Trauma-Informed and Culturally Relevant Mental Health Care for Latino Adolescents in North Carolina

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I have neither given nor received unauthorized assistance on this written assignment. WCW
Background: Latino Adolescents in North Carolina

Immigrants have made a significant impact on the United States for as long as the country has existed. U.S. immigration policies have morphed over the years, fluctuating from welcoming some groups of foreigners and banning or removing others reflecting changing social, political, and economic circumstances. In the current national debate, immigration has become almost synonymous with “Latino immigration” as the number of immigrants with legal permanent resident status from Mexico and other Latin American countries is over 5 million (or roughly 40% of all legal permanent residents) (Rytina, 2012). Fueling the controversy surrounding immigration issues is the increase in undocumented immigrants to the U.S., which is estimated to be over a third of the foreign-born population in the U.S. and of whom 80% are of Hispanic origin (Wassem, 2007). Recent estimates of the size of the undocumented Latino population are approximately 8.9 million of the estimated 11.1 million undocumented immigrant population in the U.S. (Passel & Cohn, 2012). With so many individuals joining U.S. society from Mexico and Latin America, there has been a spike in the younger Latino population as immigrant children age and second-generation children of immigrants are born stateside.

Latinos make up 16.7% of the U.S. population and account for over half of the nation’s population growth in the last decade, increasing 47.5% from 2000 to 2011 (Pew Hispanic Center, 2011). Current estimates show that of the roughly 52 million Latinos in the U.S., 33.5% are under the age of 18 (Pew Hispanic Center, 2011). North Carolina is ranked sixth in the nation on the list of states with the fastest-growing Latino population, numbering over 800,000 (Pew Hispanic Center, 2011, U.S. Census Bureau, 2010). In North Carolina the Latino population grew by 943% from 1990 to 2010 and between 2000 and 2010, North Carolina has seen a 111% increase in this population’s growth, which are staggering statistics (U.S. Census Bureau, 2010). While Mecklenburg County (Charlotte area) has the greatest Latino concentration in the state, Wake County has the second highest number of Latinos and is the county with the greatest Latino population growth in the past decade (158%), followed by Mecklenburg, Guilford, Forsyth, and Durham counties (U.S. Census Bureau, 2010). The Triangle region of North Carolina, comprised of Raleigh, Durham, Chapel Hill, and surrounding areas has been a booming region of the state for the past two decades and currently Wake County leads in overall population growth in the state (U.S. Census Bureau, 2010). According to U.S. Census tallies, there were approximately 22,600 Latino youth between the ages of 10 and 19 in the Triangle region of North Carolina, including the counties of Wake, Durham, Chatham, and Orange in 2010 (U.S. Census Bureau). This population is large and increasing, and it is most probable the Census did not capture thousands of undocumented Latino youth in central North Carolina.

Taking into account these recent demographic shifts in the United States and in North Carolina in particular, Hispanic adolescents represent a growing segment of the population with notable mental health needs, often precipitated and/or exacerbated by difficult and traumatic circumstances. Developing mental health interventions for this group that are both culturally relevant as well as trauma-informed is critical as many current mental health agencies and services are underprepared and less able to effectively meet the mental health needs of this unique and rapidly changing population. Although research shows that the adolescent children of Latino immigrants face many stressors including common exposure to traumatic experiences,
culturally sensitive and linguistically relevant interventions that work with the whole family system during times of crisis are scarce.

Several social, political, economic, and health factors contribute to the current circumstances affecting Latino adolescent exposure to stress and trauma and therefore impact their mental health and service utilization, many of which overlap and intertwine to create a complex web of challenges and opportunities for growth. With the growth in this population, only recently have researchers begun to examine more closely the factors and their impacts on this group, and there is even less information regarding appropriate interventions to meet the mental health needs of Hispanic youth.

Social factors impacting Latino adolescents include issues surrounding ethnic identity such as experiences of discrimination and acculturation in the context of the larger culture and within the family system. For Hispanic youth, perceived ethnic discrimination was found related to both higher and lower self-esteem; discrimination was curiously correlated with increased self-esteem when it strengthened an individual’s identification with their ethnic group, but perceived discrimination decreased self-confidence when the youth felt isolated or alone (Armenta & Hunt, 2009). This data highlights the importance of family and community social support in regards to ethnic identity. Santiseban and Mena (2009) found that “stressors [for Hispanic youth] include, but are not limited to, acculturation and immigration stress, intra-familial conflicts around acculturation, and being the target of discrimination based on ethnicity and race” (p. 256). Rigid gender roles valued by traditionally-leaning Hispanic parents may present young Latina women with conflicting messages regarding ideals about independence in the context of the American culture (Anderson & Mayes, 2010). Related to acculturation issues, a longitudinal study of adolescents who recently immigrated to the U.S., levels of youth humiliation and aggression increased as the adolescents’ time in the U.S. increased (Smokowski, Buchanan, & Bacallao, 2009). More adolescent involvement in their culture of origin was linked to increased self-esteem over time, whereas less involvement with culture of origin was related to hopelessness, social problems, and aggression (Smokowski, et al., 2009).

In terms of economic factors, it is important to note that children of Hispanic immigrants are more likely than are children of immigrants of other ethnic heritages to live in poverty, often putting them at greater risk for negative outcomes (Wight, Thampi, & Chau, 2011). Poverty has been linked to poor mental health outcomes in adolescents and has been associated with higher rates of depression, anxiety, and externalizing problem behaviors such as defiance and aggression (Dashiff, et al., 2009). Latino students have the highest dropout rate of any other ethnic group in North Carolina (Collins, 2007). This could be due to limited access to higher education based on the great financial burden of pursuing higher education and in the case of undocumented youth, the inability to qualify for in-state tuition. Youth granted temporary legal permission of residency through Deferred Action for Childhood Arrivals (DACA) must have a DACA non-resident tuition waiver to qualify for in-state tuition.

Other health concerns impact the Hispanic adolescent population, such as early pregnancies and substance use. Latina teens aged 15 to 19 have higher pregnancy rates than their Caucasian and African American peers (Alan Guttmacher Institute, 2004). Also, substance abuse is significantly higher among Latino adolescents compared to their peers, and has unfortunately been on the rise in recent years (MetLife Foundation, 2011). U.S.-born Hispanic adolescents with immigrant
parents report higher rates of substance use than foreign-born Hispanic adolescents (Peña et al., 2008), which alludes back to the perhaps more complicated (and commonly occurring) challenges faced by bicultural and more acculturated youth versus youth whose cultural identity is more in line with that of their parents and culture of origin.

**Service Needs: The Prevalence and Impact of Trauma on Latino Youth Mental Health**

Mental health issues affecting Latino adolescents, particularly the impacts of traumatic stress, is the focus of this proposed intervention. Hispanic youth report the highest rates of depression and the risk of depressive symptoms was twice as high for Hispanic adolescents compared to Caucasian adolescents in a recent study (Anderson & Mayes, 2010). Hispanic youth reported the highest rates of somatic symptoms related to depression and anxiety of any other racial or ethnic group (Anderson & Mayes, 2010). Currently there is underutilization of mental health services by Latinos, which is believed to be related to a negative cultural attitude and stigma toward people with mental illness (Zavala, 2009). One study showed that even when there was equal access to the same mental health treatments offered to youth in high school, the ethnic minority students were less likely to use services than their Caucasian peers (Thomas, Temple, Perez, & Rupp, 2011). Even so, Hispanic students are more likely than their peers to not have health insurance coverage, which may also contribute to underutilization of health and mental health services (Iniguez & Palinkas, 2003).

When it comes to adverse mental health outcomes, exposure to traumatic events and extremely stressful circumstances is a strong predictor of future problems. Unfortunately, there have been few studies focused on this population and trauma exposure, making it difficult to measure the prevalence of trauma and its impact on mental health outcomes for North Carolina’s Latino youth. One study showed that exposure to negative life events was the sole strongest risk factor for Latino adolescents developing symptoms of anxiety (Rubens et al., 2013). Looking at the prevalence of trauma in our society, Latino youth are more vulnerable than adolescents in other racial and ethnic groups. For instance, compared to Caucasian youth, Latino adolescents are three times more likely to experience community violence and more likely to experience domestic violence than their peers (National Child Traumatic Stress Network, 2011). Living in a disadvantaged neighborhood has been found to be highly correlated with Latino adolescents’ exposure to violence (Roosa et al., 2010). Over half (54%) of this population has witnessed violence in the community, which includes crimes and accidents (Rubens et al., 2013). Hispanic youth more acculturated to American culture have reported higher levels of exposure to violence than youth who identify more with their culture of origin (Kataoka et al., 2009). Other sources of trauma exposure for Latino youth include being a victim of child physical abuse (37% report this), being a victim of physical assault (22% report this), witnessing domestic violence (15% report this), being a victim of sexual abuse (5% report this), having experienced violence or danger related to immigrating, losing a family member or close friend, family separation, and serious illness (Rubens et al., 2013). Notably, nearly half (47%) of Latino youth report experiencing multiple kinds of trauma, which makes those individuals more vulnerable to experiencing complex traumatic mental health responses (Vásquez et al., 2012).

While some studies suggest that Latinos experience greater exposure to trauma, others observe similar levels of exposure yet a higher risk of Latinos for developing Posttraumatic Stress
disorder, which leads one to consider the impact of trauma on Latino adolescents (Bridges et al., 2010, Pole et al., 2005, & Pole et al., 2008). Data from the Hispanic Family Study showed that 34% of Latino youth report three or more symptoms of PTSD and 16% met full criteria for PTSD (Vásquez et al., 2012). Besides PTSD, other mental health responses to trauma observed in Latino adolescents are externalizing behaviors such as delinquency, acting out, substance abuse, and aggression, as well as internalizing behaviors including anxiety, depression, and low self-esteem (Rubens et al., 2013).

Several risk factors and culturally-specific reactions have been found to exacerbate the impact of trauma on Latino adolescents. Peritraumatic dissociation, for instance, which involves the person mentally and emotionally disengaging from their body when a trauma occurs by altering their consciousness, has been observed to be the single strongest predictor of lingering trauma-related symptoms in Latino youth (Vásquez et al., 2012). This form of altered consciousness has been noted in some Latino culture-bound expressions of distress, such as during susto or ataque de nervios (Vásquez et al., 2012). Increased acculturation stress and perceived discrimination, and a low level of social support were also found to be factors that put some Latino adolescents at higher risk for negative mental health outcomes after experiencing a traumatic event (Kataoka et al., 2009; Perilla, Norris, & Lavizzo, 2002; Pole, Best, Metzler, & Marmar, 2009; Vásquez et al., 2012). Passive coping styles influenced by wishful thinking, self-blame or shame, and fatalismo, or a powerless resignation to one’s fate of suffering predicted worse outcomes in Latino youth survivors of trauma, whereas active coping styles even including strongly feeling negative emotions such as anger or guilt predicted greater resiliency and better mental health outcomes for Latino youth after trauma (Vásquez et al., 2012). Higher rates of intrusive thoughts about the traumatic event have been observed in Hispanic teens compared to Caucasians and African Americans, suggesting that a cultural component may impact the way the memories are stored and expressed in the brain (Perilla, Norris, & Lavizzo, 2002). Additionally, avoidance and re-experiencing trauma symptoms have been observed in a greater degree among English-speaking Latino adolescents compared with their only Spanish-speaking and less acculturated peers (Kataoka et al., 2009).

The strengths and needs of the Hispanic adolescent have complicated relationships mediated by several co-occurring factors. Values such as familism and cultural identity formation including levels of acculturation can be positive and negative factors impacting mental health outcomes in Latino youth. For example, the importance of the Latina/o cultural value of familism (familismo) has been studied in relation to parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts in Latina adolescents (Kuhlberg, 2010). Research shows that familism can have a double-edged impact on Latina youth: it may serve as a protective factor, increasing self-esteem when it reduces conflict but it also can be a risk factor if girls turn inward in denial of their individual needs, leading to lower self-esteem, depression and anxiety, and even more suicide attempts (Kuhlberg, 2010). Familism can benefit youth in helping them create a sense of belonging within their family and by their family providing social support. Greater discrepancy between the parents’ level of acculturation and gender role beliefs compared to those of the adolescent were associated with increased mental health problems in Latino adolescents (Anderson & Mayes, 2010). Developmental stages in adolescence plus family dynamics interact in several ways to predict depressive symptoms in Mexican American female adolescents (Bámaca-Colbert, et al., 2012, Manongdo & Ramirez Garcia, 2007). It is important to foster
positive parent and youth relationships in order to protect against negative mental health outcomes in Latino adolescents.

There is a dearth of culturally-sensitive interventions that are trauma-informed. While there are few evidence-based interventions aimed specifically at working with Latino adolescents with mental health diagnoses and their families, some do exist which are not currently being implemented in services offered to Latino youth in North Carolina. One example of such an intervention is called Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA). This intervention includes Structural Family Therapy components along with individual and psychoeducational components, applies evidence-based practices that link family relationship factors (communication and attachment), culture-related processes (acculturation, immigration stress), and adolescent symptoms (depression, risky sexual behaviors) (Santisteban & Mena, 2009). CIFFTA has been found to be effective in working with Hispanic youth within the family system (Santisteban & Mena, 2009). Additionally, Culturally Modified Trauma-Focused Treatment (CM-TFT), is an evidenced-based treatment based off of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for use with Latino children (de Arellano, Ko, Danielson, & Sprague, 2008). TF-CBT uses CBT strategies to teach child and adolescent trauma survivors skills to master their trauma-related cues and is recognized in the literature as currently being the most effective therapeutic intervention to reduce trauma-related symptoms (Black, Woodworth, Tremblay, & Carpenter, 2012; Dorsey, Briggs, & Woods, 2011). CM-TFT addresses cultural issues specific for working with Latino families, such as spirituality, gender roles, familismo, personalismo, respeto, simpatia, fatalismo, and folk beliefs (de Arellano, Ko, Danielson, & Sprague, 2008). While this treatment was first piloted with Mexican American children, it has been shown to be efficacious in populations of children and adolescents from Central and South America as well (de Arellano, Ko, Danielson, & Sprague, 2008).

Unfortunately, due to lack of funds, resources, time, and training, such holistic and culturally-specific interventions are rare to find and could be of much use in providing mental health services to Hispanic adolescents in North Carolina, particularly considering the needs of this growing population. More research is needed to develop and implement better mental health interventions for working with Latino adolescents who are experiencing crises in a way that incorporates trauma-informed practices as well as empirically-supported ways to build on Latino family strengths. Currently a successful intervention would be one that would address the training needs of mental health providers of this population in an accessible and practical way, while also empowering these providers to create a community-building therapeutic program that incorporates Latino culture and healing from trauma in a way that empowers clients to express their internal resilience and growth in a tangible way.

**Proposed Intervention**

The proposed intervention involves a three-fold initiative to bolster the services delivered to Latino youth dealing with trauma and to expand healthy recovery from trauma in the Latino community of the Triangle area of North Carolina. Each part of the initiative will be executed with the goal of enabling mental health professionals to grow in their knowledge of Latino cultures as they simultaneously become more informed and empowered to provide trauma-informed services to Latino youth and their families. The focus of the intervention is structured
in a way that the initiative starts on a smaller scale aimed at making individual, departmental, and agency-wide improvements, fanning out into the creation of materials for enhancing services throughout the area through developing accessible training resources in the second tier of the intervention, and finally in the third tier, widening to serve the community by establishing a group art therapy program for youth who have received intensive therapy services for trauma. In this way, the proposed intervention will be implemented on a small scale in a very practical way at first but will be positioned to gain momentum and grow into a multi-faceted program serving both providers in other agencies as well as the wider local Latino community.

**Round Table Discussions**

Phase one of the intervention involves enhancing the service delivery of intensive in-home therapy by the Latino cluster at Carolina Outreach, through promoting highly specialized and integrated trauma-informed and culturally relevant practices. What does it mean for an agency to be trauma-informed? This means that all staff involved in service delivery will be well-versed in the prevalence and impact of trauma in the population with which they work, and that this knowledge will inform the attitudes and interventions used to address the presenting mental health issues of Latino adolescent clients. Creating individual and organizational level changes in order to more intentionally deliver trauma-informed services requires time, commitment, humility, and flexibility from all staff members (Barrow, McMullin, Tripp, & Tsemberis, 2012). In working with adolescents with complex traumatic histories, creating a context of healing is critical in providing trauma-informed care, and the three pillars of trauma-informed care are safety, connections (healthy relationships), and emotion and impulse management (Bath, 2008). Multiplying Connections, a trauma-informed training initiative identified the following traits as critical elements for staff in providing trauma-informed services: to be calm, attuned, present, predictable, and to not let the child/adolescent’s emotions escalate their own (Walkley & Cox, 2013). While these characteristics are organically already part of individual and agency attitudes in some ways, a more directed and intentional effort will be well-served to further integrate trauma-informed and culturally relevant services.

This will be carried out by conducting bi-monthly round table discussions involving all Latino cluster staff members (those who work with Spanish-speaking families), including licensed clinical social workers and qualified professionals, some of whom are Latino and/or bicultural, and others who have specific cultural knowledge from time spent living in various parts of Spanish-speaking countries. The round table discussions will consist of case consultations where staff members share knowledge and ideas to integrate cultural-specific components with trauma-informed practices. This initiative will capitalize on all staff members’ unique expertise, as some individuals know more about the cultural intricacies whereas others have had extensive training in interventions for trauma survivors such as in TF-CTB and are members of the National Child Traumatic Stress Learning Collaborative. As such specialized training is expensive and time-consuming, as well as not required or even practically accessible for the majority of service providers such as Qualified Professionals and some LCSWs, this intentional sharing of knowledge will make the entire agency more trauma-informed and better equipped to meet the needs of clients at every level of service delivery.

As for the cultural component, the bi-monthly meetings will be an important chance for staff to discuss the organizational values within the context of Latino cultural values, for instance in engaging and supporting the family system in treatment (connecting with *familismo*), and
communication through sharing regional and colloquial expressions in Spanish that may facilitate access to deeper affective communication with clients (Piedra, Andrade, & Larrison, 2011). The overall goal will be to shift workers’ conceptualization of clients’ challenges and understand cultural issues which may impact their symptom expression and/or mental health treatment. This small scale intervention will directly inform the practice and collaboration of Latino cluster staff members and as the basis is case consultations, the information will be timely and pertinent to the challenges in delivering culturally relevant and trauma-informed practices as they naturally arise in treatment. This phase of the intervention will serve as the basis and incubator for the second and third stages of the intervention which will broaden the scope of impact of these changes, all to better serve the Latino community in the Triangle.

**Trauma and Latinos Resource Manual**

The second phase of this intervention will be to use a portion of time from each round table meeting to document what the workers have learned in their work on the ground providing trauma-informed care to their Latino adolescent clients, developing resources to comprise a handbook on cultural expressions of trauma, important considerations, and ways for professionals to provide trauma-informed services that also take into account Latino cultural values. These materials will not only be useful within the agency but will also be shared with other mental health providers in the Triangle region to promote interagency accountability and collaboration.

The structure of this resource manual will be determined by the Latino cluster staff members, but should include sections including detailed descriptions of the symptoms of Hispanic culture-bound mental health issues, such as ataque de nervios, susto, and mal de ojo, a list of common “therapy” words and phrases in colloquial Spanish, a section on somatic expressions of mental illness, examples of how spirituality and/or folk beliefs may impact treatment, and information on patterns in family relationship dynamics, including specific examples of expressions of machismo and marianismo and intergenerational cultural identity issues, as well as including respectful ways to engage family members with views different from the practitioner’s. Also, while it is not possible that every staff member be trained in interventions such as Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA) or Culturally Modified Trauma-Focused Treatment (CM-TFT), this handbook will use such resources to provide information about the application of empirically-based practices with this population (de Arellano, Ko, Danielson, & Sprague, 2008, Santisteban & Mena, 2009).

The value of this handbook will be that not only will the content be comprised of information various staff members have read in the research literature, but it will also include examples from cases they have worked on, so the information will be more specific to Latino families living in the Triangle region of North Carolina. The manual will also include sections on local resources and contacts that may be helpful to providers or Latino clients in the Triangle. This phase of the intervention is to document the learning process during the round table discussions, organize the information learned, and disseminate this resource in a way that benefits mental health service providers in the area who regularly work with Latino youth and their families. Based on the changing demographics of the state, this will increasingly include more and more providers who will have previously not had experience working with this population, and these materials will become increasingly relevant and beneficial to the community.
Art Therapy Program

The third and final phase of the intervention is the creation of an art therapy group program for Latino adolescents who have received more intensive services for their mental health issues stemming from trauma exposure and are ready to step down to a lower level of care. Often, when youth with extreme acting out behaviors and/or debilitating depression/anxiety are stabilized and taught emotion and behavior regulation skills during intensive therapeutic interventions, it is ideal for the youth to receive some therapeutic support to maintain the progress made during the time of crisis intervention. Weekly outpatient therapy services are frequently the first choice for this and are in high demand, but bilingual and culturally competent therapists are not available in abundance. Art therapy groups have been used successfully as a modality for working with youth survivors of trauma and have been found to give youth a sense of belonging, insight into their own experiences, a chance to help one another process their trauma, and improve self-esteem through a sense of mastery and pride in their artistic expressions (Levy, 2012). Although the research is mixed regarding the efficacy of art therapy for trauma, even critics doubting its empirical basis argue that components of evidence-based therapies such as CBT may be found within art therapy, such as “imaginal exposure, cognitive/narrative restructuring, stress management skills, resilience enhancement, and psychoeducation,” lending support to this method of treatment (Johnson, 2009, p.118).

This art therapy program will be unique in its incorporation of a specific kind of Mexican folk art called *alebrijes* in its trauma treatment, which will hopefully engage youth participants on a cultural level as well as therapeutic level. *Alebrijes* are colorful fantastical creatures first invented by the artist Pedro Linares in Mexico City in the early twentieth century and later gained popularity in the state of Oaxaca, Mexico, a region that recently has sent many immigrants to Durham, North Carolina (Ruiz, 1998, Stephen, 2007). *Alebrijes* are born in the imagination and crafted into existence using cardboard and paper mache. A German volunteer named Marion Tavella has lead an art therapy program for fourteen years at Nuestros Pequeños Hermanos, a home for orphaned and abandoned children in Mexico and has found *alebrijes* to be an integral part of her trauma work with children healing from histories of loss, abandonment, neglect, and abuse (Tavella, 2004). By imagining and creating colorful and friendly yet ferocious monsters, the children talk about their traumatic pasts while shaping a resilient future- the animals they create oftentimes symbolize a monster that devours their fears and worries (Caletka, 2013). Another benefit of using *alebrijes* for art therapy purposes is that the work does not require artistic skill, but rather it requires focus and concentration (i.e. therapeutic mindfulness practice) as well as patience, considering it takes more than just a couple of sessions to plan the animal’s shape, make the internal structure out of wire and clay, cover the base sculpture with many layers of paper mache, and finally to paint the creation with bright colors and interesting patterns (Tavella, 2004).
As this specific kind of art therapy program has successfully helped other children and adolescents reflect on difficult events that have happened in their pasts and as it is inspired by Mexican folk art, a new art therapy program using *alebrijes* is likely to be beneficial to Latino youth interested in maintaining progress made in intensive therapy services as well as even using their experiences to grow and inspire others. While resilience has been studied for decades, a concept known as posttraumatic growth (or PTG) is a new term found in the literature to describe not just bouncing back after trauma, but using coping skills to successfully navigate life’s new challenges following trauma (Steele & Kuban, 2011). This improvement over “just surviving”
which may be connected with crisis interventions such as intensive in-home therapy into a place of growth and empowerment, can be found in activities such as art creation that provide opportunities to practice and utilize skills that enhance resiliency for the youth over the longer term. This art therapy program will be a weekly meeting of Latino adolescents who are referred after intensive therapy services for trauma and would like to participate in the group.

Organizational Case Study

The organizational home for the proposed threefold intervention will be Carolina Outreach, LLC, a CABHA mental health agency that provides services to individuals and families throughout North Carolina but primarily in the Triangle area of the state. One service offered by Carolina Outreach that is available for and geared towards Spanish-speaking adolescents and their families is that of intensive in-home therapy (IIH). Intensive in-home services are a “time-limited intensive family-preservation intervention for children between the ages of 3 and 20 who have a mental health diagnosis and might be struggling to maintain placement in their home” (Carolina Outreach website, 2013).

The majority of adolescents receiving Carolina Outreach’s IIH services have histories involving trauma and whose families may be currently experiencing crises related to the youth’s mental health problems. The Latino cluster is a group within the IIH program at Carolina Outreach that specifically works with Spanish-speaking families. In many cases, the youths served were born in the U.S. or brought to the U.S. at a young age and their parents are foreign-born, which may attribute to intergenerational conflict related to differences in acculturation and/or discrepancies in cultural identities between children and parents. Mental health diagnoses commonly seen in the adolescents served by the Latino cluster IIH teams include major depressive disorder, generalized anxiety disorder, attention-deficit hyperactive disorder, disruptive behavior disorder, oppositional defiance disorder, conduct disorder, post-traumatic stress disorder, and substance use disorders, among others.

Carolina Outreach IIH service providers take a family systems and strengths-based, person-centered approach in their delivery of individual and family therapy, case management services linking the family to community resources, and parenting skills training. The Latino cluster IIH staff members have experience working with Spanish-speaking families and while all Latino cluster staff members are bilingual in Spanish and English, some are bicultural. IIH therapy teams are usually comprised of two to three workers, at least one of whom is a licensed clinical social worker (LCSW or LCSW) who also has their master’s degree in social work (MSW) and one or two staff members who are Qualified Professionals (QPs), meaning they have at least two years of experience as mental health service providers. Therapeutic interventions currently used by the Latino cluster IIH staff in working with Latino youth and their families include evidence-based practices such as Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (CF-CBT), Motivational Interviewing (MI), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

Carolina Outreach’s Latino cluster of IIH staff is the logical home for the culturally relevant and trauma-informed intervention described above. The treatment offered by this department of
Carolina Outreach already serves the target population, which is Latino youth and their families in the Triangle of North Carolina. The IIH teams are comprised of professionals from various parts of the U.S., Mexico, and Central and South America and have varying degrees of experiences and knowledge about all the heterogeneous Latino cultures. The bicultural staff members have a unique advantage in terms of having more complete tacit knowledge of cultural components impacting treatment, but these individuals may also have a difficult time articulating this knowledge and/or distinguishing what they know about Latinos from what they know about working with people in general, as it comes so naturally to them. On the other hand, many of the practitioners who have completed their MSW studies and are LCSWs have taken courses and completed trainings on specific trauma-informed practices and interventions, which inform their work with families. While as a whole the therapeutic services Latino cluster staff members provide are exceptional, increased sharing of knowledge regarding both cultural and trauma-related issues that impact treatment would further bolster the support and ability of these providers to offer the best services possible, better serving the Latino youth and families they serve.

Holding bi-monthly round table discussions for case consultations and the development of a centralized resource manual for working with Latinos impacted by trauma is a very reasonable proposition for the Latino cluster to undertake. Other mental health agencies and providers are likely to be open to Carolina Outreach sharing the resource handbook with them, promoting interagency collaboration and support. Finally, funds will need to be obtained to provide art therapy materials (including wire, clay, paper, glue, and paint), but the alebrije art therapy program is a realistic proposal as it would fill need for maintenance and follow-up mental health care for youth stepping down from IIH services that Carolina Outreach has not had the capacity to fully meet, considering their long waitlists for outpatient therapy services for Spanish-speaking clients. The most compelling reason to choose Carolina Outreach as the organizational home for this intervention is the lead staff members’ attitude of openness, excitement, and curiosity, which has been evident through their rapid growth as an agency and willingness to listen to staff members and create new programs and services to meet the needs of the community. Those in leadership at Carolina Outreach also believe in providing services that meet the cultural and personal needs of the clients the agency serves and they also have a perspective that acknowledges that trauma is a key piece in understanding mental health symptoms and their presentation. This intervention will be proposed to leaders within Carolina Outreach and it is feasible that some or all initiatives of this intervention will be implemented in the future, hopefully further supporting Latino youth and their families living in the Triangle.
References


