Culturally-Modified Trauma-Focused Treatment: Making TF-CBT Culturally Relevant for Hispanic Families

Susana Rivera, Ph.D., LPC
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Culturally-Modified Trauma-Focused Treatment

- CM-TFT developed by Dr. Michael de Arellano
- Modeled after TF-CBT
- Designed to address the unique cultural needs of Hispanic children who have experienced or witnessed a traumatic event.
- Data collected from SCAN, DePelchin and Miami
- Focus groups conducted in New York and California
Trauma and Hispanic Families

- Standard treatment interventions may not be sufficient.
- Likely to experience traumas not typically assessed
- Less likely to access mental health treatment
- More likely to prematurely terminate treatment
- Differences in views of stress and coping
- Differences in manifestation of trauma symptoms
  - Somatic symptoms
  - Ataque de nervios

(de Arellano, 2006)
CM-TFT Cultural Constructs

- Machismo
- Marianismo
- Familismo
- Personalismo
- Fatalismo
- Dichos & Cuentos
- Spirituality
The concept of *machismo* in the Hispanic culture is in contrast to the Anglo concept of “macho”.

Refers to the man’s responsibility to provide for his family (Santiago-Rivera, Arredondo, and Gallardo-Cooper, 2002).

Encompasses masculinity, sexuality, and aggressiveness (Paniagua, 2005).

Implies demand for *respeto* and submissiveness from women and children (Paniagua, 2005).

May pose an obstacle in engaging a father in treatment if he does not consider providing emotional support as fitting his role.
Marianismo

• Associated with the Virgin Mary, and girls are expected to honor and model her by being pure and remaining virgins until marriage (Santiago-Rivera et al., 2002).
• Females expected to be submissive, obedient, gentle, and to suffer for their families (Paniagua, 2005).
• Can be especially significant in cases of child sexual abuse regarding its view of virginity.
Marianismo

- Not uncommon for Hispanic families to view their sexually abused daughters as being “impure” because they are no longer virgins.
- If the child is aware of this stigma being placed on her, this may cause feelings of guilt for bringing shame to herself and her family.
- Important for the therapist treating sexual abuse to examine its cultural stigma and how that will influence the family’s perception of the child and ability to offer support.
Familismo

• Refers to the importance of family.
• Hispanics regard the family as their primary source of support and guidance (Altarriba and Bauer, 1998).
• Extended family members are just as important as immediate family members (Baruth and Manning, 1992).
• Hispanics with a strong sense of familismo will stress interdependence and cohesiveness among family members (Santiago-Rivera et al., 2002).
Familismo

• In times of adversity, Hispanics are more likely to turn to family members for help, and in the event that they choose to seek mental health services, they will generally consult with family members regarding their decisions (Paniagua, 2005).

• It is important to include significant family members who play an influential role in the child’s life.
Personalismo

• Refers to the importance of the person as an individual.

• A personal relationship in which the client and family are viewed with warmth rather than professional distance will positively affect the relationship with the therapist.

• Hispanic family is more likely to choose a therapist who is open and will share of herself, rather than choosing a therapist based on professional qualifications.
Personalismo

- The therapist may be invited to attend family events and may be given gifts.
- Declining an invitation or a gift would imply the absence of personalismo and may result in the client terminating treatment (Paniagua, 2005).
Fatalismo

• Concept that may interfere with treatment.
• Suggests that adversity comes from a divine force and is out of the client's hands (Paniagua, 2005).
• Hispanics that adhere to fatalismo may see the traumatic event as their fate, and believe that they must suffer for it and that therapy cannot alleviate the stress caused by it.
• Seeking treatment may also indicate going against what God has planned, particularly in families with strong religious beliefs.

• A therapist may refer to the use of dichos and cuentos and incorporate one such as “Dios ayuda a los que se ayudan” (“God helps those who help themselves”) to counter fatalismo by allowing the family to see that they can control how they process and heal from the traumatic experience.
• Spanish proverbs that capture wisdom and are expressed in short phrases and routinely used in conversation.
• In therapy, Hispanics may use them to “express themselves, assess a situation, summarize a process, or describe a coping strategy” (Santiago-Rivera et al., 2002).
• Use of dichos in therapy such as “No hay mal que por bien no venga” (“Every cloud has a silver lining”) may help the client to reframe his perception of the trauma.
Cuentos and Cuento Therapy

- Folktales with a moral message (Santiago-Rivera et al., 2002) meant to be emulated by the listener (Constantino, Malgady, & Rogler, 1986).
- The use of cuentos has evolved into a therapeutic approach known as Cuento Therapy.
- Cuento therapy entails the therapist reading a cuento to the child and then discussing the moral message.
- The cuentos focus on acceptable behaviors, and the characters have attributes similar to those of the child.
- This approach has been found to reduce anxiety and depression in children (Altarriba and Santiago-Rivera, 1994), common responses to trauma.
TF-CBT and CM-TFT Components

- Psychoeducation and Parenting Skills
- Relaxation
- Affective Modulation
- Cognitive Coping and Processing
- Trauma Narrative
- In-vivo desensitization
- Conjoint Parent-Child Sessions
- Enhancing Safety
Cultural Modifications to Psychoeducation

- Tailor Psychoeducation to make it culturally relevant
- Acknowledge, validate and address parental concerns
- Address views of mental health treatment and the role of the clinician
- Address the role of the family and expectations for participation
- Address expectations for the treatment process and outcome
- Predict course of treatment including time frames and potential setbacks
- *Personalismo*
Cultural Modifications to Psychoeducation

• Address what the family believes causes mental health problems (e.g. fate, weakness)
• Address who the family typically seeks treatment from (e.g. curandero, priest)
• May seek medical help instead since somatic complaints are more culturally acceptable
• Sometimes, symptoms may overlap, and families may expect the mental health professional to treat the culturally acceptable issue instead of the mental health issue. For example:
  – PTSD
  – Susto
• While being culturally sensitized, be careful not be individually insensitive.
Cultural Modifications to Parenting Skills

- Reframe skills so that they are more active
- Praise
  - *Respeto*
  - Reframe praise as a strategy for increasing respect for parental authority rather than compliance
- Time Out and Active Ignoring
  - Explain rationale so that the parent is in control and is increasing respect by reinforcing what the child should already be doing.
Cultural Modifications to Relaxation

• Breathing
  – Relevant use of imagery, such as scenes from Country of origin
• Progressive Muscle Relaxation
  – *Fideo* instead of spaghetti
  – *Tortillas* (uncooked and fried corn *tortilla* chips)
• Religion or Spirituality
Cultural Modifications to Affective Modulation

• Language
  – A child may be more familiar with words that describe emotion in his native tongue.
  – Traumatic experiences may be associated with the language in which they were experienced.
  – When working with a bilingual family, a therapist must be conscious to conduct the sessions in the language of the client’s choice.

• Gender roles
  – Not culturally acceptable for male children to express emotion
  – *Machismo*
Cultural Modifications to Cognitive Coping and Processing

• Use *dichos* for reframing
  - “No hay mal que por bien no venga” (“Every cloud has a silver lining”)

• Use *cuentos* for cognitive restructuring
  - The Little Red Ant and The Great Big Crumb

• Use spirituality for positive self-talk
  • “Dios ayuda a los que se ayudan” (“God helps those who help themselves”)
  • “Dios aprieta pero no ahoga.” (“God squeezes but does not choke”
Cultural Modifications to Cognitive Coping and Processing

• When identifying cognitive distortions such as viewing the trauma as a punishment from God, it is important to remain respectful of the child’s cultural values and beliefs.

• Cultural beliefs can be harmful if taken to an extreme
  – Excessive suffering can make a mother unable to care for her children
  – Fatalismo and marianismo
Cultural Modifications to Trauma Narrative

- Address potential barriers to discussion of the traumatic event
  - Tendency to not air dirty laundry outside the family
  - Conservative beliefs about sex
- Identify unhealthy thoughts that may be culturally relevant
  - Sexually abused girl is no longer a virgin and may be considered used or dirty
  - Responsible for disrupting the family
  - Trauma as punishment for past sins (fatalismo)
Cultural Modifications to the Trauma Narrative - Caregivers

- Help identify caregivers’ unhelpful thoughts:
  - I have brought shame to my family by letting this happen to my child.
  - I should suffer because of what I allowed to happen to my child.
  - My daughter is damaged because she is no longer a virgin.

(De Arellano, 2006)
Enhancing Future Safety

- Continued psychoeducation relevant to cultural beliefs
- Respect cultural beliefs regarding sex (e.g. no sex before marriage)
- Safety strategies in native country
Resources

- TF-CBTWeb - [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt)
Thank You!

Susana Rivera, Ph.D., LPC
Serving Children and Adolescents in Need, Inc.
Border Traumatic Stress Response Center
313 W. Village Blvd., Ste.114
Laredo, Texas 78041
(956) 725-2522
susana@scan-inc.org