

Questions Asked During Live Webinar Broadcast on 8/14/2020



Cultural Humility Series, Part V: Substance Use Disorder Treatment for Latinx Communities

Presenter: Pierluigi Mancini, PhD, MAC, NCAC II

What are CLAS standards?

A: The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

What sort of programs and resources may be available in the control settings such as prisons and institutions in the United States?

A: Substance Use Disorder treatment varies across the country. Access to treatment also varies depending on many variables, often related to cost and other social determinants of health. The National Institute of Drug Abuse has made a compelling case for treatment in prisons and institutions

(https://www.drugabuse.gov/sites/default/files/txcriminaljustice_0.pdf) but it is up to each one to make that decision. For Latinx populations, where culture and language are primary barriers to treatment, resources are very scarce.

How have you seen the generational shift in Latinx community's reaction to mental health assistance?

A: Yes. Younger Latinx individuals have embraced talking about issues related to mental health and addiction. One reason is that they can communicate via social media which provides them a buffer from a face to face encounter. Systems that are culturally appropriate in serving this population have created platforms that include texting, Instagram and Snapchat among others in order to provide information and points of access for this group.

How might you modify EBPs like motivational interviewing or stage-focused treatment to be more effective for this population?

A: Great question. Many EBP's have been normed to be used with this population but not all of them have been properly vetted or truly tried. Motivational Interviewing and Cognitive Behavioral Therapy are great examples of EBPs that have proven to be very successful for Latinx communities. As is Dialectical Behavioral Therapy. I am currently involved in a project to review other EBPs in treatment and prevention so keep your eyes open.

Often Latinx children serve as translators for parents. How do we broach these things properly/succinctly with those children?

A: NEVER, let me repeat that, NEVER use children as interpreters. By law, providers must provide interpreters to individuals with limited English proficiency. Research has demonstrated that children who are utilized as interpreters are being repeatedly traumatized. They are being asked to deliver information that is not age appropriate and the fact that they are performing such an act changes the power structure in that household limiting the parents from actually being able to parent.

What are your thoughts on having an interpreter to help with individual services?

A: Interpreters are life savers for individuals with limited English proficiency. Especially when it comes to triage or gathering time-sensitive or urgent information. But they have limitations. First, depending on the language or the size of the community you are serving, there is chance that the interpreter knows the individual seeking services. This presents a conflict since the individual seeking help may not be as forthcoming with the information you need. Second, by using an interpreter you are triangulating the client-clinician relationship and you are no longer getting information directly from the client. Depending on several factors like the experience of the interpreter, their training, whether or not they even had behavioral health interpreter training, and others, an interpreter may relate their view of what the individual is saying. And inversely they may do the same when interpreting back to the clinician.

I do not agree with using an interpreter for on-going individual therapy. Again, depending on the gravity of the situation it may be necessary but we should focus on building a bilingual/bi-cultural workforce. [Which by the way we are working with NAADAC to be able to provide the study guides and the examinations for certification in Spanish. So stay tuned for that also]

What are some strategies for those working in areas that are not culturally diverse enough for agencies to establish specific programs?

A: Great question. You don't have to build a full bilingual/bi-cultural program if you don't need it. Our task is to be able to serve the community where we are located. But we must do our homework and find out if there are members of other cultures, or individuals who speak other languages in our service area.

One issue that comes up during my consulting work is that agencies state "well, no one has ever shown up asking for help who speaks other languages." And I usually ask, how would they know they can come here if they speak another language? Do you have any signage that states help is available in other languages? Or any indication that you are aware that there are other cultures in your service area?

One easy way to find out is to drive around your agency, maybe a five mile radius, and see if you notice supermarkets, restaurants or places of worship that are different. Stores with signage in other languages. These are the fastest ways to find out if there are individuals in your service area who are in need of cultural and linguistic services.

How do we address helping undocumented immigrants receive services when they are scared of what may happen to them legally?

A: One issue that many agencies are facing is the fact that in order to receive public services their states now require that the individuals show documentation of legal presence in the country. If your organization requires this then it is problematic for the individual needing help and for those in his or her household (event those who do not have any immigration problems).

If your organization does not require this barbaric requirement, then you can build trust by providing free educational seminars in the community, in the evenings. Preferably providing some snacks (or dinner if you can) and child care so the adults can truly participate.

Immigrants, documented and undocumented, need to understand what counseling is; what it is that happens during that session. And they need to learn the confidentiality rules of addiction treatment.

Once we established that trust, we had over 100 people a day coming in for services at my agency.

Thank you. pierluigi@eldoctor Mancini.com