

CULTIVATING WELLNESS

A NEWSLETTER CELEBRATING
LATINO BEHAVIORAL HEALTH

Newsletter: Quarter 6 / Issue 7 / June 2023

LAYING GROUNDWORK FOR A
HARVEST AND HEALTHY YEAR



OUR MISSION

The mission of the National Hispanic and Latino Addiction and Prevention Technology Transfer Centers is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to effective culturally and linguistically grounded approaches.

Inclusivity Statement

The National Hispanic and Latino ATTC and PTTC understand that there is a lot of important discussion focusing on the terminology individuals choose to use for racial, ethnic, heritage, and cultural identification. There are different terms, such as Latinos, Hispanics, Latinx, Latine, Chicano, and others, all equally valuable. We advocate for self-identification for every person. For purposes of this newsletter and additional uses, our Centers are using the term Latino and Hispanic.

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PROVERB “DICHO” OF THE QUARTER

SPA – "Desgracia compartida, menos sentida."

ENG – "Misery loves company."

Our interpretation: As sour as this may sound, it actually symbolizes sympathy in Mexican culture, in which families and friends are valued and viewed as sources of comfort. The idea is that when sorrows are shared, they become manageable.

(Visit [Source](#))

A REFLECTION BY OUR NHL ATTC CO-DIRECTOR



As the summer approaches, I can't help but feel an overwhelming sense of anticipation and excitement. While many envision relaxation and leisure, I eagerly look forward to a different experience. This summer, I am determined to dedicate my time and energy to giving back to communities in need through volunteer work.

The prospect of making a positive impact and contributing to the betterment of society fills me with a deep sense of purpose. I am thrilled to embark on this journey of selflessness and compassion. The summer break will be a time for growth, empathy, and spreading kindness. I can't wait to make a meaningful difference in the lives of others. It is a time of reflection and acknowledgment of important aspects of our lives.

The month of May holds significance as it is not only Mental Health Awareness Month but also a time to recognize the growing concern surrounding Fentanyl. As a Latina, I find it essential to reflect on these issues and their impact on our community. Mental health has long been a topic shrouded in stigma and misconceptions, particularly within the Latino community.

Historically, we have faced unique challenges, such as acculturation stress, language barriers, and discrimination, which can all contribute to mental health disparities. However, May's focus on mental health awareness encourages us to break these barriers and prioritize our well-being.

Within the Latino culture, there is a prevailing notion of resilience, where we often push through adversity without seeking help or acknowledging our emotional struggles. This mindset can lead to the suppression of our own mental health needs, resulting in a silent burden that weighs heavily on our daily lives.



Ana L. Chavez-Mancillas, MSW
June NHL Newsletter, 2023

Mental Health Awareness Month provides an opportunity to challenge these cultural norms and encourage open conversations about mental well-being. It is important to recognize our shortcomings around mental health and ask for help.

It is crucial for our community to understand that mental health is not a weakness or a personal failure, but a fundamental aspect of our overall health.

By embracing this awareness, we can begin to dismantle the stigma that surrounds mental health and create a safe space for individuals to seek help and support. We must advocate for culturally sensitive mental health resources that cater to the unique experiences and values of the Latino community.

Furthermore, the month of May serves as a reminder of the growing concern surrounding Fentanyl, a potent synthetic opioid that has been devastating communities across the globe. The impact of this drug has been particularly severe within the Latino community, as it affects individuals of all ages and socioeconomic backgrounds.

WHERE DOES VICARIOUS TRAUMA COME FROM?

Participate in the Vicarious Occupational Trauma Exposure (VOTE) Index Research Study



Elisabeth Stelson, MSW, LSW, MPH (PhD Candidate)

As any addiction treatment provider will tell you, this type of work is often rewarding, but it can also be quite hard. This work can affect our own mental health; our health behaviors, like sleeping, eating, and exercise; and even our physical health.

One critical stressor from working with people living with substance use disorders and/or in recovery is exposure to *vicarious trauma*. Vicarious trauma is “secondhand” trauma that is passed on when interacting with individuals who experienced trauma “firsthand.” In your job, you may not directly experience the trauma, but because you work with people who have, you may be exposed to their traumatic experiences indirectly.

Vicarious traumatization (when workers become traumatized themselves from “secondhand” trauma) is associated with burnout, depression, anxiety, and PTSD. It is also associated with lower job satisfaction and higher workforce turnover, which affects access to and effectiveness of addiction treatment services for patients. Vicarious trauma in addiction treatment work environments is a serious problem for staff, patients, and organizations alike.

I am a licensed social worker and Ph.D. Candidate at the Harvard T.H. Chan School of Public Health. I research how exposure to vicarious trauma in health and social service work environments, particularly addiction treatment settings, affects worker health and patient outcomes.

BIOGRAPHY



Elisabeth Stelson, MSW, LSW, MPH (Ph.D. Candidate)
June NHL Newsletter, 2023

Beth Stelson is a Ph.D. candidate in the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health and is a licensed social worker. Beth's research focuses on how working conditions and contextual factors affect the health and well-being of "helping professionals" and influence client care and outcomes.

Prior to her Ph.D., Beth managed community health worker, domestic violence, homelessness, and environmental justice programs in Philadelphia and New Orleans. Beth received her MPH and MSW from the University of Pennsylvania and AB from Brown University. From 2018-2022, she was a National Cancer Institute Cancer Prevention Pre-Doctoral Fellow with Harvard University and Dana Farber Cancer Institute.

I am drawn to this line of research through my own practice experience managing teams of community health workers and domestic violence advocates, as well as clinical training in intensive addiction outpatient services.

In these settings, I have seen how the work that we do affects us as workers, and we need workplace supports and interventions (in addition to our own “self-care”) so we can continue to do this important work.

WHERE DOES VICARIOUS TRAUMA COME FROM?

Participate in the Vicarious Occupational Trauma Exposure (VOTE) Index Research Study

Elisabeth Stelson, MSW, LSW, MPH (PhD Candidate)



With funding from the National Institute on Drug Abuse (NIH-NIDA), I am currently developing a tool called the **Vicarious Occupational Trauma Exposure (VOTE) Index** and testing the tool with a nationwide survey of addiction treatment providers.

The VOTE Index is designed to help organizations, researchers, and providers identify where in addiction treatment settings workers are exposed to vicarious trauma, *how frequently* they are exposed, and *how strong* the exposure is. We currently have measurement tools to assess vicarious trauma symptoms (a.k.a. secondary traumatic stress). However, we do not have a systematic way to identify where vicarious trauma comes from. We hope the VOTE Index will fill this gap.

Most people assume vicarious trauma comes only from patients sharing about their own trauma experiences, and this is an important source of vicarious trauma. But there are more exposures at work than just that.

We recreate and process our patients' trauma in our minds when we write notes and reports, coordinate with outside services, and discuss patients with coworkers and supervisors. Based upon our different roles, responsibilities, and settings, different workers have different types of vicarious trauma exposures. Finding out this information is key to developing ways to support and protect the addiction treatment workforce and reduce workforce turnover.



HARVARD UNIVERSITY

Interested in helping us test how well the Vicarious Occupational Trauma Exposure (VOTE) Index works?

We are currently recruiting workers in addiction treatment/ recovery settings across the US to take our survey.

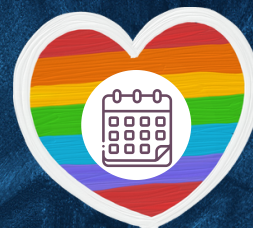
Participation is voluntary and takes about 20-25 minutes. Participants receive a **\$10 Amazon.com gift card** as a thank you. You will also have an opportunity to take another optional 5-minute survey 2-weeks later for **another \$10 Amazon.com gift card**.

Click here to take the survey:
<https://bit.ly/3Wr0u40>

I'm always happy to talk more about this research study and the Vicarious Occupational Trauma Exposure (VOTE) Index. I can be reached at estelson@g.harvard.edu.

The opinions expressed herein are provided by the author. Therefore, do not officially reflect the views, opinions, or official positions of the National Latino Behavioral Health Association (NLBHA), the National Hispanic and Latino ATTC, or PTTC, nor do they reflect the official position of the Department of Health and Human Services (DHHS), and/or the Substance Abuse and Mental Health Services Administration (SAMHSA). No official support or endorsement of DHHS or SAMHSA for the opinions described in this document is intended or should be inferred.

QUARTERLY HIGHLIGHTS AND CELEBRATIONS



What did we do last quarter?

Please visit our website to access these resources:



[Peer Recovery Specialists for Equitable Behavioral Health Among Hispanic and Latino](#)



[Xylazine 101: Xylazine Use and its Impact on Communities Across the United States](#)



[Naloxone Guide and Resources](#)



[What LGBTQIA2S+ BIPOC want Prevention Professionals to Know?](#)



[¡Latinos con Voz! Podcast - Moving Forward Together - Maria Aponte](#)

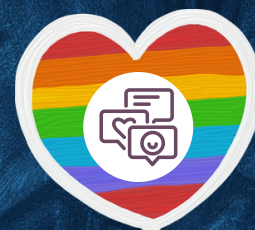


[¡Latinos con Voz! Podcast - The Value of Intersectionality - Dr. Jana Spalding](#)

CELEBRATE WITH US!

June	July	August
<u>LGBTQIA2S+ Pride Month</u>	<u>National Grilling Month</u>	<u>National Wellness Month</u>
<u>National PTSD Awareness Month</u>	<u>Everybody Deserves a Massage Week</u>	<u>National Health Center Week</u>

MEDIA CORNER



Podcast Series

Please visit [our page](#) to listen to our podcast series. We have English, Spanish, and Portuguese episodes on topics including SUD and Stigma, Americans with Disabilities Act and SUD, and more!



eCompendium

To access the resources and request technical assistance, please visit: [Guide and eCompendium of Evidence-Based Programs](#)



External & Partner Resources

[CADCA's 22nd Annual Mid-Year Training Institute.](#)



[Click here](#) for more information.



[Click here](#) for more information.



On the Horizon: Whats Coming Up?

Be on the lookout for new products including:

New Episodes of our
¡Latinos con Voz! Podcast Series

New Releases of our
Short Videos and Fact Sheets

New
Toolkits

NHL ATTC Contact Information

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 [Products & Resources Catalog](#)

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 [Products & Resources Catalog](#)

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