



Diana Padilla:

Welcome to today's webinar, which is Latino culture and communication, more than just translation. This webinar and this workshop is brought to you by the Northeast Caribbean Prevention Technology Transfer Center. My name is Diana Padilla, and I am your presenter. I am a research project manager at the Northeast Caribbean ATTC and we're contracted also as a prevention technology TTC. I provide technical assistance around screening, brief intervention, referral treatment. I also provide capacity building support to organizations looking to build equity and inclusion.

Diana Padilla:

Today, this is a disclaimer, we have this on all our slides. The reality is that SAMHSA funds us to provide you with this type of support and we use the cutting edge or the latest in research-based interventions, innovative information to build your knowledge level, to build your skills around the workforce, around the capacity you serve and that's really in prevention and recovery supports.

Diana Padilla:

SAMHSA does fund three different arms that intersect, which is addiction technology and the prevention field and recovery, and the mental health field. SAMHSA funds us all to work together and we provide you the support you need so you can have the latest and understand how are the best ways to incorporate effective practices.

Diana Padilla:

And this is the TTC umbrella. We are a network of 13 centers. We have a central office. We have two centers of expertise. We have National American Indian and Alaskan native and National Hispanic Latino Center. We're 10 regional centers. We are here, region two. We work with New York and New Jersey, and we have our partners in the Caribbean so we work with the folks in Puerto Rico and the Virgin Islands, but we're all over the country and we have free resources to you folks.

Diana Padilla:

The one thing we always start off with is this issue about language and for any one of us who have been in the field for any length of time, we may be used to using certain types of terms, certain words and at the time when we first started to use the words and the terminology that we did at the time, it was research-based. It was what the field was using. It was appropriate for the time.

Diana Padilla:

Times have changed. Research has shown that we have a lot of disparities in access to care and it's based a lot on a host of different things but one of them includes stigma. The stigma in folks are not accessing care and we are noticing that, and we picked up from focus groups and research projects that have studied the issues of the words that we use currently in practice.

Diana Padilla:



We want to put people first, we want to help you, encourage you and get into the habit to make an intentional commitment to use words in an empowering, supportive manner. We want to use affirming language and inspire hope and help folks feel motivated and supported while they're accessing and they're on their recovery pathway. All right.

Diana Padilla:

I'm going to go back to my slides and, all right. The goals today... We can spend a little while talking about the cultural dynamics that affect that provider, client or patient interactions. What that dialogue can mean, how information is conveyed, how it's transferred, how it's interpreted. These aspects are going to cover to a certain extent and certainly within the context of the Hispanic, Latino population. We're also going to look at some of the strategies that I'm going to suggest to you regarding effective communication in Hispanic, Latinx community members.

Diana Padilla:

Here are some of the objectives. I'm not going to read those all, but you're going to have these in your slides and you can see towards the end that we'll be able to really cover all of them. I wanted to share this with you. Happy Hispanic Heritage Month, and I really wanted to start off the presentation saying that September 15th to October 15th is National Hispanic Heritage month and this is something that was put in place. It was proclaimed in place in 1968 by President Johnson and then it wasn't until President George W. H. Bush actually made it a national holiday that it became recognized on this wider platform. We have September 16th to 15th, to celebrate this.

Diana Padilla:

While there are other issues that we're also celebrating that focuses on the different types of work we do, I wanted to take a moment to also recognize this gentleman's artwork. He did this mural out in Dallas, and his name is Juan Velazquez and last year he made this mural to celebrate Hispanic Heritage Month and this is out in Fort Worth and what you see is a lot of different celebrations for the different cultural groups that exist today, we're celebrating this one. I thought this was a great way to also just highlight his artwork and his skills. What a wonderful way to pay homage to the Hispanic community.

Diana Padilla:

Before we get really deep, let's talk about just for a minute, the terms that we use for this population. I have here, say in Mexico, Latinx may be a somewhat alien unfamiliar term. Argentina might not understand it. Columbia may not understand it. Let's kind of just work through that first so we can get some foundational direction in terms of what we're going to discuss.

Diana Padilla:

Sometimes when we refer to folks, I know we have our data collecting instruments and protocols and we do know that there's some research and surveys that have been taken. The Pew Research Center has been really good about collecting this kind of data with different groups, but with the Hispanic and Latino populations, about one-in-four Hispanics have actually heard of Latinx. This was done in 2019,



just before the pandemic. Young women or Hispanic women are the most likely to use the term. Actually younger folks, the youth population are more likely to use it, and we're going to discuss it just for a few minutes.

Diana Padilla:

A lot of the folks who use the other terms, Hispanic, Latino tend to be slightly older generation. One of the things to consider within these communities in terms of when you have to gather your information, maybe you have to work with certain tools. In terms of when considering becoming more inclusive, what we've been doing has been... You've been seeing references of Hispanic Latinx, and I identify myself as Latina, but what I do is I include all three references, and this is intentional. It's just a matter of really taking inclusivity to the highest point that I can within my capacity. Hispanic typically refers to language and those whose ancestry were from countries who were perhaps ruled by Spain, and the Spanish, all that has a correlation in terms of understanding where this term comes from.

Diana Padilla:

It actually came out in the 1970s where a Hispanic American person who was on the census board suggested Hispanic as a term, as opposed to replace other and really to recognize and acknowledge that the growing Hispanic community, which for the census, is really important because governments allocate fundings, according to groups and their needs. So it was her suggestion that was taken and Hispanic terms started to be used.

Diana Padilla:

Latino came many years later, decades later, and it was considered a more neutral term that refers to geography specifically to Latin America which includes the Caribbean, South America, Central America. This is some of the definitions. There is no agreed upon definition for any one of these terms but it gives us a general idea.

Diana Padilla:

The Pew Research Center years ago had done a different type of survey regarding the term Latino, when it was being used. It was more than 10 years ago and at that time, Latino was considered just a neutral term to use and not necessarily Hispanic because it was understood that Hispanic, was associated with Spain and not everybody associates their selves, or identifies their relation to Spain, at least in this country and other folks that were surveyed. Latino was more neutral.

Diana Padilla:

Now we have this definition, we're just borrowing this for a little while. The Latinx reference is a gender-neutral term that persons use. It has to do... Because the Hispanic community tends to be so dominant in terms of male-gendered language, male-gendered ideals, latinx is a term considered gender-neutral for folks who want to connect with the heritage, but don't necessarily want to adhere to or go by whatever binary or gender identifying information. This at least gives them that opportunity.



Diana Padilla:

What you'll see is a lot of research that says Hispanic, Latinx... I tend to use these terms interchangeably, and there's a lot of folks who identify as Latino. Even though we use Latinx, I would like to include all of them. I'd like to not exclude anyone. Hispanic, Latino, Latinx, I'll be using interchangeably and when you speak, please feel free to do the same. There's no right or wrong. It's whatever works for you but in terms of the purpose of this presentation, let's use them to the best of our ability depending on the voice that we convey. You can do that.

Diana Padilla:

Excellent. The large group question. Let me come back from here and let me just ask you all. A question that I wanted to ask you folks, and this is a good time for us to start interacting. Think about a time, anytime in your profession or perhaps as you're seeking social services, I mean, we all have to either deal with social security for persons we advocate for or for persons in our families, or perhaps other social services for ourselves, maybe medical resources, whatever, or when you're advocating for your clients or patients. Think of a time when you were speaking and you felt you wasn't heard.

Diana Padilla:

And if you could think of an example like that and you can elaborate for like a minute or so, tell me how that feels. Share with us. What was that like? Was it frustrating? Was it not frustrating? Did you move on? Did it affect... Why do you think it happened and will it affect how you move forward with other folks? Anytime you've ever spoken with someone and felt you wasn't heard?

Diana Padilla:

It's never happened to anybody here? What do you think, Michelle? Have you ever spoken to anyone where you felt like you were having a conversation and whatever they responded was kind of a little different? Was it not necessarily what you was talking about?

Michelle:

Yeah, and I think some of that is you just feel so unimportant and you try, and then you just kind of given up after. You just don't want to talk anymore because you realize they're not really listening and taking in what you're saying.

Diana Padilla:

Yeah. Thank you, and it's interesting when this happens to me, I feel uncomfortable in a moment, just like you said, Michelle. Thank you for that but also it makes me kind of want to step away. I don't really want to speak to that person anymore. I feel uncomfortable and I feel like I don't know why I'm here because I'm not getting my needs because I'm not even heard. How does that work out for you? Have you ever had that experience yourself and what did you do? When you felt you haven't been heard, what did you do? Because, I usually get up close and personal so there's no misunderstanding. I don't accept getting ignored. Nice. Okay.



Diana Padilla:

"It becomes very frustrating. It pushes me to shut down and no longer interact or feel like I don't belong there." "Happened to me amongst my own people in the course of my work and I'm Native American." Let me see, there's some more messages. "I disengage. I wasn't being heard. I stopped talking." Okay. There was a hand up. Go ahead, Jessica. You're muted. There you go.

Jessica:

For me, I am Latina. I was raised in America. My father is from Monterey. When I feel like I identify with some of my clients and we're seeking services, working through things, I feel sometimes dismissed because if I'm not Hispanic enough, how can I vouch for them, pull for them if I'm not enough?

Diana Padilla:

That's interesting and it's like, how would we define enough?

Jessica:

Mm-hmm (affirmative).

Diana Padilla:

Just the fact that you mentioned this like, "How am I Hispanic enough?" I've heard that before and I didn't know that was a thing. Not enough. Thank you. The challenge is does it affect when we have those experiences? I think, consider the diversity of this country, it's almost understandable that we would have those experiences every now and again. What I think is more important to concentrate on, not just acknowledge that that happens to us, but what is it that we do with that?

Diana Padilla:

A lot of us have talked about, we take a step back or we feel disregarded, we shut down. When we think about that... With me, I'm thinking of one situation and I remember I stepped back away from the person. I kind of ended up like just nodding my head a lot, and I eventually did not come back. I found another resource that was a lot more person-centered, so to speak, where I was actually engaged in my own process. That's the thing about knowing so much about this work.

Diana Padilla:

I said, "Do you want to plan it with personal life?" Imagine what that is for some different members who are seeking services from us, in our programs. The challenge here is we don't always know whether or not they're feeling heard or not. They don't always tell us. That doesn't always come true. What do we do? First of all, let's consider that this can happen and then let's consider what is affecting that, and then we can go on to discussing what we can do about it. Anything else anybody else wants to add? Okay, let me go back to my slides. Let me just cover some information here.

Diana Padilla:



First of all, let's consider this and it's so important to understand that many of us have been knowing for a long time that the Hispanic Latino population have been the fastest growing community of diverse community in the United States and this population is expected to exceed the current numbers in 2060 and be probably the largest... Excuse me, it's expected to be the largest cultural community of all the diverse communities and collectively we'll be representing more than half of the nation's population at that time. The communities are growing... Excuse me, a second.

Diana Padilla:

Excuse me, the communities are growing and we need to be very more adept in communicating with them because these communities and others are seeing disparities in terms of access to care. In terms of recovery support services, in terms of treatment, our populations are showing more and more inaccess to quality care. It's so important to communicate effectively. Oh, this is... So sorry.

Diana Padilla:

Substance use and misuse amongst our population. More than one million Latinx youth have used illicit drugs in the past year. This is from the 2018 National Survey on Drug Use and Health and it's came out just before the pandemic. This included over 200,000 Latinx youth who have misused opioids in the past year and that's specific to opioids. More than 92% with a substance use disorder did not receive treatment in a specialty setting.

Diana Padilla:

Over 17% of Hispanics adults suffer for mental illness. 15% of Latino youth experienced a major depressive disorder. The need is there and from a research background, I will tell you that all the data that we gather is usually more modest than what actually is taking place. This is kind of the scope of the land, so to speak or the scope of the problem and some of the challenges and some of the issues that we see are from a community perspective. It's their challenge around being able to manage around language barriers. It's also your language being able to manage around language barriers.

Diana Padilla:

There are times where, when you're in care and because you can both speak Spanish, you can spoke with English, or you can both speak Portuguese, which is the third-most spoken language in this country. Sometimes we think that there is clear communication and that's not necessarily so and that's what we're going to discuss today. Some of the perspectives that are also to consider are preferences for bilingual providers. Even though the research says bilingual providers, over time what I've learned is bilingual and bicultural providers are even more essential because they understand some of the culture and not just the nuances that impact communication, but impacts how you match resources. How do you tailor cognitive behavioral therapies and so on.

Diana Padilla:

Negative bias toward interpreted encounters and that's more of a provider-based perspective. Getting by with limited language skills. There are a lot of communities within this country that understand how



to use English just enough, and I'm going to use that word, Jessica, enough. Just enough to be able to get their needs met, maybe locally, whether it's purchasing an item, or being able to travel on a bus, or certainly day-to-day routines, but do not necessarily have the skillset to engage in a comprehensive conversation, which often you folks do with your clients because part of modifying behavior is to be able to have those conversations around the issues that are presenting, perspectives that are involved, certain thinkings that you want to motivate and guide towards change.

Diana Padilla:

And also, the recovery support process. Once somebody is in recovery, keeping them supported, it's really interesting how to ensure that they have their supports in place. Well that takes, a lot of times, more of a comprehensive conversation than just enough words in English to get by. Fear of being a burden sometimes for a client is part of it. Sometimes folks do not necessarily want to be more trouble even though they are accessing a service from you, and a lot of times, folks also don't want to be perceived as just because they're limited in their language skills in English, they don't want to be perceived as they're unintelligent and that has also been noted in the research.

Diana Padilla:

Stigma and discrimination due to language barriers that exist and these are a lot of times the experiences that our clients get present with. In their own words... I took this straight off from some of the research that informs this particular webinar. These are voices from the community. Members who have accessed care or accessed resources within their community and this is how they felt.

Diana Padilla:

We had one lady one time who says, "Sometimes they don't want to understand you because you are Hispanic." Another mother stated, "They humiliate you. I feel they discriminate because they speak English." When you consider that the person that you're trying to speak with may or may not have English proficiency skills, but it's also the thinking and experiences they come with.

Diana Padilla:

Reported language barriers include Hispanics are more likely to report poor communication with their health provider, and the health provider seems to be more of a staple than other resources, more than the eye doctor, more than mental health provider, more than other resources. 57% of Hispanic adults surveyed experienced a language or cultural barrier in the healthcare system, either 44% identified a cultural barrier to be part of the challenges in accessing care. 49 experienced language barriers. 57 had one or the other.

Diana Padilla:

Other barriers also includes the use of jargon and now this is kind of for us to consider. Think about something I mentioned earlier when I had the language matters slide up, and it has to do with us being in the field for a long time and being used to using certain words, it's certain terminology, and not moving on with what the current innovative research is informing us on. What are funding entities like



SAMHSA and Robert Wood Johnson funding's, where these folks are encouraging us to change our way of speaking because it's no longer seen and it's not longer being supportive. The use of jargon or jargon could be a barrier to some of our clients.

Diana Padilla:

Emotional barriers and taboos. There are things that our clients and patients are not necessarily very open to speaking about. They may be important. It's really going to depend on your approach. Lot of times, it's the lack of attention. I think Michelle spoke to this too that it's when a person feels that the other individual is not really paying attention or is distracted with something. It's something that can happen, say, this is a little different because when you go to the emergency room, what I hadn't noticed is a lot of doctors maybe they're so overwhelmed, but when they're asking you questions, they are asking you questions and looking at a monitor that they're typing information in. That person-to-person, a lot of times... I'm not saying every time, but that person-to-person eye contact can be so important or at least helping the person or patient or the client feel like they're being listened to.

Diana Padilla:

When someone seems distracted, then the person, the recipient is not feeling like they're being heard. Very much like what Michelle was speaking to. It seems like it's irrelevant to the receiver. Differences in perception and viewpoint and that falls on us when we think about new clients and new patients are always going to have their own perceptions, just like we have our own. The idea is, are we being patient-centered or client-centered? Are we using client-centered approaches? Are we understanding how their perception or their world view might be affecting what's going on in their world?

Diana Padilla:

Physical barriers to non-verbal communication. There's some communities that you have... There's certain ways that a person moves or their body works and if we're not paying attention to that, it's almost like the third bullet where we're saying we're being distracted, or we're thinking they're communicating and it's irrelevant because if you were speaking to me and I end up crossing my arms, that might be telling you something, wouldn't it?

Diana Padilla:

Language differences, the difficulty in understanding unfamiliar accents, when sometimes someone is speaking English, but the accent is very heavy. Expectations and prejudices, which may lead to false assumptions or stereotyping and we can talk about this to no end. This has a lot to do with unconscious bias and how that kind of plays out in a very fast moving day that you might be having and certainly cultural differences specifically.

Diana Padilla:

Un-interactive dialogue, this has to do with six in 10 Hispanic adults have a difficult time communicating with a healthcare provider because of a language or cultural barrier. There was some literature that came out in 2018, and this was specifically about a person who identifies as Puerto Rican, and raised in





New York and he said, "When I tell them I don't understand them, they'll bring someone over to speak to me in Spanish and I don't understand them either." And that's great. It really actually shows that the organization is trying to get an interpreter or translator involved but then they say, "We didn't grow up speaking that formal Spanish, so I have no idea what they were saying."

Diana Padilla:

Sometimes when we put resources in place, are they conducive to the communities we are providing services to? A certain type of Spanish doesn't mean that everybody has the same kind of Spanish and there are different dialects and all...

Diana Padilla:

... the same kind of Spanish, and there are different dialects, and are we aware of that? And so frustration of communication can come. It's also about how some folks feel like they may be accommodated for their language or their cultural perspectives, especially if they're looking for long-term services. So the same gentleman said, he's not confident. He'll find a culturally sensitive nursing home when he gets older. And so it's interesting what he says. He says, "I'd rather just live alone and poison myself by accident, rather than stay in one of those homes right now." And imagine if you hear of someone whose only choice is to stay in an environment where they can't communicate with other people. And that's what this gentleman says. So interpreter services, 26% of adult surveyed reported communicating to an interpreter. 52% family member acted as an interpreter. And while that is interesting, I'm very curious to know what you think about that.

Diana Padilla:

Let me see. So another client said, "It was a battle to say anything. I couldn't ask why they had to get so many vaccines or why not. I battled for so long." Other mothers described the need to switch primary care providers to maintain access to bilingual providers. So it's an issue. How many times do folks come into organizations... this is hospital setting-specific scenario. How many times have folks have come into our organizations and they're automatically ready to begin? When you get the dos and don'ts and what they can expect for services, do they also get told that they're entitled to an interpreter?

Diana Padilla:

If you have to access medical care, if you have to access any kind of service, especially in medical care, how many times do you know if your clients are told whether or not they're entitled to interpreter, and for free? New York state law, New Jersey law, the law states that a client or a patient can have that access, but our folks don't always know it. Do we mention that? So here's my question to you. What are the challenges of using a family interpreter? What are the challenges if you don't have formal resources? There's some organizations that have used family interpreters. So what are the benefits or the challenges of doing that?

Speaker 1:



I would say... My name's Suana. I would say use your family as interpreter. For example, if... let's say I am interviewing a mother saying, you know how the... let's say [inaudible 00:30:57]. Let's say I am out at the counter, right? I go, and then I use the child or the youth as interpreter, what about he's lying what the mother's saying? Or what if he's lying to the mother what I'm saying? That would be a problem.

Diana Padilla:

Yes. Thank you, Suan. This would be a huge problem. There's quite a few things with that. So you have the opportunity, you have a reason to get clear, transparent information to the other person. You use a family member, then you run the risk of whether or not that person's going to tell them the accurate information that you're trying to convey. And that's good, Suan. That's a good story. Natalia, what would you like to add?

Natalia:

I guess it is Suan, what she said. But I guess when you use the family member, there's a lot of challenges in the sense that the family may be overtaking what the actual person needs. They might just make assumptions, or they might not say what the person actually is trying to say, they might just do their own interpretation because they do it on behalf of the family. So I guess we're not getting the information accurate. And also, there is a lot of things that people don't want to share with other family members, so they don't feel comfortable. Yeah. I used to be the interpreter of my family, so I suddenly had to take roles that I wasn't prepared for. And yeah, it's just putting people in... it's not professional. It doesn't give you the right info.

Diana Padilla:

That's right. Thank you. Thanks so much, Diana, my twin, go ahead.

Diana:

Hi, Diana.

Diana Padilla:

Good to see you.

Diana:

It becomes a challenge sometimes. I used to take my mother to her appointments, right? And because I had to translate what she said to me in Spanish and English, she always thought I was giving them more information, because sometimes when you translate from one language to the other, in the other language, it may take a whole lot longer.

Diana Padilla:

Yep.



Diana:

So she would get frustrated. She'd be like, "mira tubular. What you telling them?" And I would try to explain to her, "Mommy, it takes longer in English to try to tell him what you said to me in Spanish." So I think sometimes for the family member, it becomes very frustrating. For my mother, it became very frustrating. And second, and I had put that in the chat box, my Spanish is different from somebody who comes from Puerto Rico because I have slang in my Spanish. And I really learned that once I became a counselor and my patients started to correct me, because I would say rufo and there's no such word in the Spanish language. That's a rufo. It's a techo So learning my own language so that I can better serve my patients, because sometimes they didn't understand me and I don't understand them. So education is the key within my own culture.

Diana Padilla:

That's right. Thank you, Diana. Nice to see you. Jessica?

Jessica:

So for me, I would interpret a lot for my father when we would go to doctor's appointments. And he was one of those people who didn't like doctors, so when we would tell him what the doctor was saying or tell the doctor what he was saying, a lot of times, he would disregard it. And they're like, "No, Mr. Gonzalez, you have emphysema. The pulmonary tests show you have emphysema and COPD." "Oh, no. I feel fine. Oh, I feel fine." And I'm interpreting for both of them and my heart is crushed because I'm hearing these things that are wrong with my father and the complete disregard. And I don't know, is he disregarding because I'm his child and I'm there interpreting? Or is he disregarding because he doesn't believe? So it was traumatic for me, but then I think he was trying to be strong for me at the same time.

Diana Padilla:

A lot of other dynamics came into play that didn't really have to come into play for that, and it put you both at risk. And I like that you mentioned the trauma too, because the trauma is, as providers, we are not supposed to... we can traumatize the interpreter who's going to provide the information to the family member. The sensitivity and the responsibility, ethically, that's ours. And if we're going to use the specific language skills, and like what Diana says. Understand which dialect you're going to use. And there's a lot to be said for sometimes understanding, even a diagnosis, or a prognosis, or a treatment recommendation, or a support pathway, or some kind of resource in the community that you're trying to give someone can come from taking the time to explain what it's for, why it works a certain way, why it might be conducive.

Diana Padilla:

You don't want to be their rep, but if you want to provide options, provide why this can be a viable option, why this one can be a viable option. Which one would you like? So they can make better informed choices. That's part of it. But if you also have to consider what the language is done or what the language is used, part of it is, even if you use the same language, the cultural context plays such a huge part in, has a lot to do with what the definition or the meaning is of certain words used. Depends



on the context. And the thing about using family members is, they're not bound by any ethical or legal parameters. We are. We have to ensure there's clarity. It's our responsibility. And these days, it beats the blank. It's not a rationale. It's not a justification.

Diana Padilla:

You want to make sure that you put whatever resources you can in place. And that's the other question that I have for you. Have you folks used... a lot of folks do use the phone line interpreter. Have you folks used that? Okay. So that's helpful. That's another aspect that can be helpful. And what you do have is the opportunity. And what the last gentle... one of the gentlemen, Mr. Torres, from New York, what he was saying is, understanding the dialect, which kind of speaks to what Diana said also, is, which is the dialect? Which is the language that you're using? Because even in the phone line services, whatever translating services, whatever language access services that you have to use, has to be conducive to your community. And the community demographics change. It's not always just, let's say, the Dominican community here and then the Mexican community here.

Diana Padilla:

Those start to change. There is a lot of different... South America. There's more than, let's say, 26 to 28 Hispanic related cultural groups in the United States. With each one, the language changes. The dialect changes. With each one, the definition of the same words used across those communities can also change. And that's even within considering the context. So understand who your community is. So we're supposed to be able to assess and understand who our folks are, but even if we were working on an individual basis, we can elicit that information from them. Okay? So this is good. Let me go back to my slides.

Diana Padilla:

Okay. So culture and recovery. And this is, I just think... I put the resource here at the bottom so you folks can have it. SAMHSA writes it really nicely. Recovery is culturally-based and influenced. And if you think about culture in terms of expressing who you are, and how you live, and what you think, and then what you do, recovery is culturally-based and influenced. Culture and cultural background in all of its diverse representations. That includes their values, beliefs, traditions. All of those play a part in a person's pathway to recovery, and so services should be grounded within that person's cultural background, or conducive or congruent with their perspectives. And so it should be informed and linguistically appropriate, and so personalized to meet each individual's unique needs.

Diana Padilla:

Having someone having gone through a treatment process, whether it's for addiction, whether it's for mental health issues, whether it is physical issues, if folks aren't on their recovery pathway, you want to make it a supported process, a supported journey, so to speak. So language mechanics have to do with the context. It's what you hear, and how you interpret, and what is actually said, and what is meant. So what you hear a person tell you, it's contingent upon how you interpret it. It doesn't necessarily mean that you're going to understand it the same way the person meant for you to understand it. It depends



on what's actually said, and then you got to understand whether or not it was meant the same way that it was said. So understanding it from the other person's perspective. There's some real basic communication skills that we talk about all the time here, which is relevant here. And I'll speak to it in a few, but right now, think about it, the communication, the content of what you convey.

Diana Padilla:

Also think about cognition. Cognition, we're thinking of mentally. What is it that makes up a person's world? It's their philosophies, their values, how they see. Their experiences also is huge. The cultural values and belief systems that a person adheres to is one thing, but also, those are influenced, to add to that, really their experiences also helps persons develop their outlooks, their world view. So all of that. So cognition, content, and communication come together, but in a culture context. So when we think about what's being conveyed, miscommunication also stems from a misalignment of certain explicit terms, which may have implicit meaning between the sender and the receiver. And so characteristics of culture can be... explicit characteristics can be observed in behaviors, and rituals, and symbols, and heroes of a culture. And it's nice to understand, but you also need an open mind to understand them, because what is observed and how it's labeled or referred to. We use the same words.

Diana Padilla:

It might have a different meaning for us. So these include the way people dress, the kind of food they eat, the dance, the things they consider beautiful, the things that are not so beautiful. So it's these characteristics, or underlying values, or certain norms of behavior that guide people regarding which are considered... what behaviors and what things are okay in their world and what things are not appropriate. So the context hides more than it reveals, but a lot of times, it hides it effectively from its own participant. So what we understand is that it's the framework that people... and to have their thoughts, and emotions, and everything that speaks to who they are. What I will suggest to you is that when you meet a certain person, when you're working with any individual client, when you are working with your colleagues and who you are, whoever you are, you live in and speak, and be in your a certain way, you are expressing your culture.

Diana Padilla:

You're expressing your values, your belief systems, and how you live, and what you say. So think about that. Think about it that same way with the clients. Culture is expressed by each individual in their own way. So language and culture are intertwined. So even though you interact with another language, it means you're also interacting with the culture. So I think that's interesting, and it includes all of these different aspects. So I want you... This is a little blurry, but it's really worth looking at. Oh, I stopped sharing. I got to go back to sharing. So I want you to look at this. So this is an international airport. And so what you see here is several people. You see here, several people, and you see what it says? There was one individual says... Okay, I'm going to need somebody to speak, to read each one of these individually. The first one, I need a person to read the first thought for the first gentleman. Just unmute yourself.

Arthur:



"What do I do now?"

Natalia:

"What do I do now?"

Diana Padilla:

Thank you. Okay. Thank you. All right, Margarita. What's the second person is saying?

Margarita:

"When is he going to take my card?"

Diana Padilla:

And he's talking to the man who's saying, "What do I do now?" Who has his hand out to shake, and this gentleman is trying to give him his card. Okay? The gentleman that was just going to say. Arthur, what does the third person say?

Arthur:

"He seems a bit unfriendly?"

Diana Padilla:

Isn't it interesting, the perspective that this woman has, right? Someone else. Let me see. Who's here? Let me ask. Dawn, read the next one, please.

Dawn:

"Whoa. Personal space invasion!"

Diana Padilla:

Think about this. As you look at this picture, and you look at the mannerisms, and you look at the thought process attached, what is your take on all this? Or what do you think is going on with each individual? Give me your take on this. Dawn, what do you think is going on here? Or speak to any one individual in the picture, if you like.

Dawn:

There we go. I can't... I think in all of them, there's some type of miscommunication, whether it's a verbal miscommunication, like with the first two maybe, or it's a spatial miscommunication, where she thinks he's being unfriendly and he's, back up, back up, you're in my space. Different cultures have those different... like my family, I'm very Italian, and so everybody in my family hugs everybody, whether you know them or not. Everybody hugs everybody when they come together. And so, some cultures, that's not the way it is, and that space is important.



Diana Padilla:

Okay. Thank you. Yes. So your cultural perspectives are actually being shown here in the thought process. So this is the cognition part. What else? Anybody else? [crosstalk 00:46:09].

Speaker 2:

... to me is that initially, everybody's trying to make a connection. And so that first step of trying to attach and connect because of the differences, actually causes to disconnect.

Diana Padilla:

Okay. All right. Thank you for that. And I really appreciate that you said that, that you mentioned they're trying to connect, because let's recognize that. Despite that there are issues that Dawn was identifying, for the other side of that, we want to recognize that they are trying to connect. What else do you see here, though? I know some folks have put in the chat box, but let me see. Arthur, go ahead.

Arthur:

It kind of goes like she said. Everybody's trying to connect, but they're trying to do it in their own way and not really trying to open up to other people's ways of doing it, and you can easily take the two. The gentleman can easily take the card, and then in the other sense, extend his hand out and be like, this is my way. I took your card as a connect. This is my way I connect as you shake my hand now. And you know what I mean? Everybody instead is like, here's my way of doing it first. Just kind of opening up and being willing to push yourself out of your own boundaries as well, to learn other cultures, but also being willing to, again, just show him and say, this is who I am. I bow. Like the gentleman on the end there, he's like, this is how I do it. And you're shaking hand. You're giving me your card. And let's interact with each other, because it's obvious all of them aren't from there, so they're from a whole other place.

Diana Padilla:

Right.

Arthur:

So there may be a whole other culture that's going on where they're actually from.

Jessica:

Sorry, I'm in a webinar.

Diana Padilla:

Yeah, so I appreciate that. You're talking about flexibility in terms of being able to reach out, and communicate with someone else, and showing their way first. Okay. All right. I can see some stuff on the chat left. Okay. Hold on.



Speaker 3:

Good morning. You guys give me-

Diana Padilla:

Good morning. Okay. So I can see the little boxes. Sometimes that can help me. So let me just read some of the chat box things, comments. We review the world through our lenses, and that's so important. That's what we see, us as providers, and so do clients. Okay. For everyone, customs and greetings can be different, so cultural behaviors can be different. So not knowing cultural... Let's see. Differences causes major miscommunications and then individual interprets incorrectly. And so that's the thing. There's a whole sequence of events that that can happen, and it can happen in a way that is very unproductive, ineffective for the client. Because what's our goal?

Diana Padilla:

What's our goal? Anyone?

Arthur:

Connection.

Diana Padilla:

Connection. Yeah. We have to intentionally in order to... to be intentional in order to open communication channels. So our goal is to be able to communicate with our clients. We have to. We have to make sure that what we communicate is very clear, it's understood, we have to ensure that there's a service plan that needs to be shared, it has to be realistic and conducive to working for them, so likely to be, successful. All of that takes communication. So it's to share resources and tailor it to the client. Thank you all. So I also want to consider, I said, "We are so self-centered that we forget that there are other cultures and norms." That's the point I was going to head to. Thanks, Margarita. But as providers. Okay, so this is just in an international airport. This is kind of folks being naturally who they are. But if we were to conceptually apply this to our setting and the services we provide, rather, then you want to consider, on who does it fall? Whose responsibility is it to ensure the clear communication? So it's-

Jessica:

Yourself.

Diana Padilla:

Right. It's us as provider. We are the professionals. We are the ones providing the services, and so we have to ensure that. Clients don't have to be anybody but themselves. Actually, we want the clients to be only themselves. We need to understand who they are. So I would say the flexibility, understanding how things work in a system is going to be a skill that is essential for our clients and our patients to understand and learn, so they can navigate through other areas in their life, and access services that





they need. But those services that we're providing, what we need to be mindful of is, how we are going to communicate with that person from their perspective? How are we going to take that into account? So how do we approach someone? How do we start this off?

Diana Padilla:

How do we initiate? Because what we need to do... If we're going to do client-centered approaches, if that's what we're supposed to be doing at work, then we have to elicit their perspective. And I think that is an appropriate way to start off from here, to keep going from here, because even though folks can learn how we, and our organization, or other systems work, we still have to meet them where they're at first. We can help them build the skills to navigate through other systems, but first, we need to meet them where they're at. So first of all in that... So I like when margarita spoke to, because it's important to understand that everybody's not going to do things the way we do it. And just because somebody's asking services the way we do and that we provide, doesn't mean that they have to do things the way we do it.

Diana Padilla:

We have to meet them where they're at. They don't have to meet us where we're at. It's the other way around. So cultural influences on communication. So what would you do if it were you? So if there was time and space, if time and space is an issue. I've had clients, when I was doing direct services, I have clients who very naturally would be very much very close to me. It's something that I grew up with, but I've also been acculturated to a certain degree, and also know that there are ethical and legal issues to also always be aware of, that we have to be mindful of the space with other folks, so situations don't have to occur either. So I'm always mindful of time and space, but I also have to consider, is this how the person communicates? Sometimes in a face-to-face saving situation.

Diana Padilla:

So face-to-face saving situation is like, you might accommodate someone whether you understand in it or not, only because you don't want... or a person might accommodate the way I want to communicate or the way I want to do things, only because they just want to get through the... they don't want to look as if they're unintelligent, they're incompetent in some kind of way. So those are face-to-face saving situations. And there's also... We always talk about non-verbal communication, despite how overwhelming our work has been, particularly in the last two years.

Diana Padilla:

Despite that, a lot of folks are communicating certain things. How many times have we picked up on something that may be happening with a particular client, a particular stress, maybe they just lost someone in their lives, perhaps they have a huge stressor with a family member, a family member may be sick, or some other issues, or financial issues going on, and someone will say, no, I'm okay. But you notice that their body is saying that they're not okay. That's really important for us to pick up as providers. Picking up on nonverbal cues is huge to be able to so give them the supports they need.



Diana Padilla:

So, let's see. Don't be afraid to ask clients questions about treatment preferences. Make sure they know you are trying to be respectful. 65% of our time communicating non-verbally. So I also want to read something Margarita put in there. It said, "It's difficult to have a vision to be a resource for the community, but you do not provide or have the agency's literature in the predominantly language of the community being served." So that's about a point that I mentioned before. And the demographics of your community will change every two to three years, and maybe even faster these days because of presenting issues.

Diana Padilla:

You got COVID, you have related financial issues, and other issues that have presented, that are impacting all communities these days. So you want to understand at least on an annual basis, who are your communities? What are the languages being spoken too? What are the presenting issues that are more common now? Sometimes the issues of a particular community may have been more prevalent around opioids. I mean, may have been more prevalent around alcohol. And today, it's more prevalent on opioids, so you need to know these things, be aware what these are, instead of waiting for clients to come in and them finding out that. And that's what your contract managers and your funding sources can help you do, is provide you a lot of this information.

Diana Padilla:

So aspects of communication include the appearance, the clothing, the hairstyle, how somebody moves, winking. Winking, which is a very, just right off the bat, most people think that's very inappropriate. Some people do it in such an affectionate way just to be acknowledging. So you have to understand where some of the gestures is a person may have naturally from who they are. So, facial expressions, postures, eye contact, and we talk-

Diana Padilla:

Postures, eye contact. And we talked about eye contact like crazy for a long time. There are times where eye contact is very possible and there are other times that eye contact is not necessarily desirable, particularly if folks are maybe wanting to share information. And at first they have to get through their own uncomfotability with the situation. So it kind of depends on the logistics of the situation at the time. Paralinguistics, so this has to do with tone of voice. And this really regards Counseling 101. It's like the voice, the tone that you use, the pitch, you get excited at certain points of the conversation when information is shared by the other person. Those kinds of things can have an impact on your recipient. So lifespan development, the only reason why this is here, this is my favorite theorist, Brown Branfenner.

Diana Padilla:

And he had developed the theory of development that has to in regards all the influences that a person is affected by, through infancy into adulthood. And so there are so many constant influences in that help shape thinking, help shape ideologies, help shape, experiences, help shape what a person says and does.



So important to consider in terms of the clients and the patients we work with. So in terms of social differences, Latinos, Latinx greatly vary with respect to national background experience with immigration, socioeconomic, and education stuff. And I think these days it's important to say not just immigration but migration. There are a lot of folks who move from one place to another to follow the opportunities. In Puerto Rico, one of the things that, back in the 50s, after it was become Commonwealth and after and folks in Puerto Rico were joining the war efforts, and then they were migrating over to the mainland for more opportunities.

Diana Padilla:

Agricultural opportunities started to decrease in Puerto Rico. So folks migrate. Same thing with Mexico, certain parts of California and Texas. And cultural groups will start to migrate across nations. We see the issues that happens when these natural disasters happen. Look at what happened with Afghanistan, the folks that are coming into this country and other countries around the world, they bringing their culture with them, but they're also following the opportunities where they can live. So we got immigration, we got migration, we got the Haitian community and the earthquakes that happened there. So we got a lot of communities and that not just immigrate, but they also migrate. A lot of folks will follow where the opportunities are. So sometimes the status in their families and communities matter, and they're saying, and I am going to go through some of the cultural patterns or characteristics that has been noted from research that some of us are familiar with and maybe it'll come together and intersect in some.

Diana Padilla:

And in your mind for the times that you've worked with some communities or some members who have a Latino or Latinx background. In complex, and sometimes indirect ways, these practice, adversely, impact language. So their language skills vary, recognition of differences is really important, especially when you're intentionally trying not to reinforce stereotypes. And also there's different cultural norms of politeness and communication styles. And I'm going to tell you about that. Perceived status is a norm between cultures. This is especially important when you consider that there are people who are here who are second, third, fourth generation communities who still have been raised with some traditional cultural values, but also are acculturated because they also adhere to values from the dominant culture, from a Western perspective. And so there can be a mix or blend of both.

Diana Padilla:

So it can be a person can adhere to these values and belief systems to varying degrees. The idea is nothing is static, but to understand some of the patterns can be helpful. So you can actually elicit information or ask questions when certain perspectives are shared and it gives you more insight. So we know that we mentally process information and influences our interaction with others and context influences perspective in the consequent information sharing it. So also influences how we interpret. So there's a person who conveys the information. There's a person who receives the information. And while we always think that we don't always understand, or we may have to go out of our way to make sure we understand what the client is saying. We also have to understand that we have to make sure that we are clear in how we convey what we convey to the client in a way that they're going to understand.



Diana Padilla:

So differences exist even within the Hispanic, Latino groups. And a lot of folks can express a lot of very similar types of values and belief systems. They can transcend any culture, but they can be expressed very differently. They may be expressed in a way that it's not recognized according to the person, according to their definition of a particular say, labeled behavior. Understanding characteristics and trends can be helpful. But that doesn't mean that everybody follows these trends. It can just provide you some foundation in terms of the kind of questions you want to elicit. So some of the family characteristics include this idea of familism and Hispanic, Latino, Latinx community. We know about extended family, whoever the person identifies as family, it's not always nuclear, but that's really important to understand what their support systems are. And it's typically central to their identity.

Diana Padilla:

Family is a huge part of Hispanic, Latino, and Latinx, a sense of who they are and their source of support and often is where a lot of information or situations might be processed and problem solved. There is this thing that has transcended not just Hispanic community, but has gone into mainstream America. And so machismo is something that's referred to in a lot of cultures. And so it has to do with male role expectations, about male being the dominant person in the family, the head of the family. But also the expected responsibility that being the male of a particular group or the lead of a particular group, also comes with the responsibility to ensure protection for the family, to support the family, to care for their wellness and ensure that the family is appropriately provided for. So it also is going to affect the behavior attitudes of persons.

Diana Padilla:

Even in adolescence, we can see that the identity formation, how it happens during their developmental stage. We can see that the males, so a Hispanic males or Latinx males may act a certain way having to do male role expectations. The gender role expectations within the community, the Latino community can be about being a strong person, being a supportive person, a person that can be relied on. Think about how that might affect some of the clients that we work with, who have had a hard time and maybe finally have gotten to a recovery pathway that is working for them and how that might be something to address in conversation, to reframe and to help them understand. I remember having clients who couldn't meet, so to speak, the role that was expected by their family.

Diana Padilla:

They weren't able to meet it, not in the way that they were taught. And so sometimes these are issues that can come up that you may want to address. Female role expectations. And for women in Hispanic, Latinx communities, there is a couple of things. Marianism, self-sacrificing, submissive to the male. I want to say anything that it's 2022, things have changed. No, it depends on the individual. This is a value that depends on the person. And if that's part of the dynamic she believes in and adheres to, that's something for you to understand. A lot of times the self-sacrificing part might be despite her own issues, something for us to be aware of in terms of supporting their recovery pathways in terms of prevention. Hembrism, is this other thing about being a Latina, is that as the head of the household, you're expected



to take care of the other, the logistical things for the family, not necessarily the provider things, the logistical things.

Diana Padilla:

So the food, taking the kids to school. If the kids are sick, you take the kids to sick. The house has to be clean because helping raise a family and you might even have a part-time job. And so then over here, Quinceanera, it's not the equivalent of a Sweet 16, Sweet 16 is kind of like you're coming out into society. Quinceanera is a little different. Quinceanera, you are officially a woman, and that means all the other responsibilities or the role expectations come along with that. And so feminism still is still prioritizing the family. And some other nuances that research has identified over time. Sometimes we've spoken to folks who are very religiously involved and who believe in a God that would help them or that if they're struggling, then maybe that's because that's part of punishing them.

Diana Padilla:

So the fatalism aspect of this is that that might be something that might be less motivating for them to move on. So that's something for you to understand that some perspectives might involve this. Medical beliefs. Sometimes these are the biggest assets we can have in our care. And so Curanderos, it's a spiritual belief system in the Mexican American community, Chicano community. They use indigenous people who are trained in cultural belief systems. And they're also trained in being conduits with, the mediators between the medical, so a somewhat behavioral health system for persons in care. And so are the bicultural folks who can help mitigate and provide transparency in terms of services and help them and be the cultural asset that any organization can have to help these communities in need.

Diana Padilla:

This is also this thing about work reliance. Just the work is really important, to be able to work is also associated with the cultural identity, particularly in the Hispanic, Latinx community, where being a provider is really important, providing for your family, being useful, being productive, not just laying on the couch, not just not doing anything, not having a purpose. So work is a huge value, I would say within the community. Untrusting, lack of trust of government and agencies and other helping entities. We see a lot of that today. What's the major example today that we see in the lack of trust of government agencies and other helping entities?

Speaker 4:

Vaccination.

Speaker 5:

Vaccination.

Diana Padilla:



First thing that comes to mind, and it's not because it's based on fiction it's because historically there have been things that have happened. That have hurt cultural communities and includes the Hispanic, Latino communities. So all these cultural communities have had their own history, historical experiences where the government has not been helpful. The government has actually been oppressing them, at different times. And without going into the cultural aspect of this, so there's reasons why those things come out. And I would tell you the one thing that happened with my mother-in-law, who passed away in June. My mother-in-law did not like Hispanic, a Latina lady. She was a little lady in the window on her block and she's been on her block in the Bronx. She was there for more than 60 years. And she was 80, I think, 86 when she passed away, 86 or 87 anyway. So she had Alzheimer's. She had a few aneurysms and she was growing older and older and older.

Diana Padilla:

She smoked, smoked like a chimney, never stopped smoking, hated to go to the medical doctors. So my sister-in-law was the one that typically took her to her appointments. And I had suggested her to her one time, "Why don't you try asking her why she doesn't like to follow recommendations?" What we learned was ... so her sister, her and I think it was her older sister, her older sister was one of those Puerto Rican women in the early fifties, where at that time there was some really crazy thinking going. They wanted to control the population, the Puerto Rican population. And there was some sterilization going on. Initiated by this country on the Puerto Rican community of Puerto Rican women. And it was done misinformation and a lot of times without consent.

Diana Padilla:

So misinformation, whereas sterilization can be done temporarily and it was done permanently. And then a lot of times it was just done and they weren't even told, and that's taking the right of having a baby later on. And that has happened with other communities as well, but it happened here, but with my mother-in-law, it happened with her sister. And since that happened, when she learned about that in the early 30s, she never trusted the system again. So we had a hard time having her to try to follow through on the treatment recommendations. Grateful to say that when she passed away, she passed away in sleep, just how she wanted. She smoked to the very end. She went exactly how she wanted. She never trusted a system.

Diana Padilla:

This can be very grievous when we're talking about some of our clients who struggle with staying on the recovery path, those who are folks who struggle with support systems that might have to do with certain past experiences that have been impacted. So when we consider these nuances and the cultural perspectives, it includes those past experiences. So then we can start to understand, so this may be part of why someone may not want to follow through and it's up to you to list that information so you can bridge that gap in that information. So let me come back to my slides.

Diana Padilla:



So, the other thing was transient, moving to where the work is. So social interactions, personal traits. So there's such a thing as called Simpatia, which is really has to do with congeniality. It's almost like saying that since this a person doesn't want to make waves, sometimes acknowledging a particular problem in a realistic way, might present more issues with it. It's not necessarily denial. It's more about not wanting to create, making it bigger than what it already is. And so there are some folks that might be more congenial, but not necessarily forthcoming. Personalism, folks used to always say, "Personalism is by being personal." I'm going to change that word. I should have changed it now. Personalism is this value that we seen with the community, these have been identified since 1998, since the first ones and other consequent researchers and studies have spoken to the same types of values and worked with the same reference terms.

Diana Padilla:

And so personalism, it does speak to communication and how you might engage someone in a personal or formal or informal way. So personal from that perspective. But it's also how person viewed in their community, how person is perceived as a person who's a provider as a respectful individual and also within an interaction with another individual, whether they know that person or just met them or not. And so that has to do with communication and how they expect to be treated. But also Personalism also has to do with something else. So the appropriate word is approachability. For us as providers, as the professionals that work with these community members. It's also about how approachable we are, so personalism has to do, how do you engage with someone else and how they can engage back with us as well?

Diana Padilla:

So approachability is really key. Respect is appropriate, depending on the behaviors, based on gender, age, socioeconomic. You do have Dona Vaceves, you have Don Fabio, you have some folks you might want to shake hands with. You might some folks that you may not, you don't know, you have to ask, the best way is to introduce yourself. "My name is Diana Padilla. I'm going to be your case manager. How would you like me to address you? Is it okay to shake your hand? Would you mind following me to a more private space so we can speak?" All these courtesies are appropriate for someone. You can even include this as I go by she/her and hers, because we don't make assumptions from anybody. You want to make a comfortable environment.

Diana Padilla:

And so that starts with how we interact with folks. The other thing is spirituality. Curanderismo, and I mentioned that before with the Mexican American or Chicano community, there's other religious system or spiritual systems, rather. With the more prominent ones that theologically based on Roman Catholic, Pentecostal and Evangelical, and that's where the Hispanic, Latino communities. But you also have some spiritually system that involve Mandarisimo, Espiritismo, Santeria, more within these communities. And what you want to understand is like sometimes you can combine the benefits of mainstream medicine and tradition and traditional healing with a strong religious component. And that can work for a lot of folks. And that's why it's been seen very effective using Curanderos with the Mexican American communities, because they have been the go between services and the cultural





support for communities involved. And so understanding those perspectives are especially important, particularly when you're thinking about folks who are trying to recover from say addiction.

Diana Padilla:

So immigration and migration, think about how permanent residents, family dislocation, fragmentation, reconstruction, these are things that are going to affect what they tell you and how they tell you. And developing an environment, cultural atmosphere that includes confidentiality. That includes being a comfortable space, where they are not feeling that they have to hold back on information, it's going to help you help them better. So understanding they have visas, undocumented, a lot of folks have had really tough experience with ICE. And so is, this is something that they're fearful of if you want to consider that. So also think about the consequences of migrating or immigrating, when communities or families do that, they're leaving behind what they've always known. They're leaving behind people they care about, relationships they've built over time. And so that impacts somebody's ability, how forthcoming they're going to be in their interactions with you.

Diana Padilla:

So culture change for individuals can also change across generations. So there used to be this idea that the elderly and the Hispanic, Latino communities were more likely to not access mental health services. But what you see here is the younger Latinx tend to be more informed. And so are more open to accessing care when they need it. And so this has a lot to do with acculturation, has a lot to do with what I suggested before. Sometimes when you provide options and provide reasons why they're viable and that correlates with their presenting issues, they can make informed choices of what they're willing to access or not. And then you can make better, healthier choices or better recommendations that they can choose from. You can also understand, like if you were working with my mother-in-law you'd have to understand that she doesn't trust the medical community.

Diana Padilla:

Then maybe she needs an escort that goes with her to be an advocate for her. Maybe you need to speak to them and understand what the reasons are. And then what is more important to them and from their perspective, so you can connect with them. Because one of the things, and I think it was Arthur decided with that international setting picture that I make, connection is key. It's the connection with your client that's going to help you help them best. And that's going to help them feel like they're being heard. That's going to help them feel that they're really being supported. That's going to help them feel like you're not working with everybody. You're working with them according to what works for them. That's huge. That's not something that happens very often unless they come to us.

Diana Padilla:

So I wanted to give you any ideas, anything that you would like to add right now, before I give you a scenario that I wanted you to comment on. In that case, I'm going to ask, Hey Jennifer. Hi there. You smiled. That's good. That's the Jennifer I'm talking to. I'm going to respond to something. I'm going to





give you a storyline. And I would like you to kind of break the ice first and then just kind of tell me what you think and how you would go forward with this, and then I'm going to call out other names.

Diana Padilla:

So there is this situation, we want to explore and recognize the importance of how situations are perceived from the other person. So from the other person's view, you want to understand the cultural context. So I gave you a couple characteristics of the research has just show over time that has been seen within the Hispanic, Latino communities and folks who adhere to these at different degrees and folks who are acculturated and also blend in with the Western perspective here and dominant culture values also. But in a lot of times, we'll see things in our communities. We want to understand what's going on. So here's a case. There is this mom, she's a Latina mom, a Latina who allows her daughter to use in the house. Her daughter actually sniffs several bags of heroin a day.

Diana Padilla:

And she has a low paying job, but her mom tried so hard to try to get her to quit, but she wouldn't quit. So she said, "Okay. So if you're going to use." She let her rent a room in her apartment and it's just the mom and the daughter. And so the daughter, she generally gives her a couple dollars to week when she gets paid. And a lot of times she has to ask her mother for \$10, because she needs just to get like one bag just to start her day. A low paying job is nothing that has a lot of income, but it keeps her busy and does put a couple dollars in her pocket. And she tends to use, I think it was like four to five bags a day she had gotten up to.

Diana Padilla:

So what happened one day? What happened one day is she had gotten paid. She went to pick up her dope and heroin in that she was caught up in a sweep. And so the police came, busted the spot, picked up a lot of folks and she was included. When she went before the court, it happens that she never had a record, went before the court. The court gave her an opportunity, gave her an alternative to incarceration option. And so she ended going into treatment. So part of her process, this was many years ago, but part of her process, she didn't go to some medication for opioid use disorder. She went through the detoxification process. She went through about five or six days of that. And then she went into a residential program. In that program, during the counseling, my colleague was counseling her, and during the counseling parts and trying to elicit information after doing the intake, orientation, all that stuff in the beginning.

Diana Padilla:

And he started to get to know her a little bit. What he learned is that she was really happy to be clean. And he had asked about, and why did you wait so long? Because she had been using heroin for more than 10 years. And she said, well, she had tried before and it didn't happen for her. She was afraid of the pain. And then the counselor asked her about the mother and she says "My mom lets me stay in the house. She knows I use." So there was a whole thing that ended up happening out here. When you think about a mom who can't get her daughter to stop using. So she lets her use in the house and the



daughter who has a job who, only when she got caught in the police raid and given alternative incarceration, then she got clean then because then she was put in a medical process of detoxification.

Diana Padilla:

So what you start to see here is a couple issues. So let me ask, and let me keep this up and let me ask Jennifer, what are you thinking? What are your thoughts here? What would you do? What's your first couple of steps?

Jennifer:

I think, one of the things that I tend to use a lot is "Tell me more." And I would talk to probably both separately and then also together to tell me more about the situation. There could be in mom's head many different reasons why she allows the daughter to use in the house and then look at motivation for both of them. For example, is mom allowing daughter to use in the house because she feels it's safer than somewhere else. You don't know. So looking at the motivation and then for the daughter, if she's been using for 10 years and the deciding factor was when she got caught, what is her motivation and kind of working from there up.

Diana Padilla:

Okay, thank you, Jennifer. Anyone else would like to add to this? This is a really good start. That's excellent. So I've asked this before and one of the comments that I had received was, "Well, the mom is obviously enabling." So what I have been trying to emphasize since the beginning of the webinar is that understanding is a big deal. And I like that how Jennifer started. So that from our perspective, from a clinical perspective, we might think that this is enabling. And from that term I said, we wouldn't exactly be incorrect. The idea is we want to inform our process.

Diana Padilla:

Be incorrect. The idea is we want to inform our processes, our clinical processes, whether it's in treatment or recovery support, we want to ensure that those processes are informed by the culture of the individual. So the Hispanic mother, if we know some kind, some issue, some common elements that happen to be that are part of the Hispanic Latino community. The Hispanic mother, there's no husband, there's no father, it's just the Hispanic mother and the daughter, the family's a priority. That daughter's a priority, so she wants it. But she wanted the daughter to get clean. Doesn't know a lot about treatment or anything. She just wants her daughter off of drugs, just like anybody I guess would, right? But she, since she wouldn't, she wanted to protect her daughter. This is all part of the values that inherit in the community.

Diana Padilla:

She couldn't get her stop using. So yes, let's keep her safe. You can use it to stop only inside here. Now I don't have to see it. You could be in the room and that's kind of part of the detail, so thanks Jennifer for picking up on that. What happens is to the rest of the story is when she was in treatment, she was given the options. They wanted to give her medication for opioid use disorder, but she didn't really want to be



on it. When she, they said they could do it medically. She went and opted for that, which is a very different process. Part of what happened with her is that she tried to get clean on her own. I don't know if you've ever seen anybody try to detox themselves from opioids, it's a horrendous process.

Diana Padilla:

She was doing it, not medically. She was doing it cold turkey. The medical process is very different. There's medication that is part of the supportive process of detoxifying and so she didn't know about that. She was able to do that. Then when she was completely clean, she was doing this program and all that information came up because the council started to elicit, to ask, instead of jumping to just say, well, you did it only because the police came well, maybe sometimes some of our clients need that crisis type of situation, but it provided her an option that she didn't know, she was aware of that she can have. Her own experience had stopped her from thinking, oh, she could probably never get clean and that's what she thought. Then when it came to the mother as the counselor asked for more information, the mother only worked with what she knew.

Diana Padilla:

The counselor asked the patient, the client's permission to bring in the mother. Once they started to give the mother more information on how recovery can be supported for that's, why I'm stressing providing that extra information. So somebody can make an informed choice that once they did that, and she was already clean, she was better able to help and support her daughter in her recovery. It was no longer okay for her. She was not using. If she was eventually going to come back to the house, it was not about using, it was about doing certain things and helping her to support her recovery process. They did the little things like the fact, like when she did come home and eventually she got a better job and eventually the client got her own place, but in that process and she first got home to the mother and when her mother understood, the mother understood, no, you have to go to this meeting. No, when do you have to go to the program. So she became an advocate for her recovery support.

Diana Padilla:

From another perspective, we may not have seen that. And we just didn't see it and from a clinical lens, we want to understand the culture aspects of what helps people think and do what they do. It's not necessarily going to be what we think they're doing. Thank you, Jennifer, for starting us off on that. When language impacts for someone who's struggling with addiction or substance use disorder, language is impactful. It's also about the words that we use and this comes back to the words, the slide matters slide. We want to understand that a lot of times, we, the old jargon that we used to use, and I had a slide up on that. We don't, we should not be using substance abuse anymore.

Diana Padilla:

When we talk about with the client, we have learned through the research literature and the studies that it's more stigmatic and more shameful. And that's a shame that it's internalized a lot of times by clients. We want to make sure that the words we use are more supportive, are more motivating, are more empowering. We don't want to further depress the motivation from the person we really want to



innate, enact that with the other person, make them feel motivated, make them feel supported. The best thing about recovery is that it's a very individualized process. It's so effective communication. Comunicaciones efectiva.

Diana Padilla:

Some of the dynamics include engage in a respectful, warm and mutual introduction with the client. Because less acculturated Hispanics expect the more or formal interaction, and the counselor will be seen as an authority figure. So you want to be able to consider, how to balance those dynamics out. It's pretty important to understand what confidentiality is, and I'm not sure how you folks do it. One of, I remember when I was doing direct services, we would explain confidentiality with everyone. Once we explained it, that's all we were required to do. We started to learn over time that just because we explained it didn't mean that our clients understood it. We started to use some basic skills to explain it and then ask them to repeat back what they understood. That helped us get to a place where it became clear.

Diana Padilla:

You know, what the confidentiality part was, especially when we say someone, everything you say here is just kept between you and I, it's not necessary. Because there may be times that they're accessing other services, they have some mental health resources, that we might have to case conference with. We need that permission. We need to, that we may need to share that. Some folks need to understand some of these forms that we're asking them to sign. The release of information forms. Understand that, explain those processes and let them know the reality of what confidentiality is. It may be explained very differently in other places.

Diana Padilla:

Have the client state in their own words, what their problem is or what their presenting issue is that they're seeking services for. I should be, I could exchange the wording here. Determine a possible influences of religious or spiritual belief system or what are the other factors in their life that's influencing? Is it dynamics within the partnership that they have with another individual? Is it the financial? Is it past experiences with their own treatment? Does the recovery pathway, has something else that they've considering and we haven't thought of yet? Go ahead Margarita.

Margarita:

I just wanted to say that I like that you said that you're going to change the word problem or problems because those are stigma words. Now using an example. I went to solicit some donations because we're having a fundraiser and I went to an auto store to solicit donations and I asked to speak to the manager. When he finally came to address me, his first question is "What is your problem?" And I said, "I don't have a problem." And he said, "I'm sorry, I didn't mean to ask that way." Or automatically it was a problem, right?"

Diana Padilla:



Yes.

Margarita:

Yes, it's a big no-no to have with me dealing with people. Even like, and it had nothing to do with substance abuse. But I felt offended that he asked me that I had a problem as a customer going into the store for the first time.

Diana Padilla:

Yeah.

Diana Padilla:

It's uncomfortable, wasn't it?

Margarita:

Yes, very uncomfortable.

Diana Padilla:

So yeah. That's what we are looking at. A lot of the literature has not yet come up to speed full force, but you know what started this whole thing? The DSM-5, when it came out in 20, what was it 2016 or 20? Yeah 2016. The DSM-5 came out then, it started to change terminology. It no longer use substance dependence or substance abuse. It says substance use disorder. We're using a health issue, a health approach to work with folks, folks have a health approach, a health condition that we might have to help them with. That is more the direction that we're going. We don't no longer want to use where it's this way. It's also aligns very much like trauma informed care. We don't say, what's your problem. This is what can we do for you?

Diana Padilla:

Tell me about what happened, so yes. I didn't realize I had these words, but I even as when I go along and trying to revamp on the materials and how I speak with you, when I'm working with you on these workshops, I still have to do this as well. I got to be mindful. The words we use really impact what, how we think and what we do, and so that's important. So determine not just the possible spiritual belief system, but what are the other factors that are influencing. Thank you Margarita for that.

Diana Padilla:

Some tips include empathy and perspectives taking. You already provide empathy. That's part of the job, but also perspective taking. It's like looking it from another side, from another way, another direction. How you would do that? You want to listen information from the person.

Diana Padilla:



You have your protocols, you have your intakes, you have your assessments, instruments. You have to make a diagnosis, an official diagnosis if you're working in treatment. Then you have to support them in a recovery pathway with the treatment plan and that's all willing for. Then if folks who will work at in prevention and with folks already in recovery, that's great, but perspective taking, it has a lot to do with how they see something, how they see their world and typically gives you insight as to their capacity, their limitations and what does work for them that we may not consider. It's not really by us being directive and listening to that information and working with that, that's part of meeting somebody where they're at. It provides those information about the strategies we need, about how to best develop the strategies we need not to influence them.

Diana Padilla:

I'm not sure not to influence the situation, but rather to best meet them where they're at. Not everyone needs the same amount of contact. The quality communication is almost as important as the quantity. This is the other thing. A lot of times in our programs, we have appointments. They are required to show up this many times, all that, you know what? Life has a lot of other situations, too. We have to work around that. They don't necessarily have to work around us. I know you may have a challenge and that might be a little different when you have a mandated client in your progress. But still the idea is that we want, if folks are trying to be live a life, and that has a lot of different responsibilities in it, then we have to work with that and we have to support that so they can do you the best they can.

Diana Padilla:

What we stress a lot, and I know my colleague does this well, culture humility. It's just a way of understanding a person, a process that is other person focused. It's a process-oriented approach. What it is, it really first, it works with a preferred language. How many folks here, raise your hand if you work with, you elicit the person's first language, you ask them what is their preferred language. That's not something I used to do. Okay. So few hands. That might be something to consider. Is this your preferred? It could be that they speak English really well. That doesn't mean that's their preferred language. Their preferred language often is associated with their best comprehension skills. It may be worth asking about, just the food for thought. Ask open-ended questions, their view of their situation. What are their support systems? These are things we tend to ask, well, active listening, reflecting and summarizing.

Diana Padilla:

This is what we talk about a lot here. While we talk about the motivational interviewing, this is basis for motivational interviewing skills, you don't even have to be an expert in MI to be able to do this. This open-ended questions, affirmations, effective listening and summaries. The OARS it's been part of communication and case management in counseling and even in the therapeutic processes and different evidence-based interventions, is so you want to use these.

Diana Padilla:



One of the best ways. This is what I used to use when I used to explain, when I started to explain confidentiality to my clients in a different way. I used to ask them, so what do you, can you tell me what you understand of what I just explained to you? Then they would say back, affirmations are helpful. Gave prompts people to know, help someone understand that you're present with them, that you could hear, you hear what they say.

Diana Padilla:

Reflective listening are opportunities where you can mention something back to them and they can either change it, or they can see that you're listening, or you can put it in a way you can do like a double sided reflection and put it in a way and say, okay, so you say, it's not healthy to do this, but that you like being with the family, but it's not healthy to keep secrets. They may have said, "It's not how they keep secrets, but I do love being with my family." Then you can say "Okay, so you like being with your family, but you know it's not good to keep secrets.

Diana Padilla:

You're reflecting back what they say, but you put in a different order. It's a way that resonates with them, so help them understand. Maybe it's not such a good idea to keep a distance from their support system. That's just a really, really brief example. And some of the stuff I do in expert. Summary, summarizing and ensuring that you've captured what all that they've been saying, so summarizing along the way in, within the conversation. It's also a really neat way to help us remember some of this information that we have. We're going to have to like write up or type in more extensively, at a later time after we stop meeting after our session is over with our clients.

Diana Padilla:

Language mechanics, we talked about this and what you hear, it's not just what is being said. It's how we interpret it. Where are we? Are we asking those open ended? Are we just kind of interpreting things on our own without, as listening information? And what is said can be said with a tone and can be said with a pitch, but can be said from a culture perspective that we may never know about if we don't ask.

Diana Padilla:

Probing for information is essential to getting to know a new person, a new client in your program. Review the notes and details with a client that is relevant, especially to initiating a rapport and communication style. Start to understand asking question, is this all right? What is the best way for you to communicate? What's your preferred language? Are you okay with speaking with English? Is there and then use the OARS to be able to go back and forth and correlate your conversation with the motivation for them being in accessing your services in the first place. Another thing that I thought it was important to tell you about is the Cultural Formulation Interview. Have you folks ever used it? Have you ever heard of it?

Diana Padilla:



I know mental health specialists, right. Are somewhat familiar with it because this it's in the DSM-5, all right. I'm going to give you a link on this and let me see. I'm going to put this in the chat. Wasn't sure if I could or not. All right, so I uploaded this to the chat. I'm going to go back to my slides. So the DSM-5 has this part, has this section. It's called a Cultural Formulation Interview and what it does, it has questions that cover five different aspects of presenting issue.

Diana Padilla:

They have cultural definition of the problem, which means what is, depending on what you listed from your client or your patient, how they see it. What do they think is the cause of the context of support? What are the stressors involved? How their identity, their cultural identity might play a part in their situations and other factors for coping. There's a link there. You can get your own. I also upload in the chat box.

Diana Padilla:

I wanted to keep you, give you a quick glimpse into what it looks like. This part of it, this is just the first couple of sections. It gives you a guide on the left hand side, but I'm always talking about eliciting information from the client because that's what's going to drive your work. That's what's going to inform how you interact with them. That's what's going to inform how you tailored that process specifically for them, realistically for their world, right? And so the interviewer notes on the left hand side, so it's not difficult. These questions are already there. These can adjunct those intake and assessment questions that you already facilitate. So in introduction to the person is I'd like to understand the issues that bring your family here.

Diana Padilla:

To better help you, I would like to know what you're experiencing your ideas. I'm going to ask some questions about how you and your family are dealing with it, and there's no right or wrong. It's a nice way to put things in context, to preface a potential, interview type session in a way where it makes it very tailored for the person, but it's really to help them. Then it goes on to ask, how would your family describe your relationship to whatever the situation is, or the person, and then cultural definition of the problem. This is how the experts has stated it and say, even if the issue is to support a member who has, I don't know, OUD and they're looking to elicit information from their family to know what support systems they can or cannot be for this individual. What brings your family here? You know, people often understand problems in their own way.

Diana Padilla:

How would you describe it? It starts to give you an idea of what these experts from across the country. Then when they put the DSM-5 together to incorporate the perspectives of the individual. So it's not just a clinical process that we do here, even in prevention and recovery supports. What we do here is we have certain protocols in place. We want to inform those. We want to in integrate the cultural aspect of the individual to make it realistic. Because we lose the clinical process and the protocols we get caught





up in, you kind of lose the gist of the person that you're working with. And you want to be able to gauge that and incorporate as much of that as possible.

Diana Padilla:

Some recommendations and I have a few minutes, so provide recommendations, take the time to understand back on references, many Latinx, Latino, Hispanics have strong preferences about how they identify. I used to ask folks, I had to fill in, gather my REL data. If I asked someone to identify Hispanic or Latino, which is a lot of forms are still not including Latinx and which is front, including that Hispanic, Latino. I remember one gentleman, he's an older gentleman. He was Mexican, Mexican American. He was naturalized in '87 and he said chicano and I'm saying, oh, okay. He was not identifying Hispanic or Latino, who said identifying his heritage for specifically. I have to work with that and not place something else in that dialogue or that conversation that I have with them. That can be very insightful letting me know just how the nuances and the characteristics within that community or the values and belief system within that community. How important that might be to understand and maybe see some aspects of that in working with him and just simply by asking him questions about it.

Diana Padilla:

Build under respect, Hispanic communities have for family direct personal to person, contact is best from communicating with Latino families and sometimes indirect. It depends on the family and the person consider the best language skills or resource to reach out and engage that person, the Latinx person. Incorporate appropriate cultural elements. I'm always talking about culturally and linguistically appropriate standards and the class standards. That's really important. That would be a helpful thing to adjunct this webinar.

Diana Padilla:

Ensure that your materials are reading level appropriate for the specific community you serve. If you have a diverse community, then you have to incorporate diverse dialects. If that is what the need presents, let's not assume that one Spanish or one Portuguese, or one Swahili is going to be the one literature that a language literature that's going to work for all the persons in that community.

Diana Padilla:

So track your results, look at your outcomes. If you want to do specific changes in how you interact with members of Hispanic, Latino, Latinx, look at your outcomes, who is who's actually succeeding and accessing and living the quality of life as a result of your care, who may, who might have you lost to the process somehow, and or why is it not expected to some folks? You want to understand that, because that influences how you go over, you go forward and substance use treatment and recovery. Let's not fit the Latinx client into the treatment program. This facilitate a recovery program that is tailored and suited to the Latinx client. That is there intentionally because what happens a lot of times is that we have all these programs, all these services already in our infrastructure, this is what our operations look like. We have a diagnosis and sometimes we have a treatment plan and what do we do? We make them fit in what's already there.



Diana Padilla:

Recovery orient assistance of care is taking what's there and tailoring to the needs of the person. Let's consider that going forward. Here is the CLAS standards. These are intended to advance health equity, improve quality and help eliminate healthcare disparities and this is for individuals as well as organizations. I will be doing this a six, two, three hour sessions for a six hour presentation on this in November. Please look for that. And lastly, what I wanted to say here is this is another picture. This is from my 1962. I believe this was Central Park and then... I'm actually it's Central Park or Randall's Island, I'm not sure. Celebrating traditional festival of San Juan in New York City. Anybody know what that is? Anybody know what the festival of San Juan is? Ann are you trying to speak, I don't hear you.

Ann:

Maybe the Puerto Rican Day Parade.

Silvana:

I was going to say, may of Puerto Rico, San Juan de Puerto Rico.

Diana Padilla:

Yeah. So Ann, what were you saying?

Ann:

That is the day that we now know as Puerto Rican Day. So we have Puerto parade and that's the...

Diana Padilla:

Well in San Juan. Thank you. And thank you, Silvana and San Juan is really St. John the Baptist and it's very religiously correlated and some of the ritual that happened used to happen in San Juan and they started doing New York City was, and that was in '62. They would go into the water. They would go into the beaches and just like John the Baptists used to baptize people. They would do that ritual and go into the water. I believe it was done in June, which is a good thing.

Diana Padilla:

Say religious holidays, traditional holidays and stuff that, and these kinds of things are very adhered to very important in terms of resource matching and making appointments and understanding how if you see that folks are adhering to certain traditional or religious activities, festivities understand how that either supports' recovery, or am I getting the way of recovery. That way you can tailor your support for that person. Let me see. And from there, I want to show you, 11:56, I got to give you time to do this.

Diana Padilla:

Thank you everyone for your participation. I want to show you this last thing. This is an awesome website. It has so many resources, it's all around building health, equity and inclusion. Please, whenever



you have time go there, put it in your favorites. When you have an issue of a particular culturally related concern, go here, you're probably going to find a resource.

Marlon:

And I really appreciate this workshop, especially the different perspectives. I forgot the name of the person who was sharing that the New York Spanish is different from Puerto Rican Spanish.

Diana Padilla:

Yeah.

Marlon:

And same here in Los Angeles, right? It's mostly Mexican-American population, but we have a lot of Central Americans. Understanding the nuances between different languages and serving them. And I like the fact that you share, how would you like to be identified? And then you can work from there, right? Because the older generations, they don't know Latinx or those are, or even those in providers. They're trying, but they're not used to using the terminology. I just want to say I really appreciate it. Sorry you hear the baby music, my son woke up.

Diana Padilla:

That's fine. That's great.

Marlon:

We're in LA. So he's, it's normal time. He is waking up so, but I really appreciate it. Thank you.

Diana Padilla:

Thank you, Marlon for that, for sharing all that. And nothing that, one of the nicest things about the virtual world is when our true families and our world kind of comes out. It reminds us that we're real people working in this world. And so congrats Marlon on the baby. Great. Thank you all for your participation. I know this is just two hours, kind of like quick thing, but you had a lot of information and there's so much more.