



# Promoting Cross-Cultural and Intergenerational Relationships

## Module 5 Script

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### Slide 1: Module 5

Welcome to Module 5 of our Promoting Positive Pathways to Adulthood training series, which is being brought to you by the Research and Training Center for Pathways to Positive Futures at Portland State University.

We have created ten hour-long modules based on a set of core competencies developed by the Pathways Transition Training Collaborative, which is an advisory committee of young adults, family members, practitioners and researchers.

We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module. At the conclusion of each slide, the marker labeled “onward” will be flashing. Please click on the marker “onward” to advance to the next slide.

### Slide 2: Training Series Modules

The series focuses on:

1. Partnering with youth and young adults
2. Promoting recovery
3. Increasing cultural awareness and building community support
4. Fostering resilience and family supports
5. Promoting cross-cultural and intergenerational relationships
6. Providing individualized and developmentally appropriate services The fourth module will focus on tailoring the services you offer to the individual needs and developmental stage of the young person.
7. Supporting young peoples’ healthy relationships
8. Planning partnerships with providers of other services and collaborating to bridge service gaps
9. Promoting support from family, peers, and mentors
10. Using evidence-supported practices and individualizing interventions

Although the modules are designed to be completed in this sequence, each can stand alone as an in-service training experience.

After you work through a module, you will be given a short quiz, and if you pass it successfully, you will receive a certificate of completion that you can use as a record of this continuing education experience.

We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module.

### **Slide 3: Module 5: Promoting Cross-Cultural and Intergenerational Relationships with Young People with Mental Health Conditions and their Families**

This module focuses on “Promoting cross-cultural and intergenerational relationships with young people with mental health conditions and their families.” We will emphasize working with youth, young adults, and their families who consider themselves to be part of an ethnic group identified as Hispanic, Latino, or more recently Latinx. Since Latino is a term that indicates masculine gender, the term Latinx is a recently adopted term that has been developed to be inclusive of those who are other than male in gender identity (Salinas & Lozano, 2017). In this module, we will use both the terms Hispanic and Latino to refer to communities whose members are of Latin American descent, recognizing that these terms are used in different parts of the United States. Finally, we will conclude with implications of our discussion for work with youth, young adults, and their families from other immigrant and refugee populations.

### **Slide 4: Module 5 Competencies**

Module 5 is the third module of our three-part training series on meeting the needs of diverse young people with serious mental health conditions. In Module 5, we will address two key competencies:

- Meeting the needs of diverse young people and their families
- Promoting support for young people from family, peers, and mentors.

### **Slide 5: Module 5: Five Sections**

This module will address the following topics:

1. Diversities within the Latino community and the immigration experience.
2. Oppression, trauma, and mental health disparities affecting Hispanic youth and young adults, and families.
3. Ethnic and cultural identity, bicultural development, and intergenerational relationships in Latino families that need to be considered when working with Latino youth and families.
4. Skills for working cross-culturally and across language differences and building family support for Hispanic young people and their families.
5. Implications of the principles of culturally responsive services for work with immigrants of other cultures.

Throughout the module, we will feature videotaped discussion with Lucrecia Suarez, former Director of Western Conexiones, a Latino-serving agency in Portland, Oregon, which is affiliated with Western Psychological and Counseling Services, and Yolanda Gonzalez, an experienced bilingual/bicultural therapist. Finally, we will hear from Maria, a young woman who has participated in services.

As in other modules in this series, there are occasional knowledge questions and a short quiz at the end. If you pass this quiz, you will receive a certificate of completion (CEUs).

### **Slide 6: 5.1 Diversities within the Hispanic/Latino community and the immigration experience**

In this segment, we will briefly examine the range of diversities among the communities included in the Latino or Hispanic population. The term **Hispanic** is commonly used to designate people with origins in predominantly Spanish-speaking countries, including Spain, Mexico, Cuba, Puerto Rico, and many nations in Central and South America. In contrast, the term **Latino** refers to those who originally came from the Caribbean, Mexico, and Central and South America, regardless of the languages spoken in these countries (Salinas & Lozano, 2017).

While there are many Hispanic families whose ancestors lived on land that became part of the U.S., and others whose families have lived here for centuries or many decades, in this module we will emphasize the needs of relatively recent immigrants and their children who face particular challenges adapting to life in a new country.

### **Slide 7: Hispanic/Latino populations**

The Hispanic population is the fastest growing population in the U.S. and is projected to continue to grow in the coming decades as the result of continuing immigration as well as a high birth rate. Over a third of the Hispanic population in the U.S. is foreign-born.

According to a 2015 U.S. Census report, there were over 55 million Hispanics, representing 17% of the total population, and 24% of the total population under 18 years of age is Hispanic (Colby & Ortman, 2015).

Numerically, the largest group of people within those considered to be Hispanic or Latino and who are living in the U. S. are those of Mexican origin, followed by Puerto Rican, Cuban, Dominican, Guatemalan, Salvadoran, and smaller groups from South American nations.

### **Slide 8: Hispanic/Latino diversity**

While the terms Latino and Hispanic are commonly used interchangeably to describe an entire group of populations, there are important distinctions related to nation of origin, language, culture, political identity, reasons for immigration, and length of time in the U.S (Alegria et al., 2017).

The populations described as Hispanic or Latino include people from 26 different nations, some of whose ancestors were indigenous people from North America as well as from Africa and Europe.

Therefore, it's important for service providers to be cautious and avoid making assumptions or generalizations. It's essential to take the time to find out from specific young people and parents that you encounter what their cultural background is, what they would like to share about their family's history, and how it affects their current issues.

### **Slide 9: Diversities to consider in practice**

In addition to diversities related to place of origin, culture, and language, there are diversities related to recency of immigration, place of birth and legal status, urban or rural residence, gender, experience of traumatic history, sexual orientation, religious beliefs and affiliation, education, economic level, social class, and length of time in the US. For example, long-settled families are likely to speak English while recent immigrants may speak only their native language.

Although many Hispanic immigrants work in rural, agricultural areas, over 85% live in urban areas. They may also be part of a "new destination" community that is rapidly growing in percentage of Latino residents (Corona et al., 2017)

While in many Latino families all members have U.S. citizenship, others with members having undocumented status may live in fear of being apprehended and deported. Serious stress is likely in families where children were born in the U.S. and have legal status while one or more parent is undocumented. Given recent waves of violence in Latin American countries, and recent changes in U. S. government policies and practices regarding immigrants, refugees, and asylum seekers, the young people and families you encounter in your work may have had trauma-inducing experiences that have the potential to seriously affect their mental health (Rojas-Flores et al., 2017).

Cultural roles for males and females differ in the Latino community, as does the exposure of men and women to different types of violence and traumatic experiences. Because of cultural norms, gay, lesbian, bisexual, or transgender young people may experience discrimination and alienation from their families.

Other diversities are related to religious differences, with many following traditional Christian teachings and participating in Catholic or Evangelical community organizations while others follow indigenous spiritual teachings.

There are also educational, economic, and social class differences.

### **Slide 10: Acculturation challenges**

Acculturation is the process of assuming the values, language, and cultural practices of a new culture. Acculturation may occur at different rates for different generations within a family. Of school-aged children in the Latino community, 88% are proficient in English, as are 76% of young adults. In contrast, 55% of middle-aged adults and 42% of older adults are English-proficient (Krogstad, 2016). This results in challenges for parents in understanding their children's educational progress.

Young people may experience personal strain from the process of adapting to a new environment and learning the practices of a new culture. These and other stressful experiences associated with immigration can contribute to depression and other mental health symptoms.

### **Slide 11: Intergenerational relationships**

Typically, children and youth become acculturated to the new culture more quickly than their parents or grandparents. The older generations struggle to maintain their culture of origin while learning what they need to know about the dominant culture. For recent immigrants this may result in intergenerational conflict and increased stress for both youth and parents.

In the following video clip, Lucrecia Suarez, the former Executive Director of Conexiones, a Hispanic/Latino-serving mental health agency in Portland, Oregon talks about the diversities affecting the young people and families they work with. Then we'll show a short clip of Maria, a young woman who has received services at Conexiones.

### **Slide 12: Challenges facing Latino youth and families [Video Clip]**

I'd like to start with telling you a little bit about what we do at *Conexiones* and how we serve a very diverse Latino population. The youth that come to us, come from different kinds of families and they come with very different kinds of experiences of trauma; that is one of the main components that we think about.

They can come with a single episode of trauma, they can come with intergenerational trauma history of their parents and grandparents; generally sexual abuse and domestic violence is one of them. They also could tell us about experiences as young kids or babies being part of a war or a political situation in their country of origin or their *parents* did. So they learn the trauma response that their parents' did [experience].

So we have this diversity of youth and these complex traumas; that we can talk about intergenerational history and immigration here. Immigration is also a big loss. They come young or they are born here. They live in communities where trauma or safety is in question because there is violence in their local communities, or they may not. There is this huge diversity.

Another factor that we consider a lot is the language and how language moves within the family. Some of youth come as kids and then Spanish is their first language. And for some of them English becomes their first language and then there is a huge gap between parents and kids. And then bilingualism becomes a way of existing in the family.

There is also the diversity as to how education is evaluated or of value within the family. For parents it is always important to have formal education. Some of them don't come with much formal education. They are always pushing the issue of formal education. There is diversity in how much resources the family have in order to support that process to help them get into formal education or not. The value is always there among all Latino families.

### **Slide 13: Diversities in the Latino community [Video Clip]**

Every culture has its own beliefs and ideas and things that they should do. Like Latinos: some are really Catholic and some are not very religious. In my family we grew up with we had to go to church and had to act a certain way. In the Hispanic culture, my family is extremely Catholic, very strict, so things had to be done a certain way. If someone doesn't understand that, they may be unable to understand why a problem was caused or an issue was brought up.

### **Slide 14: 5.1 Question**

Why is it important to find out about the diversity characteristics of each youth and family that you serve? Please check the correct response.

- To avoid making assumptions about them
- So you will know about their cultural background
- To tailor services to best meet their needs
- So you can arrange for an interpreter if needed
- All of the above

### **Slide 15: 5.2 Oppression and trauma affecting Hispanic/Latino youth and young adults**

In this segment, we will examine the effects of oppression and trauma on the mental health of Latino youth and young adults. We will also consider how there are differences in the mental health of young Latino people compared to the wider populations of youth and young adults in the US. We will examine disparities in accessing appropriate services and supports. The World Health Organization considers disparities to be "differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust." (See Hebert, Sisk, & Howell, 2008).

### **Slide 16: Hispanic/Latino youth experiences of oppression/trauma**

Hispanic and Latino youth and young adults typically report high rates of trauma, and often have experienced oppression and discrimination either in the U. S. or in their country of origin, or for some recent immigrants, in both.

Let's first consider their experiences of trauma. According to a study of trauma exposure, mental health, and service utilization rates by Ana Bridges and her coworkers, over three-quarters of Hispanic youth have had exposure to traumatic events, with the largest proportion reporting being witnesses to community violence or experiencing physical assault (Bridges et al. 2010). This study reported a Post-traumatic Stress Disorder rate of 8.8%.

Recent research by Lisseth Rojas-Flores and her team (2017) focused on Latino youth who are citizens and revealed a high rate of PTSD and higher levels of mental health problems for those whose parents were detained or deported compared to children whose parents were legal permanent residents or undocumented but had no contact with immigration enforcement officials.

In addition to direct exposure to traumatic events, including separation from family members, there may also be a legacy of historical trauma because some young people are part of Hispanic populations who have experienced war, gang violence, and repression in their native country. It is clear that youth may need to have these traumas addressed in services.

### **Slide 17: Discrimination and youth mental health**

Many Hispanic and Latino youth may also experience the traumatizing effects of discrimination from teachers and students at school. Their immigrant parents may be unprepared to teach their youth strategies for coping with racism the young people may encounter (Huq, Stein, & Gonzalez, 2016).

While long-established Hispanic-American families are less likely to report stress from immigration or family conflict based on acculturation, their children have reported high rates of perceived discrimination and resulting mental health issues (Umana-Taylor & Updegraff, 2007). Racial and ethnic discrimination is associated with depression, anxiety, anger, lowered self-esteem, frustration, and risky behaviors. These effects in turn are related to declines in academic functioning and reduced commitment to school (Gonzales, German, & Fabrett, 2011).

There are also differences based on gender. For example, girls typically receive greater supervision than boys and for them, Latino culture may be a more important protective factor (Umana-Taylor & Updegraff, 2007). In contrast, boys have more freedom to spend time away from home and in mainstream cultural contexts and therefore may experience more discrimination (Gonzales et al. 2011; Huq et al., 2016)

### **Slide 18: Discrimination and peer relationships**

When responding to surveys, Hispanic youth tend to identify parents as their main source of advice. However, new immigrant Hispanic youth whose parents are struggling to work long hours or to deal with their own traumatic experiences may turn to peers of their own national origin.

Gangs are often visible in immigrant communities. A small percentage of Hispanic and Latino youth who are struggling with interconnected challenges such as poverty, the absence of educational and employment opportunities, family problems, and alienation are susceptible to gang involvement to gain a sense of belonging and protection (Bermea et al., 2018).

Communities are offering a growing number of programs that reach out to youth at risk of becoming gang members. These programs seek to offer prosocial activities to increase self-esteem and school engagement. They also build a positive sense of cultural identity, as well as providing access to opportunities (Ritter et al., 2013). We will list some of these programs in our resources for this module.

In Module 6, we will also share strategies for addressing oppression and trauma exposure.

### **Slide 19: Mental health disparities**

Hispanic immigrant youth generally have better mental health than U.S.-born Hispanic youth and more recent immigrants are healthier than those who have been here longer (Breslau et al, 2011). This finding is sometimes called the “Hispanic paradox.”

However, other studies have shown:

- Hispanic and Latino adolescents have elevated rates of depression (Wagstaff & Polo, 2012) related to high rates of perceived discrimination and acculturation conflict within the family (Huq et al., 2016).
- Those youth who have experienced or witnessed greater levels of violence have high rates of PTSD (Gudiño et al, 2011).
- Research studies have revealed high rates of substance abuse and delinquent behaviors that are linked with undiagnosed mental health conditions. (Bridges et al., 2010; Chapman & Perreira, 2005; Umana-Taylor & Updegraff, 2007).
- Finally, It is important to note that rates of mental health disorders can vary by whether the young person’s country of birth is Mexico, Cuba, Puerto Rico, the US or another country, and by the type of disorder (Alegria et al. 2008).

### **Slide 20: Factors contributing to mental health disparities**

Mental health is affected by the reasons for immigration and the trauma and stress encountered during and after immigration. For recent immigrants, the experiences of family separations and reunification, traumatic events, changes in socioeconomic status, and changes in family roles and expectations contribute to high levels of stress (Alegria et al., 2017; Chapman & Perreira, 2005). Mental health disparities must be viewed in the context of other disparities, such as high rates of poverty compared to other populations, difficulties accessing health care because of stigmatization, and poorer health outcomes.

### **Slide 21: Disparities in access to mental health services**

Latino youth are less likely to receive mental health services than other young people (Merikangas et al., 2011) and may instead seek support from their families and informal networks.

However, families may lack an understanding of specific mental health conditions, believe that symptoms will disappear on their own, and not know the most effective ways to address them. Stigma associated with mental health conditions, as well as cultural beliefs valuing reliance on families, may deter young Latinos and their family members from recognizing mental health challenges, which can contribute to disparities in accessing treatment (Alegria et al., 2002; Merikangas et al., 2011).



Other factors that affect access to mental health services include economic difficulties, and barriers to services such as lack of transportation, childcare, or health insurance or limited access due to language (Kim et al., 2011).

*Machismo*, the cultural attitude valuing masculine attributes such as strength or aggression, has also been identified as a barrier to accessing mental health service for Hispanic/Latino young men.

Additionally, when Hispanic young people experience serious emotional or behavioral disorders, they often receive school punishments such as suspension or expulsion, and are arrested, and incarcerated instead of receiving mental health services (Marras, Himmelstein, & Woolhandler, 2016).

### **Slide 22: Disparities in access to mental health services**

Other barriers that reduce young Latinos' access to services include:

- Language difficulties and an inadequate supply of Hispanic and Latino bilingual service providers to meet the needs of their community (Kim et al., 2011)
- Families distrusting services and providers and having concerns about discrimination, especially undocumented families who are fearful of involvement in formal systems (Slade, 2004).
- Finally, cultural and linguistic misunderstandings and racist attitudes resulting in Latino youth being more likely to be channeled into more restrictive services such as child welfare or juvenile justice (Furman et al., 2009).

Next we'll view a video clip of Lucrecia Suarez and Yolanda Gonzalez, who are skilled bilingual, bicultural therapists talking about the barriers to treatment for Latino families and their strategies to build trust.

### **Slide 23: Barriers to Services [Video Clip]**

**Yolanda Gonzales:** Another barrier that we haven't touched on that is huge for the Latino community is immigration status. There's a fear that if I sign this paper is someone going to find me from ICE? If I'm going to be deported and this fear of breaking up the family; family is so huge in the Latino culture. The fear of being deported can almost paralyze people from getting help. They are more likely to become invisible or the whole community hides because they don't want people to find them. Even the community-based workers, we don't want them to come in here because they represent authority and power and legalization.

Anytime you have to sign papers or sign a consent to treatment, that's a big fear that you're creating a paper trail that will get back to somebody who is ultimately trying to hide and to live as low key as possible. Often a lot of anger, fear and resentment come up when there are mental health services. Dealing with this can bring about blaming, like if they didn't have this problem. Breaking down these barriers and being completely transparent in the beginning can help in dealing with the Latino population.

**Lucrecia Suarez:** One of the factors that youth have to deal with at school is what does formal education mean for them and their parents, and how does that lift their generation. This is a huge factor that we consider in supporting a family to help them figure out if they can gain that big dream that brought them to the United States.

**Yolanda Gonzales:** A large percentage of the population that we serve suffers from intergenerational poverty upon arrival in the United States. That brings a series of problems within itself; add to that a mental health component and it creates a larger barrier for a lot of the people that we serve.

Culturally there is a huge stigma about mental health; not understanding mental health or that it is something to be ashamed of, something not to be talked about. Speaking openly with the families about mental health or the stigma that might actually come to them from mainstream culture and then how to address those and address them within their own family is another huge barrier. Even just talking amongst each other inside the family can sometimes be really difficult because of shame and blame such as ‘what did I do wrong?’ There is so much pride in being a parent or mother in the Latino culture, that there is a lot of wondering ‘what did I do wrong’ as a mother or ‘what didn’t I do wrong.’

If there was a trauma, then blaming it on that and not understanding that it is just part of the process. I think the stigma around mental health within the Latino culture is a big barrier for many families. A lot of our referrals come from doctors or school based workers or people from the community who have broken that barrier and found help through a mental health provider. Word of mouth is very strong in the Latino culture; the storytelling, finding someone who can hold your hand and help them through this new [system] immigration story.

It’s like another immigration experience; they come here and all of a sudden there is this trauma or a mental health issue that they have to deal with or perhaps an alcohol or drug problem that has to be dealt with. They don’t speak the language or don’t have the financial ability to deal with this problem. That’s where a family member or a community-based worker or some kind of advocate that can be in the trenches with them. For me, those who come with an advocate have the best experience. That storytelling keeps going and going and the word of mouth in the community is so vital to help them get the right kind of services.

#### **Slide 24: 5.2 Question**

Why are Hispanic and Latino youth less likely than other young people to access treatment for their mental health symptoms? Please enter your response in the text box.

#### **Slide 25: 5.3 Ethnic and cultural identity and bicultural development in Hispanic/Latino youth**

In this segment, we will consider the roles of ethnic and cultural identity in the mental health of Hispanic and Latino youth and young adults and the development of *bicultural* identity.

### **Slide 26: Ethnic and cultural identity development**

Like other young people in this stage of life, Latino young people are engaged in developing their sense of identity, which includes a sense of ethnic and cultural identity. Ethnic identity refers to the process in which young people explore their ethnic background, resolve the meaning of their ethnicity, and come to feel positively about their ethnic background.

While Hispanic young people need to meet expectations of the mainstream culture in order to be successful in school and the work place, they also need a positive sense of ethnic and cultural identity.

Positive ethnic and cultural identity are protective factors that:

- Enable immigrants to meet the challenges of life in their new country.
- Counter the effects of discrimination.
- Are associated with higher self-esteem and self-efficacy (Colon, 2007), more resilience in coping with stress, and reduced depression and lowered risk of substance abuse (Gonzales, German, & Fabrett, 2011.).

### **Slide 27: Developing positive ethnic identity**

Hispanic youth are faced with the challenge of developing positive ethnic identity in an environment where they may receive mixed messages about themselves.

For example, at home, parents express pride in their history and background and youth are taught to value interdependence and family and community connections. At school, there may be ethnically-identified social/activities groups that support positive ethnic identity.

However, students from the mainstream culture may model goals related to individualism and Latino youth may experience discriminatory and demeaning messages that undermine their positive feelings about themselves, leading to confusion.

### **Slide 28: Identity development and intergenerational conflict**

Young Latinos may struggle with meeting different cultural expectations from their family and community and the wider society, often resulting in family conflict (Huq et al., 2016).

There is some evidence that low levels of acculturation to U.S. culture limit young people's opportunities and are associated with increased substance abuse.

Hispanic lesbian, gay, and bisexual young people experience high rates of family rejection resulting in higher rates of depression, suicidal behaviors, and substance abuse than for heterosexual youth. These elevated rates are especially found among gay Latino males (Ryan, Huebner, Diaz, & Sanchez, 2009). We will address the needs of gay youth in depth in Module 7.

### **Slide 29: Bicultural identity development**

Bicultural identity is defined as mastery of both cultures through processes of bicultural socialization. The process of bicultural socialization means learning the norms, customs, and attitudes of both your own home culture and the mainstream culture, often in the context of school and community (Padilla, 2006). The most resilient youth develop strong ties and are able to interact effectively in both ethnic and mainstream contexts (Gonzales et al., 2011). Bicultural competence helps young people to develop coping and adaptive skills for both family and social situations, and promotes positive mental health (Safa et al., 2019).

For Latino youth, biculturalism is associated with less stress and reduced anxiety because young people do not choose between competing cultural loyalties. Instead they are able to embrace both cultures, and respond appropriately depending on the situation (LaFramboise et al, cited by Chapman & Perreira, 2005).

Biculturality is a lifelong endeavor involving commitment to honoring one's own and others' cultural and spiritual perspectives.

### **Slide 30: Culturally responsive practice with Hispanic/Latino families**

While there are many diversities within the Hispanic community, there are some cultural values such as a collectivist orientation that have broad acceptance across these communities, and may lessen risks (Lui, 2015).

Collectivism is characterized by high levels of interconnectedness, cohesion, and cooperation and interdependence. This orientation must be considered when engaging Hispanic youth and families in mental health services. This is in contrast to the more individualistic culture of most people raised in U.S. mainstream culture.

When developing relationships with Hispanic or Latino family members, service providers need to be aware of cultural values and differences:

- *Respeto* (respect) and *dignidad* (dignity) suggest the importance of getting to know people as people and not just engaging in goal-oriented communication.
- *Personalismo* (personalism) refers to the close personal relationships and interdependence that are valued in the Latino community, and finally
- *Familismo* (familism) points to the importance of the family and family support which appear to improve the emotional well-being of youth. This cultural value also emphasizes the responsibility of children to contribute to the welfare of the family (Colon, 2007, Lui, 2015).

Next, we will talk about ways to incorporate this awareness of Hispanic values and cultural norms in interventions with youth and families.

### **Slide 31: Incorporating family norms and values in practice**

We suggest that you first be aware of your own cultural background and prejudices and how they might affect your work with each family.

As you attempt to incorporate family norms and values in practice, be mindful of Hispanic and Latino family norms, such as:

- The interdependence of family members and family as the source of most help and support (Lui, 2015). This may result in youth and young adults being parentified; that is, taking on stressful responsibilities for other family members, and working as a translator or cultural broker for the family in difficult situations (Arellano et al., 2018).
- Clearly differentiated gender roles with men perceived as the head and protector of the household and characterized by honor, dignity, and pride. The role of mother is highly valued as the caring person who provides nurturing, mediates conflicts, and prevents confrontations. The mother is also seen as one who is willing to take on suffering and sacrifice for the good of the father and children.
- The important supportive roles of godparents or *padrinos* who have special obligations as co-parents, especially related to encouraging religious practices and providing discipline.
- The central role of spirituality as a coping mechanism and source of community support. For many Hispanics and Latinos, Christianity is an organizing framework for their lives and behaviors. Others follow beliefs and practices based on indigenous and African belief systems.

Finally, Hispanics tend to have close relationships with others in their community, and gain a sense of pride and dignity from community relationships.

In the next video clip, Lucrecia Suarez and Yolanda Gonzales talk about acculturation and the desire of families to be involved in mental health services with their youth and young adult children.

### **Slide 32: Acculturation and Family Involvement in Treatment [Video Clip]**

**Lucrecia Suarez:** Interestingly, I came to Portland some 20 years ago and initially I heard that there were a lot of Latino mental health services. The population locally is growing faster than we are able to produce professionals to serve our community; so we continue to have limited services for mental health care and that is a huge barrier. We have people here coming from Spokane, Washington and Salem. People ask how that is possible, but it is our reality and is a huge limitation.

A lot of organizations are doing their best to bring people into their nonprofit organizations to be more bilingual and bicultural and it is simply hard to find. When they do their best, I think that they get some people who speak some Spanish and can communicate a little bit with parents so they mostly do individual services. The kid is thinking about why he/she is thinking differently than her/his parents.

There is a huge cultural gap between parents and children that we in mental health continue to cultivate. We give the youth many skills in English, especially in a family with bilingual parents. They are learning many wonderful things, but they are not learning how to bridge that gap with their parents. We are not really addressing the family. Every time we do that, we are telling the parents that they are not good enough to do this work. The parents get less done and less done with their own child. There are huge power issues in our families that we cannot continue to cause. Having bilingual and culturally sensitive services can help to understand why the mother wants to be so involved.

Our community wants to be included and involved even though the youth doesn't want it. This has to be respected because how else do we bridge the gap between the child and the family? We want to maintain the family as a unit, which is a huge thing in our culture. Even if the youth is trying to pull away, if we can convince him/her that the parents have something for them to hear, they can relax and feel that they are not the problem. They have to work together which is very trauma informed. It's just the way that they are coping with each other and it's not working, and this helps to release the blame. They don't believe that problems are symptoms, they just think they are ways of coping with the difficult stories that we hear. It's a very difficult situation dealing with families where some members are acculturated to the United States and some are not.

**Yolanda Gonzales:** There are mixed families where the children have been born here and the parents have not, or they are undocumented, or vice versa where half the family is documented and the other half isn't. Then there is the thought about what will happen to the family if some of them are deported; that creates a whole new trauma. When the family comes for services, it is difficult to heal them if half of the family is in Mexico. We must keep in mind that there is usually an immigration or deportation story that needs to be addressed.

### **Slide 33: 5.3 Question**

What is **not** a key cultural value to consider when you work with Hispanic or Latino youth and families?

Please check one response: [Correct answer is C]

- Family support
- Respect for others
- Expressing one's individuality
- Close personal relationships
- Different roles for males and females

**Slide 34: 5.4 Working cross-culturally with Hispanic/Latino young people and their families**

In this segment, we will focus on the attitudes, knowledge, and skills needed for cross-cultural practice with Hispanic youth, young adults, and families. We recommend that you review the principles we described in Module 3, specifically the importance of self-awareness of attitudes and values and personal monitoring of reactions to difference. We urge you to take the time to learn about the history of the Latino youth and families in your community, specifically in what ways they have been, and possibly continue to be, affected by punitive U.S. immigration policies in recent years, which may have resulted in potentially traumatizing experiences. Additionally, they may have experienced violence in their home countries, separation from family members during their border crossing, and gang violence. In order to provide services that are based on trust and safety, we recommend that you complete Module 6, which focuses on the provision of trauma-informed care.

**Slide 35: Increasing access to services**

Youth and families are more likely to turn to family members and friends for support, so to increase access to mental health services, you might support community and spiritual leaders, outreach staff, and peer support providers as they share information with young people and families about mental health.

Access to services may be increased if Spanish-speaking peer support providers accompany youth and families in the early stages of accessing mental health services (Garcia & Saewyc, 2007). You may need to provide information about your agency's stance on providing safety information and working with undocumented young people and their families (Furman et al., 2007).

While there are large variations among different populations within the Hispanic community, in general, to engage youth in services it is important to understand the family context and include family members. However if family conflict is a problem, you will need to approach family involvement carefully.

**Slide 36: Beginning work with Hispanic/Latino youth and families**

To begin to work with Hispanic youth and families, we recommend that you:

- Make sure that the agency or work environment is welcoming, with bilingual signs and announcements, Spanish-language magazines, and art that depicts a range of people, including Hispanics.
- Explain your role and what they may expect from services, if they are new to the organization. According to Organista (2009), Latino clients prefer service providers who are warm and personable, active and directive, and polite and well-mannered.
- Accept their definition of family and address family members with respect, using formal names, such as Miss, Mr., or Mrs.
- If possible, speak the family's language, or if no bilingual service provider is available, employ a trained, professional interpreter.

**Slide 37: Working with interpreters**

Ideally, services should be provided in the family's native language. If no bilingual service provider is available, there is an ethical responsibility under Title VI of the Civil Rights Act to use professional interpreting services.

Interpreters who are bicultural as well as bilingual are preferred, to increase the accuracy of cultural understanding.

Be sure to avoid asking bilingual children to translate for their parents because this creates an inappropriate family dynamic and shifts power from the parents, as well as increasing the potential for inappropriate translation. Also, avoid the use of untrained translators or interpreters who may not understand the family culture and may miss important cultural nuances.

To assure access to appropriate health and mental health services, Medicaid and State Children's Health Insurance Programs fund interpreting services, although this funding is not available in all states.

**Slide 38: Getting acquainted**

Based on the work of Weaver (2005) and Gelman (2004), we recommend that service providers:

- Take the time to get acquainted and be willing to share a little bit about yourself as a person as well as a service provider. This may mean engaging in more self-disclosure than is usual in mainstream services. Hispanic families are more likely to trust a service provider if they know a little about your family and history.
- Show interest in the concerns being expressed and their own explanations and understandings, which includes attention to their spiritual beliefs and sources of spiritual support. Also ask what they think would be most helpful.
- If parents in an immigrant Latino family want to talk about their reasons for immigrating and their immigration experiences, be responsive but do not force disclosure if they don't feel comfortable sharing this information. Assist parents and youth to discuss their immigration experiences and their meanings with each other.
- Validate personal and family strengths and facilitate empowerment.

**Slide 39: Interventions with Hispanic/Latino youth and families: Part I**

Youth and families coming to you may be frustrated by not having been able to tell their story, so be willing to listen to the youth's or family's story patiently and non-judgmentally.

Most of the theories that guide mental health therapies and interventions do not incorporate Latino concepts, and the values underlying mainstream interventions may conflict with Latino values. For example, an emphasis on independence and individuality is at odds with the Hispanic values of interdependence with family and community. Similarly, emphasizing self-determination may not be effective if the family values deference to authority figures.



Therefore, take care to develop goals in line with the youth and family's needs and preferences and modify your approach accordingly. For instance, you may include attention to spirituality in your discussions if families desire it.

**Slide 40: Interventions with Hispanic/Latino youth and families: Part II**

Be aware of discrimination, offer support for the whole family, and acknowledge that they may have had traumatic experiences themselves, or may live in fear due to their undocumented status (Siemons et al., 2017), or through watching other families being separated. It is important for service providers to help the family to build resources and to learn to manage their fears. Parents who are undocumented should be proactive in preparing a signed guardianship plan in advance to assure care of children and youth if a parent is deported.

This means that service providers should be prepared to use advocacy skills with, and on behalf of, youth and families, and be able to link them with the support and legal resources they need. With this module we have indicated key resources that are available online.

Leadership opportunities are also a way for Latino youth to develop and practice skills to help others, and to advocate for social justice (Kirshner & Ginwright, 2012). In the next video segment, Maria describes the effects of the empowerment and diversity training that she participated in and the opportunities it has given her.

**Slide 41: Empowerment/Diversity Training and Opportunities [Video Clip]**

One of the things that had great impact in my life was becoming part of the **Speak Up and Empower Project**, which helped me come out of my shell, become a leader in my community, and gave me opportunities to help me grow as a person, which allowed me to give back to my community. In the Speak Up and Empower Project we talked about oppression and how more minority people get less opportunity sometimes than the majority of the group in this society. We talked about racism, feminism, sexism and all the "isms" there are and how they play a role. We also talked about the CMHSAC [Multnomah County's Children's Mental Health Systems Advisory Council]. Yolanda facilitated a class that showed how the Council works, and we did this activity where one acted as the chair, and another as a executive representative. This class got me interested in the Council. I've been in this program for two years, and this year I'll be starting as a mentor. I'm going to help the facilitator in the workshops so the youth can understand it better from a youth perspective.

**Slide 42: Interventions to address intergenerational tension**

As we described earlier, the different rates of acculturation between parents and youth may result in tension, confusion, and family conflict. In these situations, it may be helpful for the service provider to create opportunities for young people and parents to hear each other's experiences and perspectives in a neutral and non-judgmental environment, so that each can begin to understand the other's point of view.

Such conversation may provide a basis for shared understanding and foster a willingness to compromise on areas of disagreement (Chapman & Perreira, 2005).

Intergenerational tension may be especially problematic in the families of gay, lesbian, bisexual, and transgender youth, who experience elevated levels of mental health difficulties (Russell & Fish, 2016; Ryan et al., 2009). And it may be helpful to recommend supportive programs or online resources for youth and families, such as the Unity Coalition, the YES Institute, and PFLAG for Families of Color and Allies; PFLAG stands for Parents, Families and Friends of Lesbians and Gays. All are listed on our resource list and have information and resources in Spanish, as well as English.

In the next video clips, Yolanda talks about how she connects with youth around their interests, preferences, beliefs, and use of language, as well as integrating a high level of respect into her work, and then Maria talks about age-appropriateness and generational differences.

**Slide 43: Engaging Families and Youth [Video Clip]**

The work that I do here at Conexiones is that I partner with the Latino Network and that they have a community engagement initiative as does African American and Asian American community. They have those grassroots workers who are out there finding the kids on the street and connecting with them and doing prosocial activities; part of what I do is assertive engagement, so calling on the kids or meeting with their parents or being on the phone for an hour or two before I have my first appointment so that they can trust me. We go into the first appointment together and they introduce me as someone they trust who has also worked with other family members and had success or worked with other kids like your kid. So it's like I'm handing them off to someone I trust that I myself would go to who speaks their language.

I think bridging the gap between youth who were born here, maybe first- or second-generation youth, and families who were born in another country of origin is important. Anyone who comes to us seeking culturally specific services is part of a lot of the work we do. Sitting with them is easy because I am a Chicana, first generation Mexican-American, so being there in the uncomfortable role of being an observer and then interacting. I realize that the Latino youth we are dealing with are constantly doing the same. For me it is easy to do because I *have* that experience. I think that people who immigrate to the United States have that experience as well. That's a lens. I think the youth we work with have the same experience. I get feedback from them often. I love that they are completely honest if they are safe with you. Integrate movement, art whatever is of interest to them.

Whatever their interests are that you can connect with is important. I use humor a lot, but it comes from a safe space where they trust you and they know there is no harm meant by it. So being trauma-informed with your humor. Just connecting with them is important; knowing what they are interested in, social media, knowing how that affects young people today, being bullied. It makes them feel vulnerable because of all the information about them that is available on the Internet. Being able to talk with them about that and keeping up-to-date is important so that they know you are not being “fake” when you talk with them.

I think being honest and transparent with youth is key to success. Treating youth as young adults and knowing that they come with really valid ideas and knowing that culturally they are making sense of these two worlds that they live in. So they are culturally at home maybe in the United States or at school. They are wearing a lot of hats; they are trying to find a place where they can talk about that is probably the most beneficial way to create a safe space to work with youth. Creating a place where they can have fun and be treated like young adults, but also having a place where they can be kids and have fun too is bridging the gap where we can do the work.

Culturally speaking their language, whether they want to speak in Spanish or their language or English will help bridge the gap between parents and youth—giving that gift of language back to them in therapy. In therapy it’s important to let them speak whatever language they wish so they can get back to their families themselves. Giving them the Spanish words so that they can speak with their families about their experiences. One thing we can concentrate on when working with Latino youth is respect. Respect is so different in the Latino community than it is culturally in the United States. It’s always better to err on the side of too much respect than it is having to backtrack, especially with young men. Giving them the utmost respect is preferable to having them tell you to back off. This goes for women as well. The language in Spanish is different than the way you talk in English. You change the words when you talk in Spanish, the adjectives are different; you don’t change the adjectives in English.

#### **Slide 44: Generational Differences [Video Clip]**

I believe that at every age there is a different way to do things; you wouldn’t sit and talk with a 14 year old like you would with a 20 year old. Right now if I were to go into therapy, I would want to sit and talk and for the therapist to sit there and listen to me. As a child, I didn’t want to just talk; I wasn’t concentrating. I wanted to do something while we talked.

I think that social media can have a big impact on a teen’s life. Now and for generations from here and on, technology has become a big part for society. It can impact a child’s life positively or negatively.

#### **Slide 45: 5.4 Question**

What are three aspects of cultural difference that would be useful to consider as you work with Latino youth and families in your community? Enter your ideas in the text box.

**Slide 46: 5.5 Implications for Working with Immigrants of Other Cultures**

In this module, we have focused on the mental health challenges affecting Latino youth and young adults and culturally responsive interventions with Latino youth and families. In this segment, we will draw out the implications of these concepts for immigrants and refugees from other cultures, such as refugees from the Middle East and Africa, and immigrants from Asia and Eastern Europe.

**Slide 47: Best practices with immigrant and refugee youth: Part I**

Refugee youth may have experienced significant, traumatic events that will need immediate, careful attention. (Marshall et al., 2016). The next module will look more closely at working in a trauma-informed way.

Delgado, Jones, and Rohani (2005) have shared best practices for work with both immigrant and refugee youth. These authors recommend that service providers:

- Promote caring relationships with adults such as volunteer mentors who can help refugees to navigate U.S. systems. Examples are successful programs of mentoring and tutoring to support immigrant youth to stay in school and achieve educational success.
- Offer to be a broker between parental and peer influences. This is delicate work: you need to respect parents' cultural beliefs and norms, and help youth gain more rights within the family.
- Reinforce language and culture: Immigrant youth may need support to be able to decode two very different cultures with conflicting values, norms, rituals, and role expectations. A goal here is to help youth develop a positive ethnic and cultural identity, possibly through learning about their people's history, and art or music, as well as developing skills in these areas.

**Slide 48: Best practices with immigrant and refugee youth: Part II**

Additional recommendations are that service providers:

- Engage in culturally appreciative interventions that respect the values, beliefs, and traditions of the youth and family. This may be difficult as parents may hold onto an idealized version of the culture, while youth are struggling to integrate mainstream cultural behaviors (Suárez-Orozco et al., 2013).
- Pursue interventions that integrate newcomers into mainstream society. Service providers need to strike a balance between helping newcomers maintain important cultural ties with their support network, and helping them to venture into other settings to meet emotional, practical, and informational needs.
- Intervene in ways that empower. Effective interventions with newcomer groups require service providers to be able to address needs at multiple levels and support families and youth to learn skills to meet their own needs. In addition to addressing specific needs at the youth and family level, it may be necessary to address their rights through advocacy activities with, and on behalf, of youth and families.

- Use creative approaches to services that help young people to build trust and process their experiences, including arts-based therapies, and encourage them to participate in activities that build a sense of community (Marshall et al., 2016).

#### **Slide 49: Resources**

On this slide we provide a link to resources and information that you may find helpful in your work and we encourage you to share relevant items with youth, young adults, and families.

#### **Slide 50: Next module**

At this point, we'd like to introduce you to the content of our sixth module of the series which features scientifically informed findings about brain development and trauma specific to young adults. It also covers their implications for interventions and trauma-informed engagement of young people in services and leadership activities.

In Module 6, you will learn to:

- Use scientifically-based information regarding brain development and functioning in your work with emerging adults.
- Apply information on the neurobiology of traumatic stress as you work with young people.
- Engage young people in services and leadership who have had experiences of trauma.
- Base the services you offer on individual needs and trauma-informed care.

#### **Slide 51: Credits**

We'd like to acknowledge and thank the people who contributed to the development of this module on promoting cross-cultural and intergenerational relationships.

#### **Slide 52: Acknowledgements / Funders**

The preparation of this module has been supported by funding from the National Institute of Disability and Rehabilitation Research, and the Center for Mental Health Services.

#### **Slide 53: You're Almost Done!**

You have completed the content portion of Module 5. Now you may take the Module 5 quiz, by checking the best answer to each of the following 10 questions.

Participants who successfully complete this final part of the training will be able to print out a certificate of completion.