Best Practices for Counseling Hispanic/Latino Clients

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Best Practices for Counseling Hispanic/Latino Clients

AACC World Conference 2015
Best Practices for Counseling Hispanic/Latino Clients

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Learning Objectives

Participants will:

• Articulate strategies to make counseling culturally sensitive to the values of the Hispanic/Latino culture

• Identify interventions that are considered best practices for counseling Hispanic/Latino clients

• Explore Christian principles to become culturally competent to counsel Hispanic/Latino clients from a distinctively Christian perspective
Describe HISPANICS/LATINOS honestly and thoroughly with the first thoughts that come to your mind.

Reflect

How and from whom did you learn these generalizations?

Are they stereotypes?

Have they changed for you throughout your life?

Multicultural Counseling Competencies
Association for Multicultural Counseling and Development (1996)

- Counselor awareness of own cultural values and biases
- Counselor awareness of client’s worldview
- Culturally appropriate intervention strategies

Cultural Competency (AACC)

“Christian counselors earnestly strive to develop and maintain culturally competent awareness and practices such as, but not limited to:

(1) awareness of one’s personal worldview and its impact on the counseling process;

(2) knowledge of various cultural practices and worldviews, including those that may conflict with a Judeo-Christian worldview; and

(3) cross-cultural sensitivity and skills that enhance the helping process.”

There is no typical Hispanic/Latino person or family
Hispanic/Latino Culture

- Polyculture
  - Heterogeneous group, Multiethnic group
  - 20+ countries
  - Diverse backgrounds
- Collectivistic
  - Family-centered
- Different reasons for immigration
- Minority
# U.S. Hispanic Origin Groups, by Population, 2013

*In thousands*

<table>
<thead>
<tr>
<th>Origin</th>
<th>Population</th>
<th>% of Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Hispanics</td>
<td>53,964</td>
<td></td>
</tr>
<tr>
<td>Mexican</td>
<td>34,582</td>
<td>64.1</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>5,122</td>
<td>9.5</td>
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<tr>
<td>Cuban</td>
<td>1,986</td>
<td>3.7</td>
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<tr>
<td>Salvadoran</td>
<td>1,975</td>
<td>3.7</td>
</tr>
<tr>
<td>Dominican</td>
<td>1,788</td>
<td>3.3</td>
</tr>
<tr>
<td>Guatemalan</td>
<td>1,304</td>
<td>2.4</td>
</tr>
<tr>
<td>Colombian</td>
<td>1,073</td>
<td>2.0</td>
</tr>
<tr>
<td>Honduran</td>
<td>791</td>
<td>1.5</td>
</tr>
<tr>
<td>Spaniard</td>
<td>746</td>
<td>1.4</td>
</tr>
<tr>
<td>Ecuadorian</td>
<td>687</td>
<td>1.3</td>
</tr>
<tr>
<td>Peruvian</td>
<td>628</td>
<td>1.2</td>
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<tr>
<td>Nicaraguan</td>
<td>381</td>
<td>0.7</td>
</tr>
<tr>
<td>Venezuelan</td>
<td>248</td>
<td>0.5</td>
</tr>
<tr>
<td>Argentinean</td>
<td>243</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Note: Total U.S. population is 318.1 million.

Source: Pew Research Center tabulations of the 2013 American Community Survey (1% IPUMS)

PEW RESEARCH CENTER

**Figure 1.1**

Which Term Do You Use to Describe Yourself Most Often?

- Family's country of origin: 51%
- Hispanic/Latino: 24%
- American: 21%

Notes: N=1,220. Responses of “Depends,” “Don’t know” and “Refused” are shown but not labeled.

Source: Pew Hispanic Center, 2011 National Survey of Latinos

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Best Practices:

“In counseling, ‘best practices’ has come to mean an evidence based approach. This approach is based on the emergence of important clinical research. The evolution of psychological EBPs has been influenced further by the significant rise in the depth, breadth, and clinical relevance of clinical research into the outcomes and change mechanisms of both prevention and treatment programs.”

Latino Specific Competencies:

“There is a breadth of knowledge related to working with Latino families, minimally, a counselor must appreciate the ethnic group differences (Mexican or Cuban), the generational status, languages spoken, Socio Economic Status (SES), educational attainment…incorporate the Latino dimensions of personal identity to highlight the holistic approach to working with Latinos who have individual as well as group and national origin-influenced identities.”

Steps In Multicultural Competency:

Counselors should be willing to explore their own histories of prejudice, cultural stereotyping, and discrimination. Be aware of how your own perceptions of self and others have evolved through early childhood influences and other life experiences.

If counselors are blind to these issues, they can miss vital information that influences client responses to treatment and whether or not they continue with counseling. Client perceptions of counselors’ influence, background, and genuine understanding will affect the level of trust in the client–counselor relationship. Without a quality therapeutic alliance…well, you have nothing…. 
Steps In Multicultural Competency: Biblical Considerations

The Apostle Paul stated: I Corinthians 9:22b
“...I have become all things to all men, so that I may by all means save some.”

If you are inclined to help and minister to people, you must educate yourself on the audience you are trying to reach. Part of this “education” task is to examine you with regards to your attitudes or perceptions concerning other people groups. If you are inclined to demonstrate to the unsaved/saved world your love for Christ, in order to

"Let your light shine before men in such a way that they may see your good works, and glorify your Father who is in heaven (Matthew 5:16),” you must get “close” enough for them to see your light as well as provide a quality of service that honors God and helps them grow. Don’t let the “gap” of culture keep your light from shining....
Steps In Multicultural Competency: Literature

- In research, an emerging trend has been to assess the role that acculturation plays in facilitating or hindering the counseling process (Atkinson, Thompson, & Grant, 1993).

- Group Particulars That May Affect Counseling:
  - **Fatalism**: ‘Que sera or Es la voluntad de Dios.’ ‘God is punishing me for my sins.’
  - **Medical Beliefs** (Curandero). They may go to him or priest before they come to you.
  - **Work**: A reliance on manual labor and the acceptance of ‘pain’ related to it.
  - **Untrusting**: Lack of trust of government agencies or other helping entities.
  - **Transient**: They move to where the work is.
Steps In Multicultural Competency: Some Variables In Counseling:

- **Respeto** (Respect) — Appropriate deferential behavior toward others based on gender, age, economic status, etc. (E.g. ‘Don Fabio’).
- **Personalismo** (Personal) — What is valued is personal rather than institutional relationships. Result if practiced = More positive outcomes.
- **Confianza** (Trust) — To providers, institutions and system (must first be earned). Although the first meetings may be quite formal, once trust has developed, the clients may develop a close personal bond with the counselor (Be cautious with your ethics).
- **Orgullo** (Pride) — Self, family, and nationality. Do not disrespect the ‘man’ by doing anything that violates his ‘manhood.’ Nationalistic pride may include the ‘hopes’ and ‘fortunes’ of their country’s world cup success team at the tournament (Don’t dismiss this).
Steps In Multicultural Competency: Counseling:

- It is important to engage in a respectful, warm, and mutual introduction with the client because less acculturated Hispanics expect a more formal relationship and the counselor will be seen as an authority figure and should be appropriately dressed.

- Give a brief description of what counseling is and the role of each participant (Remember, a lot of Latinos do not have counseling as a cultural reference point; therefore, educate).

- Explain the notion of confidentiality (especially with illegal immigrants).

- Have the client state in his or her own words the problem or problems as he or she sees it—determine the possible influence of religious or spiritual beliefs.
Steps In Multicultural Competency: Counseling:

- Explain the treatment to be used, why it was selected, and how it will help achieve the goals.
- With the client’s input, determine a mutually agreeable length of treatment—it is better to offer time-limited, solution-based therapies.
- Remember that *Personalismo* is a basic cultural value of Hispanic Americans—although the first meeting may be quite formal, once trust has developed, the clients may develop a close personal bond with the counselor. He or she may be perceived as a family member or friend and may be invited to family functions & given gifts (Caution).
- Assess possible problems from external sources, such as need for food, shelter, or employment, or stressful interactions with agencies.
- Ask God to give you wisdom and discernment (*James 1:5*).
Interventions
Best Practices for counseling Hispanic/Latino clients
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Needs Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Simpatia”</td>
<td>“to be Understood”</td>
</tr>
<tr>
<td></td>
<td>- Reflective listening with appropriate eye contact and affect. Let them read your face.</td>
</tr>
<tr>
<td></td>
<td>- “if you understand, I can open up more”</td>
</tr>
<tr>
<td>“Personalismo”</td>
<td>“You Care”</td>
</tr>
<tr>
<td></td>
<td>- Watch for respectful boundaries.</td>
</tr>
<tr>
<td></td>
<td>- “if you care, you can be trusted”</td>
</tr>
<tr>
<td>Normalizing</td>
<td>“I’m not crazy”</td>
</tr>
<tr>
<td>Intervention</td>
<td>Needs Addressed</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Free Expression</td>
<td>“It’s OK to feel this way”</td>
</tr>
<tr>
<td></td>
<td>- their need to have permission to express their feelings &amp; emotions without being</td>
</tr>
<tr>
<td></td>
<td>judged or criticized</td>
</tr>
</tbody>
</table>

- Culturally, the expression of emotions is censored or overly expected.
- Sometimes clients are trapped in a double bind. If you feel and express too much “you are exaggerating.”
- If you don’t show emotions or expected emotions, “you don’t care.”
- They need to feel they have permission to express what they feel.
- “It’s OK to feel this way”
Non-traditional Interventions

• “Dichos” (proverbs and sayings) – helps engage the client in the process of addressing and reframing emotional reactions.
  • “No hay mal que por bien no venga” - (There is no bad from which good does not come. or Every cloud has a silver lining).
  • ”Mientras hay vida hay esperanza." (While there is life there is hope)
  • "Despues de la lluvia, sale el sol." (After a rainstorm, the sun will shine.)

• “La Receta” (Prescription) - Provide Psycho-educational information – They want to take something with them. Homework works well.
Other Interventions

• Be ready to Clarify Spiritual Misinformation – Their Own Theology of Suffering

• Familismo – When appropriate/possible Include the family

• Use Visual Images/Illustrations – CBT with a “Twist”
CBT with a “Twist”

How do emotions work?

Feelings & Emotions

Reactions & Choices

Thoughts

Interpretations

Look What Happened

Negative
Irrational Beliefs
Self-destructive

Positive
Realistic
Self-enhancing
Case Studies
Generalized Anxiety, Panic & Phobia

• 19yr old Female
• Extremely Responsible
• In College – 1st year Nursing
• Fear of Needles and Blood
• Working FT; Studying FT; Helping the Family FT
• No days off, Not allowed to Rest by “Machista” Dad
• Their Family Message “Resting & Relaxation is a Waste of Time and for Lazy People”
• NO Meds, “I don’t want my parents to worry”
Complicated Grief…and more

• 50 yr old Female
• Elementary School Teacher
• Husband died in a Truck Accident while working
  • between 2am-3am
• Deceased for 5 yrs
• Severe Signs and Symptoms “As if the loss was Today”
• Now, Panic, GAD, MDD
• Total Social Withdrawal
• Happy Marriage – “The Love of My Life” – “Mi Bebito”
• Gets angry if couple friends invite her or sit with her in church “I don’t like to see couples together because I don’t have my husband”
Self-Sabotaging Beliefs that keep her “Stuck”

• “I don’t want to get well, if I do it means I don’t care and I don’t love him or miss him”
• “I don’t want to look well”
• “I want to look like the suffering widow”
• “I get angry when people tell me I look good”
• “I don’t want to recover from the loss, If I do; I would be unfaithful”
• “I Stopped the medication because I was feeling well and I don’t want people to see that I am doing well”
• “I’m all alone now” – “Estoy Solita” – “What is going to happen to me now?”
Be Flexible & Willing
To Try Creative Interventions
Adapt Traditional Interventions
If your Latino client speaks English as a second language, even if spoken well, it is still very important to integrate Spanish into the treatment, especially when processing highly emotional issues.

Even if you don’t speak or understand Spanish at all!
Brain Physiology and Language II

- Frontal Lobes
- Higher cognitive functions
- Meaning, goals, reasoning, analysis
- Personality expression
- Much more involved in second language processing than native language
Brain Physiology and language III

- Limbic system (Hypothalamus, Amygdala, Hippocampus)
- Affective reactions
- Trauma processing
- Memory processing
- Limited neural communication with the frontal lobes
Brain Physiology and language IV

- Spanish (native language) is more closely tied to the Limbic system & language centers than English is.
- English uses the frontal lobes and creates “neural interference” with emotional processing.
Brain Physiology and language V

- When highly emotional, let Latino clients share the experience in Spanish even if you do not understand. This enhances Limbic system processing. The client does not have to “think” about communication.

- Monitor nonverbals and affective tone of the client.

- After the client finishes sharing, reflect back the emotions you sensed.

- Move back and forth from Spanish to English to facilitate processing of affectively charged issues.
Role-Play Demonstration