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## Latino Acculturative Stress Implications, Psychotherapeutic Processes, and Group Therapy

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# Latino Acculturative Stress Implications, Psychotherapeutic Processes, and Group Therapy

## **Cover Page Footnote**

For the purposes of this review, the term “Latino” is a label of convenience that refers to men and women of Mexican, Puerto Rican, Cuban, Dominican, Central and South American, and Spanish descent.

## **Latinos in the U.S.**

The Latino<sup>1</sup> community has had a tremendous impact on the United States demographics in the last decade. Without question, Latinos continue outnumbering the Asian American and African American populations as the most rapidly growing ethnic group in the United States (Synovate, 2010). In 2010, the Latino population topped 48.7 million in the United States, comprising of almost 16% of the entire population (Synovate, 2010). Furthermore, predictions state that by 2020, 23% of the United States will identify themselves as Latino (U.S. Hispanic Chamber of Commerce). These numbers strongly suggest a critical Latino presence in the United States and encourage awareness of this minority group and its needs.

Despite the rapidly growing population, literature indicates many shortcomings in the country's services provided to the Latino population. U.S. Department of Health and Human Services (2001) discloses that Latinos have less access to mental health services, are less likely to receive such help, and are underrepresented in mental health research; therefore, this could explain the Latino tendency to seek assistance from primary care providers instead of more specialized professionals (Añez, Silva, Paris, & Bedregal, 2008). Even more concerning is the lack of bilingual and bicultural staff in the United States. Emerging Latino communities, in particular, are less likely to have social services staffed with bilingual or bicultural individuals and also tend to have a smaller Latino social infrastructure. These factors contribute to adjustment issues and health problems in the communities (Shattell, Quinlan-Colwell, Villalba, Ivers, & Mails, 2010). Añez et al. (2008) report that the reduction of language and culture barriers within therapy stimulated Latino use of mental health services, increasing percentages to

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those of the national population. Despite this encouraging discovery, Latino clients will likely run into discrepancies pertaining to the therapist's conventional approach to treatment. More specifically, traditional and westernized psychotherapy models and norms do not take into account cultural implications and further dissuade Latinos from seeking help (Añez et al., 2008; Stacciarini, O'Keeffe, & Mathews, 2007).

### **Acculturative Stress Implications**

These disturbing facts require attention due to the many stressors and barriers that Latinos face as U.S. residents. Most notably, *acculturative stress* challenges this population through exposure to societal values, cultural norms, and language preference. Acculturative stress is a reduction in mental health and well-being of ethnic minorities that takes place during the process of adjusting to a new culture (Berry, 1998). Smokowski and Bacallao (2008) clearly illustrate two viable avenues that Latinos take in order to cope with the associated distress: assimilation or biculturalism. Assimilation involves the emotional and psychological separation from one's native identity in order to identify with the dominant host culture. Biculturalism occurs when one preserves his or her ethnic identity and creates a positive and constructive relationship with the new dominant cultural group (Smokowski & Bacallao, 2008). However, this choice can be more difficult than expected for Latinos that are grounded in their native culture while also being exposed to a new dominant host culture. Therefore, this cultural struggle often leads to stress and, occasionally, symptoms of psychopathology. For example, the unique experiences of immigrating to the United States often precipitate unhealthy coping and distressing reactions. Dr. Shannon Chávez-Korell (2012) linked anxiety, Post-traumatic Stress Disorder, and trauma to the immigration process and fear of deportation. Leuck and Wilson (2011) offer unique insight on potentially influential factors concerning acculturative stress such

as gender, age, family cohesion, social networks, context of migration exit, age at the time of migration, and language proficiencies in English and Spanish. In a similar vein, Smokowski and Bacallao (2008) report that cultural conflicts within Latino families, trouble navigating U.S. schools, and coping with ethnic discrimination and marginalization also stem from acculturative stress. In particular, these discrimination and language barriers surface from the nature of American society and its firm stance on assimilation. Unlike the multilingual mentality in Europe, American society generally expects adherence to English as the sole, dominant language and view Spanish as a danger rather than an asset (Leuck & Wilson, 2011). This results in higher acculturative stress and stigmatization of native language proficiency (Leuck & Wilson, 2011). As such, Leuck and Wilson (2011) came to the reviewed conclusion that Latino acculturative stress is partly socially constructed based on social status and treatment within the United States. Lee, Hernández, Colby, Borrelli, López, Caetano, and Rohsenow (2011) expound upon this socio-psychological influence on acculturative stress when they write, “it is also the level of stress or barriers experienced in the social world that accompany acculturation” (p. 318). The difficulties adjusting to a new culture also accompany relevant risk data about Latinos living in the U.S., demonstrating an even more urgent need to promptly respond to this underserved population.

The literature offers a wealth of information concerning risk factors for Latino adolescents that may be perpetuated or intensified by acculturative stress. Perhaps most alarming is the following statistic provided by the Center for Disease Control and Prevention Office of Minority Health (2005): “it is well-documented that Latinos in the United States have increased morbidity and mortality rates, high incidents of suicide, school dropout, alcohol use, illicit substance use, and HIV infection.” Similarly, Ramírez and de la Cruz (2003) report that

Latinos generally have lower educational achievement, lower income flow, suffer from unemployment, and live in poverty with larger families. Within the home, domestic violence rates are significantly elevated among Latino immigrant communities of lower socioeconomic status (SES; Chávez-Korell, 2012). Additionally, Latino adolescents are at a greater risk for mental health issues, aggressive behavior, alcohol use, and drug use of marijuana and cocaine according to research by Amaro, Whitaker, Coffman, and Heeren (1990). This delinquent behavior and psychopathology could suggest maladaptive assimilation strategies implemented by these at-risk Latino adolescents, which may be associated with the acculturative stress that leads to coping problems (Smokowski & Bacallao, 2008). Additionally, higher prevalence rates for suicide among males and females exist for Latino adolescents (S. Chávez-Korell, 2012).

In regard to adult Latino females and males, acculturative stress may also influence their risk statistics. Depressed Latino females are typically of lower SES than their white counterparts. Therefore, transportation and health care opportunities are luxuries, hindering chances to attend therapy that is generally expensive, inaccessible, and culturally insensitive (Stacciarini et al., 2007). In regards to Latino males, Caetano (1997) states that they are more likely to develop alcohol dependence over time than non-Latino males. Furthermore, Caetano's research places Latinos at an increased risk for drinking and driving than non-Latinos, leading to alcohol-related car accidents and fatalities (Caetano, Ramisetty-Mikler, & Rodriguez, 2008). This alcohol abuse also results in higher rates of serious medical issues like cirrhosis and chronic liver disease within the Latino population (S. Chávez-Korell, 2012). In sum, the literature clearly highlights the evident dangers faced by Latinos in the United States and the influential role that acculturative stress plays in the etiology and exacerbation of these problematic behaviors.

Latinos face a range of issues in the mental health field that prevent them from utilizing social services. For example, most therapies have been designed for non-Latino white patients and tend to overlook cultural differences. This oversight has created a cultural disconnection between mental health services and Latino patients, resulting in the under use of such resources. Latinos are only half as likely as non-Latino whites to utilize mental health services, and when they do, they tend to drop out of treatment more quickly (La Roche, 2002). Recent literature draws attention to problematic attrition rates and a lack of cultural sensitivity in implemented therapies for Latinos. Surprisingly, Latinos are overrepresented in psychiatric hospitals as they are twice as likely as non-Latino whites to be hospitalized in a restrictive psychiatric facility (La Roche, 2002). This trend strongly advocates for the incorporation of cultural values into therapy as a preventative treatment. Likewise, within the mental health system, there is a dire need for bilingual and bicultural therapists. This deficiency of bilingualism and biculturalism emphasizes the lack of culturally sensitive treatments for Latinos as well.

### **Therapeutic Work With Latinos**

#### **Individual Therapy Orientations**

However, some research has begun to modify therapeutic approaches for the Latino population, such as *Motivational Interviewing* (MI). Añez et al. (2008) and Lee et al. (2011) employed MI with developed cultural adaptations for Latino clients. This research stressed the significance of engaging Latino clients early on to sustain a therapeutic relationship. Añez et al. (2008) incorporated three common Latino cultural values, *personalismo*, *respeto*, and *confianza* into the MI treatment philosophy. *Personalismo* reflects a preference of establishing relationships with people instead of institutions; *respeto* translates to mutual respect, and *confianza* denotes trust and closeness within the relationship (Añez et al., 2008). Results suggest

that this adjusted form of MI is successful in early engagement and therapeutic alliance development with Latino clients (Añez et al., 2008). Likewise, Lee et al. (2011) designed a similar therapeutic process with MI. The researchers examined social-contextual factors that impact heavy drinking in Latinos like employment status, historical and political experiences with immigration, contexts of migration, welcoming receptivity of living communities, and language discrepancies. Ultimately, their discoveries revealed these social-contextual elements as directly impacting Latino lives, and potentially, their drinking behavior (Lee et al., 2011). Therefore, researchers trained therapists to encourage clients to discuss these personally meaningful topics as a gateway to open up about connected drinking behavior. Following therapy sessions, Latino participants reported an increased sense of engagement and agreement with the culturally sensitive MI (Lee et al., 2011). This may indicate a possible relationship between social factors recognition in therapy and enhanced treatment outcomes. Nonetheless, the literature accentuates support for the acknowledgement of values, beliefs, and experiences specific to the Latino population in the United States. Also, emphasizing Latino client discussion of daily stressors and experiences creates a new avenue worth exploring as this could become an effective way of trying to establish rapport (*personalismo*) and gain pertinent information of behavioral and cognitive impairment related to acculturative stress.

*Cognitive Behavioral Therapy* (CBT) has also been identified as a potential treatment that could undergo cultural modification. Even before cultural adaptation, CBT fits well as a treatment for this population because it aligns with many Latino cultural values. For example, it focuses on the present, problem solving, assistance to interpersonal problems through therapeutic exercises, and gives directive and active intervention from an “expert” (Organista, 2006). These are all qualities that resonate with the Latino population. In the mental health field, CBT has



been recognized as an important psychosocial treatment for depression. In fact, recent reviews have identified CBT as the most thoroughly tested intervention for depression (Seligman, Goza, & Ollendick, 2004; Weisz, McCarty, & Valeri, 2006). This form of treatment has proven important for the Latino community because data demonstrates that Latinos (34%) are more likely than African Americans or whites (28.8% and 26.5%, respectively) to report sadness and hopelessness everyday for more than two weeks (Centers for Disease Control, 1992). When comparing therapies, a group-adjusted CBT is comparable to the original individual treatment. In a meta-analysis that evaluated outcome results, researchers studied whether group or individual CBT were comparable in treating depression. For adolescents, they reported that group and individual CBT were equally effective (Lockwood, Page, & Conroy-Hiller, 2004). Other studies have expanded the population and found that group treatments for depressed Latino adults are also efficacious (Comas-Díaz, 1981; Organista, 2000). This research serves as an important contribution to future Latino group work because it demonstrates efficacy of CBT within the Latino culture.

*Interpersonal psychotherapy (IPT)* has also received noteworthy attention from researchers who have shown evidence for its efficacy in the treatment of adult and adolescent depression in Latino populations (Mufson & Dorta, 2003; Mufson, Moreau, Weissman, & Klerman, 2004). IPT primarily focuses on present and relevant interpersonal conflicts. The importance of family relationships and the personal dimension of social interactions are integral elements of IPT. Therefore, the core of this theoretical orientation addresses the Latino values of *familismo* and *personalismo*. IPT has been suggested as an alternative psychosocial treatment to CBT for depression (Seligman, Goza, & Ollendick, 2004; Weisz, McCarty, & Valeri, 2006) and has demonstrated significant results as an independent therapeutic approach (Rosselló, Bernal, &

Rivera-Medina, 2008). IPT may also serve as an important group therapy method for the Latino population. However, unless the depression is only mild to moderate, IPT should be used in conjunction with another treatment modality like psychotropic medication. The study conducted by Rosselló, Bernal, and Rivera-Medina (2008) concluded that while there are no differences between individual and group efficacy for each theory, CBT produced considerably greater decreases in depressive symptoms than IPT. As such, while IPT does incorporate important cultural values, it may need more convincing support to produce lasting results with the Latino population.

### **Group Therapy Orientations**

Group Therapy orientations are an effective alternative to individual counseling, often with culturally sensitive content for the Latino population. Smokowski and Bacallao (2008) led a research-focused group therapy initiative aimed at combating Latino youth violence. This involved prevention for acculturating families by manipulating the type of group therapy administered to participants. Two groups were formed: an active skills training group and a flexible support group, both comprised of parents and their children discussing acculturative stressors and potential coping strategies. The skills training group conducted role-plays and psychodramas while the support group relied on empathic listening and understanding to stimulate progress (Smokowski & Bacallao, 2008). Interestingly, both group therapy styles proved efficacious. These results were likely influenced by group member feelings of group homogeneity and consistent parental attendance throughout the process. These concepts of group homogeneity and attrition also appeared in Stacciarini et al. (2007)'s review of group therapy with depressed Latinos. This evaluation most commonly found *cognitive behavioral group therapy* (CBGT) with a psychoeducational component as the treatment of choice. Others

included support groups, psychosocial and behavioral oriented group processes, solely psychoeducational groups, and behavioral group therapy (Stacciarini et al., 2007). All group treatment approaches effectively reduced depression while also incorporating Latino cultural values into therapy, an encouraging sign of minority culture awareness. Stacciarini et al. (2007) noticed increased dropout rates among some younger Latinos receiving CBGT and recognized the importance of group homogeneity. Likewise, engaging in therapy with others similar in age, gender, cultural background, and psychosocial stressors may enhance the therapeutic experience and outcome (Smokowski & Bacallao, 2008; Stacciarini et al., 2007). Group homogeneity could also ignite family cohesion and help establish social networks, potential countermeasures against acculturative stress (Lueck & Wilson, 2011; Smokowski & Bacallao, 2008; Stacciarini et al., 2008). This therapeutic intervention may provide the needed adjustment for this suffering, yet growing population.

### **Review of the Literature**

Although some research has paved the path towards culturally adjusted therapies that demonstrate effective outcomes, this initiative is still in its infancy. From an individual therapy perspective, culturally adapted MI, CBT, and IPT exhibited significant efficacy with Latino clientele, demonstrating the importance of addressing cultural values and socio-psychological stressors. On the group therapy level, support groups, skills training groups, psychoeducational groups, and CBGT took action with properly integrating Latino-relevant cultural values and the group homogeneity factor within the working group, hoping to also curb dropout rates. Despite the building literature on the Latino population, more exploration is needed. Other Latino cultural values like *simpatía*, *machismo*, *marianismo*, *fatalismo*, and *espiritualidad* offer endless research potential that could further advance key understanding of this culture and ways to

incorporate that knowledge into group therapy. The effectiveness of culturally modified therapies, which included cultural values like *personalismo*, *familismo*, *confianza*, and *respeto*, give support to the needed investigation of these other cultural practices.

Along those same lines, the research on culturally sensitive group therapies is lacking. The four theoretical orientations presented earlier (MI, CBT, IPT, and psychoeducational) are important and provide a worthy foundation for Latino group therapy. However, the breadth of research should continue to grow deeper and wider. Latino group therapy needs more supporting evidence of the existing therapies and should continue to expand to other therapeutic staples, such as MI, psychodynamic, person-centered, Gestalt, etc.

### **Conclusion: Future Research**

The Latino perspective is rich and unique and can present potential challenges like acculturative stress if the individual struggles adjusting to American culture. The causes of this stress are numerous, but not directly addressed in group therapies with this population. Future research should consider a group focus on acculturative stressors, resulting consequences, and coping strategies using the therapies outlined above. The low utilization of mental health services and attrition rates among Latinos has left researchers without a population. Mental health facilities must ensure that they can attract Latinos to seek help in order for therapy to be successful. However, getting Latinos into treatment will be futile if mental health professionals cannot communicate. Therefore, exploring the educational domain of the Latino culture might be the next promising opportunity for the helping field. More therapists should strive to become more culturally competent and graduate-level programs should offer degrees with a Spanish language component to expand interest in this needed area of counseling. Keeping an open mind to such possibilities may allow us to advance the field towards multicultural competency with

Latinos. This population will undoubtedly continue to grow in the United States and as long as risk rates remain high for Latinos, continued research of this population is imperative.

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