

Understanding Risk and Cultural Factors Contributing to Substance Use in Hispanic/Latino Immigrant Youth Series

Session 1 : Early Identification of Pre and Post Migration Risk
Factors of Substance Use Disorders in Hispanic/Latino Youth

Presented by

Richard Cervantes, Ph.D.

December 1, 2022

Presented in 2022 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

ATTCnetwork.org/hispaniclatino

PTTCnetwork.org/hispaniclatino

This product was prepared for the National Hispanic and Latino Addiction Technology Transfer Center (ATTC) and the National Hispanic and Latino Prevention Technology Transfer Center (PTTC), under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from National Hispanic and Latino Prevention Technology Transfer Center (PTTC). For more information on obtaining copies of this publication, call 505 690-1783.

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 1H79TI081174-01 and 1U79SP023012 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

HOUSEKEEPING

- Copy of presentation
- Recording
- Q&A Session
- Evaluation
- Certificate of Completion
- Closed captioning

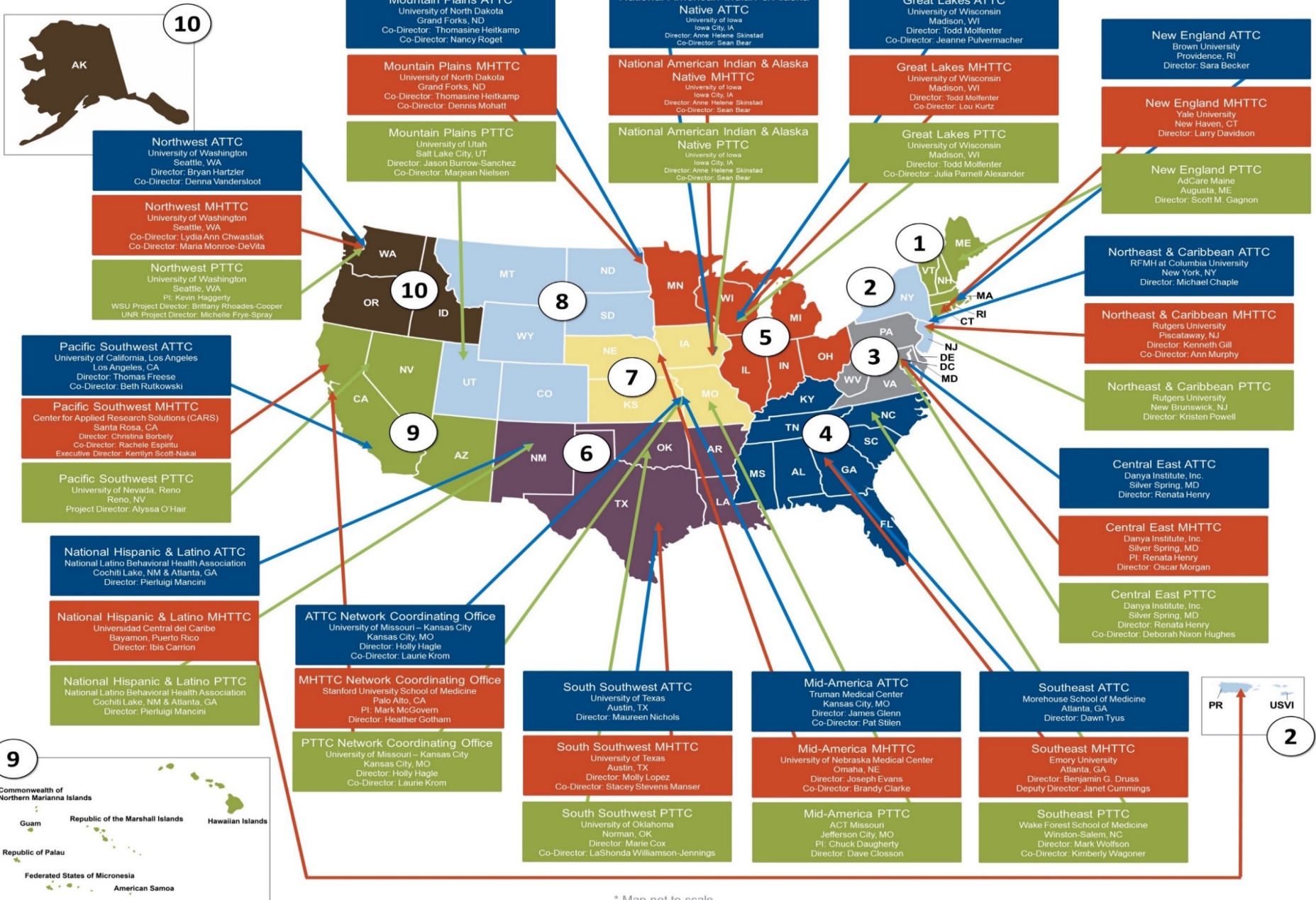
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



* Map not to scale.



Fredrick Sandoval, MPA
Executive Director
NLBHA

NLBHA's Mission

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

NLBHA's Objectives

NLBHA's Objective is to provide national leadership on mental health and substance abuse concerns of the Latino community. NLBHA's Policy Priorities are:

1. Targeted Capacity Expansion of Mental Health Services for Latinos
2. Latino Behavioral Health Evidenced Based Practices
3. Legislation to increase the number of Counselors/Therapists/Other Behavioral Health Practitioners
4. Funding for Co-Occurring Disorders of Alcohol and Substance Abuse
5. Opioid Crisis in the Latino Community
6. Suicide Prevention

NHL ATTC Staff



**Susie Villalobos,
Ed.D, M.Ed., CCTS-I**

**NHL ATTC
Project Director**



**Ana L. Chavez-Mancillas,
MSW**

**NHL ATTC
Co-Director**

NHL PTTC Staff



**Susie Villalobos,
Ed.D, M.Ed., CCTS-I**

**NHL PTTC
Project Director**



**Priscila Giamassi,
MPM, CPS**

**NHL PTTC
Project Coordinator**



**Christina Mancebo-Torres,
MPH**

**NHL PTTC
Program Specialist**

Today's Presenter



Richard Cervantes, PhD
Behavioral Assessment, Inc.

Understanding Risk and Cultural Factors Contributing to Substance Use in Hispanic/Latino Immigrant Youth Series

Session Title: Early Identification of Pre and Post Migration Risk
Factors of Substance Use Disorders in Hispanic/Latino Youth

Disclosures

No conflicts to disclose

Latinos in The United States

- Expected to reach one quarter (29%) of the U.S. population by 2060 (US Census Bureau 2014 National Projections)
- Fastest growing adolescent population (PEW Research Center, 2016)
- The majority of Latino children (52%) are US-born to foreign-born parent(s) most commonly from Mexico
- Over 3.2 million second generation Latino children are threatened indirectly by deportation policies because they have at least one parent that is unauthorized to work or reside in the US (i.e., “mixed-status” family)

Latino Immigrant Health in the US

- Latino immigrants in the US are healthier than their US-born Latino and non-Latino counterparts, but this health advantage diminishes over time and with higher levels of acculturation
- *Acculturative stress*, the stress associated with being a Latino immigrant and acculturating to the US, is a key driver of this decay in health. In fact, acculturative stress is the most robust predictor of the substance abuse, intimate partner violence (IPV), HIV, and depression syndemic (conditions that cluster and interact to disproportionately affect Latino immigrants)

What is Acculturation Stress?

- Acculturative stress is the psychological stress experienced by immigrants in the US that results from adapting to a new context and experiencing dissonance between one's culture of origin and the host culture.¹¹ Acculturative stress results from societal forces shaped by racism, xenophobia, and differences in the culture of origin and receiving communities
- Conflicts may arise when differences exist in levels of acculturation between parents and their children (relationship level), and difficulty with navigating systems in the US such as healthcare and education (community), among others
- Latino immigrants in the US South are disproportionately at risk for experiencing high and chronic levels of acculturative stress that stems from more strict enforcement of immigration policies, and living in a more recent immigrant-receiving community where systems like healthcare and education have yet to adapt to the unique needs and preferences of this group, and where there is a strong legacy of racism, xenophobia, and discrimination

Hispanic Health Disparities

- Fifty percent (50%) more likely to die from diabetes (CDC Vital Signs 2015)
- Nearly nineteen percent (18.8%) of Latino adolescents report suicidal ideation and one-in-ten (11.3%) report having attempted suicide (CDC, 2015)
- Hispanic binge drinking rates for the past year are the highest compared to other racial ethnic groups (NIAAA updated June 2019:
<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-and-hispanic-community>)
- 1 in 6 Hispanics/Latinos with HIV are unaware they have it, and Hispanics have higher rates of some STDs than other races (CDC 2016)
- Lifetime psychiatric disorder prevalence estimates were 28.1% for men and 30.2% for women. Puerto Ricans had the highest overall prevalence rate among the Latino ethnic groups assessed. Increased rates of psychiatric disorders were observed among US-born, English-language-proficient, and third-generation Latinos (Alegria, M. 2007)

Hispanic Behavioral Health – NHSDUH, 2019

Among Hispanics with a substance use disorder:
2 IN 5 (39.5% or 1.2M) struggled with illicit drugs
7 IN 9 (77.1% or 2.4M) struggled with alcohol use
1 IN 6 (16.6% or 509K) struggled with illicit drugs and alcohol

Among Hispanics with a mental illness:
2 IN 9 (21.5% or 1.5M) had a serious mental illness

7.6%
(3.1 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

3.3%
(1.3 MILLION)
People 18+ had
BOTH an SUD and
a mental illness

16.9%
(6.9 MILLION)
People aged 18
or older had a
mental illness

In 2018, **8.6M** Hispanic adults had a mental and/or substance use disorder.

Behavioral and Emotional Risk among Latino Adolescents

- By the 12th grade, Latino students report the highest rates of 30-day use of marijuana, inhalants, ecstasy, cocaine, crack, Vicodin, methamphetamine, crystal methamphetamine, over-the-counter cough medicines, and tobacco using a hookah (Johnston, et al., 2016*)
- Past studies have shown that Latino students have the highest rates of binge and heavy drinking (Pemberton, M.R. et al 2008*)
- In 2012, Latina adolescent teenage pregnancy rates are higher than any other racial and ethnic minority group (Hamilton, Martin & Ventura, 2012*)

*Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2016). Demographic subgroup trends among adolescents in the use of various licit and illicit drugs, 1975–2015 (Monitoring the Future Occasional Paper No. 86). Ann Arbor, MI: Institute for Social Research, The University of Michigan. Available at monitoringthefuture.org/pubs.html#papers

*Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). *Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

*Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012.

A Risk Reduction Approach to ATODA and other Problem Behavior

- Precursors of drug, alcohol use and emotional problems have been described as “risk factors”
- Increased exposure to Risk factors are associated with an increased probability of drug, alcohol use and emotional trauma
- A risk-focused approach seeks to prevent drug use and emotional problems by eliminating, reducing, or mitigating its precursors
- Many risk factors for drug abuse also predict other adolescent problem behaviors (Hawkins, Jenson, Catalano, & Lishner, 1988)

More Known Risk Factors

(Hawkins, Catalano & Miller)

- A family history of alcoholism and parental use of illegal drugs;
- Poor family management practices; family
- Conflict; low bonding to family;
- Academic failure; lack of commitment to school; early peer rejection; social influences to use drugs;
- Alienation and rebelliousness;
- Attitudes favorable to drug use; and the early initiation of drug use.
- There is some evidence that certain factors including personal attributes and a social bond to conventional society may protect against drug abuse.

More on Risk Reduction – Known Risk Factors

Research has identified these antecedents of adolescent drug abuse:

- Among Latino adolescents, acculturation related stress (e.g., acculturation gaps in the family) increases risk for poly substance use and binge drinking;
- Laws and norms favorable toward drug use; availability of drugs;
- Extreme economic deprivation; neighborhood disorganization;
- Early behavior problems including aggressive behavior in boys, other conduct problems, and hyperactivity in childhood and adolescence.

Stress-Illness Framework as a Basis for Risk Assessment among Latino Youth

- The model of stress and coping (Lazarus & Folkman, 1984; Lazarus, 1990), is a good framework for understanding the acculturation process.
- Acculturation itself can produce stressful life events associated with poor mental health, substance and alcohol use (Unger, et al 2010).
- The stress process for adolescents is influenced by multiple factors related to peer relationships, school and other responsibilities, family environment, and physical and psychological changes
- Among Hispanic youth, acculturation gaps within the family have been thought to be a key in understanding mental health, behavioral problems and suicidality

Children and Trauma (NCTSN, 2022)

- A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.
- Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control.
- Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.

Even though adults work hard to keep children safe, dangerous events still happen. This danger can come from outside of the family (such as a natural disaster, car accident, school shooting, or community violence) or from within the family, such as domestic violence, physical or sexual abuse, or the unexpected death of a loved one.

What Experiences Might Be Traumatic for Youth?

- Physical, sexual, or psychological abuse and neglect (including trafficking)
- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)
- When children have been in situations where they feared for their lives, believed that they would be injured, witnessed violence, or tragically lost a loved one, they may show signs of child traumatic stress.

Children's Reaction to Traumatic Events -NTCSN

- Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended.
- Traumatic reactions can include intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains. **Older children may use drugs or alcohol, behave in risky ways, or engage in unhealthy sexual activity.**
- Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event.

Complex Trauma

- Complex trauma describes both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect.
- They usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self and interfere with the child’s ability to form a secure attachment.
- Many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.
- NCTSN Offers Multiple Fact Sheets and Core information for various EBPs to treat Childhood Trauma

Early Signs and Symptoms of Behavioral Problems

- The specific DSM-5 diagnostic criteria for Adjustment Disorder are as follows: Emotional or behavioral symptoms developed in response to an identifiable **stressor** or **stressors** within 3 months of the onset of the event(s). (Depressed, Anxious or **Mixed Conduct and Emotion**).
- These symptoms last no longer than 6 months once the stressor(s) have dissipated or related problems have been resolved (e.g., effective coping in place)
- Syndemic Stressors are Important – Chronic and Compounding

Behavioral Problems

- Fighting or being over-aggressive at home or school
- Constant Disobeying of rules
- Drug, tobacco experimentation (e cigarettes)
- Low level delinquency (stealing; shoplifting)
- Low level gang involvement
- Associating with Negative Peer Group
- Acting out through social media (bullying)

Emotional Problems

- Withdrawn
- Lack of energy
- No interest in friends
- Change in school grades/attendance
- Frequent Crying
- Frequent Physical Complaints
- Irritable
- Nervousness, fearful, nail biting, sleep difficulty
- Worrisome social media use/postings

Culturally Based Trauma for Latino Adolescents

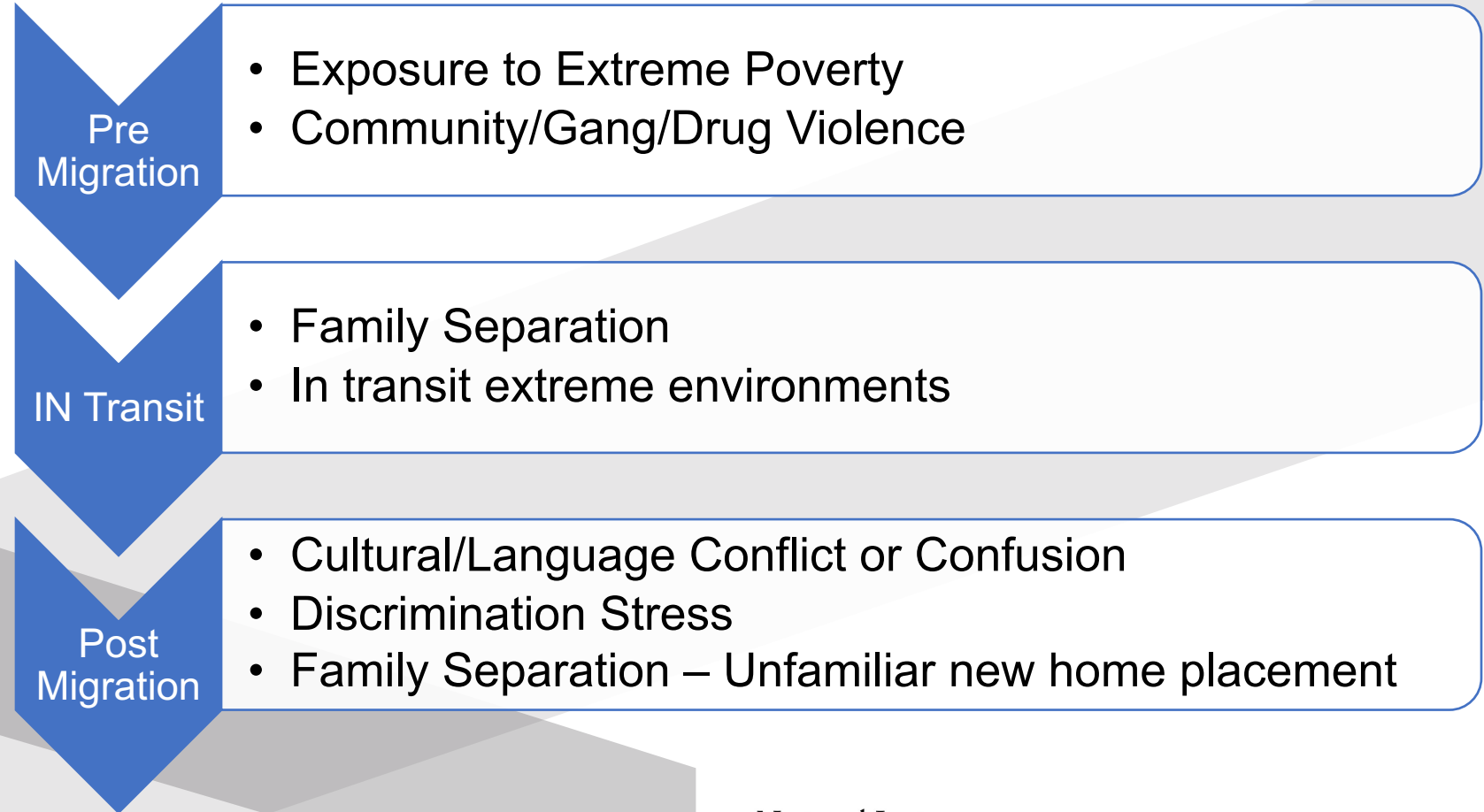
Through our research on the Hispanic Stress Inventory for Adolescents (HSI-A; NIMH) we identified eight key domains of stress (Cervantes, et al., 2011)

- Family Economic Stress
- Acculturation Gap Stress
- Cultural Conflict (Schools)
- Immigration Stress
- Discrimination Stress
- Family Immigration Stress
- Community/Gang Violence Stress
- Family Drug related stress

Sample HSI A subscales and item content

| HSIA Subscales | Question |
|--|---|
| Acculturation-Gap Stress | My parents want me to maintain customs and traditions from our home country |
| Culture and Educational Stress | Teachers think I am cheating when I am speaking Spanish |
| Immigration-Related Stress | I had to leave family members behind in my home country |
| Community and Gang-Related Stress | There was a lot of pressure for me to get involved in gangs |
| Discrimination Stress | Students made racist comments about me |
| Family and Drug-Related Stress | A family member had a drug problem |
| Family Immigration Stress | Family members were afraid of getting caught by immigration officials |
| Family Economic Stress | My family had problems paying rent |

Migration Stress Complex – Cumulative Stress



What is Resilience among Immigrants?

- Despite the challenges that Latino immigrant families encounter in the US, including exposure to racism and xenophobia, adverse work and socioeconomic conditions, high levels of uninsurance, and lack of access to linguistically and culturally aligned health and social services, Latino immigrants are resilient.
- Resilience is the ability of an individual to resist, rebound, or recover from challenges in life. Resilience can also be defined as positive adaptations after immigrating to the US and factors that buffer against acculturative stress that stem from individual, family, community, and societal domains

Ser Hispano Study Results (NIH – Duke University Study)

- Our preliminary data, has identified *multi-level sources of resilience* for Latino families as buffering against the health consequences of acculturative stress. These include:
 - 1) individual-level strengths encompassing psychosocial traits (i.e., positive disposition), optimism in the American Dream, active coping behaviors, and having a positive ethnic identify;
 - 2) family- and interpersonal-level strengths including a strong sense of family, parental monitoring, positive parent-child communications, and the maintenance of a strong family orientation; and
 - 3) community-level strengths including strong social networks and access to social and health services. Interventions promoting health equity among Latino immigrant community must not only take on an ecological approach in addressing sources of acculturative stress, but also leverage sources of resilience at across individual, family, and community levels

Building Coping Skills for Traumatized Youth and Families

- In one study of family resilience, Cervantes & Santisteban (2016) reported specific, contextual resilience strategies mentioned by Hispanic/Latino families in confronting acculturation stressors. These are strategies that can be incorporated into culturally appropriate Familia Adelante prevention services

For Discrimination Stress

- Maintaining a strong sense of identity and self confidence.
- Have a strong sense of cultural identity through culture bonds and unification.
- Religion and spirituality- looking towards God and religious texts to assist in emotions that arise from dealing with discrimination –the bible teaches equality.
- Finding resources and getting (legal) help; voting for measures and laws that benefit

Marital and Family Trauma and Stress

For Marital Problems and Stress

- Learn from others; ask advice; Seeking assistance from other family members or clergy.

For Parenting Stress

- Communicating with children; having good communication skills
- Seeking help from extended family i.e., aunts, uncles, grandparents, cousins; seek professional assistance; finding help
- Find consensus between both parents about childrearing

For Immigration Stress

- Becoming educated on the topic of immigration; ESL and gathering information and resources on American culture.
- Maintaining hope towards the future and focusing on the positive aspects of immigration; keep internal motivation to have a better life; remember that bad things will pass; maintain spirituality and hope through bible study.
- Finding assistance through ESL and studying; easier to find jobs – English will make life easier.
- Rely on the bible to maintain hope.

For Family Conflicts

- Seeking support from other family members who are not directly involved in conflict
- Spirituality and seeking help from God and clergy
- Increasing communication skills with family

For Health-Related Stress

- Seeking traditional remedies; treating yourself; getting advice from the pharmacist. Getting help from pharmacies that have meds from other countries (e.g., going to Mexico).
- Finding local clinics and low-income assistance clinics
- Relying on family for emotional and monetary support
- Develop healthier habits to prevent health problems

Don't Forget about Cultural Resilience And Protective Factors –How Can We Mobilize These?

- Familismo
- Respeto
- Compadrazgo
- Orgullo
- Religion/Spirituality
- Extended Family Support System
- Strong cultural traditions, values and customs
- Educación
- Bicultural
- Immigrant Optimism

Familia Adelante - Overview

- The FA program was developed using the Stress-Illness Paradigm (Aneshensel, 1992) as a framework for stress management, coping skills and family resilience.
- FA also helps strengthen ethnic identity, sense of belonging; acknowledge trauma and loss (Baca).
- Targets the various combinations of culturally based stressors identified in the Hispanic Stress Inventory studies for both youth and parents (adults) – it is a data driven program.
- Designed to reduce cultural stressors; not to treat serious clinical problems, but to address mild D.O. such as DSM Adjustment Disorder.
- Developed as a family-based early intervention.

Pre-Post Outcomes - Significant Changes (Cervantes, Goldbach & Santos, 2011)

- Reduced Past 30-day drug use
- Increased AOD Perceptions of Harm
- Reduced Conduct Disorder
- Reduced Learning Problems
- Reduced Hyperactivity
- Reduced Anxiety
- Parent knowledge (drugs, HIV) increased

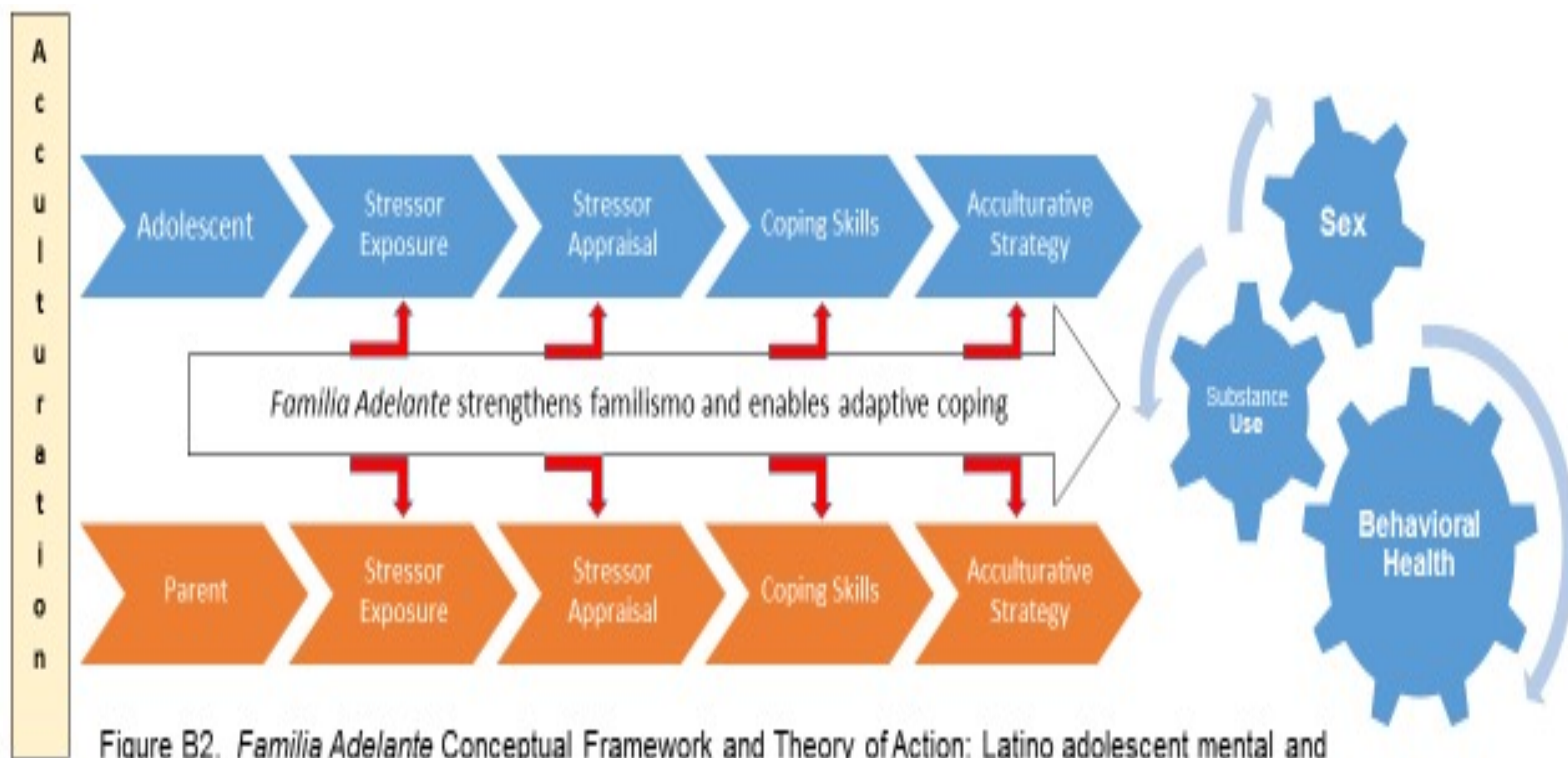


Figure B2. *Familia Adelante* Conceptual Framework and Theory of Action: Latino adolescent mental and behavioral health is shaped by their and parents' ability to respond to stressors whose origins lie in acculturation



Arizona Parents Commission on Drug Education and Prevention
Governor's Office of Youth, Faith and Family

ANNUAL EVALUATION REPORT

Parent Commission Grant Program

Presented to:

Amistades, Inc.

Evaluation of Familia Adelante (FA) in Tucson, AZ September 2018

- A recent independent evaluation of FA was conducted as part of Arizona Parents Commission on Drug Education and Prevention Governors' Office of Youth, Faith, and Family.
- Familia Adelante participants reported an average of 99.3% satisfaction of the program and 100% of the parents stated they would recommend the program to someone else.
- Based on a pretest and posttest design the evaluators found positive improvements in n=161 youth and parents in the following outcomes: family cohesion, attitude toward youth use of ATOD, youth knowledge of risk/harm of alcohol and substance use, parent-child communication, and parental involvement in child's activities (Dowling et. al., 2018).

Evaluation of Familia Adelante (FA) in Tucson, AZ September 2018-Percent Change N=161

| Variable | % change |
|--|----------|
| Participants satisfaction of Familia Adelante | 99.3% |
| Parents who stated that they will recommend Familia Adelante | 100% |
| Attitude Toward Youth Use of ATOD- Adults | 5.1% |
| Attitude Toward Youth Use of ATOD- Youth | 12.3% |
| Youth Knowledge of Risk/Harm of alcohol and substance use | 37.9% |
| Parent- Child Communication | 19.25% |
| Parental Involvement in Child's Activities | 4.6% |

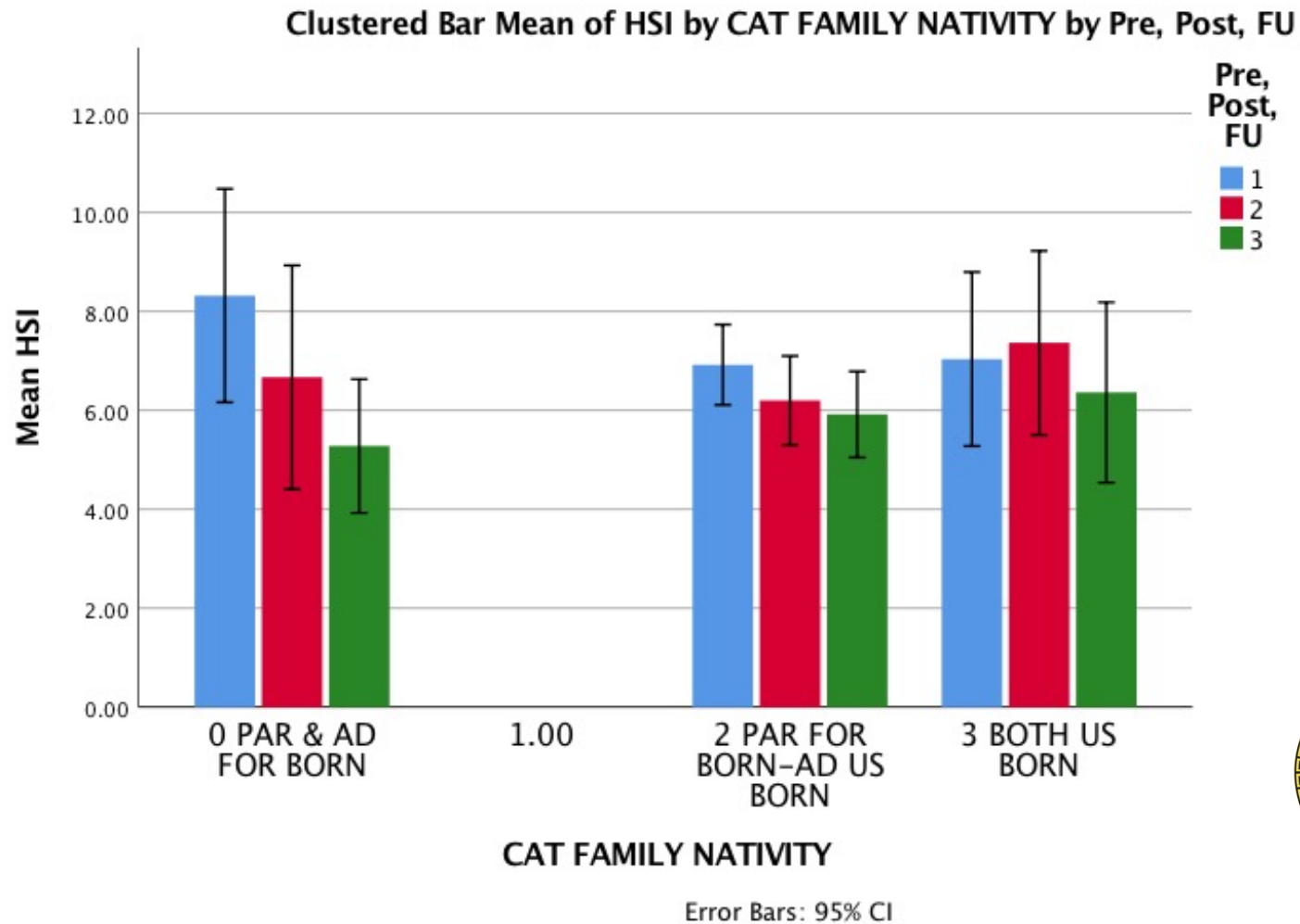


Risk Prevention among Latino Adolescents: Variable Effectiveness of Familia Adelante by Family Nativity

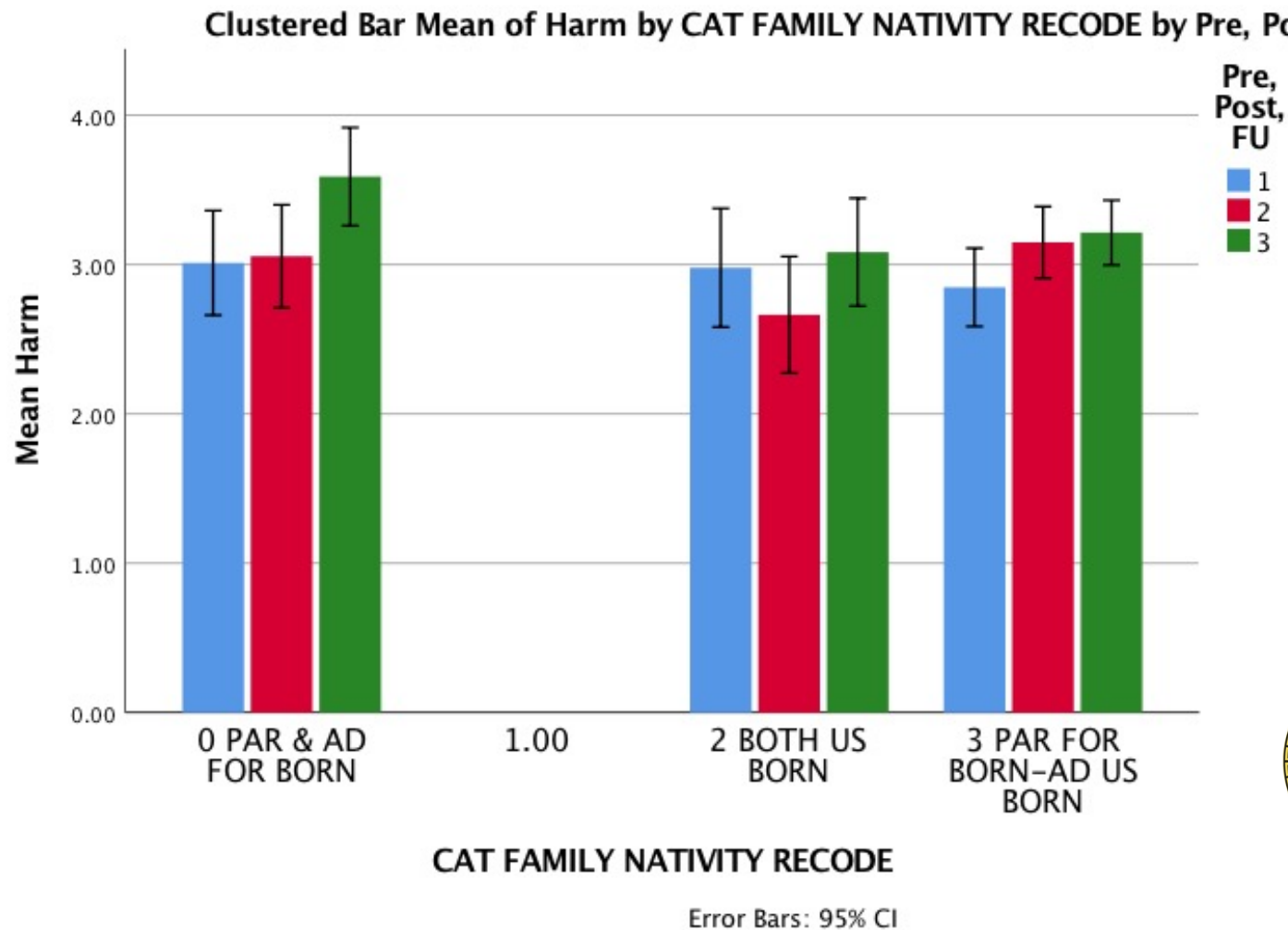
Richard Cervantes & Joseph G. Grzywacz

2018 Society of Research on Adolescents SRA
Biennial Conference Program
Minneapolis, MN
April 13th, 2018

Changes in Acculturative Stress by Family Nativity



Perceived Harm from Substance Use by Family Nativity



Summary of Familia Adelante Youth Sessions

| Session | Lesson | Lesson Goal |
|---------|----------------------|---|
| 1 | Introduction | Have a clear understanding of the Familia Adelante curriculum, its purpose, and the need for program evaluation. |
| 2 | Concept Building | To define prevention and its application in life, build rapport with group members, acknowledging Hispanic culture as a positive resiliency factor, learn the basic concepts of |
| 3 | Feelings | Explore physical and emotional feelings, explain how feelings affect behavior; how to be assertive in relationships. |
| 4 | Stress Overview | What stress is and how it affects physical and emotional health as well behavior. |
| 5 | Acculturation Stress | Hispanic acculturation stress, how to identify the consequences of physical and emotional stress, and what values may hold. |

| | | |
|----|---------------------------|--|
| 6 | School Related Stress | Identify the stressors related to school, how this stress affects youth, help youth identify trusted adults to share stressful experiences. |
| 7 | Negative Peer Pressure | Adaptive ways of coping with stress; how to cope with dating peer pressure around sexual behaviors. |
| 8 | Family Stress, | How to identify family stressors; effective ways to deal with stressors, positive and negatives about having sex; explore acculturation gaps |
| 9 | Gang Prevention | Understand gangs, violence and the importance of not becoming members of gangs. |
| 10 | Substance Abuse Education | Specific drug information, dangers of drug use, other healthy activities, facts about drugs, effects of drugs on a person's body, cultural pressures to use alcohol and other drugs. |
| 11 | Family Communication | Teach families healthy communication skills; revisit acculturation gaps stressors |
| 12 | Evaluation & Celebration | Re-evaluate youth to assess effectiveness of program; certificates of completion awarded to participants. |

Summary

- Pre-Migration, In Transit and Post **Migration** Stress impact Latino youth and can raise the risk for substance and alcohol use
- Child health care workers should assess and identify sources of trauma and acculturation stress, as well as symptoms related to PTSD and adjustment disorders
- Drug prevention programs that help develop youth and family resilience and coping are effective, even for immigrant youth
- Highly traumatized youth may require more intensive EBPs and trauma informed care.



Presenter's Contact Information

For more information contact:

Dr. Cervantes

Bassessment@aol.com

GPRAs Evaluation Link



LINK: <https://link-bai-eval.com/TTA-Post-Event-GPRA-2263>

Understanding Risk and Cultural Factors Contributing to Substance Use in Hispanic/Latino Immigrant Youth Series

Session 2: A Migration Informed Context for Delivering Screening,
Brief Intervention, and Referral to Treatment (SBIRT) with Immigrant
Youth

Link is being shared in the chat.

For more information about the National Hispanic and Latino ATTC and to request training and technical assistance you can reach us at:

www.nlbha.org

ATTCnetwork.org/hispaniclatino



Or directly at:

**Susie Villalobos, Ed.D, M.Ed.,
CCTS-I**
susie@nlbha.org
915-503-5111

Ana L. Chavez-Mancillas, MSW
achavezm@nlbha.org
720-607-7897

CONNECT WITH US



[National Hispanic & Latino ATTC](#)



[Juntos Network](#)



[Cultivating Wellness: A Newsletter Celebrating Latino Behavioral Health](#)

For more information about the National Hispanic and Latino PTTC and to request training and technical assistance you can reach us at:

www.nlbha.org

PTTCnetwork.org/hispaniclatino



Or directly at:

Susie Villalobos, Ed.D, M.Ed.,

CCTS-I

susie@nlbha.org

915-503-5111

Priscila Giamassi, MPM, CPS

priscila@nlbha.org

678-822-1308

Christina Mancebo-Torres, MPH

christina@nlbha.org

774-400-0897

CONNECT WITH US



[National Hispanic & Latino PTTC](#)



[Juntos Network](#)



[Cultivating Wellness: A Newsletter Celebrating Latino Behavioral Health](#)

Thank you.
¡Gracias!
Obrigado.