

2016

Cultural Implications on Latino Disability, Definition, Perceptions, and Practices

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CULTURAL IMPLICATIONS ON LATINO DISABILITY DEFINITION, PERCEPTIONS,
AND PRACTICES

by

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B.A., Southern Illinois University, 2011

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the

Master of Science

Rehabilitation Institute

in the Graduate School

Southern Illinois University Carbondale

December 2016

RESEARCH PAPER APPROVAL

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A Research Paper Submitted in Partial

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for the Degree of

Master of Science

in the field of Rehabilitation Administration and Services

Approved by:

Dr. William Crimando

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October 31, 2016

AN ABSTRACT OF THE RESEARCH PAPER OF

VIVIAN M. HARDISON, for the Master of Science degree in REHABILITATION ADMINISTRATION AND SERVICES on OCTOBER 31, 2016, at Southern Illinois University Carbondale.

TITLE: CULTURAL IMPLICATIONS ON LATINO DISABILITY DEFINITION, PERCEPTIONS, AND PRACTICES

MAJOR PROFESSOR: Dr. William Crimando

The topic of Latino disability definition, perception and practices will be reviewed through a critical analysis and comprehensive review of past and current literature. The importance of Latino disability definition, perception, and practices will be discussed as well as what the consequences are of this population not receiving services that are culturally integrated. The need for culturally competent administrators and counselors will be reviewed. The barriers that administrators/counselors and families run into will also be reviewed. An in depth literature review will be included. At the closing of this paper conclusions and recommendations will be provided.

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CHAPTER 1

INTRODUCTION

Definition of the problem

This problem is to investigate what role cultural implications play in the definition, perceptions, and practices of Latinos that have disabilities. Latino families, tend to endorse the idea of attitudinal familism which can be associated with disability support (Cohen, Holloway, Dominguez-Pareto, & Kupperman, 2014). The intention of this paper is to review some of the historical information and the current literature regarding the cultural implications of disabilities within Latino populations. Further studying this topic can give a better cohesive understanding of Latinos and how the disability effects them and how they handle it in their culture.

Some Latino immigrants are at a disadvantage when it comes to receiving services because they are not familiar with special education and social services programs that are available to them (Cohen, 2013). Culturally, this population does not often publicize any disability and because of this, it often goes unreported or unnoticed by family members. Researchers have explored how improving the family quality of life will help with some of the issues that arise with dealing with disabilities. Immigrant families improving the family of quality of life might be difficult because of geographical location, having to work long hours, and other structural barriers (Cohen, Holloway, Domínguez-Pareto, & Kuppermann, 2014).

Latinos currently make up 16% of the Unites states population (Wilson, Durantini, Albarracín, Crause, & Albarracín, 2013). With such a high increase in the population, the demand for bilingual and culturally competent administrators and counselors is necessary so that population is not continuously left without services. “The Latino population in the United States is rapidly increasing. This increase produces cultural change, and the cultural inertia model

suggests that cultural change is resisted if one cultural identity must change” (Quezada, Shaw, & Zárate, 2012, p. 243). Latinos might be experiencing skepticism over receiving services because there is a push for their cultural beliefs to change. Researchers suggested that having a strong foundation in biculturalism can serve as a protection factor for Latinos when it comes to assimilations; it can lead a more positive quality of life, socio-cognitive function, and it can positively impact educational achievements.

Family is considered an important social support resource for Latin Americans (Chang, 2014). Services regarding a Latino individual might be a family decision or might require the involvement of the family. The acceptance surrounding a disability and how it is going to be handled might also be a family decision. Due to the fact that Latino are deemed the most disadvantaged group for education it is thought as a vital necessity for parents to be involved in a child’s education (Ramirez, McCollough, & Diaz, 2016). Overcoming this would involve educators and families working as a collective unit to see that children are receiving the help that they need. Educators are continuously finding it difficult and challenging to connect the bridge between home and school when there is a cultural and linguistic difference between them and the parents (Ramirez et al., 2016). According to Quezada et al. (2012) to get away from assimilation ideologies, we can take on multicultural ideologies that will encourage a diverse group and cultural distinctiveness.

Background of the problem

It is found that in comparison to non-Latinos, Latinos in the United States have disproportionate rates of poor health care, chronic childhood illness, and disability (Lobato, Kao, & Plante, 2005). This disparity has still not been addressed or solved, It is a concern when the population of Latinos continues to grow in the United States. “In the last three decades, the

Latino population in the mainland United States has nearly quadrupled” (Lobato et al., 2005, p. 625). The need to understand how Latino populations take on disability is crucial as the population grows. Latino and Black adults were found to have worse rates of health when they had an intellectual and developmental disability (IDD) than White adults with an IDD (Magaña, Parish, Morales, Li, & Fujiura, 2016). The more understanding that there is, the more resources that can be made available to this group that is already underserved in society yet rapidly growing. Recent studies still continue to show that Blacks and Latino adults report fair to poor health more likely than white adults which is evidence to the disparity (Magaña et al., 2016).

National surveys have shown that Latino youths are more likely to experience symptoms of depression and they are more likely to smoke cigarettes in comparison to White and Black individuals of the same age group (Lorenzo-Blanco, Unger, Oshri, Baezconde-Garbanati, & Soto, 2016). To better understand the disparity in these groups, researchers believed that it lied in the social support, possible victimization over discrimination, and school climate (Lorenzo-Blanco et al., 2016). This is problematic because Latino youth are falling into unhealthy habits and are again not receiving support that may need. They are also not being taught coping mechanisms that will help them function in a society with cultural differences other than their own.

It is found that Latino children might be at risk of psychological adjustment and report more anxiety and internalizing symptom; along with this Latino and European mothers are found to exhibit more depression when they have a child with a disability (Lobato et al., 2005). The perceptions on disability might be contributing to Latinos hesitating to seek out services that could improve their overall quality of life. Chang (2014) stated that previous research has been focused on the differences found in collectivist groups versus those with individualistic

orientations and little is known on how those with collectivist orientations utilize or underutilize social support available to them. This is problematic because it can be argued that that the limited information on the subject is keeping Latinos from being able to be helped or open to the idea of social support outside of their close family or close collectivist group for their disabilities.

Parental involvement with children's school can be considered very important to the educational success of the student. It has been found that parental involvement in particular with Latino children shows a positive impact of student achievement but unfortunately the euro-centric idea of parental involvement is not always understood in Latino families (Ramirez et al., 2016). It has been found that Latinos tend to believe that the role of a teacher is to educate children while their role as parents is to care for the family; this ideology sometimes caused educators to incorrectly think that parents are not interested or worried about their child's education but this is actually just a disconnection between cultures (Ramirez et al., 2016). "The differences in perceptions may affect interactions between parents and teachers and may also lead to teachers and school administrators to implement policies to address low academic achievement on the basis of their perception of the issue without taking into account the ideas and perceptions of the parents and students" (Becerra, 2012, p. 167). This poses a problem for open communication as well as getting children the best education and relationship with their teachers. More education on the differences is necessary so that these issues do not continue to arise.

Significance of the Study

Many Latinos are going without services due to lack of reporting and diagnosis. Without the resources Latinos are not able to have the same accommodations or opportunities that others receive. It was found that there is an estimated of \$11,723 spent per white child in comparison to

\$7634 per Latino child on intervention treatments (Cohen et al., 2014). It has also been found that Latinos show lower performance on national, regional, and state academic achievement (Ramirez et al., 2016). In a study done it was found that Mexican youths were more likely to drop out of school if they were only English speakers or if they had limited English skills in comparison to those student who spoke both English and Spanish more fluently (Bacallao & Smokowski, 2005).

Having an idea of what role cultural implications play in the definitions, perceptions, and practices of Latino cultures on disability will give a better understanding of the population and what resources can be made available and how they can be better helped. Teachers who have students from a different cultural, ethnic, and linguistically background are not the training that they need to deal with issues as they arise (Ramirez et al., 2016).

The ideology of assimilation is often seen when people immigrate to the United States. Assimilating assumes that the transition to U.S. cultures and traditions will make the person more integrated into society. But for Latinos, it is both a part of their culture and their norms to rely on family to meet their social support needs, this is also the cultural expectation for Latino individuals (Chang, 2014). Holding on tight to cultural beliefs and norms may discourage them for being open with anyone else about a disability. Chang (2014, p. 5) states “Although Latino Americans appear to have a strong cultural values favoring social support, concerns about familial and societal judgments may have a bearing on whether Latino Americans seek out social support.” Being able to maintain a piece of a person’s cultural distinctness can keep them from feeling threatened or like they were expected to change; it has been found that data suggests a preference for multiculturalism because it involves the lesser amount of change to their own native beliefs, norms, and cultural identity (Quezada et al., 2012).

It has been found that having to deal with discrimination and being the victim of bullying can cause a person's mental health to be influenced and can cause them to be using substances to help with stress (Lorenzo-Blanco et al., 2016). It was found that Latino acculturating men have an influx of heavily drinking alcohol; it was also found that Latina women who have assimilated could likely drink more heavily than women who exhibited low assimilation rates (Bacallao & Smokowski, 2005). Researchers found that Latinos face discrimination and unjustness when they are trying to receive health care and they have a physical disability as well a history of alcohol or substance use (Cordova et al., 2015).

This paper is needed to better understand what influences Latinos' decisions when it comes to disabilities and how the needs of Latinos with disabilities can be better assessed. This paper is also needed so that cultural sensitivity can be better understood. The more versatile administrators and counselors can be on a topic the more that they will be able to reach populations that often go without help. Understanding how Latino as a population process within their culture and how they try to take on other cultures will provide information on how, why, and if assimilation is contributing to their level, profoundness, and/or types of disabilities they experience.

Purpose of the Project

The purpose of this project is to examine the current literature on Latinos and what their cultural implications are on the definition, perception and practices when it pertains to disability. The purpose is also to examine how administrators and counselors use cultural competencies to better serve Latinos with disabilities. Examining the current state of Latinos and how they handle disabilities will give a better understanding of where their ideologies root from. Examining cultural competencies will give a better understanding of where

administrators/counselors current level of cultural competency is now and where they can improve on it. This will be accomplished by a critical analysis of the research that has been conducted on the cultural implications of Latino populations.

Another purpose of this project is to explore in what ways Latino populations can better be helped when it comes to dealing with disabilities as well as how to get resources. Since the Latino population is rapidly growing in the United States it's important to understand what disabilities and issues are plaguing this community. The questions that will be addressed:

1. How do cultural implications influence Latinos to make decisions pertaining to disabilities?
2. Do the cultural implications contribute to low reporting and diagnoses of Latinos with disabilities?
3. What methods and practices are administrators and counselors utilizing to be more culturally competent with Latino populations?
4. What role do families play in someone getting diagnosed and receiving services for a disability?

Definition of Terms

Acculturation "is a bidimensional process by which a Latino/a youth acquire aspects of the dominant receiving U.S culture while also selectively learning or maintaining aspects of their Latino/a heritage culture" (Lorenzo-Blanco et al., 2016, p. 38).

Assimilation "proposes that individuals relinquish a subordinate identity to adopt a common identity of mainstream society" (Quezada et al., 2012, p. 243).

Biculturalism: of, relating to, or including two distinct cultures (Jejunum, 2003).

Bullying Victimization is “aggression that is intentional, repeated, and characterized by an imbalance of power between the bullying predator and the bullying targeted” (Lorenzo-Blanco et al., 2016, p. 38).

Critical Consciousness “involves the process of continuously reflecting on and examining how our own biases, assumptions, and cultural worldview affects the way we perceive diversity and power dynamics at a personal level” (Pinter & Sakamoto, 2005, p. 685).

Collectivism “emphasizes the interrelatedness of the self to others and the primacy of group goals and social obligations (Chang, 2014, p. 4).

Familism “refers to the paramount importance of the family, involving close, loyal ties, mutual respect, and emotional support” (Chang, 2014, p. 5).

Fatalismo “refers to the belief that individuals cannot alter their disease process because it is a part of their destiny” (Caballero, 2011, p. S12)

Definition of Intellectual Disability (Intellectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains (American Psychiatric Association, 2013).

IDD: will be used to refer to intellectual and development disability throughout this paper.

Machismo “is a cultural term for a set of identities and attitudes associated with the Hispanic concept of masculinity (Cabarello, 2011, p. S12)

Multiculturalism “proposes that individuals maintain a subordinate identity in a diverse society” (Quezada et al., 2012, p. 243).

Personalismo “refers to the expectation that a Hispanic/Latino individual will develop a personal relationship with their healthcare provider” (Caballero, 2011, p. S12).

CHAPTER 2

LITERATURE REVIEW

This chapter will first be discussing the research found on how cultural implications influence Latinos to make decisions pertaining to disabilities. Then it will be discussing if cultural implications contribute to low reporting and diagnoses of Latinos with disabilities. Research concerned with methods and practices that administrators and counselors are utilizing to be more culturally competent with Latino populations will be analyzed. This chapter will close with review of the research pertaining to the role that families play in someone getting diagnosed and receiving services for a disability.

Influence on Latino decisions

“The Hispanic/Latino culture is rich in traditions, beliefs, practices, and attitudes, all which influence perceptions and understanding of the disease processes and treatment” (Cersosimo & Musi, 2011, p. S18). In Latino population there is a strong loyalty to extended family that is far more important than the individual. Decisions on anything come from seeking the advice and input from a large number of family members (Caballero, 2011). Given this family make up, the decision to get services or talking to a counselor will be group decision. This cultural implication might make it difficult for counselors to help because any decision will not be an individual one. It is more likely that not one the immediate family but also the extended family will be a part of any treatment plan an individual may have.

Caballero (2011) states that in Latino populations, women are seen as the primary caretakers and therefore are thought of as having more healthcare knowledge than males. Due to this belief, men usually will not make medical decisions without consulting their wife first. This might culturally make a difference among young Latino men in that before receiving any type of

healthcare treatment they will trust a woman in their family before trusting a healthcare professional. Cabarello (2011) states that Latino men look at pain as a sign of weakness and therefore will not look for help because he will appear to be less of a man if he submits and admits that there is something wrong. Along with this belief machismo does have its benefits in that since they are primary bread winner, they will seek help if a disease or disability is keeping them from effectively fulfilling the obligation of being the provider.

In traditional Latino communities there are patriarchal relationships and the men usually carry the dominant role; because of these Latino women may feel disenfranchise to make good decisions about their bodies such as seeing a physician or getting early detecting testing or being nude for examinations (Erwin et al., 2010). These patriarchal and dominant roles are a cultural norm that influence how and when women will receive treatment. Similar to how the men have their wives accompany them and have to talk their husbands into getting treatment, the women are hesitant to get help or medical care without the consent of their husband.

Erwin et al. (2010) found that women from the Dominican Republic, women from Mexico and Other Latin American countries reported more issues with language barriers and had a lack of knowledge about breast and cervical care versus women from Puerto Rico. Erwin et al. (2010) contribute this to the level of acculturation in that Puerto Rican women have been in the U.S longer, have had citizenship longer, and have also become more familiar with American culture of healthcare treatment. These barriers could be influencing women from those countries to keep quiet about any issues. Erwin et al. (2010) also noted that depending on if women were in a rural or city setting, where they went for support might differ; in rural Arkansas the researchers found that women from Mexico found churches to be a positive site while women from Puerto Rico, Mexico, and other Latin American countries in New York City did not share

this belief because the churches are more focused on church business and are not that involved in the daily lives of their members. Rural areas may not have as much access to resources or transportation so that could contribute to why there is more church involvement in a rural area versus city areas. City Areas also have larger populations that may contribute to why women there might acculturate faster and not find support in the same places as women located in rural areas where it is not highly populated.

Moreno and Gaytán (2013) state that there is overrepresentation of Latino students with disciplinary action while having and misidentification of disabilities for Latino students as well. Moreno and Gaytán (2013) also state that this misidentification might be because specific disability assessments are developed for homogenous groups and the assessments are for native English speakers who are white. Given this disparity, it might influence Latinos from getting their children tested because they are consistently in trouble and not getting help pertaining to their disability. Due to these disciplinary problems school have initiated rapid suppression in hopes to quickly fix behaviors and unfortunately this results in the likelihood that Latino students being more likely to drop out of school (Moreno & Gaytán, 2013).

Méndez and Cole (2014) stated that Latinos have significantly lower rate of mental health disorders. This decrease could be caused because of the type of coping mechanisms that Latinos cultures tend to utilize. Due to the closeness of family support system, Latinos are more likely to get help and support from each other rather than to seek services from a professional outlet (Méndez & Cole, 2014). Following the belief that they can help each other more than a professional can might contribute to the underreporting of mental disorders.

In examining Latinos with traumatic brain injuries (TBI) there is an underrepresentation in the data but Latinos have been found to have a strong sense of loyalty, obligation, and

devotion for the person this is ill and in Latin American countries it has been found that the needs of the caregivers for family members with TBI's go unmet in that they lack an emotional, instrumental and professional support (Coy et al., 2013). The same cultural loyalty is driving the care for the person. With an underrepresentation in the U.S. it is difficult to say if the cultural implications would be the same for a caregiver for someone with a TBI but from other research it has been noted that when Latinos hold on to their heritage and values they will care for their family members closely when they are ill. Coy et al. (2013) found that when a family has a strong family functioning the caregiver tended to have less burden and had less levels of depression regardless of the level of social functioning of the person with the TBI. "Latino culture may be characterized as generally collectivist, because Latinos have shown to place significant value on the well-being of their family. As a result, the caregiver structures of Latino families tend to embody a more collectivist and family approach, and have been shown to be larger than that of white families in the U.S." (Coy et al., 2013, p. 366). The family dynamic resonates through Latino culture and make them put an emphasis on the betterment of the family.

"There is a questionable degree of competence by the healthcare provider, as well as a lack of culturally appropriate patient educational materials. Poor cultural competence can lead to decreases patient satisfaction, which may cause the patient to not attend future appointments or seek further care" (Cersosimo & Musi, 2011, p. S18). In any employment if there is a dissatisfaction some will disregard it as unnecessary. Healthcare and wellness is crucial for anyone so the need for cultural competence should be required. Latinos already have the ideology that if anything is wrong their families will be the ones that they solve it with therefore creating an atmosphere where they are uncomfortable will only continue the cycle of them not seeking help when they may genuinely need it.

“Families may be more than alternative source of mental health care for Latinos; they may also be a gateway into mental health treatment” (Villatoro, Morales, & Mays, 2014, p. 361). Since Latinos have such an influence on each other, getting a family member on board with treatment might be the gateway of getting an individual to the proper care that they need. Culturally if they still have strong ties to their beliefs and values they are rarely going to make decisions alone so it would behoove the professional to get the entire family to a place of understanding so that individual can be helped.

Low Reporting Rates and Diagnosis

Becerrea (2012) found in his study that the labeling of Latino students with behavioral and/or learning problems resulted in Latino students not performing well academically in comparison to white students. If this is the labeling that is occurring with Latino students, they might feel forced to stay silent about issues they are having. Along with this, if students stay quiet than any type of testing will not occur which will contribute to low reporting.

Large proportions of the Latino population in the U.S. have low socioeconomic status. Due to this it has been found that this can prevent Latinos from optimal healthcare and it has been reported that a great proportion of Latinos have no healthcare at all in comparison to non-whites (Cersosimo & Musi, 2011). If this is common for Latinos, it might contribute to them being hesitant to report any illnesses or issues that arise. Having to pay for any services can cause a worse financial strain than they are already experiencing. Cersosimo and Musi (2011) stated that another contributing factor to Latinos going without necessary healthcare is a lack of access to transportation and therefore they are unable to participate in available educational programs or make it to medical appointments. Cersosimo and Musi (2011) researched Latinos with Type 2 Diabetes Mellitus and stated that living in a low socioeconomic status can contribute

to having low self-management skills by having limited access to foods that would be better suited for a person with diabetes. Living in a low socioeconomic status neighborhood can also contribute to people having a lack of opportunity to exercise or engage in physical activity in their daily lives.

In California it was found that over half of the non-profit corporations that provide interventional services spend more money on children that are White than those that belong to ethnic minority groups (Cohen et al., 2013). If this is a well-known trend, it can cause Latinos to not feel confident about the possibility of being eligible for services or they might think that it is not worth the effort because they will not get help regardless of the need. Keyes et al. (2012) stated that it is more likely that Latinos who have acculturated to mainstream culture will receive mental health services. When reporting and receiving services for psychiatric disorders Latinos that have been in the U.S for a long period of time are more likely to receive services than those who have recently immigrated to the U.S. (Keyes et al., 2012). This could be because of language barriers and newly immigrated Latinos lack the English skill to see services. This could also be because Latinos who have been here longer have learned where to go for services or have established citizenship here and are not concerned with deportation. Keyes et al. 2012 stated that this also could be because Latinos who have resided in the U.S. longer have learned to identify with mainstream culture and therefore their level of acculturation have grown and they are more comfortable with asking or receiving services than someone who is new to the country.

Moreno and Gaytán (2013) state that a large part of the Latino youth population is attending schools that made up of more than 50% ethnic minorities and schools with this makeup generally do not have the financial resources, access to some curricula that has substance and quality, post-secondary planning and the teachers that are staffed at these schools are

underqualified for the positions. If these are the schools where Latinos are learning there might not be the resources to test so this might influence the rates of reporting. If the staff is underqualified they might not have anyone that could do the proper assessment or communicate with the parents that there is a disability issue that might need to be addressed.

Self-disclosure is an important to the counseling process. It helps to strengthen the relationship between counselor and client. Latinos have been found to self-disclose less than White Americans when they are less acculturated and have held on to their Latino values and heritage; Latinos who have acculturated more tend to seek out White American who like them have identify with mainstream culture and feel more of a connection to that culture instead of their Latino heritage. Since this can be problematic for parents, this self-disclose might negatively impact relationships because parents feel their other family members are no longer holding on to their values. “Traditions and values pertaining to Latino familismo may prove instrumental in the development of interventions and policies aimed at getting Latinos with mental health problems to seek mental health services” (Villatoro et al., 2014, p. 361) With this idea in mind, it may help Latinos open up and more and the reporting levels might be altered with the approach of the professional changing.

Though there is an under reporting for Latinos with disabilities, it has been found that Latinos with physical disabilities might be more at risk of substance use and are likely to report past substance use (Cordova et al., 2015). This might be due to the need for medical intervention when there is a physical disability. Though Latinos tend to take on their issues within the family, physical disabilities sometimes require a certain amount of medical help and diagnosis and therefore the doctor’s visits and services might account for the reporting of this particular disability.

Bacallao and Smokowski (2005) highlight assimilation as a risk factor as to why Latinos have increasing levels of mental health issues, negative health behaviors, and often initiate in alcohol and substance use to fit and identify with American culture. Bacallao and Smokowski (2005) stated that less assimilated Latinos have less issues with this problem. The underreporting of issues can possibly lie in those individuals who are less assimilated because of the belief that their families are the ones meant to help them with any issues instead of a professional. On the other hand, for people who have not assimilated there is an increase of discrimination, the constant internalization of minority status can lead them to maladaptive behaviors as a coping strategy (Bacallao & Smokowski, 2005). For individuals that are assimilated it might be easier to seek out help for problems because it is accepted and heavily a part of the culture that they have assimilated to.

Ramirez et al. (2016) stated although parental involvement enhances the quality of a child's educational experience schools continue to struggle to design programs and a curriculum that will dignify the cultures of the parents and this is often because teachers are not prepared to deal with families that are from other cultures nor do they know how to handle non-English speaking parents. With the language barrier children might not even know how to approach teachers with difficulties that they might be having. Parents might not know how to interact with the teacher on how to better teacher their child. This might contribute to underreporting because they might just now know how to go about making the circumstances better for them or their child. Ramirez et al. (2016) state that attempts at strategies to involve parents rarely provide theoretical framework, are superficial, and lack formal opportunities other than the occasional observation.

Moreno and Guytán (2013) state that one of the things that make Latinos different from other ethnic groups is the immigration status; of the 11.1 million unauthorized immigrant in the U.S., Latinos make up 78% of it. That could be a huge contribution for underreporting. If Latinos are living their entire lives while trying to stay under the radar its probable that they do not seek any assistance for services or healthcare. The fear of deportation can easily keep this population from getting their children tested and it might also keep them from being active in their child's school because they are unsure of what school official would do if they found out about their immigration status.

Method and practices of administrators and counselors

Regardless of where an administrator or counselor is educated, there will always be more to learn about other cultures. Groce and Zola (1993) argue that in order to properly give services to people with disabilities that it was imperative to others cultural beliefs, the attitudes that determine behavior, help guide decisions, and effect interactions with the a society outside of their own. "Too often differing cultural belief systems are approached by the dominant society and by professionals in an oversimplified manner" (Groce & Zola, 1993, p. 1048). As the U.S. continues to diversify professionals will continuously have to learn to broaden what they know about different cultures and what approaches will work best for each individual culture to better treat them.

One of the models used to assist administrators and counselors become more multiculturally competent is The Critical Events Model (Inman & Kreider, 2013). This model emphasizes the growth and learning of the supervisee. It is made up of the emotional bond, an agreement of what the supervisory goals are and the agreement on what the tasks of supervision are (Inman & Kreider, 2013). Having this type of supervision that holds multicultural

competence at the forefront can significantly benefit counselors and administrators so that they can work as an alliance to get better services and better working relationships with their clients. Coleman (2000) states that although the multicultural alliance is a complex one, having competence allows the counselor to approach clients with openness, wisdom, and humility.

Becerra (2012) stated that a way to help Latino children is for social workers to facilitate the communication between schools, teachers, and Latino populations. By doing this, the perceived barriers can be better communicated and instead of the population going underserved, they are creating an open and welcoming environment and working relationship. Tarman and Tarman (2011) argue that children are not born with preconceived attitudes or beliefs about any culture and therefore it is extremely important that they are taught to be culturally competent from a young age. In order to teach children about tolerance or multiculturalism within their society it is imperative that the teachers educating them are multiculturally competent so as the country becomes more diverse, the population is more informed and culturally sensitive.

According to Pinter and Sakamoto (2005) when human service providers develop their critical consciousness they will be able to identify the biases and assumptions that they be making against a client. By being able to do this they will be less likely to push their own ideologies or beliefs onto a client. Along with this they will also be able to contain stereotypical thinking. With the development of the critical consciousness service providers can safeguard from approaching the therapeutic process in an oppressive manner and instead they will go into it with awareness and appropriate multicultural practice (Pinter & Sakamoto, 2005). Like most methods, strengthening the critical unconsciousness can enable professionals to be more culturally aware and ensure that clients are getting the best services and that they are building the best relationship with those professionals that are assisting them. Pinter and Sakamoto (2005)

state that at the very least, strengthening the critical consciousness will enable professionals to become aware of their own biases and preconceived stereotypes and it can force them into challenging whatever their worldview and how they take on multicultural issues when they are helping clients.

Cersosimo and Musi (2011) stated that one of the strategies to help overcome barriers with Latino patients is to evaluate the current level of education and acculturations the individual has. This initial assessment can assist the counselor in finding out how many years of education the person has, how fluent they are in the English language, and can assist them in giving better medical advice and recommendations for lifestyle changes. Making any person feel more comfortable when meeting them can build a better rapport. Caballero (2011) stated that Latino patients gravitate towards healthcare professionals that engage in close physical contact like a hug or and handshake. This allows the patient to feel like there is a genuine interest in their life and what is taking place with them. If the initial assessments gets the information on acculturation it creates an open and lets the client know that the counselor/administrator is interested in their background and not ignoring the social or cultural differences that there may be. “Strategies such as making Medicare coverage available to minorities and improving accessibility of private health insurance by lowering costs and softening the pre-morbid condition requirements may be appropriate” (Cersosimo & Musi, 2011, p. S18).

Since men in Latino populations often see pain as a sign of weakness, it is important for administrators/counselors to include wives or a female family member when making healthcare decisions because the women will more than likely be playing that caretaker role that has encouraged them to go and will accompany them to appointments (Caballero, 2011). For counselors/administrators it might also be beneficial to remind male Latino patients that having

good health is tied to their ability to properly take care of and provide for their family (Caballero, 2011).

Latino culture is also seen as a culture of collectivistic culture. Since they are concentrating on the good and the benefit of the entire group, they turn to community members, family, extended family, or spiritual leaders instead of professionals because those allies have more of an investment in the good of the group instead of just focusing on the good of the individual (Méndez & Cole, 2014). In order to serve Latino populations better, professionals can use the family therapy approach because it suggests the values of a collectivistic orientation for treatment (Méndez & Cole, 2014). This is suggested over counseling that is primarily individualistic so that the family can be involved and they can help to identify what the problem and issues are that an individual is experiencing (Méndez & Cole, 2014). “Latinos collectivistic values are manifested in the need to contribute financial and emotional support and care for the children involving multiple family members, which challenges traditional mental health services of working with nuclear family structures” (Méndez & Cole, 2014, p. 217). Due to this, it is suggested that a wraparound system can benefit professionals in helping Latinos with services. Wraparound services make an individualized plan for a person but do it while including the family members; it will incorporate the extended family and combat the idea of fatalism while encouraging the confidence, self-worth, identity, and the security of the individual all while including the family in the therapy (Méndez & Cole, 2014). This can be very beneficial in how professionals approach families because they are in essence taking care of everyone and seeing that everyone gets services in a way that they can all benefit and grow within their collectivist group.

Through the literature reviewed there is evidence of practices for professionals to become more culturally competent for their clients. The more diverse the U.S. the higher the demand is for there to be professional who are culturally aware, sensitive, and well-rounded for the clientele that they will be helping. It's important that there continues to be more effort and time directed toward training professionals in multicultural issues and also making resources available to them that will allow them to better help different populations. There needs to be a continuous of research so that the field is consistently getting new treatment ideas. The literature has continuously stated that Latinos are not getting as much help and through significant training and effort on the part of professionals they can be more prepared and better equipped to help this population regardless of cultural difference.

Family role in diagnosis

Caballero (2011) stated that specifically with men, their wives or a female family member will play a large role in them receiving any type of care. Latino women often play the role of caretaker and because of this they will be an asset in getting individuals diagnosed. As stated before, the extended family is more important than the needs of one individual (Cabarello, 2011). Therefore any decision they make will be a family decision and it will be inclusive of how it effects everyone and not just the individual. For mothers the support that they receive from other family members and a spouse is crucial for their well-being (Cohen et al., 2013). Both the men needing their wives to accompany them to appointments and the women needing support for their own well-being ties back into how togetherness and dependency on each other is deeply enriched into Latino culture.

An issue that families run into is a differing of opinion with their children. Méndez and Cole (2014) state that sometimes parents get counseling when their child's acculturation

strategies differ from what they are doing. Parents often worry that their children will lose and not share the same cultural belief as them. With these differing of ideas, it could cause a riff in trying to get services for anyone in the family. If a child is born in the U.S. and is attending school where the mainstream culture is prominent than a parent may fear that they will not hold on to their heritage. This can become problematic with a child who is having difficulty in school if teachers would like to get the child tested but the parents see it as a family issue that should be handled their way with their involvement. “An individual who is in the marginalized group experience both a cultural loss of culture of origin as well as placing low important on the mainstream culture” (Méndez & Cole, 2014, p. 213). This might influence whether or not Latinos will see diagnosing as an issue. On one hand, in their culture they are used to putting the group before an individual and therefore decisions are not individualistic; yet they are stepping away from their culture of origin so this family unity may begin to get lost. On the other, the mainstream culture that they are now being exposed to be of low importance because it may be very different and too far removed from their own culture for them to identify with it closely.

“Fatalism is a detriment for Latinos because it prevents individuals and families from seeking services from mental health services because fatalism makes it difficult for Latino families to feel they have the ability to create change in their life” (Méndez & Cole, 2014, p. 216). Fatalism is engrained in Latino culture so it may influence how families react to diagnosing and whether it is an appropriate plan of action when there is a problem. Trying to convince a Latino out of the fatalism belief may prove difficult for the professional but it also may make it even more difficult that a professional is having to convince the individual but the family as well out of the idea.

Villatoro et al. (2014) stated that the role of family for Latinos when pertaining to mental illness is to be the natural support system for the individual as well as being the advice giver and emotional support. Like other articles discussed, the idea of family playing a key role in any decision made is important for the cultural implications for Latinos with disabilities and how they perceive the. Due to this cultural need to be dependent of family for many decisions, it can hinder an individual from getting any kind of help from an outside source such as counselor or healthcare professional (Villatoro et al., 2014).

“Teachers generally do not see parental engagement as a part of their professional obligation and often do not have and often do not have any experience in communicating with parents until asked to do so during a parent conference as an in-service teacher” (Ramirez et al., 2016, p. 46). Parents might want to play a considerable role in their child’s academic career but because of the disconnect them might not be able to. If they were able to communicate better or have more outreach from teachers, parents may play a more significant role in the academic careers of the child. Ramirez et al. (2016) found that when parents and teachers work together they can dismantle negative connotations that they may have and they can work in a supportive environment that is inclusive, accepting, and beneficial for the child to get the assistance that they need and do well academically.

Latinos often cite that they have a lack of trust for the medical field and when trying to treat post-traumatic stress disorder (PTSD) counselors have to take into account family values and structure because this may play a role in how a person interprets the traumatic exposure they are dealing with (Marques et al., 2015). Marques et al. (2015) found that Latinos that had PTSD because of abuse perpetuated by a family member were more likely to self-blame and felt powerlessness. Since family is such an integrated part of their lives Latinos might not know how

to react to something happening to them when it is a family member that caused it. Pittman (2014) states that cultural factors such as having adapt to a new language, acculturation, racism, and learning the values of another culture can contribute to the risk of Latinos having PTSD. Pittman (2014) also states that Latinos are less likely to report any type of stress and experience higher level of avoidant behavior when they are experiencing symptoms of PTSD. When treating someone with PTSD it is important to keep their cultural difference in mind so that families can play an active role in the treatment process. Ways that family can play a role in the treatment of PTSD are to continue their spiritual beliefs with the person that has PTSD, working as a group with the professional, and trying to identify the barriers early on (Pittman, 2014).

“The impact of a child’s illness or disability on sibling emotional and behavioral functioning is multifactorially determined, influenced by characteristics of the sibling and sibling dyad, the nature and demands of the child’s condition, and parental and family function” (Lobato, Kao, & Plante, 2005, p. 625). Lobato et al. (2005) found that Latino and non-Latino children had similar adjustments to have a sibling who had a disability. Lobato et al. 2005 also reported that when asked what they wished for themselves Latino children were more like to wish for something for their parents or for their family as a whole in comparison to non-Latino children.

Cohen et al. (2014) states that when someone has an IDD that the family quality of life is better when the entire family agrees with assistance is important and obligatory for the family as whole unit. Cohen et al. (2014) found that Latino families were more likely than Anglos to take attitudinal familism as it endorses the idea that families needed to be close emotionally, give each other assistance, should spend time together, and should take on the responsibility of the well-being of the entire family. Latino mothers who felt the attitudinal familism was being met

expressed a positive family quality of life and felt that their family and partners were being supportive.

The role that family plays in getting diagnoses is extremely significant for Latinos. Through the article examined it is prevalent that within their culture, Latinos rely heavily on each other for any type of help and will seek the approval of others in their family before moving forward with any type of treatment. The consistency of the research is that Latinos tend to hold to their values and cultures and it is important to integrate that into any treatment. With that ideology it will be important to stay mindful of what approach is being used and that they family cannot be left out of the equation when trying to help someone from the Latino population.

CHAPTER 3

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The research literature regarding Latino disability definition, perception, and practices shows that a wide variety of reasons why Latinos are hesitant to receive disability accommodations. Latinos tend to see any problem as one that should include the input of the entire family. The closeness of Latino families is very important to their culture and their belief therefore for them to accept services or even admitting that they may need help is going to be a decision that will include the entire family. It's important for counselors/administrators to understand that with any Latino client their family might need to be involved in the entire process and any decision made will not be an individual one. There needs to be a strong cultural understanding and the effort should not be mostly about the Latino client making a decision for themselves, from the literature it shows that any decision made will be to the benefit of the family and not just the person who may need or require services.

The research literature showed that Latinos that have assimilated to mainstream culture are more likely to be open about a disability and are more willing to receive services in comparison to Latinos who are still holding on to their cultural values and beliefs. The literature also showed that Latinos that have assimilated are more likely to get help and attention for their disability than those that have not assimilated to it. This leads research to show that Latinos that have moved away from their family norms might be more successful with school because they are receiving the accommodations necessary to do better in school and in the future once they are out of school.

The literature revealed frustrations from teachers, counselors/administrators when having Latino clients because of the cultural difference. There was a lack of understanding and Latinos were getting the bad reputation because they are not performing at the same level of other students. They also are not used to the culture and because of this seem to be having more problems than other students. The literature also showed that some Latinos are more likely to stay quiet when they are having trouble in school and not tell anyone that they are struggling. This might be due to fear of stigmatization or uncomfortable sharing it with anyone that is not in their family. A Latino might confide in another family member that they are having issues but if they have not created a bond with their teacher it is unlikely that they will express that they are having difficulties.

The literature also found a profound affect that disability has on the women in Latino families. Women are seen as the primary caretakers and because of this their quality of life is improved when they have family support but get depressed when they are handling and taking care of a person with a disability by themselves. The literature also showed that the women are usually the reason why Latino men will go get medical attention or disability services. Latino men will rarely attend appointment alone and the women are usually responsible to endure that their husbands as well as the rest of the family is being well taken care of. Although this might sound like a heavy weight to carry, it is culturally ingrained in Latino culture and is something that counselors/administrators should be mindful of when helping Latino families with medical or disability services.

Conclusions

Though there is a lot of literature available about Latinos and how their cultural implications affect them getting services the research points out that there needs to be more

outreach on the part of the community and agencies. The research shows that the population of Latinos in the U.S. is consistently growing and will probably only continue to grow and because of this, there is a demand for counselors/administrators who are culturally competent. The more outreach there is the more people that are being helped and being served. As a field rehabilitation is focusing on helping people so trying to reach out to Latinos instead of them being a marginalized population will greatly increase the likelihood of a better quality of life for Latinos in the U.S.

The literature also shows that there needs to be interventions for Latino students because helping them early on adjust in their school can help them overall be more successful in the future. There is a disparity in the amount of Latino children that are being found to have behavioral problems in comparison to White students. This might be a misdiagnosis but it can also be that the appropriate cultural techniques are not being applied to helping the child better adjust to a culture that isn't theirs. Another implication of the literature is that Latinos with disabilities are more likely to drop out of school because they are being deemed as having a behavioral issue. There needs to be more time and effort spent on properly diagnosing Latinos and also needs to be more interventions so that Latinos that are having behavioral issues are not at risk from dropping out. This will only ultimately hinder their future and make their quality of life falter in the long run.

An important area for study might be reducing the stigmatization of Latinos in the U.S. Immigration is constantly being talked about in the media and Latinos carry a high burden of being labeled as illegals. As a country that is constantly changing and the population consistently diversely growing it is important to not stigmatize this already underserved population. Through the reduction of stigmatization it might enable Latinos to go out after the services they need to

have a better quality of life. Everyone deserves the right to be successful and have a good quality of life and helping Latinos get services, better healthcare, and accommodations can greatly improve their over quality of life as well as help them adjust to life in the U.S. when they are having trouble doing it.

Recommendations

There seems to be a need of more Latinos in the rehabilitation field. Outreach to colleges and students might utilize Latino students who attend college to go into the field and be able to help someone with the same ethnicity. Through the research it showed that since Latinos are more likely to keep close to their cultural values and beliefs it may benefit the field to have more Latino counselors/administrators that can help this underserves population. This may be difficult but if other colleges are willing to promote other programs that culturally appeal to specific people, rehabilitation might benefit from doing the same.

University programs might benefit from requiring students to take more multicultural classes. Through the research is showed a lack of understanding and how to handle the cultural difference. Programs spend a lot of class time discussing theories that will help a counselor be diverse in the techniques and be multi-faceted so they can adjust as they go with each client. The same class time can be dedicated to getting familiar with other cultures and cultural techniques. When leaving a university program individuals should have had exposure to cultural competence and more classes on multicultural could help them walk out with that information. It might be impossible for any person to be completely culturally competent but program that require several multicultural classes can better prepare counselors/administrators for the diverse clientele that they are likely to encounter.

Agencies may also benefit from having employees go through intense multicultural training before they ever start meeting with clients. Having this as part of the training requirements could better prepare any employee and better equip them to help Latino clients. It is extremely important that agencies continuously prepare for the clientele that they get. Making this a mandatory part of the training helps ensure that employees will take the training seriously and get a lot out of it that they can carry on with them in any future endeavors. It is a field that is meant to help people and the more time and effort spent in competency training the better populations will be served.

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doi:10.1080/09540121.2012.729803

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Cultural Implications on Latino Disability Definition, Perceptions, and Practices

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