The United States has always been a country built on immigrants, merging many different cultures from across the world into a melting pot. Today, the levels of immigrants have only slightly changed, but our attitudes as naturalized Americans, have. Latinos from around the world are the largest group of immigrants in our country today and all signs point to this fact not changing anytime soon. In fact, the Hispanic population currently comprises approximately 11% of the U.S. population, translating to about 31 million individuals. As mental health professionals, it is important to be aware of the issues surrounding the Latino population today, as well as cultural values that could impact a client's behavior in life, as well as in therapy.

The terms “Latino” and “Hispanic” refer to different populations, although many use the terms interchangeably. Latino refers to anyone descending from Latin America, whereas Hispanic refers to those from the Iberian peninsula (Spain, Portugal, etc.). Because the research for this text was composed by American authors and deals with American subjects, we will use the term “Latino,” although in this instance, those from the Iberian peninsula are also included in the term.

OVERVIEW OF THE POPULATION AND ITS CULTURE

According to the latest U.S. Census (2010), Latinos are the largest minority group in the country and is expanding at a rate 3-5 times faster than the general population (Smith-Adcock). In Ohio alone, the census counted just over 350,000 individuals of Latino descent. Those of Mexican ancestry comprise the majority of the Latino population, followed by Puerto Rican and Cubans. Data from the U.S. Census Bureau suggests that the rapid growth of the population will continue and “it is estimated that by the year 2050 more than one third of the national population will be of Hispanic origin” (Feldman, Trupin, Walker, & Hansen).
Scholars of Latino populations are quick to note, however, that these numbers may be low. Feldman noted “the acquisition of demographic information about Latino immigrants can be difficult due to the potential consequences for individuals who may be living in the United States as undocumented residents or illegal immigrants and who may be fearful of providing personal information” (Feldman, Trupin, Walker, & Hansen).

As for Latino youth, they are the largest minority population in schools. It is estimated that by 2030, Latino students age 5-18 will make up a quarter of total U.S. school populations. It has also been noted by the 1996 President’s Advisory Commission that Latino students are also at high risk for failure in the current American educational system (Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006).

VALUES

Traditional Latino families share many cultural values that are unique to their culture. The values that stand in stark contrast to traditional American culture and are most pervasive in counseling are interdependence, machismo and marianismo, respeto, familismo, and the dislike for competition and confrontation (Feldman, Trupin, Walker, & Hansen). Because this text is primarily concerned with Latino youth, we will discuss mainly familismo, which has the greatest and most immediate impact on children and teens. It should be noted that current research is showing a trend in which the “longer a Latino immigrant has been in the U.S. and the less that individual is connected to traditional Latino values, the more risk he or she becomes for developing both physical and mental health difficulties.” (Feldman, Trupin, Walker, & Hansen).

Interdependence and community living are important parts of Latino culture. These ideas feed into almost every other value the community holds, in the family unit and within the
community. The term *familismo* is an often used term to describe the strong importance placed on immediate and extended family ties by the Latino community. It is important for mental health professionals to keep this concept in mind in treating clients. Suggestions of strong individuality or separation from the family unit are likely to be met with opposition or extreme discomfort by the client. In some cases, family therapy might be more effective than individual therapy. For counselors treating Latino children and teenagers, keeping this idea of *familismo* in mind since the concept will be a pervading one for the client, more so than for adults.

*Machismo* and *marianismo* are terms that adolescents and young adults may struggle with as they strive to navigate mixing their native culture with American. *Machismo* refers to the idea of being manly or masculine. It is the ideal that many young men strive towards. *Marianismo* is the feminine role of this, providing young women with a “template” of sorts towards which they should work. The ideal woman is in touch with her emotions, kind, gentle, instinctive, whimsical, vulnerable, pious, and obedient (Feldman, Trupin, Walker, & Hansen). These gender roles can clash with American ideals, providing stress and anxiety on the Latino youth. For example, part of *marianismo* is the idea of obedient and unassertive. Feminism in American culture has taught young women that they are in sole control of themselves and requires that they make themselves and their ideas known. A young woman might have anxiety trying to reconcile the *marianismo* with American feminism.

**HISTORY**

The history of Latinos in America is diverse, because so many ethnicities are encompassed in the term Latino. Those of Mexican descent are the most common. Mexican-Americans have been coming to the United States since the country was founded. However, just
after World War II, U.S. government policies imposed economic restructuring programs on Mexico by international lending agencies, as well as development of an industrial zone around the Mexico/ U.S. border facilitated by NAFTA, created an “economic situation which disadvantages the rural sector” making the lives of millions more difficult in Mexico (Guarnaccia, Martinez, & Acosta, 2005).

Puerto Rico and Dominican Republic migrants are also very common, especially in New York and California. Puerto Ricans may experience great anxiety because they “experience the lowest socio-economic status of the Latino groups” (Guarnaccia, Martinez, & Acosta, 2005). Early Dominican emigrants were often “middle class individual who had been frustrated by the lack of jobs and economic under-development in the Dominican Republic” (Guarnaccia, Martinez, & Acosta, 2005). More recent Dominican immigrants come from the poorer sectors of Dominican society.

ISSUES

There are many issues facing American teenagers and children today, but these issues are more pronounced and pervading for Latino children and youth. Some common issues that will be discussed in this text are: deportation (whether it is the reality or fear of abandonment from a parent/ guardian being deported, or being deported themselves), gang involvement, drug use, teen pregnancy, language barriers, and extreme poverty. Unfortunately, these issues are compounded and exacerbated by ideas in white American culture of prejudice against the Latino culture. In small towns across America, extreme prejudices exist against the Latino population with many white Americans holding the position that Latinos are coming to America and
stealing jobs from hard-working Americans. Being Latino is seen in some small towns as the new "black".

Research has found that suicide is a major problem for Latino youth. Feldman found that suicide is the third leading cause of death among Latino youth, and that Latinos were “more likely to engage in suicidal behavior and to complete suicide than either Black or [non-Latino] White youth,” (Feldman, Trupin, Walker, & Hansen). This has been theorized to be caused by the higher levels of acculturative stress than either Blacks or non-Latino Whites would experience.

Deportation is one of the most prominent and researched issues that Latino youth deal with today. A 2010 survey found that for every three adults who are deported from the U.S., one child is abandoned and left behind. In 2008, the U.S. deported almost 13,000 people each month and the number has only increased in recent years (Orozco & Thakore-Dunlap, 2010). The Pew Hispanic Center found that the “widespread raids have led to a large percentage of Latinos worrying a lot (40%) or worrying some (17%) that they themselves, a member of their family, or a close friend will be deported” (Pew Hispanic Center - Chronicling Latinos Diverse Experiences in a Changing America, 2008).

For Latino students, this fear can be overwhelming. Therapists reported Latino youth clients who were undocumented immigrants paid a psychological price, the stress manifesting in various ways, such as insomnia, recurrent nightmares, paranoia, and post-traumatic stress disorder symptoms (Orozco & Thakore-Dunlap, 2010). Even with students who are in the U.S. legally may have the fear of deportation. School-sponsored activities such as Newcomer Clubs,
small group counseling, or “lunch buddies” might provide support for children who are having issues with deportation.

There are also physical health issues for which Latino youth are particularly at risk. The U.S. Department of Health reported that Latinos “were more likely to have diabetes, to be obese, to have HIV/ AIDS, to suffer from asthma, and to have certain forms of cancer” than non-Latino Whites (Feldman, Trupin, Walker, & Hansen). Latinos are also more likely to be the victim of homicide and less likely to have access to high quality health care services.

Latina young women are particularly at risk in the area of sexual health. Because adolescent Latinos have less access to health care, they are more likely to contract sexually transmitted diseases and Latina girls are three times more likely to get pregnant during her teen years than a non-Latino White woman and twice as likely as a Black woman (Feldman, Trupin, Walker, & Hansen). Latina teens are also substantially less likely to receive prenatal care or medical supervision than her Black and White counterparts, making birth a riskier issue than is normally expected.

Substance abuse is also an issue for many Latino youth. They are more likely to report heavy alcohol consumption and show symptoms of depression, anxiety, and delinquency than Black or non-Latino White youth (Feldman, Trupin, Walker, & Hansen). Even through these issues, however, Latino youth are significantly less likely to receive, or even seek, professional mental health care than Black or non-Latino White youth.

In schools, Latino youth show signs of risky behavior in the classroom and through their attitudes toward school, though young Latinos do not usually display these same attitudes. In elementary schools, even up to sixth grade, many Latino students take their studies very
seriously and aspire to careers in medicine, law and its enforcement, education, and many others (Cooper, Denner, & Lopez, 1999). However, for various reasons, during the middle and high school years, attitudes in Latino youth change. Latino immigrant youth have some of the highest dropout rates and the poorest academic performance in schools. More than 80% fall below Proficient on national mathematics and reading tests and only 50% graduate from high school (Cooper, Denner, & Lopez, 1999). Clearly, this is a population that warrants special attention.

SCHOOL-SPECIFIC INTERVENTIONS

Because Latinos are more likely than any other minority group to attend schools that are underfunded, overcrowded, and understaffed, American public schools are at a disadvantage when trying to serve the Latino population. However, because of their very nature, schools are in a unique position to assist Latino families and students with the school environment when properly prepared (Feldman, Trupin, Walker, & Hansen).

Because the family is so important to the Latino community, providing direct contact with the family to enlist their commitment to their child’s education is critical, preferably in Spanish. However, effective outreach should go beyond the Latino student and family to include the entire Latino community. Smith-Adcock recommends schools using television and radio advertisements in Spanish on Spanish-speaking networks to reach out to the community (Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006).

Schools also need to be vigilant in placing students in special education classes. Elementary teachers were found to have disproportionately placed Latino students in low reading and math ability groups, as well as remedial tracks in middle and high schools (Cooper, Denner,
This could be in part because of language differences, placing the student at an unfair disadvantage from the beginning of his or her education.

Educators must also understand the roles expected from them by the Latino community. One study found that Latino parents in Los Angeles, the largest Latino community in the country, considered the moral guidance of their children to be their responsibility. This included teaching their children their values, honesty, and respeto. They also sought to protect their children from malas amistades (negative peer influences) and to help their child wisely navigate the crossroads between el buen camino (the good path) and el mal camino (the bad path) in life. However, a moral upbringing included academic achievement, which the school was intended to support (Cooper, Denner, & Lopez, 1999).

**INDIVIDUAL COUNSELING INTERVENTIONS**

There are several terms with which a counselor dealing with the Latino population should be familiar. The terms nervios and ataque de nervios are important idioms in the Spanish language, meaning “nerves” and “nervous attack” respectively. These are used commonly to describe feelings of anxiety and stress. Espiritismo and Santeria are also flourishing in Latino neighborhoods, mainly among the Cuban and Puerto Rican population (Guarnaccia, Martinez, & Acosta, 2005). Espiritismo is the belief that spirits can affect elements of human life, including health and luck, whereas Santeria is a religion that combines many other religions, but includes belief in spirits and saints (also known as “orishas”) (Guarnaccia, Martinez, & Acosta, 2005).

It is especially important for counselors to keep in mind that there is a negative stigma associate with mental illness in the Latino community which is particularly powerful barrier to seeking care. Labels such as locura or loco are severely negative and impact not only the person
affected, but also his or her family. Most Latinos believe in self-reliance (ponerse de su parte) when it comes to health care and believe that they should be able to cope on their own with any mental health problems (Guarnaccia, Martinez, & Acosta, 2005).

Once a person seeks mental health care, their language can be a barrier to treatment. Guarnaccia (2005) notes that “Latinos tend to be very expressive of their physical and emotional pain, often through rich somatic idioms. This ‘somatization’ of distress is misunderstood as either hypochondriasis or a lack of ability to express the psychological dimensions of emotional distress – neither of which is accurate.” Client reports of visions, of hearing one’s name called, and of perceiving presences (often in the form of a recently deceased relative) are common and should not be interpreted as signs of psychosis or pathology (Guarnaccia, Martinez, & Acosta, 2005).

Research suggests that more directive therapies, rather than insight oriented ones, and family focused therapies will be more effective for Latinos (Guarnaccia, Martinez, & Acosta, 2005). As with most minority populations, the most research has been done to support the efficacy of Cognitive Behavior Therapy with Latinos and it has been found to be the most effective form of therapy for Latino children and adolescents. However, “no one type of CBT for children has proven more efficacious than others” (Feldman, Trupin, Walker, & Hansen).

Depression is one of the most commonly diagnosed issues in the Latino community. The CBT-based programs Self-Control Therapy and Coping with Depression were labeled as Probably Efficacious by the American Psychological Association (Feldman, Trupin, Walker, & Hansen). Feldman and her team at the University of Washington found that “when the treatments were modified so as to include culturally relevant components and to be sensitive to values and
ideas that were dominant in the participants’ culture, CBT could be an effective treatment approach and resulted in diminished symptoms of depression” (Feldman, Trupin, Walker, & Hansen). Interpersonal Therapy (IPT) has also been documented as effective with this population.

Post-Traumatic Stress Disorder is another diagnosis common among Latino youth. A study among students in the Los Angeles School District found that 80% of middle school students reported witnessing a violent event in the previous year. Over 60% reported witnessing a life-threatening event in the previous year (Feldman, Trupin, Walker, & Hansen). Numerous studies have documented rates of PTSD approaching 70% of youth living in impoverished, urban areas where community violence is frequent (Feldman, Trupin, Walker, & Hansen). The Cognitive Behavior Intervention for Trauma in Schools has been implemented with almost entirely Latino youth samples and was found to demonstrate consistently good outcomes (Feldman, Trupin, Walker, & Hansen).

Trauma-Focused CBT is one of the most well studied and widely implemented programs for youth with PTSD. It has been found to be particularly effective for children of a variety of cultural backgrounds, including Latinos (Feldman, Trupin, Walker, & Hansen).

Much research has focused on helping families deal with intergenerational and acculturative conflicts. Family Bicultural Effectiveness Training was “designed to help families navigate the unique challenges stemming from biculturalism and the acculturation process” (Feldman, Trupin, Walker, & Hansen). However, of the three studies examining the efficacy of FBET, only two showed that the program demonstrated clinical significance.
Externalizing disorders are still an issue for mental health professionals treating the Latino youth population. A scarcity of research exists on adapting treatments for Latino cultural needs. Very few treatments for externalizing disorders “have been evaluated specifically for Latino clients, although some have been studied using samples with substantial Latino youth” (Feldman, Trupin, Walker, & Hansen).

Professionals should adapt treatments for cultural sensitivity with caution, however. Feldman found that “results of the study showed not only that Latino and Caucasian youth responded similarly to the interventions, but also that both groups demonstrated significant improvement from pre- to post-intervention assessment, suggesting that cultural adaptations were not essential to treatment effect” (Feldman, Trupin, Walker, & Hansen).

Finally, although not a major issue for most counselors and school professionals, there is limited information that some Latinos may react differently to psychotropic medications, especially anti-psychotics, than non-Latino Whites. It is postulated that the Latino metabolism processes some medications differently and is more sensitive to the side effects of medications (Guarnaccia, Martinez, & Acosta, 2005). On the whole, however, once Latinos are in mental health care, they tend to benefit greatly from psychotherapeutic and medicinal interventions.

**FUTURE OF LATINO YOUTH TREATMENT**

Although many schools and school counselors are working to ensure the academic success of Latino youth, there are still many issues that need to be confronted. These include human resource and political issues, as well as gaps in research on treatments for this population. Most researchers will be quick to note that significant gaps exist in researching how efficacious
certain techniques are on the Latino population, let alone on undocumented Latinos or Latino youth. The literature base is expanding, though, so hopefully, the next few years will bring more answers as this population continues to be of interest.

It is also worthy of note that Latino school professionals are in short supply and greatly needed. The U.S. Surgeon General even put out a plea for bilingual, Spanish-speaking mental health professionals in 2005 (Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006). The population of teachers and school professionals are predominately Caucasian, despite the fact that the Latino population is rapidly growing. School administrators have often said that the most needed services for the Latino students were counseling and guidance services (Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006). If these needs are to be met, Spanish speakers need to be encouraged to fill these positions in our schools.

The political climate towards Latinos is currently very charged. In 2012, Latino children of undocumented immigrants brought immigration to the forefront of politics by staging sit-ins and hunger strikes in political campaign offices across the country, including in Cincinnati, Ohio (Hing, 2012, Ingold, 2012, Maestas, 2012). These young adults are considered American citizens because they were born in the United States. They demanded that President Barack Obama order a halt to the deportation of those who would be eligible for the federal DREAM Act, which President Obama did, just a few weeks later (Maestas, 2012). The DREAM Act was a controversial piece of bipartisan legislation that allowed qualifying undocumented youth to be eligible for a 6-year long conditional path to citizenship, requiring completion of a college degree or two years of military service (The DREAM Act Portal). The Act has not been passed
as of the writing of this paper, but lobbying of the House of Representatives and Senate continues.

Locally, in Ohio, Governor John Kasich has remained fairly silent on the issue of undocumented workers. The Ohio Department of Education does provide resources for school officials to help families enroll their child in the newest federal immigration program called Deferred Action for Childhood Arrivals (DACA) (Immigration Issues - Deferred Action for Childhood Arrivals - Enrollment Guidelines, 2012). DACA offers “deferred action” to immigrants who came to the U.S. as children and meet special requirements and grants two-year deportation deferrals and work permits to undocumented workers who came to the U.S. as children.

Obviously, Latino youth face many issues and their lives are not generally easy ones. As school and mental health professionals, an obligation to help wherever possible is presented by this population. As time goes on, it becomes more and more evident that Latino youth present significant problems, but with proper training and support, there is no reason lives of Latinos everywhere cannot be improved.
References


Annotated Bibliography


Although not specifically targeted at the Latino population, this searchable online registry of evidence-based mental health interventions can list many resources for working with Latino youth, as well as many other populations. The registry is managed by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services and includes only research-based interventions (*The national registry of evidence-based programs and practices*, 2012). This is not recommended for the general public, but is an excellent find for professionals.


Retrieved from Ohio Department of Education:

http://ode.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=968&ContentID=130701&Content=130753

This site provides information for Ohio school officials seeking to find information about Deferred Action for Childhood Arrivals (DACA), a recent federal policy change allowing individuals who meet specific criteria to waive deportation for two years for educational purposes and work permits to undocumented workers brought to the U.S. as children (*Immigration Issues - Deferred Action for Childhood Arrivals - Enrollment Guidelines*, 2013). Schools are flooded with requests for support in this issue currently and Ohio’s Department of
Education has provided information on steps school officials should take to help undocumented families become legalized.


Based in Cleveland, Latina, Inc. is a non-profit aimed at promoting and bringing recognition to professional Latinas in Northeast Ohio. The organization is focused mainly on working with Hispanic women and helping them to become active contributors to their communities. While this organization is focused on helping young professionals, this organization would be an excellent resource for mentors or role models for young Latinas (Latina, Inc., 2013).


The Immigration Policy Center is a branch of the American Immigration Council that deals with research and policy. The center is a bipartisan product and provides information on immigration issues to policymakers and the general public (The DREAM Act, 2013). Because resources and government policies affecting students and families can change with little notice, this is great resource for staying up-to-date on the latest legislation and policies enacted by both federal and state governments.

This site provides resources for social workers, but can be helpful for school and mental health professionals alike. The site has resources relevant to working with both Latino youth and their families (Working With Hispanic Families, 2013). It features commonly used child welfare terms in English and Spanish, a brief overview of common issues in Latino child welfare cases, and links to many articles for treating issues within the family and the individual. It also provides state and local examples of culturally competent best practices.

*Young Latino Network.* (2013). Retrieved from Young Latino Network: younglatinonetwork.org

The Young Latino Network is a network of young Latino professionals, men and women, who come together for networking and mentoring purposes. Members of this organization seek to “bridge the gap between the current leadership and the future leadership in Northeast Ohio’s Latino Community” (Young Latino Network, 2013). This organization would be able to provide mentors and guidance to Latino teens and young adults.


Ohio State University’s Family and Consumer Sciences department compiled a fact sheet for professionals, as well as the general public, who wish to learn more about the day-to-day activities and values of Latinos. This fact sheet gives an overview of the rate of growth within the Latino population, family values, etiquette, eating habits, holidays, and religions. It also includes implications for teaching and learning, important information for school professionals to understand (Clutter & Nieto).

This literature review was done by several members of the University of Washington’s Department of Psychiatry and Behavioral Sciences in their School of Medicine. Although lengthy at 32 pages, it is an easy read for professionals and members of the general public. It provides many statistics about the issues that Latino youth face, as well as ideas of how to treat some common problems encountered and the efficacy of treatments (Feldman, Trupin, Walker, & Hansen). It focuses on CBT especially and how beneficial CBT variants prove within the Latino community.


This presentation was initially presented for the Children’s Memorial Hospital at the Northwestern Feinberg School of Medicine by Dr. Rebecca Ford-Paz, who has since uploaded it to DocStoc. It discusses the various treatments that have been found to be effective with the Latino population and methods of adapting treatments to accommodate Latino values and beliefs. It also provides a brief overview of Latino values and culture (Ford-Paz, 2010). This resource is great for school and mental health counselors, but not appropriate for the general population.
National Health Service. (n.d.). *Interpersonal Psychotherapy for depression (IPT)*. Retrieved from IAPT - Improving Access to Psychological Therapies:

http://www.iapt.nhs.uk/workforce/high-intensity/interpersonal-psychotherapy-for-depression/

Interpersonal Therapy has been shown in a number of studies to be effective in treating depression among Latino youth. This website, managed by the United Kingdom’s National Health Service, provides school and mental health professionals with resources for implementing Interpersonal Therapy, training guides, and competency frameworks (National Health Service).


http://www.rand.org/health/projects/cbits/resources_tools.html

Post-Traumatic Stress Disorder is disproportionately common in the Latino community, especially in urban areas where, in one study, 80% of Los Angeles teens surveyed said they had witnessed a violence crime within the previous year (Rand Health, 2011). One program that has been effective in treating anxiety in Latino youth is Cognitive Behavior Intervention for Trauma in Schools. This program is aimed at the school population and is not appropriate (generally speaking) for mental health professionals outside of the school setting. This website provides many resources for helping students recover from traumatic experiences of all kinds, as well as a teacher’s manual for implementation in the classroom.

*TF-CBT Resources*. (n.d.). Retrieved from The National Child Traumatic Stress Network:

http://tfcbt.musc.edu/
Because of the high rates of PTSD and other anxiety disorders, Latinos have shown marked and significant improvement with programs such as Trauma-Focused Cognitive Behavior Therapy. This website is useful for clinicians and members of the general public. It gives an overview of TF-CBT, as well as resources for therapists, children, and families for implementing TF-CBT, both in English and Spanish (TF-CBT Resources).


Immigration is a hot issue politically right now and one of the key pieces of legislation that is being considered is called the DREAM (acronym for Development, Relief, and Education for Alien Minors) Act. The DREAM Act has failed to be passed, but it has prompted several changes in federal policy. This website helps young people and professionals alike make sense of what is proposed with this legislation (The DREAM Act Portal).