

**MENTAL
HEALTH
SERVICES FOR
LATINO YOUTH:**
BRIDGING CULTURE
AND EVIDENCE

NCLR
NATIONAL COUNCIL OF LA RAZA



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Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC, serving all Hispanic subgroups in all regions of the country. It has state and regional offices in Chicago, Los Angeles, Miami, New York, Phoenix, and San Antonio.

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By Patricia Foxen, PhD

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The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this report to refer to persons of Mexican, Puerto Rican, Cuban, Central American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

FOREWORD

The mental health of young Americans is being severely tested in today's turbulent social climate. The common social pressures associated with child development and adolescence—such as body image and peer pressure—are compounded today by all-too-frequent incidents of violence, as well as new technologies that stream troubling images from around the world directly to our phones. Worry over future economic and employment prospects and challenges, including student debt, compound the sense of anxiety and stress that many young Americans experience daily.

In addition to these common stressors and others that affect the well-being of minority children such as the grind of discrimination and often poverty, many Hispanic youth, especially those living in low-income or immigrant families, have also been targets of bullying and harassment due to their ethnicity. This year's election and its aftermath have greatly intensified this problem, as many young Latinos have been exposed to profound hostility and overt xenophobia in schools and other social spaces. The threat or reality of growing violence and aggression toward young people of color has been documented in alarming reports of increased bullying and hate incidents. In a study conducted by the Southern Poverty Law Center in December 2016, 2,500 educators described specific incidents of bigotry and harassment following the election, and a full 80% reported heightened anxiety on the part of marginalized students such as youth of color, LGBTQ youth, and immigrant students. In addition, many young Latinos now increasingly face the frightening possibility that they or their parents could soon be deported and their families permanently separated.

These events have had a very real impact on the psychological well-being of young Latinos, who currently account for one of every four American children, and since more than 95% are U.S. citizens, are a critical part of the American fabric and future. Now more than ever, investing in high-quality, accessible mental health services for these youth and their families is critical. Yet existing mental health interventions for these youth are often either insufficient or are disconnected from the unique needs and experiences of Latino families and communities, or both.

On a positive note, Congress recently passed and President Obama signed into law the 21st Century Cures Act, which aims to make mental health a national priority, and to support expansion of mental health practices that are both culturally appropriate and evidence-based. The following report can inform the implementation of this law by ensuring that successful approaches to mental health treatment for Latino youth are acknowledged, evaluated, and supported. The report highlights what we know about mental health in the

Latino community and looks into evidence-based approaches currently being used to treat Latino youth with mental health problems. Further, the report amplifies the perspective of community practitioners and leaders who have long supported a more thorough integration into the evidence base of culture-centered approaches that are solidly rooted within community experience. It is only by investing in the implementation, evaluation, and replication of effective, locally based, culturally appropriate services, and incorporating innovative and successful treatments into the body of best practices, that the long-term healing and well-being of Latino youth, families, and communities—and therefore our entire society—can be assured.



Janet Murguía
NCLR President and CEO

EXECUTIVE SUMMARY

The mental health of young people in America is key to our nation's future success and prosperity: healthy, confident, hopeful youth can more easily find the path to academic, social, economic, and civic well-being. Today's generation of young people, however, is coming of age during a period of social uncertainty and upheaval that may threaten their sense of safety and stability in the world. A range of pressures, including heightened economic inequality, increased financial burdens, and a reduced job market, have made today's millennials "America's most stressed generation" according to the American Psychological Association. For poor youth of color, additional environmental strains such as poverty, unsafe neighborhoods, and chronic racial/ethnic discrimination, among other social determinants of health, can significantly increase distress and their overall mental and emotional well-being.

Among young Latinos in particular—one out of four American youth—the anxiety provoked by racial and ethnic antagonism has been greatly magnified by the events and discourse surrounding the 2016 election cycle. Bullying, hostile discourse, and incidents or threats of violence have skyrocketed since the election, producing intense fear and distress within schools and other social spaces. In addition, the worry and uncertainty that many Latino children have grown up with—that they, or a parent, breadwinner, or loved one will be deported and their family broken up—has today become more pronounced than ever.

While these stresses have intensified over the past months, they are not new to the Latino community. The majority of young Latinos, like their parents and communities, have historically been remarkably resilient in the face of challenging circumstances. Values such as strong family bonds, community support, and a cultural disposition for perseverance and optimism have helped many young Latinos to thrive. But for some, external pressures can produce high levels of trauma and distress, which for the most vulnerable may have a real impact on their psychological well-being. Studies have shown that Latino youth have the highest rates of depressive and suicidal symptoms of any ethnic group in the United States; rates of post-traumatic stress disorder (PTSD), substance abuse, and risk for anxiety and behavioral problems are also elevated among these youth. Unfortunately, young Latinos also experience multiple barriers to accessing adequate prevention and treatment services, thereby exacerbating mental health care disparities. Reasons for inadequate access include: cost of services, lack of health insurance, the stigma around mental health issues, and in many places, a shortage of accessible, culturally appropriate mental and behavioral health programs and providers that can effectively screen, diagnose, and treat Latinos.

The societal cost of neglecting the health needs and unique circumstances of young Latinos is high. Too many youth experiencing mental or behavioral health issues, for example, eventually find themselves in juvenile detention centers, rather than entering prevention programs that can help them successfully heal. Detention facilities often exacerbate psychological issues, and cost states billions of dollars each year. Untreated mental illness and addiction can also lead to devastating circumstances including homelessness, delinquency, violence, or even premature death. We must do better for our youth.

Increasing Awareness of Culture and Mental Health

This report describes the mental health landscape for Latino youth, including risk factors, existing treatments, and the ongoing debate about strategies for treating Latino youth and how programs should be evaluated. We argue that to nurture a culture of health within the Hispanic community and among broader society, we must increase efforts to understand the particular needs of Latino youth—including the protective factors that contribute to mental and emotional well-being—as well as identify, support, and replicate high-quality, effective, culturally appropriate mental health models and services.

The report outlines the key elements recommended by Latino mental and behavioral health experts to improve the quality of mental health services for Latino youth. These strategies can help to narrow racial and ethnic gaps in care by encouraging Latino youth to access services; facilitate their participation in treatment; and help to promote healing and positive self-esteem. These strategies include:

- Using a trauma-informed approach that recognizes the events, experiences, and effects of trauma (for at-risk Latino youth, trauma may stem from family migration, acculturation problems, domestic or community violence, or generational trauma related to discrimination). In practice, this approach emphasizes safety, trust, collaboration, choice, and healing, as well as the importance of cultural, historical, and gendered aspects of trauma.
- Providing access to culturally and linguistically appropriate services during all phases of service provision (outreach, assessment, treatment). Services should include bilingual staff, interpreters, and cultural brokers such as *promotores* and other community health workers, and communicate in a way that is culturally appropriate and respectful to better leverage patient engagement and care coordination.

- Integrating cultural values, beliefs, practices, sayings, and stories into interventions. Play therapy, music therapy, gardening therapy, and other innovative interventions can bridge cultural gaps and foster more positive environments and more productive services.
- Paying close attention to signs of acculturative stress (stress related to cultural integration), particularly as they relate to the youth's dynamics with parents and family. Family-centered approaches should be strengthened in both the assessment and therapeutic processes for supporting youth.
- Integrating culturally enhanced versions of known evidence-based practices (EBPs) for mental health disorders such as depression, anxiety, and PTSD; using them within a therapeutic model that addresses environmental sources of suffering and distress.
- Training mental health practitioners in a comprehensive conceptual framework that provides an in-depth, non-stereotyping, assets- and healing-based approach toward treating Latino families.

Measuring Effective Models of Care

The report also addresses an ongoing debate among stakeholders regarding how to measure and evaluate the effectiveness of mental health treatments for young Latinos. We argue that a major challenge for mental health providers serving the Latino population has been proving the effectiveness of culturally informed, community-based models of mental health care within the framework of evidence-based

EBPs refer to the promotion of effective interventions through scientific testing, whereby researchers evaluate the success of particular treatments in producing desired outcomes

practices, or EBPs. EBPs refer to the promotion of effective interventions through robust scientific testing, whereby researchers evaluate the success of particular treatments in producing desired outcomes, preferably through randomized clinical trials. The designation of EBP can be an important credential for service providers that can open the door to funding and replication; it often defines which interventions may be offered, and is meant to be an objective assessment of a treatment's effectiveness. However, while policymakers and funders understandably seek to support interventions that have been proven to work, proponents of culturally informed, community-based practitioners often view the emphasis on EBPs as a top-down approach that does not adequately incorporate the needs, experiences, or input of communities of color or the real-world complexities of community mental health.

Many innovative and promising approaches used in culturally centered mental health services for Latino youth have not been formally evaluated and are therefore not acknowledged as being evidence-based. Such exclusion can be a catch-22 for innovative programs, since unfortunately without the “evidence-based” credential, it can be harder for such culture-centered services to be taken seriously in more mainstream psychological arenas, or to receive support from funders and policymakers. The report outlines several reasons why such services have been difficult to evaluate, including:

- Many community-based mental health programs simply lack the financial resources to set up rigorous, controlled research that would prove effectiveness.
- The controlled methodology required by EBP research does not translate to the messy context of real-world service provision.
- Mainstream EBP evaluation may not pay sufficient attention to cultural validity (how particular mental health treatments are perceived and received by diverse communities) or to the specific ways in which culture is integrated into services.

The privileged scientific perspective that still characterizes much of mainstream psychology thus often inadvertently excludes or minimizes cultural perspectives on mental health. In view of the limitations of using EBPs to provide and evaluate services for minorities, a growing number of researchers and practitioners have proposed broadening the EBP framework to include evaluation approaches that more deliberately engage local practitioners and community members to identify mental health needs and resources within the community, and to contribute to the design and implementation of mental health programs and services. Such “bottom-up” approaches include:

- The practice-based evidence (PBE) model, which refers to mental health interventions that are inherent in a community or culture and are proven effective based on the input and consensus of the community.
- The cultural enhancement model, through which existing EBPs are adapted to the cultural context and evaluated through ongoing input from community members.

Reaching Common Ground to Advance Research and Services for Latino Youth

Finally, the report recognizes that while not all stakeholders in the EBP conversation have reached a common ground, most recognize that a one-size-fits-all approach toward mental health programs cannot work for

Latino youth (or any other group), and that the identification of effective treatments alone cannot ensure that such interventions are appropriate for different communities. As with all high-quality mental health interventions, culturally adapted EBPs should be tailored to specific attributes of young Latino clients, including cultural subgroups, generations, and degrees of acculturation, among others. An important part of replicating or “going to scale” is thus ensuring that interventions be properly tested and adapted for different environments.

In addition, there needs to be a greater effort for mental health institutes, funders, and researchers to engage, support, and evaluate a broad range of innovative, culturally centered programs. Such evaluations require an openness to community participatory research practices and focuses on process, rather than centering exclusively on data- or outcome-driven research. They should also move beyond individual treatment evaluations to assessments of programs that take a comprehensive approach. Finally, there should be increased EBP evaluation testing the effectiveness of specific cultural components or adaptations, and that looks at such cultural elements as integral parts of effective treatment.

Comprehensive mental health reform can help address some of the challenges faced by Latino youth in accessing high-quality, culturally and linguistically appropriate treatment at the right time and place. The 21st-Century Cures Act, signed into law by President Obama in December, 2016, aims to support the expansion of mental health practices that are both evidence-based and culturally appropriate. Increased national investment in research, development, evaluation, and replication of effective, culturally appropriate mental health interventions would be highly beneficial to Latino youth and families in need of these services, and would be an important step toward advancing health care equity in mental health.

While the report does not offer definitive or conclusive data about mental health among Latino youth, it is meant to serve as a blueprint for practitioners, policymakers and others in understanding the cultural issues that must be considered not only in the design and delivery of services, but also in building an evidence base of treatment effectiveness. We know that with the right supports and programs, many of these youth will be able to heal and thrive. And the positive mental and emotional well-being of young Latinos, who today account for one-quarter of the American youth population, in turn, will be highly beneficial to health and productivity of our nation.

BACKGROUND

As the United States' racial and ethnic composition becomes increasingly diverse, the mental health of young people of color becomes more intimately tied to our nation's well-being. While most minority youth demonstrate remarkable resilience in the face of adversity in their environments,¹ many are also highly vulnerable to mental health problems. Chronic exposure to risk factors such as poverty, discrimination, and violence produce high levels of distress, which contributes to a range of psychological and behavioral conditions. Mental health conditions in poor communities of color often go untreated due to a lack of appropriate, effective mental health services in these areas. This combination of risk factors and barriers to adequate care is related to disparities in numerous other areas of life, including educational and employment opportunities and other pathways to success and well-being.

Although most young Latinos lead healthy, productive lives, some struggle with environmental traumas that leave them susceptible to psychological problems. Latino youth have a high prevalence of depressive symptoms compared to other ethnic groups,² and studies have consistently found that young Latinos, particularly girls, are more likely than other groups to state that they feel depressed. In 2015, a full 46.7% of young Latinas said they felt sad or hopeless (compared to 37.9% of White and 33.9% of Black girls), and in the same year, 15.1% of Latina teens attempted suicide, compared to 9.8% of White and 10.2% of Black teenage girls.³ Exposure to violence and other traumas in neighborhoods and homes also contribute to high levels of anxiety and post-traumatic stress disorder (PTSD) among Latino youth. Illicit drug and alcohol use tends to be higher among young Latinos than other groups, and for some may be a response to living with chronic stress.⁴ Conduct problems such as aggressiveness and oppositional behavior—also often connected to environmental risk factors—are prevalent among at-risk Latino youth, though these are often intimately linked to or mask other mental health issues such as depression and low self-esteem.⁵

Undiagnosed, misdiagnosed, or untreated mental health issues can lead to a range of broader negative outcomes for Latino youth, sometimes translating to negative interactions at school and with authorities, increased disconnection from family and society, and for a significant group of young Latinos, eventual exposure to the criminal justice system. Unfortunately, the very systems with which Latino youth regularly interact can perpetuate psychological distress for some individuals; for example, harsh school discipline practices can promote punitive environments for youth who may be showing poor emotional regulation or exhibiting other mental health issues, contributing to suspension or expulsion; school dropout, in turn, reduces

the chance of successful employment, and is a major predictor of contact with the juvenile justice system and incarceration. Detention facilities often exacerbate vulnerability among those with mental health problems, increase the likelihood that youth will become chronic offenders, and cost states billions of dollars each year.⁶

Compounding these problems is the fact that Latino youth face multiple barriers to accessing adequate prevention and treatment services. Disparities in access to quality care are due to a range of structural factors including the availability and affordability of services, lack of health insurance, and transportation problems. Indeed, the lack of any mental health services and the shortage of mental health professionals in many underserved communities is a core barrier to access. Latinos are also less likely to seek out mental health care: the underutilization of services is associated with cultural factors such as the fear of psychological stigma, which is particularly pronounced among Hispanics and immigrant families, as well as a lack of trust in mainstream mental health services. Finally, the dearth of linguistically and culturally appropriate care for young Latinos across the country contributes to underutilization of services. As a consequence, Latino youth in need of these services are significantly less likely than non-Latinos to receive professional care, or to receive the kind of quality care that produces sustained positive outcomes.

Though there is much work to be done to improve mental health support for Latino youth, mental health programs have lost billions of dollars in funding over the past decade,⁷ and the cost and burden for mental health care has increasingly been passed on to hospitals, schools, correctional facilities, and homeless shelters. Increasing the availability, accessibility, and affordability of mental health services—particularly those that emphasize prevention and early detection—would go a long way toward improving the quality of life for youth who struggle with mental health issues, and would also be a major cost savings for communities, states, and the nation. There has been some movement to divert resources from detention and criminalization to community-based mental health and addiction treatment service (with California's Proposition 47 being a hopeful example). More recently, the 21st Century Cures act, signed into law by President Obama in December 2016, aims in part to improve mental health service provision in underserved and community-based settings. These moves toward enhanced mental health programs in communities should be applauded and replicated throughout the nation. But unless these services are of high quality, and are carefully designed to reach and treat particular populations at risk of psychological distress, they will not produce the desired outcomes.

Within a context of financial constraint, it is especially critical to invest in high-quality, effective mental health services. For one, legislators, policymakers, and funders are more likely to support programs that have been proven to yield positive results. Secondly, without implementing high-quality programs that are responsive and adapted to the populations they serve, problem such as underutilization of services, misdiagnosis, and poor outcomes will persist. Several important questions among many stakeholders remains: What constitutes high-quality mental health services for Latino youth? How do we evaluate their success? Most importantly, how do we connect Latino youth in need to culturally appropriate, high-quality mental health services?

Purpose of Report

The main goals of this report are to:

- Describe the complex array of factors that contribute to mental health problems for Latino youth.
- Outline the types of mental health interventions that exist for treating psychological problems among Latino youth.
- Address the ongoing debate taking place among various key stakeholders regarding the effectiveness of different mental health programs and strategies in treating Latino youth, as well as how such effectiveness should be evaluated and rated.

The focus of the report is thus not on broader systemic or financial barriers to services, but more specifically on the quality of programs needed to treat young Latinos. As such, we do not address here the full universe of Latino youth, but those who are at risk of developing mental health disabilities that could be prevented or treated with well-designed, sensitive interventions and programs.

There is a broad consensus among professional mental health bodies that for mental health services to be accessible and efficacious through scientific study for Latino families and youth, they must incorporate cultural elements into the design and provision of services.⁸ A significant challenge for mental health providers, however, has been evaluating and proving the effectiveness of various culturally competent mental health interventions, and therefore gaining acceptance into the broader knowledge base of evidence-based treatments (EBTs) and practices (EBPs)—interventions and programs that have been found to be efficacious. At the core of this issue is a tension between the differing frameworks used by stakeholders such as policymakers, funders, practitioners, and community members. Broadly speaking, the EBP framework is derived from a scientific, Western

model that values observation and measurement as a means to evaluating efficacy, while a more culture-based perspective focuses on local values and worldviews based, for example, on community and family relationships and interconnection. More mainstream proponents of EBPs are sometimes skeptical of culture-centered approaches toward understanding and treating mental health problems among racial and ethnic minorities, or may believe that only cosmetic changes to existing EBPs are necessary when working with culturally diverse groups. Community-based mental health providers, for their part, often regard the emphasis on EBPs as a top-down, one-size-fits-all approach that does not adequately incorporate the needs, experiences, or input of communities of color or the real-world complexities of community mental health.

What constitutes high-quality mental health services for Latino youth, and how do we evaluate their success?

In spite of these tensions, there has been considerable progress over the past decade in bridging EBPs and cultural approaches to mental health services, and a number of stakeholders have sought to reconcile these differences in order to combine state-of-the-art therapeutic approaches.⁹ Four prominent themes in the research literature with respect to Latino youth have been:

- How to design, implement, and evaluate effective, culturally appropriate mental health interventions for young Latinos.
- Whether and how to modify mainstream EBTs and EBPs so that they can be integrated within culturally appropriate programs.
- Whether (and which) cultural modifications to existing EBPs lead to improved results for youth.
- Whether (and how) to expand the framework of EBPs so that it can be more inclusive of culturally based interventions and forms of healing.

Underlying these themes is a basic challenge: how to take local cultural knowledge seriously in the design and implementation of mental health interventions, while simultaneously devising common standards and best practices through evidence-based approaches. This challenge is important to resolve, because failing to pay attention to either issue will likely result in continuing mental health disparities among communities of color.

While this report outlines existing research and knowledge surrounding these debates, it does not propose any definitive answers or magic formulas for devising efficacious mental health treatments for Latino youth. Rather, we highlight the challenges inherent in developing and evaluating mental

health interventions for a diverse range of psychological issues, and illustrate examples of high-quality services for Latino youth. We argue that more attention and investment must be directed toward facilitating the evaluation of innovative, community-based, culture-centered, and trauma-informed programs so that such programs may be taken seriously and accepted into the broader body of EBPs; this, in turn, will enable funding, reproduction, and easier access to high-quality interventions for Hispanic youth. Ultimately, we hope that the report will open up a broad national conversation about the urgent need for high-quality mental health interventions for Latino and other minority youth, and help practitioners, policymakers, funders, and others better understand how to support high-quality culturally and linguistically appropriate mental health programs.

Given that the Latino youth population currently accounts for one-quarter of all youth under the age of 18—a portion that will become one-third within the next 20 years—it is in our nation's interest to protect these youth against damaging risk factors, and foster healthy, resilient Latino children and families. Effectively preventing and treating mental health issues among at-risk Latino youth will improve academic achievement and engagement, reduce involvement in the juvenile justice system, and support an overall culture of health and community. Moreover, the argument and information outlined here have broader implications for numerous other areas where EBPs and cultural competence¹⁰ meet up against each other—education, health, and immigrant integration for example. The following discussion is therefore one of major relevance to the successful implementation of critical social programs and services in this current era of rapid demographic change.



**FRAMING MENTAL
HEALTH AMONG LATINO YOUTH**

In order to fully understand the mental health of Latino youth, and before discussing effective treatments, it is important to first situate the experiences of Hispanic children and adolescents within the broader context of family, culture, community, and society.¹¹ Mental health problems among this population may range from severe psychiatric disorders such as psychosis to vulnerabilities and behaviors that are related to contextual factors such as migration, learning new cultural and linguistic worlds, living in poverty, and being exposed to violence and discrimination, to mention a few risk factors. Indeed, researchers sometimes refer to mental health issues as “psychosocial” problems in that they are not merely shaped by individual or genetic factors but by a broad array of social determinants of health such as poverty, a sense of powerlessness, and exclusion from society’s resources. A solid understanding of both risk and protective factors (and of the dynamic interplay between the two) is essential for practitioners working with this population, allowing them to avoid a “pathologizing” frame that focuses exclusively on mental illness, and to recognize the many social and psychological assets that help Hispanic youth cope with obstacles and build resilience.

Latino youth tend to be exposed to multiple risk factors, some that are similar to those experienced by other at-risk youth, and others that are unique. For many young Hispanics, getting through the rough waters of adolescence with the additional challenges of, for example, living in poor, unsafe neighborhoods, in mixed-status families,¹² and needing to balance cultures and languages, can be overwhelming. Exposure to anti-immigrant sentiment and ethnic discrimination—ranging from subtler forms of exclusion to blatantly hostile environments—compounds these challenges. The accumulation of toxic stressors leaves young Latinos susceptible to distress, which can be manifested through internalizing disorders (such as depression and anxiety), externalizing disorders (such as aggression and conduct problems), and substance abuse, and can also exacerbate organic mental health illnesses such as schizophrenia or bipolar disorder. In addition, intergenerational trauma—which gets passed from parents to children, especially following migration and displacement—can feed the cycle of distress, particularly for youth who grow up feeling both disconnected from their parental cultural roots and marginalized within the United States.

ENVIRONMENTAL AND SOCIAL RISK FACTORS

Despite the fact that a full 95% of Hispanics under age 18 are U.S. citizens, their makeup is culturally, racially, geographically, and generationally diverse. The largest share of Latino children and youth (48%) are second-generation children of immigrants with at least one foreign-born parent, and a small portion (6%) are first-generation children of immigrants who have themselves immigrated to the United States. The remaining 46% are third-and-higher-

generation Hispanic youth whose families have been present in the country for generations.¹³ Latino youth also represent a variety of subgroups; while a large share of the Hispanic population is of Mexican origin (64.6%), 9.5% are mainland Puerto Rican, 3.8% are Salvadoran, 3.6% are of Cuban origin, and most of the remaining are of Central and South American descent.¹⁴ Generational status, cultural origin, and racial/ethnic makeup matter greatly to mental health; different migration histories, parenting and socialization practices, degrees of acculturation, English language proficiency, and exposure to racism also significantly affect the types of problems Hispanic youth experience.¹⁵

LATINOS YOUNGER THAN AGE 18 IN THE UNITED STATES¹⁶

- One in four Americans under age 18 is Hispanic.
- More than 95% of Latino children are U.S.-born citizens.
- More than half of U.S. Latino children (54%) have a foreign-born parent.
- A majority (48%) of Latino children are second-generation, while 46% are third-generation and 6% are first-generation.
- One-third of Hispanic children live in poverty, and 62% live in low-income families.

Although many Latinos tend to live in urban centers often characterized by poverty, violence, and scarce resources, a growing share of the population resides in marginal suburban or semi-rural communities, which tend to offer a weak infrastructure and often an unwelcoming environment for immigrant and Latino families. These different regional and geographic contexts may contribute to the variety of risk and protective factors that shape Latino youth's mental health.

Poverty

One of the most salient aspects of the Latino population as a whole continues to be its poverty, particularly the high level of poverty among Hispanics younger than age 18. Of the 14.5 million poor children in the United States, 36.3% are Latino,¹⁷ and there were more Hispanic children living in poverty in 2014 (over 5.4 million) than any other group.¹⁸ In addition, nearly two-thirds of all Latino children under age 18 currently live in low-income families.¹⁹ Children in poor and low-income families are disadvantaged in numerous ways, including having to work to supplement their family's income, having worse health and educational outcomes, and experiencing more violence than their peers—all of which impact their overall psychological health. Peak poverty rates reached during the recession have been subsiding steadily for

Latino families and children, and there is some indication of upward economic trends over the past few years—though the Latino child poverty rate has not yet reached the pre-recession rate of 26.9%.²⁰

Education

Recent years have seen improvements in educational achievement for Latino students. For example, Latino high school dropout rates reached a record low of 14% in 2013 (compared to 32% in 2000).²¹ A majority of Latino students currently finish high school, and enrollment in higher education for these students has increased in recent years. Despite these improvements, many young Latinos continue to be challenged. Schools attended by Hispanic students often serve a disproportionate amount of low-income children, and are often understaffed and overcrowded. Low expectations and a lack of rigor in the classroom, particularly directed toward English language learners (ELLs) can lead Latino students to feel isolated and alienated;²² these factors contribute to the fact that—improvements notwithstanding—Latino students still have the highest dropout rates among all the racial and ethnic groups. Dropping out of school exposes them to numerous risky situations and behaviors that are detrimental to their overall mental health, and reduces their options for the future.

Health

The Affordable Care Act (ACA) has had a major impact on access to health care for Latino children; the rate of uninsured Hispanic children dropped to a historic low of 9.7% in 2014—the year most of the ACA provisions were implemented—down from 11.5% in 2013.²³ However, many Latinos eligible for health insurance are not enrolled due to barriers such as language access challenges, worries about immigration-related consequences for family members, and the complexity of eligibility rules. Thus, although gaps in uninsurance rates between Latino and other children have narrowed considerably, significant health disparities remain, a factor that is likely related to continuing disparities in access to services for this population. Access to health insurance, moreover, is but one element of health care, and high-quality, culturally appropriate mental health services for both youth and adults continue to be lacking within communities of color, placing these youth at higher risk of remaining untreated.

Violence

Although there have been various attempts to create safe neighborhood environments within poor, marginalized communities, many of the low socioeconomic neighborhoods within which at-risk Latino children and youth grow up continue to be characterized by hazards such as crime, violence, and drug use. The chronic sense of threat and fear that comes from living in such environments has been linked on the one hand to depression, anxiety, and lowered expectations for the future, and on the other to externalizing disorders such as aggression and oppositional defiant disorder.²⁴ Moreover, a serious issue within some subgroups of poor immigrant and Latino families is that of domestic violence, which is often linked to heavy drinking, poverty, and occupational stress; whether directed at a child or a parent, emotional and physical abuse can have serious psychological consequences for children.²⁵ Youth who witness parental aggression are prone to imitating such behavior; in addition, there is a strong association between child maltreatment and problems such as delinquency and aggression.²⁶

GANGS

A significant problem for Latino youth in many parts of the country is the presence of violent gangs, which recruit among young Latinos in neighborhoods and schools and contribute to a culture of violence.

- Approximately 31% of Latinos ages 16–26 have a friend or relative who is a current or former gang member, a tendency that is especially pronounced for Mexican- and Central American–origin youth and for second-generation Latinos.²⁷
- Gangs are both a risk factor for Hispanic youth and a manifestation of important gaps and dysfunctions in the lives of many young Latinos: for adolescents yearning for family, connectedness, and relief from chronic discrimination, gangs can provide a strong sense of belonging, protection, and identity; they are especially appealing to youth who feel excluded from their schools and perceive a lack of alternatives within their families and communities.
- The psychological attraction toward, and impact of, gangs can thus be strong in areas where youth feel marginalized, where employment prospects are low, and where family cohesion and parental engagement is weak.
- The presence of gangs in communities affects non-gang members as it fosters an environment of violence and insecurity.

Discrimination

The experience of racial and ethnic discrimination is common among some groups of Latino youth, and is a major stressor that is linked to a variety of negative mental health and other outcomes.²⁸ A growing body of research shows that institutional stereotyping and discrimination have major implications for youth development, particularly when youth internalize negative images. The cumulative effect of negative stereotyping of Latino youth in different everyday contexts—by law enforcement, by school staff, and by employers, for example—can have a discouraging effect and contribute to internalizing and externalizing behaviors for Latino youth.²⁹ In the absence of support networks, and in conjunction with the other environmental stressors outlined above, the process of chronic racial and ethnic discrimination clearly contributes to many other risk factors and poor outcomes. That said, some research has found that the experience of discrimination does not necessarily produce negative outcomes, and can lead some youth to respond with a “positive resistance” that propels them to disprove negative images by excelling in their own lives.³⁰

For the most at-risk youth, the accumulation of all these daily forms of exclusion and trauma can lead to profoundly distressful feelings of shame, fear, internalized anger, and lack of hope, which can manifest in anger aimed inwardly (e.g. self-destructive behavior, distrust, anxiety) or outwardly (rage, hostility, violent behavior).³¹ The psychic disequilibrium that comes with chronic oppression is one that affects not just individual youth, but families and communities. Into this mix are added the potential vulnerabilities and confusions that can come with balancing different familial histories of migration and cultural dislocation. As we shall now see, however, while aspects of both culture and migration may be risk factors, these can also be (or be developed into) protective factors that help adolescents and their families to tap into their own strength and resilience.

RISK AND PROTECTIVE FACTORS

RISK FACTORS

- Poverty
- Violence and Trauma
- Racism and Oppression
- Migration History
- Immigration Status
- Acculturative Stress
- Poor Educational Achievement
- Lack of Access to Services
- Cultural Barriers to Help-Seeking

PROTECTIVE FACTORS

- Familism
- Collectivism
- Personalism
- Respect
- Religion and Spirituality
- Bilingualism and Biculturalism
- Academic Achievement
- Social Networks
- Involvement in Culture of Origin

BETWEEN CULTURES

Given that more than half of all Latino children and youth live in immigrant families, the impact of migration upon mental health, and the challenges of living between their parents’ culture of origin and U.S. society, are other crucial factors to consider when dealing with both first- and second-generation Latino youth. Moreover, the complex processes of acculturation and integration have been found to have a major impact on the well-being and development of young Latinos of all generations.

Disruptions of Migration

For youth who have migrated to the United States, the context in the home country, the age at which they left, the conditions of their border crossing and arrival, and the history of separation from parents or other family members may all contribute to their psychosocial health. For example, a significant portion of immigrant children, particularly from Central America, remain in the home community until their parents send for them (or they decide to find their parents), sometimes years later.³² These types of separations can lead to attachment issues and can lead youth to either resent or idealize their parents; upon arriving in the United States, many encounter difficult or even conflictive situations with their parents, who may have new spouses and children, and lead to profound sadness or anxiety.³³

For both immigrant youth and those born in the United States to immigrant parents, the context of departure from the home country—such as situations of political or acute social violence—may leave deep scars on the youth and their parents, affecting overall family well-being. A clear example of serious violence faced by such youth is the case of thousands of unaccompanied minors arriving from El Salvador, Honduras, and Guatemala in the past few years; researchers have demonstrated very high levels of exposure to violence, trauma, and sexual assault both in the home communities and en route to the United States.³⁴ Despite arriving to a context of greater physical security, numerous factors such as disconnection from school, isolation, instability, legal limbo, and other risk factors lead to high levels of mental health issues, including poor anger management and depression.³⁵

Additionally, children and youth whose family members are undocumented in the United States—or who themselves do not have legal status—live in chronic fear that they, their parents, or their siblings will be detained or deported. Many, in fact, live with the reality of their family members' deportation, an additional and often permanent separation that can have a major impact on a child and his or her family. Undocumented children who have grown up in the United States, moreover, have spent a lifetime coping with the fear and shame that comes from feeling excluded from the only country they have lived in. Many of these youth, moreover, experience tremendous frustration due to the fact that they often cannot continue their education after high school; despite the passage of Deferred Action for Childhood Arrivals (DACA) in 2012, which granted temporary status to undocumented youth and made them eligible for work permits, drivers licenses, and bank accounts, there is still no direct path from this status to lawful permanent residence or to citizenship.

Acculturation: A Double-Edged Sword

In addition to the above factors, other processes such as the family's loss of social support, difficulties acquiring the host country language, and learning to navigate new systems can present significant challenges. Adapting to new cultural values, norms, and behaviors, moreover—what is labeled the acculturation process—can be a strengthening experience, but can also be a highly stressful one for individuals and families. The impact of acculturation varies depending on a number of variables such as the length and pace of the acculturation process, exposure to racism and discrimination, social and economic support, coping strategies, nativity, and demographic characteristics.

THE IMPACT OF ACCULTURATIVE STRESS

Acculturation is the process of acquiring the norms, value, ideas, behaviors, and other cultural elements of the dominant society, and includes both psychological and social processes of adaptation. Ideally (and depending on the context), acculturation is a two-way process whereby people from different cultures seek avenues of mutual understanding, negotiate and compromise on their initial positions, and achieve some degree of harmonious engagement.

Differential acculturation patterns and rates among family members can lead to parent-child conflict, which contributes to acculturative stress. Acculturative stress among Latino adolescents, especially in the presence of perceived discrimination and family conflict, is associated with low self-esteem, depression, social withdrawal, substance abuse, aggression, delinquent behavior, and suicidal behavior.³⁶

In many cases, immigrant parents and children acculturate at different rates, often reversing traditional power dynamics within the family and creating a generational power struggle. Parents may feel helpless as they become dependent upon their children and sometimes lose the ability to discipline them, while children in immigrant families are often burdened by taking on critical household, language, and social responsibilities for their parents. Family conflict can result from differing rates at which new cultural norms—such as gendered behaviors, dating, clothing style, manners, and values—are accepted and adopted.³⁷ Also, parental depression among immigrants, itself often associated with the social and economic difficulties of acculturation, is linked with depression and other mental health issues among their children.³⁸ Acculturative stress among Latino youth—especially when combined with other risk factors and in the absence of protective factors such as family cohesion—has been associated with high levels of internalizing problems, including low self-esteem, anxiety and depression, and suicidal ideation as well as externalizing problems such as delinquency and substance abuse.³⁹ It is one of the main contributors to high rates of suicidal behavior among young Latinas.

While the acculturation process itself can be difficult, researchers have also found that with time acculturation often creates more, rather than fewer, mental health issues for Latino youth. This phenomenon is similar to the “healthy immigrant paradox,” which posits that immigrant health overall gets worse with greater acculturation to the United States. The paradox applies not only to physical health indicators (such as diabetes and obesity), but to mental health as well. Immigrant children who arrive in the United States usually engage in fewer risky behaviors than U.S.-born children of

immigrants, who are more likely to have ties to a gang, carry weapons, go to prison, and engage in substance and alcohol abuse than their immigrant peers.⁴⁰ Second- and third-generation youth have been found to have a higher incidence than first-generation youth for a number of internalizing problems such as depression and suicidal behaviors, externalizing problems such as substance and alcohol abuse and aggressive behaviors, as well as health-related issues such as teen pregnancy.⁴¹ Third-generation Latino youth, in particular, demonstrate marked increases in these and other problems; some researchers have labeled the increase in substance abuse, behavioral problems, disconnectedness from work and school among these youth the “third-generation U-turn.”⁴²

THE THIRD-GENERATION “U-TURN”

- Positive mental health outcomes shown by first- and second-generation youth are reversed by the third generation.
- Third-generation Latino youth have a higher incidence of problems such as substance abuse, behavioral problems, and mental health difficulties, as well as drops in school attendance, educational attainment, trust, and disconnectedness from work and school.⁴³

As with the healthy immigrant paradox, the pattern of increased negative mental health outcomes through generations is multifaceted and does not apply across the board: immigrant children, for example, can be vulnerable to a number of negative outcomes as they are generally poorer, are more exposed to harmful environments, and have less access to health services compared to U.S.-born youth. Indeed, some researchers have argued that low levels of acculturation can also lead to feelings of despair, isolation, withdrawal, hostility, depression, and anxiety.⁴⁴ Both high and low levels of acculturation, thus, can lead to psychological problems, and researchers caution that the adaptive value of different acculturative behaviors depend highly on the context in which they are living—that is, some contexts require youth to acculturate more rapidly or fully than others.⁴⁵ For example, youth and families who live near national borders tend to experience less acculturation stress, since people living along the border are more like each other than people from their respective cultures that reside farther away from the border.⁴⁶

Finally, it is important to recognize that the acculturation process is not unilinear or one-dimensional, and that both adults and children may adapt to aspects of the dominant culture and simultaneously retain selected attachments to the culture of origin in a balanced and healthy manner. While acculturation often produces challenges, it does not automatically lead to

severe problems or pathology in immigrant families, and many immigrant parents are able to develop coping strategies and adapt to the new society alongside their children while maintaining positive elements from the culture of origin.⁴⁷ Protective forces that promote resilience among Hispanic youth include strong family ties, the presence of adult mentors and role models, and a bicultural orientation that balances cultural and linguistic elements from the culture of origin with American values.⁴⁸

LATINO CULTURE AND MENTAL HEALTH

While both immigrant and U.S.-born Hispanic youth often confront these social and environmental hazards, specific aspects of Latino culture may also influence the way mental health problems are experienced and dealt with—and may either contribute to or protect against psychological vulnerability. The notion of “Latino culture,” however, is complex, diverse, dynamic, and shifting. For mental health providers who serve with immigrant and minority populations, understanding the various ways in which culture may or may not interface with mental health issues can be central to treatment.

CULTURE: COMPLEX, DYNAMIC, AND DIVERSE

- Culture is a set of socially shared values, attitudes, beliefs, symbols, knowledge bases, traditions, practices, and behaviors that are acquired through socialization.
- Culture shapes people's worldview, including their codes of behavior, their sense of right and wrong, and their understandings about class, race, gender, sexuality, and power dynamics; it informs how they organize their everyday lives, as well as the assumptions and interpretations through which they experience the world.
- Culture is a dynamic process that shifts with context and cannot be defined through strict or static categories or traits; the process of acculturation is one example of culture's dynamism.

Because culture is so intimately related to individual and collective notions of identity and well-being, it influences people's perspectives on mental health and disease, the way psychological problems are expressed, help-seeking behaviors, and interactions with health-care providers.

Cultural Values Influence Attitudes and Beliefs About Mental Health

Among the diverse population of Latinos, a number of factors influence which cultural elements are salient in people's lives, including country of origin, race and ethnicity, education level, socioeconomic status, and religious or spiritual beliefs. The cultural orientations of recently arrived indigenous agricultural workers from Central America (who may have limited literacy skills or knowledge of American institutions), will be quite different from those of third-generation Dominicans or Puerto Ricans (who are acculturated to North American inner-city culture). Nonetheless, there are certain attitudes and behaviors that tend to cut across Latino culture, and researchers have pointed to particular cultural elements that are often behind both risk and protective factors in mental health, and that need to be understood in order to develop appropriate treatments. As mentioned, these cultural elements are not static, and may shift with different circumstances, weakening or shifting with increased acculturation to U.S. culture. These cultural traits are significant in that they not only shape people's experiences of distress or well-being, but can also be tapped as assets during the therapeutic process. A few of the most prominent Latino cultural attributes are:

Familism: Most Latinos strongly prioritize the family, which they view as a critical support system that provides emotional and material sustenance. Hispanics place an emphasis on maintaining good relations with family members, caring for them physically and emotionally and placing their needs first. These bonds of affection, interdependence, trust, and obligation often extend to grandparents, cousins, aunts, and uncles, who form a network that can be a protective force for youth in difficult circumstances.⁴⁹ However, family-orientation is not always protective; for Latino youth who are trying to navigate different cultures, the clash between more traditional familism and the desire for autonomy (i.e. acculturative forces) has been described as a major factor behind mental health problems, in particular the high rate of suicidal behaviors among young Latinas.⁵⁰ Moreover, while strong family support may help Latino children and youth avoid risky behaviors, the desire for family bonding may sometimes become a risk factor itself, particularly for youth whose parents are absent or disengaged and who may view gangs as surrogate families that provide a sense of belonging and identity.

Collectivism: Many Latinos also value cooperation and collectivism, emphasizing the group rather than the individual. Hispanic communities are often tight-knit,⁵¹ and youth are taught values that focus on cooperation rather than individual achievement and competitiveness. Again, this cultural value should not be overly generalized, as some communities are more cohesive than others, and tensions within and between groups—which may

revolve around ethnic differences, class differences, or even conflicts and mistrust remaining from the country of origin—may create more fragmented communities and families. Moreover, researchers have found that the shift from collectivistic to individualistic or “Americanized” culture, a shift that many children of immigrants experience, can lead to distress or psychopathology.⁵²

Personalism: Latinos tend to place a great value on interpersonal relationships and empathy, over status or gain. Warm and caring relationships are valued over formal ones. Again, while such relationships can be psychologically protective, they may also have a downside, for example they sometimes lead Hispanics to distrust non-kin and avoid seeking professional care from institutions that may be helpful.⁵³ Moreover, while affection is prized, it certainly does not preclude the possibility of abuse and physical violence within the family, a fact that is made clear by the high rates of domestic violence in some segments of the Latino population.⁵⁴

Respect: Showing and maintaining respect toward others, in particular authority figures such as parents, elders, leaders, and teachers is a core Latino value. Many Hispanic parents rank respectfulness and obedience among children over assertiveness and independence.⁵⁵ Again, this value can be both protective and a risk factor, since respect may be conferred by youth onto negative leaders such as gang leaders. Moreover, in an American society that values assertiveness and confidence, Latino youths’ emphasis on respect and deference, which may be exhibited through silence or apprehension, can be misinterpreted by those in authority—including teachers and law enforcement—as being disengaged, apathetic, or otherwise suspect.

Religion and Spirituality: Many Latinos place a very high value on spirituality, which is incorporated to all aspects of life, including beliefs about health and illness. The vast majority of Hispanics are Catholic, but many also belong to Evangelical churches. Faith and faith-based organizations tend to be, next to the family, the primary areas of support and consultation for life’s challenges, and many Latinos seek guidance and support for mental health issues in their churches and through prayer. In addition to formal religion, many Latinos practice other forms of spirituality such as indigenous rituals including Santeria; shamanism; offerings to saints; and the use of incense, herbs, tobacco, or liquor in ceremonies for spiritual cleansing or healing.⁵⁶

Fatalism: A related cultural trait that is sometimes ascribed to Latinos, particularly poorer immigrants, is fatalism, or the belief that life’s events are inevitable, destined or controlled by a higher power. Fatalism has been associated with many health-related behaviors, including the propensity to avoid various types of screening, symptoms of acculturative stress such as low self-efficacy and hopelessness, and the tendency to avoid mental health

practitioners or to view mental illness as a shameful stigma. It has also been described as a cultural belief that underlies passive coping styles, resignation, and self-blame that prevent many young Latinos from processing trauma.⁵⁷

The Cultural Expression of Mental Health Symptoms

Other cultural elements may also shape the particular ways in which psychological distress is experienced and expressed, and contribute to help-seeking behaviors for psychosocial problems. Researchers have noted that Hispanics—particularly immigrants with less formal education—tend to experience and express depression and anxiety through somatic or bodily symptoms such as back pains, stomachaches, and headaches.⁵⁸ Latino idioms of distress—the manners in which mental distress is expressed either through the body or through language—may thus differ from psychiatric diagnoses imputed by mental health professionals and the Diagnostic and Statistical Manual (DSM-5)⁵⁹ and, again, vary depending on social class and culture of origin. The somatic expression of depression may lead practitioners to misdiagnose, administer unnecessary tests, or provide inadequate treatment to Latino patients presenting with symptoms.⁶⁰

Common examples of idioms of distress are *nervios*, roughly described as chronic anxiety, restlessness, and difficulty sleeping that has been related to depressive symptoms, and *ataques de nervios*, a sudden uncontrolled nervous attack brought on by a stressful family event that occurs primarily among Puerto Ricans. *Susto*, translated roughly as fright or soul loss, is a category of illness common among poorer migrants from Mexico and Central America, believed by some to be brought on by a traumatic event or supernatural phenomena and expressed through nervousness, loss of appetite, fatigue, and despondence, among other symptoms. *Locura*, or madness, refers to severe psychosis, including symptoms such as physical agitation, incoherence, hallucinations, and possible violence.

Although a majority of Latino children in the United States have been socialized to some extent into American beliefs around psychological well-being, it is still important to understand these different interpretations of distress, particularly since so many Latinos live in mixed-status and multigenerational families where parents, grandparents, and other family members may have varying perspectives on mental health issues. Moreover, Latino culture-specific reactions may be transmitted through generations, and thereby affect coping styles and idioms of distress among different subgroups and generations of Hispanic youth. For example, it has been found that traits such as fatalism may contribute to a passive coping style among young Latino trauma survivors, which can lead to worse outcomes than youth who use more active coping styles or strong emotions such as anger.⁶¹ It has

also been found that Latino adolescents who have lived through traumatizing events may subsequently experience more intrusive thoughts than Black or White teens, which suggests an interaction between culture and memory processes following trauma.⁶²

Culture Influences Help-Seeking Behaviors

While the fear of being stigmatized due to mental illness is a prevalent issue among many groups, it is particularly pronounced within the Latino community; many Hispanics do not acknowledge psychological distress as they fear that it will reflect poorly not only upon the family, but also upon the wider (and already marginalized) population of immigrants and Hispanics.⁶³ Fear of stigma leads some Latino parents to avoid seeking psychological help altogether or to seek treatment from the strictly medical realm, often once symptoms have become pronounced (e.g. through general practitioners or emergency rooms) rather than going through mental health specialists.⁶⁴ A dearth of information about culturally appropriate mental health services also contributes to underutilization in many parts of the country. Cultural traits such as strong reliance on family and attitudes about privacy also influence help-seeking behavior: for example, Latinos who believe that knowledge about mental health problems should remain within the family, or that such issues fall within the realm of spiritual distress, might be less inclined to attend a professional clinic and more likely to seek support within the family or among traditional healers (*curanderos*), spirit mediums (*espiritistas*), or within their churches, depending on their belief system.

BARRIERS TO MENTAL HEALTH SERVICES

- The lack of insurance, high cost of health services, low wages, poor transportation, work stress, and immigration factors all pose barriers to accessing mental health services for Latinos and their children.
- The lack of linguistically and culturally appropriate mental health services, and a lack of information about where to find such services, decreases the likelihood that Hispanic families will seek help.
- Cultural elements such as the fear of stigma associated with psychological issues, and reliance on spirituality, religion, and the family as primary support mechanisms in times of psychological vulnerability reduce the chances that Latinos will seek mental health services.

These cultural factors, coupled with a lack of awareness about particular psychological problems and their treatments, prevent some Latinos from seeking out mental health services. Hispanics are especially likely to avoid mainstream services when such services are perceived to be closed to

or judgmental toward different cultural belief systems or logics, are not linguistically accessible, do not inspire trust (*confianza*),⁶⁵ or are seen to overly prescribe a pharmaceutical approach to distress. It should be noted, however, that rates of mental health service use among Latinos have increased in the past years, a factor that may be related to heightened psychosocial difficulties as increasing numbers of Latinos face economic and social hardship, as well as a growing awareness of information about services within communities.⁶⁶

As this section shows, Latino youth experience a wide range of environmental stressors that influence their psychosocial development and well-being. However it should be emphasized that young Latinos also possess many resilient attributes that neutralize some of the risk factors and allow many to develop and thrive despite the odds; strong families and mentors, healthy concepts of ethnic identity, supportive schools and communities, and a range of other factors contribute to this resilience.⁶⁷ Moreover, processes such as acculturation, which can be stressful for youth, can also contribute to well-being by promoting maturity, responsibility, and self-esteem among youth. Finally, involvement in culture of origin has been linked to increased self-esteem over time, whereas less involvement with culture of origin has been related to hopelessness, social problems, and aggression.⁶⁸

Therapists who emphasize an “assets-based” mental health approach advise that therapeutic interventions with this population should capitalize on the strengths of youth, families, cultures, and communities rather than focus exclusively on mental pathology. Unfortunately, although assets-based approaches have gained traction in mental health service delivery in recent years, they are not used by many providers, particularly those who may not be aware of community or cultural assets or are limited by a more medicalized or mainstream model of health care. As this section also illustrates, it is crucial for practitioners working with Latino youth to be aware of the large diversity of this population, and of the different contexts and problems specific to different sub-groups. Given this backdrop of factors influencing Latino youth’s mental health, we now turn to the existing body of knowledge around efficacious and effective psychosocial interventions for Latino youth.

PRIMARY MENTAL HEALTH PROBLEMS AMONG LATINO YOUTH

INTERNALIZING DISORDERS

Depression: Latino youth, particularly immigrant youth, are at high risk for depression and other internalizing disorders. Latino youth have more pervasive feelings of sadness and hopelessness than their White or Black peers (35% versus 29% and 25%, respectively); such feelings are known predictors of clinical depression.⁶⁹

Anxiety: While national-level data for anxiety among Latino youth do not exist, a considerable amount of research shows that the prevalence of anxiety disorders is elevated for this group.⁷⁰ Some researchers have noted that the expression of both depression and anxiety among Latino youth may be under-referred or misdiagnosed, due to cultural assumptions and preconceived notions by practitioners.⁷¹

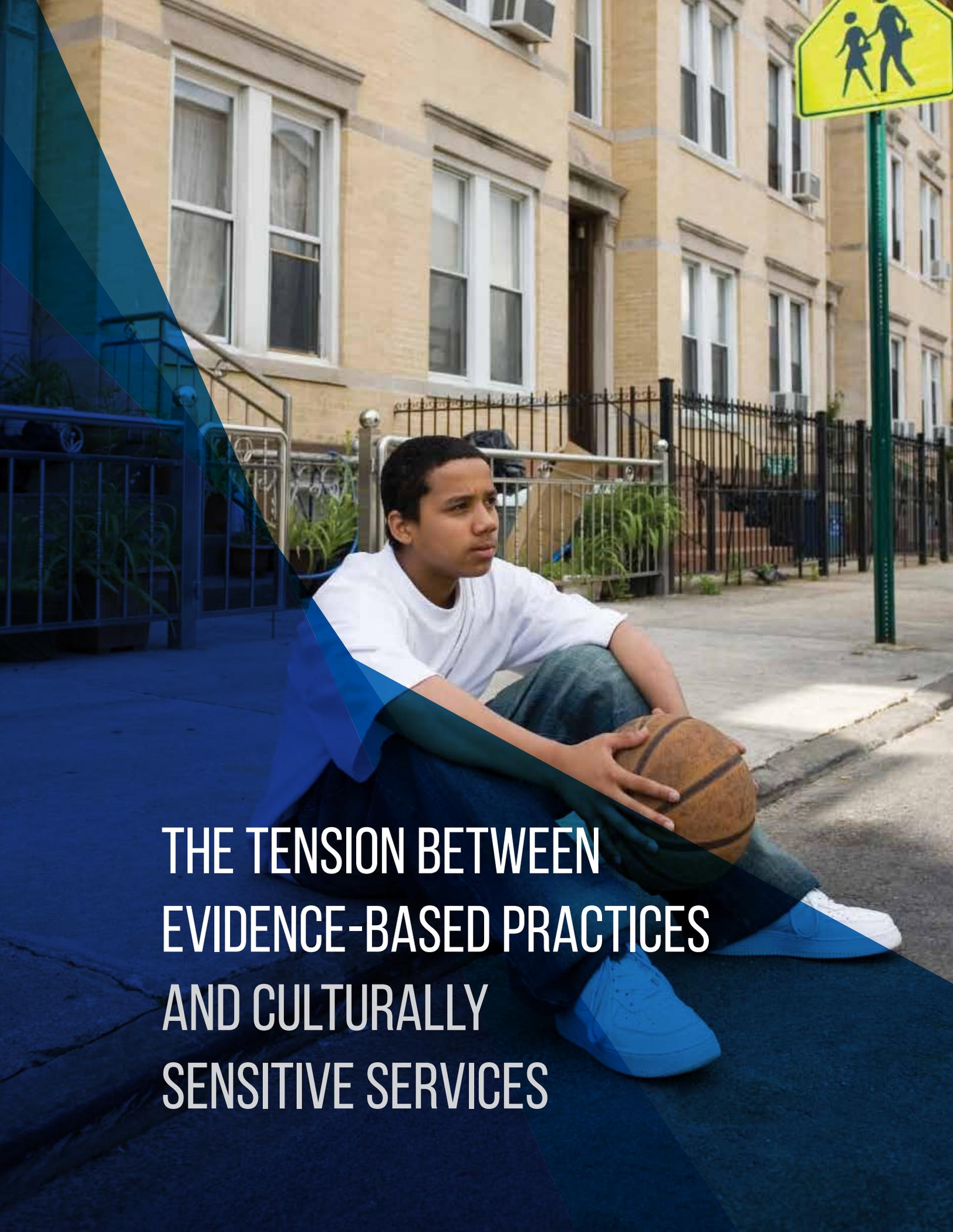
Suicide: A particular area of concern for Latino youth are the high rates of suicide; Latino youth are more likely to have suicidal thoughts, and to attempt and to commit suicide than their Black or White peers.⁷² Suicidal behaviors are especially serious among girls: the Centers for Disease Control and Prevention (CDC) reports that in 2015, 15.1% of Latina teens attempted suicide the year before, compared to 9.8% and 10.2% of all White and Black girls, respectively.⁷³

Post-Traumatic Stress Disorder (PTSD): Latino youth are exposed to high levels of violence and traumatic events, including community and domestic violence, and research shows that Latino youth have disproportionately high levels of PTSD, with 34% of Latino youth reporting three or more symptoms of PTSD and 16% meeting the full criteria for PTSD.⁷⁴

EXTERNALIZING DISORDERS

Conduct problems: Externalizing disorders include behavioral problems that involve personality disorders, aggressiveness, antisocial behavior, oppositional defiance, and delinquency. Some research suggests that Latino and Black youth are overdiagnosed for conduct disorders, so an important first step in assessing conduct disorders for this population is to ensure proper diagnosis and look for other underlying problems such as anxiety or depression, which often underlie externalizing disorders.⁷⁵

Substance Abuse: A recent study found that overall drug use among Hispanic teens has increased at alarming levels and Latino teen drug and alcohol use is significantly higher than other ethnic groups. Hispanic teens are nearly 40% more likely to use any illicit drug in the past year than White teens and nearly 30% more than Black teens.⁷⁶

A young man with dark hair, wearing a white t-shirt, blue jeans, and blue sneakers, is sitting on a sidewalk. He is holding a brown basketball with both hands and looking off to the side with a thoughtful expression. The background shows a multi-story brick building with several windows and a black metal fence. A yellow pedestrian crossing sign is visible on a green pole to the right. A large blue diagonal graphic element is overlaid on the left side of the image.

**THE TENSION BETWEEN
EVIDENCE-BASED PRACTICES
AND CULTURALLY
SENSITIVE SERVICES**

As we have seen, the social and psychological causes of mental health disparities for Latino youth are complex and multidimensional. In addition to the risk factors outlined here, access to mental health programs, and the quality of programs made available to young Latinos, often remain problematic. This is particularly the case when service providers lack an appropriate cultural framework for addressing the unique needs of Latino youth and their families. These systemic weaknesses, which contribute to an underutilization of mental health services by Latino youth and families, affect mental health results and outcomes for young Latinos who are in need of psychological support. In this sense, our society is simply not responding appropriately or equitably to the unique needs of Latino youth. Improving both access to, and quality of, mental health interventions for these youth would undoubtedly narrow overall mental health disparities; given that a large portion of these youth also live in immigrant families—and serve as a bridge between current and future generations—such an investment would also lead to improved integration of Latino communities and overall social cohesion.

From a mental health service provision perspective, an additional—and major—barrier to high-quality services for Latino youth is the fact that while there are numerous culturally appropriate, innovative, community-based mental health interventions being implemented around the country, many have not been deemed to be “evidence-based.” One reason for this is that the process of identifying and defining EBPs often excludes researchers who are not funded by large federal programs, or do not use specific methods of research; unfortunately, these are often researchers of color.⁷⁷ Given that the EBP designation, in fact, is a credential that opens the doorway to funding and replication, often defines which interventions may be offered and reimbursed, and is meant to be an objective assessment of an intervention’s effectiveness, the difficulties that many culturally centered services and programs have had in accessing this credential prevents such service models from being further funded, developed, or implemented. The remainder of this report discusses the tensions that still exist between culture- and community-centered approaches and EBP frameworks, and lays out some of the programs that have been deemed to be evidence-based for Latino youth, in order to then make recommendations for better inclusion of culturally appropriate, holistic, and innovative mental health services in the body of EBPs.

Before discussing specific evidence-based mental health interventions for Latino youth, it is useful to briefly outline some of the key debates around EBTs and EBPs for communities of color. The large growth in minority populations over the past 20 years has propelled widespread efforts to integrate the notion of cultural competence into all health care services. Given that policymakers, funders, and service providers alike seek to endorse high-quality, effective services and avoid promoting interventions that may be

unsuccessful and costly, another critical goal has also been to collect a base of therapeutic treatments that are proven to work for specific populations. While both EBPs and cultural competence have been endorsed by all leading mental health professional bodies as critical aspects of quality mental health service, these two dimensions of mental health intervention have not always been easy to merge in practice, and until relatively recently, little guidance has been offered as to how to conceptualize and implement approaches that apply both principles.

On the one hand, critics have argued that the existing body of EBPs is not sufficiently inclusive of racial or ethnic diversity or of the multitude of culture-centered, community-based health and mental health interventions. On the other, many innovative, local mental health interventions have not been rigorously evaluated or have not been proven to be effective. The reasons for these gaps are complex, and these tensions have led to an important dialogue on how best to bridge these two perspectives in order to improve the quality of mental health services for diverse populations.

THE EVOLUTION OF EVIDENCE-BASED PRACTICES

The concept of evidence-based practices and treatments refers to the promotion of high-quality services through robust scientific testing, whereby researchers systematically evaluate the efficacy of particular treatments in producing desired outcomes.⁷⁸ Such evidence is usually produced through randomized clinical trials (RCTs) and quasi-experimental studies; EBPs can include treatments that are considered efficacious, probably efficacious, and possibly efficacious, with different standards of research determining levels of efficacy. Treatments that achieve desired outcomes (compared to control groups that usually consist of no treatment or a different treatment) then become endorsed by stakeholders such as governments and professional organizations who disseminate manuals, tool kits, and trainings that integrate EBPs. EBPs are alluring to policymakers, funders, and many mental health practitioners since they not only promote clear-cut standards and measurable outcomes, but also promise high-quality services, accountability, and cost savings.

Although EBPs represent the “gold standard” of best practices, they “exist along a continuum of what research supports as effective,” and sometimes refer to programs and practices that have been shown to be promising, but do not meet the rigorous standards of RCTs.⁷⁹ As such, there is no single national registry or clearinghouse of EBPs, but rather numerous organizations—such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Health (NIH), the Coalition for Evidence-Based Policy, and many others—have developed their

own criteria for what qualifies as an evidence-based program. SAMHSA's National Registry of Evidence Based Programs and Practices (NREPP) is the main body promoting the adoption of scientifically established behavioral health interventions; based on a process of stakeholder comment and review over the past decade, this federal body proposes that all practices and programs be categorized using a four-level scale that ranges from "strong evidence with replication" to "emerging evidence without replication."⁸⁰

Critiques of EBPs

Over the past decade, as EBPs have been increasingly integrated into the field of mental health services for diverse populations, a number of important critiques have been raised. Early skeptics questioned whether established EBPs can or should be applied to communities of color at all, since the evidence base of research itself often excluded—or had very limited sampling of—minority populations. Most studies included in the EBP category have relied on homogeneous, White samples or have included only small numbers of Latinos or other minorities.⁸¹ Even studies focusing on minority groups have limited their research sample to a subpopulation of a larger ethnic group (such as Puerto Rican or Mexican children), thus potentially compromising the generalizability of findings. In the case of research on Hispanic children, moreover, clinical trials have often excluded non-English-speaking, less acculturated youth, thus overestimating the efficacy of treatments for all Latino children.⁸²

A second major criticism of EBPs has been that they cannot easily transition from scientific, controlled research (with a focus on discrete outcomes) to the messier world of mental health practice or "usual care" settings where the process and outcome of treatments usually involve a complex array of factors and actors that do not neatly fit into how controlled studies are designed. In other words, conventional EBP research has been accused of lacking translation to the real world. Mental and behavioral health are highly complex phenomena, and are not simply discrete diagnoses, treatments, and clear-cut outcomes. The lived experience of mental health is not merely an absence of pathology or of particular behaviors, but may entail less linear outcomes, such as learning to cope with distress or to function within particular environments. As such, conventional (metric) ways of evaluating outcomes do not necessarily translate to better functioning in real life.⁸³

With respect to minority populations in particular, the main critique in this regard is that EBPs downplay significant cultural and contextual factors—factors that not only play a crucial part in shaping people's actual mental health, but also influence their access to, understanding of, and response to different treatments in real-life settings. Because RCT research is focused

on evaluating the efficacy of discrete treatments for specific diagnoses, it often also does not question the cultural validity of either diagnoses or outcome measurements. Moreover, because the RCT research model has tended to examine the effects of a single treatment (usually behavioral and cognitive-behavioral treatments) on a specific disorder and to focus on a narrow range of outcomes (such as a decrease in symptoms) during a limited period of time, it has been criticized as being inappropriate for evaluating treatment outcomes for patients with multiple mental health problems, or for assessing how long-term mental health outcomes play out for individuals in particular environments.⁸⁴

A number of important advances in existing EBP studies have occurred as a result of these critiques.⁸⁵ In response to the concern that much EBP research has lacked information about its applicability among minority youth populations, one of the questions researchers have sought answer is, “Do established EBPs work for ethnic and cultural minority youth?” Meta-analyses of existing research on this topic have found that existing EBPs are moderately efficacious with minority youth for several emotional and behavioral disorders.⁸⁶ A 2008 review of 30 studies (only eight of which included a large Latino sample), found that established EBPs such as cognitive-behavioral therapy (CBT), interpersonal psychotherapy, and multidimensional family therapy fell within the range of “possibly efficacious” and “probably efficacious” for Latino youth with depression and substance use problems; they also concluded that treatment effects did not vary by ethnicity—in other words, the effects of these treatments were similar across all groups.⁸⁷

Mental Health in Real-Life Contexts: Going Beyond Controlled Studies

As noted, however, testing the efficacy of EBPs in controlled trials with minority populations is different from evaluating the effects of treatments in actual mental health service provision settings with specific populations. Researchers have shown that efficacy drops substantially in the translation from clinical trial to real life.⁸⁸ For this reason, another recent shift has been an increasing awareness in the research community that if mental health outcomes are to truly improve among minority populations, the *effectiveness* of particular practices—that is, their ability to work in real-life settings, often with less specialized clinicians—is a critical step beyond controlled *efficacy* studies.⁸⁹ A similar corrective in recent literature, as mentioned earlier, has been the emphasis on the cultural validity (sometimes also referred to, similarly, as social or ecological validity) of mental health interventions, or the ways in which particular treatments are perceived and received by cultural communities. Studies of effectiveness and cultural validity have thus

increasingly been integrated into EBP literature, and outcome measures in these studies move beyond those of efficacy research to include factors such as whether or not care is sought, length of care, and the longer-term adequacy of interventions.⁹⁰

One of the most significant responses to the efficacy-effectiveness gap for cultural minorities over the past few years has been the push to get a better grasp of the types of cultural considerations that have been integrated into mental health interventions, and to evaluate the effectiveness of different types of cultural approaches and modifications for specific groups so that they can be included in the EBP base.⁹¹ In the case of psychosocial health interventions for Latino youth in particular, while many community-based mental health interventions have been incorporating cultural considerations into their approaches for years, there has been a dearth of research mapping out the different frameworks used in such services or evaluating their actual success in improving the mental health of minority youth. Nonetheless, it is important to have an understanding of what these different approaches generally look like before discussing how they may be incorporated into EBP standards.

CULTURAL CONSIDERATIONS IN MENTAL HEALTH INTERVENTIONS FOR LATINO YOUTH

The concept of cultural competency has become part of mainstream mental health services, recommended through guidelines by professional and governmental bodies including the APA, the National Institute for Mental Health, and SAMHSA. However, despite the fact that most mental health practitioners caring for minority populations advocate for treatment approaches that take into account the cultural worlds of their clients, there is no single prescribed model for incorporating culture into psychological interventions; numerous frameworks have been developed to help service providers design and implement mental health services that are responsive to the needs of immigrant and minority populations. These frameworks, usually based around notions of cultural competence, or cultural adaptation and modification, differ primarily in terms of the extent to which they propose integrating cultural differences into the organization and tailoring of mental health treatments. While the following categories are not fixed and often overlap, they provide a sense of the two main camps that divide a spectrum of approaches toward incorporating culture into mental health services.

Culturally Centered Services

At one end of the spectrum are culturally centered therapies that fully integrate cultural issues into every aspect of mental health service provision, from barriers to access, to diagnoses and treatment plans, to program evaluations. Proponents of this model argue that mental health providers should have a solid understanding of “how cultural context and background influence developmental processes, psychopathology, help-seeking, coping and adaptation to illness, treatment response, healing, recovery and well-being, as well as moral and ethical issues.”⁹²

This approach emphasizes the notion that conventional psychotherapy and diagnostic categories, being rooted in mainstream (and many argue “western”) conceptions of health and illness, do not adequately address the mental health concerns of people from diverse cultures and worldviews, and are too “top-down.” For example, values underlying mainstream psychological approaches and goals tend to promote individualism over collectivism, or North American notions of healthy gender and family relationships—values that may not be in sync with minority clients’ notions of well-being, especially those living in immigrant families.

A culturally centered approach also takes into account the fact that psychosocial problems in immigrant and minority communities tend to be profoundly intertwined with experiences of poverty, disempowerment, discrimination, and racism—structural issues that more conventional or scientific therapeutic models are less likely to address, and may even reproduce through unconscious bias and microaggressions exhibited during therapy. This framework thus proposes “novel therapeutic approaches that centralize culture in the treatment process, by working from particular cultural conceptions and idioms of distress, utilizing culture-specific traditions of pathways to health and sickness, and explicitly addressing societal structure issues in treatment (e.g. race, gender, class, sexual orientation).”⁹³

CULTURALLY APPROPRIATE MENTAL HEALTH INTERVENTIONS

Through culturally appropriate treatment modalities, practitioners:

- Seek to understand and effectively respond to the cultural worlds of patients by engaging their linguistic, cultural, moral, and socioeconomic backgrounds without stereotyping.
- Develop attitudes, knowledge, and skills that enable them to design interventions that incorporate the social, cultural, and historical factors related to their patients' well-being, and incorporate these elements into all aspects of the treatment process.
- Reflect on how their own behaviors are deeply influenced by cultural assumptions, attitudes, and practices, particularly in relationship to minority and immigrant patients.
- Take into account experiences of marginality, racial discrimination, and social inequality that shape both the psychosocial health of diverse populations and the therapeutic encounter.

The notion of cultural competency or appropriateness is a central part of this approach, and refers primarily to the skills and abilities of therapists. Cultural competency encompasses an awareness, knowledge base, skill set, and commitment that enables service providers to work effectively and meaningfully with diverse populations; to understand and respect cultural differences in language, beliefs, histories, and interpersonal styles; to be self-aware of their own cultural attitudes and biases; and to integrate a cultural perspective into both therapeutic interventions and broader organizational strategies. A lack of cultural knowledge and understanding may not only compromise the therapeutic relationship, but may also lead practitioners to miss or misdiagnose symptoms. It has been found that mental health providers often interpret youth behaviors differently based on race or ethnicity; as a result of cultural misunderstanding, therapists tend to misdiagnose Latino youth with mental illnesses such as depression as having anger problems or conduct disorders, thereby missing the underlying problem.⁹⁴ It should be noted that other terms sometimes used interchangeably with cultural competence include cultural humility and cultural respect, which connote an ongoing process and commitment toward engaging cross-culturally, rather than a presumed endpoint of knowledge.⁹⁵

A culture-centered approach also tends to use elements of Latin American and North American culture, such as common sayings or stories, art, music, histories, and other cultural forms, as part of therapeutic treatment. For youth who have difficulty coping being “in-between” two cultures—those feeling marginalized, depressed, or alienated due to a lack of identification with either their parent’s place of origin or their own place in mainstream American society—the integration of cultures and languages into treatment approaches can help bridge gaps in their worlds. The integration of cultural forms of expression is also an important aspect of preventive and assets-based mental health programs as it enables Latino youth to develop and express their unique identities.

One of the main goals of culturally competent or appropriate care is thus not only to improve the therapeutic alliance between provider and client, and increase the probability of correctly evaluating and treating clients, but in doing so to also reduce the high rates of premature termination that tend to occur among minority mental health patients, particularly when the explanations of and approaches to the particular problem given by clients and providers do not align. In addition, the notion of cultural competence is not limited to practitioner skills or treatment interventions alone, and recognizes that cultural factors must also be taken into account across the board—in the screening, intake, diagnostic, and evaluation phases of mental health service provision as well. In this respect, the use of culturally and linguistically sensitive measurement instruments for these different steps are critical—and very challenging—components of cross-cultural mental health research and service delivery.

One of the most widely used frameworks for culturally centered interventions with Latinos in the United States, developed by psychologist Guillermo Bernal and his colleagues, is named the ecological validity model. This framework outlines the following dimensions that must be incorporated into therapeutic interventions in order to ensure that treatments make sense and are effective within people’s own environments and lives:

- Language, including how clients express emotional distress.
- Client-therapist relationships and how these are influenced by race and class.
- Metaphors, symbols, concepts, and idioms shared by Latinos.
- Content and knowledge about values, customs, and traditions that impact how people narrate their distress.
- Goals that make sense from the client’s cultural perspective.

- Methods and treatment procedures that are congruent with the client's culture.
- Context, including consideration of the client's broader social, economic, and political contexts, as well as “acculturative stress, phases of migration, developmental stages, availability of social support, and one's relationship to his or her country or culture of origin.”⁹⁶

An example of culturally appropriate therapy for Latinos (in this case, Puerto Rican) children and youth include *cuento* therapy, which draws on cultural folktales to increase connections between children and their parents and with their cultural heritage, and seeks to bridge elements from Latin culture with those from U.S. mainstream culture.⁹⁷ Another example of culturally appropriate treatment that has been used with adults is *dichos* therapy, which uses *dichos* (widely accepted proverbs and metaphors) to guide the therapy process, which itself is conducted by a multidisciplinary team of practitioners (psychiatric, social work, rehabilitation therapy).⁹⁸ As Bernal points out, the strengths of such comprehensive approaches is that they rely less on diagnostic categories than do mainstream approaches, therefore enabling therapists to address the full range of stressors that their clients experience, as well as their broader well-being.

All in all, proponents of culturally centered approaches argue that the availability of such interventions increases the likelihood that patients utilize services in the first place, improves communication between practitioners and patients, increases the relevance of interventions to clients, ensures that patients continue with treatments, enables practitioners to avoid stereotyping patients, improves the accuracy of diagnosis and treatment plans, ensures that treatments will be effective within the contexts and environments within which people live, and, by and large, improves long-term outcomes.⁹⁹

Cultural Adaptation and Modification

While proponents of cultural adaptations are also concerned with culture, they begin with the premise that existing EBPs should be assumed to be valid, and should be modified or enhanced to make them relevant and attractive to diverse populations only when necessary.¹⁰⁰ Cultural adaptation is defined as “the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a way that is compatible with the client's cultural patterns, meanings, and values.”¹⁰¹ Proponents of cultural adaptations argue that such adaptations provide “needed instrumental guidance for a clinician/practitioner as a starting point for engaging the client and family in an effective therapeutic relationship.”¹⁰²

Such “modifications,” however, vary substantially, ranging from more superficial elements such as linguistic translation to actual treatment procedures and therapy content. Current researchers thus distinguish between “surface” or “cosmetic cultural” modifications, which include matching the ethnicity of service providers to those of clients, providing translators, or delivering services in spaces more culturally acceptable than mental health clinics; and “core” or “deep structure” modifications, which involve many of the deeper elements outlined previously for culturally centered therapies, those that take into consideration central cultural aspects of the client’s experience such as the importance of familism (e.g. by incorporating the extended family into therapy) or different belief systems (e.g. by integrating discussions or exercises with spiritual content).¹⁰³ However, in either case, cultural adaptations are viewed primarily as a means of making mainstream mental health services more attractive and relevant to potential service-users than as the “active ingredients that will directly contribute in the functioning of the client.”¹⁰⁴ Proponents of a more culturally centered approach caution that by viewing such adaptations as mere appendages to the efficacy of existing EBPs, cultural elements that are highly therapeutic may be mistakenly perceived in research as mere repackaging rather than as playing an essential role in improving effectiveness, and do not get registered as part of the evidence base.¹⁰⁵

The large variety and degrees of cultural adaptations that practitioners make when dealing with culturally diverse clients has made it challenging to find ways to adequately incorporate different models into a more standardized body of EBPs. There is mixed evidence at the moment about whether many cultural modifications actually promote better clinical outcomes for minority youth, and some have argued that overemphasizing untested adaptations could lead to the implementation of bad or ineffective therapies, compromise proven successful EBPs, or even have unintended negative consequences for minority youth.¹⁰⁶ Others have proposed the selective and directed adaptation of EBPs to targeted populations, based on a clear rationale and proof that such modifications will lead to improved results. Some have suggested that adaptations should be made only when there is evidence that particular risk and resilience factors emerge within specific sociocultural contexts, and that particular communities respond poorly to mainstream (unmodified) EBPs (i.e. see them as irrelevant, unhelpful, or unacceptable).¹⁰⁷ Despite the fact that the evaluation of cultural adaptations is imperfect, there is a clear interest on the part of policymakers, researchers, and practitioners to gain a better understanding of specific modifications that are likely to improve the attractiveness, relevance, efficacy, and effectiveness of psychosocial services for minority populations.

Practice-Based Evidence and Cultural Enhancement

A relatively recent conceptual model that strives to cut across the theoretical tensions and provide a bridge between—or complement—culturally centered models and EBPs is practice-based evidence (PBE). Practice-based evidence turns the notion of EBP on its head; it is a set of practices that are inherent within a community or culture and have proven to be effective based upon the input and consensus of the community.¹⁰⁸ A central aspect of this approach is the engagement of local practitioners and community members in collaborating with researchers and other stakeholders in identifying the mental health needs and resources of the community and contributing to the design and implementation of psychosocial programs and services. Another characteristic of the PBE model is the emphasis it places on the particular strengths and resilience of cultural communities and individuals; as such, it moves away from the tendency in mainstream psychology of focusing primarily on diagnosing and treating pathology, and integrates a more assets-based approach to mental health and well-being that focuses on strengthening protective factors.

WHAT IS PRACTICE-BASED EVIDENCE?

- A range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions.
- Practice-based evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally specific framework.
- Practitioners of practice-based evidence models draw upon cultural knowledge and traditions for treatments and are respectfully responsive to the local definitions of wellness and dysfunction.¹⁰⁹

Psychologists Melanie M. Domenech Rodríguez and Elizabeth Wieling have developed a PBE model that recommends the participation of different research and community stakeholders who bring their own perspective and decenter the knowledge base of EBPs to incorporate new knowledge from cultural communities. In this model, an EBP-based treatment manual is treated as a living document that is tested and improved over time with input from community leaders, parents, and others. Through this process the content of treatments—including language, concepts, metaphors, methods, and goals—is shaped and reshaped through input from the community, thereby balancing community needs with scientific rigor.¹¹⁰

Another model that bridges evidence-based practices with a PBE approach is the Cultural Enhancement Model (CEM), developed by the behavioral science team of Sarah Cusworth Walker, Eric Trupin, and Jacquelyn Hansen.¹¹¹ Unlike Bernal's model, CEM identifies areas for enhancement "from the local experience of therapists and clientele rather than a theoretically driven set of recommendations."¹¹² While this model does not propose changing core components of EBPs, it does emphasize enhancing the social validity of proposed EBPs through engagement and input from local communities. Enhancements to existing EBPs for the Latino community may include, for example, integrating cultural traditions, parenting styles, gender and power dynamics, acculturation issues, or environmental concerns such as gangs into therapeutic protocols and materials, depending on community input. Because strict adherence to EBPs can affect the funding status of programs, the CEM model thus seeks to enhance, rather than adjust, treatment protocols for Latinos.

As we can see, there have been various models proposed over time to expand upon conventional evidence-based mental health treatments to include the notion of culture. In the past decade or so, culturally inclusive definitions of EBPs have become more prevalent, and the APA currently defines evidence-based practices as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences."¹¹³ This process of integration remains slow, however, in large part because of the wide variety of cultural adaptations designed for different subpopulations, different age groups, and different diagnoses. Moreover, since most definitions of cultural competency do not include treatment outcomes as the main criteria for competency, the focus of EBP testing has tended to be more on particular treatment protocols and outcomes than on contextual or cultural factors. Nonetheless, the different varieties of cultural integration or modification described above have slowly been incorporated into the growing body of research that seeks to document an evidence base of interventions that can be used successfully to treat Latino youth.¹¹⁴



**PROVEN AND PROMISING MENTAL
HEALTH INTERVENTIONS FOR
LATINO YOUTH**

Two important meta-analyses have synthesized existing research on EBPs for Latino children and youth, and have teased out cultural considerations or adaptations characterizing the different interventions. Bernal's team has compiled a list of evidence-based research studies that include sufficiently large portions of Latinos in their sample (40% or more) to be representative of and generalizable to that population. They found a total of 18 treatments to be considered efficacious (to different degrees); 12 were targeted to internalizing disorders, two focusing on externalizing disorders, two on substance use, and one on mother-child attachment. A research team led by psychologist Luis Zayas reviewed evidence-based interventions oriented toward Latino parents and families, most of which are designed to help parents deal with children with externalizing behaviors and conduct disorders. The Appendix summarizes both of these reviews and describes particular EBPs (with or without cultural adaptations) that have been found to be efficacious for particular treatments and subgroups.

Other research that has been particularly useful in advancing this debate is that which describes the actual process of adaptation or enhancement of particular interventions. The team of Domenech Rodríguez, Baumann, and Schwartz, for example, document the adaptation of an evidence-based parent training intervention, Parent Management Training—Oregon Model (PMTO™), for Spanish-speaking Latino parents using both process adaptations (e.g., engaging the treatment developer, community leaders, and parents) and content adaptations (e.g., shaping the appropriateness of language, people, metaphors, concepts, contexts, methods, and goals). They describe the various stages needed to both culturally adapt and evaluate interventions—including a pilot study to ensure feasibility, focus groups to establish appropriate format and goals, and testing the intervention.¹¹⁵ This type of research, which looks at the process and content of culturally adapted interventions rather than focusing solely or primarily on outcomes, is extremely valuable for mental health practitioners seeking to develop high-quality, evidence-based treatment programs that are targeted to Latino youth.

Since it is clear that not all EBPs are appropriate for all communities, a useful approach derived from such research has been the development of tools (manuals and guidebooks) that can help practitioners identify risk and protective factors for specific client populations, select strategies of intervention that have been proven effective for similar communities, and identify programs that are feasible given existing resources in a particular community.¹¹⁶ The team of Walker, Trupin, and Hansen, for example, has designed a tool kit for its cultural enhancement model to evidence-based programs such as Family Integrated Transitions, an intervention that

includes three EBPs (multisystemic therapy, dialectical behavior therapy, and motivational enhancement therapy). While not focused specifically on Latino youth or culture, the tool kit provides examples of successful (and less successful) processes for enhancing these therapies specifically for Latino clients and families through community engagement.¹¹⁷ Another example of such a tool is the Cultural Formulation Interview (CFI) that has been included in the DSM-5 manual; the CFI consists of a series of questionnaires “designed to assist clinicians in making person-centered cultural assessments to inform diagnosis and treatment planning” with diverse populations.¹¹⁸

While some cultural adaptations and enhancements to existing treatments have been tested for Latino youth, there are also many innovative programs used in culturally centered mental health services throughout the country, as well as new, promising treatments, that have not been evaluated and are therefore not acknowledged as being evidence-based. There are several reasons why such services have not been characterized as EBPs, including 1) many community-based mental health programs simply lack the financial resources to set up rigorous, controlled research that would prove effectiveness; 2) evaluating culturally appropriate programs (for a range of mental health issues) is more difficult and may require more resources than evaluating discrete treatments and outcomes for particular diagnoses; and 3) the privileged scientific perspective that still characterizes much of mainstream psychology often intentionally or inadvertently excludes cultural perspectives on mental health (with the reliance on medicalized approaches toward mental health problems being a prime example). Such exclusion can be a catch-22 for innovative programs, since unfortunately without the “evidence-based” credential, it can be harder for such culture-centered services to be taken seriously in more mainstream psychological arenas, or to receive support from funders and policymakers.

While it is beyond the scope of this report to describe or map out all of these interventions (for examples see pages 48 and 49), it is useful here to list some of the key elements that have been suggested by Latino mental and behavioral health experts, researchers, practitioners, and advocates as important strategies and program elements that can improve the quality of mental health services for Latino youth and their families. In doing so, such culturally minded strategies not only increase the likelihood of positive psychosocial outcomes, but also help to narrow racial and ethnic disparities by encouraging Latino youth and families to access services; facilitate their participation in and completion of treatment protocols; help to promote healing, positive identities, and self-esteem; and increase their own engagement in the therapeutic healing process. Based on this assessment, practitioners should:

- Provide linguistically and culturally appropriate services during all phases of service provision (from outreach, screening, and assessment to treatment and follow-up). This includes making culturally appropriate materials available in Spanish and English, including interpreters or cultural brokers in treatments; providing bilingual outreach workers such as *promotoras*, as well as bilingual or bicultural therapists and staff; and communicating with clients in a way that is culturally acceptable, appropriate, and respectful (e.g., personalism).
- Use a trauma-informed, culturally relevant approach that recognizes the events, experiences and effects of trauma (for young at-risk Latinos, trauma may stem from the family migration story, acculturation problems, various types of domestic or community violence, or generational trauma related to racial suffering, discrimination, or exclusion). In practice, this approach emphasizes safety, trust, transparency, collaboration, empowerment, choice, and healing, as well as the importance of cultural, historical, and gendered aspects of trauma.¹¹⁹
- Integrate cultural values, beliefs, and practices into narrative therapy, storytelling, and behavioral therapy (e.g. identity, notions of collective responsibility, familism, dignity and spirituality).
- Incorporate folktales, metaphors, *dichos*, and stories into narrative therapy, storytelling, and behavioral therapies.
- Include rituals such as *circulos* (unity circles), blessings, or other practices into group interventions.
- Integrate nontraditional treatments including art therapy, *temas* (Hispanic thematic pictures), play therapy, music therapy, or gardening therapy to bridge cultural gaps and foster positive environments, reflection, expression, and self-esteem.
- Track and monitor for signs of acculturation and acculturative stress, particularly as these relate to the client's family and dynamics with parents. This is an especially important part of prevention and intervention programs for young Latinos at risk of depression and suicide, where acculturative dysfunction in the family has been shown to be a major risk factor.
- Integrate family engagement (including extended family, and particularly grandparents, when appropriate) into the assessment and therapeutic process. A number of family-oriented therapies have been adapted and tested for Latino youth tend to retain the core elements of EBPs (e.g. focus on family relationships, communication, and skill building), while also incorporating culture-related processes such as acculturation issues, immigration stress, and personalism (see Appendix).

- Use treatment approaches that involve multisystemic therapy (MST). MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders—their homes and families, schools and teachers, and neighborhoods and friends.
- For depression, culturally adapt EBPs such as cognitive-based therapy (CBT) and interpersonal therapy (IPT). Some psychologists argue that both of these therapies are particularly well-suited to Latinos—in the case of CBT, because it is a therapy based in pragmatic problem-solving skills (which reduces the stigma of psychotherapy), and in the case of IPT, because this treatment focuses on interpersonal relationships that are intrinsic to familism and personalism.¹²⁰
- For anxiety- and PTSD-related issues in particular, use culturally adapted cognitive behavioral therapy in conjunction with a number of the strategies described above that address environmental sources of trauma and suffering (e.g. narrative/storytelling interventions such as *cuento* therapy).
- Train mental health practitioners and staff in a comprehensive conceptual framework that provides an in-depth, non-stereotyping, strength- and healing-based, and pragmatic approach toward treating Latino families. Two examples of such a framework, which is taught through trainings and workshops directed at practitioners working with Latino families, are:
 - ◆ The Multidimensional Ecological Comparative Approach (MECA), a framework for practice with Latino families and communities centered in family dynamics, migration and ecological stressors, and cultural resources. The training curriculum includes principles and guidelines for working with transnational, geographically separated families and for addressing generational issues of first- and second-generation immigrant families.¹²¹
 - ◆ Familia Adelante: Multi-risk Reduction Behavioral Health Prevention for Latino Youth and Families is a family development model for youth who have early signs of either behavioral or emotional problems. The Familia Adelante intervention (and training) addresses the impact of acculturative stress on Latino communities and equips Latino-serving organizations with a curriculum that helps Latino children, parents, and families manage negative behavioral outcomes associated with stress exposure.¹²²

Integrating the above elements into mental health programs should not be seen as antithetical to the provision of more mainstream services, but rather complementary to such services. Most mental health practitioners already tailor treatments to the particular needs of patients (from varying ethnic, class, gender, or religious groups), or use eclectic treatment packages drawn from multiple sources. Since using cultural adaptations and frameworks is more challenging to non-Latino mental health practitioners, however, the inclusion of cultural brokers, interpreters, and community-based health workers such as *promotoras* can greatly enhance the likelihood that these enhancements will be successful.

Examples of successful culturally-centered interventions for Hispanic youth are described in Boxes 11 and 12. The *Joven Noble* program, designed for at-risk Latino male adolescents, has been evaluated through a quasi-experimental pre- and post-assessment, and found to significantly increase knowledge and decrease risk-related sexual behaviors. The Life is Precious Program has proven through internal evaluation to be highly successful for teenage Latinas who have contemplated suicide. Although neither of these interventions has been formally assessed as evidence-based intervention, their effectiveness and success are rooted in frameworks that are deeply committed to incorporating community and culture into treatment modules and therapeutic approach.

***EL JOVEN NOBLE*— THE NOBLE YOUTH RITES OF PASSAGE CHARACTER DEVELOPMENT**

El Joven Noble is a comprehensive youth leadership development program for Latino boys and young men ages 10–24 that supports and guides them through a “rites of passage” process, based on the culturally rooted concept of *El Hombre Noble* (The Noble Man) and the value of developing and maintaining one’s sense of “*Palabra*” (credible word and life purpose). The *Joven Noble* character development program is based on the philosophy that youth need other men and women, their family, and community to care for, assist, heal, guide, and successfully prepare them for adulthood. The curriculum provides each adolescent with information and guidance related to a multitude of life-skill issues including reproductive health, substance abuse, gangs, relationship violence, school, community rights and responsibilities, and leadership development. The curriculum is deeply rooted in the traditions and customs of the Chicano/Latino culture and reinforces the positive aspects of family, culture, and community. Attention is given to the participant’s level of acculturation and family make-up. *El Joven Noble* is divided into four stages of development, *Conocimiento* (Acknowledgement), *Entendimiento* (Understanding), *Integración* (Integration), and *Movimiento* (Movement)—and is designed to include the physical, emotional, mental, and spiritual aspects of each as a basis for direction.

LIFE IS PRECIOUS—PREVENTING SUICIDE AMONG YOUNG LATINAS

Life is Precious is a program that provides culturally and linguistically appropriate support and wellness activities to Latina teens ages 12–17 who have seriously considered or attempted suicide, along with services for their families. Originally opened in the Bronx, the program expanded to other sites in Brooklyn and Long Island City, Queens. The Life is Precious program aims to prevent suicide in young Latinas, the teen population with the highest rate of suicide attempts in the country. The curriculum combines individual and group counseling, arts therapy, academic support, nutritional and fitness activities, and psychiatric services provided by partnering clinics. To date, the more than 200 girls who have gone through the program have vastly improved academic performances—where once 50% of these young women were held back or dropped out of school, now 100% are being promoted on time. They have improved family and peer relationships—finding the language, the support, and the approach with which to work out deep personal conflicts with parents and grandparents who struggle to understand what they are going through or what they need. They are feeling new pride in their bilingual, bicultural backgrounds. Most importantly—not one of the Latina teens has committed suicide since joining the program.



CONCLUSION

All children and youth in the United States deserve to grow up in environments that support positive growth and development—including their physical, academic, psychological, and spiritual well-being. Unfortunately, an important segment of the American youth population—many of them disadvantaged minority youngsters—experience serious challenges when it comes to mental health and have difficulty accessing high-quality mental health care. For these youth, untreated psychological problems can, in turn, contribute to disparities in a range of other areas, including physical health, academic success, employment prospects, and exposure to the criminal justice system. Not only must our nation do a better job at dismantling the risk factors that contribute to psychological vulnerability among these youth—such as racism, poverty, and violent environments—but we must also ensure that all children and their families have access to high-quality, effective mental health services.

Given the substantial growth of the Latino youth population in particular, and the prevalence of risk factors for these youth, there is currently an urgent need to invest in quality, effective mental health services for young Hispanics. Not making this investment will expose at-risk young Latinos mental distress and behavioral problems, and will also reduce their chances of achieving stability, security, and well-being in their adult lives.

As discussed throughout this report, the question of how to determine what high-quality, culturally appropriate services consist of is not simple due to the diversity of the Latino population, the range of mental health issues experienced by youth, and the variety of interventions and cultural adaptations that exist to treat them. The base of evidence for efficacious treatments for Latino youth has nonetheless grown over the past decade, in response to the recognition among mental health professionals of a need for both effective and culturally appropriate interventions for this at-risk population. Critiques of earlier EBP literature have led to an important discussion between researchers, policymakers, and community practitioners concerning what types of mental health interventions are successful in improving the well-being of Latino children and youth, and how to determine efficacy. While not all stakeholders in this conversation have reached a common ground, most have understood that both rigorous research that teases out effective practices, and a community-based approach that is responsive to cultural elements, are critical factors that must be integrated into the base of high-quality practices.

The quest to develop and evaluate culturally appropriate services is of critical importance because of the specific challenges of service delivery and clinical practice with Latino youth. The literature described above points to a number of successful—though not all scientifically tested—interventions for psychological problems among Latino youth. Many of these interventions

strive to balance fidelity to a research-supported treatment with a cultural fit (or adaptation) of the treatment for Latino youth and their families.¹²⁴ Others describe a more holistic approach or philosophy deeply centered in community and culture, and emphasizing culturally centered programs rather than discrete treatments. The research does not all point in one direction or toward one particular model, and the question of a good fit will usually depend on a variety of factors such as context, environment, existing programs, and available resources.

Clearly, a one-size-fits-all approach does not work when it comes to mental health programs for Latino youth, and the identification of effective treatments and programs alone is not enough to ensure that such interventions will be replicated or are appropriate for different communities. As with all high-quality mental health interventions, when introduced into particular settings, EBPs should be tailored to specific attributes of clients and communities, including cultural subgroups, generations, and degrees of acculturation, among other features. An important part of “going to scale” with interventions that have been shown to work is thus ensuring that they be properly tested and adapted for different environments and groups. In addition, there needs to be a greater effort for mental health institutes, funders, and researchers to not only test the effectiveness of culturally adapted EBTs, but to also engage, support, and evaluate a broader range of innovative, culture-centered programs that are currently in existence throughout the country. A critical part of such outreach and evaluation should include participatory community consultation and feedback. Such evaluations also require an openness to qualitative research methodologies that are grounded in the community and are process-oriented, rather than focusing primarily on individual outcome measurements. There remains much to be done in the areas of policy, programs, and research to continue bridging knowledge and practice around EBPs and culturally appropriate care for Latino youth.

Comprehensive mental health reform can help address some of these challenges for youth. The public discussion over responses to gun violence has intensified interest in the availability and quality of mental health care services. Efforts to strengthen the mental health system got a boost in December 2016, when Congress passed and President Obama signed the 21st Century Cures Act, which included legislative language from the “Helping Families in Mental Health Crisis Act of 2016” (HR 2646). This legislation aims to make mental health a national priority, to improve the provision of services in underserved and community-based settings, and to support expansion of mental health practices that are both evidence-based and culturally and linguistically appropriate. Through this act, the National Institute of Mental Health (NIMH) would be required to “translate evidence-based interventions and the best available science into systems of care;”

NIMH would establish a lab for mental health to “collect information from grantees under programs to evaluate evidence-based practices, including culturally and linguistically appropriate services, and delivery models.” A second bill, the “Mental Health Reform Act of 2015” (S 1945), has been referred to committee. If signed, this bill would create a National Mental Health Policy Lab overseen by SAMHSA to “evaluate evidence-based programs to determine which ones will be most successful culturally and linguistically and can be replicated in multiple settings.” Both pieces of legislation could thus help develop and evaluate high-quality mental health models specifically for the Latino community through national bodies that will facilitate this work. Both pieces of legislation also propose to increase the numbers of culturally and linguistically appropriate behavioral health professionals in the realms of teaching, administration, research, and service provision, and to award grants to states to develop evidence-based, culturally appropriate services.

Increased national investment in research, evaluation, development, implementation, and replication of culturally appropriate mental health programs and services, as proposed in these bills, would be highly beneficial Latino youth and families who need these services. And the increased health and well-being of young Latinos, who today account for one-fourth of the American youth population, will benefit and strengthen our country.

The challenge of integrating culturally appropriate practices with EBPs is not unique to mental health services. As such, the general debate outlined in this report also applies to a broad range of policy and program areas, and has implications in the area of juvenile justice programs, substance abuse treatments, and school-based programs, among others. Indeed, because the portion of Latino youth who are children of immigrants is so high (close to half of all Latinos under age 18 are second-generation), it can also be argued that the findings of this report also have major implications for the broader integration of immigrant families into the fabric of our nation. Addressing the social determinants of health will certainly strengthen the psychological well-being of Latino youth and their families and go a long way toward reducing disparities not only in the mental health sector, but in others such as education, employment, and criminal justice. Improving access to high-quality, culturally appropriate mental health services will strengthen our nation and ensure that all youth may have an opportunity to lead healthy, successful lives.

POLICY IMPLICATIONS

Based on the assessment above, policymakers and health administrators at the federal and state level should:

- Increase funding and support for a range of types of research, documentation, evaluation, and implementation of culturally appropriate interventions for Latino youth. At minimum, this should include:
 1. The greater inclusion of Latino and other minority populations in the development of EBPs.
 2. The evaluation of cultural adaptations and enhancements of known EBPs through rigorous methods for diverse Latino youth in different settings and groups.
 3. Translational studies that shift from RCTs and efficacy to effectiveness and cultural validity, testing EBP interventions in diverse real-world conditions.
 4. Research that moves beyond clinical trials, discrete treatments, and outcome evaluations to evaluate comprehensive programs. Such research should include process evaluation and community input into program design and evaluation of outcomes.
- Encourage agencies such as SAMHSA, NIMH, NIH, and others who set the standards for the EBP knowledge base to reach out to communities and show support for new promising, innovative, and nontraditional treatments for Latino families.
- Increase support and funding for Latino researchers who can work with local community members to evaluate mental health programs and publish their results, since the process of EBP credentialing often excludes researchers of color.
- Provide resources to existing programs and services directed toward Latino youth, particularly in underserved communities and clinics where research costs are prohibitive, to build empirical evidence of program efficacy. Funding and expanding practice-based evidence (PBE) research and other community-defined evaluation models will be particularly important in evaluating the effectiveness of mental health treatments and programs for young Latinos.

- Incentivize EBP evaluation that goes beyond surface adaptations such as linguistic modifications, but of deeper cultural interventions (e.g. programs designed around shaping core values and identities). In this vein, research that tests the effectiveness of cultural components or modifications can be encouraged; such cultural elements should be treated as integral parts of the treatments effectiveness, rather than as secondary to the “real” EBP.
- Encourage research that utilizes a variety of methods for program evaluation that move beyond quantifiable measurement outcomes to discovery-based, qualitative research methods that are flexible enough to evaluate cultural and process components of community-based interventions.
- Focus evaluation studies on particular areas of Latino youth mental health intervention need more attention, such as suicide prevention among Latinas, for which there are innovative and successful interventions (see page 49)—but none that have been deemed to be evidence-based. Funding targeted toward evaluating and expanding successful interventions will go a long way toward reducing the high incidence of suicidal and depressive behavior among Latino youth.
- Direct more investment into implementing and evaluating mental health programs that use a strength-based approach that elevate protective factors and resilience rather than focusing on symptoms, risk, and pathology. Again, such evaluation should involve the target community in all phases of research and treatment programs in order to develop culturally appropriate services.
- Fund integration of culturally appropriate treatments, skills, and frameworks not only into community mental health services, but also into school-based programs and juvenile justice programs. Expanding high-quality mental health intervention and prevention to such youth settings will go a long way toward improving the psychosocial health of youth, their families, and communities.

ADDITIONAL RESOURCES

EBPS AND YOUTH MENTAL HEALTH

SAMHSA: National Registry of Evidence-based Programs and Practices

http://nrepp.samhsa.gov/01_landing.aspx

The National Adolescent and Young Adult Health Information Center: A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools, and More

<http://nahic.ucsf.edu/wp-content/uploads/2014/08/Evidence-Based-Guide.pdf>

CULTURAL COMPETENCE

<http://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

TRAUMA

<http://youth.gov/youth-topics/youth-mental-health/trauma-informed-approaches>

RESILIENCE

<http://youth.gov/youth-topics/youth-mental-health/definitions-developmental-competencies>

SCHOOL-BASED MENTAL HEALTH SERVICES

<http://youth.gov/youth-topics/youth-mental-health/school-based>

OTHER RESOURCES ON CRISIS COUNSELING AND MENTAL HEALTH SUPPORT

<http://publications.nclr.org/bitstream/handle/123456789/1649/NCLR-Crisis%20Counseling-Mental-Health-Support.pdf?sequence=3&isAllowed=y>



APPENDIX

INTERNALIZING DISORDERS*

Depression

Latino youth, particularly immigrant youth, are at high risk for depression and other internalizing disorders. Latino youth have more pervasive feelings of sadness and hopelessness than their White peers (35% versus 29%); such feelings are known predictors of clinical depression.¹²⁵ Cognitive-behavioral therapy (CBT), which focuses on the relationship between thoughts, emotions, and behaviors, and on identifying and weakening triggers that create poor coping behaviors, has been widely viewed as an efficacious EBP for children and youth with depression. CBT programs that involve long-term care have been shown to be more efficacious than short-term CBT interventions. Interpersonal therapy (IPT), which analyzes the interpersonal relationships and conflicts that characterize depressive episodes, have also been shown to be efficacious for children and youth.¹²⁶

Bernal describes several clinical trials that have evaluated both CBT and IPT for depressed Latino adolescents. Two of these trials were conducted in Puerto Rico. In the first,¹²⁷ participants were assigned to either a CBP, IPT, or control group, and the manuals used for CBP and IPT were culturally adapted for Puerto Rican youth. The results revealed that participants in both the CBT and IPT treatments showed lower levels of depressive symptoms than those in control groups. The second study¹²⁸ compared the efficacy of individual versus group CBT and IPT for Puerto Rican youth, and findings showed that while both CBT and IPT were effective interventions (with CBT producing the greatest reduction in symptoms), there was no difference in efficacy between individual and group therapies. A further clinical trial¹²⁹ evaluated the degree to which CBT can be enhanced by a parent psychoeducational intervention (PPI) culturally adapted for Puerto Rican parents, and results revealed that both CBT alone and combined with PPI were highly effective in reducing depressive symptoms.

A separate group of investigators ran two clinical trials to evaluate the efficacy of IPT for depressed, predominantly English-speaking, mostly female Latino youth from poor neighborhoods in New York City.¹³⁰ Both studies—one conducted in a mental health setting, the other in school-based clinics—revealed that IPT focusing on issues such as separation from parents, peer pressure, and authority, led to greater reductions in depressive symptoms than control groups. These studies did not incorporate major cultural adaptations, and were oriented toward more acculturated youth.

* Much of the information in this Appendix is taken from Guillermo Bernal et al., “Evidence-Based Approaches to Working with Latino Youth and Families,” and Luis Zayas et al., “Parenting Interventions and Latino Families: Research Findings, Cultural Adaptations, and Future Directions,” in *The Handbook of US Latino Psychology: Developmental and Community-Based Perspectives*, eds. Francisco Villarruel, Gustavo Carlo, Josefina M. Grau, et al. (Sage Publications, 2009).

Anxiety

There is evidence that culturally adapted EBPs work well for Latino children and youth who exhibit anxiety disorders. Four studies have been conducted with (primarily) Puerto Rican children in New York City and have researched the efficacy of *cuento* therapy which, as described earlier, integrates folk stories from the child's culture into narratives used by practitioners during therapy to illustrate models of adaptive emotional and behavioral functioning. In a large study of third-grade children,¹³¹ anxious children were assigned to one of four groups: original folktales, folktales adapted to reflect adjustment to U.S. culture (*cuento* therapy), art/play therapy, and a control group with no intervention. Results showed that while all three interventions improved anxiety symptoms, the *cuento* therapy group showed the largest and most long-lasting improvements. A separate study looked at the use of *cuento* therapy adapted for eighth- and ninth-grade Puerto Rican adolescents; here, the eighth-grade group reported lower anxiety symptoms following the *cuento* intervention but the ninth-grade group did not.¹³² Another study of Puerto Rican and Dominican children with a range of mental health issues (including depression, anxiety, and conduct problems) looked at the effectiveness of an integrated intervention that included the use of Hispanic thematic pictures (*temas*) and group discussions around the pictures' themes (in other words, not narrated *cuENTOS* but visual depictions of Latino themes). This intervention was shown to effect an improvement in anxiety symptoms, phobias, and conduct disorders.

A research team led by Silverman¹³³ evaluated the efficacy of group cognitive behavioral therapy (GCBT) for anxiety disorders among Latino and White children (approximately half from each group) between ages six and 16. The first study, which incorporated parental participation, was found to be efficacious for both Latino and White youth. A second study,¹³⁴ also conducted with White and Latino youth from different subgroups (mostly Cuban and Latin or Central American), looked at the impact of a culturally competent and sensitive, exposure-based, cognitive-behavioral treatment. This intervention incorporated cultural differences into coping strategies, and was found to be highly effective in reducing anxiety symptoms for both Latino and White participants.

Suicide

A particular area of concern for Latino youth, as mentioned earlier, is the high rates of suicide in this population. Latino youth are more likely to consider, attempt, and commit suicide than their Black or White peers.¹³⁵ Suicidal behaviors are especially serious among girls: the CDC reports that in 2013, 15.1% of Latina teens had attempted suicide the year before, compared to 9.8% of all White girls. A growing body of research has shown that the high rate of suicidal behaviors in this population stems from acculturation problems, specifically the disconnect and conflict between immigrant mothers and their U.S.-born daughters. Because of the strong evidence that risk factors for suicide are often related to acculturative dysfunction in the family and cultural/community processes, most interventions and prevention programs for young Latinos and Latinas at risk of suicide focus on family dynamics and school- or community-based psychoeducational sessions for parents about the tensions of acculturation (for adolescent girls).¹³⁶ However, there is a dearth of EBP research for this particular mental health issue among Latino adolescents and a great need to implement studies that evaluate the effectiveness of culturally appropriate interventions for suicide prevention.

Post-Traumatic Stress Disorder

Several studies have examined EBPs—mostly cognitive-based therapies—for Latino youth with violence-related anxiety or with PTSD. One study tested a group cognitive-behavioral intervention for trauma in schools that was provided to recently arrived Latino immigrant children from third to eighth grade from Mexico and Latin and Central America, who had been exposed to community violence and had symptoms of anxiety, PTSD, and trauma-related depression. The intervention was delivered in Spanish by bilingual school mental health staff, and integrated a variety of techniques, including relaxation training, combating negative thoughts, social problem solving, exposure to trauma memory through writing and drawing, as well as an optional parental psychoeducational component. The results from this study showed a significant positive impact of the intervention on participants (compared to the control group), attesting to the importance of being particularly sensitive to culturally and linguistically tailoring treatment for immigrant Latino youth.¹³⁷

EXTERNALIZING DISORDERS

Conduct Problems

Most programs designed to reduce these types of disorders, especially for Latino youth, involve strong parental interventions to support and train parents or other caregivers in managing their children's behavior. Szapocznik

and colleagues have led several studies to test the effectiveness of family interventions for the treatment of conduct problems, in particular those caused by intergenerational conflicts in immigrant families. In one study,¹³⁸ six- to 12-year-old children were assigned to a family effectiveness therapy (FET) or a control group, and FET was found to reduce personality problems and other externalizing problems. Another study¹³⁹ compared the effectiveness of structural family therapy versus interpersonal therapy (IPT), and found that while both were equally efficacious, structural family therapy was more effective at improving family functioning.

Other family-oriented therapies that have proven successful with a broader youth population have also been adapted and tested for Latino youth specifically. The first, parent-child interaction therapy (PCIT), was designed for families with children who exhibit disruptive behaviors, and aims to change the child's behavior by strengthening parental skills and modifying how parents and children interact. Matos et al.¹⁴⁰ implemented and evaluated a PCIT intervention for Puerto Rican families with behaviorally challenged children. The cultural adaptation process in this case was thorough and deep, and guided by Bernal's ecological validity model described previously. The intervention manual was adapted to include Puerto Rican-specific language changes, to focus on values such as *personalismo*, to incorporate extended family, and to include a number of other changes obtained through feedback from participants and that made the treatment more attractive to Puerto Rican parents. Parents reported decreases in their children's behavior problems and in parental stress, and increased ability to discipline their children effectively.

A second parental intervention that has been culturally adapted for Latinos is parent management training (PMT), which has also proven effective in the broader population for externalizing disorders. This model is based in a similar conceptual model to PCIT, but further emphasizes the role of parenting skills in both causing and treating behavioral problems in children and strives to change negative, coercive interactions with their children. Martinez and Eddy¹⁴¹ adapted this model for use with Mexican Spanish-speaking immigrants in the Northwest in a program called *Nuestras Familias: Andando Entre Culturas*. While retaining the main core elements of PMT (e.g. family communication, limit setting, skill building), this model also focuses on Latino cultural experiences, acculturation issues, and bridging cultures. In addition, therapists were referred to as *entrenadores* (coaches) rather than as mental health staff. This intervention showed positive outcomes such as increased parenting effectiveness and a decrease in child externalizing problems and substance abuse. Another adapted PMT intervention was developed for rural Spanish-speaking Latino families in Utah (*Criando con Amor: Promoviendo Armonía y Superación*). Cultural adaptations in this intervention were made

following focus groups with the community, which enabled the researchers to uncover and incorporate community parenting goals and reframe the intervention.¹⁴² Although results of randomized clinical trials are not yet available, the program has promising results and has had high retention rates for Latino families.

While not focusing exclusively on Latinos, Trupin¹⁴³ has argued that for difficult youth who have had contact with the juvenile justice system, community-based programs are most efficacious for reducing destructive behaviors. Such approaches include multisystemic therapy, or MST, which uses a variety of interventions together (from CBT to parental management techniques to a systemic approach); functional family therapy, which is designed to prevent violence by improving family communication and problem-solving; multidimensional treatment foster care, which places emotionally disturbed youth in tightly controlled foster homes; family integrated therapy, which is based in the more holistic MST but incorporates specific tools from behavioral approaches; and dialectical behavior therapy, a treatment designed for highly volatile youth that incorporates an array of cognitive behavioral strategies, contingency management and skills such as mindfulness and emotional regulation aimed at reducing reckless behaviors.

Trupin also shows that early mental health interventions such as diversion and mentoring programs are critical and effective strategies that function as alternatives to incarceration for many youth involved in criminal activity. The author argues that the complex and multilayered set of risk factors that underlie mental health issues among at-risk youth require approaches that target systemic, ecological, and interpersonal factors.

Substance Abuse

Most interventions for youth with substance abuse problems revolve around prevention and the reduction of drug use. Efficacious programs for Latino youth tend to focus on family dynamics, and on increasing protective factors such as academic achievement and parental engagement. Multidimensional family therapy (MDFT) is a family-based, multiple systems, stage-oriented approach that seeks to integrate a variety of components—such as individual cognitive and emotional patterns—with family and environment. This comprehensive approach has been effective in reducing adolescent substance abuse. A study of multi-ethnic adolescents (42% of whom were Latino) between ages 11 and 15 who reported using marijuana found that those assigned to MDFT treatment had a greater reduction in drug use than those assigned to peer-group therapy. Another intervention, brief strategic family therapy (BSFT), was also evaluated for Latino adolescents with substance abuse problems. BSFT is based on a family systems approach

and seeks to restructure inadequate family interactions in order to reduce substance abuse among youth. A study by Santisteban et al.¹⁴⁴ with predominantly male Latinos found that participation in BSFT led to a greater decrease in marijuana use and association with antisocial peers than in a control group.

Several substance abuse prevention programs for Latino adolescents have used elements from the above models and adapted them to Hispanic culture. *Familias Unidas*, for example, is an immigrant-focused intervention that addresses both risk and protective factors within the family. Parent-centered groups and family visits are led by clinicians, and who seek to create long-lasting changes in family functioning and increase both child and parental engagement in the school system. Another program, *Keepin' It Real*, is a culturally appropriate intervention that seeks to prevent the initial use of alcohol and tobacco (and subsequently drugs). This intervention has been adapted to both a Mexican-American and a multicultural version, and both versions of the program have been found to be as efficacious as its original version for Mexican-American youth in Arizona.¹⁴⁵

EXAMPLES OF EVIDENCE-BASED PRACTICES FOR LATINO YOUTH

INTERNALIZING DISORDERS

Depression	Cognitive Behavioral Therapy (adapted) Interpersonal Therapy (adapted)
Anxiety	<i>Cuento</i> therapy Group Cognitive Behavioral Therapy
PTSD (Adapted)	Cognitive-Behavioral Intervention for Trauma in Schools

EXTERNALIZING DISORDERS

Conduct Problems	Multisystemic Therapy Family Effectiveness Therapy (adapted) Structural Family Therapy Parent-Child Interaction Therapy (adapted) Parent Management Training (adapted)
Substance Abuse	Multidimensional Family Therapy <i>Familias Unidas</i> <i>Keepin' It Real</i> (adapted)

ENDNOTES

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