

Assessment and Treatment Considerations: Gender, class and nativity



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Presentation Overview

- Latinx diversity
 - Intersectionality
 - Influence of race, ethnicity, nativity, class, sexuality
- Assessment considerations
- Treatment considerations
 - Long term residents
 - Newcomers
 - Mixed status families



Areas of Assessment

- Nativity: *nos parecemos pero no somos iguales*
- Language preference and use
 - monolingual Spanish, Spanish dominant bilingual, English dominant bilingual,
 - monolingual English; patterns of code switching, use of caló,
 - use of language to hide, avoid or express emotions
- Positionality
 - Social class
 - Gender and sexual identification
 - Religion and spirituality:
 - beliefs and practices; espiritismo, curanderismo, santería



Areas of assessment

- Levels of acculturation: language preference (familial, social, school, work), media language preference, ethnic identification and loyalty, cultural awareness, adherence to traditional Latino family values
- Acculturative stress
- Immigration status
 - Stress related to mixed status
 - Fears of detention/deportation
- Sexual orientation



Areas of assessment: trauma

- Degree of exposure to social violence
 - Social location
 - Trauma resulting from social violence
- History of family violence
 - Neglect
 - Child maltreatment
 - Elder abuse
 - Incest
- History of intimate partner violence



Impact of migration

- Disruptive process
- Can produce “Culture Shock”
 - As a result of
- Changes in meaning systems [social, cultural, geographic](Falicov 1998)
- Acculturative stress
- Downward mobility
- Degree of structural integration




Assessment considerations

- Preference for personalismo
- Expectation of some self-disclosure on the part of the clinician
- Reciprocity, showing appreciation, giving gifts
- Respect for “doctors”
- Mental health problems may be stigmatizing and produce shame in the patient or his/her family
 - Source (Armas & Flores)



Recommendations

- Evaluate patient's understanding of mental health/illness [patient's explanatory model]
- Provide education about the process of assessment and evaluation (psychiatric interview)
- If treatment is involuntary, make certain client/patient understands her/his rights and legal issues involved
- Include the family in the treatment process
- Practice creativity and flexibility



Mental Status Exam: Contextual factors

- Psychiatric diagnoses made difficult by stressful life events, including poverty, low occupational status, lack of proficiency in English, and undocumented legal status, difficult or traumatic migrations, war exposure, related traumas, possible torture, living under oppressive conditions in the country of origin and/or the U.S.



Differential Diagnoses

- Distinguish between appropriate reactions to overwhelming life events from reactions that are outside the realm of the ordinary
- Distinguish between hyper religiosity and appropriate cultural responses
- Distinguish between emic beliefs and disordered thought processes (etic)



Factors to consider in diagnoses

- Consider depression in the presence of unexplained, persistent somatic complaints
- Alcohol may be a contributing factor to many mood disorders
- Paranoia may serve a useful role in everyday life (particularly in countries where political repression occurs), it is difficult to know who can and cannot be trusted
- Difficult to diagnose PTSD since Latinos may be skilled at suppressing painful memories and symptoms



“Culture bound syndromes”

- Somatization-greater incidence among Puerto Ricans and Mexicans than other Latinos and Anglos- Latinos do not separate between mind and body; may be less stigmatizing than suffering from an emotional or psychiatric disorder
- Nervios-vulnerability of experiencing symptoms of depression, anxiety, dissociation, somatization and rarely psychosis or poor impulse control given *interpersonal* frustrations



Culture bound syndromes

- Ataque de nervios- acute, fit-like exacerbation of nervios; may include uncontrollable shouting, attacks of crying, trembling, heat in the chest rising to the head, and verbal or physical aggression. Comorbidity with high rates of major depression, dysthymia, agoraphobia, phobic disorder, and panic disorder



Culture bound syndromes

- Locura-severe form of chronic psychosis, includes incoherence, agitation, auditory and visual hallucinations, inability to follow rules of social interaction, unpredictability, and possible violence
- Celajes- seeing shadows, must differentiate from visual hallucinations



Ethnocultural values

- Confianza
- Personalismo
- Respeto
- Verguenza
- Orgullo
- Familismo
- Marianismo and machismo [deconstructed]



Rumpelstilskin

- What is in a name?
- If we know what it is, we can name it, ergo we can treat it – basis of biomedicine
 - Focus is on the symptoms as window to underlying etiology
- If we know what caused it, we can attempt to bring the individual back to balance
 - Focus is on regaining balance by addressing source(s) of imbalance



Gender considerations

- Cultural expectations of being strong – *aguantar* in women and being stoic in men
- Minimization of symptoms to appear strong
- Women may seek treatment on behalf of other family members
- Important to assess women's explanatory model ~ listen for idiom's of distress



Construction of masculinity

- Sacrifice for family
- Stoicism
- Coping through religion
- Coping through substance abuse
- Self restraint (*auto control*) to manage feelings of sadness and anger among immigrant Mexican men
 - Source: Flores et al 2015



Sexualities

- How do we support the sexual orientation or preference of our clients?
 - Bearing in mind the role of religious beliefs among some Latinxs' attitudes towards sexuality in general and homosexuality/lesbianism/transgender in particular
 - (see Flores 2013 Chicana and Chicano Mental Health. UofA Press).



Sugerencias

- Support the positionality of our clients as we build a trusting partnership to mobilize healing, recovery or change
- Identify cultural capital of clients
- Respect the diversity of our experience
- Treatment must respond to emic system of client
- Continue to focus on prevention
- Hold training programs accountable to increase cultural humility among students
- Provide culturally appropriate supervision



Questions to guide our treatment

- What are the most prevalent mental health disorders among Latinas and Chicanas?
- What socio-cultural factors may contribute to this prevalence?
- How do microaggressions and racism affect our clients' mental health?
- What are some protective and risk factors that affect men and women differentially?
- How do men deal with *problemas de la vida*?
- How are men, compared to women, more likely to show their distress?



Questions to guide our treatment

- What are the community based best practices for addressing the psychosocial needs of Latinxs?
- How do we support the biculturality of US born Latinxs and the traditional world views of their parents or other family members?

Muchas gracias



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