



**MENTAL HEALTH IS A LATINO ISSUE TOO**

**LATINOS ARE SEEN AS HAPPY PEOPLE**  
by 66% of the U.S. population.

**help!** Truth is some of us need **MENTAL HEALTH SUPPORT** & **ARE NOT GETTING IT**

During 2020.....

**+10M LATINOS IN THE U.S.** reported having a **MENTAL ILLNESS**

**+66% OF FARMWORKERS** said the pandemic has affected their *mental health*.

**ONLY 34% OF LATINOS WITH MENTAL ILLNESS** receive treatment each year. (U.S. Department of Health and Human Services)

**4M LATINOS ARE NOT RECEIVING** the mental health services they need.

**Está bien, no estar bien**

**Together we shine**

**LATINOS NEED ACCESS TO mental health services**

- LANGUAGE**  
Only 2% of licensed U.S. therapists are able to provide services in *Spanish*.
- INSURANCE**  
20% of Latinos don't have health insurance. (12 million)
- CULTURAL DIFFERENCES**  
Only 7% of licensed psychologists in the U.S. identify as Latino.
- STIGMA**  
Cultural norms encourage silence on mental health. "Los negros no se ven en color"

**WHERE TO FIND HELP:**  
American Society of Hispanic Psychiatry  
National Hispanic Medical Association  
National Alliance for Hispanic Health

**For more info go to [HISPANICSTAR.ORG](http://HISPANICSTAR.ORG)**

**MAY IS MENTAL HEALTH Awareness Month**

**SOCIAL TABOOS NEED TO BE LIFTED**  
Let's speak openly about it & stop working it in at work!

**Effective Behavioral Health Interventions: Social Work Advocacy for Newly Arrived Latin Immigrants**

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Latino Social Workers Organization

National Latinx Social Work Conference 2023

Portland State University School Of Social Work

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### **Workshop Objective:**

This interactive workshop will attempt to empower social work practitioners to be able to provide effective behavioral health interventions with recently arrived Latino immigrants. The Generalist approach to social work practice will be applied to this specific population. The specific stages of the Generalist social work model will be reviewed with the relevance to this population. Additionally, there will be an interactive process to identify the relevance of the Social Work Code of Ethics to working with this population. Next, there will be a review of the Structural Social Work Theory. Group participants will have an opportunity to consider how they can enhance their direct practice with clients. Participants will learn ways to address systemic barriers for this population. This workshop will have opportunities to apply the concepts learned in this workshop to real live cases through case vignettes. There will be both small and large group activities. Among the topics to be discussed in this workshop will include barriers faced by Latino(a) immigrants in the behavioral health arena, legal status, natural approaches to treating behavioral health conditions, and home remedies. Working with Latino(a) immigrant clients will require additional knowledge and training, social workers will need the tools and resources to provide effective clinical care to this population. The group facilitator is an L.C.S.W. who works with foster children in Northern California and maintains a small private practice serving a diverse range of clients, including recent immigrants from Latin America. The presenter also holds advanced training and education in public health.

**STAGES OF SOCIAL WORK GENERALIST PRACTICE**

**APPLIED TO RECENTLY ARRIVED LATINO IMMIGRANTS**

<p>Engagement</p>	<p>—Respeto (Respect) — Appropriate deferential behavior toward others based on gender, age, economic status, etc. (E.g. ‘Don Fabio’).</p> <p>—Personalismo (Personal) — What is valued is personal rather than institutional relationships. Result if practiced = More positive outcomes.</p> <p>—Confianza (Trust) —To providers, institutions and system (must first be earned). Although the first meetings may be quite formal, once trust has developed, the clients may develop a close personal bond with the counselor (Be cautious with your ethics).</p> <p>—Orgullo (Pride) —Self, family, and nationality. Do not disrespect the ‘man’ by doing anything that violates his ‘manhood.’ Nationalistic pride may include the ‘hopes’ and ‘fortunes’ of their country’s world cup success team at the tournament (Don’t dismiss this)</p> <p>—It is important to engage in a respectful, warm, and mutual introduction with the client because less acculturated Latinos expect a more formal relationship and the counselor will be seen as an authority figure and should be appropriately dressed</p> <p>. —Give a brief description of what counseling is and the role of each participant (Remember, a lot of Latinos do not have counseling as a cultural reference point; therefore, educate).</p> <p>—Explain the notion of confidentiality (especially with illegal immigrants).</p> <p>—Have the client state in his or her own words the problem or</p>
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	<p>problems as he or she sees it— determine the possible influence of religious or spiritual beliefs. **Remember that Personalismo is a basic cultural value of Hispanic Americans—although the first meeting may be quite formal, once trust has developed, the clients may develop a close personal bond with the counselor. He or she may be perceived as a family member or friend and may be invited to family functions &amp; given gifts (Caution).</p>
<p>Assessment</p>	<ul style="list-style-type: none"> <li>*Assess possible problems from external sources, such as need for food, shelter, or employment, or stressful interactions with agencies</li> <li>*Language ability</li> <li>*Level of acculturation</li> <li>*Socioeconomic issues</li> <li>*Culturally Bound Symptoms (susto (fright), mal de ojo (evil eye) and nervios (nerves) or ataque de nervios</li> <li>*Latinos experience stress related to discrimination</li> <li>*Parent-child cultural conflict</li> <li>*Family separation due to immigration</li> <li>* Acculturation stress as the result of one’s culture of origin interacting with host culture values, attitudes, customs, and behaviors. Individuals and families from one cultural orientation who are constantly being exposed to new, novel, and challenging events and situations require some form of psychological and behavioral adjustments.</li> <li>*Exposure to racial or ethnic discrimination (negative behaviors toward Latino youths) can constitute a source of daily stress</li> <li>*Explore how are coping strategies used? What coping strategies are absent? How can</li> </ul>

	<p>social workers help clients to “mobilize” healthy coping strategies</p> <p>*Consideration of cultural protective factors.</p> <p>*What factors or conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities imply defined,</p> <p>*Protective Factors: involvement of parents in the student’s life, family values and connectedness, academic success, involvement in extracurricular activities, connections with institutions such as school, college based organizations, religious organizations, shared cultural values.</p> <p>*Cultural values consideration: including allocentrism, simpatía, familismo or power distance, personal space, orientation, and gender roles.</p> <p>*Allocentrism and familismo are overlapping cultural factors that reflect a collective view in which the needs and objectives of the group or family are placed over the specific needs of the individual.</p> <p>*Strong attachments to the nuclear and extended family are emphasized.</p> <p>*Simpatía, on the other hand, reflects a drive toward pleasant and non-confrontational social interactions that leads to avoiding interpersonal conflict and may foster socially desirable patterns and responses</p> <p>*Traditional gender roles within the Hispanic culture suggest a pattern of male dominance (machismo) and female submissiveness (marianismo)</p>
<p>Treatment Planning</p>	<p>Supporting <b>collaborative</b> care with Latinos is important for retention and success of care. Although this is a culture that respects authority, feeling misunderstood and not connected to a</p>

	therapist often results in dropping out from treatment.
Implementation.	Considering the cultural needs of newly arrived Latinos
Evaluation	<ul style="list-style-type: none"> <li>*Did the treatment intervention take into consideration the client's culture</li> <li>*What were the goals of treatment</li> <li>*What were the results</li> <li>*What could you have done differently, continued, improved.</li> <li>*Eliciting Feedback from the client</li> </ul>
Termination	<ul style="list-style-type: none"> <li>*Consider how you can incorporate the cultural considerations during the termination phase of treatment</li> <li>*Be clear in the treatment process even from the beginning (transparency)</li> <li>*Be compassionate and empathetic in termination</li> <li>*Be willing to answer questions about therapy termination, such as where a client can seek additional help if necessary</li> </ul>
Follow Up	*Providing culturally appropriate referrals

## How To Use the LEARN Mnemonic for Intake Interviews

Listen to each client from his or her cultural perspective. Avoid interrupting or posing questions before the client finishes talking; instead, find creative ways to redirect dialog (or explain session limitations if time is short). Take time to learn the client's perception of his or her problems, concerns about presenting problems and treatment, and preferences for treatment and healing practices.

Explain the overall purpose of the interview and intake process. Walk through the general agenda for the initial session and discuss the reasons for asking about personal information. Remember that the client's needs come before the set agenda for the interview; don't cover every intake question at the expense of taking time (usually brief) to address questions and concerns expressed by the client.

Acknowledge client concerns and discuss the probable differences between you and your clients. Take time to understand each client's explanatory model of illness and health. Recognize, when appropriate, the client's healing beliefs and practices and explore ways to incorporate these into the treatment plan.

Recommend a course of action through collaboration with the client. The client must know the importance of his or her participation in the treatment planning process. With client assistance, client beliefs and traditions can serve as a framework for healing in treatment. However, not all clients have the same expectations of treatment involvement; some see the counselor as the expert, desire a directive approach, and have little desire to participate in developing the treatment plan themselves.

Negotiate a treatment plan that weaves the client's [cultural norms](#) and lifeways into treatment goals, objectives, and steps. Once the treatment plan and modality are established and implemented, encourage regular dialog to gain feedback and assess treatment satisfaction. Respecting the client's [culture](#) and encouraging communication throughout the process increases client willing to engage in treatment and to adhere to the treatment plan and continuing care recommendations.

Sources: [Berlin and Fowkes 1983](#); [Dreachslin et al. 2013](#); [Ring 2008](#).



## **Advice to Counselors: Conducting Strength-Based Interviews**

By nature, initial interviews and evaluations can overemphasize presenting problems and concerns while underplaying client strengths and supports. This list, although not exhaustive, reminds clinicians to acknowledge client strengths and supports from the outset.

### **Strengths and supports**

- Pride and participation in one's [culture](#)
- Social skills, traditions, knowledge, and practical skills specific to the client's [culture](#)
- Bilingual or multilingual skills
- Traditional, religious, or spiritual practices, beliefs, and faith
- Generational wisdom
- Extended families and nonblood kinships
- Ability to maintain cultural heritage and practices
- Perseverance in coping with [racism](#) and oppression
- Culturally specific ways of coping
- Community involvement and support

Source: [Hays 2008](#).



### **Advice to Counselors: Asking About Culture and Acculturation**

A thoughtful exploration of cultural and ethnic identity issues will provide clues for determining cultural, racial, and ethnic identity. There are numerous clues that you may derive from your clients' answers, and they cannot all be covered in this TIP; this is only one set of sample questions ([Fontes 2008](#)). Ask these questions tactfully so they do not sound like an interrogation. Try to integrate them naturally into a conversation rather than asking one after another. Not all questions are relevant in all settings. Counselors can adapt wording to suit clients' cultural contexts and styles of communication, because the questions listed here and throughout this chapter are only examples:

- Where were you born?
- Whom do you consider family?
- What was the first [language](#) you learned?
- Which other [language\(s\)](#) do you speak?
- What [language](#) or languages are spoken in your home?
- What is your religion? How observant are you in practicing that religion?
- What activities do you enjoy when you are not working?
- How do you identify yourself culturally?
- What aspects of being \_\_\_\_\_ are most important to you? (Use the same term for the identified [culture](#) as the client.)
- How would you describe your home and neighborhood?
- Whom do you usually turn to for help when facing a problem?
- What are your goals for this interview?

# A Few Cultural differences between Anglo Americans and Latinos

Anglo Americans	Latinos (as)
<b>Nuclear family oriented</b>	Extended family oriented (protective factor)
<b>Do not emphasize supernatural forces</b>	Importance on the spiritual domain (supernatural forces, use of saints as intermediaries)
<b>Autonomy from parental approval as hallmark of optimal adult development</b>	Respect for parental authority persists throughout life, e.g., not talking back
<b>Direct communication</b>	Indirect communication (use of third persons, allusions, proverbs, metaphors, jokes, and stories to transmit information)
<b>Business like (task oriented)</b>	Personalismo (high level of emotional resonance and personal involvement with family encounters or friends) Emotive style, person oriented Patriarchal (machismo)

**SOCIAL WORK CODE OF ETHICS RELEVANT TO WORKING WITH RECENTLY ARRIVED  
LATINO IMMIGRANTS**

National Association of Social Workers

# Code of Ethics

## PREAMBLE

*The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.*

## CORE VALUES & ETHICAL PRINCIPLES

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

**Value:** Service

**Ethical Principle:** *Social workers' primary goal is to help people in need and to address social problems.*

**Value:** Social Justice

**Ethical Principle:** *Social workers challenge social injustice.*

**Value:** Dignity and Worth of the Person

**Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*

**Value:** Importance of Human Relationships

**Ethical Principle:** *Social workers recognize the central importance of human relationships.*

**Value:** Integrity

**Ethical Principle:** *Social workers behave in a trustworthy manner.*

**Value:** Competence

**Ethical Principle:** *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

# NASW Code of Ethics Preamble

- **The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty**
- **Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities.**

## **Vulnerable Group/Oppressed Group/Poverty:**

- Recent Latino Immigrants Are A Vulnerable Group.
- Limited access to mental health care.
- A Higher Percentage Of New Latino Immigrants Work In Low-Waged Jobs
- Due to structures in their native countries, they are less likely to understand the American legal system.
- Access to even the most basic services can be terrifying.
- Simply driving to work or going to the doctor can seem dangerous, eliciting fear that one misstep could quickly uproot their lives.
- About half of Latino children have at least one parent who was born in another country, some of who are not authorized to live in the United States.
- There is a growing movement to introduce anti-immigrant laws that attempt to drive out undocumented immigrants and their families.
- Immigrant workers exploit workers who refuse to pay them minimum wage or over-time.
- Limited employment opportunities for recent Latino immigrants.
- Looking Latino and speaking Spanish is sometimes used as probable cause to question and arrest a person—where the individual an individual is a U.S. citizen or non-citizen.
- Department of Homeland Security has expanded program that allow certain state and local law enforcement agencies to engage in federal immigration enforcement activities that have led to illegal racial profiling and civil right abuses, including the unlawful detention and deportation of U.S. citizens and permanent residents.

## 1.05 Cultural Competence

- (a) Social workers should **demonstrate understanding of** culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- (b) Social workers should **demonstrate** knowledge **that guides practice with** clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take **action against oppression, racism, discrimination, and inequities, and acknowledge** personal privilege.
- (c) **Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction); recognizing clients as experts of their own culture; committing to life-long learning; and holding institutions accountable for advancing cultural humility.**
- (d) Social workers should obtain education about **and demonstrate understanding of** the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
- (e) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among **clients' use of** and access to electronic technology **and seek to prevent such potential barriers.** Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

### Cultural Competence With Recent Latino Immigrants:



# Code of Ethics

of the National Association of Social Workers

## 6.04 Social and Political Action

Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.



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## Defining Cultural Competence in Social Work Practice

the process by which **individuals** and **systems** respond **respectfully** and **effectively** to people of all culture, languages, classes, races, ethnic backgrounds, religions, and other **diversity factors** in a manner that **recognizes, affirms,** and **values** the work with **individuals, families,** and **communities** and protects and preserves the **dignity** of each

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### Questions To Consider:

1. What can we as social workers do to prevent or decrease discrimination to this population?
2. How do we demonstrate respect for this population?

# Ethical Principle 2

## Social Justice

- **Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people.**
- **Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice.**
- **These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity.**
- **Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.**





# NASW Code of Ethics Preamble

- The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty
- Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities.

## Questions:

1. How do social workers promote social justice for recently arrived immigrants?
  - Help to ensure or increase safety for this population.
  - Enhance empowerment and control for this population
  - Assist this group with decreasing effects of worry, fear and anxiety.
  - Helping to provide resources to meet the basic needs of this population (health/mental health care, welfare, education, accommodation, social networks)

## Structural Social Work Theory

### Structural Social Work with Families

Structural social work links individual “problems” to broader societal injustices. It views social inequalities, rather than individual deficiencies, as the root of people’s problems.

The twofold **goal** of structural social work is to

- address people’s problems by examining the social order that surrounds them,
- work to transform society through social reforms and fundamental social change.

Social workers operating from a structural perspective foster an **open, supportive and egalitarian relationship** with people by recognising and honouring the person’s expertise in their personal situation.

Developing respectful and honest relationships with families is a key aspect of a structural and strengths-based practice approach.

Understanding the **challenges** families have faced, the **strategies** they used to overcome these challenges, and their **hopes** for the future is critical.

An honest relationship allows for a genuine understanding of the **effects of adult adversity on children**. This understanding is key to the safety and wellbeing of children who may be living with complex and intersecting issues such as disadvantage, parental substance use, mental illness, trauma and violence.

Source: Wendt, S., Rowley, G., Seymour, K., Bastian., & Moss, D. (2023). *Child-focused practice competencies: Structural approaches to complex problems*. Emerging Minds Practice Paper.

<https://emergingminds.com.au/resources/child-focused-practice-competencies-structural-approaches-to-complex-problems/?audience=practitioner>

# FACTORS IMPACTING RECENTLY IMMIGRATED LATINO CLIENTS

From: NAMI Identity and Cultural Dimensions: <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx/Hispanic-Latinx-Immigrants-and-First-Generation-Americans#:~:text=In%20addition%20to%20the%20challenges,due%20to%20fear%20of%20deportation>

<b>Trauma Among Refugees and Asylum Seekers</b>	<p>Refugees and asylum seekers are a significantly vulnerable population at risk for worsened mental health outcomes. Many are seeking asylum due to trauma, violence and other social injustices unaddressed in their home countries. Additionally, the migration journey itself, and the relocation in a new country, can involve physical and emotional trauma. The process to be granted refugee status is long, usually lasting years, while the individual awaits resettlement at a refugee camp or a secondary country. When it comes to mental health and trauma, unaccompanied minors, children and adolescents who migrate to the U.S. without the company of an adult or a caregiver, or have been separated from their parents at the border, are a specific population of concern.</p> <p>These children face significant mental health challenges as they often face mistreatment and lack social support. The results of trauma endured by separated families have not been fully measured or reported, but the impact of mental health as a result of adverse childhood experiences is well documented.</p>
<b>Immigration Status</b>	<p>For people who arrived in the U.S. without documentation, or those who are awaiting formal recognition of permanent residence or citizenship, everyday experiences of finding work, housing and medical care are fraught with uncertainty and risk. Young people eligible for DACA and DREAM Act status may face prolonged stress and anxiety during the application process and while their status is pending renewal. Mixed-status families, those with undocumented parents and U.S.-born children, can face significant stress and many barriers when accessing care. In addition to the challenges of stigma, language barriers and lack of insurance, family members may not seek care or may not be fully forthcoming about immigration-related stress or status due to fear of deportation.</p>

	<p>Undocumented individuals often must navigate systemic challenges with limited social support, placing them at high risk of mistreatment or discrimination in their homes, work environments and broader society. Mental health providers working with these vulnerable populations benefit greatly from additional education about their mental health needs, as well as from partnerships with community organizations who support the social needs of these individuals.</p>
<p><b>Assimilation</b></p>	<p>Immigrants can feel an intense pressure to “assimilate” into U.S. culture, adopting mainstream social and cultural practices at the expense of losing traditional ones. This includes expectations that they learn and primarily speak English, consume mainstream American media, and dress, act and eat according to mainstream American standards.</p> <p>The pressure to assimilate into U.S. culture can be a risk factor for poor health. One way to decrease these risks is to promote biculturalism, the understanding and appreciation of belonging to two cultures. Collectively, we can enhance our understanding of intersecting identities — valuing and respecting different cultures and their worldviews as part of a stronger and diverse society.</p>
<p><b>ADDITIONAL CONCERNS FOR RECENTLY ARRIVED LATINO IMMIGRANTS</b></p>	<ul style="list-style-type: none"> <li>• Concerns about financial cost of treatment, including visits, medications and therapy.</li> <li>• Concerns about insurance coverage. Your documentation status may affect your ability to receive services, as most mental health providers require insurance coverage. If you do not have insurance, it may be helpful to ask faith leaders or community center workers for mental health providers who may offer free or low-cost mental health services. Be aware that emergency services are generally covered for undocumented immigrants.</li> <li>• Concerns about privacy, especially regarding documentation status. Be aware that your mental health provider is</li> </ul>

not required by law to share your medical records with government authorities.

- Cultural beliefs or practices that may affect your mental health treatment. For example, some families strongly believe that mental illness does not need to be treated with medications. If you or your family believes this, do not hesitate to discuss this with your mental health provider so they can incorporate this important information in your treatment plan.
- Concerns about having a bilingual practitioner or the use of interpretation services

## RESOURCES

### [American Psychological Association-Immigration](#)

This website offers information for mental health providers and educators regarding the mental health needs of immigrants.

### [American Psychiatric Association \(APA\) Stress & Trauma Toolkit](#)

Stress and trauma toolkit for treating undocumented immigrants in a changing political and social environment.

### [APA - Como hablar con sus hijos/as de las elecciones en los Estados Unidos](#)

Educational resource in Spanish on how to speak with your children about the U.S presidential elections

### [Immigrants Rising - Mental Health Connector](#)

A tool to connect with mental health professionals serving immigrant patients.

### [Informed Immigrant](#)

This website offers multiple resources for Latinx, immigrants, DACA recipients and undocumented individuals.

### [Mental Health America Screening and Informational Resources in Spanish](#)

### [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Find contact information for mental health services for refugees.

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<https://www.ncbi.nlm.nih.gov/books/NBK248423/>



