

## **Eating Disorders in the Latino Community: Provider Considerations webinar transcript**

la-shell\_johnson@med.unc.edu: Good afternoon, everyone I would like to welcome you to today's webinar with Dr. Mae Lynn Reyes-Rodriguez titled, "Eating Disorders in the Latino Community: Provider Considerations."

la-shell\_johnson@med.unc.edu: Participants will be muted upon entry and videos turned off. For technical assistance, we ask that you please use the chat box.

la-shell\_johnson@med.unc.edu: You'll also receive an email approximately one month from today, requesting feedback and impact on today's presentation.

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la-shell\_johnson@med.unc.edu: We will also provide slides from today's presentation at the end via email along with our evaluation, if you are unable to take the evaluation at the end of the webinar.

la-shell\_johnson@med.unc.edu: We will also have a 10 min question and answer segment at the end of this webinar. Any unanswered questions will be sent to you via email at the conclusion of one week, post this webinar. I'll now introduce today's speaker, Dr. Mae Lynn Reyes-Rodriguez is a clinical professor at the Center of Excellence of Eating Disorders in the Psychiatry Department at the University of North Carolina at Chapel Hill.

la-shell\_johnson@med.unc.edu: She's a Fellow of the Academy for Eating Disorders, an expert of content for the National Center of Excellence for Eating Disorders (NCEED).

la-shell\_johnson@med.unc.edu: As a researcher and clinical psychologist, she has devoted her clinical research career to adapt eating disorder treatments for the Latino community in Puerto Rico during her early career, and later with her Latin community in the mainland, particularly in Central North Carolina.

la-shell\_johnson@med.unc.edu: She has published numerous papers and book chapters on cultural adaptation in order to reduce health disparity and enhancing treatment accessibility.

la-shell\_johnson@med.unc.edu: She is actively involved in a Latino community as a columnist in one of the main Latino newspapers in North Carolina, La Noticia, in which she provide psychoeducation on mental health in order to raise the awareness and reduce health disparities. I'll now turn things over to Dr. Mae Lynn Reyes Rodriguez.

Mae Lynn Reyes-Rodriguez: Thank you, La-Shell, for that introduction, and thank you NCEED for organizing this webinar.

Mae Lynn Reyes-Rodriguez: and thank you, all of you, for joining this webinar. I'm trying to move the slides.

Mae Lynn Reyes-Rodriguez: Okay, perfect. So today I'm going to talk about Eating Disorders in the Latino Community: Provider Considerations

Mae Lynn Reyes-Rodriguez: with the aims to learn about which are values that are relevant in the interaction with patients from Latino cultural background. Also learn about how you can integrate the personalism and familism in the initial identification and assessment of eating disorders in the Latino community and discuss what practices are more congruent with the Latino community during the intervention.

Mae Lynn Reyes-Rodriguez: So it's my intention with this webinar to talk about first about the debates, about the terms of Hispanic, Latino, Latinx.

Mae Lynn Reyes-Rodriguez: I also wanted to start talking about how we can approach, reduce the stigma, which is one of the main issues when we are working with the Latino community.

Mae Lynn Reyes-Rodriguez: And then, so I wanted to talk about the different culture values that I found that has been very important when we are interacting with the Latino community; familism, personalism, and respect, and also how you can integrate those cultural values in interaction when you are working with Latino community.

Mae Lynn Reyes-Rodriguez: So, first I wanted to spend some time talking about the debate about the, the, terms, because we have heard about the use of Hispanic, Latino/Latina, more recently Latinx/Latine, and sometimes it's confusing, it's confusing about which is the correct term that we can use to refer to our community.

Mae Lynn Reyes-Rodriguez: So it's not, not my intention to tell you which is the correct one. I think that I just wanted to provide some kind of context about each of the terms. And I think that, based on that, you can make a decision about which one do you think that could be more appropriate. When we talk about Hispanic, for this is the first term that the US Census used to refer to ethnicity.

Mae Lynn Reyes-Rodriguez: and is more based in terms of the language. For those country that have Spanish as a first language so that not only include countries from Latin America, but also in Spain.

Mae Lynn Reyes-Rodriguez: But also there is some kind of connotation about colonialism. So in that sense, when we think about Hispanic, especially for those who are from Latin America, doesn't feel good to, to be part of a name that in some way represent the colonialism.

Mae Lynn Reyes-Rodriguez: When we then introduce the term Latino/Latina, it's more about those who are located in Latin America, so that include, for example, Brazil. That they don't speak Spanish, but they share some cultural background similar to people who are from Latin American country, and only speak Spanish.

Mae Lynn Reyes-Rodriguez: More recently we are seeing the use of Latinx and Latine, and the intention to use that turn is to be more inclusive in terms of the language, being more tender neutral.

Mae Lynn Reyes-Rodriguez: However, if we look into the survey conducted by the Pew Research Center. We have seen that this was in 2019.

Mae Lynn Reyes-Rodriguez: The use of Latinx, it is only recognized by 3%. Maybe now it's about 4%. So, the reality is that the community doesn't feel related with the term Latinx/Latine and we have an issue right? Because if we want it to be inclusive, there is a problem if you are using a term when the majority of that community doesn't feel that related with that term. So, I think that it is important to think about how we can be inclusive in terms of the language.

Mae Lynn Reyes-Rodriguez: But also using a language that in some way don't exclude members of the community. In English, and also in Spanish, there is many other ways that we can be inclusive. For example, when I mentioned the Latino community, I am referring to the community. I'm not talking about she or, or he, so it could be gender neutral.

Mae Lynn Reyes-Rodriguez: There is other suggestion that recently I saw about using Latine and asterisk as a way to you can put in that asterisk, whatever you want it to, to put.

Mae Lynn Reyes-Rodriguez: So I think that this is something that is evolving, and maybe 10 years later we can have a different kind of conversation about the turn.

Mae Lynn Reyes-Rodriguez: I, I think that if you have someone from Spain, maybe that person will feel more related with Hispanic.

Mae Lynn Reyes-Rodriguez: If you are talking about people who are from Latin America, they will feel more related with Latino or Latina, or if they feel more that they want it to be in a neutral, gender neutral, they feel more comfortable with Latinx/Latine.

Mae Lynn Reyes-Rodriguez: Also, I think that is important to recognize the nuances by sub groups. I think that there is a tendency to have this umbrella when we talk about the Latino community, but we forget that we are different in many ways. Even when we share similar cultural background we, we have some differences, and it is important also to recognize.

Mae Lynn Reyes-Rodriguez: So, in that sense, usually I recommend that not only collect the ethnicity, but also ask the country of origin of that person. So in that sense, in that sense can give you an idea about differences from, for example, from Cuba, Puerto Rico, Mexico, Guatemala, El Salvador.

Mae Lynn Reyes-Rodriguez: And, and there is other kind of history and, and political situation that can also give you some context about that person.

Mae Lynn Reyes-Rodriguez: The other piece that I think that is very important to tackle from the beginning is reducing the stigma. It is well documented that the stigma about mental health is a big issue in the Latino community. Having a mental health is something that is very negative in many ways is negative, because is in some way a sign of weakness.

Mae Lynn Reyes-Rodriguez: It's like not trying enough. It's like a so like a wrongdoing or a scene that can be passed from one generation to another generation.

Mae Lynn Reyes-Rodriguez: And when you look into that way it feel heavy, and it's heavy.

Mae Lynn Reyes-Rodriguez: The other piece that I found, in addition to the, the stigma of mental health is that when we have a patient who is a struggling with eating disorder. The stigma of having an eating disorder usually is greater than the stigma of having a mental health.

Mae Lynn Reyes-Rodriguez: And what that means. That means that you can have a patient who is willing to share his or her struggle with depression and anxiety, but not necessarily share the struggle with an eating disorder.

Mae Lynn Reyes-Rodriguez: So why, it is important. Why, it is important to tackle the stigma from the beginning. Because prevent Latino community to seek professional help.

Mae Lynn Reyes-Rodriguez: I don't want to, to, to have someone see me going to a mental health clinic.

Mae Lynn Reyes-Rodriguez: I don't want my family to think that I am crazy, loco/loca, which is a term which has a very negative connotation in the in the Latino culture.

Mae Lynn Reyes-Rodriguez: So it is very hard to engage the, the Latino or Latina into treatment because of the stigma, but also contribute to early drop out. Sometime going to the first sessions, 2 sessions, and then just drop out from treatment because they don't want it to continue in a treatment. That, in some way is, is, is saying that she or he has a struggle with a mental health condition.

Mae Lynn Reyes-Rodriguez: Also that contribute to fat, fatalism, which is, is something that is very common in the Latino culture is the sense that no matter what I will be living in this situation, there is no way that I can feel better.

Mae Lynn Reyes-Rodriguez: and that also can affect the not only the engagement in treatment, but also keeping them in treatment, and to feel better, or to try different aspects that we can suggest in treatment because of the fatalism.

Mae Lynn Reyes-Rodriguez: But also it's a cause of a lot of pain and suffering. So I think that actually, the stigma from the beginning would be very important in order to help them more, with not only the diagnosis, but also with the treatment process.

Mae Lynn Reyes-Rodriguez: So how, how we can do that?

Mae Lynn Reyes-Rodriguez: And, and another topic that I wanted to, to, to mention is the weight, because the weight stigma is something that we are seeing more and more recently, that is related with sometime the physicians telling the, the, the participant or the patients about their weight without any kind of context; and you have to lose weight. You have to engage in diet behavior because you have to lose weight and that is, is raising a lot of a stigma about their weight. So not only we have now the mental health which has been historically an issue.

Mae Lynn Reyes-Rodriguez: We have the eating disorder stigma, but also now we are seeing more and more patient is struggling, especially younger patients, struggling with the weight stigma because of the fat phobia, because all of these dieting culture that we are seeing in, in, in the medicine in primary care physicians that in some way are raising some kind of a stigma about weight.

Mae Lynn Reyes-Rodriguez: So what we can do to tackle that? I think that the, the way that we need to start working with the stigma is with education, psychoeducation. Part of the process, when we have any stigma is, we don't talk about the situation. We don't talk because it's shameful. So one of the way that we can start working with the stigma is educating, is talking about the, the, the situation is talking about the mental health symptom, it's talking about the eating disorder.

Mae Lynn Reyes-Rodriguez: and by educating we can reduce the stigma about having an eating disorder, and that will help you to explore the eating disorder. So it's like a process. Sometime, when we are doing like an assessment.

Mae Lynn Reyes-Rodriguez: We just wanted right away, to start like exploring the symptoms, and sometime the patient is not ready to do that, because we need to do like an education before, in order to open up the, the process for the exploration.

Mae Lynn Reyes-Rodriguez: I don't know if you are familiar with the movie "Encanto," but I think that that you will be nicely represents that stigma about a mental health disorder in the Latino culture is, we don't talk about Bruno right? We don't, we don't talk about that person who is a struggling with a mental health disorder or something weird. Everybody knows that there is a family member struggling, but we don't talk about it.

Mae Lynn Reyes-Rodriguez: So I think that, that nicely represent all of the, the process in the family, and how the families affected by the stigma, and in how can prevent them to, to seek professional help?

Mae Lynn Reyes-Rodriguez: The other piece that I think that is important when we are talking about education is, it's a process it's not like just giving information. It's integrated as part of the relationship, and I will talk more about the relationship in a bit.

Mae Lynn Reyes-Rodriguez: So what are the culture values that are very important, very pertinent to talk about related with the Latino community? There's this 3. There's new, many others cultural values. But I think that these 3 are very key when we are interacting with the Latino community.

Mae Lynn Reyes-Rodriguez: The first one I think that most people are very familiar with is familism, it's how important is the family for the Latino culture. And is the sense of closeness, it's the boundaries and something that is very important is to be aware that maybe the boundaries will be different from the American culture.

Mae Lynn Reyes-Rodriguez: We talk about the enmeshment that I know that for Americans, enmeshment is something that is not necessarily positive.

Mae Lynn Reyes-Rodriguez: However, in the Latino culture, where we talk about enmeshment is something that is positive. It's meaning that there is the sense of closeness. and also we have to recognize that family, not only we are talking about the immediate family, but also the extended family.

Mae Lynn Reyes-Rodriguez: Extended family could be uncles, aunts or could be grandparents, could be Godparents, could be neighbors, so is extended family. Power dynamic also is something that we can see in the in, in the family that we see that usually it's affected when they move from their country to, to the United States.

Mae Lynn Reyes-Rodriguez: and I will talk about how we, as a provider, can affect in a positive or or in a negative way, in terms of the power dynamic in the family.

Mae Lynn Reyes-Rodriguez: The other cultural value is that is important is personalism. It's the important of the relationship. and sometimes people think that it's an easy process, but not take a lot of time, take a lot of effort is the sense that you care about them, that they feel that really you have a good intention, that you are listening, and everything is embedded into the, the relationship. So if we are going to do psychoeducation trying to do it outside of that relationship is very hard.

Mae Lynn Reyes-Rodriguez: The other cultural value that is important is respect, especially in the context of providers. Respect is the acknowledged that there is a social authority. In this case in the Latino culture, the physician, the therapists, the doctor, they are the authority.

Mae Lynn Reyes-Rodriguez: And they are listening to what we have to say. So in that sense we are powerful, and we have to be very careful how we use that kind of power.

Mae Lynn Reyes-Rodriguez: For example, sometime we have some dynamic when we have provider who doesn't have any eating disorder background, saying something different from people or provider, with a expertise on eating disorder that create a sense of confusion, because they don't know who to respect.

Mae Lynn Reyes-Rodriguez: Should I respect my physician, who is saying that I am ready to do exercise, or do I have to follow my dietician, my psychologist, and we're saying that I'm not ready to do exercise.

Mae Lynn Reyes-Rodriguez: and that create, uh, create like a lot of chaos in the family, and with the patient, because we are affecting the and or using the respect, you know, in a way that can be very confusing for the patient.

Mae Lynn Reyes-Rodriguez: Also we have the, the family authority, and, and this is something that is very different, depending on the country of origin.

Mae Lynn Reyes-Rodriguez: You can see, for example, a especially patients from Central America, that the way that they interact with parents are very different from, for example, I can speak for my country, Puerto Rico.

Mae Lynn Reyes-Rodriguez: Usually we have a different way in Spanish to refer to you. You in English is just you.

Mae Lynn Reyes-Rodriguez: In the Spanish we have tú, which is very informal, it's saying that we are on the same level. And then we have usted, which is showing that some kind of respect that I know that you are, you are above me in terms of the, the hierarchy process. So, for example, as a provider, if I have a parent who is older than me, usually the way in which I approach that person is using usted, it's showing that I have respect because they are older than me.



Mae Lynn Reyes-Rodriguez: So there is some kind of rules that we use in terms of being respect to respectful in in in in the Latino culture.

Mae Lynn Reyes-Rodriguez: And we are seeing in some families from Central America that kids talk to their parents in that kind of respectful way, is using usted, which is very different, for example, from my experience where parents we are, basically yes, we, they are the authority. But there is a kind of way that we can treat more informal that we can use tú. So there is some kind dynamic that also is very important to be aware how this family interact and how we can, as a provider can respect that dynamic.

Mae Lynn Reyes-Rodriguez: So let's talk about familism, and how we can include this value in an initial assessment.

Mae Lynn Reyes-Rodriguez: That means that it would be important to include parents if we are working with minors, and that is something that could be common sense, but usually sometime providers because of the language barrier, they are not, including parents in the intervention when they are working with minors.

Mae Lynn Reyes-Rodriguez: And that is something that is affecting the dynamic with the patients with parents, and eventually you will see that recommendations that you are doing, as a provider, can be affected if you are not including current in the process.

Mae Lynn Reyes-Rodriguez: If you are working with an adult, it's not that by default you have to include a family member. But you can explore if the patient want to have, for example, a partner or someone from the family as part of the process, because sometime they prefer to have someone to provide support

Mae Lynn Reyes-Rodriguez: Usually having a family member as part of the treatment process, I found that could be something that can encourage the patient to seek professional help and to keep them into the treatment. It's like a motivator for them.

Mae Lynn Reyes-Rodriguez: It is important as part of familism to explore the family and cultural dynamic around food. I think that not it not everything is about the eating disorder. I think that it is important to explore what is related with the culture. For example, we have patients who are from different Latin American countries, that they have a different kind of schedule for their meals, and we had to just explore what is the cultural background. And then respect that, and see how we can integrate that into the treatment without, without trying to change the, the family dynamic in terms of the, the family meals or the, the timing of the meals.

Mae Lynn Reyes-Rodriguez: The other piece that is important is exploring the acculturation or the acculturative stress. The acculturation is the process of adapting to this new culture, and then the acculturative stress is all of the stress coming from the process, and we know that the acculturation per se, that is not necessarily a risk factor for eating disorder. But if we have a patient with acculturative stress plus body dissatisfaction, that could lead to an eating disorder.

Mae Lynn Reyes-Rodriguez: So this is why it is important to explore that and there is some measures that you can use to, to assess the acculturative stress.

Personalism is another process that it is important to include from the beginning, and this could be very different from American culture.

Mae Lynn Reyes-Rodriguez: What, what, what is important when we are exploring the personalism? It is the active listening to the story.

Mae Lynn Reyes-Rodriguez: Usually in the Latino culture, we want to tell the story we wanted to tell you not only about what are my symptoms, but also I wanted to tell you the context of my symptoms because that means that you care about me as a person. Not only as a body that is like having some specific symptoms. So having this active listening would be important, it's showing that you care.

Mae Lynn Reyes-Rodriguez: And also sometimes it's going beyond the role. Just to give you an example. We referred this Latina patient, adolescent, and for the to the psychiatric clinic due to anxiety. And she had a pretty bad experience with medication side effects and when the psychiatry resident saw her, recommended some medication and say okay, I want you to try this medication and give her like a follow up appointment.

Mae Lynn Reyes-Rodriguez: I can't remember 2 weeks, or something like that. And the patient start taking the medication and the resident called the patient one week after that, just to explore how she was managing the medication. And I remember the patient coming to my session for treatment.

Mae Lynn Reyes-Rodriguez: And she was like very impressed saying this resident called me, she called me one week later to see how I was doing.

Mae Lynn Reyes-Rodriguez: That is showing that I that she care about me and maybe that was like a simple call for that psychiatry resident. But for that patient was a lot. Was it so that you care about me?

Mae Lynn Reyes-Rodriguez: And that is the piece that I am saying that sometime with the Latino culture, you have to go beyond the role.

Mae Lynn Reyes-Rodriguez: Another example, I have a patient who I did an evaluation and identify that the family was a because of many, many different factors, and I decided, after finish the assessment, to start looking for food banks, all the resources of the community.

Mae Lynn Reyes-Rodriguez: And at the end of the evaluation I sit with Mom and I explain all of the resources, and I explore a little bit more about all their needs based on the situation. So in that sense it's showing that I care about you. It's not only about a transaction that I am here to do an evaluation. I get the information, and I am done. It's more than that is, is creating this connection. This relationship that make them feel that you care, and that is the piece that eventually will help then to feel comfortable with you to listen to you, to open up to you, and to follow through whatever recommendation you are doing.

Mae Lynn Reyes-Rodriguez: Respect, respect is a value that I think that is very important to bring, especially when we are working the in the interaction with especially physician and also a therapist. For Latino culture, the physician, what they call doctor. Usually they call doctor everybody that is a provider.

Mae Lynn Reyes-Rodriguez: It's an authority and because of that, they don't want to be disrespectful by asking questions or saying, 'I don't feel comfortable with what you are saying or what you are recommending.' So it is important to create an environment that you can promote questions and answer for them.

Mae Lynn Reyes-Rodriguez: It's something that we have been educating, educating the community. I do that through my column at La Noticia in podcast, because they don't feel comfortable asking questions to physicians, and most of the time they don't follow through the recommendation. They don't follow through the treatment process, because they are afraid to ask, because they don't want to be disrespectful.

Mae Lynn Reyes-Rodriguez: So if you, as a provider, you are prescribing a medication, and the patient is afraid of creating an addiction of that medication. But the patient doesn't feel comfortable asking you or saying, 'I don't feel comfortable with that medication.'

Mae Lynn Reyes-Rodriguez: Then we have a problem. So this is why it is important to work with a space that the patient feel comfortable asking the question, and I usually encourage and advocate for them. I say, you can ask question. They are they are there to provide that education to you.

Mae Lynn Reyes-Rodriguez: The other piece would be important is to respect the family hierarchy by doing. That is, as I said from the beginning we have to include parents in the process. I think that alienating them because they don't speak English, you are affecting the family structure.

Mae Lynn Reyes-Rodriguez: You are taking away the power from parents and eventually they would not be in that position to enforce the recommendation that you, as a provider, are recommending. So this is why it is important to, as provider, respect that family hierarchy.

Mae Lynn Reyes-Rodriguez: So we wanted to navigate through different cases and trying to identify how we can incorporate the family values, family values and culture values in general through the cases. So the first case that I have an adolescent. Elena comes to your office with her 14-year old daughter, Sophia, due to concerns about significant weight loss during the past year, and engaging in dieting behavior. Sophia doesn't want to eat mother's food because it's too greasy.

Mae Lynn Reyes-Rodriguez: I think that the first step is asking if mom wants, or she needs an interpreter. And I know that the use of the interpreter could be has like pros, and I know that if you are in a private practice, maybe you don't have the access to interpreter.

Mae Lynn Reyes-Rodriguez: So in that sense you have to maybe explore. This is something that I feel comfortable to treat a patient that the family I would meet to work with the family. Sometime. I remember a case where provide your community provider from the community was working with an adult, 20 years [old] or something.

Mae Lynn Reyes-Rodriguez: And she in some point she realized that having mom involved in the process was very important, and she asked me to do some sessions with the family, and that provider continue working with the, with the patient.

Mae Lynn Reyes-Rodriguez: So also you can, you can identify someone at the community who is bilingual, who can provide you some support if it is appropriate.

Mae Lynn Reyes-Rodriguez: But I think that that if you are working in a hospital or a place where it can provide interpreter, that could be the, the option to go.

Mae Lynn Reyes-Rodriguez: Pros and cons: Not all of the interpreter will translate accurately. Sometime, also they can add more recommendation that the recommendation that you are actually saying. They

usually can create a relationship outside of the office and give them other kind of recommendation outside of the interaction in your office.

Mae Lynn Reyes-Rodriguez: So there is pros and cons. If you are using interpreter from a, a hospital, they have rules. You can file a complaint if something is not going to the right direction with an interpreter.

Mae Lynn Reyes-Rodriguez: But it's, it's better than alienating the parents because they don't speak English.

Mae Lynn Reyes-Rodriguez: Listen to the story and explain your intervention. I think that, as I said, when we are listen to this story we are saying, I care; I want to know exactly what is going on.

Mae Lynn Reyes-Rodriguez: It will take a little bit more time. It's not like 1, 2, 3, just give me the, let me know what are the symptoms, take a little bit of time to, to listen to the story.

Mae Lynn Reyes-Rodriguez: And also it is important to explain your intervention, and I will give you some context about that.

Mae Lynn Reyes-Rodriguez: Sometime I have patients for an evaluation coming to my office that is, in a hospital. And because the physician, or whoever did the referral, they didn't explain to them about what is an evaluation. Maybe the, the provider. They don't know exactly what is entailed in the evaluation.

Mae Lynn Reyes-Rodriguez: But sometime parents and patients they come to my office scared, because they think that they will stay at the hospital that day. So, I think that something that I do from the beginning is explaining. This is what I will do today. This is an evaluation. Usually, when I am working with minors, I sit with parents first then I sit with the minor.

Mae Lynn Reyes-Rodriguez: And then at the end I bring mom or mom and dad and try and trying to explain, is and give like a summary about the evaluation.

Mae Lynn Reyes-Rodriguez: So, and I explain from the beginning to parents and patients what is going to happen, and explain that they are not, they are not, that the patient will not stay at the hospital that day of the evaluation.

Mae Lynn Reyes-Rodriguez: The, the other example that I can give you just to give you a context about how important it is to explain the intervention. I heard from, from a provider, from another mental health clinic providing services to the Latino community.

Mae Lynn Reyes-Rodriguez: This provider was like giving the appointment for treatment process, and the person was like silent, a little bit awkward. And the provider. you know, just explain. I am giving you the, the appointment for the treatment...and the patient asks, "When is the surgery?"

Mae Lynn Reyes-Rodriguez: So in that moment the provider realized, 'Oh, my God! This person doesn't understand what is treatment, what is the appointment for treatment?' And I have to explain in simple words what is going to happen. So the person in his mind, he was thinking about a surgery.

Mae Lynn Reyes-Rodriguez: So sometime we are very familiar with the terms that we use: evaluation, assessment, treatment process; and sometime we don't think that a person that maybe is the first time coming to your office.

Mae Lynn Reyes-Rodriguez: They having heard that kind of language, and we have to explain in order for them for them to feel more comfortable with the process.

Mae Lynn Reyes-Rodriguez: So then explore what they know about eating disorder and provide psychoeducation. Remember that we need to create the environment in order for them to feel comfortable, open up about the eating disorder.

Mae Lynn Reyes-Rodriguez: So it is important to explore what they know, and then explain to them what is an eating disorder.

Mae Lynn Reyes-Rodriguez: And then we, after doing that, would be important to explore the family dynamic around food and food insecurity. I think that food insecurity is something that we have to explore by default. I think that is important to explore the family dynamic too, because we wanted to separate dynamic that are more related with the cultural background, with the family dynamic rather than from the eating disorder.

Mae Lynn Reyes-Rodriguez: So by doing that we are working on personalism when we are listen to this story, we are explaining the intervention we are asking if she needs or want an interpreter.

Mae Lynn Reyes-Rodriguez: We are working with the stigma when we are providing psychoeducation and we are also including parents as part of the process when we are working with familism. And so, here is some other case we have: Jose is a 48 year old Latino, who was diagnosed with diabetes. His wife report that he is eating more than usual. He got upset when why brought this up.

Mae Lynn Reyes-Rodriguez: So how we can start? We need to explore if Jose want to have his wife during the assessment, and if he want an interpreter. Explore the possibility of an eating disorder and provide psychoeducation, careful explore, "lack of control." This is something that in Latino males I found very important, because for some males, Latino males depending on the country lack of control that means aggressive behavior.

Mae Lynn Reyes-Rodriguez: So if you are exploring binge eating episodes, and you are saying with the sense of lack of control. They will tell you, no, I don't have that. So you have to explore the lack of control in a different way. It is hard to stop eating when you start eating.

Mae Lynn Reyes-Rodriguez: So there is other ways that you can explore the lack of control. But remember that for Latino males it could be confusing when you use the lack of control.

Mae Lynn Reyes-Rodriguez: And explore if wife can be a support system again, it's not for granted that, or by default, that they will want to have a family member of the support.

Mae Lynn Reyes-Rodriguez: Usually, in my experience, most of the time they want to have someone with them. But I usually ask first, because I don't want to assume that this is the case.

Mae Lynn Reyes-Rodriguez: The other piece that I think that is very important in the line of careful exploring lack of control, is the translation of binge eating. I think that that as a provider would be important if we, if we are seeing from the Latino community to be familiar with some words in Spanish, especially related with eating, disorder.

Mae Lynn Reyes-Rodriguez: Binge eating is a term that has been very difficult to translate into Spanish. The official word that is in the DSM V in Spanish is atracone. That word we decided as a member of the Latin American chapter of the Academy for Eating Disorders that was the most appropriate for most of the Latino, Latin American countries.

Mae Lynn Reyes-Rodriguez: However, for example, when I did the adaptation in Puerto Rico, the word atracone was so casual and a lot of people use atracone when they overeat because of festivity.

Mae Lynn Reyes-Rodriguez: And was not necessarily capturing pretty well the clinical aspect of binge eating. So sometime. It is important to be more familiar with the terms in Spanish.

Mae Lynn Reyes-Rodriguez: Something that also I found that some interpreter they are not familiar with the eating disorder. Terms in in it's very difficult some time with them, to translate accurately because of, because they are not familiar with the eating disorder term. So it would be good for you to have like a different, especially the binges. I think that is the more controversial term which are the words that we use, which is atracone. In Puerto Rico we use in as a way to separate the different between, like a casual atracone or a binge versus a clinical binge eating.

Mae Lynn Reyes-Rodriguez: So, personalism you integrate that when you ask if he want to have a support system, If, when you are asking about the interpreter.

Mae Lynn Reyes-Rodriguez: You work with the stigma when you are providing the psychoeducation.

Mae Lynn Reyes-Rodriguez: And also you work with the familism when you ask if you want to have the wife as a support system.

Mae Lynn Reyes-Rodriguez: Here's another case: Maria, a 25 year old bilingual Latina, who has postpartum depression. She reports having some eating problems but didn't specify. So established the connection by actively listening.

Mae Lynn Reyes-Rodriguez: Provide psychoeducation about eating disorder because we wanted to tackle the stigma. If you don't ask, you are contributing to the stigma. Assess the possibility of an eating disorder; explored support system and health insurance. That is something that is important to explore what resources they have, not assuming that they have health insurance, and they can afford all of the treatment that you are recommending and help the patient to identify resources.

Mae Lynn Reyes-Rodriguez: With that you are working on personalism, and I care about you. I wanted to help you to identify the resources. By education, you work with the stigma and familism, when you explore if they wanted to have someone, a family member into the treatment.



Mae Lynn Reyes-Rodriguez: So what are the congruent practice in the Latino culture? Identify the level of acculturation and the need for interpreter services that is the key. Respect the family hierarchy by acknowledging parents as an authority. Explore how and when it is relevant to include a family member in doing intervention. And when working with minors always include parents in the intervention. It's sad when parents mentioned about not being part of the process because of the language.

Mae Lynn Reyes-Rodriguez: Provide psychoeducation about mental health and eating disorder in order to tackle this stigma and remember establishing a relationship that promotes connection. Without the relationship, it is very hard to establish the connection and to have them on board with treatment process.

Mae Lynn Reyes-Rodriguez: So here are some resources in Spanish from NEDA National Eating Disorder Association, also NIMH has some information in the Spanish that will help you to have some familiarity with the terms in Spanish. SAMHSA also have some information in the Spanish. FEAST, the Center of Excellence for Eating Disorders at UNC, and also NCEED also has some information in the Spanish.

Mae Lynn Reyes-Rodriguez: And the other resource in a Spanish is the medical guidance from the Academy for Eating Disorder. They have the guidance in many language. Spanish is one of them. This is not the latest addition, we are now in the 4, so usually we are behind one edition. So this is the third that is in the Spanish. But I think that as a provider, if you are working with members of the Latino community, it is important to have a guidance in Spanish, so you can also help the patient to understand your recommendations.

Mae Lynn Reyes-Rodriguez: And here are some references.

Mae Lynn Reyes-Rodriguez: The first one I discuss about family stations, the context of family sessions that I conducted as part of the clinical behavior adaptation for binge eating and bulimia and the second is a case study, was the first case that I treated here for bulimia nervosa using cognitive behavior therapy adapted using a family member and illustrate all of the cultural values, and how was integrated into the treatment process.

Mae Lynn Reyes-Rodriguez: So I think that we are ready now for some questions.

la-shell\_johnson@med.unc.edu: Thank you. So thank you so much, Dr. Mae Lynn Reyes- Rodriguez for your information for the session today. As a reminder, I would like to let you all know that we will be sending these slides out immediately after the webinar.

la-shell\_johnson@med.unc.edu: We will also be going into our Q&A session. Two weeks from today we will have this webinar available on the NCEED Training Center. I'll now go into our question and answer segment.

la-shell\_johnson@med.unc.edu: The first question reads: "Thank you for addressing the issue of the term Latinx. I think cultural humility dictates that we address people in terms they prefer." So actually, that's a comment, I apologize.

la-shell\_johnson@med.unc.edu: The next question is, should we ask our clients if they prefer tú or usted?

Mae Lynn Reyes-Rodriguez: Yes, I think that that the way in which usually works in in in the culture is that if you don't have that close relationship, you usually start with usted because it's showing that respect to the other person. Even if it is usually, if it is the person older than you, you have to start with usted. If it is a minor, usually usted could be like establishing some kind of distance. So we have to be careful.

Mae Lynn Reyes-Rodriguez: Usually when you're working with a minor, tú is fine. But also, if you feel that you're not sure, and you wanted to ask, maybe my guess would be that, for some of them would be irrelevant if you used usted. But usually, if you are treating or seeing an adult that is older than you, you can start with usted.

la-shell\_johnson@med.unc.edu: Thank you so much for your response Dr. Reyes-Rodriguez. The next question reads, "What is the literal translation for a familism, is it familiaridad?"

Mae Lynn Reyes-Rodriguez: For me, familismo. Familismo is the Spanish word for family.

la-shell\_johnson@med.unc.edu: Thank you so much. The next question reads, "What was the name of your podcast?"

Mae Lynn Reyes-Rodriguez: No, it's not the podcast that I have. It's a podcast that I did with a professor from UNC in Charlotte. It was interesting because he suffered from mental health disorder, and the podcast is a journey. It's a journey through health with mental health conditions, *El infierno de las enfermedades mentales*. It is a very interesting podcast. I did an episode where we talk about mental health in general because we wanted to raise the awareness and tackling the stigma by talking about the

topic. And he's suffered from mental health, and he's very open about that, and he invite people from the community talking about their mental struggle. So it's a journey through health with mental health conditions. And he is from UNC Charlotte.

la-shell\_johnson@med.unc.edu: Thank you so much, Dr. Reyes-Rodriguez. The next question reads, "What would you recommend if the family has a history of trauma, and the patient has challenges with communicating with family? Would you still try to involve parents in a treatment for the patient?"

Mae Lynn Reyes-Rodriguez: That is, that is very a good question, and thanks for bringing that up. Yes, it is important to assess, is there some kind of trauma history? And obviously, if the minor is expressing some concern about having some a specific family member into the process, the treatment because of the trauma, any kind of abuse. Obviously we don't want to involve that family member into the treatment process. We want to protect the, the child.

Mae Lynn Reyes-Rodriguez: So part of the process that usually as part of the evaluation is assessing the trauma piece. And it is important to ask. Sometimes we are afraid to ask, it is important to ask.

Mae Lynn Reyes-Rodriguez: And even if we have some kind of concern about any family member, it is important to double check, in order to be sure that the patient is safe at home. But if there is some potential history of trauma with some specific family member, I don't recommend to add that person into the treatment process.

la-shell\_johnson@med.unc.edu: Thank you so much for that response. Dr. Reyes-Rodriguez. The next question asks, "Is it all right to ask the client what they would like to be called if you are not Spanish speaking?"

Mae Lynn Reyes-Rodriguez: Yeah, that's, that could be a good way to go. The same way that we asked about in terms of pronouns, we can ask what you prefer in terms of Hispanic, Latino, Latina, Latinx, Latine. I think that is fair to us if we don't know what is more appropriate.

la-shell\_johnson@med.unc.edu: Thank you so much, Dr. Reyes-Rodriguez.

la-shell\_johnson@med.unc.edu: The next question reads, and they also provide you with a compliment. Thank you, great session. Do you believe the seeking attention is raising in the Latin community Latino community?

Mae Lynn Reyes-Rodriguez: I don't think that necessarily this is unique from the Latino culture. I know that maybe we express our feelings emotion in a different way. We are a little bit more dramatic, I will say, but not necessarily is seeking attention issue. So, I think that I don't like to generalize and say that this is something to happen in our culture. I think that can happen the same way that happen maybe in for American patients. So I think that in that sense I having seen like this unique for us. But maybe we can express feelings, emotions in a different way that called the attention.

la-shell\_johnson@med.unc.edu: Thank you so much that there is Rodriguez. The next question asks, is there food alternatives that you recommend as psychoeducation? If there are cultural differences in the types of foods that are typical, and tend to be more fatty or greasy.

Mae Lynn Reyes-Rodriguez: I think that food is food, and it's good.

Mae Lynn Reyes-Rodriguez: I think that we have to be sensitive to the background, cultural background of the patient. Part of the process of the acculturation is that some time minors, they don't, they start like, as part of the acculturation process, they want to eat more American food, and they are more reluctant to eat traditional food.

Mae Lynn Reyes-Rodriguez: But also I have, I have other Latino patients that they are more into traditional food, and they don't like, for example, the food at school, because they don't like it.

Mae Lynn Reyes-Rodriguez: I think that we have part of the process of the assessment, is exploring the dynamic around the food preference, and I think that it's not about mentioning this food is fatty, then other. No food is food. I think that is creating the balance. Food also is connecting you with your culture, which is something that for many patients is healing. So I I think that it's just recommending, like a balanced meals, regular eating patterns. As the same way that that we do with non-Latino patients.

la-shell\_johnson@med.unc.edu: Thank you so much for that response. The next question reads, "Any tips or resources for working with clients that experience food and security?"

Mae Lynn Reyes-Rodriguez: Yeah for food insecurity I think that that is important. Also to explore the context, right? The context in terms of history of food insecurity that can happen because of the country of origin. I have access to that with people from Cuba or people crossing the border and experiencing food insecurity. I think that is important to assess their experience for food insecurity before, and also in in the, in the present. If they are experiencing with food insecurity, is searching in the community. There are information at the community about food banks. There are center for Hispanic available, also that

can be resources, I think that is connecting the patient with the community, because there's some support there, and that is the best way to help them, to connect with the community.

la-shell\_johnson@med.unc.edu: Thank you so much for that response, and then we move into the last question, and I think you shared this early, but if you can re-share it again. Someone asked, where can they hear the podcast? If you mentioned that, if you don't mind mentioning that again.

Mae Lynn Reyes-Rodriguez: Yeah, and I can, I can give you the information so we can send information to everybody.

Mae Lynn Reyes-Rodriguez: This is the journey through health, but I can send you, I can send you the link to that podcast, because I think that that is a good resource to hear about the stories of patience, and it's like good resource for the community and for you as a provider.

la-shell\_johnson@med.unc.edu: Thank you so much. So once again we'll be sure to include that information from Dr. Reyes-Rodriguez in the email that goes out to you after, with the webinar slides, and we ask that you complete our evaluation that will also be included in that email. Thank you once again for attending today's presentation, and we thank you, Dr. Reyes-Rodriguez, for your time and your level of expertise and the wonderful information that was shared today. Thank you all.

Mae Lynn Reyes-Rodriguez: Thank you.