

MINDFULNESS, CULTURE, AND CLINICAL PRACTICE:

CLINICIAN EXPERIENCES UTILIZING MINDFULNESS AND ACCEPTANCE WITH HISPANICS/LATINOS

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INTRODUCTION

A recent comprehensive review of the literature on cultural adaptations of MBIs for Hispanics/Latinos identified 20 interventions that investigated culturally-adapted MBIs for Hispanics/Latinos in the U.S., Spain, and Latin America (Castellanos et al., 2019). The authors evaluated factors contributing to the effectiveness of the MBIs for Hispanics/Latinos, including the methodological rigor of the intervention and the cultural adaptations utilized by clinicians delivering the intervention. Overall, findings confirmed the importance of conducting treatment studies on cultural adaptations. Specifically, Castellanos and colleagues (2019) found that culturally-adapted MBIs are associated with depression symptom improvement, stress reduction, stress management, and chronic illness management. Evidence was found that suggested that cultural adaptations can improve evidence-based treatment (EBT) implementation among Hispanics/Latinos.

CURRENT STUDY

This study is relevant to the intersection of culture and psychotherapy by addressing and contributing to the improvement of mindfulness-based interventions for Hispanic/Latino populations. The study is in line with the concept that to maximize treatment retention and outcomes when providing mental health services to Hispanic/Latino clients, we need to provide culturally adapted treatment. Moreover, this study focused on the "real world" aspects of implementing psychotherapy practices by consulting clinicians working with Hispanic/Latino populations in the practice field.

METHODS

Eighteen clinicians who reported utilizing MBIs with Hispanic/Latino clients completed phone interviews. Interviews were recorded for transcription and coding.

The current study utilized a two-step approach to identify distinct themes of cultural adaptations emerging from interview data followed by a second analysis guided by existing theory to look for specific themes suggested by Bernal's dimensions of cultural adaptations literature (Kloos et al., 2005; Miles and Huberman, 1994).

Participants included mental health professionals and graduate students in the fields of social work (n= 2, 11%), clinical psychology (n=9, 50%), counseling psychology (n=6, 33%), and cognitive neuroscience (n=16%). Seventy-two percent of the sample (n=13) had attained a master's degree at the time of the interview, while five percent held a Doctorate degree. Seventy-two percent of the sample was female (n=13).

Clinicians in the U.S. face challenges and barriers when implementing ACT with Hispanic/Latino populations. More research, training, and tools are needed to address disparities in access to mental health services.

For a list of references and further information on this project, please contact Rebeca Castellanos at castereb@musc.edu



RESULTS

Advantages

- MBIs are particularly helpful to Hispanic/Latinx clients because it teaches them to slow down.
- Hispanic/Latinx clients respond well to the process of mindfulness because it's concrete. This component is also alternative for medication for clients who prefer to avoid pharmacological treatment.
- Clinicians believe ACT gives them an opportunity to incorporate cultural values in treatment. They can incorporate religious values and family values into treatment and better engage their Hispanic/Latinx clients.

“The other component [...] which is very good for Latino clients is the values component and the values clarification component. I do it with all my clients and I think in particular with Latino clients, their lives are centered around values and cultural ideas of what it means to be the person they are and their roles in their family and community. So, I think that in particular has very motivating for clients by thinking about why there is therapy, what the things they want to change. I think there has been a consistent theme of changing for the betterment of not necessarily themselves, but they can be of a better service for their children or for their family.”

Challenges

- Some clinicians explained that many of their Hispanic/Latinx clients tend to come to therapy hoping for immediate sx. relief. Many clinicians believe this is due to clients having limited access to resources. This becomes a challenge in therapy, particularly when trying to implement mindfulness and asking clients to slow down.
- Clinicians reported that their Hispanic/Latinx clients often have no previous experience with therapy. Clinicians may need to engage in coaching or psychoeducation in order to engage their clients in treatment.
- Most of the clinicians in this study explained that they are the only Spanish-speaking mental health provider in their clinics. This was esp. challenging for trainees because they typically don't have access to supervision in Spanish and their supervisors may struggle with the nuances of working with monolingual Spanish-speaking clients.
- Clinicians pointed out that being the only Spanish-speaking clinician in their setting becomes an additional layer of case management and work that their peers might not be working with. Additionally, this role can be quite isolating as they may not get the most out of peer supervision opportunities.

“I'm the only Spanish speaker in my clinic, so it's very hard. It's very hard I. I receive supervision in English, as well. So even just translating back to my supervisors is super stressful. What I, what I do sometimes is I will talk to my mentor. So my mentor, my research mentor does speak Spanish. He's a native Spanish speaker and Latino man. And so when I.. When I have some issues with like, oh like is my translation of the metaphor making sense? Or like sometimes I make my own metaphors. So I'll sometimes like I'll talk to my research mentor, and he's open to that as well. But of course, I cannot talk to him about the actual clinical issues. So that's been a big challenge. Big, big challenge.”

CONCLUSION

In line with the literature of reducing barriers to treatment with Hispanic/Latinx population it is essential to dedicate resources for clinicians such as increasing the bilingual/bicultural mental health work force, as well as increasing the number of physical resources that are needed for implementation, such as books, manuals, worksheets, scripts, exercises, and videos.