



Latinas and Co-Occurring Disorders

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Learning Objectives

- Define co-occurring disorders & treatment needs for Latinas.
- Provide the basic tenets of the best practice for COD, the Treatment Improvement Protocol (TIP)
- Address the problem of depression among young Chicanas & Latinas

- Identify the psychological tasks in identity formation among young women
- Psychosocial stressors young urban Chicanas & Latinas face, including gang-related and IPV.
- The potential impact of these variables on mental status
- Traditional cultural values and coping strategies

With the goal of

Providing a framework for engaging this population in culturally-relevant COD treatment, by adapting the TIP.

What are co-occurring disorders?

- Definition: Refers to "co-occurring substance use (abuse or dependence) and mental disorders."
- One must have "one or more disorders relating to the use of alcohol and/or other drugs of abuse, as well as one or more mental disorders."

Source: *Substance Abuse Treatment for Persons with Oc-Occurring disorders, 2007, p. 17.* Substance Abuse and Mental Health Services Administration (SAMHSA).

Background information:

- The Substance Abuse and Crime Prevention Act, also known as Proposition 36, was passed by 61% of California voters on November 7, 2000. This vote permanently changed state law to allow first- and second-time nonviolent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration.

Why study co-occurring disorders among Latinas?

- In 2005 in Calif., approximately 16,000 Latinas received substance abuse treatment, half of whom also had mental health problems!
- About 45% of these Latinas were (predominately or mono-lingual) Spanish-speaking.

Treatment for Latinas under Prop 36

- Most treatment offered in group counseling format
- Of those in non-residential treatment, the drop out rate ranged 30-40% in the first month!
- Obvious need to develop more culturally-relevant treatment approaches.

Specialty biases

- We all have a tendency to view our clients through the eyes of our discipline/training.
- Many of you are alcohol and drug treatment counselors and may focus on those problems.
- Mental health professionals may only note (non-alcohol and drug) psychiatric disorders.
- We need to identify and address both.

How common are co-occurring disorders among Latinas?

- One study, which examined depression, anxiety and substance use among Latinas, found that the lifetime prevalence estimate for any of these psychiatric disorders was 30.2 percent for Latinas.

Source: Alegria, M. (2007) American Journal of Public Health, January

Disorders found among US v Mexican born Chicanas in Ca

	(n=1516) Mexican born	US born
Mood	9.3%	14.7%
Anxiety	17.0	21.4
Alcohol	1.5	6.6
Drugs	1.4	4.5
Any subst	2.1	8.7
Any dis	22.2	32.6

Source: Vega, WA et al (2003)

Quality of life implications

- La Mujer: psychiatric disorders erode one's sense of self
- La Familia: A depressed and drug-abusing mother is emotionally less available to her children, often resulting in poor bonding (attachment theory).
- La Comunidad: Traditional cultural values and ties become weakened.

Treatment implications National AOL & Mental health directors noted:

- The importance of having knowledge in both mental health & AOL tx.
- Have treatment settings to facilitate consultations and collaborations.
- Reduce stigma associated with both types of disorders.

Treatment Improvement Protocol (TIP)

- Best-practice guidelines for treatment of co-occurring disorders
- Developed by the Center for Substance Abuse Treatment (CSAT)
- Draws on the experience and knowledge of clinical, research and administrative experts.

Substance Abuse & Mental Health Services Adm. (SAMHSA)

Resources:

- National Registry of Effective Programs and Practices (NREPP)
- Co-Occurring Disorders State Incentive Grants
- Co-Occurring Center for Excellence
- Co-Occurring Disorders: Integrated Dual Disorders Treatment Implementation Resource Kit.

What TIP says you should know about mh disorders:

- Diagnostic Statistical Manual (DSM-IV)
- Substance abuse and dependence
- Depression
- Personality disorders

Diagnoses a la DSM-IV

- Substance Abuse or Dependence
- Depression
 - Major Depression
 - Dysthymia

Abuse v dependence

- Maladaptive pattern of substance use leading to significant impairment or distress
- Abuse: 1 sx over 12 month period
- Dependence: 3 or more sx's over a 12 month period and/or sx's of withdrawal
- In hierarchy, dependence is more serious (no dx of abuse if meets criteria for dep)

What is depression?

Clinically, what is looked for is:

Mood change for 2+ weeks *and* 5 from:

- Decreased interest
- Weight or appetite change
- Sleep changes
- Psychomotor agitation or retardation
- Decreased energy
- Feelings of worthlessness or excessive guilt
- Decreased ability to concentrate
- Thoughts of death, which MAY include SI

Personality Disorders

- Cluster A (paranoid, schizoid and schizotypal)
- Cluster B (antisocial, borderline, histrionic, narcissistic)
- Cluster C (avoidant, dependent and obsessive-compulsive)

Psychotic Disorders

- Delusions
- Hallucinations (auditory, tactile, olfactory, visual)
- Functional v. organic

Other disorders

- Mania
- Bipolar
- Anxiety (GAD)
- AOD may mimic these symptoms

Guiding Principles of TIP

- Employ a recovery perspective
- Adopt a multi-problem viewpoint
- Develop a phased approach to treatment
- Address specific real life problems
- Understand the client's cognitive and functional impairments.
- Use support systems

Source: TIP Manual, page 121

Delivery of Services

- Providing access
- Completing a full assessment
- Providing an appropriate level of care
- Achieving integrated treatment
- Providing comprehensive services
- Ensuring continuity of care

■ Source: TIP Manual, page 122

Our Numbers

Figure 4.
Population by Hispanic Origin, Age, and Sex: 2002
(in percent)¹



Local Latino Composition Estimates

- California 32.4 %
- Sonoma County 17.3 %
- San Francisco 14.1 %
- Alameda 19.0 %

Source: U.S. Census, 2000

Do you realize...? Compared to Anglos in U.S., Latinos are more likely to:

	Latinos	Anglos
never marry	33.9 %	24.4 %
be single parents		
women:	23.7%	13.0 %
men:	8.2%	4.8 %

Less likely to be widowed or divorced

Source: U.S. Census, 2000

Religion

- 60-65% of Latinos are Catholic
- 25% are Protestant, with Pentecostals rapidly growing
- Significant % is Jewish
- Latinos tend to personalize their religion
- Spiritualism often incorporated into religious beliefs and practices

Source: See, e.g., Walsh, 1999

Is depression the same across cultures?

- Cross-cultural studies and theories of 70s-80s.
- DSM-III

Western Approaches

Standardized measures: Issues of validity for usage with Latinos

- content: Do they measure the same symptoms?
- translation: Does the translation capture the essence?

Objective measures used (in Spanish) to assess depression:

- Beck Depression Inventory (BDI-II)
- Center for Epidemiological Studies—Depression Scale (CES-D)
- Hamilton Depression (HAM-D)

Genetics of depression?

- Depression tends to run in families
- Nature vs nurture debates
- Current studies investigating role of genetics in depression
- Answer is probably a combination of the above: genetic predisposition, coupled by stressors which trigger onset.

How depressed are we? Historical information:

- ECA studies, Lifetime prevalence rates

Chicanas:

Major Depression	6.3%
Dysthymia	7.6%



Puerto Rican women:

Major Depression	5.5%
Dysthymia	7.6%

Sources: Karno, et al (1987); Canino, et al, (1987).

Compared to Anglo women?

- ECA studies, Lifetime prevalence rates

Chicanas:

Major Depression	6.3%
Dysthymia	7.6%

Anglo Women

Major Depression	10.0%
Dysthymia	4.3%

Source: Karno, et al, (1987).

How about compared to men?

- Chicanos: Lifetime prevalence rates

Major Depression	3.8%
Dysthymia	3.3%

Anglos

Major Depression	6.2%
Dysthymia	3.7%



Chicanas:

Major Depression	6.3%
Dysthymia	7.6%

Source: Karno, et al, (1987).

A decade of low rates of depression ('90s)

Literature depicted Chicanas and Latinas as being protected from depression and that the protection decreased with length of time (generational status) in the U.S.

Other explanations found in literature:

Somatic complaints for Chicanas

Alcohol abuse for Chicanos

Recent findings:

Depression among Chicanas and Latinas is more common than was realized.

Factors being studied include:

- age
- level of acculturation
- bicultural identity
- psychosocial stressors

Psychosocial developmental tasks

■ Adolescence:
Identity vs. Role
Confusion: sense
of self in relation
to others

- Social identity:
Identity with a
group (or culture)
- Personal identity:
abilities, goals,
possibilities for the
future

Erikson, E. (1980)

Psychosocial development continued

- Young adulthood: Intimacy vs. Isolation: develops the ability to give and receive love; learns to make long-term commitments to relationships



Erikson, E. (1980)

Social-emotional development for girls

- Ages 13-16 Skill building for self-esteem
 - feeling worthy
 - deserving to assert needs & wants
 - feeling confident in ability to cope with life (in general)

Bingham & Stryker (1995)

Social-emotional development for girls, cont.

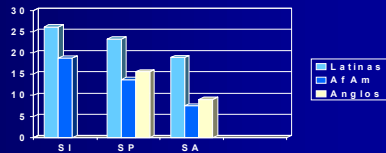
- Ages 17-22 Self-sufficiency
- Sense of responsibility of caring for self and family
- Sense of autonomy

Bingham & Stryker (1995).

Psychosocial stressors commonly faced by Chicana & Latina adolescent mothers

- Violence (DV and gangs)
- Pregnancy
- Unstable housing
- Intergenerational differences in values;
- Family's response to pregnancy
- Drug & alcohol use
- Low SES/poverty
- Attachment issues

Suicidal concerns among girls, ages 14-17 years



CDC, 2000

Adolescent birth rates:

- Latinas 106.7 per 1000
- Af Am 99.3 per 1000
- Anglos 39.3 per 1000

Kaplan et al (2002)

Adolescent birth rates among Latinas per 1000

- Chicanas 124.6
- Puerto Ricans 89.0
- Cubans 29.2

Mathews, T.J., Ventura, S.J., Curtin, S.C., & Marin, J.A. (1998). Births of Hispanic Origin, 1989-1995. *Monthly Vital Statistics Report*, 46(6), 1-28.

Compared to their Af Am & Anglo counterparts, Latina adolescents have low usage rates of:

- Family planning clinics
- Contraception before first pregnancy
- Abortion
(Identified by several sources—see bibliography in handouts)

Other Common psychosocial stressors—risk factors for depression

- Death of loved ones
- Social isolation/loss of support system
- Medical illnesses and injuries
- Functional impairments and decline
- Changes in role functioning in the family
- Drop in SES
- Language

Summary of psychosocial correlates of depression

- Socio-political (immigration, SES, language, fears of deportation, health)
- Familial stressors (violence, employment,)

What have we learned about the impact of depression on Chicanas and Latinas?

- There is conflicting evidence about the rates of depression
- BUT, depression is a prominent problem in our community
- Expressions of depression may be manifested by somatic concerns.

Psychosocial correlates of depression:

- Poverty
- Level of income
- Unemployment
- Underemployment (types of jobs available)
- Level of formal education
- Intimate partner violence & gang related violence

Immigrants

In 2000, approximate 51% of the 14.5 million "foreign born" in the U.S. was Latino.

Most came from Mexico or Central America.

Source: U.S. Census, 2000.

Are recent immigrants more depressed than U.S. counterparts?

- Conflicting evidence
- Incidence of depression related to stressors in country of origin
- Greater self-esteem
- I-E factors

Traditional beliefs and coping strategies

- Sense of community
- Reliance on church and spiritual beliefs
- Establishment of new relationships
- Expansion of support system
- Attributions of symptoms

Traditional cultural beliefs regarding health and illness:

- DSM-IV recognizes culture-bound syndromes. Common ones are:
 - Mal de ojo evil eye
 - Susto (espanto) fright
 - Nervios nerves
 - Empacho G.I. Problems
- May be viewed as the cause of many physical and psychological conditions.

Beliefs in magic and the supernatural:

- *Brujos/as* can do good or evil
- *Curanderos* treat symptoms with traditional medicines or rituals
- *Espiritistas* talk to spirits to heal
- All may perform *limpias*
- *Yerberos* treat symptoms with herbs and plants

Source: See, e.g., Falicov, 1999

Symptoms may have symbolic meanings

- Cultural
- Religious
- Psychiatric

Other common depictions:

- Rigid sex roles: nonegalitarianism
- *Machismo & marianismo*
- Culture is producer of pathologies (e.g., fatalism, dependency, etc.)

These views have long been disputed.

See, e.g., Hawkes & Taylor, 1975; Hurtado, 1995

Beyond the supernatural, Latinos may:

- Place family needs over individual wants
- Value interdependence, connectedness and sharing
- Believe problems should be handled within natural support systems (family, church, etc.)
- Attribute life events or symptoms to external forces

Source: see, e.g., Casas & Vasquez, 1996

Interpersonally, cultural coping strategies include:

- Familia—from which evolves a sense of identity and attachment
- Respeto—honoring others, especially older family members and seniors
- Personalismo—establishing relationships for their own merit, not for personal gain. All successful interactions or negotiations are based on this dynamic

Message for Counselors Re: COD & Latinas

- Ask about pt's beliefs regarding etiology of condition or symptoms.
- Psychoeducation re: Western medicine's perspective
- Integrate dual approaches, if not medically contra-indicated
- Ask about domestic violence and other stressors
- Do all the above with *respeto*

Culturally-relevant treatment for COD includes:

- Examining one's beliefs system will help generate a solution that makes sense to the individual (spiritual guidance, meditation techniques, etc).
- Using traditional support systems may bring comfort
- Medications!

Help the client to find purpose and passion

Purpose: What is your role, goal in life?

(This will change over the life-span)

Parent, community activist, etc.

Passion: Find the inspiration that gives each of us strength.

In summary, this presentation

- Defined treatment needs for co-occurring disorders among Chicanas
- Provided the basic tenets of the best practice for COD, the Treatment Improvement Protocol (TIP)
- Examined how protocol can be adapted to create a culturally-relevant intervention

Y la lucha continua!

Muchas gracias

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