International OCD Foundation

Tips for Clinicians When Working With Hispanic/Latinx Americans with OCD

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OCD affects all races/ethnicities, but it can look different in various populations. Hispanic and Latinx Americans are two of the fastest-growing racial/ethnic groups in the United States. In the United States, about 50.5 million people (16% of the US population) are of Hispanic or Latinx origin.[10] Since there are different types of Hispanic/Latinx communities and identities, not all of this information applies to every individual.

What does OCD look like in Hispanic/Latinx Americans?

- **Symptom somatization**, or feeling mental health symptoms as if they are taking place throughout the body (e.g., elevated heart rate, breathing issues, tension, etc.), is common for Hispanic/Latinx Americans.[12]
    - Hispanic/Latinx Americans with OCD are more likely to seek general medical advice first for these somatic symptoms, rather than seeking mental health services.[3]
    - Research-based treatments (e.g., CBT/ERP, medication) for OCD might not help improve somatic symptoms, which might make them seem less effective.[4]
- Hispanic/Latinx Americans are more likely to have **contamination concerns** as part of their OCD symptoms.[5]
- Hispanic/Latinx communities tend to be **impacted greatly by their religious beliefs**, and are more likely to turn to the religion they practice to find ways to cope.[6,7]
    - 59% of Hispanics in the US identify as Catholic, which is almost triple the percentage of European Americans.[8]
    - Religious beliefs may also impact how Hispanic/Latinx individuals think about their OCD symptoms — **they may be more likely to report more scrupulosity or religion-based obsessions and compulsions, as they tend to be more distressed by them** compared to other symptom subtypes.[9]

What are some barriers to treatment among Hispanic/Latinx individuals?

- Lack of insurance
    - » Hispanic/Latinx Americans are three times more likely to be uninsured than non-Hispanic/Latinx Whites. This makes it even harder for that community to receive specialized treatment.[9,10]
- Language barrier
    - » Research has shown that when Hispanic/Latinx people with OCD speak English as their non-primary language, their therapy outcomes are better when they can receive treatment in Spanish compared to when they receive treatment in English.[11] This is a significant barrier, as Hispanic/Latinx are not well represented in the field of psychology — only 6% of psychologists identify as Hispanic/Latinx and there is no evidence that all of those individuals practice in Spanish.[12]
- Collectivistic culture
    - » Compared to European Americans, Hispanic/Latinx culture prioritizes the group over the individual. [13] This can translate to individual mental health needs not being given as much importance as the stability of the group as a whole.[14]
- *Machismo/Caballerismo*
    - » For some males within Hispanic/Latino communities, reluctance to seek treatment stems from cultural ideas about how men should behave. Machismo is characterized by behaviors that are assigned as masculine traits, including aggression and intimidation, while Caballerismo is more of a "code" that expects men to be chivalrous protectors. Admitting to symptoms of a mental health condition and/or seeking mental health treatment would go against many of these characteristics, posing a challenge for Hispanic/Latino men dealing with OCD that also identify with these values.[15]
- Immigration status
    - » Hispanic/Latinx individuals who were born outside of the United States are much less likely to seek mental health treatment than US-born Hispanic/Latinos.[16-18] The manner in which someone came to the US may impact their views on mental health overall, potentially producing cultural mistrust and a reluctance to disclose problems.[19]
- Religious affiliation
    - » Hispanic/Latinos often prefer to cope with mental health concerns through their religious faith.[20] They may trust religious leaders' insight about their concerns over seeking out a mental health professional.
- Stigma and shame
    - » Given that racial discrimination is common among ethnic minorities in the US,[21] his may be a concern when seeking mental health treatment, potentially producing a feeling of fear or shame.

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Tips for clinicians

- Keep in mind barriers to treatment, including those listed above and any others your client(s) may disclose to you.
- Beward of language
  - » Clinicians should be sure to use more broad descriptors, as well as be cognizant of any language barriers that may influence reporting style and the assessment process. Also try hiring staff that are bilingual (Spanish and English) to ease the administrative process of setting up appointments, or sending out appointment reminders. It also never hurts for clinicians to learn Spanish as well to better accommodate patients.
- Offer family therapy sessions
  - » Family-inclusive treatment is largely effective in the treatment of OCD, and this may be even more salient with Hispanic/Latinx communities not only to help reduce family accommodations but also to tackle the collectivism mindset that may cause an individual's mental health needs to get ignored for the betterment of the group.
- Assess religious beliefs
  - » Taking this step prior to treatment is essential in the Hispanic/Latinx communities. Research has found that religious practices are often used to cope with adversity and that that is the preferred method for older Hispanic/Latinx adults.
- Tackle *machismo* and *caballerismo* ideology
  - » Clinicians should consider treating in a manner that appeals to a patient's masculine style. It may also be more useful at first for male clinicians to treat such clients to bolster rapport. Male clinicians could provide an alternative perspective on acceptable male behavior, such as disclosure and empathy. Male clinicians can educate male clients on the importance of addressing psychological concerns and appeal to their clients by affirming that psychological concerns does not make one weak.
- Consider Financial barriers
  - » Show financial flexibility by accepting medicaid/ medicare, or offering a reduced fee for your services.
- Involve Hispanic/Latinx individuals in research studies.

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