CULTURAL ELEMENTS
in Treating Hispanic Populations

Dialogue on Science and Addiction

CARIBBEAN BASIN AND HISPANIC

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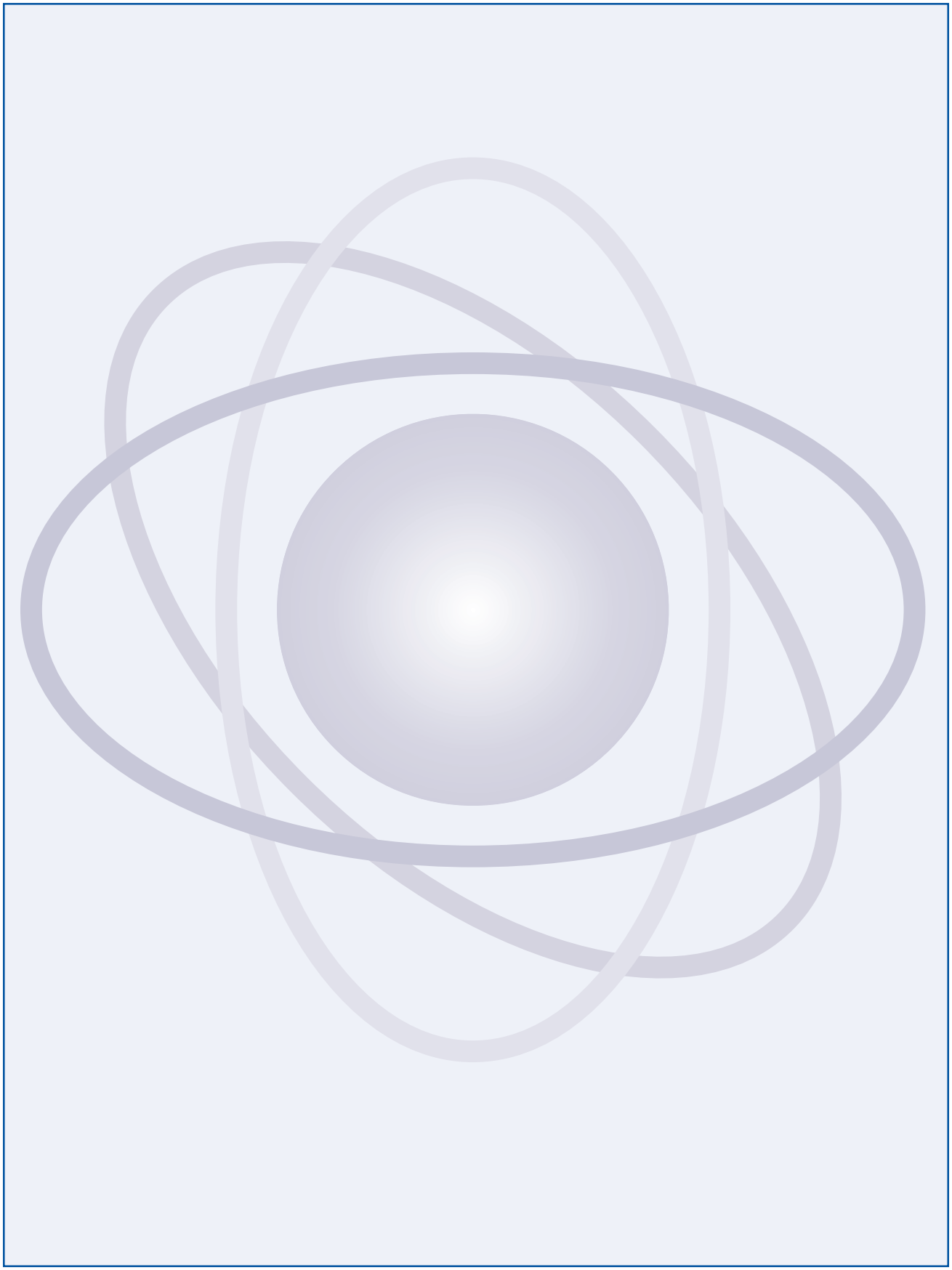

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Introduction

A Guide for Addressing Treatment Needs of Latinos with ATOD Problems

Successfully treating clients with ATOD addictions requires an expert mix of science, clinical training, pragmatic experience and continuing development of clinician skills. This guide is written as an aide for ATOD counselors to improve their skills in response to treatment challenges presented by clients from Latino cultures. The word "culture" is loaded with meaning and has many potential implications, so the ideas expressed in this brief overview are not exhaustive nor intended to provide a "freeze frame" cultural portrait of all Latinos that pretends they are all the same or unchanging. Such a portrait defies reality. Currently three-quarters of the approximately 40 million Latinos living in the United States are either immigrants or children of immigrants. As a result there are pervasive cultural changes that distinguish generations of Latinos. The approach taken in this Guide is to highlight key similarities and differences in cultural beliefs, attitudes, and practices commonly seen among Latino ATOD clients that potentially influence their drug use behavior and responsiveness to treatment. "Americanization" has variable impacts across generations of Latinos. Indeed, the "sending" nations from which Latinos have historically emigrated, and continue to do so, are also experiencing rapid social changes that influence drug use and addiction in their own societies.

This Guide is intended to be non-technical in style yet based on the most current knowledge we have about culture, ATOD addictions, and treatment. For those readers desiring additional, specific technical information on major issues addressed in this work, a bibliography is provided to assist individual research. To be certain, the field of ATOD clinical treatment is progressing rapidly. Nevertheless, the research or practice oriented information about culture and addiction treatment is sparse at best and is mostly a "carry-over" from mental health research. This does not imply an absence of interest or research activity, but it does demonstrate how time consuming it is to improve that knowledge base and transfer that knowledge into practice. This Guide is subdivided into five topics:

- ***How culture change affects Latinos and their drug use***
- ***Problems faced by individuals around access and readiness for treatment, and sustaining a course of recovery***
- ***Cultural factors in treatment, and clinical issues***
- ***Special requirements for managing clients with co-occurring disorders***
- ***Approaches to integrating culture into therapy***

As a final point of introduction it is worth spending a few moments reflecting on the nature of addictive disorders. It is now common to think about addiction as a "chronic relapsing disorder," meaning individuals with ATOD addictions have a tendency to fall back into previous drug use patterns and lifestyles. Breaking the trajectory of addiction requires a concerted effort that mobilizes the individual to change and to sustain that change over time by making concrete changes in self-image and restructuring their lives. More research is coming forward every day indicating that addiction is a brain disease. This does not mean that our genetic inheritance dooms us in some mechanical way to becoming addicted to drugs if we have the wrong genes. Current research is showing that individuals with parents who had certain addictive and non-addictive problems, such as depression or anti-social personalities, transmit higher vulnerability for both types of disorders to their children. However, their children do not automatically express these same problems. While the propensity to experiment with drugs and progress to addiction may depend somewhat on inherited characteristics, most people with "high risk" characteristics are not likely to become addicted because of counter socialization from family, schools, churches, and peers. If they are consistently taught by people in their lives who have predominant influence over them that drug use is a bad thing to do and exemplify that behavior in their own lives, genetically vulnerable individuals will be far less likely to experiment with drugs, progress to hard drugs, or become addicted to them.

It is quite likely that those who do become drug addicted, whether they have an "exceptional genetic risk" or not, are in some way different in ways that are not strictly biologic, and these characteristics may show up later as issues to contend with in treatment and recovery. Another finding from contemporary research is that long term, regular use of addictive substances eventually causes changes in the brain's chemistry and functioning that changes the behavior of individuals. The most obvious manifestation is the "craving" experienced by addicts and their efforts to do whatever is necessary to satisfy that craving. Craving is essentially a brain memory process that can persist long after individuals have stopped using drugs for years. Thus, there are strong chemical rewards experienced in the brain that operate to reinforce drug use and perpetuate addiction that must be addressed in treatment.

There are equally formidable psychological and social factors that influence the personal decision to be treated, including recognizing and fully appreciating the problem, deciding to act, finding a provider, and maintaining the commitment to recovery over time even in the face of upsetting personal circumstances. The result is that many drug addicted individuals can mull over their decision to seek treatment for long periods of time before acting, and depending on the type of treatment they are seeking and local availability of care, it may be years before treatment is initiated. Most addicted persons will repeatedly enter treatment and relapse. The science of addiction treatment is focused on how to minimize this history of failure. The interjection of cultural knowledge and skills about Latinos is intended to support treatment approaches shown to be useful through scientific evaluation of results and to improve their effectiveness rather than to supplant them.

I. Cultural Change and Family Transformation

HOW CULTURE CHANGE AFFECTS LATINOS AND THEIR DRUG USE

Why is culture relevant to drug treatment? Culture defines whether behavior is acceptable or not, under what circumstances, and how others whose opinions we value will think about it. Cultures also provide explanations about why behaviors occur and supply appropriate responses. In the instance of Latinos, hybrid cultural experiences are the rule because there is such a mixing of national origins and generational differences within the American population. It is possible to identify some common themes and even inconsistencies and conflicts in those themes, such as expectations about gender roles, which can be highly contentious and even perplexing. Is the family perceived as an asset or part of the problem, or both, by a drug-abusing client?

Immigration

Immigration is so much a part of the Latino cultural experience in the U.S. that it deserves special consideration. Immigration represents two major sources of stress, (1) family dislocation, fragmentation, and reconstruction, and (2) culture change for individuals and across generations. These two processes are often intermeshed but it is useful to distinguish them in order to understand how they have shaped the life course of clients leading them to the present moment.

> ***Since drug addiction is rare in most Latin American countries the advent of a major drug addiction problem among U.S. Latinos is a signal of breakdowns in family processes.***

There is a greater stigma associated with use of illicit drugs in Latin American societies than in the United States despite the fact that drugs are widely available in most major urban centers in those nations and in the U.S. – Mexico border region.

Back to Immigration

Immigration and resettlement involves many contingencies. The process of immigration and resettlement can be relatively uncomplicated and complete, or in the other extreme, can last years and separate family members for extended periods causing irreparable emotional harm. Each immigrant family has a unique story to tell about their rite of passage in becoming

Americans, even if they don't recognize themselves as such and remain committed in spirit to their culture of origin. For a drug counselor it is certainly worth hearing the story of a family's immigration process. Did the process of resettlement disjoint families? Were children separated from parents for long periods of time which affected their relationships? What was the impact on the structure and cohesiveness of the family, how was the family reconstituted, and was continuity maintained with the extended family in the nation of origin? What occurred in the process of resettlement? Were many moves required, and were family and close friends available to supply assistance or not? Of special interest is the extent to which parental relations were improved, damaged, or changed by the transition. Many immigrants retain the belief that someday they will return to their birthplace and some do so temporarily or permanently while others simply keep hoping for their return but never accomplish it. Obviously, these features that occur in many immigrant families can cause frictions among family members, and even undermine relationships especially among children who have grown and matured in the United States, and are often citizens of the United States even when their parents are not.

Family Difficulties

Serious strains among family members, especially intergenerational conflicts, are the types of situations that evolve into problem behaviors of adolescents that often create pathways to addiction by fueling breakdowns in communication. Parents that never had the time to parent or were too tired to do so, as commonly occurs in low-income immigrant households, may resort to belittling comments and physical punishment to control their children.

Often parents, especially fathers, have alcohol problems that have created or contributed to serious problems and family crises including domestic violence and possibly sexual abuse.

While many of these problems are common in Latin America as well, the difference in social environment of adolescents and young adults in the United States is very consequential. The adolescent who wants to separate himself from parental hostility and conflict too often finds support among friends and acquaintances that have drugs available.

In families where functioning is especially problematic substance abuse may occur relatively early in life. During the earliest teen years, experimentation and use of legal substances (i.e., tobacco, alcohol, inhalants) begins leading to the use of illicit drugs in mid-adolescence and progressing to drug dependence by late adolescence – quite often totally outside of the knowledge of parents. These adolescents are prime candidates for addiction lifestyles and all of the associated problems of faltering performance and early school termination and traumatic transitions into adult life responsibilities. Males seem particularly vulnerable to initiating this cycle into addiction in early adolescence because they are more likely to be influenced by the external environment outside the family, however, the ultimate impact on addiction and the conditions that support it may be more irreversible for females.

For Latino children and adolescents whose parents were born in the United States, vulnerability for addiction is higher because of the greater likelihood that they will be living in problematic family situations. These children are more likely to live in families that will divorce, thus ending up in single parent households and in poverty, and their parents are much more likely to have a history of mental health problems that include substance abuse. While divorce in immigrant families is less common, many immigrant women find themselves alone with children anyway and attempting to manage both domestic and breadwinner roles. While the children of immigrants face the conflicts provoked by the unequal "Americanization" processes among family members, the U.S. born families are already highly "Americanized" in most instances and inherently at higher risk for intergenerational substance abuse problems and problematic family histories if they are low income. While immigrants have actually increased their income and social status by coming to the United States, U.S. born Latinos in poverty are much more likely to feel frustrated by their social position and to have bad outcomes. It is the children of these families that are most likely to fall prey to peer groups and gang life including the violence and drug use, which accompanies it.

LATINA / FEMALE ADDICTS IN THE FAMILY

Adolescent girls who begin drug experimentation can be expected to be particularly difficult cases to treat primarily because Latino families stigmatize them in a more complete and isolating manner than they do male family members. Within the Latino culture women are supposed to be highly controlled and circumspect regarding their personal demeanor and guardians of their maternal role.

> ***These cultural controls are strong ones, thus the adolescent girl who violates these norms has usually experienced some serious ruptures in family relationships and been a victim of situations that have motivated their behavior. Often this includes sexual abuse and violence, or abandonment by one or more parents. Quite often these events and experiences will be reported to counselors.***

However, parents will deny often abuse and dysfunctional parenting if asked directly because of general patterns of denial and hidden guilt that have built up over the years with families. This mythologizing about family history by pretending bad things didn't happen or that they can be easily forgotten serves to lift the weight of responsibility from parents for explanations about conduct problems such as drug abuse of their children. It is a pragmatic protective mechanism to preserve family harmony but really amounts to "shoving the dirt under the rug."

It is often difficult for females who have developed drug problems that progress to addiction and require intervention to enlist the support of their parents because their behavior is viewed as willful (if not sinful) and a product of their own volition. This brings shame to the family. The ostracism is more complete for women who are drug involved and have a history of serious conflicts and communication problems with father figures. This forms as an impediment to recovery when parental emotional and instrumental supports are needed. Daughters in recovery may need to return to their families during this vulnerable period but the heavily damaged relationships with parents and siblings that motivated them to leave remain intact and opening up old issues to improve communication must be done to make the reintegration feasible.

Motherhood and associated roles

Motherhood is fundamental for the formation of Latina self-concept. Motherhood is nearly a sacred status. This is doubly the case among lower income Latinas that have few or no viable alternatives to motherhood as a source for positive self-valuation and actualization. The expectation of self-sacrifice of a mother on behalf of her children is prescribed by cultural convention and reinforced through families, social networks, religion, and public imagery in mass media. Mothers are expected to be nurturing, accepting, and willing to deny their personal desires on behalf of their children. The well being of her children is expected to be the

dominant source of a mother's happiness. Daughters are taught these social expectations from earliest childhood. Depending on the degree of deviation, women who defy these expectations may be considered non-conformists, irresponsible, and immoral.

Female addicts with children pose a particularly difficult situation because they will experience guilt about neglecting their children or because they have been separated from them, and their parents will scorn them for failing to be good mothers. If a female addict has children there is often a romantic partner who is a drug abuser and he poses a myriad of problems for the prospects of recovery. The father of her children may make continuing efforts to reestablish a romantic relationship, or at least a parental role, which will require regular contact with the family. That father figure may be completely rejected, or even forbidden to enter the home of the mother's family of origin, because he will be seen as the seed of their daughter's addiction.

Female Latino addicts are often more complicated cases than are males because the origins of their use of substances was provoked by deep and disturbing events early in her life that are not easily healed or overlooked.

These relationship problems may carry over into their own romantic relationships. It is the case that female Latinas who end up in prison are more likely to be there for drug offences than are Latino males. Most of these women are highly Americanized so their affinity with Latino culture has been weakened but they are aware of it. They may even blame their drug use on Latino culture and reject it altogether.

Hard evidence about how cultural differences among family members are linked to addiction, treatment, or recovery is lacking. It may be that once drug addiction occurs issues of acculturation and cultural orientation are secondary to amenability to treatment and a realistic plan for recovery. A counselor may want to probe these issues because they may be indicative of the environmental conditions that a drug dependent person must contend within their recovery.

The way a Latino describes him/her self as a cultural being may help a counselor determine whether family or individual counseling are more useful, or whether a certain type of self-help group or a religious counselor should be used to support recovery.

One of the advantages of a careful culturally based assessment is to place the client in their social world and understand how these background factors not only contributed to their addiction but continue to affect the environment for their recovery. This exploration should include an identification of both strengths and weaknesses in their social world, how they describe themselves in it and perceive their relations to others, and the cultural reasons and explanations they offer for their situation. What is the relationship between the aspects of their self-perception related to drug use and those aspects related to cultural identity? Do they feel discriminated against and how do they believe this has affected them? Do they feel more

comfortable within Latino cultural settings, non-Latino settings, or both, and how (if at all) is this linked to their drug dependence problems? Do they feel cultural conflicts in their lives, either as internal struggles with their own values and behaviors and/or among family, friends, and other peers? How much stress do they feel from these life experiences and has their mood or behavior been influenced as a result?

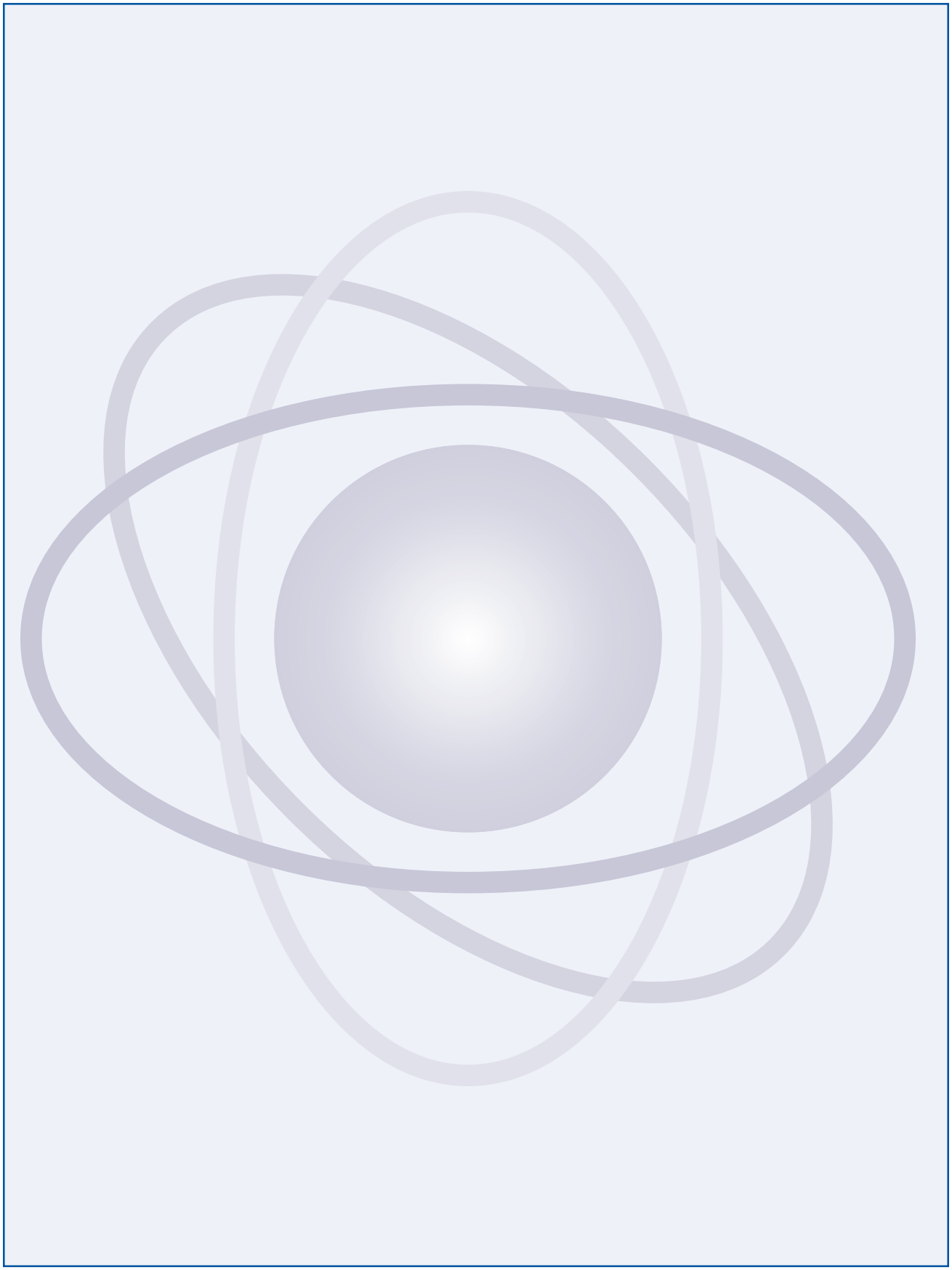
LANGUAGE SELECTION AND RECOVERY

One very important indicator is language selection. Spanish speaking or highly bilingual clients can be assumed to possess more knowledge about Latino culture and this may provide some cultural information for more accurate interpretation of information.
However, it should not be concluded that being Spanish speaking is somehow a more favorable prognosticator of recovery because this is not likely to be the case.

> ***The Spanish-speaking addict is likely to be the most isolated from natural support systems or to have the most troubling family history. They are the true "outsiders" precisely because their behavior is a far more serious violation of cultural expectations.***

In the culture of many Latino immigrants addiction is not understood as a sickness or disease but as willful, self-destructive conduct that threatens the well being of the entire family. This cultural perception of addiction must also be a target of intervention in the recovery from addiction because the family has a very powerful symbolic value for Latinos and banishment from the family is an enormous threat to the recovering client.

As a general tool, mapping the family and support system of clients is extremely useful to determine what social assets are available to support recovery. This is also important because some family members may have played a role in the drug use career of the client, especially siblings and cousins. On the other hand, there may be pockets of family support that are available that are more instrumental to provide support in a client's recovery than their family of origin. Some of these potential support figures may provide opportunities for exiting the physical environment altogether to avoid the inevitable dangers of coming in contact with peers and other figures from the past that were players in their world of addiction.



II. Approaching Recovery

PROBLEMS FACED BY INDIVIDUALS AROUND ACCESS AND READINESS FOR TREATMENT, AND SUSTAINING A COURSE OF RECOVERY

It usually takes years for drug dependence to develop. The earlier adolescents begin to use tobacco and alcohol, and the longer they use it regularly, the greater the likelihood of becoming drug dependent before adulthood.

Adolescents who go down this road are rarely accidental users. Addicted Latinos tend to have been children with many more risk factors, especially family instability, poor family environment, and hostile parenting. Many of these family risk factors are persistant from childhood into mid-adolescence and are often accompanied by associating with friends and peers who are involved in using both licit and illicit drugs.

> ***Parents often miss or ignore key signs of drug use or don't consider it a serious problem if their adolescent smokes and drinks alcohol.***

These behaviors often go unnoticed because they occur away from the home and parents are often too busy with meeting life's incessant demands. Often, the first signal is a call from their child's school or law enforcement officials and by this point regular consumption of substances has progressed to the point of drug dependence. Drug dependence in adolescence is often a sign of an underlying mental health problem that preceded or followed the drug dependence.

Missteps of early intervention

For the type of case profile identified above early intervention is the most important effective approach to avoid many behavioral consequences that can progressively turn an adolescent into an addict with a criminal lifestyle in early adulthood. Quite often the first opportunity comes when school officials contact parents about their child's behavior problems and academic deteriorating performance and absenteeism. Depending on the interpretation of the behavior, school authorities may request or require referral for evaluation. This type of communication may shock Latinos families, especially immigrant families who are angered and disappointed by their child's conduct and concerned about the impact on their family. There is a strong possibility of parental over-reaction or an inappropriate reaction, which results in the child dropping out of school. Regrettably this can facilitate further involvement in drugs and more social contact with friends who use them.

Adolescents and families caught in this predicament typically have problematic family communication patterns. These families may also have a history of other problems such as physi-

cal abuse and alcohol abuse, and in combination with strong parental reactions to knowledge of a child's drug and other behavioral problems, the child may attempt various efforts to separate from the household such as run away. Immigrant families will often feel betrayed by this child, and verbalize that the child is ungrateful and fails to appreciate parental sacrifices. Often threats and even actual attempts are made to send the child back to the country of origin, or to another family member living at a different location. In the instance of single parent households there may be efforts to place the adolescent with the other parent even if there has been little contact for years. Indeed, this process may begin a period of escalating residential instability and withdrawing emotional support from the child, whom in some cases may already be approaching adulthood.

Counselor's Role in Early Intervention

These family crises situations are saturated with cultural issues that can either be carefully evaluated and used effectively as therapeutic agents or they can become major obstacles to progress.

> ***Understanding parental reactions and reasoning in cultural terms is critical, even if this reasoning appears irrational, flawed, and self-defeating.***

Often parents feel embarrassed by what they perceive as their failure and this must be defused in order to develop effective communication with them. Ultimately, until parents begin speaking honestly and permit a dialog that examines the development of their child's problems and how the parent and family's dynamics fit into the story, therapy can't progress. There are some effective models for improving parental communication with children such as Brief Strategic Interventions that should be considered as Latino culturally preferred interventions. However, these family communication models operate on the assumption that the family shares norms of strong family ties within a traditional hierarchy and this may not be the case with U.S. born Latino families. The suitability of these types of interventions for families and their dependent children should be carefully evaluated for appropriateness.

Latino adults who are drug dependent offer a somewhat different challenge since quite often they have already "burned their bridges" with relatives and many former friends and have evolved a lifestyle that is adapted to the necessities of purchasing and consuming drugs regularly. Consumption and abuse of multiple substances is more the rule than the exception including tobacco, alcohol, marijuana, and "hard drugs" such as cocaine and heroin. Because adult Latinos have already lived in multi-cultural situations they are adept at role playing for different cultural audiences, and may be very facile at presenting a non-addict *persona* in many settings, thus minimizing the importance of addiction as a factor in their lives. The factor that usually brings their addiction into high visibility is arrest and incarceration, or physical health problems occasioned by the addiction and worsened by the lifestyle associated with it. Injuries from violence and HIV infection are also a threat. Hepatitis C is extremely common among heroin addicts however it tends to have a longer latency period before the most severe health consequences are experienced. Women may also lose custody

of their children or be threatened with such actions. These various problems may bring court ordered treatment as an alternative or mandatory condition to avoid long term incarceration, or treatment may be received in jail or in prison.

The unfortunate reality is that treatment for drug dependence is difficult to access, and Latinos tend to underutilize it, or miss appointments at a higher frequency and drop out early. They do seem to take good advantage of various treatment services once they have entered residential care as highly impaired cases of addiction or court ordered cases where the alternative is prison time or loss of child custody.

It is an unfortunate fact that Latinos who have never used drug treatment facilities have a higher opinion of its value than Latinos who have already used it.

Also, a very high percentage of Latinos are not retained in self-help group models of care if they are not directed by a culturally sensitive leader, perhaps because they are not culturally accustomed to sharing their personal problems and issues with others who are perceived as "strangers." This is especially true if the group uses aggressive "attack" methods intended to break down defenses, which violates Latino norms of *respeto* and *simpatia* which anticipate reciprocity and a confidential supportive relationship to exist before intimate information is shared or advice and criticisms can be advanced. An additional barrier is that the group may be filled with ethnically diverse people and only English will be spoken. A culturally aware group leader can create and sustain an appropriate environment of hope and cooperation that will allow Latinos to feel the necessary comfort level for active participation. A good example is Spanish speaking AA and NA programs, which are often adopted as surrogate "families" and attended regularly by recovering Latinos.

Many heroin addicts will enter treatment to detox as a way of stabilizing their lives when their addictions are no longer manageable but with little determination to enter a course of long term recovery.

Most drug dependent individuals will make multiple attempts at recovery, punctuated by court ordered forms of treatment that may or may not carry over into voluntary efforts at maintaining treatment and recovery.

Latinos who are drug dependent exist in a micro-environment where information about treatment is circulating but there are many financial social and cultural barriers, including their inability to pay for private care because they lack insurance, the fear of having their "hidden problems" revealed to families and the shame that accompanies this revelation for women with children, and the implication of help-seeking for males that they are not in control of themselves and are not sufficiently resilient to manage their personal problems. For many women initiating serious efforts at recovery requires ending romantic relationships with partners who are drug addicted, and by doing so separating her children from their fathers. This

could be perceived as a violation of deep cultural commitments to family and the guilt associated with it must be assuaged through an effective reinterpretation of their actions.

Moving from Contemplation

Moving from pre-contemplation to contemplation in stages of change requires a determination to make core alterations in lifestyles. It is a truism that forming the intention to make a change in behavior is the best predictor of actually making it, but what will stimulate this change of intentions?

> ***It is very important that support for these changes are available, both emotional encouragement, change and instrumental assistance such as a place to stay or a change of residential location to break the cycle of contact with drug using friends and even romantic partners.***

Beyond this the reality that many drug dependent Latinos have few personal resources due to academic failure and poor occupational experience to assist them in restructuring their lives implies that remedial academic work and vocational training are of very high importance, as well as placement in community groups that can provide a new start at an alternative lifestyle not rooted in drug use. This is very challenging for Latinos because loyalty to friends has preeminence in defining oneself positively. Successfully drawing a drug dependent individual away from these old networks requires creating new priorities for their lives and emphasizing values of family loyalty (especially to children) and spirituality which are very strong motivational triggers for Latinos, to initate treatment though this has been shown to be less important in long-term compliance.

The majority of Latinas who are drug dependent have a history of depression and anxiety problems, and these mental health problems are also common among Latinos. Drug use may have begun as experimental behavior and evolved into a mode of self-medicating to relieve their psychiatric symptoms. This situation poses a unique challenge for moving to the contemplation stage or recovery because by removing the drugs from their lives these individuals may be severely affected by their mood problems. Therefore these problems must be addressed in the recovery process.

III. How Culture Enters into Treatment

CULTURAL FACTORS IN TREATMENT AND CLINICAL ISSUES

One of the most difficult issues to address is thinking about how cultural issues may influence accessing a provider and initiating care, becoming engaged in the treatment process and staying engaged, following plans for personal change, and not relapsing and dropping out of treatment. It would be nice if a clear and verifiable road map were available about how to comprehensively change the way treatment is provided, and the conditions that would actually permit such changes. The situation is more like a puzzle and the missing pieces will take some time to find and fit in position. Rapidly moving new information into place is not a strong point of a highly decentralized health care system so special efforts must be made to make this possible. Of course, there is plenty of skepticism about the ultimate value of cultural information for improving drug treatment and the lack of hard information from evaluation research leaves us in a position where we must rely on imperfect information and experience. Nevertheless, the place to begin is by examining our practices as individuals and as care providers because it is unlikely that changing only one or the other will bring great success.

One of the issues that is perpetually put forward is whether it is better to dedicate professional time to learning about specific cultures or if it is more effective to learn trans- cultural skills. After all, it is a multicultural world. In many ways, this type of discussion is not helpful. Ultimately, we all have strong cultural exposures whether we recognize it or not, so developing trans-cultural skills is part of our human experience. It is equally obvious that we need to incorporate knowledge about specific cultural groups if those are the ones that we tend to see in treatment most of the time. Learning trans-cultural skills in the context of ethnic groups we treat is the most rational approach. In highly mixed urban settings this can represent a significant challenge because even individuals from the same ethnic and nationality groups such as Puerto Ricans or Mexicans come from very diverse backgrounds and experiences, and their needs and expectations as drug dependent people and as treatment clients are quite varied.

One effective way to think about how culture affects treatment is to **distinguish the content of a clients' history from the environment in which their recovery occurs.** Content refers to the client's relevant history including family ties and conflicts, precursors to addiction, lifestyle, personality traits, treatment history and how addiction is currently affecting their daily lives and support systems. Many of these personal profiles may vary greatly depending on whether they are men or women, immigrants or U.S. born, and if their families and peers speak English or Spanish. Most critical is whether they have maintained ties to family members or have **"burned their bridges."** Does their family of origin remain important to them, do they live with them or see them frequently, or is the relationship more symbolic? For most Latinos family usually remains important even when things have gone very badly in the past due to problems stemming from adolescent misconduct and other negative experiences attributable to the addiction lifestyle. Are their friends, spouses, or romantic partners welcome in the homes of their families or are they seen as outcasts?

The second issue is the environment to support recovery. What types of resources are available to the client to assist in recovery? Can they rely on families of origin, nuclear families, extended family members, or close friends to help them restructure their lives as drug free? What are the cultural issues affecting the use of these support system resources, especially the conditions that must be met and what hidden or overt resistance exists to accepting those conditions? Individuals can often be contradictory in what they say, what they believe, and in their behaviors. To what extent do contradictory expressions of Latino clients represent cultural conflicts, both internal to the client and external between a client and other individuals in their support system?

Organizations

One of the most difficult things to accomplish is to change organizations to be more culturally responsive. There are several problems to be overcome. First and foremost is the reluctance to change without sufficient evidence that the changes will improve either the quality of care or the cost of care. The initial steps in changing organizational practices must rest on an ethical commitment to improvement at all levels from individual practitioners and support staff to key administrators.

> ***The process of changing "organizational culture" requires both top down and bottom up definitions of the cultural issues to be addressed and a process being established to change business as usual.***

All organizations have their own problems with regard to the quality of communication and the ability of different levels of the organization to work together, and different specializations have different requirements.

> ***The first step is making the decision to act, setting up a communication process, conducting an internal needs assessment, and developing a work plan to improve cultural responsiveness.***

It is especially useful to set goals and have regular feedback using data to determine if these goals are being met. These goals should be operational ones, for example lowering drop out rates, improving client satisfaction, and increasing rates of family involvement with treatment.

Different functions of the organization should focus on how their operations can become more culturally proficient. Often operations have developed from standard models of health care that were never intended for use with Latino populations, and certain standard procedures may be aversive for Latino clients. **Every specialized area should study their own operations.** For example receptionists and secretaries are gatekeepers who often have important strategic contact with clients, such as setting appointments, qualifying them for services eligibility, and maintaining the physical and cultural environment of the clinic. Counselors want to improve their communication with clients to help them manage their recovery more effectively and this may involve language sensitivity, greater involvement of family

members, or refining referral techniques so that clients can more effectively access behavioral health or medical services. Administrators set the moral climate for all of the organization and must encourage and support all of these activities. They can control clinic physical conditions, hours of operation, characteristics of new staff hires -such as increasing Spanish speaking counselors where these are not available and overall fiscal policies. Administrators are trendsetters that can affect their own organization's environment as well as influence other organizations that are part of the overall system of care. If their support is inconsistent it is difficult to motivate key middle managers and other levels of staff to make changes that improve cultural responsiveness.

Perhaps the most difficult challenge in changing organizational systems to make them more culturally responsive is to vastly improve the flow of communication. People can be well intentioned and motivated but without a well articulated plan that is continuously reviewed and refreshed to mark progress, steps will bog down eventually.

All levels of the organization need to stay linked to a predetermined process, and accountability mechanisms are needed that are anchored by regular review of data based indicators.

Scorecards are important and need not be overly complicated. For example, a simple count of the number of case consultations that focused on cultural issues of client cases and how these were resolved, or how many training hours or computer based tutorials have been completed by staff that cover cultural –treatment topics would be sufficient.

If standards have been established for staff performance in these areas they should also be rewarded by recognition at the individual or team levels. It should be kept in mind that new information about cultural issues and treatment effectiveness are constantly being produced, however, finding and evaluating that information and rapidly transferring it to where it can do the most good for improved individual or organizational practices requires special efforts and creative use of technology.

The Nature of the Addiction

The nature of the addiction, specifically the drug of abuse and the severity of the addiction, have much to do with how rapidly in the course of the addiction the problem will be recognized, treatment sought, and a determined effort at recovery attempted. Individuals who abuse multiple drugs may be especially difficult to manage because they are likely to be more severely impaired and their lives are probably more disorganized. Others may be addicted to a narcotic and yet able to maintain a relatively normal lifestyle perhaps including living with a partner and children, or residing with their family of origin. Age, especially being middle aged, is often the best predictor of readiness to change their lives and stop using drugs. For most addicts this will not be their first attempt at recovery and many will not stay in treatment beyond detoxification, but if they do this is very encouraging sign of progress.

Chemical therapies are increasingly being used for combating addictions but other than methadone, most are not likely to reach low income Latinos who need them in the near future. For example buprenorphine has been approved by the FDA for use by private physicians for treatment of heroin addiction but it will take time for sufficient numbers of physicians to administer it and create adequate access because physicians must be trained and certified to administer it. The problem of excessive cost also remains since buprenorphine will not be supplied in public clinics under current policies.

Thus, for the most part, methadone clinics and some residential care will be the main resources for heroin addicted Latinos. The real situation is that we know little about what factors will hold them in this type of treatment. The general impression is that Latinos are more reluctant to use these clinics and more likely to drop out, but those who are very impaired do stay in care and use multiple forms of treatment such as mental health care to manage their recovery. A few specialized residential programs have been developed to deal with addiction recovery in women, some of these are not cultural specific, others are culture specific. The best programs permit mothers to keep infants with them because to do otherwise would be a terrible conflict for many Latinos mothers and undermine's their determination to make important progress in their recovery.

The traditional counseling method of reproaching the addict and questioning their ability to "stay clean" on their own, and focusing on their demonstrated powerlessness to resist temptation may work well with many Latinos who view themselves this way already. But many others will not be attracted or held in treatment with this approach because it lacks warmth and acceptance, and simply turns them off. Group programs composed of individuals that have little shared experience with Latinos and their culture may be a bad fit. Similarly, therapists who are culturally tuned out or antagonistic may have a similar impact.

Newer therapies such a motivational interviewing are more flexible because they supply a method for incorporating Latino cultural orientation and highly valued cultural beliefs and symbols into the motivational process. For example, stressing the importance of the family, protecting and providing for dependents, and the clear role and legitimate expectations of fathers and mothers.

A client's strong spirituality or religion may also provide a similar foundation to build on but there are dangers. Religion can cut both ways and stressing religion rather than spirituality can be counterproductive when family members have condemned an addicted family member precisely because of their religious beliefs. Surprisingly, even in families with troubled histories and relations their symbolic importance can remain very high and a valuable tool in shaping motivation for Latino clients.

After detoxification, the next step is to develop defenses to prevent giving in to "craving" and to avoid social and personal situations that will increase the likelihood that they will succumb. Some of these situations are strictly personal ones, the problem of dealing with addicted boyfriends and girlfriends, or cutting off contact with friends who are drug users. However, for men and women than have long careers of addiction the lack of education and job skills is a foremost limitation.

Many individuals have had significant arrest and prison records that form barriers to seeking and finding adequate employment, making vocational training essential.

The cultural experience of prison and being around others who share these experiences has produced a cultural change in many addicts that makes it difficult for them to accept conventional lifestyles and the sacrifice and delayed gratification these lifestyles require. Without a means to make a legitimate living with an income for survival, further involvement in criminal activity is a natural regression, and this will reestablish their links with drug users. Essentially, they must retrain themselves and will need support to do so. They must find rewards and satisfaction in different ways then to what they were accustomed to.

Perhaps the most difficult thing for the individual addict is to be cutoff from their former drug using friends or partners and to lack social and emotional support. Despite the stigma associated with drug addiction in Latino culture, the strong emphasis on family supplies a potential foundation for rebuilding lives.

If families are available for the addicted individual to supply support for recovery, and the environment of the home is forgiving and not hostile, there is an important start point for recovery.

The values that the family life represents may have very powerful value for the recovering addict even if the family experiences of childhood and adolescence were painful ones and may have played a role in cutting off contact with the family of origin, and perhaps directly contributed to a series of other relationships associated with the addiction lifestyle.

After Rehabilitation

The values that support family life are closely intermeshed with values of spirituality and faith in God, and an orientation toward a collective cultural identity rather than an individual one. These distinctions are not absolute but for many addicted and recovering Latinos there has been a long series of painful life experiences and they have coped with drugs to medicate themselves even while feeling guilty about letting down family members.

> ***Seeking that emotional support and structure that family represents is a natural reaction as well as seeking spiritual guidance to gain strength for validating their commitments to change.***

There is no underestimating how important these factors will be in the recovery process of many Latinos, and many who succeed in recovery proceed all the way into much more controlled lives than other friends and family members who were not drug involved, avoiding drinking and social situations that simulate their previous lifestyles. Some become very regular 12 step members or join religious groups with very strong structure and expectations about behavior and morality to provide the external support for personal discipline, which was missing from their addicted lives. Their new "persona" may be perceived as "overly rigid" by other family members and friends but their behavior reflects the depth of personal changes they required to confront their ambivalence and turn the corner into a sustainable personal recovery.

If the recovering Latino addict is returning to their family in their efforts at establishing drug free lives, they will face a series of tests to validate the depth of their commitment to change. Distrust is to be expected from family members and they will be looking for signs of old behaviors. This is only natural but it is a potential problem. Overly harsh communication about past behaviors and anguish, and problems caused to the family can short circuit a recovery process.

> ***The fact that many of these families suffer from poor communication and stressful conditions of unemployment and poverty makes them potentially less resilient, and there may be other family members with substance use problems.***

Group and family therapy may be needed to help recovering addicts deal with his/her problems of readjustment and other stressful circumstances, and for the family to improve their understanding of the physiological, psychological, and social changes the recovering addict is confronting, and how they can avoid derailing this process.

It may not be possible to engage the family or the most significant members of the family in treatment if the family is chaotic and dysfunctional. Because of the toleration that exits in many Latino families for psychiatrically disordered family members, quite often family members with serious mental health problems and alcohol addictions will continue to reside in the

household if they have or have never received formal treatment. Some may even remain as the head-of-household, if only symbolically. If the family has developed entrenched methods of denying or avoiding problems and dysfunctions in the family they may not be prepared or willing to open these "messy" areas up for scrutiny.

Latino families can be very embarrassed to discuss these issues or intimidated by a very dominant family member. These stumbling blocks may take great efforts for counselors to overcome.

If the family is inaccessible or simply not interested in the recovering family member then that individual may need to find another situation and avoid family contact.

It may be very difficult for Latinos to understand the role of treatment for addiction of a family member, primarily because they may not understand how taking drugs qualifies as a sickness deserving of compassion and material support. By extension, they may find it difficult to comprehend why an addict, who uses drugs voluntarily despite all of the negative consequences for themselves and their families, should be considered "sick" as opposed to simply being weak, depraved, and lacking moral fortitude. This poses a special problem when chemical therapies are used for treatment because of the likelihood that they will be perceived as simply another form of addiction. This is especially true for maintenance therapy such as methadone, but any drug therapy may require careful explanation to be understood and supported.

IV. Special Problems

SPECIAL REQUIREMENTS FOR MANAGING CLIENTS WITH CO-OCCURRING DISORDERS.

It will come as no surprise to learn that Latinos with addiction problems are vulnerable to many other problems that make their lives more difficult and may have contributed to their addiction. Health and mental heath problems top the list of special problems, including serious and incapacitating psychiatric disorders, HIV/AIDS, and unattended medical problems of various kinds.

Meeting basics needs may impede recognizing or seeking help for personal health problems and distract Latinos with histories of drug addiction.

Fear, shame, lack of resources, or simply inconvenience may keep even severe problems from being identified and treated. However, medical care is probably the most effective way to supplement drug counseling in facilitating recovery for Latinos especially by stressing overall health as a way to approach recovery and enabling treatment in a non-stigmatizing environment for health problems that are either independent of or directly related to addiction. This point is especially pertinent for women with children who will be seeking medical care for dependents. Their role as providers for their children is an excellent cultural entry point for encouraging both appropriate medical care for mothers and a plan for fostering their wellness.

It is also true that some cultural characteristics of Latino families may operate both to support family members when they have these health problems but also may impede their recognition by denying, failing to recognize them or assign due importance, or fail to treat problems because of financial limitations. Many drug dependent Latinos come from families that are seriously disorganized, even chaotic, and some members may also share substance dependence problems. Families with these characteristics are often not very amenable to offering social support or encouragement for treatment, and an alternative placement is preferable for individuals with multiple problems requiring treatment, in particular residential care if available.

Latinos as a population underutilize regular health and mental health care providers even when they could benefit from these services. Drug dependent Latinos, especially women, are very likely to be depressed and perhaps have a lengthy history of depression stemming from early childhood abuse, sexual and/or physical in nature.

Many drug dependent women, especially those with minimal educational attainment or occupation skills, may have entered into prostitution and experienced further abuses and resulting medical complications.

Women who are supporting drug consumption and household costs through prostitution are probably most in need of a radical change of situation. Their behavior is so stigmatizing by Latino cultural standards that their networks are saturated with other drug users, so they are isolated from the supports they need for recovery including medical care. Often their male partner, who may be a father to their children, is also a major liability because of involvement in criminal activities that are dangerous and contribute to lifestyles characterized by chronic stress, economic crisis, periodic incarcerations, and injuries. The risk for mortality is high from both disease and violence. Couples in this situation need basic support for family nutrition and vocational training and they must be able to reach out for services without fear of criminal sanctions or forced removal of their children. **Indeed one of the primary reasons low income Latinos stay out of treatment is fear of "official" inquiries or action by child protective services.**

The values of Latino culture of self-reliance and perseverance can lead individuals to delay seeking treatment, which can lead to serious deterioration of functioning or worse. Most recovering addicts have a history of smoking and have had poor nutrition. A very high percentage of addicts will be positive for HIV or hepatitis C, but may be asymptomatic or minimally symptomatic because of the long latency period of these diseases.

> ***The majority of drug dependent individuals also have various mental health problems that range from relatively mild mood disorders and anxiety conditions to chronic and incapacitating mental illnesses.***

These problems combined with personal histories of criminal activities, meager occupational preparation, and residential and family instability pose a challenge for counselors trying to manage these drug dependent clients.

Latinos are much more likely than Latinas to be involved with multiple substances, but less likely than drug dependent women to have co-occurring non-additive disorders such as depression and anxiety. In many instances, drugs have been used by both men and women to self-medicate and block the effects of painful lives, poverty, discrimination, and general dissatisfaction with many disappointments.

> ***It is no accident that drug dependence is concentrated among Latinos that feel most disappointed with their lives, the least consequential or effective in their world, and among immigrants who believe that living in the U.S. has lowered their social positions.***

Therefore, whether the problem is multiple addictions or co-occurring disorders, the underlying problem is at least in part dealing with a personal history that is hard to face and reconcile with the requirements of recovery. In many instances it is not particularly important whether the drug disorder preceded or followed a mental health problem, however, it is less likely the addiction can be effectively treated alone.

The past problems experienced by Latinos and Latinas can vary widely, but learning more effective problem solving strategies and learning to cope without drugs is a common requirement. For many the street life and all the requirements of finding money for drugs has taught them certain forms of self-reliance such a using their wits, being a great role player, staying focused in tough situations, and being assertive (tough) when needed, but coping with stress without resorting to drugs is not a strong point.

> ***Having multiple disorders requires coordinated treatment because otherwise the untreated problems will undermine the recovery. This is a situation that needs to be very clearly explained to clients and preferably their families as well.***

Treatment is complicated and takes time, it took a long time for this condition to develop and it will take time to remedy it. This is difficult because Latino males do not want to believe that they are not strong enough, or sufficiently macho, to manage their own affairs. Emotional problems are particularly likely to contradict a self-styled *persona* of self-confidence. It can be anticipated that admitting to mental health problems will provoke a sense of stigma, which can ultimately be very counterproductive.

Addictions among the seriously mentally ill form a special category for many reasons, including the lesser likelihood that their psychiatric problems can ever be completely eliminated or even reduced to a level where they do not interfere with daily functioning and where mood problems are no longer a factor. Serious mental illnesses also have a tendency to reoccur periodically although the patterns will vary greatly from person to person and by type of disorder. This is not meant to imply that everyone with a chronic mental disorder is unrecoverable because that is not the case.

> ***New and innovative treatments, especially those that intervene very early in the course of the illness, are proving very effective at reducing the prospect of long-term disability and family burden.***

Yet, many people, especially Latinos, do not have their illnesses detected nor treated during the early stages, and will be impaired throughout their lives. They will need medications to minimize acute episodes and re-hospitalizations, and their lack of participation in meaningful social roles provides a great deal of unstructured personal time. For many Latinos who reside in areas where alcohol and drug abuse are common, the use of these substances, especially by males, is part of a process of adapting to their preceived situation in the culture and society. The biggest challenge, however, is attempting to address addiction problems with individuals who have never had conventional lives as adults. The expectations for appropriate social roles of Latinos are very structured by gender, age, and role in the family.

In the Family

Latino families are generally more tolerant and exhibit less negative responses to seriously mentally ill family members, which is important in home care and reducing relapse. As contrasted with the situation of drug dependence, the mentally ill family member is more likely to be relegated to a sick role with lowered expectations for their contribution to either the family's economic well being or functioning in the home and within the family social network. Mentally ill family members are perceived as people to be protected. However, the patience of family members is often eroded by drug abuse because is brings many negative repercussions to the household, especially disorderly behavior and cost.

> ***Drug problems of the mentally ill family member are less tolerated, because of the role overload on family members. Latino mentally ill are much more likely than other ethnic groups to remain in the home and even to be married and have children.***

Thus drug use in this very stressful family situation is reacted to very negatively because of the obvious impact of drug intoxication and behaviors which are intolerable for the family, including conduct problems acted out both at home and in public places. Alcohol and other drug use are likely to be interpreted as a sign of uncooperative attitudes rather than sickness, and will eventually affect the willingness to tolerate a mentally ill family member.

The management of a severely mentally ill Latino with substance problems that is unemployed and low functioning can only be accomplished with high family participation and their strong education about the course of the mental disease and the role addiction plays in it. It is especially important to recognize the need for careful management of medications intended to control symptoms, because often patients do not want to take them due to their side effects, and may actually use alcohol and other drugs to "cover" the effects of these medications. Therefore it is very important that family members heed signs that the mentally ill family member is not tolerating their medications and overtly or secretly reducing their dosages or stopping their use altogether. Often the support for careful monitoring of medications by family members is lacking because they were not involved sufficiently in patient care so they don't know how to do it. There may also have been language barriers so they didn't fully understand the information they received or didn't know how or where to seek assistance.

> ***A common belief among many Latinos is that consistent medication use by a mentally ill person will lead to addiction so they don't discourage family members from relaxing their dosage levels.***

However, failure to maintain appropriate dosage levels can result in a worsening of behavioral, mood, and cognitive symptoms. In turn this deterioration can increase alcohol and other drug use in order to cope with these problems. For these reasons coordination of care is essential among drug counselors and mental health therapists, and is absolutely critical if the

mentally ill person is receiving medications for both their addictive and non-addictive disorders to avoid drug interactions.

Tobbaco Use

Another type of problem that often co-occurs with drug addiction and should be addressed is tobacco use. Most addicts and addicts in recovery smoke. Nicotine addiction qualifies as drug use and is very health degrading for the smoker and anyone who breaths the same air. Nicotine addiction is very common among alcohol, cocaine, and heroin dependent individuals, and it is also very common among the seriously mentally ill. Young Latinos in the U.S. have actually increased their smoking rates especially among girls, implying that this is a growing problem despite the fact that smoking is not more prevalent in Latino culture than in the mainstream European American culture.

> ***Half of Latinos who start smoking continue to do so with different levels of regularity, and it is regular smoking that is highly associated with the progression to hard drugs and addiction.***

Latino youth often sell or give each other cigarettes individually at school and in other settings, and Latino parents may regard smoking as not the best behavior but tolerable. Once smoking becomes a regular habit it is difficult to completely cut it off as few resources exist to help Latino adolescents to stop using tobacco, and the behavior is neglected. Although schools often have drug prevention programs they seldom focus sufficiently on tobacco, and schools rarely have treatment programs available to help students quit. This neglect allows smoking to develop for years among Latino adolescents with relatively little pressure to quit.

There is growing evidence that smoking "cues" the brain to seek other substances that bring similar rewards and it is believed that nicotine affects brain functions by improving concentration and relieving stress in some adolescents and among the seriously mentally ill. The bottom line is that smoking is a very important factor in the development of substance use experimentation and addiction, and is often overlooked in drug treatment when it should not be. It is not an acceptable alternative addiction because the health consequences are dangerous and smoking reinforces the desire for other drugs. Smoking among Latinos is often perceived as a weight control device because it curbs appetite, and there is a serious weight control problem in the population. However, other less dangerous approaches to weight control exist and can be recommended by drug counselors and physicians.

V. How To Think About Latino Culture and It's Place in Therapy

APPROACHES TO INTEGRATING CULTURE INTO THERAPY

I resist using the term "cultural competence" in discussing approaches for integrating culture into therapy because it is too encompassing, vague and stereotyping. In my opinion, cultural competence conveys the impression that counselors are incompetent and need remedial work. This is not the case. No one is an expert in how to most effectively use cultural information in drug counseling and this is an emerging field. New knowledge appears daily from research that will help us improve treatment effectiveness and keeping up with it is difficult. Ultimately progress will depend on high quality information (clinically validated) influencing the best practices in very specific ways until incrementally a large body of knowledge is accumulated that fundamentally changes the way treatment is delivered and clients are managed. This process will take years but the important thing is that process is underway already. It is much less important that we call innovations in treatment "cultural" than that they are effective. To be effective they must be specific and based on developing new skills among counselors.

Things to Look for and to be Concerned About

- ***Formulate your own system of case development and fact-checking in arriving at satisfactory understanding of a Latino client's needs.***
- ***Keep in mind that a Latino client may never have formulated any of their life problems or their unique history of addiction as a "cultural problem" or even been influenced significantly by cultural processes.***
- ***It may be invisible to them and bringing it to light may be one of the most important contributions to assisting them in developing a plan to change their lives for recovery.***
- ***Keep in mind there is no typical "Latino client." Much of the descriptions given in this work will be very pertinent to some individuals and to others perhaps only a few limited aspects will pertain.***
- ***Use the information as a tool.***

We are in an era of best practices development, such as motivational enhancement therapy and actively training drug counselors how to use these new programs and interventions. Most of these innovations are emerging from a more refined understanding of applied behavioral science and have usually been assumed to be "universally applicable" to all cultural groups. However, it has become commonplace to find that they are not as easily accepted by clients, that differ in cultural and linguistic backgrounds as they were to those who created these

programs and have conducted training in them. Too often the "cultural difference" problem is simply set-aside for another day because of the insecurity and lack of knowledge about how to proceed.

On the other hand, creating the "magic bullet" of a culturally specific therapy has proven to be frustrating and there is little reason to believe "separate" therapies for different cultural groups will become commonplace as national models.

> ***The reason for this is the economy of scale gained in using a limited number of effective interventions, and the limited information we have at this time that alternative "cultural" interventions are better.***

Any new "culturally appropriate" intervention needs to be clearly superior in outcome or cost reduction, or both, for acceptance as a replacement of a mainstream intervention such as motivational interviewing.

However, this does not rule out "cultural tailoring" of empirically validated "mainstream" interventions in order to increase their acceptability with Latino clients. Counselors who are routinely treating clients with particular ethnic background characteristics, such as Spanish speaking Latinos or Latinos from different nationality backgrounds, may find they need to innovate in implementing "universal interventions" to make them more understandable. Language use, Spanish vs English, should not be confused with culturally-effective communication. Although the two are invertwined, they are also distinguishable and represent different skill sets.

New chemical therapies for treating addiction will continue to evolve but these won't replace the need for high quality counselor-client communication. A culturally competent communication repertoire includes knowing correct styles of greeting and general demeanor, acquiring knowledge of specific cultural cues and interpreting body language, developing culturally ingratiating questions that engage the client, expressing appropriate warmth, and the use of specific techniques to explain the goals and expectations of a particular intervention, thus creating a receptive frame of mind.

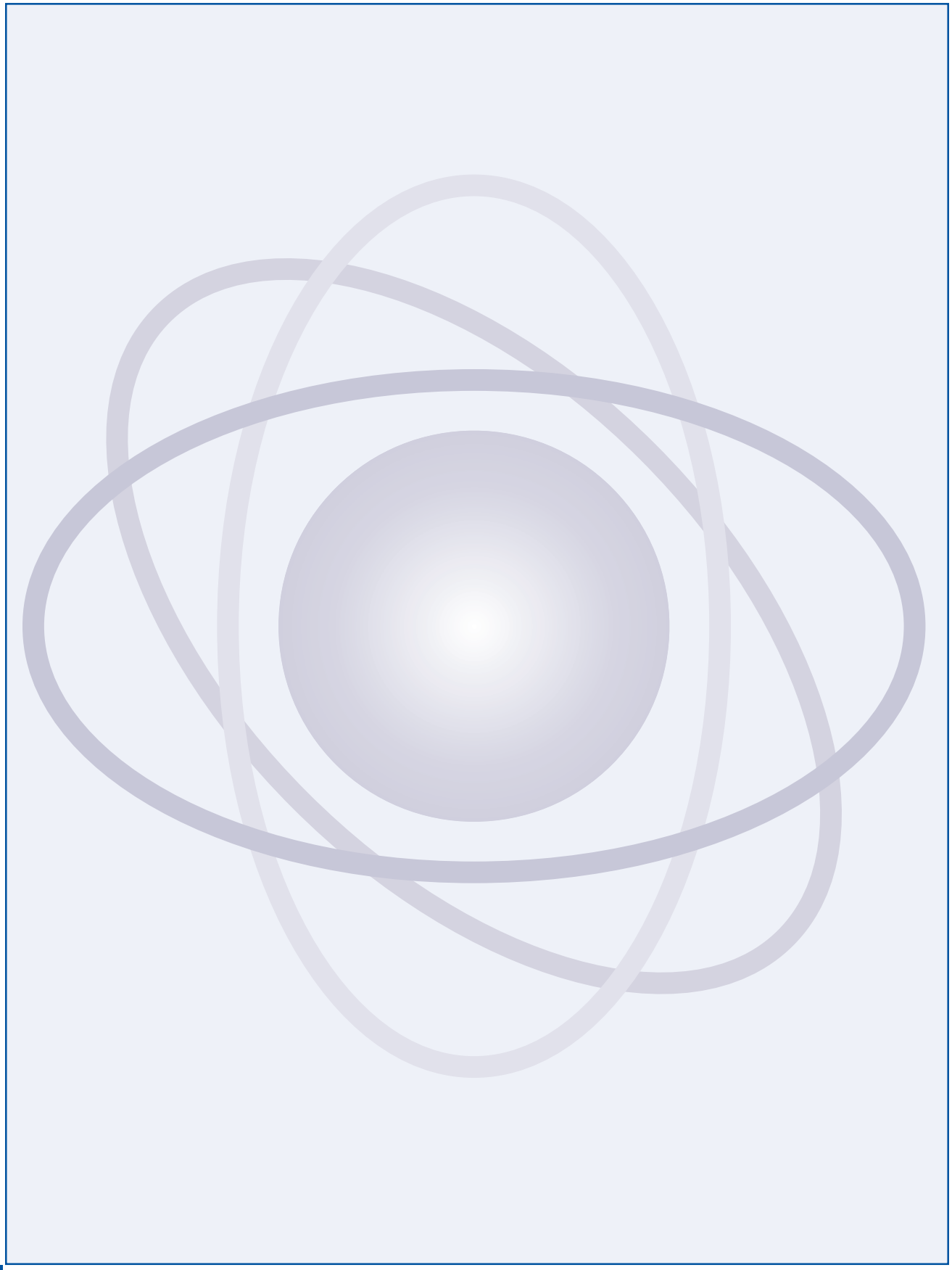
> ***Hopefully, these types of innovations can be formally tested for wider dissemination if they are proven effective, especially specific ways of culturally tailoring interventions.***

If this is not done in a systematic way, innovations will be introduced anyway by counselors seeking to improve their personal effectiveness with clients, but with benefits fo the field of drug treatment.

Remember, the type of information provided in this manual provides only a starting point for thinking about how to meet your responsibilities to your clients, improve your performance and client outcomes, and develop new knowledge to share with fellow counselors.

Your awarness of these issues will increase as your knowledge expands through practice innovations.

Hopefully an approach of self-study supplemented by group training processes will be the future for drug counselors addressing the needs of Latino addiction clients. To be certain, the field is moving rapidly toward a scienctific basis for intervention yet it should be remembered that there is nothing inconsistent about being scientific and culturally effective in client care, nor can science replace culture as essential to engaging and managing clients. Cultural effectiveness is not a destination, it is a journey.



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