



A Social Ecological Approach to Latino Immigrant Trauma and Intervention: An Integrative Review

Teresa Rivera¹

Accepted: 16 March 2023 / Published online: 1 April 2023

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

Abstract

This paper presents an application that can be taken when conducting mental health intervention within the Latino immigrant population. Using a social ecological lens, it provides an overview of experiences and factors to detail the characteristics, trauma, and resilience factors present within this population. Utilizing Ungar's framework on resilience, that decenters the individual from experiences of trauma to position them alongside their social network and resources, it proposes an application for future intervention and research efforts. Addressing intervention at a foundational level allows for the supplementing and shaping of current methods to address the mental health needs of this community.

Keywords Latino immigrant · Trauma · Intervention · Migration · Social ecological · Social work · Cultural factors

As of 2016, there were 43.7 million immigrants living in the United States, accounting for 13.5% of the total U.S. population. Of this group, Latinos, make up the largest and fastest growing segment of the immigrant population (51%) [34].

Latino immigrants have traditionally been at risk of being exposed to xenophobic prejudices due to race or language, housing or employment discrimination, and/or anti-immigrant policies at state and federal levels [22, 33, 35]. The aforementioned risks may be compounded due to unique situations present throughout the migration timeline experience. Situations include pre-migration hardships in the form of extreme physical risks to themselves or family and can culminate in post-migration psychological and ethnic attacks [22, 23, 28]. As a result, Latino immigrants find themselves in a state of vulnerability not only due to the traumatic hardships experienced prior to migration, but by the equally severe stressors that are introduced upon arrival to a new country [22, 23].

To address the effects of this trauma, efforts are continuously being made to improve mental health intervention within the Latino immigrant population. Noted efforts include Eisenman et al. 's [13] research to understand attitudes, beliefs, and intervention preferences among Latino

immigrants. Recognizing that Latino immigrants may be at a greater risk in experiencing trauma leading to PTSD diagnoses, Eisenman et al. [13] conducted their study to raise clinician awareness and understanding so that culturally competent and supportive treatment could be provided. Kaltman, Hurtado de Mendoza, Serrano, and Gonzales [18] presented an intervention strategy that specifically targeted outreach to Latina immigrants exposed to trauma. Kaltman et al.'s [18] research showed the importance of incorporating participant preferred treatment options, such as in-clinic therapy settings and concerns of social isolation into intervention methods. Pineros-Leano, Liechty, and Piedra [29] echo the need to culturally adapt service delivery and suggest crucial modifications in providing effective treatment. They argue that such modifications include the use of bicultural/bilingual treatment facilitators, the use of language that mirrored or supported population values, the inclusion of migration-related themes during discussions, and the provision of basic life necessities.

Proposed Approach

These studies highlight positive and successful approaches in the field of mental health intervention. Eisenman et al. [13] was the first to study Latino immigrant perspectives on PTSD, Kaltman et al. [18] found their intervention to be feasible, safe, and accepted by Latina immigrants, and

✉ Teresa Rivera
riverat2@ferris.edu

¹ Department of Social Work, Ferris State University, 820 Campus Drive, ASC 2108, Big Rapids, MI 49307, USA

Pineros-Leano et al.'s [29] systematic review strongly argues for the continued use of culturally competent treatment. This paper posits that efforts in effective service delivery can be shaped to effectively and respectfully meet the mental health needs of the Latino immigrant community. This shaping can begin to take place through the implementation of a social ecological application towards the basic tenets of the therapeutic process. This social ecological lens entails decentering the individual from the study of trauma to include external factors alongside traditional notions of personal motivation and individual adaptability. Using a social ecological lens to examine experiences of trauma means we can explore the intricacies between the synergistic relationships of the individual, their internal characteristics, and the external social and environmental factors that the person interacts with. In turn applying this lens to experiences of trauma within the Latino immigrant community means we can explore these relationships to address necessary foundational changes that advance how intervention methods approach these multiple relationships found within and the around the Latino immigrant.

Doing so entails reverting from cultural adaptations and cultural competencies common to treatments, and instead returning to basic yet fundamental steps (i.e. rapport building, relationship establishing, assessment and diagnosing, goal formulation, intervention, and termination) found within all intervention methods. Applying a social ecological lens as an extension to current methods and their respective therapeutic processes will allow for the creation and utilization of an intervention process constructed with direct input from and for the Latino immigrant population.

The need for this approach is being proposed for the following reasons: (A) Current intervention methods are unable to reliably measure trauma within all members of the Latino immigrant community, and (B) Even when cultural adaptations are incorporated, current intervention methods are limited in effectively treating all Latino immigrants. These two factors result in a continued consensus within the literature that findings on Latino immigrant trauma and intervention are inconclusive and require further study.

Addressing a Need

With this call for an increased focus to deconstruct and further understand the Latino immigrant experience, it follows that similar rigor would be applied to current intervention methods. This paper presents the following reasons why the use of current intervention methods are unable to reliably measure trauma within all members of the Latino immigrant community: the homogenization of a population, a limited inclusion of a collectivist perspective, and a lack of bringing to the forefront the influence of the migration experience.

Throughout the rest of this paper, a social ecological application will be used to further examine these foundational areas for change.

This brings us to the paper's second reason, that even when interventions are culturally adapted, they are incapable of effectively providing treatment. Lau [20] argues traditional interventions are unable to accurately address the culturally relevant negative effects of trauma present within the experiences of the Latino immigrant. This is further supported by Hinton and Lewis-Fernandez [15] in their discussion of the cross-cultural validity of PTSD diagnosis. They express how at a rudimentary level, understanding the intercultural variations in psychopathologies argues for an increased understanding of the distinct and multi-faceted impact culture has on trauma, thus calling for more culturally informed studies to help elucidate on these differing impacts.

Hinton, Pich, Hofman, and Otto [16] raise similar concerns regarding inconclusive or limited results with the culturally adapted intervention in their study. Despite the success of having found CA-CBT to be effective in reducing PTSD within their refugee and minority ethnic participants, they argue for more research to address efficacy in other groups not present in the study. One such group would be the Latino immigrant population. Perhaps the most poignant support for the argument that traditional intervention methods are unreliable, even when culturally adapted, comes from Naseh et al.'s [27] recent work. Naseh et al. [27] grouped mental health interventions into six categories: CBT, Common Elements Treatment Approach (CETA), EMDR, IPT, NET, and Transcendental Meditation (TM). While they were able to identify commonly used culturally adapted interventions and present potential effects on outcomes, they were hindered in their ability to draw conclusions on the effectiveness of these adaptations. Ultimately, Naseh et al. [27] concluded that the overall complexity of, and limited information on, this topic does not allow us to draw a connection between cultural adaptations and effective intervention.

Social Ecological Framework

In 2013, Ungar presented a social ecological framework to visualize the concepts of resilience and trauma present in children. Ungar posits that within his framework on resilience, three principles work together to guide the observations and understanding of interactions between an individual and their immediate surrounding environment. This environment consisting of an individual's informal and formal social ties; will vary depending on the population or group studied. Ungar argues that optimal and successful

processes that defend against trauma will present themselves differently from what the literature has traditionally assumed.

Traditionally, the development of these processes was considered to be due in large part to personal motivation and individual actions. While these individual factors are still recognized as essential to the creation and implementation of these processes, this framework on resilience additionally places a great responsibility on an individual's social networks. It is this latter emphasis on a person's social networks where it deviates from traditionally observed processes of resilience. From this framework, Ungar derived three noticeable patterns, or principles, on resilience that are present when an individual interacts with their environments. These three principles propose that resilience: **(1)** is less of an individual construct and more of the environment's ability to facilitate growth within the individual, **(2)** may appear similar or different within, and between, populations depending on the individual, contextual, and cultural factors also present, and **(3)** the impact of a factor on an individual's capacity for resilience will differ based on the amount of exposure to risk, and must include the possibility of cultural variation being a determining variable for this difference in impact.

Thus, for Ungar, [36] resilience is defined as the ability of both an entity and its surroundings to meaningfully engage, thereby producing optimally developed and successful processes to defend against trauma.

Social Ecological Application

Taking Ungar's social ecological framework into consideration this paper presents three applications for addressing Latino immigrant trauma and intervention at a foundational level. These applications are as follows: **(1)** The experiences of an individual are multi-faceted due to the influence of individual, contextual, and cultural variables present both within the person and in their environment, **(2)** the degree of perceived effectiveness by an individual to mediate the adverse effects of trauma may differ depending on the perceived risks and cultural variances present alongside them, and **(3)** the effects of traumatic experiences on Latino immigrants have the potential to differ depending where on the migration timeline the experiences manifest.

Just as Ungar posits within his framework on resilience, that principles work together to guide the observations and understanding of interactions between an individual and their surrounding environment, this paper proposes a similar position. This position is that the aforementioned application can help guide the observations and understanding of how Latino immigrants experience trauma. In its current iteration, this application does not seek out a specific target population within the Latino immigrant community to work with.

This broad approach will initially be taken because its intention is to view and understand the dynamics of the individual and their environment. Thus, there is less of an emphasis to focus on specific groups such as migrant workers affected by workplace exploitation, immigrant mothers overcoming domestic violence, or unaccompanied minors separated from family members. Rather, it looks to understand the dynamics or points of interaction between the individual, their environment, and the trauma experienced. Specifically, as Ungar [36] writes, these dynamics of individuals navigating their environment, negotiating with social networks, effectively finding resources, and doing so in culturally and personally meaningful ways. Insight gained from this application can then be employed to address the foundational changes of deconstructing what it means to be a Latino immigrant, integrating a collectivist perspective, and addressing the effects of migration. Addressing these foundational changes can then provide a pathway to shaping or creating steps at an intervention method's fundamental level to address issues of efficacy and measurability in intervention efforts.

Application One: The Multifaceted Individual

The first application establishes itself alongside Cardoso and Thompson's [7] systematic review that identified four broad domains of variables present within Latino immigrant studies. These domains were identified as individual characteristics, family strengths, cultural factors, and community supports. These four domains are further described as being either assets (defined as positive factors present within the individual), or resources (defined as external factors found within the environment). Consistent with a social ecological framework, the first application encompasses both asset and resource factors [7]. This allows the application to maintain it is the individual and environment interaction that mitigates trauma, all while recognizing the importance of diversity through the inclusion of multiple variables.

Utilizing this first application, we can take into account a Latino immigrant's assets, resources, collectivist tendencies, and how these variables play out within the individual's culture and surrounding environment. Doing so provides the potential to more clearly observe and understand these various, multi-faceted experiences within the Latino immigrant community to improve intervention methods.

Application Two: The Impacts of Risk & Culture

Using the first application to have a fuller grasp on the complexity of the Latino immigrant experience is what can allow us to move forward with the second application which

focuses on the correspondingly complex topics of trauma and trauma mitigation. This second application, which states individuals have differing degrees of trauma mitigation based on perceived risk and/or cultural variables present draws its premise from various perspectives. First from a strength-based perspective, acknowledging that while each person has the ability to mitigate trauma, the variances from person to person lie in the individual's capacity, or degree, to use this ability. Second, it recognizes trauma's nature— that the individual was presented with an unexpected risk variable that they were unable to effectively process. Third, it posits that cultural variables (such as those elucidated by the first application) when concurrent with risk variables, will impact the individual's degree of mitigation. Where this second application deviates from the traditional understanding of trauma, which focuses on personal motivation and individual actions, is in acknowledging that the individual does and need not process the trauma alone [30]. It is this more comprehensive view of individual resilience, one that looks past the individual, that allows the proposed social ecological framework to expand our current understanding on the complexity that is trauma and trauma mitigation.

Ungar [36] defines resilience as the ability of both an entity and its surroundings to meaningfully engage, thereby producing optimally developed and successful processes for mitigation. Ungar's perspective argues that resilience is even possible at the individual level due to the surrounding environment's willingness to and structuring of opportunities. It is this surrounding environment, and the entities that reside within it, that control the available resources. This external network must present them in a way that are not only useful, but culturally attuned to the individual, to support and provide opportunities for the creation of resilience within them.

Thus, an ideal environmental setting would provide the necessary resources and guidance for an individual to begin to mitigate and effectively process experiences of trauma. Such as the case of immigrants who, when entering a new country, note that even when having to navigate a new living space and employing strained or limited resources, these stressors are manageable due to the sense of safety and freedom this new environment also brings [24]. A second example are the instances of immigrant children feeling safe and sheltered in a new country due to the secure and nourishing environment provided by parents, extended family, and other social ties (Perreira & Ornelas, 2013).

However, just as a Latino immigrant may encounter an ideal or supportive environment this application also argues that there will be times when the environment either cannot or fails to prepare and support the individual's successful mitigation of trauma. In these cases, risk factors such as environmental or contextual stressors are present to such a distressing level that it causes an individual to feel stress, leading to significant chances of depression [12]. A second

example is when immigrants experience conflict from a family environment unable to support mitigation of stress, due to differences in cultural values and acculturation distress, leading to negative mental health outcomes [30].

While the topic of trauma mitigation is not exclusive to the Latino immigrant community, there is a need to better understand the relationship of trauma within this population. This second application—that Latino immigrants process trauma alongside cultural and risk variables—can increase our knowledge and further our understanding of the role cultural variance has in trauma intervention. Fundamentally, this application also lends itself to focusing on one of the most overlooked contextual factors that, for the Latino immigrant community can double for one of the most dangerous risk variables of all— the act of migration itself.

Application Three: The Effects of Migration

It is the act of migration and its effects on the experiences of trauma that the third application can address. These effects include, but are not limited to, pre-migration hardships that cause the need to migrate in the first place, migration abuses such as sexual assault or extortion, and the post-migration obstacles of assimilation stress, xenophobia, or work place racism. This third application focuses on how the effects of trauma may differ depending where on the migration timeline the experience manifests itself. Knowing this would allow researchers and clinicians to accomplish two key intervention goals. First to more fully grasp the impact that a migration journey has on their respective clients' experiences of trauma, and second, to further deconstruct and develop interventions that address the effects of trauma. As an example, intervention to address root causes of migration, experiences of sexual assault, or anxiety over assimilation may require differing nuances, approaches, modalities, or even the type of intervention chosen.

This third application would bring to the forefront a factor unique to an examination of the immigrant experience; that when understood in conjunction with the first two applications, it would be able to better elucidate experiences of trauma within the Latino immigrant's migration journey. Using a social ecological application to view the Latino migration experience would then allow us to understand how other factors (individual, cultural, and contextual) interact or adapt to the environmental and social network changes that inevitably and naturally occur throughout the migration timeline. This focus and deconstruction of the contextual factor of migration will be especially useful given recent findings that highlight the distinct qualities and occurrences observed within the migration timeline and call for further study of its different phases of pre-migration, migration, and post-migration [11], Perreira & Ornelas, 2013; [22, 24, 30].

Within these findings, we see strong associations between the different phases of the migration timeline and the individual, contextual, cultural, or risk variables present alongside each one. For example, excess poverty and insufficient documentation present during the pre-migration phase were linked to an increase in trauma during this same phase (Perreira & Ornelas, 2013). However, in these same examples, when whole family unit or sequential family migration was also present during the migration phase, it was shown to aid in decreasing the risk of experiencing trauma within the same phase. So, while there were high instances of trauma present throughout the migration phase of the timeline, Perreira and Ornelas (2013) found there were times when the effects of trauma varied in severity depending on the contextual or individual variables and social ties present during the same phase.

There are also examples where the effects of pre-migration trauma can proliferate well into the timeline past the post-migration phase, thus compounding the effects of trauma in unanticipated ways [22]. This leaves Latino immigrants having to deal with not only the ramifications of pre-migration and migration trauma, but post-migration trauma as well. This trauma may result from a decline in familial strength, an increase in acculturation stress, anxiety over immigration status even with adequate documentation, and/or race or language-based discrimination [1, 11, 22].

These are a few instances where scrutinizing the migration process in the context of this third application can assist researchers and clinicians in understanding the variances in findings. A study by Mercado, Venta, Henderson, and Pimentel [26] demonstrates that it is not only possible, but necessary to study impacts of the migration timeline on the development of trauma. In their work with Latino immigrants, who had recently entered the post migration phase, they outline discrepancies related to what factors mitigate or aggravate migration trauma, how long-standing the impact of migration trauma is, and how it is possible that seemingly, similar migration journeys may lead to drastically different experiences of trauma.

The Three Foundational Areas

When proposing what changes to address with a social ecological application this paper presents the following three foundational areas for further consideration: deconstructing what it means to be a Latino immigrant, integrating a collectivist perspective, and addressing the effects of migration. Further exploration of these three areas will be used to examine the two intervention needs earlier identified—measurability and efficacy.

Foundational Area One: Deconstructing the Latino Immigrant Experience

For the most part, Latino immigrants have been treated as a homogenous group without taking into account the various individual, contextual, and cultural disparities found within main migrant groups, let alone the subgroups present [30].

One way this homogeneity continues to be perpetuated is through the classification bias found within the current U.S. immigration system, that is then incorporated into the literature and adopted for intervention use. Immigrant, migrant, resident, refugee, and asylum seeker are all acceptable terms however, these status labels can skew our understanding of the immigrant experience and limit how those experiences are observed, studied, and addressed. The term immigrant conjures up notions of a peaceful, voluntary, and swift migration, while the term refugee is surrounded by connotations of persecution and struggles. However, as Sangalang, Becerra, Mitchell, Lechuga-Peña, Lopez, and Kim [30] have noted, and Lusk and Chavez-Baray [24] qualitatively describe, the Latino immigrant population continues to blur the lines between what was once believed were common migrant experiences and what they are actually experiencing. These studies identify how such factors as status, migration experience, or demographics are not, by themselves, indicative of whether a Latino immigrant will take part in a journey devoid of trauma.

Scholars such as Perreira and Ornelas (2013), have likened the trauma that immigrants incur to that of refugees, especially when considering the contextual variables of low socioeconomic status and immigration without sufficient documentation. Following Perreira and Ornelas's (2013) lead, it bears asking what other individual, contextual, or cultural variables are unconsidered due to homogenization, thus limiting our current understanding of the Latino immigrant experience of trauma. As such, it follows that if the population being studied is less homogenous than previously understood, then so too are the trauma and responses experienced by them [4, 10]. This suggests the need to study trauma through a social ecological lens that can provide the potential for discovering the variability within the experiences of trauma as diverse as the population that exhibits them.

It should be noted that this line of questioning is not meant to dismiss the commonalities found within the Latino immigrant population, such as country of origin, higher levels of familismo, degree of assimilation or enculturation, language preference, religious affiliation, or reasons for migrating. Rather, it is meant to explore how and why these commonalities, when confronted with

experiences of trauma, elicit different outcomes from the individual. As Ungar, Ghazinour, and Richter [37] present, it also looks to question the group's preconceived homogeneity by exploring the tensions between what outside groups have mis-identified the Latino immigrant to be, how they actually self-identify, and how they might react to experiences of trauma. Using a social ecological lens in the reconciliation of perceived group traits, preconceived group notions, and expressed individual traits is a crucial approach that allows the therapeutic process to meaningfully engage with the individual it serves.

This social ecological lens entails decentering the individual from the study of trauma to include external factors alongside traditional notions of personal motivation and individual adaptability. Using a social ecological lens to examine experiences of trauma means we can explore the intricacies between the synergistic relationships of the individual, their internal characteristics, and the external social and environmental factors that the person interacts with. In turn applying this lens to experiences of trauma within the Latino immigrant community means we can explore these relationships to address necessary foundational changes that advance how intervention methods approach these multiple relationships found within and the around the Latino immigrant.

Foundational Area Two: Integrating a Collectivist Perspective

The use of a social ecological lens would allow researchers and practitioners to begin deconstructing this homogenous façade to better take into account the distinct variables that may be present within the Latino immigrant community. One variable that bears revisiting is the predominant trait of collectivism associated with the Latino community as a whole. For this paper a collectivist mindset is defined as an individual's primary emphasis or preference for the group's success, overall well-being, and maintained visible and invisible cohesiveness, with a secondary emphasis on the success and well-being of the individual; even if at times it may appear to the outsider to be at their own expense. This definition follows previous understandings of collectivism such as group influence over the individual, prioritizing the needs of others over the needs of self, and the use of mutually beneficial exchanges [17, 32], Schwartz et al., 2013). Where it will differ from traditional definitions is the intentional focus on the visible and invisible factors at play that may not be easily observed by outsiders.

Current western intervention methods stem from an individualistic foundation that has traditionally provided treatment to a predominantly, non-Latino culture. As one example, the intervention method Cognitive Behavioral Therapy

(CBT) posits that situations, caused by a distorted internal lens will create negative beliefs or thoughts within a person. During the therapeutic process between clinician and client there is a strong focus on addressing these distortions by asking questions that look at previous thought processes and current experiences. By taking into account an individual lens without fully incorporating outsiders' perspectives or influences, CBT is, at its core, individualistic. This is not to say outside events are not considered, since they are noted as influencing the triggering situation; however, the limited inclusion of the others beyond the situation does not take full advantage of the collectivist ethos.

For an individual from a collectivist perspective, external situations serve a greater purpose than to cause reactions. These external situations are key to how an individual with a collectivist perspective navigates lived experiences. Examples include a person either choosing or feeling expected to: center the group over the individual, cultivate harmonious and amicable relationships, prioritize group order, sacrifice for the other, support those within the group setting, and share cultural values [2], 5, 7]. Within each of these examples there is a focus on both the individual and group dynamics at play and in some instances when these dynamics occur in conflict or with negative interactions, they even lead to negative mental health outcomes [1]. These situations, though external from the individual, are part of the person's internal lens, created and cultivated by observing and interacting with the world around them and is made up of their environment and social networks. Therefore, a person from a collectivist upbringing cannot have a solely individualized lens because it stems from a blending of internal and external processes. As such, for this individual it would be false to claim that negative consequences stem solely from a distorted internal process, without also assessing for distortion of external ones.

Most recently, Sangalang et al. [30] and Kira [19] highlight and advocate for the inclusion of culturally relevant, collectively oriented, trauma-informed interventions. One way this could be done at a foundational level is to ask if the person's beliefs and thoughts are negative, while equally asking if their situation (i.e. the environment and social networks) is also impacting their thoughts and beliefs. Leong, Park, and Kalibatseva [21] outline the impacts of the external factors of: social network, family cohesion, and family conflict, while Bekteshi and van Hook [5] acknowledge the impact of familial and contextual factors on the individual. Both studies elucidate the precarious relationship external and internal contexts have on the individual. Taking both internal and external factors into account through the use of a social ecological lens would provide an intervention method better equipped to include a collectivist perspective. Incorporating a collectivist perspective into intervention methods will enhance their efficacy by providing a clinical

lens more sensitive to how members of the Latino immigrant community process and mediate stressful and traumatic situations. Detailing and incorporating a collectivist perspective also challenges the current lens the mental health community continues to use when viewing immigrant experiences [3, 25].

Foundational Area Three: Understanding the Effects of Migration

Finally, in order to enhance our understanding which informs practice with the Latino immigrant community, there is one factor that requires a more acute focus: the act of migration itself. Previous studies have documented the precarious situations experienced by Latino immigrants throughout the migration timeline. These situations include being a witness to death, being in war or armed conflict areas, extreme poverty, parent–child separation, traveling without documentation, being a victim of sexual violence, illness or death from the elements, higher rates of discrimination, and severe distress from acculturation; to name a few [24, 30], Perreira & Ornelas, 2013; [12], 38]. Other studies have noted how Latino immigrants may exhibit different resilience outcomes based on the mitigating factors of the migration phase they are in and the social cultural factors present [8, 14, 24], Perreira & Ornelas, 2013).

Several researchers have used one or more labels to identify these migration phases. Among the labels used are pre-migration [11, 22], 9, 30, migration (Perreira & Ornelas, 2013; [24], and post-migration [11], Perreira & Ornelas, 2013; [22], 9, 30, however, there is no consensus in the literature as to how and when an immigrant moves between these phases. Efforts have been made to outline phases through excellent migration frameworks, however; they either have a scarce inclusion of Latino immigrants or utilize less commonly used terms such as pre-departure for pre-migration [38, 6. Identification of the different migration phases poses a problem because researchers will be tasked with presenting descriptors that provide clear, quantifiable, and widely-used indicators for when an individual is considered to have traversed each one, while also respecting the inherent fluidity of the journey's process.

This focus on the impact of the migration timeline can enrich our understanding of the Latino immigrant experience; however, there is still limited explanation on the phases, let alone the variance in effective trauma mitigation that resilience and other factors contribute to within each phase. This could, in large part, be due to the real and logistical limitations of accurately observing participants throughout one of the phases described, let alone all three. Given the complexity of the migration process, coupled with investigative limitations, there is a need to lay empirical groundwork

through immersive ethnographic research, utilizing a social ecological application, that places the scientist within and alongside the lived experiences of the migrants themselves.

Conclusion

The proposed application can be utilized to take into account the distinct variables present within the Latino immigrant community and its environment, thus continuing to deconstruct and understand the facade of homogeneity. One way this can be done is by considering the limited inclusion of a collectivist perspective into the foundation of mental health intervention. Given the sensitive nature of the topic being discussed, future research includes a two-step approach. The first step is to reach out to local Latino immigrant serving NGOs and mental health providers for interviews to understand how they are supporting collectivist perspectives with the Latino immigrant community in their area. This step will also serve the practical purpose of establishing and building necessary rapport. The second step is to utilize the social capital built, at the social network level, to reach out to potential participants and begin implementing the application with ethnographic work. Long term implications may include analyzing how this information may impact not only service delivery within a clinical, individual setting but also local and national policies that impact macro-level intervention. At the macro level, future research utilizing this application should consider the potential of supporting policies that recommend reformation that strengthens present, or creates viable, social ecological networks to design environments that support effective trauma mitigation by Latino immigrants.

References

1. Ai A, Pappas C, Simonsen E. Risk and protective factors for three major mental health problems among latino american men nationwide. *Am J Men's Health*. 2015;9(1):64–75. <https://doi.org/10.1177/1557988314528533>.
2. Ai AL, Weiss SI, Fincham FD. Family factors contribute to general anxiety disorder and suicidal ideation among Latina Americans. *Women's Health Issues*. 2014;24(3):e345–52. <https://doi.org/10.1016/j.whi.2014.02.008>.
3. Alegría M, Canino G, Shrout P, Woo M, Duan N, Vila D, Torres M, Chen C, Meng X. Prevalence of mental illness in immigrant and non-immigrant U.S. latino groups. *Am J Psychiatry*. 2008;165(3):359–69. <https://doi.org/10.1176/appi.ajp.2007.07040704>.
4. Bekteshi V, van Hook M, Levin J, Kang S, Van Tran T. Social work with latino immigrants: Contextual approach to acculturative stress among cuban, mexican and puerto rican women. *Br J Soc Work*. 2017;47(2):447–66. <https://doi.org/10.1093/bjsw/bcw003>.
5. Bekteshi V, van Hook M. Contextual approach to acculturative stress among latina immigrants in the U.S. *J Immigr Minor Health*. 2015;17(5):1401–11. <https://doi.org/10.1007/s10903-014-0103-y>.

6. Bhugra D. Migration, distress and cultural identity. *Br Med Bull.* 2004;69(1):129–41. <https://doi.org/10.1093/bmb/ldh007>.
7. Cardoso J, Thompson S. Common themes of resilience among latino immigrant families: A systematic review of the literature. *Fam Soc.* 2010;91(3):257–65. <https://doi.org/10.1606/1044-3894.4003>.
8. Castro F, Garfinkle J, Naranjo D, Rollins M, Brook J, Brook D. Cultural traditions as “protective factors” among latino children of illicit drug users. *Subst Use Misuse.* 2007;42(4):621–42. <https://doi.org/10.1080/10826080701202247>.
9. Cervantes R, Gattamorta K, Berger-Cardoso J. Examining differences in immigration stress, acculturation stress, and mental health outcomes in six hispanic/latino nativity and regional groups. *J Immigrant Minority Health.* 2019;21(1):14–20.
10. de Figueiredo J. Explaining the “immigration advantage” and the “biculturalism paradox”: An application of the theory of demoralization. *Int J Soc Psychiatry.* 2013;60(2):175–7. <https://doi.org/10.1177/0020764013477018>.
11. Dillon FR, De La Rosa M, Ibañez GE. Acculturative stress and diminishing family cohesion among recent latino immigrants. *J Immigr Minor Health.* 2013;15(3):484–91. <https://doi.org/10.1007/s10903-012-9678-3>.
12. Driscoll M, Torres L. Acculturative stress and latino depression: The mediating role of behavioral and cognitive resources. *Cultur Divers Ethnic Minor Psychol.* 2013;19(4):373–82. <https://doi.org/10.1037/a0032821>.
13. Eisenman D, Meredith L, Rhodes H, Green B, Kaltman S, Cassells A, Tobin J. Ptsd in latino patients: Illness beliefs, treatment preferences, and implications for care. *J Gen Intern Med.* 2008;23(9):1386–92. <https://doi.org/10.1007/s11606-008-0677-y>.
14. Harper-Dorton K, Lantz J. *Cross-Cultural Practice.* 2nd ed. Social work with diverse populations: Oxford University Press, Incorporated; 2007.
15. Hinton D, Lewis-Fernández R. The cross-cultural validity of posttraumatic stress disorder: implications for DSM-5. *Depress Anxiety.* 2011;28(9):783–801. <https://doi.org/10.1002/da.20753>.
16. Hinton D, Pich V, Hofmann S, Otto M. Acceptance and mindfulness techniques as applied to refugee and ethnic minority populations with PTSD: Examples from “culturally adapted CBT.” *Cogn Behav Pract.* 2013;20(1):33–46. <https://doi.org/10.1016/j.cbpra.2011.09.001>.
17. Jason L, Luna R, Alvarez J, Stevens E. Collectivism and individualism in latino recovery homes. *J Ethn Subst Abuse.* 2018;17(3):223–36. <https://doi.org/10.1080/15332640.2016.1138267>.
18. Kaltman S, Hurtado de Mendoza A, Serrano A, Gonzales F. A mental health intervention strategy for low-income, trauma-exposed latina immigrants in primary care: A preliminary study. *Am J Orthopsychiatry.* 2016;86(3):345–54. <https://doi.org/10.1037/ort0000157>.
19. Kira I. Etiology and treatment of post-cumulative traumatic stress disorders in different cultures. *Traumatology.* 2010;16(4):128–41. <https://doi.org/10.1177/1534765610365914>.
20. Lau A. Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clin Psychol.* 2006;13(4):295–310. <https://doi.org/10.1111/j.1468-2850.2006.00042.x>.
21. Leong F, Park Y, Kalibatseva Z. Disentangling immigrant status in mental health: Psychological protective and risk factors among latino and asian american immigrants. *Am J Orthopsychiatry.* 2013;83(2–3):361–71. <https://doi.org/10.1111/ajop.12020>.
22. Li M. Pre-migration trauma and post-migration stressors for asian and latino american immigrants: Transnational stress proliferation. *Soc Indic Res.* 2016;129(1):47–59. <https://doi.org/10.1007/s11205-015-1090-7>.
23. Lusk M, Terrazas S. Secondary trauma among caregivers who work with mexican and central american refugees. *Hisp J Behav Sci.* 2015;37(2):257–73. <https://doi.org/10.1177/0739986315578842>.
24. Lusk MW, Chavez-Baray S. Mental health and the role of culture and resilience in refugees fleeing violence. *Environment and Social Psychology.* 2017;2(1):26–37.
25. Marques L, Eustis E, Dixon L, Valentine S, Borba C, Simon N, Kaysen D, Wiltsey-Stirman S. Delivering cognitive processing therapy in a community health setting: The influence of latino culture and community violence on posttraumatic cognitions. *Psychol Trauma.* 2016;8(1):98–106. <https://doi.org/10.1037/tra0000044>.
26. Mercado A, Venta A, Henderson C, Pimentel N. Trauma and cultural values in the health of recently immigrated families. *J Health Psychol.* 2019;26(5):728–40. <https://doi.org/10.1177/1359105319842935>.
27. Naseh M, Macgowan M, Wagner E, Abtahi Z, Potocky M, Stuart P. Cultural adaptations in psychosocial interventions for post-traumatic stress disorder among refugees: A systematic review. *J Ethn Cult Divers Soc Work.* 2019;28(1):76–97. <https://doi.org/10.1080/15313204.2019.1570891>.
28. Perreira KM, Ornelas I. Painful passages: traumatic experiences and post-traumatic stress among u.s. immigrant latino adolescents and their primary caregivers. *Int Migr Rev.* 2013;47(4):976–1005. <https://doi.org/10.1111/imre.12050>.
29. Pinos-Leano M, Liechty J, Piedra L. Latino immigrants, depressive symptoms, and cognitive behavioral therapy: A systematic review. *J Affect Disord.* 2016;208:567–76. <https://doi.org/10.1016/j.jad.2016.10.025>.
30. Sangalang C, Becerra D, Mitchell F, Lechuga-Peña S, Lopez K, Kim I. Trauma, post-migration stress, and mental health: A comparative analysis of refugees and immigrants in the united states. *J Immigr Minor Health.* 2018;21(5):909–19. <https://doi.org/10.1007/s10903-018-0826-2>.
31. Schwartz S, Unger J, Des Rosiers S, Lorenzo-Blanco E, Zamboanga B, Huang S, Baezconde-Garbanati L, Villamar J, Soto D, Soto D, Pattarroyo M, Szapocznik J. Domains of acculturation and their effects on substance use and sexual behavior in recent hispanic immigrant adolescents. *Prev Sci.* 2014;15(3):385–96. <https://doi.org/10.1007/s11211-013-0419-1>.
32. Shavitt S, Cho Y, Johnson T, Jiang D, Holbrook A, Stavrakantonaki M. Culture moderates the relation Between Perceived Stress, Social Support, and Mental and Physical Health. *J Cross Cult Psychol.* 2016;47(7):956–80. <https://doi.org/10.1177/0022022116656132>.
33. Sternberg R, Nápoles A, Gregorich S, Paul S, Lee K, Stewart A. Development of the stress of immigration survey: A field test among mexican immigrant women. *Fam Community Health.* 2016;39(1):40–52. <https://doi.org/10.1097/FCH.00000000000000088>.
34. Radford, J. & Budiman, A. (2018). Facts on U.S. immigrants, 2016 statistical portrait of the foreign-born population in the United States Retrieved from <http://www.pewhispanic.org/2018/09/14/facts-on-u-s-immigrants/>.
35. Torres L, Driscoll M, Voell M. Discrimination, acculturation, acculturative stress, and latino psychological distress: A moderated mediational model. *Cultur Divers Ethnic Minor Psychol.* 2012;18(1):17–25. <https://doi.org/10.1037/a0026710>.

36. Ungar M. Resilience, trauma, context, and culture. *Trauma Violence Abuse*. 2013;14(3):255–66. <https://doi.org/10.1177/1524838013487805>.
37. Ungar M, Ghazinour M, Richter J. Annual research review: What is resilience within the social ecology of human development? *J Child Psychol Psychiatry*. 2013;54(4):348–66. <https://doi.org/10.1111/jcpp.12025>.
38. Zimmerman C, Kiss L, Hossain M. Migration and health: a framework for 21st century policy-making. *PLoS Med*. 2011. <https://doi.org/10.1371/journal.pmed.1001034>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.