

Psychology of Recovery: Serving Latinxs Affected by COVID-19 and Wildfires

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Recognizing the land and the people!

- Honoring our roots and our ancestors
- Acknowledging the suffering and the healing of our communities
- Honoring the losses
- Recognizing community, collaboration, and wisdom

Learning Objectives

- Describe three basic concepts of the psychological recovery model to address the behavioral, emotional, and mental health needs of Latinxs and migrant farmworkers
- Explain how to create, plan, develop, and implement a treatment program aimed at the mental health needs of Latinxs and migrant farmworkers affected by COVID-19 and wildfires
- Explain how community-based organizations can partner with psychology programs to develop similar behavioral health programs for their communities

Who are we?

Sabiduría: Latinx Psychology Emphasis at the School of Graduate Psychology at Pacific University

- Focuses on training graduate psychology students on culturally and linguistically responsive services to serve the Latinx community
- Combines academic, research, clinical training, service learning, community outreach, and advocacy experiences intended to prepare students to work with Latinx, immigrants, and Spanish speaking populations beyond the usual one-on-one clinical psychology setting (The Pacific Psychology and Comprehensive Health Clinic)

COVID-19 and wildfires effects on mental health of migrant health workers



COVID-19 and wildfires

- Outbreaks, revenue losses, mass layoffs
- Systemic barriers to testing, prevention measures, medical care and PPE
- Overcrowded and substandard housing
- MULTIPLE losses
- Double threat and triple pandemics (COVID, climate change, social injustice)

Effects continued...

Increased

- Social isolation
- Inability to see or connect with family
- Economic stressors
- Houselessness
- Exposure to discriminatory work practices
- Uncertainty about the future
- Loss and grief
- Fear of contagion and witnessing pain
- Stigma and racism



Leading to:

- Food and housing insecurity
- Relational stressors and communication difficulties
Toxic stress, helplessness and hopelessness
- Mental health challenges (e.g. Anxiety, depression, chronic stress, insomnia, substance use, and suicidal ideation)
- Physical health challenges (e.g. Chronic pain, headaches, stomachaches, chest pain, dizziness, and fatigue)

Pandemics=Disasters

- Uncertainty
- Intense or unpredictable feelings
- Immobility and sense of invisibility
- Numbness/space out/dissociation
- Loss of sense of self/Loss of power-agency and decision making
- Loss of sense of time or sequences
- Loss of sense of security
- Sensitivity to environmental factors
- Strained interpersonal relationships
- Stress-related physical symptoms
- Importance of programs addressing these issues

Psychology of Recovery and Rapid Response Mental Health Treatments (Orengo-Aguayo et al., 2019)

Provides support during immediate aftermath of the disaster event by

- Restoring access to basic needs and having resources available to provide.
- Promoting a sense of safety and security as well as reconnecting loved ones are the two number one priorities of intervention.
- Brief and present focused with goal of reducing or preventing long-term distress and dysfunction

Psychology of Recovery and Rapid Response Mental Health Treatments Skills

Brief Skill-based intervention that can be delivered in 1 to 5 sessions with 6 core skills:

1. Information gathering
2. Building problem-solving skills
3. Promoting positive activities
4. Managing reactions
5. Promoting helpful thinking
6. Rebuilding health social connections



Psychology of Recovery and Rapid Response Mental Health Treatments continued

Rapid Response Mental Health Treatments offer:

1. Contact and Engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Practical assistance
6. Connection with social supports
7. Information on coping
8. Linkage with collaborative services



Psychology of Recovery and Rapid Response Mental Health Treatments continued

Recommendation to Cultural Adapt the Treatment include:

- Cultural sensitivity (including information in Spanish and English)
- Incorporate multidisciplinary work to meet needs
- Emerging demands require flexibility in an unstructured work environment.
- Have available resources and instructions as to how they can access services
- Assess acculturation
- Let them narrate their own stories and experiences

(Diaz-Conde, Perez-Ramirez, & Villavicencio-Colong, 2019)

Pacific University Rapid Response Treatment

- Created in April 2020
- Focused on supporting the emotional, mental health and wellness of Latinx community affected by COVID-19
- Extended services in September 2020 to those affected by wildfires in Oregon
- Community grant funded
- Collaborative approach with community based organizations
 - Providence Health System-Community Health Division
 - Trauma Informed Oregon
 - New partners: Catholic Charities, United Way of the Columbia-Willamette, Unete

Rapid Response Treatment-Format

- Comprised of advanced doctoral psychology students within the Pacific Psychology and Comprehensive Health Clinic
- Brief culturally adapted and individualized tele-behavioral health services
- Thanks to the community grant funds, the services are widely accessible to the community and are free or available to those who have Medicaid insurance
- Bilingual services in Spanish or English
- Coordination of care when appropriate and needed
- Potential for referrals to longer term treatment

Rapid Response Treatment-Format (Cont.)

- Five sessions plus screening:
 - purpose to present, teach, and practice six different resistance, resiliency, and recovery skills
- Cultural Adaptations include:
 - Informed by Latinx cultural values
 - Supportive navigation and case management
 - Desahogo and testimonio



Sessions Outline: Skills



1. Information gathering (screening, clinical interview and culturally appropriate outcome measures)
2. Culturally Appropriate Problem-solving skills
3. Positive activities
 - a. Solution Focused approach (e. What is working to relieve/reduce distress? Exception to stress)
 - b. Culturally supportive activities _____ (e.g. desahogarse)

Sessions outline-Skills (Cont.)

3. Managing reactions/Self-regulation
 - a. Acceptance (serenity prayer, cultural and religious belief)
 - b. Self-talk
 - c. Deep breathing
 - d. Culturally adapted Mindfulness
 - e. Culturally appropriate physical activities (walks, dancing, playing with kids)
4. Helpful thinking
 - a. Culturally Informed CBT, solution focus, Serenity Prayer
5. Rebuilding healthy social connections (supporting/establishing social connections sch church, socially appropriate community engagement while follow sanitary recommendations, use of social media and technology, and healthy use of physical contact)

In Practice: Example of what we teach!



Preliminary Findings

Total RRT Services Provided: 43

Approximated time: 26 hrs. 20 min.

Average minutes per session: 40

Main Reported Stressors

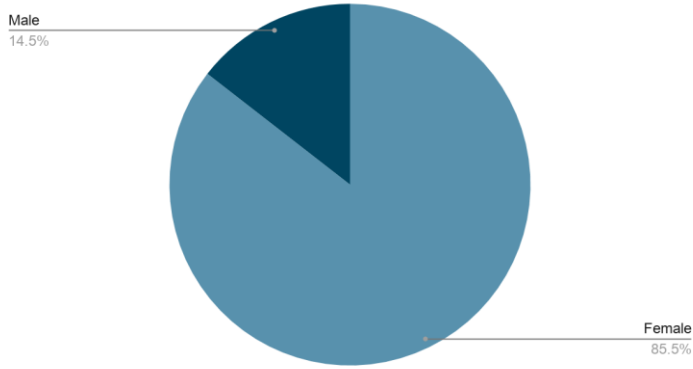
- *Mental Health Difficulties*
- *Financial Difficulties*
- *Family Conflict*
- *Marginalization or Discrimination*
- *Grief or Loss*



- Approximately 82% of the patients reported experiencing adverse childhood events (ACES)
- More than 75% of patients reported emotional and mental health difficulties (e.g. depression, anxiety) related to COVID-19 and/or wildfires

Preliminary findings continued...

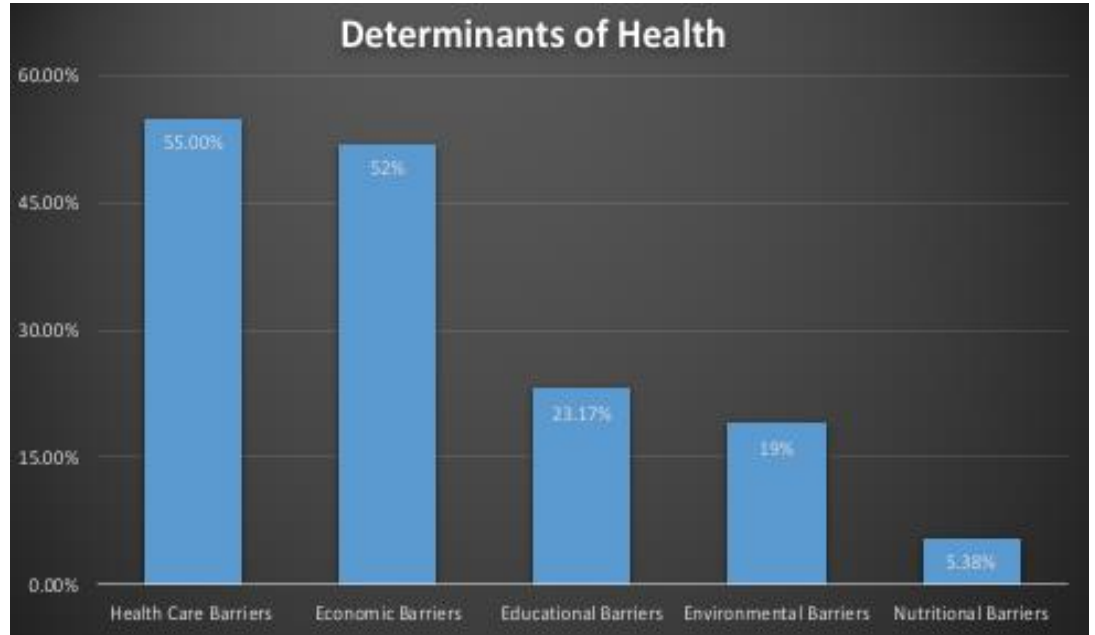
Client's Served



Clients Served

- *Female: 85.5%*
- *Male: 14.5%*
- *Majority 45-54 years-old*
- *Latinx/ Hispanic: approx. 83%*

Determinants of Health



Reported main concerns related to determinants of health

Challenges related to RRT: Student/Clinician Perspective

- Access to technology for clients
 - No computer available
 - Phone communication might be spotty
- RRT is not appropriate for all clients
- Therapeutic alliance or treatment option is not long term
- Recruitment and promotion difficult due to lack of in-person outreach activities
- Structural, systemic, and institutional barriers (e.g. managed care, clinic policies)
- Many people who can benefit (experiencing distress) may not think of mental health as a priority

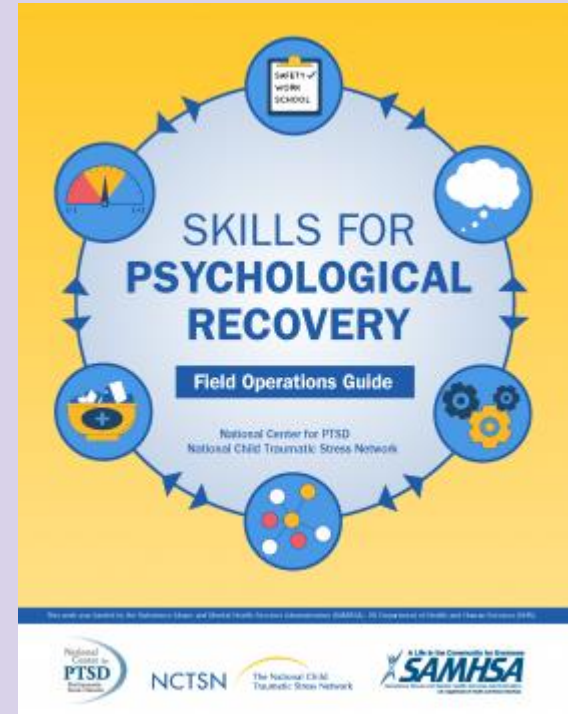
Rewards related to RRT: Student/Clinician Perspective

- Highly satisfying because some clients find relief immediately
- Brief and skills focused treatment
- Pragmatic system (e.g., easy and short documentation)
- Free service during a challenging time
- Ability to provide a much needed service in the language of the community and by culturally informed providers; sense of empowerment
- Credibility and trustworthiness
- Support from community partners

“I enjoy teaching a skill such as deep breathing that will provide immediate relief on the first session”

Main learned lessons and recommendations for those interested in similar projects

- Have a good plan and a standard operating procedure for clinicians and administration
- Do cultural adaptations on existing treatments and procedures
- Provide training for clinicians to follow skills for psychological recovery manual



Main learned lessons and recommendations for those interested in similar projects (Cont.)

- Be patient, creative and recognize the multiple barriers for mental health access and utilization within the community
- Keep Motivated!
 - Latinx clients might be suspicious of phone interactions
 - Clients might give “soft refusals” by not answering the phone or find excuses why they cannot meet
 - Collaborate with community partners

Q&A/Discussion

- What is one takeaway from our presentation today that you can take back to the organizations/communities you work with?
- How do you think a program like RRT could benefit the communities you work with?
- Who can you, your community health center, or CBO partner with to create a similar program to serve the needs of people in community?



Questions or Comments

References

- Orengo-Aguayo, R., Stewart, R. W., Arellano, M. A., Pastrana, F. A., Villalobos, B. T., Martinex-Gonzalez, K. G., Suarez-Dindy, J. L., & Brymer, M. (2019). Implementation of a multi-phase, trauma-focused intervention model post-hurricane Maria in Puerto Rico: Lessons learned from the field using a community based participatory approach. *Journal of Family Strengths*. 19(1). 1-41. Retrieved from: <https://digitalcommons.library.tmc.edu/jfs/vol19/iss1/7>
- Diaz-Conde, M., Perez-Ramirez, E. J., & Villavicencio-Colon, M. (2019). Resilient hearts: The role of psychology in the recovery of Vieques after Hurricane Maria. Retrieved from: <https://www.apa.org/pi/families/resources/newsletter/2019/11/vieques-hurricane-maria>

Muchas Gracias

For more information about this program and/or partnership please contact:

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Are you Latinx? Do you work as a migrant farmworker? Would you like to participate in a study?

Marisol Beaulac, Ashley Poolman (graduate students), and Dr. Ruth Zuniga (faculty) at Pacific University in Oregon, are conducting a study about resilience, stress, and health in migrant farmworkers.

What do you have to do?

- As a participant in this study, you will take an online survey that will last about 10-20 minutes.
- The online survey asks questions about resilience, stress, physical health, and emotional health.

What are the requirements to participate?

- You identify as a Latinx, Latino/a, or Hispanic migrant farmworker
- You currently live in the United States
- You are an adult (age 18 or older)
- You speak and read Spanish and/or English

What are the participation rights? What else should you know about this study?

- Your participation is completely voluntary. You may discontinue the survey at any point without penalty.
- Your survey answers will be completely anonymous.
- At the end of the survey, you will be able to enter a raffle for one of 20 \$20 gift cards.

If you would like to participate, please follow this link

https://pacificu.co1.qualtrics.com/jfe/form/SV_0wfFi9llfHPq62h

Thank you!

If you have additional questions, please contact
-Marisol Beaulac (beau5749@pacificu.edu),
-Ashley Poolman (pool6294@pacificu.edu), or
-Dr. Ruth Zúñiga (rzuniga@pacificu.edu)

This study has been approved by Pacific University's Institutional