

# LPANJ Bulletin

*A publication by the Latino Psychological Association of New Jersey*



## A LETTER FROM THE PRESIDENT

Saludos LPANJ members!

It has been an absolute pleasure to be President this year. I would like to thank all of the participants at our workshops this year and all of our collaborating partners. We are looking forward to our collaboration with the National Latino Psychological Association (NLPA) next year, as one of our LPANJ members and former President, Dr. Milton Fuentes, will be the 2012 NLPA President.

Congratulations Milton!

I am also very excited about our upcoming 12th Annual Conference on December 2nd. It promises to be exciting as it is focused on Forensic Psychology and the Latino community. Please check out the details in this issue.

Warm regards,  
Aileen Torres, Ph.D.

President - Latino Psychological Association of New Jersey  
Clinical Psychologist-Metropolitan Regional Diagnostic and Treatment Center

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## A NOTE FROM THE EDITOR



Dear LPANJ Members,

It is my pleasure to join this wonderfully active association as the new Editor of this Bulletin.

On behalf of the LPANJ Board, I thank you all for your participation in this Bulletin and I look forward to upcoming Bulletins highlighting all the wonderful news and submissions from our membership!

Sincerely,  
 Marcela A. Bonafina, Ph.D.  
 Editor- Bulletin, Latino Psychological Association of New Jersey

## Spotlight on our Membership

Drs. **Lorna Myers** and **Marcela Bonafina** with the Northeast Regional Epilepsy Group (NEREG) have launched the **INTERNATIONAL FELLOWSHIP PROGRAM**. Since not all patients can travel to the US to receive their medical treatment because of high costs and other obstacles, NEREG found that the most effective way in which benefits of state-of-the-art medical and surgical epilepsy treatment can reach patients across the globe is to intensively train the local doctors from these regions. NEREG's International Epilepsy Fellowship Program is a training program designed for international doctors seeking intensive education in the most advanced epilepsy treatment modalities. The duration of their rotations range from a minimum of 3 months to a maximum of 12 months. NEREG also offers a training program for Spanish speaking neuropsychologists who wish to specialize in epilepsy assessment through neuro-cognitive testing with standard Spanish language batteries. The INTERNATIONAL FELLOWSHIP PROGRAM has the sponsorship of SLAN (Sociedad Latinoamericana de Neuropsicología)

### **For any further information please contact:**

Dr. Enrique Feoli

Director, International Epileptology Fellowship Program  
[efeoli@epilepsygroup.com](mailto:efeoli@epilepsygroup.com)

Dr. Marcela Bonafina

Director, International Neuropsychology Training Program

**For more information or to apply, contact: Marcelo Lancman, M.D.**  
 at [mlancman@epilepsygroup.com](mailto:mlancman@epilepsygroup.com) or 914-428-9213.

**FOLLOW US in FACEBOOK: EPILEPSIA IN LATINO AMERICA**

## Membership Publications

**EDITOR:**

Marcela A. Bonafina, Ph.D.

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Aileen Torres, Ph.D.

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Marcela Fuentes Lesky, Ph.D.

Grace Montes, MA

**We welcome letters to the editor or other pieces about our membership, or just some fun news! So please share them with us for future bulletins!**

Fuentes, M. A., & Truffin, M. M. (in press). Child Abuse and Prevention Treatment Act (CAPTA). In J. L. Postmus (Ed.), *Encyclopedia of Sexual Violence and Abuse*. Santa Barbara, CA: ABC-CLIO.

Fuentes, M. A., & Truffin, M. M. (in press). Child Sexual Abuse Prevention. In J. L. Postmus (Ed.), *Encyclopedia of Sexual Violence and Abuse*. Santa Barbara, CA: ABC-CLIO.

Fuentes, M. A., Bustamante, J. E., Arrieta, S. and Truffin, M. M. (2011, August). Multicultural Psychology Scholars: An Ethnic Minority Undergraduate Recruitment Initiative. In H. Adames & F. Zaman (Chairs), *Lifting As We Climb--- Mentoring Diverse Students Across Educational Levels*. Symposium conducted at the 119th Annual Convention of the American Psychological Association, Washington, DC.

Fuentes, M. A., Forero, S., Sanchez, W., & Truffin, M. M. (2011, August). *Understanding the Roles of Families in the Cultural Integration Process*. In G. Bacigalupe (Chair), *Immigrant Family Psychology---Innovative Clinical and Research Issues*. Symposium conducted at the 119th Annual Convention of the American Psychological Association, Washington, DC.

Benavides, K., Fuentes, M. A., Bassett, C., Saravia, J., Saulle, C., Truffin, M. (2011, April). *Saying "No" In The Workplace: Examining Supervisor and Employee Relations*. Paper presented at Montclair State University's Fifth Annual Student Research Symposium, Montclair, NJ.

Bustamante, J. E., Fuentes, M. A., Hernandez, H., Varga, S., Truffin, M., Bolesworth, R. (2011, April). *Academic guidance: revisiting developmental and prescriptive styles of advising*. Paper presented at Montclair State University's Fifth Annual Student Research Symposium, Montclair, NJ.

Fuentes, M. A., & Adames, H. Y. (2010, November). *Therapy with Latino clients & families: Considering identity and the complexity of diversity*. A workshop conducted at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

Adames, H. Y., Velasquez-Andrade, E. & Fuentes, M. A. (2010, November). *Teaching Latino Psychology: A syllabus and innovative pedagogies exchange 3.0*. A roundtable conducted at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

Velásquez-Andrade, E., Adames, H. Y., & Fuentes, M. A. (2010, November). *Made in L.A.A Film & Roundtable Discussion Examining the Clinical, Pedagogical and Social Justice Implications*. A roundtable conducted at the Biennial Meeting of the National Latino Psychological Association, San

## Membership Publications (continued)

Fuentes, M. A., Adamés, H. Y., Laria, A., Morales, E., Pena, E., Quinonez, V., Ramos Sánchez L., Torres, H. (2010, November). *Preparing mental health professionals to work with Latinos: Promising training models*. A roundtable conducted at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

Arrieta, S., Ladha, A. Benavides, K., Gastulo, M. C., Sheikh, F., Bolesworth, R., & Fuentes, M. A. (2011, August). *Do You Feel What I Feel? Responses to a Stranger's Happiness*. Poster session presented at the 119<sup>th</sup> Annual Convention of the American Psychological Association, Washington, D.C.

Ladha, A., Fuentes, M. A., Bolesworth, R., Sheikh, F., Ortiz, N., & Varga, S. (2011, April). *Have you Tried Therapy? College Students' Perceptions of Mental Health Services*. Poster session presented at Montclair State University's Fifth Annual Student Research Symposium, Montclair, NJ.

Bustamante, J. E., Arrieta, A., Truffin, M. M., & Fuentes, M. A. (2010, November). *The Multicultural Psychology Scholars Program: Recruiting and Retaining Ethnic Minority Psychology Majors*. Poster session presented at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

Fuentes, M. A., Sanchez, W. A., Truffin, M.M., Bedoya, A., Martinez, C., Rivas, J. A., & Taveras, T. (November, 2010). *To Be or Not to Be: Deconstructing Biculturalism*. Poster session presented at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

Martinez, C., Verdes- Montenegro, A. C., Pastor, S., Fuentes, M. A. (2010, November). *Best Practices to Prevent and Manage Obesity in the Latina Community*. Poster session presented at the Biennial Meeting of the National Latino Psychological Association, San Antonio, TX.

## Membership Presentations

**Dr. Silvia Mazzula** presented a paper on “Race-Based Traumatic Stress Symptom Scale: Implications for Psychologists and Lawyers” and a poster “Jury Decision-Making and Overt Racial Hostility Facts: The Role of Juror Race” at the American Psychological Association, 119<sup>th</sup> Annual Convention in August 2011 in Washington D.C.,



*We are  
excited of the  
diversity of interests  
and scholarship  
of our  
membership!*

**If you have presented or published, please let us know so that you can be featured in our next Bulletin!**

Membership Presentations (continued)



Dr. Lorna Myers at the Third International Neuropsychology Conference Guadalajara, Mexico presenting conferences in Spanish



Mariachis play in the background during the dinner for Keynote Speakers at Third International Neuropsychology Conference Guadalajara.

Do you have a picture you would like to share? We would like to celebrate you by including them in our next bulletin. Email the Editor and you will be featured!

**Daniel Gaztambide** (doctoral student as GSAPP) presented two papers at the "Association for the Psychoanalysis of Culture and Society" Conference on "Psychoanalysis & Social Justice" (October 22-23), held at the University Inn, New Brunswick, NJ. The first paper explored the history of social justice initiatives in the early psychoanalytic movement, entitled "A Psychoanalysis of the Oppressed: Freud and Liberation Theology." The second paper was a clinical reflection on culturally competent psychodynamic therapy with Latino/a patients, entitled "Clinical and Speculative Reflections on Immigration, Acculturation, and "Cultural Competency"."

In addition, Daniel Gaztambide's paper "Creativity and Flexibility in Psychoanalytic Therapy for Complex Trauma" was accepted for Division 39's conference in Santa Fe.

**Dr. Aileen Torres** will be presenting the "Bilingual Integrative Trauma Treatment Program (BITT): A culturally specific approach for the treatment of childhood sexual abuse" at the Critical Research Issues in Latino Mental Health in Miami, Florida this November.

**Dr. Lorna Myers** presented the following topics at National and International venues this year:

“Seminar on The Psychology of Latinos: Ethics in Psychotherapy Testing,” Long Island University Psy.D.–SMART Program

Three presentations at the Third International Neuropsychology Conference Guadalajara, Mexico:

“Pre and post neuropsychological assessment of Epilepsy Patients” in Spanish

“Pediatric Neuropsychological Assessment in Benign and Catastrophic Epilepsies” in Spanish

“Treatment and Diagnosis of Psychological Non-Epileptic Seizures” in Spanish

She also presented two posters at the American Epilepsy Society in Baltimore, MD:

“Hispanic Immigrants with Epilepsy have a Higher Rate of Depression compared to US born Epilepsy Patients”

“Sexually Abused Patients with Psychological Non-Epileptic Seizures (PNES) exhibit Better Visual Memory Scores compared to PNES Patients who have Suffered Other Forms of Abuse”

Launched a blog on non-epileptic seizures to promote sharing of updated information on this disorder and support to patients and caregivers:

<http://blog.nonepilepticseizures.com/>

*Membership Presentations (continued)*



Dr. Michael Gazzaniga (Left) and Marcela Bonafina (Right), Keynote Speakers at the XII Conference of the SLAN (Sociedad Latinoamericana de Neuropsicología)



Mariachis play in the background during the dinner for Keynote Speakers at Third International Neuropsychology Conference Guadalajara.

Do you have a picture you would like to share? We would like to celebrate you by including them in our next Bulletin. Email the Editor and you will be featured!

Dr. **Marcela Bonafina** acted as Honorary President at the Third International Neuropsychology Conference Guadalajara, Mexico and presented a conference on “Neuropsychology of Chronic Pain” and a workshop on “Differential Diagnosis in Clinical Neuropsychology.” She was also a keynote speaker at the XII Conference of the SLAN (Sociedad Latinoamericana de Neuropsicología) and presented a keynote conference on “The Neuropsychology of Time Perception: A New Re-Conceptualization of Psychiatric and Neurological Disorders” and a workshop on “Forensic Neuropsychology: A New Field in Latin America”



*Would you like your  
Externship or Internship program  
featured in our Bulletin?*

*Would you like your private practice  
featured in our Bulletin?*

*If you answered YES, email the Editor  
and you will be part of our next  
Bulletin!*



LATINO PSYCHOLOGICAL ASSOCIATION OF NEW JERSEY  
 12<sup>TH</sup> ANNUAL CONFERENCE  
 FRIDAY, DECEMBER 2, 2011  
 SETON HALL UNIVERSITY  
 Jubilee Hall Atrium (4th Floor)  
 CONFERENCE CENTER  
 400 South Orange Ave  
 South Orange, NJ 07079  
 SOUTH ORANGE, NEW JERSEY



CONFERENCE AGENDA

**8:30-9:00 Registration and Breakfast**

**9-9:30 Welcome and Overview of Conference**

**Aileen Torres, Ph.D.**, President, Latino Psychological Association of New Jersey  
**Representative**, Seton Hall University  
**Sueli Petry, Ph.D.**, Multicultural Family Institute

**9:30-10:20 Choice of Workshops A or B**

**A: Paper Session**

**GETTING THE CALL RIGHT: GUIDELINES AND STANDARDS FOR DIAGNOSTIC ACCURACY IN SEX OFFENDER CIVIL COMMITMENT.** Roy Aranda, Psy.D., J.D. & Jeffrey Singer, Ph.D.

**B: Paper Session**

**THE "UNEASY ALLIANCE" BETWEEN LAW AND PSYCHOLOGY,** Mark Kitzie, PsyD

**10:25-10:30 Break**

**10:30-11:25 Choice of Workshops C or D**

**C: Paper Session**

**A MULTISYSTEMIC, MULTIMODAL APPROACH TO GANG PREVENTION AMONG AT-RISK LATINO YOUTH.** Daniel Gaztambide, MA, Psy.D., Candidate; Graduate School of Applied & Professional Psychology, Rutgers University

**D: Paper Session**

**THE EFFECT OF MALINGERING ON SENTENCE ENHANCEMENT: A STUDY USING MOCK JURORS,** Richard Conti, Ph.D. & Elizabeth MacKenzie, M.A.; College of Saint Elizabeth

**11:25-11:30 Break**

11:30-12:30 Choice of Workshops E or F

**E: Paper Session**

**PARENTING ASSESSMENT IN CHILD PROTECTION CASES WITH LATINO CLIENTS.** Helen Raytek, Psy.D., St. Peter's University Hospital

**F: Paper Session**

**ETHNICALLY AND LINGUISTICALLY DIVERSE JUVENILE OFFENDERS: CURRENT CHALLENGES AND IDEAS FOR FUTURE PROGRAMMING.** Keisha Lynn Hill, Ed.S., Paterson Public Schools, Forensic Psychology Post-Graduate student, John Jay College of Criminal Justice.

12:30-1:30: Lunch and Poster sessions

**1:00-3:00 Student Career Panel**

**Dr. Ricardo Martinez**, Forensic Psychologist  
**Dr. Denise Johnson**, Sports Psychologist  
**Dr. Chris Gates**, Army Psychologist  
**Dr. Susan Nolan**, Clinical Psychologist/Statistician

**1:30-3:00 Keynote Presentation: Marcela Bonafina**, Ph.D., International Expert /Forensic Neuropsychologist

**NEUROPSYCHOLOGICAL TESTING OF LATINOS IN A FORENSIC SETTING: ASSURING ACCURACY AND FAIRNESS WHEN ASSESSING POPULATIONS OF OTHER LANGUAGE AND CULTURAL BACKGROUNDS**

**3:00-3:30: Closing Remarks**

**Silvia Mazzula , Ph.D.**, President-Elect LPANJ

**LPANJ EXECUTIVE BOARD MEMBERS:**

President: Aileen Torres, Ph.D.  
Past President: Lorna Myers, Ph.D.  
President-elect: Silvia Mazzula, Ph.D.  
Treasurer: Sueli Petry, Ph.D.  
Secretary: Daniel Cruz, Ph.D.  
Member at Large: Teresa Fuentes Lesky, Ph.D.  
Member at Large: Grace J. Montes

**SPECIAL THANKS TO:**

Seton Hall University  
Multicultural Family Institute  
New Jersey Psychological Association

## **Home-based, Family-focused Interventions for At-risk Youth**

**Dr. Teresa Fuentes Lesky, LPC, NCC, ACS**

The engagement process with the at-risk youth population is a critical time to determine a successful intervention (French, Reardon, & Smith, 2003). Home-based, family-focused services are used with youth instead of residential, correctional or out-of-home placements. The home-based services are effective with some teens, while others need more intense interventions. Such placements may include psychiatric hospitalization, residential treatment facilities, detention centers and foster homes. A widely used treatment is home-based services. It has been increasingly used for treating families with children and adolescents that are at risk of being placed out of the home. The services usually include the family and the diagnosed youth. Although such services are implemented, the mental health agencies are challenged to create and provide practical home-based, family-centered treatments that measure up to local needs, and fit into budget and resource capabilities (Lee, Greene, Hsu, Solovey, Grove, Fraser, Washburn & Teater, 2009). The services are to be effective and accomplish the following purposes: (1) avoid out-of-home placement or residential placement; (2) empower the families to develop competence and confidence in addressing emotional or behavioral problems; (3) support the development and continuity of expertise in home-based treatment for case managers and therapists at the agency level; (4) collaborate with institutions that determine placement to Juvenile Courts and Children Services and (5) improve cost-effectiveness in managing goals of home-based treatment (Lee et al., 2009).

### ***Research perspectives on interventions***

Although criminal activity among youth has been on the rise over the years, and recognized

as a serious problem, placements in juvenile detentions, residential or correctional of facilities may not always be the most effective or cost-effective solution for some youth. Teens and young adults have the highest rates of violent crime. Males have higher victimization rates than women for all kinds of violent crime except for rape and sexual assault (Bureau of Justice Statistics, 2009). Research reports that one in five adolescents encounter significant symptoms of emotional distress and one in 10 is emotionally impaired preventing them from functioning in basic daily activities (New Freedom Commission on Mental Health, 2003). Psychosocial impairment is higher in risk groups of low income households (Knopf, Park, & Mulye, 2008). Despite the affliction of behavioral health problems in children and adolescents, primary care providers frequently report insufficient and inadequate training. They report not having time during office visits to tend to psychosocial needs (New Freedom Commission on Mental Health, 2003). It is also reported that they have limited access and awareness of community mental health referral networks (Kataoka, Zhang, & Wells, 2002; Kautz, Mauch, & Smith, 2008).

### ***Family theory***

Despite the numerous theories used to explain service interventions for youth, finding the most effective therapeutic qualities can present positive outcomes of service delivery and may serve as an alternative to out-of-home placement, correctional, and residential. Some interventions postulate being more effective with youth than others. For more serious behavioral cases: Juvenile detention centers, hospitalization, foster homes and residential centers (Lee et al., 2009). Most home-based intervention services for at-risk youth and their families follow a family systems theory. Family theory incorporates

the youth and family as a unit. The problem is not with the diagnosed individual but with the family as a whole. Home-based interventions have been effective with hard-to-reach youth and families (Lee et al., 2009; Satir, 1964). For example, family composition is consistently linked with delinquency (Hawkins et al., 2000). Exposure to high levels of marital and family conflict and violence in the home seems to increase the risk of later delinquency (Hawkins et al., 2000). It is not shocking that familial relationships, consistency and the value of the sibling-target child relationships are firm correlates of sibling adjustment. Family relational variables such as a warm, supportive family environment, a stable, nurturing home and positive support networks have been consistently found to aid positive adaptation under situations of hardship in resilience research (Luthar et al., 2000; Masten & Coatsworth, 1998; Werner & Smith, 1992; Wyman et al., 2000). While family management practices like failure to set clear boundaries for children's behavior, parental support, poor supervision and severe and inconsistent discipline patterns are risk factors that are constantly predicted in later delinquency (Chamberlin, 2000; Hawkins, 2000). Ultimately, the parents are accountable for the care of their child's health and welfare. Youth do not have the capabilities to advocate and seek interventions or mental health services for themselves (Marsh, 2004). Yet, parents often have a difficult time seeking effective, appropriate services for their children (Tolan & Dodge, 2005). Therefore, it is important to examine the youth and family for issues affecting the unit (Satir, 1964). By understanding the issues facing the youth within the family the in-home professional can help the parents and family with getting the suitable services to address the at risk youth and the family without resorting to an ineffective, more costly out-of-home placement service that may only exacerbate the youth and his problems (Lee, Greene, Hsu, Solovey, Grove, Fraser, Washburn & Teater, 2009). Preventing our teens from

failing will provide for a promising tomorrow not only for society in general but for our youth.

### *Home-base, family-focused vs. other interventions*

Research suggests that 7.5 million youth in the United States have diagnosable mental disorder, and yet, many go undetected and receive little or no treatment. Others receive inappropriate services or are mandated to restrictive settings like inpatient psychiatric hospitalization or residential treatment facilities. Youth with serious emotional disturbances are often confronted with limited mental health service choices that exist to residential treatment or hospitalization. Community-based interventions propose less restrictive and expensive alternatives than traditional treatment. The home/community-based services are clinical and cost-effective methods of maintaining youth in their community. The intervention is an innovative service delivery that provides home-based mental health services, family support, case management, respite care, crisis response, and individualized treatment planning for the child and family. Interestingly, research shows that home-based services have a record of efficacy, but yet, it is not being transferred from research to community settings. The initiative still exists to help communities build interagency teams with specific goals to address the needs of each child and family requiring mental health services (Solhkhah, Zoffness, & Silva, 2007). Youth treated in the United States public mental health systems show that several have been or will be involved in the juvenile justice system. Many suffer from mental health problems. The fear is that youth spending time in juvenile justice residential facilities are most likely traumatized and exacerbated. Research indicates that youth with emotional and behavioral problems should be given public health precedence. It has been questioned whether mental health services reduce the risk of juvenile justice system involvement. Questions evolved surrounding better mental health services to youth straddling the juvenile justice system (Foster, Quaseem & Connor, 2004). The

Foster, Quaseem and Connor (2004) study found that community-based care coordinated across child-serving agencies reduced or prolonged entry into the justice system, along with recidivism among those who have been involved in the system. The more serious offenders showed a stronger correlation. Youth who struggled in school had a higher risk of involvement.

Fifty thousand reports of suspected child abuse and neglect were reported each week in 2004 to Child Protective Services agencies across the country (Administration for Children and Families, 2006). Often, the cases are referred to as at-risk because the children can possibly be removed from the home and placed in foster care. A prevention used in such cases is in-home family therapy. The idea emerged from child welfare policies requiring that substantial efforts be made to keep the children in the home. For the most part, in-home family therapists meet with families in their home over a six week period. The services are often viewed as more intensive than traditional services. The therapy sessions are held twice a week and therapists are required to be available 24 hours a day (Bagdasaryan, 2004). Such challenges are often present with in-home family therapists' encounters with at-risk families, in addition, to the lack of perspectives of clients that often go unheard. Researchers have argued the need to examine how families' perceptions of services support positive treatment outcomes (McWey, 2008).

McWey (2008) provided a study that explored clients' perceptions of in-home family therapy. The focus of the study was on the family's opinions about the improvement of services. The results were used to inform therapists who provided the services to at-risk families. The study revealed that families viewed in-home family therapy as a useful intervention. The in-home therapists were appreciated by families for their availability and for the support they offered. The participants wanted the services to be more frequent and longer-term. The results from the study conducted by McWey (2008) provided ways in which researchers and practitioners can

examine the efficacy of services offered. For example, does extending the length of services relate to better family outcomes? Do more visits to the family's home by the therapist result in indicators of success? Would a support group consisting of peers yield similar results as in-home family therapy?

Public safety is mandated by the juvenile justice system to hold youth offenders accountable for their delinquent behaviors and advocate youth development. The courts have many disposition alternatives to meet the competitive mandates. Probation is the most familiar disposition. Statistics show that in 2002, of the 600,000 youth adjudicated delinquent in the United States, 60% were mandated to partake in community-based probation. Recent national data shows that the most common placement is group home placements by 38%. Detention center placements are at 26% and state-run placements at 13% (Snyder & Sickmund, 2006). Schwalbe, Hatcher, and Maschi (2009) investigated the effects of treatment needs and prior social services used in juvenile court decision-making. Their findings suggested that partaking in select social services influences the judicial decision-making process. Delinquency in youth that were not prevented by involvement in early services was more likely to receive community-based approval. Alternatively, teens whose initial formal agency connection was with juvenile justice system were most likely to be given community-based sanctions.

Literature regarding alternative treatments for youth is limited. Placing youth out of the home is being utilized. The Office of Juvenile Justice and Delinquency Prevention (2009) show placements in juvenile detention centers, residential facilities and out-of-home placements is being favored. Statistics show that nearly 25,000 16-year-olds were in residential placement on February 22, 2006, more than any other age group. In addition, 1,200 juveniles ages 12 or younger were in residential placement on the 2006 census date. The young juveniles accounted for less than 2% of all youth in residential placement. In reference to gender females accounted for 14% of minority juveniles in residential

placement and 15% of all juveniles in residential placement.

The Office of Juvenile Justice and Delinquency Prevention (2009) stated that out-of-home placement resulted in a great burden. The burden is on both the youth who receives this sanction and on the juvenile justice system. The youth experience a disruption in their everyday routines, schooling, family and social relationships. The juvenile justice system must uphold the responsibility for mental health care, substance abuse treatment and education. Investigating which services are preferred and effective with youth will provide useful information for professionals, as they strive to develop and utilize a treatment plan that focuses on the family and those affected by the diagnosed individual. Vinnerljung and Sallnas (2008) concur that for several decades, a political consensus in Sweden has ruled that criminal behavior should be tackled with general welfare measures and psychosocial work on the individual and family frame, and not penalizing legal actions in a criminal structure. Historically, the major rationale for this solid stand has been to keep antisocial youth out of prisons where they merge with older criminals and risk becoming apprentices in delinquency.

In-home services may serve as a substitute for out-of-home placement and are also cost effective. Barth, Greeson, Guo, Green, Hurley and Sisson (2007) supported in-home services and believe in-home services should be the preferred treatment over residential care in most situations because of reduced restrictiveness and cost. In-home services are less expensive than residential treatment centers, juvenile justice facilities, or psychiatric hospitals that now serve youth. The cost of providing in-home services is between 22.6 % and 24.6% less than for residential care. Costs of treatments are a factor in considering the type of services that will be implemented with youth and families.

The children services community continues to debate over the most appropriate services and settings for youth with significant mental health care needs. Children and youth proceed to enter residential care before other options have been

tested. James, Leslie, Hurburt, Slymen, Landsverk, Davis et al. (2006) conferred that youth under child welfare services care enter out-of-home care, show that 25% experience an intensive or restrictive setting during their initial out-of-home care episode. Youth are 48.9% with placements in intensive or restrictive settings as their initial out-of-home placement episode. Lyons and McCulloch (2006) argued that intensive in-home approaches such as multisystemic therapy and wrap-around services could reduce the need for residential care.

### *Home-based, Family-centered therapy*

Kilmer, Cook, Taylor, Kane, and Clark (2008) examined risks, resources and adjustment of siblings who have a brother or sister with severe emotional disturbances (SED) to develop and implement systems of care in North Carolina. The concern is that those siblings are at-risk of exhibiting similar behaviors as the child diagnosed with severe emotional disturbance. It was noted by the authors that the other family members and children receive little acknowledgement by the system and /or researcher. The findings supported that family members have been exposed to extremely high levels of adversity and evidence sufficient variability in behavioral and emotional strengths and social-emotional adjustment. The authors noted that additional systematic studies of such children could have implications for service delivery and preventive interventions. Family members need to be included in the services of those family members with SED. Systems of care in general are based on the philosophy that emphasizes services and supports to address the family's needs. In so far as practice is concerned, little has been done by the system or researchers to promote and acknowledge the needs of these siblings. The findings are specific and relevant to providers, parents and policymakers. The author found that:

For example, it is not surprising that familial relationships and cohesion and the quality of the sibling-target child relationship are solid correlates of sibling adjustment, given that family relational variables (eg., a warm,

supportive family environment; a stable, nurturant home; positive support networks) have been consistently found to facilitate positive adaptation under conditions of adversity in resilience research. (p.8)

Kilmer et al. (2008) defined four principles of family-centered care: dignity and respect, information sharing, participation, and collaboration. The family is the focus for intervention indicating dignity and respect for all members involved as support for the individual diagnosed and siblings who were affected. By exploring resources for individuals with severe emotional disturbance and target-sibling, information sharing is advocated for by seeking to produce systems of care. Participants involved include the whole family and service providers. The individuals collaborate to provide the most effective services to the diagnosed individual and the family members. Maintaining the youth in the community with therapeutic services to support the youth and family allows for integrating and utilizing resources in the home and community; which in turn, allows the individual to become a productive citizen in society. Frankford (2007) stated “Current research on positive youth development and the prevention of problem behaviors in adolescents identifies connections between a range of child and adolescent behavioral disorders, a lack of individual and family assets, and deficits in neighborhood and community resources” (p. 594).

Home-based, family-focused treatment is effective in accomplishing the following goals: (1) preventing out-of-home placement or residential placement (2) empowering the families to develop competence and confidence to address the problems of the child (3) supporting the development of and continuity of expertise of home-based treatment (4) collaborating with institutions that determine placement to juvenile courts, children services and (5) improving cost-effectiveness in attaining the goals of home-based services (Lee et al., 2009). Findings suggest the need for intervention to address behavior problems following a crisis episode to reduce the need for residential

placement. Family support services such as intensive community care, mentoring, and respite services may decrease the need for residential care (Park, Jordan, Epstein, & Lyons, 2009; Barth et al., 2007). Intensive community services and multisystemic therapy using a wraparound approach can also decrease the call for residential care (Henggeler et al., 2003). Recent studies strongly support family-focused interventions as the more hopeful treatment approach for delinquency (Kumpfer & Tait, 2000; Robins & Szapocznik, 2000).

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**Mexican-American Women and Girls: A Brief Discussion of the Necessity for Cultural Competence and an Understanding of Chicana Identity Formation**

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Mexican-American women, or Chicanas, make up the largest percentage of Latinas living in the United States. Yet, this population of women fares far poorer than their counterparts across most demographic variables; including but not limited to, the percentage of women living below the poverty line, lower educational attainment, and utilization of mental health care (Heilemann, 2005). In the face of such disparity, it is our role as psychologists to gain a better understanding of how Mexican-American women and girls may be developing their identity within a multicultural landscape of opposing cultural, social, and political forces. This piece will highlight some of the traditional, cross-cultural and multi-generational issues at play in these women's lives. The greater an understanding we have of this at-risk population and the worlds they navigate, the more effective our field may be at developing culturally sensitive intervention and prevention programs, and efficacious clinical treatments specific to this group of women.

Mexican-Americans are on the front lines of political debates over issues surrounding immigration reform, academic freedom,

and the DREAM act. Yet, this group remains extremely underserved and at-risk. Adolescent and young Chicanas in particular, have been labeled a population group in crisis as they currently experience the highest teen pregnancy rates, high school dropout, and highest number of suicide attempts in the United States (Zayas, et al, 2005). Empirical studies have found that as levels of acculturation increase, so does the prevalence of depression and eating disorders; suggesting that this group of women and girls are particularly vulnerable to negative influences from both their culture of origin and the dominant U.S. culture. In addition, undocumented Chicanas are contending with a myriad of issues, including but not limited to, sexual assault, domestic violence and substance abuse. Often times these are issues that go underreported and untreated due to a fear that they, or a member of their family, will be forced to leave the country. These vastly different levels of resource utilization and social support based on their status as a first, second, or third generation immigrant pose significant difficulty for mental health treatment and outreach.

Also to consider is the influence that literature, media, and language may have for this population, and how longstanding cultural mores and gender roles may be affecting identity development and increasing acculturation stress. Mexican-American women navigate not only a geographical border, but a powerful social and cultural one as well, where traditional gender roles are multidimensional and encapsulate the historical and modern representations of what it means to be a woman. Even though opportunities for women in the United States are numerous, deeply entrenched cultural traditions connected to machismo and marianismo may inhibit Chicanas from defying gender expectations of the past, keeping them in oppressed and disempowered states, or may be creating stressful dissonance and isolation for women with higher levels of acculturation (Gil & Vazquez, 1996). Additionally, there may be a cross-generational tension between the role that marianismo and machismo may play for

Mexican-American women and their families. In spite of now living in the United States, these roles may be adhered to by older generations, creating a disconnect between parents and their children.

As mental health professionals, understanding these gender formations can help to inform our conceptualization of how Chicanas view themselves, their relationships, and their roles in life, love and work. In addition, to marianismo there appear to be three main archetypes of womanhood in Mexican-American culture: The virgin or La Virgen de Guadalupe, the seductress or La Malinche, and the disloyal mother or La Llorona (Patrick, 2009). Chicanas may be conceptualizing, adhering, rejecting, or integrating these archetypes of femininity into their daily lives. Therefore, understanding these gender formations may be an important component of cultural competence, and may help clinicians to have meaningful conversations with their clients about gender roles and relationships.

Identity development is a complex, dynamic, multifaceted process that is dependent on biological as well as environmental factors. Identity, one's sense of self and self in relationship to others, has dimension, which occurs across time and through experiences and relationships. While this is an ongoing process, there are critical periods during which skills must emerge; such as social awareness and interpersonal skill. Within this context, the question emerges: What are the current threats to optimal identity development for Chicanas within the U.S. culture and how can psychologists remove these barriers and replace them with mechanisms and opportunities that foster optimal identity development? Simply put, this complex question can be answered through the education and training of psychologists, making them more aware of the Mexican-American culture and the differences between first, second, and third generation Chicanas. Through a multicultural competency stance, psychologists can help Mexican-American females deal with varying levels of acculturation stress and perhaps work to

offset some of the negative outcomes associated with this population of women.

In closing, it is extremely important for all clinicians who work with Mexican-American women and girls to understand the myriad of issues they face, in addition to understanding their individual processes of development, the role that acculturation and legal status play, and the complex historical and cultural gender roles they navigate, in order to best serve their needs.

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## Externship Opportunities!

### El Puente

El Puente is offering an externship opportunity for MA/MSW level graduate students for the upcoming academic year. El Puente is a home based counseling program that is designed to work specifically with Latino families who are currently involved with the Division of Youth and Family Services.

The externship is a great opportunity to develop clinical skills that are culturally sensitive while addressing the diverse needs of each family.

Students (preferably Bilingual) who are interested in learning more about this externship opportunity, please feel free to Sonia Wadhvani at 201-736-7895 to arrange a meeting. Resumes may also be emailed to [Swadhvani@hobokenumc.com](mailto:Swadhvani@hobokenumc.com)

### Bilingual (Spanish) Externship Program

Metro Regional Child Abuse Diagnostic and Treatment Center (RDTC) offers a full year bilingual (Spanish) externship program! Students interested in applying should contact:

Caridad Moreno, Ph.D

Phone: 973-753-1120

Email: [cmoreno@barnabashealth.org](mailto:cmoreno@barnabashealth.org)

#### Externship information:

Full year program from September to May, summer externships are also available.

Required level of readiness: Doctoral students with at least one year of clinical experience and some research experience/coursework. Applicants should also have experience working with children and families.

What materials need to be submitted?

- Curriculum vitae
- Letter of interest




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