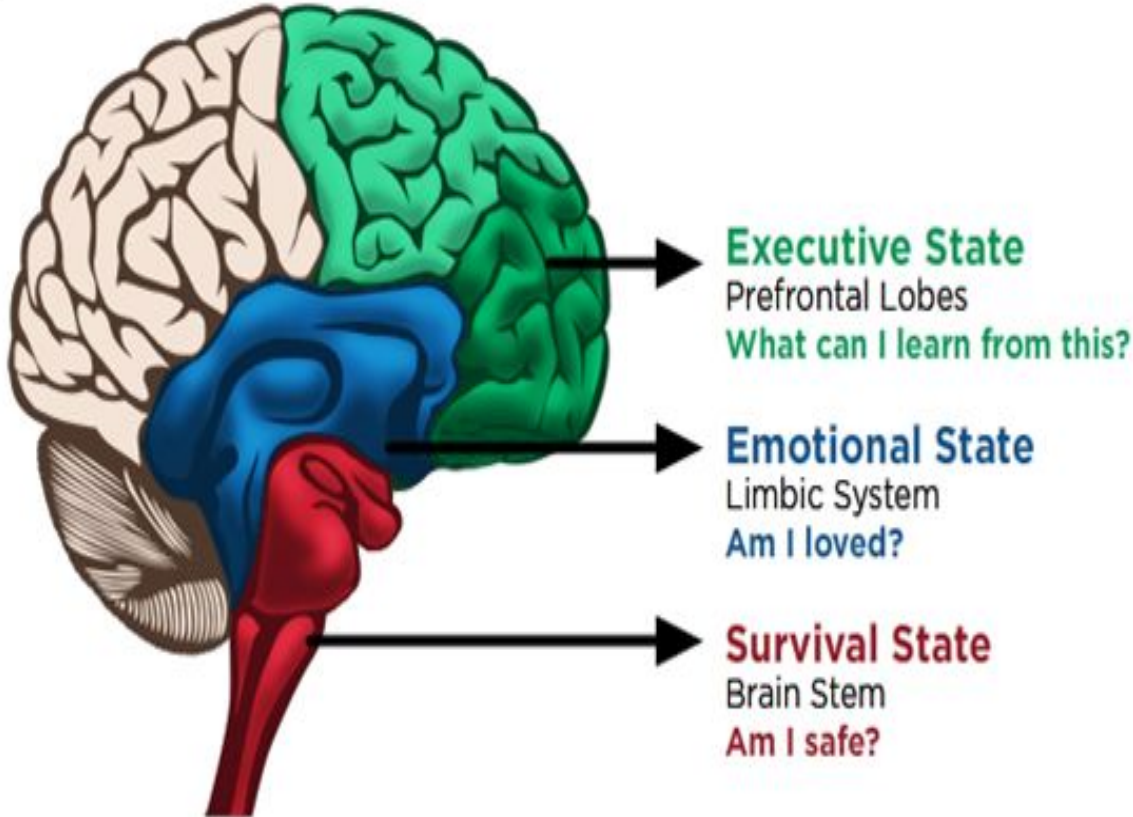Resilience and Adaptability

TRAUMA: EXPRESSION AND CULTURE

The expression [of the trauma] might be different, but the core syndrome's are stable across situations

Can the society contain the trauma?

I.E. Being in an environment where you can talk about it vs. an environment where you can't talk about it

TRIUNE BRAIN

Executive State
Prefrontal Lobes
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?

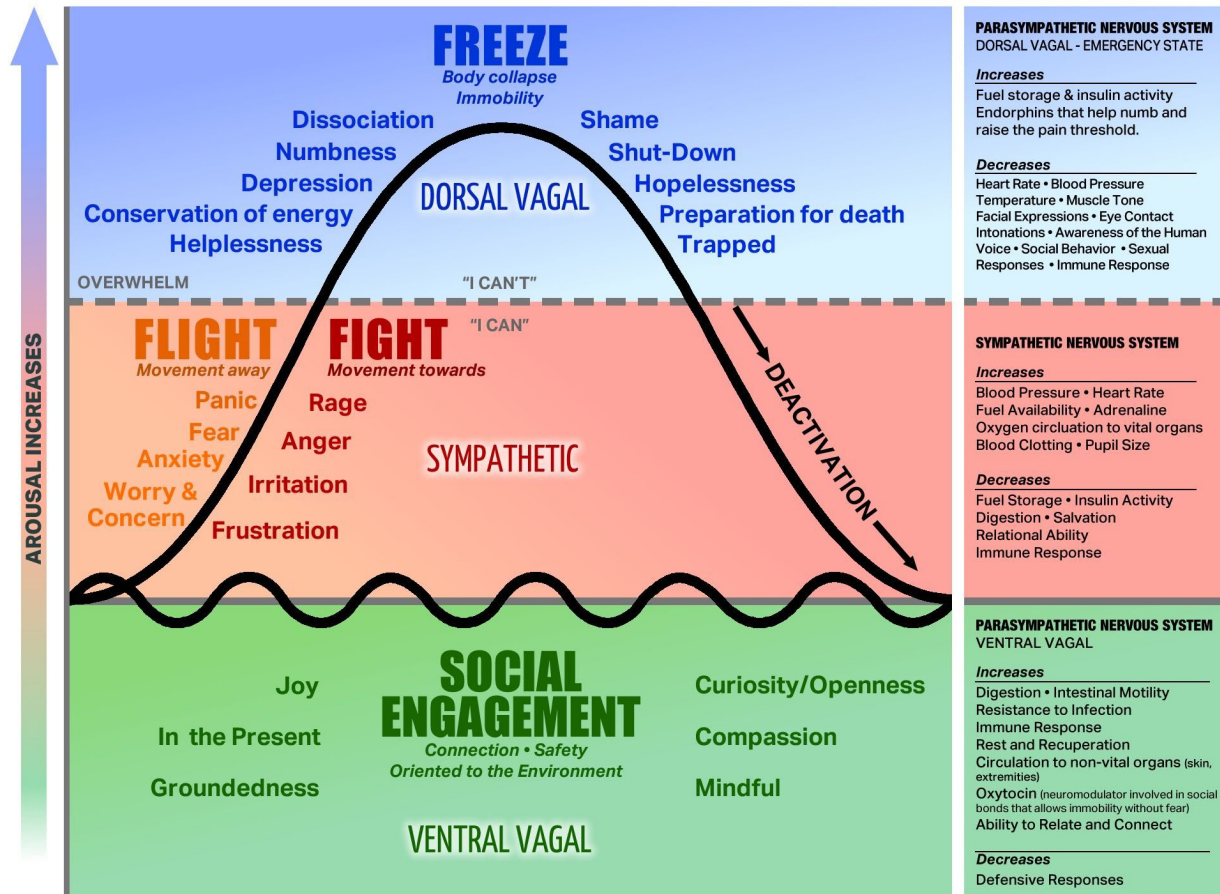# Polyvagal Theory and Trauma
(Dr. Stephen Porges)

Autonomic Nervous System-parasympathetic (relaxation) and sympathetic (action)

Stage 1: freeze state (parasympathetic-dorsal vagal circuit)

Stage 2: fight/flight state (sympathetic nervous system)

Stage 3: rest and digest state/social engagement system (parasympathetic-ventral vagal circuit)

Polyvagal Theory

AROUSAL INCREASES

FREEZE
Body collapse
Immobility

Dissociation
Numbness
Depression
Conservation of energy
Helplessness

DORSAL VAGAL

Shame
Shut-Down
Hopelessness
Preparation for death
Trapped

OVERWHELM   "I CAN'T"

"I CAN"

FLIGHT
Movement away

Panic
Fear
Anxiety
Worry & Concern

FIGHT
Movement towards

Rage
Anger
Irritation
Frustration

SYMPATHETIC

DEACTIVATION

SOCIAL ENGAGEMENT
Connection • Safety
Oriented to the Environment

Joy
In the Present
Groundedness

Curiosity/Openness
Compassion
Mindful

VENTRAL VAGAL

PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL - EMERGENCY STATE

Increases
Fuel storage & insulin activity
Endorphins that help numb and
raise the pain threshold.

Decreases
Heart Rate • Blood Pressure
Temperature • Muscle Tone
Facial Expressions • Eye Contact
Intonations • Awareness of the Human
Voice • Social Behavior • Sexual
Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases
Blood Pressure • Heart Rate
Fuel Availability • Adrenaline
Oxygen circulation to vital organs
Blood Clotting • Pupil Size

Decreases
Fuel Storage • Insulin Activity
Digestion • Salvation
Relational Ability
Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL

Increases
Digestion • Intestinal Motility
Resistance to Infection
Immune Response
Rest and Recuperation
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
Ability to Relate and Connect

Decreases
Defensive Responses

Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine   rubyjowalker.com

ACCULTURATION VS. ENCULTURATION

Acculturation is the process of embracing the predominant culture and can increase the risk for depressive symptoms among the Hispanic population (Gonzales et al., 2006; Lorenzo-Blanco et al.,2011)

Enculturation is the ability for Hispanics to embrace their Hispanic culture/values and can be a protective factor against depression (Lorenzo-Blanco et al., 2011)

Stages of Acculturation:

Low Acculturation
- **Separation:** non-native environment overwhelming
- **Marginalization:** unable to identify with own culture and non-native environment

High Acculturation
- **Assimilation:** non-native cultural behaviors, cognitions, practices are adopted of the host culture
- **Bi-Culturalism/Integration**: retain cultural components of the native culture and incorporate cultural components from nonnative culture, results in higher quality of life, affect balance, and psychological adjustment (Miranda, Estrada, & Firpo-Jimenez, 2000)
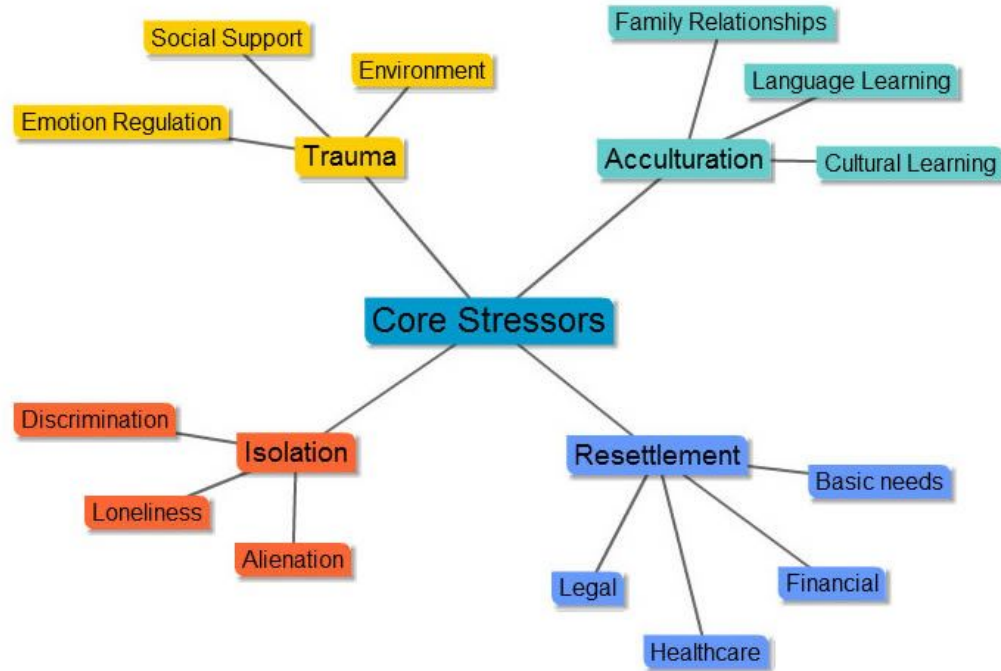
Acculturation Model

	Identification with Heritage culture: **HIGH**	Identification with Heritage culture: **LOW**
Identification with US culture: **HIGH**	**Integration (Bicultural)**	**Assimilation**
Identification with US culture: **LOW**	**Separation**	**Marginalization**

(Berry, 2017)
(Hoai_thu_Truong, 2017)

Intergenerational Trauma

Family dynamics and transgenerational effects play a significant role in shaping individuals' experiences, behaviors, and relationships across generations

Attachment and Bonding: Attachment theory suggests that early bonding experiences between caregivers and children influence their attachment styles and relationships throughout life.

Role Modeling and Imitation: Children learn and imitate behaviors by observing and modeling the actions, communication styles, and coping mechanisms of their parents or other significant family members.

Communication Patterns: Communication patterns within families greatly impact how information, emotions, and needs are shared.

Boundary Dynamics: Family boundaries define the emotional and physical space between family members.

Family Scripts and Narratives: Families develop unique narratives and stories about their history, values, and identity.

Breaks in Patterns: While intergenerational effects tend to repeat patterns, it is possible to break negative cycles and create positive change.

IMMIGRATION TRAUMA

Trauma experienced in country of origin:

- Rape
- Gang Violence
- Kidnapping
- Murder Threats
- Extreme Poverty
- Domestic Violence
- Discrimination due to sexual and gender identity, class, race, etc.

Trauma experienced DURING immigration process:

- Coyotes
- Border crossing
- Rape
- Family separation
- Human trafficking
- Detention Center (abandonment by family, sexual abuse, extreme conditions, violence)

Trauma experienced in the USA:
- Easier target of robberies/other crimes/domestic abuse (higher likelihood of holding cash)
- Systems - Housing, Exploitation, Court, Police, Judges, DCS, Schools, Guardian Ad Litem-less likely to report crimes
- More discrimination and violence

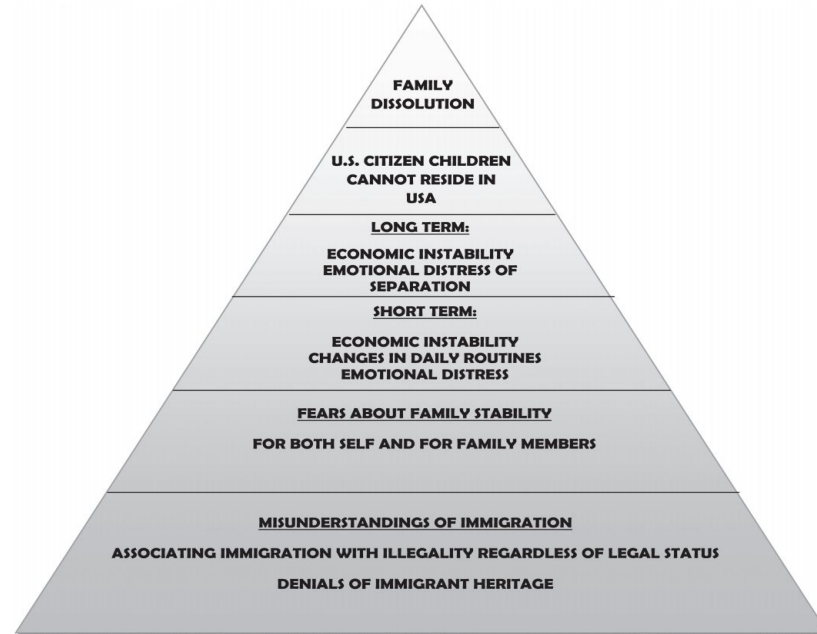# IMMIGRATION TRAUMA: EFFECTS ON CHILDREN

Psychological effects on children include:

- **More internalizing and externalizing problems** (Brabeck and Xu, 2010)

- Symptoms include: **increased crying, loss of appetite, sleeplessness, clingy behavior, increase in fear and anxiety, and generic fears of law enforcement officials** (Chaudry et al., 2010)

- **Family structure changes** (households become single parent homes) (Dreby, 2012; Chaudry et al., 2010)
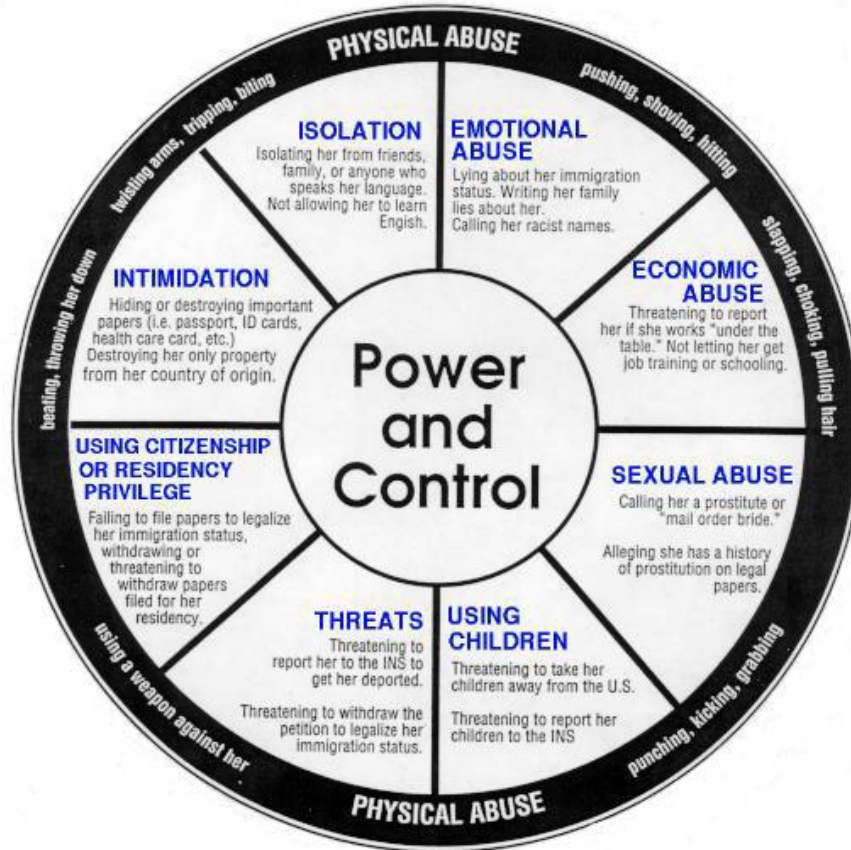
EFFECTS OF DEPORTATION ON CHILDREN PYRAMID

FIGURE 1. A DEPORTATION PYRAMID TO ASSESS THE BURDEN OF DEPORTATION POLICIES ON CHILDREN.

FAMILY DISSOLUTION

U.S. CITIZEN CHILDREN CANNOT RESIDE IN USA

LONG TERM:
ECONOMIC INSTABILITY
EMOTIONAL DISTRESS OF SEPARATION

SHORT TERM:
ECONOMIC INSTABILITY
CHANGES IN DAILY ROUTINES
EMOTIONAL DISTRESS

FEARS ABOUT FAMILY STABILITY
FOR BOTH SELF AND FOR FAMILY MEMBERS

MISUNDERSTANDINGS OF IMMIGRATION
ASSOCIATING IMMIGRATION WITH ILLEGALITY REGARDLESS OF LEGAL STATUS
DENIALS OF IMMIGRANT HERITAGE

(Dreby, 2012)

VIOLENCE IN IMMIGRANT FAMILIES

PHYSICAL ABUSE — pushing, shoving, hitting — slapping, choking, pulling hair — punching, kicking, grabbing — using a weapon against her — beating, throwing her down — twisting arms, tripping, biting

ISOLATION
Isolating her from friends, family, or anyone who speaks her language. Not allowing her to learn English.

EMOTIONAL ABUSE
Lying about her immigration status. Writing her family lies about her. Calling her racist names.

INTIMIDATION
Hiding or destroying important papers (i.e. passport, ID cards, health care card, etc.) Destroying her only property from her country of origin.

ECONOMIC ABUSE
Threatening to report her if she works "under the table." Not letting her get job training or schooling.

USING CITIZENSHIP OR RESIDENCY PRIVILEGE
Failing to file papers to legalize her immigration status, withdrawing or threatening to withdraw papers filed for her residency.

SEXUAL ABUSE
Calling her a prostitute or "mail order bride."

Alleging she has a history of prostitution on legal papers.

THREATS
Threatening to report her to the INS to get her deported.

Threatening to withdraw the petition to legalize her immigration status.

USING CHILDREN
Threatening to take her children away from the U.S.

Threatening to report her children to the INS

Power and Control

SPECIAL CONSIDERATIONS WITH UNDOCUMENTED CLIENTS

- Confidentiality becomes VERY important

- You will most likely be working with lawyers- request documentation, evaluations such as WAWA, U-Visa, Asylum, hardship waivers, and others

- You might need to initiate/facilitate immigration case, expectations, preparation for leaving country

- Family sessions

- Connect them to other resources such as legal aid, domestic violence support, etc.

CULTURE-SPECIFIC STRESS RESPONSES

- Ataques de nervios
- Nervios
- Susto
- Greater incidence of somatization

Substance Abuse and Mental Health Services Administration, 2014

Resilience and Healing

Domains of resilience:

- Family-connectedness and involvement
- Individual-positive ethnic identity leads to greater self esteem
- Cultural-rituals and practices, ability to integrate cultures
- Community-additional support and sharing of resources

❋ ❋ ❋ ❋

- On healing: recognizing, respecting, and drawing on diverse cultural healing practices that already exist-i.e. familial/ancestral knowledge, singing, dancing, burning plants, meditating, being in community and/or seeking support from traditional healers such as curanderas, brujas, etc. -Dr. Jennifer Mullan (Zapata, 2020)

CLINICAL CONSIDERATIONS

Common diagnoses in our practice(s):

- PTSD
- C-PTSD
- Postpartum depression/anxiety
- Anxiety
- OCD
- Prolonged Grief
- Depression due to chronic illness/chronic pain
- Anxiety (hypervigilance)
- High-functioning, single-episode psychosis

Which treatment modalities have been effective?

- Systems Theory-involving support persons
- Body Based Modalities-Somatic Experiencing/Sensorimotor
- EMDR
- Play Therapy
- Solution-focused techniques (SFBT)
- Psychoeducation
- Mindfulness
- Narrative Exposure

COMMUNICATION CONT.

- Therapists are able to interact with clients in distress without telling them what to do

- Therapists listen to and validate a wide range of emotions (e.g., grief, sadness, anger, fear happiness, excitement, joy, and relief) from clients with respect and calmness

- They understand that there is no "right" or "wrong" emotion to express

- Clients are viewed as the greatest experts on their own lived experience and needs

NSVRC, Building Cultures of Care: A Guide for Sexual Assault Services Programs, 2009

COMMUNICATING IN A TRAUMA INFORMED MANNER

- Therapists ask clients for their definitions of emotional well-being

- Therapists practice supportive techniques with clients (e.g., open-ended questions, affirmations, and reflective listening)

- Therapists use "people-first" language rather than labels (e.g., "a client who has dissociative experiences" rather than "the DID client")

- Therapists use descriptive language rather than characterizing terms to describe clients (e.g., describing a person as "having multiple areas where she is seeking support" rather than "needy")

NSVRC, Building Cultures of Care: A Guide for Sexual Assault Services Programs, 2009

MORE TIPS AS PROVIDERS

- Having not only multilingual but also multicultural staff

- Building trust by providing materials in various languages and representing various cultures, considering literacy and different learning styles

- Cultural sensitivity

- Ask for clarity if needed

- Do not determine that a translator is needed due to a last name

- If an accent is strong, take your time to listen

- Do not assume clients have the same moral, religious beliefs from one another

- Be aware of local resources, community support, and potential safety risks

LATIN@ ADVOCACY BEST PRACTICES

Advocacy when working with Latin@ immigrant and refugee clients:

- Make a connection with the person-listen to their story

- Small steps and patience are needed when building rapport, remember that safety and security are always at the forefront for many individuals

- Be approachable and welcoming

- Silence around violence can be a challenge

- Find ways to reduce the stigma of talking about trauma/violence, initiating conversations about healthy relationships and self-care

- Assault is a crime whether an individual has legal status to be in the United States or not

- Collaboration is critical, build relationships with other community partners and organizations that work with immigrant and refugee communities

- There is no "one size fits all" approach

Washington Coalition of Sexual Assault Programs

BUILDING COLLABORATIONS

- Examples of roundtables: Encuentro Latino, Latino Health Coalition, Nashville Task Force on Refugees and Immigrants
- Hispanic Family Foundation
- Tennessee Immigrant and Refugee Rights Coalition
- FUTURO, Inc.
- Nashville International Center for Empowerment

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