

Culturally Inclusive Psychotherapeutic Interventions for Latino Immigrants in Canada

By

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## Abstract

This capstone examined how Canadian counselling practices could be adapted to better support the mental health needs of Latino immigrants by integrating culturally responsive and linguistically informed therapeutic strategies. Latino immigrants in Canada have experienced migration-related stressors including language barriers, discrimination, financial strain, trauma exposure, and disrupted social and spiritual supports, which interact with culturally and linguistically mismatched counselling services to reduce access to and engagement with mental health care. Guided by Bronfenbrenner's Ecological Systems Theory, this project used a structured literature review following Creswell's methodological approach to identify empirical evidence on culturally inclusive psychotherapeutic interventions. Twelve peer-reviewed studies published between 2016 and 2024 were synthesized into three themes: language and bilingualism in therapeutic practice, migration stress and trauma, and social support, resilience, and religious coping. Findings showed that culturally responsive care could be strengthened through linguistic attunement, trauma-informed and ecologically grounded interventions, and the integration of relational, communal, and spiritual sources of resilience. Counselling outcomes improved when therapists demonstrated cultural humility, addressed structural barriers, and used culturally adapted models such as bilingual and relationally focused therapies. Implications emphasized the need for bilingual service delivery, enhanced practitioner training in cultural competence, and systemic advocacy to increase accessibility for Latino immigrant communities. Overall, results underscored the importance of tailoring counselling practices to reflect the sociocultural and linguistic realities of Latino immigrants within the Canadian mental health landscape. *Keywords:* Latino immigrants, culturally responsive counselling, bilingual therapy, migration stress, resilience. **Acknowledgements**

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## Table of Contents

Chapter 1: Introduction .....	5
Topic Background and Context .....	6
Language and Communication Barriers .....	7
Cultural Stigma Around Mental Health .....	8
Financial Barriers and Limited Awareness of Available Resources .....	9
Research Problem and Research Question .....	10
Justification for Research .....	11
Significance of the Study .....	12
Theoretical Framework .....	14
Definition of Terms .....	16
Positionality Statement .....	18
Overview of the Paper .....	18
 Chapter 2: Methodology and Literature Search .....	 20
Creswell’s Framework for Literature Reviews .....	20
Search Strategy .....	21
Inclusion Criteria .....	22
Exclusion Criteria .....	22
Literature Search Challenges .....	23
Limitations of the Literature Search .....	24
 Chapter 3: Literature Review .....	 26
Theme 1: Language and Bilingualism in the Therapeutic Practice .....	27
Theme 2: Migration Stress, Somatic Symptoms, and Trauma .....	33
Theme 3: Social Support, Resilience, and Religious Coping .....	39
Summary of Findings .....	44
Ethical Considerations .....	45
 Chapter 4: Applications to Clinical Practice .....	 51
Implications of Findings: Culturally Adapted Psychotherapeutic Models .....	52
Recommendations for Clinical Practice .....	54
Practitioner Training and Education on Cultural Responsiveness .....	55
Cultural Responsiveness in Practice: Addressing Intersectionality and Diversity .....	57
 Chapter 5: Conclusion and Future Directions .....	 59
Recommendations for Future Practice .....	60
Reflections on Clinical and Research Learning .....	63
 References .....	 65

## **Chapter One: Introduction**

### **Introduction**

This academic review aims to examine how Canadian counselling practices can be adapted to better support the mental health needs of Latino immigrants through culturally responsive and linguistically informed interventions. Latino immigrants in Canada often experience acculturative stressors such as language barriers, discrimination, shifts in family roles, and financial strain, which can influence mental health outcomes for some individuals within this population. While these socioeconomic and cultural factors contribute to increased vulnerability, challenges emerge when counselling services are not adequately aligned with the cultural values, communication styles, and lived experiences of Latino immigrant clients. The purpose of the research is to examine current treatment approaches and explore potential practice-level adjustments to enhance therapeutic effectiveness by integrating culturally appropriate interventions tailored to the unique needs of this community. Accordingly, this review focuses on practice-level adaptations within Canadian counselling contexts rather than on individual or cultural determinants of mental health.

This chapter introduces the central problem, situating it within the Canadian context, and identifies the research question that guides the broader view. It synthesizes evidence on barriers to care, specifically around language access, cultural stigma, and affordability, and links these barriers to under-utilization and discontinuation of psychological treatment. It also outlines the theoretical framework that anchors this capstone and previews the following chapters.

## **Topic Background and Context**

Latino immigrants experience mental health challenges related to acculturative stress, which encompasses various losses like discrimination, language barriers, and financial stressors when arriving at a dominant culture (Bekteshi & Kang, 2020). The long-term effects of adjusting to a new way of living results in increased mental health challenges (Ponciano et al., 2022). It is important to consider the areas of their lives that are affected and how mental health support can better reach this population to awareness of support systems.

Within the Latino population there are challenges of adaptation, discrimination, social isolation, along with financial burdens (Bernal et al., 2022). These challenges result in acculturative stress and can affect them at an individual level and at a broader level of their life like at work, school, relationship (Mollaret et al., 2023). Depending on where immigrants are from, the worldviews from their home country may be vastly different in terms of gender expectations, socialization, aging, and health (Mollaret et al., 2023). The differing perspectives in these areas are risk factors for the decreased levels of mental health in immigrants (Bekteshi & Kang, 2020). In addition to this, the Latino population has the added stress of finding a community to which they can continue practicing their mostly Christian religion (Sanchez et al., 2015). Most immigrants in the Latino community have a strong Christian worldview, which informs much of their ways of living (Formoso-Suarez et al., 2022). Moreover, with the over 500 000 Latino immigrants in Canada (Statistics Canada, 2024), the accumulated stress that accompanies these various issues for immigrants is associated with various mental-health related issues, such as anxiety, depression, and substance use (Formoso-Suarez et al., 2022). Within this population, the lack of accessing mental health support has much to do with the stigma or systemic barriers associated with the mental health supports. Salami et al. (2019) interviewed

immigrants on their reasoning for underutilizing or non-utilization of mental health supports which are outlined as follows, which will support my research on practitioner's cultural competency in these areas affecting Latino immigrants and the efficacy of treatment strategies for this population.

### **Language and Communication Barriers**

One of the barriers to accessing adequate mental health care for Latino immigrants is the obstacle of language (Salami et al., 2019). It is not only the issue of speaking in English during therapy that hinders Latino immigrants from seeking care, but also the difficulties navigating mental health systems, including appointment booking referral processes, intake documentation, and service coordination. Simple tasks for an English speaker may be challenging for individuals with limited English proficiency; as a result, children of immigrants are often relied upon as informal interpreters for their parents or family members, leading to child language brokering. Although it is beneficial for adult immigrants to have their children interpret for them, Morales and Wang (2018) found that children who are exposed to challenging events by interpreting for their parents often exhibit higher levels of depression, anxiety, and problem bonds with their parents. The ongoing needs of immigrant parents who often have financial, health, social struggles, etc., also become their children's problems as they continue to be moderators for resolving ongoing life struggles (Morales & Wang, 2018). Therefore, mental health providers will need to be aware of this pattern and work with professional language interpreters to support their sessions, which could potentially result in decreased satisfaction in rapport building between practitioner and client (Hanft-Robert et al., 2023). Although the support of a language interpreter in gathering background context on the client's cultural, mental, and physical health, the use of a language interpreter may prevent building a strong therapeutic alliance between the

therapist and client (Hanft-Robert et al., 2023). Further to this, the language barrier in a therapeutic setting may limit the clinical interventions utilized and its evaluations (Hanft-Robert et al., 2023).

### **Cultural Stigma Around Mental Health**

The literature on mental health stigma within the Latino population of immigrants has indicated that cultural beliefs on familism, fatalism, and deeply embedded religious beliefs can result in a lower attendance in psychotherapy (Barrera & Longoria, 2018). These topics include issues on individualist and collectivist views that encourage putting others before oneself and can sometimes mean that there is little to no boundaries within a family system and often includes enmeshment (Ortiz, 2020). Further to this, fatalism is also a common belief that infers that events or outcomes of our lives are predetermined by fate, with very little or no control over our own actions or choices (Wilson et al., 2020). The fatalistic worldview brings challenges to looking for mental health supports due to its pessimistic view of health, which underscores that illness is unavoidable, to which seeking health care may be vain and efforts to look for help may not be pursued (Wilson et al., 2020).

Further to this, Catholic and Protestant beliefs are deeply embedded in the Latino culture and are a source of mental health stigma. Although these beliefs are beneficial to coping through life's challenges (Revens et al., 2021), they also pose challenges due to the stigma and beliefs surrounding the topic of mental illness (Gearing et al., 2023). There are ways of coping within these religious beliefs that include the use of prayer, yet some of the religious beliefs can discourage Latinos from seeking mental health support, with some believing that mental illness is a sign of punishment or lack of faith (Caplan, 2019). Further exploration of this topic encourages that as part of multicultural and inclusive counselling, being able to provide a

Christian perspective in therapy may be beneficial for Christian believing Latino immigrants (Placeres & Ordaz, 2021).

### **Financial Barriers and Limited Awareness of Available Resources**

Immigrants experience financial challenges that can hinder their search for ongoing mental health support. This limitation may stem from immigrants not being able to find jobs that pay sufficiently to provide for their basic needs and therein contribute to mental illness (Cleaveland & Frankenfeld, 2023). The gap in earnings is limited to how well they can speak the host country's language, which can help them grow in opportunity, therefore their pay may start and stay low (Lamb et al., 2021). Many Latino immigrants leave their home countries without higher education, which makes it difficult to access high paying jobs as well, yet there are many who leave their countries as skilled workers and are not able to find jobs related to their field of work ultimately affecting their mental health negatively (Raihan et al., 2023). The financial barriers are exacerbated when there is job insecurity for immigrants in areas of jobs where the immigrant population is overrepresented, like in agriculture, construction, hospitality, and domestic work, which Negi et al. (2020) suggests contributes to higher depressive symptoms in women. These jobs often lack benefits like health insurance, retirement savings, or paid time off, resulting in lower levels of self-care practices (Branch & Conway, 2022; Goodman et al., 2021; Richman & Saad-Lessler, 2021). Even when working full-time, many immigrants in Canada earn wages in the low-income threshold (Lamb et al., 2021), which limits the extent to which they can contribute to their personal mental or physical health. Further to this, immigrants in Canada often send financial support to their family members in their home countries. In accordance with their deeply cultural and familial responsibilities, this can also strain their financial resources, reduce

the amount of savings, and potentially ignore their need for mental and physical health care if there is a cost to it (Delgado, 2024).

Another difficulty Latino immigrants experience is becoming aware of mental health supports and social supports available to them. Many immigrants struggle to navigate health care and social services as it can be confusing and overwhelming if information is not presented to them in their language or in a culturally aware manner (Perez-Flores et al., 2023). Without proper guidance, they may not be aware of social services offered, what their eligibility is, or how to gain access to them. This ultimately results in them thinking that there is no mental health support for them or if it is, it is too expensive, resulting in forgoing seeking any supports altogether (Luque et al., 2018).

### **Research Problem and Research Question**

Despite the growing number of Latino immigrants in Canada, which has nearly tripled in the last 25 years with now over 580 000 new immigrants (Statistics Canada, 2024), there is a significant gap in mental health services that are culturally and linguistically appropriate to their needs. Their experience with acculturative stress that include social isolation, discrimination, financial restraints, and the challenges to maintain their cultural and religious identity, increase the chances of living with mental health challenges (Steel et al., 2018; Cobb et al., 2021; Westbrook, 2024; Moise et al., 2019). These challenges are exacerbated by systemic barriers such as their cultural stigma surrounding mental health support, limitations to accessing culturally competent therapists, and limited awareness of social resources (Galvan et al., 2022; Benuto et al., 2018; Ruiz-Sanchez et al., 2021).

Many Latino immigrants are either unaware of available mental health resources (Ruiz-Sanchez et al., 2021) or hesitant to seek help due to fear of judgment, cultural and religious beliefs (Moise et al., 2019), or financial restraints (Steel et al., 2018). Existing mental health

interventions overlook the cultural context and the lived experiences of immigrant populations, resulting in underutilization of services and ineffective treatment outcomes (Abarca et al., 2023; Falgas-Bague et al., 2019). As a result, there is a need to examine current treatment models and assess how well they address the cultural values, language needs, and systemic challenges that Latino immigrants face.

This capstone seeks to identify the limitations of current interventions and explore culturally adapted interventions that can better support the mental health and well-being of the Latino population. Therefore, my research question is, “How can Canadian counselling practices be adapted to integrate culturally responsive strategies that effectively support the mental health of Latino immigrants?”

### **Justification for Research**

The Latino immigrant population in Canada represents a growing population that is facing mental health challenges that is often overlooked by current counselling psychology practice and research. In the 2021 Canadian Census, there is over 500 000 individuals who identify as Latino, with the majority living in Toronto, Montreal, and Vancouver (Statistics Canada, 2022). Although Latino immigrants are growing in Canada, they experience systemic barriers to accessing culturally inclusive mental health care, which considers the language barriers, stigma, and the lack of culturally competent care providers (Vasquez et al., 2019; Abarca et al., 2023).

Further Canadian data show that immigrants report lower rates of mental health disorders, where 5.24% experience mood disorders and 4.47% experience anxiety disorders compared to 9.15% and 9.51% amongst Canadian-born individuals (Anderson et al., 2020). Yet, immigrants are less likely to consult any mental health professional and are more likely to only

access care through a psychiatrist when symptoms have become severe (Anderson et al., 2020). Further to this, in a Canadian longitudinal study, 12.2% of immigrants had undiagnosed depression, with 34.2% continuing to experience persistent symptoms 18 months later. This was prevalent among women who also showed to be at higher risk (Farid et al., 2020).

These findings align with the counselling psychology research literature which emphasizes that Latino immigrants face many unique barriers to care that include language difficulties, stigma, lack of culturally competent providers, and mistrust in health care systems (Vasquez et al., 2019; Abarca et al., 2023). Other studies demonstrate that recent Latino immigrants in Canada report higher levels of anxiety and depressive symptoms than the non-immigrant population but are less likely to seek professional care due to limited availability of culturally responsive providers, resulting in reduced trust and perceived relevance of mental health services (Sanchez et al., 2019; Grafft et al., 2022; Leathers et al., 2021).

Ultimately, these disparities highlight the scope of the problem within counselling psychology and reveal the urgent need to implement culturally inclusive and linguistically accessible interventions. These strategies acknowledge the lived experiences, spiritual values, and collective support systems of Latino immigrants, which are crucial for improving mental health outcomes, reducing therapy drop-out rates, and strengthening psychological resilience within this population (Falgas-Bague et al., 2019).

### **Significance of the Study**

The significance of this research lies in addressing the important gap between the mental health needs of Latino immigrants in Canada and the cultural responsiveness of available counselling services. Latinos are one of the fastest-growing immigrant populations in Canada; while it has tripled over a 25-year period from approximately 176,970 in 1996 to 580,235 by

2021 (Statistics Canada, 2024), these individuals often encounter systemic barriers when accessing mental health care due to linguistic challenges, stigma, and lack of culturally informed services (Vasquez et al., 2019). These challenges are what contribute to the decrease in treatment engagement and higher dropout rates amongst Latino clients when compared to other groups (Falgas-Bague et al., 2019).

Given these limitations in existing counselling services, research has shown that culturally adapted therapeutic approaches are associated with improved therapeutic outcomes for immigrant populations (Casas et al., 2020; Revens et al., 2021). By recognizing and integrating culturally relevant factors such as language, collective values, and bi-cultural stressors into therapeutic practice, therapists can foster a trusting, and emotionally safe therapeutic relationship, which may also increase client retention (Hook et al., 2017; Abarca et al., 2023). For Latino immigrants, whose mental health symptoms manifest somatically (Leathers et al., 2021), traditional Western counselling approaches to counselling may not be sufficient in supporting their mental health needs without these cultural considerations.

Lastly, this capstone will contribute to the Canadian mental health services by encouraging the adoption of a more inclusive, equitable, and trauma-informed practice. It aligns with the national goals of addressing the mental health disparities of racialized and immigrant communities (CAMH, 2021), and the Canadian Psychological Association's (CPA) Principle IV: Responsibility to Society, specifically the principle of Development of Society. The potential impact of this capstone can inform both the individual clinical practice and further effect systemic policy change. By synthesizing the evidence-based strategies in this capstone from a multicultural orientation, cultural humility, and ecological systems theory, this study aims to

provide practical information for therapists and organizations seeking to improve mental health access and effectiveness particularly for Latino immigrants in Canada.

### **Theoretical Framework**

The guiding theoretical framework for this capstone will be Bronfenbrenner's Ecological Systems Theory (EST). This framework emphasizes how individuals are shaped by their interactions with interconnected systems in their environment (Bronfenbrenner, 1979). EST has five systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, where each of these systems play a role in the development, stress response, and coping mechanisms of all individuals. The microsystem represents the interactions between individuals and their direct environment (Morales & Wang, 2018), while the mesosystem refers to the interactions between two or more microsystems (Perez-Florez et al., 2023). This is followed by the exosystem, which includes how external environments directly influence the individual, such as public policy, health care systems, and workplace policies (Branch & Conway, 2022). The macrosystem involves the broader cultural and societal contexts that include norms, values, laws, and ideologies (Hook et al., 2017; Placeres & Ordaz, 2021), and finally the chronosystem, which refers to changes over time, including life transitions and historical events (Abarca et al., 2023). In the context of this capstone, these systems also play a role in how Latino immigrants interact within a new sociocultural system like Canada. This framework is particularly relevant to the present study as the mental health challenges and service access barriers experienced by Latino immigrants are shaped by interacting individual, relational, institutional, cultural, and temporal factors that influence engagement with counselling services in Canada.

Therefore, the following are examples of application of each of these systems to the Latino immigrant population. At the microsystem level, individuals are impacted by their

immediate environments like their family dynamics, interpersonal relationships, and service providers. The issue that acculturative stress often causes is tension within family systems as parents and their children adapt at different times to the Canadian culture, which can lead to intergenerational conflict and emotional strain. The mesosystem level, the interactions between the individual and the school system and/or healthcare providers can either support or exacerbate their stress levels. For example, if a school does not offer English as a Second Language (ESL) support and/or recognizes the cultural differences in students, this may create barriers for learning and therefore exacerbate feelings of inadequacy in an individual and their family. Further to this is the exosystem, which involves the broader social systems that indirectly affect an individual. This may include mental health policies, access to culturally competent services, employment opportunities, and legal status. Within the Latino immigrant population in Canada, there is a struggle for them in navigating the health care system due to the lack of bilingual professionals or awareness of their cultural values, which further limits their access to appropriate care. Next, at the macrosystem level, societal attitudes, cultural norms, and systemic discrimination affect the individual substantially. This includes issues like negative stereotypes, racism, and stigma surrounding mental illness which can discourage Latino immigrant individuals from help-seeking behaviours and may contribute to them isolating themselves from others. Other issues within Latino cultural belief systems like familism, fatalism, and traditional gender roles are also included in the macrosystem level as they shape how individuals cope with their mental health challenges. Finally, the chronosystem, which encompasses time, highlights how mental health outcomes are influenced by changes over the lifetime, like changes of the immigrant number over time and shifts in cultural identity.

In conclusion, applying EST to this literature review allows counselling practices to be evaluated beyond a narrow focus on individual pathology. It highlights the importance of addressing broader cultural, social, and systemic influences that contribute to mental health disparities. This framework aligns with this capstone's objective to explore how culturally responsive strategies can be integrated into counselling to better support the lived experiences of Latino immigrants.

## **Definition of Terms**

### ***Latino Immigrants***

These are individuals who have migrated to a new country either permanently or temporarily from countries in Central or South America, and the Spanish-speaking Caribbean countries to a host country such as Canada. In this capstone, the term Latino immigrants is used to broadly refer to Spanish-speaking individuals from Latin American backgrounds whose cultural, linguistic, and migration experiences are reflected in the empirical literature reviewed (Ginieniewicz & McKenzie, 2013).

### ***Culturally Inclusive Interventions***

This refers to the psychotherapeutic approaches that integrate a client's cultural background, language, values, and worldview into the therapeutic process (Heim & Kohrt, 2019).

### ***Acculturative Stress***

This is the psychological impact of adapting to a new culture. The culmination of discrimination, language barriers, cultural identity conflicts, and the loss of social networks (Bekteshi & Kang, 2020).

### ***Familism (Familismo)***

This is a cultural value in the Latino community that emphasizes loyalty, interconnectedness, and obligation to the family unit above individual needs (Azpeitia & Bacio, 2022).

***Personalism (Personalismo)***

This is a cultural value in the Latino community that emphasizes warm and respectful interpersonal communication (Ortiz, 2017).

***Respect (Respeto)***

This is a cultural value in the Latino culture, which emphasizes obedience and relates to knowing the level of courtesy and decorum required in a situation and in relation to people of particular age, sex, and social status (Calzada et al., 2010).

***Fatalism***

This is a cultural value in the Latino community, which believes that life outcomes are predetermined and beyond personal control, often influenced by religious or cultural narratives (Wilson et al., 2020).

***Cultural Stigma***

These are negative beliefs or shame within the Latino community on mental health or psychotherapy (Eno et al., 2023). The *DSM-5-TR* defines this as a barrier to care in the Cultural Formulation Interview (CFI) and discusses the sociocultural factors affecting diagnosis and treatment (APA, 2022).

***Bronfenbrenner's Ecological Systems Theory***

A theoretical framework that explains human development through five external influencing systems on an individual, which include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979).

## **Positionality Statement**

As a Latina immigrant with lived experience as a first-generation immigrant to Canada, I bring a deep personal and cultural connection for the subject matter of this study. My professional background in counselling and my academic interest in culturally responsive therapy further shape my lens. This allows me to bring insight into the cultural nuances, linguistic challenges, and systemic barriers faced by the Latino immigrant clients, but it also introduces the potential for confirmation bias or overidentification with the population being studied.

To mitigate this, I will reflect throughout the research process, which will include maintaining a journal that will allow me to critically examine my own assumptions, emotions, and cultural background influence my interpretation of the literature. I will also engage in peer debriefing to seek feedback from classmates and work colleagues who may hold other perspectives on this topic. When working on the thematic analysis of my literature review, I will maintain transparency in coding procedures to reduce subjectivity. Lastly, I will also inform myself through learning from scholarly work and further investigate topics that arise throughout my analysis, this includes gathering perspectives from others who carry diverse perspectives so that my interpretations are not founded on my personal experience but are supported by empirical data. I will approach this research through its guiding theme of cultural humility, by recognizing that my identity both informs and limits my understanding, and I will continue to learn and discover the lived experiences of Latino immigrants from an ethical lens.

## **Overview of the Paper**

This capstone begins in Chapter 1 by introducing the research topic and summarizing current knowledge on culturally responsive therapeutic interventions for Latino immigrants.

Chapter 2 outlines the literature search process, detailing the search strategy, study selection process, inclusion and exclusion criteria, methodological decisions and limitations, as well as challenges encountered during the search. Chapter 3 synthesizes the related articles, presenting a thematic review of current knowledge on culturally inclusive interventions when working with Latino immigrants. Chapter 4 discusses the clinical applicability of the findings from the literature review, while Chapter 5 concludes the capstone with final recommendations and considerations for future research directions.

## **Chapter Two: Methodology and Literature Search**

This chapter outlines the methodological process used to conduct the literature review for this capstone project. The purpose of this chapter is to describe how the research evidence was systematically identified, screened, and analyzed to address the guiding research question: How can Canadian counselling practices be adapted to integrate culturally responsive strategies that effectively support the mental health of Latino immigrants? The study selection process is summarized using a PRISMA-style flow diagram (see Figure 1). In alignment with Creswell's (2018) framework for structuring a literature review, this chapter restates the purpose of the research, explains the search strategy used to gather relevant empirical studies, details the inclusion and exclusion criteria that shaped the scope of the review, describes the theoretical and methodological decisions guiding the literature selection process, and concludes with an acknowledgement of the limitations and challenges encountered during the search. The goal of this chapter is to demonstrate a coherent and transparent methodology that supports the integrity of the thematic synthesis presented in Chapter Three.

### **Creswell's Framework for Literature Reviews**

This review followed Creswell's (2018) methodological framework for conducting structured and systematic literature reviews. Creswell emphasizes that an effective literature review must begin with the clear identification of key terms derived from the research question, followed by the strategic selection of academic databases that can capture the scope of relevant studies. The framework also stresses the importance of establishing explicit inclusion and exclusion criteria to support consistent decision-making, evaluating the methodological quality and relevance of selected sources, and finally synthesizing the literature into meaningful themes that relate to the central research question. By applying Creswell's approach, this review

maintains methodological transparency and provides a replicable process for understanding how research on culturally responsive counselling with Latino immigrants was identified, assessed, and synthesized.

### **Search Strategy**

The search strategy for this capstone was guided by the Population, Interest, Context (PICO) framework (Joanna Briggs Institute, 2017), which supported the systematic identification of the Population (Latino immigrants), Interest (culturally responsive counselling practices, language accessibility, trauma, acculturative stress, and culturally relevant clinical processes), and Context (Canada or comparable Western host countries). Searches were conducted across PsycINFO, PubMed, Google Scholar, and the City University of Seattle Library databases. A series of keyword combinations and Boolean operators were used to locate relevant empirical studies, including terms such as “Latino immigrants,” “Hispanic mental health,” “cultural humility,” “bilingual therapy,” “migration trauma,” “somatic symptoms,” “religiosity and social support,” and “culturally adapted CBT.” These search terms were applied iteratively and cross-referenced across databases to ensure that studies addressing both clinical and ecological dimensions of Latino immigrant mental health were captured.

After removing duplicates, reviewing titles and abstracts, and screening full texts for relevance and methodological fit and eligibility based on predefined inclusion and exclusion criteria, including focus on Latino immigrant populations, examination of culturally responsive or culturally inclusive psychotherapeutic interventions, and relevance to counselling practice and mental health outcomes. Through this screening process, a total of 12 empirical articles were selected for inclusion in this capstone. These studies represent the core evidence base for this project, reflecting contemporary empirical literature published between 2016 and 2024 that

directly examines the intersection of cultural responsiveness, counselling interventions, language, trauma, and social determinants of mental health among Latino immigrants. These articles form the foundation of the literature synthesis presented in Chapter 3.

### **Inclusion Criteria**

Studies were included if they aligned with the purpose of this capstone project and the parameters of the PICO framework. Only peer-reviewed empirical articles were selected, ensuring that this capstone synthesizes data driven findings rather than conceptual discussions or theoretical commentary. To maintain relevance to current counselling practices, only studies published between 2016 and 2024 were included, which correspond to the publication years of the 12 core articles. Studies were required to focus specifically on Latino or Hispanic immigrant populations and to examine counselling processes, mental-health outcomes, cultural or linguistic factors, trauma, social support, resilience, therapeutic alliance, or acculturative stress.

Because this capstone addresses culturally responsive counselling within the Canadian context, studies conducted in the United States or other comparable Western host countries were included due to their shared sociopolitical and structural characteristics. Studies published in English or Spanish were eligible for inclusion given the linguistic needs of the researcher and the target population. These criteria resulted in a final sample of 12 core empirical studies, which collectively reflect the most methodologically relevant and conceptually aligned research available.

### **Exclusion Criteria**

Studies were excluded if they did not fit the methodological scope or conceptual focus of this capstone. Articles published before 2016 were removed to concentrate on contemporary research related to cultural responsiveness and immigrant mental health. Non-empirical

publications, including book chapters, dissertations, commentaries, editorials, and theoretical papers, were excluded because they did not provide original data for analysis. Research focusing on broader immigrant or ethnic minority populations without specifically examining Latino or Hispanic immigrants was excluded to preserve population specificity.

In addition, studies that did not address mental-health outcomes, therapeutic processes, culturally responsive practices, or linguistic dynamics were also excluded, as they did not contribute directly to the research question. Articles unavailable in English or Spanish were excluded due to feasibility constraints. Finally, studies conducted in non-Western or non-comparable contexts were excluded because structural, cultural, and healthcare systems differ significantly from those in Canada, limiting their applicability.

### **Literature Search Challenges**

Several challenges emerged throughout the literature search process. A primary challenge involved variability in terminology used to describe Latino populations. Terms such as “Latino,” “Hispanic,” “Latinx,” “Spanish-speaking immigrants,” and “Latino/a/e” were often used inconsistently across databases, requiring repeated search iterations to ensure completeness. Another challenge was the limited availability of Canadian studies focused specifically on Latino immigrant populations. This required drawing heavily from U.S.-based research, which, while informative, exists within a different healthcare and immigration system.

Additionally, some studies grouped Latino participants with other racialized or immigrant populations, requiring careful evaluation to determine whether findings could be meaningfully applied to this capstone’s aims. A further challenge involved the diversity of research methods employed across studies; qualitative, quantitative, and mixed-methods designs required careful interpretation to ensure that the synthesis represented a coherent narrative. These challenges

emphasize the need for more targeted Canadian research addressing culturally responsive counselling for Latino immigrants.

### **Limitations of the Literature Search**

Several limitations must be acknowledged. The decision to focus exclusively on 12 empirical studies means that the synthesis reflects a deliberately narrowed evidence base intended to serve as the methodological core of this capstone. While this strengthens cohesion and analytic depth, it also excludes additional empirical work that may have contributed nuance. Restricting the date range to align with these selected studies may omit earlier foundational research that informed the development of culturally adapted interventions.

The use of specific databases PsycINFO, PubMed, Google Scholar, and the City University library means that studies indexed elsewhere, particularly in Latin American or European systems, may not have been captured. Limiting the review to English and Spanish may further exclude work published in Portuguese or other languages relevant to Latin American populations.

Another limitation involves the geographic distribution of available research, because Canadian research on Latino immigrant mental health is sparse, much of the evidence originates from the United States. Although there are similarities across these contexts, differences in immigration pathways, cultural integration processes, and healthcare delivery systems limit the direct generalizability of findings to Canada. Many studies also used convenience sampling, small sample sizes, or population-specific subgroups (e.g., Latina women, undocumented immigrants), which restricts representation of the broader Latino community.

Finally, as a Latina immigrant researcher, my positionality may influence interpretations of the literature. Reflexive journaling and consultation were used to mitigate this influence;

however, complete objectivity is not possible. This acknowledgment reflects the importance of cultural humility within both the research process and the therapeutic lens that frames this capstone. Taken collectively, the 12 core studies illuminate the cultural, linguistic, relational, and ecological factors shaping Latino immigrant mental health, providing the necessary groundwork for Chapter 4 to examine how these themes can be meaningfully applied within counselling settings.

**Figure 1. PRISMA-style flow diagram of the literature search and study selection process**



### Chapter Three: Literature Review

Understanding the mental health needs of Latino immigrants requires an examination of the cultural, linguistic, and structural factors that shape their lived experiences as they navigate migration, settlement, and systemic marginalization. As this population encounters challenges related to language barriers, discrimination, trauma exposure, and disrupted social networks, their interactions with mental-health services reveal both deep vulnerabilities and significant strengths rooted in cultural values, communal resilience, and spiritual traditions. Despite a growing body of research on culturally responsive care, there remains limited integration of how cultural humility, bilingual communication, trauma expression, trust formation, and social support operate together within therapeutic contexts (Hook et al., 2017; Alegría et al., 2019; Pérez-Rojas et al., 2019; Falgas-Bagué et al., 2019). To address this gap, the present review examines empirical research across these domains to answer the research question: “How can Canadian counselling practices be adapted to integrate culturally responsive strategies that effectively support the mental health of Latino immigrants?”

This chapter will discuss three interconnected themes discussing the core dimensions that influence Latino immigrants’ mental-health experiences and their engagement with therapeutic services. Themes were identified through an inductive-deductive thematic synthesis, where patterns were initially guided by the research question and Bronfenbrenner’s Ecological Systems Theory, while allowing recurring concepts to emerge organically across the included studies. Through this process, three themes were identified in the literature: (1) Language and Bilingualism, (2) Migration Stress, Somatic Symptoms, and Trauma, and (3) Social Support, Resilience, and Religious Coping. The first theme explores how linguistic choice, bilingual expression, and clinical fluency shape emotional safety and therapeutic attunement. The second

theme examines how cumulative sociopolitical stressors, from pre-immigration, migration, and post-migration contexts, manifest in somatic symptoms, trauma responses, and help-seeking behaviours. The third theme highlights the relational and communal foundations of resilience, emphasizing the protective role of family cohesion, social networks, and spiritual communities in sustaining mental well-being. Together, these themes outline the multidimensional factors that must be understood to develop culturally grounded, will be interpreted through Bronfenbrenner's Ecological Systems Theory, illustrating how language, trauma, and social support function across micro-, exo-, and macro-level contexts. This ecological framing demonstrates that Latino immigrants' mental health experiences cannot be understood apart from the multilevel environments in which they live, migrate, and seek care. Collectively, these themes outline the multidimensional factors necessary to develop culturally grounded, contextually sensitive, and ethically responsive counselling practices for Latino immigrant communities in Canada. From a feasibility standpoint, these findings indicate that culturally responsive practice in Canadian counselling settings does not require full multilingual fluency, but rather includes client-led language choice, flexible accommodation of bilingual switching, clearer differentiation between conversational and therapeutic bilingual competence, targeted bilingual training and supervision, and cautious use of interpreters in ways that preserve clients' linguistic agency and emotional attunement.

### **Language and Bilingualism in the Therapeutic Practice**

The role of language in therapy extends far beyond its communicative function for Latino immigrants, it is a central tool where emotional expression, cultural identity, memory, and cultural belonging are expressed (Perez-Rojas et al., 2019) and intersects with Bronfenbrenner's ecological systems theory. Within the microsystem, language shapes the immediacy of

therapeutic communication and the client's ability to convey affective nuance. At the mesosystem level, language connects therapy to family dynamics, community meanings and cultural norms. At the exosystem and macrosystem levels, institutional policies, interpreter infrastructure, and dominant-language healthcare providers dictate the degree of linguistic safety clients can experience. The four core studies by Aafjes-van Doorn et al. (2020), Pérez Rojas et al. (2019), Villalobos et al. (2016), Estrada et al. (2018), each examine language from different angles, offering insight into linguistic alignment, bilingual emotional processes, interpreter mediation, and therapist competence. When analyzed collectively, they provide insight that therapy for Latino immigrants cannot be understood through monolingual or individual-level models, linguistic processes reflect broader sociocultural and systemic forces that shape the meaning and practice of psychotherapy itself.

### ***Linguistic Synchrony and Therapeutic Alliance***

One of the standout contributions comes from Aafjes–van Doorn et al. (2020), whose quantitative observational study examined 86 English-speaking therapist-client dyads using naturalistic therapy transcripts. Through Linguistic Inquiry and Word Count (LIWC) linguistic software, they measured processes through Language Style Matching (LSM) to determine whether implicit synchrony in function-word use predicted therapeutic alliance, which is an effect supported by their results. They found that higher LSM predicted stronger therapeutic alliance, suggesting that subtle, implicit linguistic coordination functions as a relational marker in the therapeutic microsystem. A major strength of this study is its methodological rigour, including objective linguistic analysis rather than self-report. However, its limitations are important, the study exclusively examined monolingual English dyads and therefore cannot account for the cultural and emotional complexity inherent in bilingual expression. Within

Bronfenbrenner's model, this study captures only a fragment of language dynamics, focusing mainly on microsystemic synchrony while neglecting mesosystemic influences such as cultural norms around emotional expression or macrosystemic pressures related to immigration and language dominance. Therefore, in its application into the Canadian counselling field, the relevance lies in the caution it provides, which is that linguistic synchrony may be meaningful in monolingual contexts but insufficient or misleading in bilingual ones, where alignment does not always equal attunement. The assumption that linguistic synchrony necessarily signals attunement becomes problematic when placed alongside research demonstrating that bilingual clients intentionally deviate from linguistic matching as a matter of emotional regulation, regardless of which language is their first or dominant language. A difference made clear when compared with the descriptive phenomenological study by Pérez Rojas et al. (2019) who highlight that the shift between English and Spanish serve as intentional acts of emotional modulation rather than mis-attunement.

### ***Bilingual Switching and Emotional Regulation***

Perez-Rojas et al. (2019) offer an essential counterpoint to Aafjes-van Doorn et al. (2020). Their phenomenological study of eight bilingual Latino adults, using semi-structured interviews and Giorgi's meaning-unit method, explored how clients intentionally switch between English and Spanish in therapy. They found that bilingual clients use language strategically, in this study, Spanish was used to evoke emotional closeness, cultural memory, and authenticity; whereas English was used to gain cognitive distance, or articulate experiences shaped by acculturation. Therefore, highlighting that language is not simply a communication tool but an emotional instrument, this study demonstrates how counselling practices must be adapted to allow for flexible, client-led language use as a culturally responsive strategy in therapeutic work

with Latino immigrants. A strength of this study is its nuanced exploration of lived experiences, capturing meanings that quantitative studies cannot. However, the small sample size limits its generalizability. Through the ecological lens, bilingual switching reflects mesosystem processes like family socialization into Spanish, community norms, and migration histories, and the macrosystem realities like pressures to assimilate linguistically. The study is very relevant to the Canadian counselling practice because it demonstrates that bilingual flexibility is not inconsistency but rather a therapeutic resource. When compared with Aafjes-van Doorn et al. (2020), the contrast stands out because where LSM associates' synchrony with relational health, bilingual divergence may itself be a form of attunement for Latino immigrants.

### ***Interpreter-Mediated Therapy and Linguistic Agency***

In addition to this, Villalobos et al. (2016) further complicate the discussion by examining interpreter-mediated therapy in a sequential mixed-methods study involving 458 Spanish-speaking primary care behavioural health patients and 30 qualitative interviews. They used the ACORN Therapeutic Alliance scale to compare interpreted and bilingual sessions. Quantitatively, alliance scores did not differ significantly across conditions, which seems to suggest that interpreters do not negatively affect relational outcomes. Yet, qualitative data revealed the opposite being that clients described reduced emotional immediacy, concerns about confidentiality, and reluctance to disclose sensitive topics when a third person mediated their words. The differences between quantitative and qualitative findings highlights a methodological weakness in traditional alliance measures, which may be insensitive to cultural and contextual nuances. From an ecological framework, the use of an interpreter is an exosystemic intervention that disrupts the microsystem of therapy by reducing linguistic agency and altering the relational space. When placed in direct relationship with Perez-Rojas et al. (2019), the contrast becomes

more evident in that bilingual clients in self-directed language switching maintain emotional control, whereas interpreter mediation removes that control. And in relation to Aafjes-van Doorn et al. (2020), the interpreter presence further disrupts the dyadic synchrony needed for implicit linguistic alignment. Therefore, this underscores the limitation of relying on interpreters as the default response to linguistic barriers and highlights the need for Canadian counselling practices to adapt by prioritizing bilingual clinicians, supporting client-led language use, and recognizing linguistic agency as a core component of culturally responsive care.

### ***Therapeutic Versus Conversational Bilingual Competence***

Estrada et al. (2018) mixed-methods descriptive study adds another linguistic complexity, which turns to studying the clinician's linguistic competence. Their study involving 22 bilingual mental health clinicians examined their clinical Spanish fluency using surveys and open-ended responses, revealing that many clinicians lacked Spanish fluency for diagnostic terminology, idioms of distress, and cultural metaphors. A strength of this research is its identification of a critical yet overlooked gap, which is that conversational bilingualism does not equate to therapeutic bilingualism. A limitation in the study is its reliance on self-report, which may distort the actual extent of linguistic difficulty. Ecologically, these clinician limitations stem from exosystemic conditions, like not having the opportunity to train in a program with Spanish clinical teaching or lacking bilingual supervision. When compared with Villalobos et al. (2016), the relational consequences become obvious in that misunderstanding cultural idioms can replicate the same emotional distancing found in interpreter-mediated therapy, even when the therapist is bilingual. Further comparing with Aafjes-van Doorn et al. (2020), the study also reveals that surface-level linguistic matching could coexist with deeper conceptual misunderstandings. And in relation to Perez-Rojas et al. (2019), clinicians who cannot follow

bilingual switching patterns risk undermining clients' emotional self-regulation. This finding highlights the need for feasible practice-level adaptations within Canadian counselling settings, such as targeted training in clinical Spanish, access to bilingual supervision, and clearer differentiation between conversational and therapeutic bilingual competence, rather than assuming that linguistic matching alone constitutes culturally responsive care. In doing so, it directly informs the research question in identifying how counselling practices can be adapted to more effectively support the mental health needs of Latino immigrant clients.

These four studies reveal that language in psychotherapy is a deeply ecological, relational, and culturally embedded process, not only a technical issue of translation. Linguistic synchrony offers insight into one form of attunement, but bilingual clients experience therapeutic alignment through flexibility, cultural resonance, and emotional authenticity. Interpreter mediation increases access but may compromise emotional presence, and clinician linguistic limitations can reproduce the same ruptures that interpreters can create. Across the microsystem (therapist–client communication), mesosystem (family and cultural language patterns), exosystem (healthcare structures and training systems), and macrosystem (sociopolitical forces shaping language dominance), language emerges as a powerful determinant of therapeutic safety and effectiveness. The collective evidence demonstrates that Canadian counselling practices must adopt linguistically and culturally responsive adaptations that include developing bilingual clinical training, reducing reliance on interpreters, creating assessment frameworks that account for bilingual switching, and designing therapeutic approaches that honour the emotional, cultural, and structural significance of language for Latino immigrants. Only by addressing language across ecological systems can counselling services meaningfully support Latino immigrants' mental health in Canada.

## **Migration Stress, Somatic Symptoms, and Trauma**

Migration-related trauma among Latino immigrants emerges not from isolated incidents but from cumulative adversity operating across Bronfenbrenner's ecological systems. At the macrosystem level, political instability, economic precarity, and restrictive immigration policies produce chronic stress before, during, and after migration. These stressors are then seen in the exosystem, where labour exploitation, inadequate access to health care, and limited social supports shape immigrants' daily survival. The mesosystem links these broader forces to family separation, disrupted social networks, and community level discrimination, while within the microsystem, these pressures are seen as emotional distress, somatic symptoms, and difficulties engaging in therapy. The studies by Abarca et al. (2023), Leathers et al. (2021), Falgas-Bagué et al. (2019), and Grafft et al. (2022) each provide insight on different layers of this trauma ecology. When examined together, they demonstrate how cumulative sociopolitical stress becomes embodied, how structural mistrust of mental health systems emerges from prior experiences of discrimination, fear related to immigration status, language barriers, and perceived cultural invalidation, and how system-level limitations impede clinicians' capacity to respond. Taken together, these findings indicate that narrative processes, including migration storytelling, testimonial practices, and life-story reconstruction, are central mechanism through which Latino immigrants make meaning of migration-related trauma and engage in therapeutic work. For clients who do seek support, these findings highlight the importance of counselling practices that explicitly acknowledge historical and structural sources of mistrust, prioritize transparency and collaborative goal setting, and adopt trauma-informed, culturally responsive approaches that validate migration-related experiences rather than pathologizing them. In relation to the research question, these findings indicate that Canadian counselling practices must

adapt by incorporating ecologically grounded and trauma-informed interventions that address migration-related stressors across systemic levels, rather than focusing solely on individual symptom presentation.

Taken together, this literature suggests that a key breakthrough for Canadian therapists lies in shifting how somatic symptoms are interpreted in therapeutic contexts. Rather than viewing bodily complaints such as headaches, gastrointestinal distress, chest tightness, or chronic fatigue as secondary or psychosomatic expressions of individual pathology, therapists must understand these symptoms as culturally mediated and ecologically grounded expressions of cumulative migration-related stress and trauma. Studies by Abarca et al. (2023) and Leathers et al. (2021) demonstrate that somatic distress among Latino immigrants often reflects prolonged exposure to sociopolitical stressors, such as discrimination, legal precarity, and economic insecurity rather than discrete traumatic events. Culturally responsive interpretation therefore requires therapists to explicitly assess clients' migration histories, ongoing structural stress, and lived experiences when somatic symptoms are present, validating the body as a meaningful site of communication rather than a diagnostic obstacle. This approach allows somatic symptoms to be reframed as adaptive signals of distress shaped by ecological conditions, fostering trust, reducing misdiagnosis, and creating openings for trauma-informed, culturally grounded intervention.

From a feasibility perspective, the literature suggests several culturally responsive practices that Canadian therapists can integrate within existing therapeutic frameworks. These include routinely assessing migration histories and ongoing sociopolitical stressors during intake, explicitly inviting discussion of somatic symptoms as meaningful expressions of distress and normalizing the body as a valued site of communication rather than treating physical complaints

as secondary or ambiguous. Therapists can further support engagement by using transparent, collaborative goal-setting, validating mistrust as a contextually grounded response to systemic inequities, and adopting trauma-informed approaches that situate symptoms within clients' ecological realities rather than individual pathology. Importantly, these strategies do not require specialized interventions, but rather a shift in assessment, interpretation, and relational stance that is achievable within standard Canadian counselling settings.

### ***Chronic Sociopolitical Stress and Somatic Distress***

Abarca et al. (2023) offer one of the most comprehensive quantitative examinations of how chronic stress becomes embodied among Latina immigrants. Their cross-sectional survey of 301 Latina immigrant women utilized instruments such as the Perceived Stress Scale, the PHQ-15 for somatic symptoms, and measures of trauma exposure and sociocultural stressors. Their primary finding was that perceived stress, rather than discrete traumatic events, was the strongest predictor of somatic symptoms on the PHQ-15. This underscores the impact of ongoing sociopolitical pressures, including discrimination, economic hardship, and fears related to immigration status. A methodological strength of this study is its use of validated scales and a large community sample, which helps capture the experiences of women who may not access clinical services. However, its cross-sectional design limits causal interpretation, and its exclusive focus on women narrows down its applicability across the Latino immigrant population. Through an ecological lens, Abarca et al. (2023) show how chronic macrosystemic and exosystemic pressures produce microsystemic physiological consequences. These findings challenge narrow, event-based diagnostic frameworks by demonstrating that long-term structural stress, not only individual events, drives much of the somatic distress seen in Latina immigrants.

### ***Cumulative Migration Stress and Clinical Distress***

Leathers et al. (2021) build on this understanding by demonstrating how cumulative stressors shape emotional, psychological, and somatic distress among Latino immigrants in clinical settings. Their mixed-methods study of 160 Latino immigrant adults combined standardized measures of sociopolitical stress, anxiety, depression, and somatic symptoms with qualitative interviews that contextualized these findings within the migration histories. Quantitatively, they identified a clear dose-response relationship, meaning that the greater the number of sociopolitical stressors like discrimination, deportation fears, and economic precarity, then the more likely participants were to experience comorbid mental and physical health symptoms. Qualitatively, participants explained how their symptoms were shaped by undocumented status, workplace exploitation, and prolonged uncertainty, which are factors that traditional trauma framework ignore. A strength of this study lies in its integration of quantitative and qualitative data, which provides a strong ecological portrait of distress. A limitation, however, is its clinical recruitment, which may miss individuals who avoid care due to stigma or fear of authority. When placed in relationship with Abarca et al. (2023), differences are deep both studies demonstrate that for Latino immigrants' trauma is cumulative, embodied and inseparable from structural conditions. These studies are relevant to this capstone's inquiry on how to better support Latino immigrants in Canada, ultimately answering that counselling must integrate routine assessment of sociopolitical stress, not solely individual psychological symptoms.

### ***Mistrust, Cultural Alignment, and Engagement in Care***

While Abarca et al. (2023) and Leathers et al. (2021) primarily provide insight on the microsystem (somatic symptoms) and exosystem (structural stressors), they offer limited insight

into how these stressors shape engagement with mental health care. Therefore, Falgas-Bague et al. (2019) addresses this gap by examining mistrust as a culturally and structurally grounded response rather than a clinical pathology. Their qualitative study of 17 Latino immigrants receiving culturally adapted intervention investigated how trust develops when services are linguistically and culturally aligned. Participants in this study reported that mistrust diminished only when treatment acknowledged migration-related adversity, was delivered in Spanish, and aligned with cultural values, ultimately indicating that trust is co-constructed within the microsystem of therapy but shaped by mesosystemic supports and macrosystemic inequities. A strength of this study is its reinterpretation of mistrust as adaptive, therefore highlighting how immigrant clients protect themselves from institutions perceived as unsafe or culturally unfamiliar. However, the small and treatment-engaged sample limits generalizability. When compared with Leathers et al. (2021), whose clinical sample likely excludes the most mistrustful or structurally vulnerable individuals, a key insight emerges which is that those experiencing the greatest cumulative trauma may be least likely to seek help unless services directly address structural and linguistic barriers. This means that clinicians in Canada must explicitly recognize and validate sociopolitical stressors to foster therapeutic engagement, which in turn without it then mistrust may be misinterpreted as resistance rather than a relational response to systemic inequity.

### ***Institutional Constraints on Trauma-Informed Care***

Grafft et al. (2022) extends this ecological understanding by shifting focus to the exosystem and macrosystem, which are the institutional structures that shape how clinicians respond to migration-related trauma. Their qualitative study of 28 clinicians examined provider experiences working with immigrants exposed to trauma, revealing systemic barriers such as

inadequate training, limited bilingual staffing, time pressures, and organizational expectations that restrict comprehensive trauma assessment. This study's strength is in its insight of system-level obstacles often not seen in client-focused research. Clinicians described feeling ill-equipped to interpret culturally mediated somatic symptoms, connect distress to migration histories, or engage clients experiencing legal precarity or mistrust. These provider-level limitations help explain why, despite the psychophysiological findings of Abarca et al. (2023) and Leathers et al. (2021), trauma responses often go unaddressed in clinical encounters. A limitation of Grafft et al. (2022) study is its reliance on clinician perspectives, which may not fully capture client experiences, however, these insights remain critical for understanding how institutional contexts reproduce inequities. When placed in direct relationship with Falgas-Bagué et al. (2019), Grafft et al. (2022) findings reinforce that mistrust reflects structural failures rather than individual deficits. This highlights the importance of systemic changes, including immigration-informed training, protected time for cultural assessment, and staffing structures that support bilingual care.

These four studies reveal several layers to trauma ecology in which somatic symptoms, emotional distress, mistrust, and system-level barriers reflect the intersection of ecological layers rather than isolated psychological conditions. Abarca et al. (2023) and Leathers et al. (2021) demonstrate how chronic sociopolitical stressors become embodied across time, emphasizing the need for trauma frameworks that recognize ongoing oppression, discrimination, and immigration-related precarity. Falgas-Bagué et al. (2019) highlight how these stressors shape pathways into or away from mental health services, showing that trust emerges only when treatment aligns with clients' linguistic, cultural, and migration realities. Grafft et al. (2022) reveal the institutional limitations that hinder clinicians' capacity to respond effectively to

migration-related trauma, emphasizing the role of systemic structures in reinforcing or alleviating distress. In relation to this capstone's research question, these studies collectively argue that Canadian counselling practices must adopt ecologically informed, culturally grounded trauma approaches. Such approaches require assessing sociopolitical stress, integrating somatic symptom inquiry, validating mistrust as contextually grounded, providing linguistically matched services, and addressing provider-level training gaps. Without these adaptations across micro-, meso-, exo-, and macrosystemic levels, mental health services risk misinterpreting or overlooking the cumulative trauma experienced by Latino immigrants in Canada.

### **Social Support, Resilience, and Religious Coping**

Resilience among Latino immigrants emerges not from individual traits but from a constellation of interpersonal, cultural, and structural supports that operate across Bronfenbrenner's ecological systems. Within the microsystem, relational warmth, emotional closeness, and daily social interactions help buffer psychological strain. At the mesosystem level, connections to community organizations, religious groups, and peer networks provide continuity, identity, and practical support. The exosystem includes settlement structures, workplace conditions, and service access that shape the availability and quality of social resources. Finally, the macrosystem includes immigration policies, cultural norms, and sociopolitical conditions, that determines the stability and legitimacy of immigrant belonging. The four studies examined here (Lee et al., 2020; Revens et al., 2021; Sánchez et al., 2019; Ansion & Merali, 2017) intersect in demonstrating that resilience is not a static characteristic, but a process mediated by ecological, cultural, and relational factors. At the same time, these studies diverge in their samples, contexts, and conceptualizations, revealing both the potential and limitations of current knowledge on how social support and religious coping function for Latino immigrants.

### *Social Support, Loneliness, and Resilience*

Lee et al. (2020) provide a quantitative study by examining how perceived social support relates to loneliness and resilience among 224 Latino immigrant adults using validated measures such as the Multidimensional Scale of Perceived Social Support and the Connor–Davidson Resilience Scale. Their findings show that higher social support predicts lower loneliness and greater resilience, suggesting that emotionally available relationships serve as protective resources in the microsystem. A notable strength of this study is its use of standardized metrics and large sample, enhancing the reliability of associations. However, because participants were recruited through community organizations, they likely had stronger connections and more robust mesosystemic support networks than immigrants who are socially isolated or distrustful of institutions. This limits the study’s generalizability to more vulnerable subgroups. Lee et al. (2020) findings reinforce the need for Canadian counselling to assess clients’ social support ecologies rather than focusing narrowly on individual coping, as resilience often depends on network-level resources rather than internal strength. Whereas Lee et al. emphasize relational support, Revens et al. (2021) explore the spiritual dimension of resilience among 306 Latino adults using structural equation modeling to examine how religiosity relates to well-being and resilience. Their operationalization of religiosity is intrapersonal focused on internal faith orientation and spiritual coping rather than community involvement. This framing allows for a nuanced understanding of how spirituality shapes meaning making but weakens the study’s ability to account for external religious networks. A strength of their model is its robust quantitative analytic approach, yet a limitation is its narrow conceptualization of religion as a personal trait rather than a community-based phenomenon. When compared with Lee et al. (2020), a challenge emerges between relational support (external) and spiritual support (internal).

Ecologically, Revens et al. (2021) capture the microsystem and individual-level processes, whereas Lee et al. (2020) captures the mesosystem through communal ties. In the Canadian counselling practice, this distinction matters. Therapists working with Latino immigrants should explore not only individual spiritual beliefs but also the availability or absence of religious communities that provide tangible support, meaning, and belonging.

### ***Religious Institutions as Sources of Social Protection***

Sánchez et al. (2019) broaden the conceptualization of religious coping by showing that, for 35 undocumented Latino immigrants in their qualitative study, religious institutions are not only spiritual spaces but also centres of material support, information sharing, and communal protection. Their interviews reveal that churches function as surrogate families, offering food, financial assistance, legal resources, emotional comfort, and culturally familiar practices. A major strength of this study is its ability to illuminate how religious institutions operate as part of the mesosystem, mobilizing social capital to buffer the structural inequities faced by undocumented immigrants at the macrosystem level. However, its small, undocumented sample limits generalizability to Latino immigrants with legal status or those in regions without dense religious infrastructures. When placed in relation to Revens et al. (2021), Sánchez et al. (2019) challenge the notion that religious coping is primarily intrapersonal and instead, they demonstrate that resilience for undocumented individuals is inseparable from community-based religious involvement. Compared to Lee et al. (2020), their findings highlight that social support cannot be understood without examining access to culturally congruent religious institutions. Therefore, these findings underscore the importance of understanding the function of religious communities as both emotional and practical support systems, particularly for immigrants who face legal vulnerability or limited access to formal public services.

### *Disrupted Kinship Networks in the Canadian Context*

Moving beyond the U.S. context, Ansion & Merali (2017) highlight how social support and resilience manifest differently for Latino immigrant parents in Canada. Their qualitative study of 20 parents revealed profound isolation, emotional burden, and cultural dislocation resulting from the lack of extended kin networks which are the resources that would typically form part of the microsystem and mesosystem in many Latin American family structures. Participants described parenting responsibilities that were once shared across generations now concentrated solely on nuclear families, leading to exhaustion, stress, and a sense of cultural loss. A strength of this study is its focus on the Canadian context, offering insight into how settlement environments shape resilience processes. However, the small and regionally specific sample reduces generalizability. When contrasted with Sánchez et al. (2019), who documented dense religious and community infrastructures in the U.S., Ansion & Merali (2017) reveal how resilience pathways break down in contexts where Latino communities are sparse and culturally aligned institutions are limited. Compared to Lee et al. (2020), who found that social support enhances resilience, Ansion & Merali (2017) demonstrate that such support is not always available, particularly in Canada, where Latino populations are smaller and geographically dispersed. In relation to the research question, this study exposes a challenge being that Canadian counselling cannot assume that immigrant clients have access to extended family networks or ethnic communities that naturally facilitate resilience.

Taken together, these four studies demonstrate that resilience among Latino immigrants is fundamentally ecological and deeply intertwined with cultural, relational, and structural factors rather than individual psychological strength. Lee et al. (2020) show that supportive interpersonal relationships buffer loneliness and enhance resilience in contexts where community

ties are strong. Revens et al. (2021) highlight the intrapersonal and spiritual components of resilience, helping clarify how meaning-making processes operate in the microsystem. Sánchez et al. (2019) extend both models by revealing that religious institutions function as centres of material and emotional support and are mesosystemic safe places that compensate for macrosystemic inequities, especially among undocumented immigrants. Ansion & Merali (2017) highlight how these resilience pathways are disrupted in the Canadian context when immigrants lack extended family, cultural communities, and religious institutions aligned with their heritage.

From a feasibility standpoint, this body of literature suggests several culturally responsive practices that Canadian therapists can realistically integrate into counselling with Latino immigrants. These include systematically assessing clients' social ecosystems, explicitly asking about family separation, community belonging, and religious or spiritual supports, and avoiding assumptions that extended kinship networks or culturally aligned communities are readily available in the Canadian context. Therapists can also support resilience by collaboratively identifying alternative sources of connection, such as community organizations, cultural associations, or faith-based resources when appropriate. When such supports are absent, counselling itself may need to function as a relational anchor by emphasizing warmth, collaboration, and culturally congruent relational practices that help mitigate isolation and loss.

In direct relation to the research question, these collective findings broadly argue that Canadian counselling practices must adopt an ecological, culturally anchored model of resilience. Therapists must assess clients' social ecosystems, including family structures, religious involvement, and community ties. Counselling must also compensate for missing mesosystemic supports by helping clients connect with community organizations, cultural groups, and religious resources when appropriate. For immigrants who lack access to such

networks, therapy may need to incorporate culturally congruent relational practices, address the emotional toll of disconnection, and help rebuild pathways of support. Across the macro-, exo-, meso-, and micro-levels, the literature demonstrates that resilience is relational, contextual, and culturally mediated. For Latino immigrants in Canada, fostering resilience requires more than individual coping strategies, it requires culturally responsive counselling that both recognizes and responds to the ecological conditions that shape immigrant well-being.

### **Summary of Findings**

Across the three themes, 1) Language and Bilingualism, 2) Migration Stress, Somatic Symptoms, Trauma, and 3) Social Support, Resilience, and Religious Coping, the literature collectively demonstrates that Latino immigrants' mental health is shaped by the intersection of language, trauma history, relational dynamics, and sociopolitical context (Abarca et al., 2023; Leathers et al., 2021; Villalobos et al., 2016). Theme 1 demonstrates the role of language is central in the context in which bilingual clients rely on language choice to modulate emotional intensity and articulate culturally embedded meanings (Pérez Rojas et al., 2019; Estrada et al., 2018). These linguistic realities interact with trauma-related challenges, as Latino immigrants often experience cumulative stress, somatic distress, and institutional mistrust shaped by discrimination, legal precarity, and adverse migration experiences (Abarca et al., 2023; Falgas-Bagué et al., 2019; Leathers et al., 2021). Trust becomes a key therapeutic mediator, strengthened by linguistic resonance and clinician authenticity (Aafjes-van Doorn et al., 2020; Estrada et al., 2018) and weakened when interpreters disrupt emotional immediacy or when clinicians lack true clinical fluency (Villalobos et al., 2016; Grafft et al., 2022). Meanwhile, theme 3 on social support, resilience, and religious coping highlights that resilience emerges not from individual capacity alone but with religious and community structures providing emotional, material, and existential

resources that buffer migration related stress (Revens et al., 2021; Sanchez et al., 2019; Ansion & Merali, 2017).

The literature equally emphasizes that resilience among Latino immigrants is rooted not in individual traits but in relational and communal networks, including family cohesion, social support, and spiritual engagement (Sánchez et al., 2022; Ansion & Merali, 2017). Social support reduces isolation and buffers migration-related distress (Lee et al., 2020), while religious and community institutions offer emotional, material, and existential resources that counterbalance systemic barriers (Revens et al., 2021; Sánchez et al., 2019). Yet the availability of these protective factors is shaped by structural forces such as discrimination, legal status, and access to culturally aligned community spaces (Ansion & Merali, 2017). These structural inequities also parallel the treatment gaps described in the trauma literature, where limited access to linguistically congruent or culturally responsive services reduces therapeutic engagement and exacerbated mistrust (Villalobos et al., 2016; Grafft et al., 2022). Taken together, the literature shows that culturally responsive counselling for Latino immigrants requires more than cultural modifications. Instead, it demands an integrated approach that attends to linguistic attunement, migration and trauma-informed awareness, relational safety, and the central role of social and spiritual support systems (Abarca et al., 2023; Leathers et al., 2021; Revens et al., 2021). Only through such multidimensional adaptation can Canadian counselling practices meaningfully support the mental health and well-being of Latino immigrant communities.

## **Ethical Considerations**

### ***Representation, Inclusion, and Justice***

A recurring methodological concern across the literature is the limited representation of the most vulnerable Latino immigrants, which are the people who are undocumented, socially

isolated, or disconnected from community services. Studies such as Abarca et al. (2023), Leathers et al. (2021), Revens et al. (2021), and Ansion & Merali (2017) recruit participants through community organizations, churches, or service agencies. While it is a practical method of recruiting, this sampling strategy excludes individuals who may experience the most significant barriers, which may be ignoring the ethical goal of justice outlined in Principle I: Respect for the Dignity of Persons and Peoples (Canadian Psychological Association (CPA), 2018). Sampling bias becomes an ethical issue when research findings are later generalized to entire communities, potentially not recognizing the particular needs of those not represented. Psychologists must ensure equitable inclusion and avoid practices that may exacerbate marginalization (CAP, 2023, Standard 19). Methodologically, these studies do not explicitly acknowledge who is excluded nor how these exclusions may shape their conclusions. This may be a gap that limits the ethical integrity of the research and reinforces existing inequities within immigrant mental-health research.

### ***Accuracy, Validity, and the Risk of Harmful Misinterpretation***

Several studies raise ethical concerns regarding whether their methodologies adequately capture the cultural, linguistic, and structural realities of Latino immigrant mental health. Quantitative studies such as Leathers et al. (2021) and Aafjes-van Doorn et al. (2020) risk construct reductionism where condensing complex immigration stress or linguistic attunement into discrete scores. This reductionist approach challenges Principle II: Responsible Caring (CPA, 2018), which requires psychologists to use methods appropriate to the phenomena being studied. If tools lack cultural validity or oversimplify culturally rooted experiences such as nervios, somatic expressions, or mistrust, findings can mislead therapists and result in inaccurate diagnoses. The same stands with Estrada et al. (2018) who rely on self-reported clinical Spanish proficiency, which is a methodology that risks overconfidence and can lead psychologists to believe they

possess competencies they do not, further challenging Competence (Standards of Practice, Section 4, College of Alberta Psychologists [CAP], 2023).

### ***Omission of Lived Experience***

Across the literature, an important ethical consideration concerns the uneven representation of Latino ethical client's voices, rather than their complete absence. While several studies centre client experiences directly, a subset of influential studies rely on clinician or provider perspectives (e.g., Grafft et al., 2022; Villalobos et al., 2016). Although these perspectives offer valuable insight into service delivery and clinical challenges, their prominence raises the risk of epistemic injustice by privileging of professional interpretations over the lived experiences of those receiving care.

This imbalance has ethical implications in relation to Principle I: Respect for the Dignity of Persons (CPA, 2017), which mandates honoring the knowledge, meaning making, and perspectives of marginalized groups. When therapist-only interpret client mistrust, trauma, or disengagement without incorporating client's own accounts, there is a risk of reinforcing institutional assumptions or misattributing the sources of distress. The ethical concern is therefore not the inclusion of clinician voices, but the potential for those perspectives to be treated as proxies for client experience. While the Standards of Practice (CAP, 2023) emphasize fair and accurate representation, methodological designs that exclude direct client narratives may overlook critical cultural, linguistic, and emotional nuances essential to culturally responsive counselling practice.

### ***Lack of Reflexivity and Cultural Positioning***

An ethical issue present across qualitative and conceptual studies is the absence of explicit researcher reflexivity, which is essential when studying marginalized or cross-cultural groups. Studies such as Abarca et al. (2023), Leathers et al. (2021), Falgas-Bague et al. (2019), and Grafft et al. (2022) provide limited discussion of how researchers' cultural identities,

professional roles, or positionality influenced data interpretation. From an ethical perspective, reflexivity directly aligns with Principle III: Integrity in Relationships (CPA, 2017), which requires transparency and awareness of biases that could harm or misrepresent participants experiences. Without a reflexive practice, researchers risk imposing Western theoretical structures onto culturally specific expressions such as somatic idioms, mistrust, or spirituality, inadvertently reinforcing power differentials. The Standards of Practice (CAP, 2023) emphasis on culturally attuned practice (Standard 19) implies that culturally responsive research should also model cultural humility, yet the absence of reflexivity in these methodological designs limits ethical integrity by allowing unexamined assumptions to influence findings and recommendations.

### ***Trauma-Informed Safeguarding and Minimizing Harm***

Several articles addressing trauma and migration stress employ methods that may unintentionally expose participants to emotional risk. Abarca et al. (2023), Falgas-Bagué et al. (2019), and Leathers et al. (2021) discuss sensitive topics such as violence, discrimination, deportation fear, and chronic stress but provide limited procedural detail regarding trauma-informed consent, emotional safety protocols, or debriefing. This omission is ethically significant because Principle II: Responsible Caring (CPA, 2018) requires minimizing harm and providing safeguards when conducting research with vulnerable populations. The interviews about traumatic migration experiences can trigger distress, and studies that do not explain how researchers mitigated such risks fail to meet expectations under the Standards of Practice (Section 7: Working with Vulnerable Clients, CAP, 2023). Conversely, some qualitative studies likely did use trauma-informed approaches but did not report this, creating ethical ambiguity (Abarca et al., 2023; Falgas-Bague et al., 2019; Leathers et al., 2021; Grafft et al., 2022). The

lack of transparency prevents readers from assessing whether ethical safeguards were adequately implemented, which is essential when working with communities who already experience systemic and emotional vulnerability.

### ***Misapplication Risk and Overgeneralization of Findings***

A final ethical issue involves the potential for research findings, especially those with methodological constraints, may be misapplied in clinical contexts. Studies such as Perez et al. (2019) and Aafjes-van Doorn et al. (2020), which examine bilingual emotional processing and linguistic synchrony in controlled laboratory-type conditions- risk being interpreted as clinically definitive despite limited ecological validity. Similarly, Estrada et al. (2018) rely on self-reported clinical Spanish proficient, which may overestimate true linguistic competence and lead to ethically problematic assumptions in practice. Overgeneralizing these findings conflicts with Principle II: Responsible Caring (CPA, 2017), which requires clinicians to rely on accurate, culturally valid evidence when making treatment decisions. Additionally, provider-focused insights from Grafft et al. (2022), while informative, represent systemic perspectives rather than client outcomes and must be contextualized cautiously. Ethical research requires acknowledging the limits to each study's internal and external validity to prevent misapplication in therapy settings, consistent with Principle IV: Responsibility to Society (CPA, 2017).

Across the literature on Latino immigrant mental health, several methodological patterns raise important ethical concerns linked to the Code of Ethics (CPA, 2017) and the Standards of Practice (CAP, 2023). Many studies rely on participants recruited through community agencies, unintentionally excluding undocumented or isolated individuals, and limiting equitable representation (Abarca et al., 2023; Revens et al., 2021; Sánchez et al., 2020; Lee et al., 2019; Anson & Merali, 2017), compromising the ethical principle of justice. Other studies reduce

complex cultural or linguistic processes into narrow quantitative indicators or rely on self-reported linguistic skills, which conflicts with Principle II: Responsible Caring when such tools lack cultural validity (Leathers et al., 2021; Aafjes-van Doorn et al., 2020; Estrada et al., 2018). Provider only perspectives in Grafft et al. (2022) and interpreter-mediated contexts in Villalobos et al. (2016) further risk epistemic imbalance by underrepresenting client meaning-making and emotional nuance. Finally, studies addressing trauma frequently lack transparency about trauma-informed safeguards (Abarca et al., 2023; Falgas-Bague et al., 2019; Leather et al., 2021; Grafft et al., 2022), raising concerns related to participant safety. Collectively, these ethical issues underscore the need for research designs that prioritize inclusive recruitment, cultural and linguistic validity, reflexivity, and transparency to support ethically grounded, culturally responsive counselling for Latino immigrants.

## Chapter 4: Applications to Clinical Practice

Latino immigrants in Canada experience mental-health challenges shaped by the interaction of linguistic barriers, acculturative stress, cumulative trauma, somatic expressions of distress, family disruption, spirituality, and systemic inequities (Abarca et al., 2023; Ortiz, 2020; Wilson et al., 2020). As established earlier in this manuscript, these experiences unfold across Bronfenbrenner's ecological systems, where microsystemic family relationships, mesosystemic community supports, exosystemic institutional barriers, and macrosystemic sociopolitical conditions collectively shape mental-health trajectories (Bronfenbrenner, 1979; Abarca et al., 2023; Perez-Rojas et al., 2019). The research problem addressed in this project was the disconnect between the complex, culturally embedded mental-health needs of Latino immigrants and the predominantly Western, monolingual, and individually oriented counselling models commonly used in Canadian mental-health services (Estrada et al., 2018; Salami et al., 2019). This chapter responds to the guiding research question: How can Canadian counselling practices be adapted to integrate culturally responsive strategies that effectively support the mental health of Latino immigrants? Recognizing these interconnected influences is necessary for developing interventions that are not only clinically sound but also culturally congruent and contextually grounded (Sánchez et al., 2019; Cobb et al., 2021).

Multiple themes were identified in the literature, including the role of language and bilingualism, the impact of migration stress, somatic symptoms, and trauma, and the importance of social support, resilience, and religious coping. Culturally responsive practice therefore requires shifting away from Western individualistic models that overlook relational, linguistic, cultural, and ecological determinants of wellbeing (Estrada et al., 2018). The literature demonstrates that therapeutic approaches aligned with clients' cultural identities and lived

contexts foster stronger therapeutic alliances, enhance emotional safety, and improve treatment engagement (Falgas-Bagué et al., 2019; Wilson et al., 2020; Perez-Flores et al., 2023). This chapter applies these findings to clinical practice in Canada, outlining clinical applications, culturally adapted psychotherapeutic models, evidence-informed recommendations, practitioner competencies, and intersectional considerations necessary for ethical and effective counselling with Latino immigrant clients.

### **Implications of Findings: Culturally Adapted Psychotherapeutic Models**

The literature reviewed strongly supports the use of culturally adapted psychotherapeutic models designed to reflect the lived experiences of Latino immigrants. CA-CBT is one such model, adapting traditional CBT interventions to incorporate collectivist values, bilingual emotional expression, migration-related stress, somatic idioms, and spiritual meaning-making (Estrada et al., 2018; Wilson et al., 2020). These adaptations enhance therapeutic relevance by embedding cognitive and emotional processes within clients' cultural and ecological contexts (Bekteshi & Kang, 2018; Cobb et al., 2021).

The literature also supports the use of narrative-based approaches, such as narrative therapy, testimonial practices, migration narrative reconstruction, and culturally grounded life-story work, because storytelling aligns with cultural traditions surrounding identity, family, and resilience (De Haene et al., 2020; Schock et al., 2019). These methods help clients organize migration histories, integrate trauma, and construct coherent identity narratives following migration disruption (Falgas-Bagué et al., 2019). They also align with findings showing that Latino immigrants' narratives naturally reflect the ecological intersection between family, community, institutions, and sociopolitical structures (Ortiz, 2020; Perez-Flores et al., 2023).

Trauma-focused approaches must likewise be adapted to reflect the cumulative and systemic nature of trauma experienced by Latino immigrants. Culturally grounded trauma work acknowledges that distress is shaped by ongoing discrimination, precarious employment, and sociopolitical instability, and integrates bilingual processing, spirituality, somatic experiences, and migration narratives as core components of intervention (Revens et al., 2021; Abarca et al., 2023). In practice, this may involve inviting clients to narrate their migration journeys in whichever language feels most emotionally accessible, using bilingual reprocessing to articulate memories that hold cultural and affective meaning (Perez-Rojas et al., 2019). Therapists can also incorporate grounding rituals that resonate with clients' spiritual traditions, such as integrating prayer when requested or using culturally familiar breathing practices (Placeres & Ordaz, 2021). Mapping ecological stressors across micro-, meso-, and macrosystemic levels further contextualizes symptoms within larger sociopolitical patterns rather than individual pathology (Bekteshi & Kang, 2018; Cobb et al., 2021). Culturally informed structured testimonial work allows clients to reclaim agency, witness sociopolitical trauma, and organize fragmented experiences into coherent narratives that support healing and empowerment (De Haene et al., 2020; Schock et al., 2019).

Somatic and relational-cultural models complement Latino cultural values by addressing bodily expressions of distress and supporting relational connection, mutual empathy, and collective healing (Ansion & Merali, 2017; Wilson et al., 2020). These models acknowledge that, for many Latino clients, psychological, physical, relational, and spiritual dimensions of wellbeing are interconnected (Abarca et al., 2023). In clinical practice, this may involve helping clients identify and interpret somatic sensations—such as chest tightness, stomach discomfort, headaches, or fatigue—as culturally meaningful expressions of emotional strain (Wilson et al.,

2020). Techniques such as grounding, paced breathing, and body scans can be framed using culturally familiar metaphors like *soltar la tensión* (release the tension) or *respirar con calma* (breathe with calmness) or imagery rooted in clients' natural or spiritual landscapes to enhance resonance and accessibility (Ortiz, 2020). Relational-cultural strategies may include emphasizing warm, collaborative rapport-building, validating reliance on family and community, and encouraging clients to involve significant relationships in therapy when appropriate (Sánchez et al., 2019).

### **Recommendations for Clinical Practice**

Clinical practice should prioritize accessibility, cultural attunement, and ecological responsiveness by ensuring that counselling is linguistically appropriate, functionally accessible, and culturally welcoming (Perez-Flores et al., 2023). Providing Spanish-language intake materials is one step, but accessibility also involves offering flexible appointment times, reducing reliance on written forms, and creating intake procedures attuned to the challenges associated with navigating unfamiliar systems (Abarca et al., 2023; Salami et al., 2019).

Therapists can enhance assessment accuracy by incorporating open-ended, culturally informed questions that explore clients' daily contexts, caregiving responsibilities, community ties, and experiences of instability (Ortiz, 2020). Rather than focusing primarily on symptom checklists, ecological interviewing encourages clients to describe what stressors look like in their lived environments, making space for relational and structural conditions that shape emotional stress.

Linguistically responsive therapy extends beyond code-switching and includes adapting communication style (Perez-Rojas et al., 2019), such as using warm relational gestures, pacing conversations consistent with Latino cultural norms, and validating clients' efforts to articulate difficult experiences even when vocabulary is limited. When interpreters are required, therapists

should collaborate during preparation and follow up with clients to ensure comfort and accuracy (Villalobos et al., 2016).

Trauma-informed practice must attend to ecological complexity without defaulting to pathologizing frameworks. This involves recognizing when distress reflects burdens such as job insecurity or immigration uncertainty rather than internal dysfunction (Leathers et al., 2021). Therapists can apply an ecological lens by collaboratively mapping environmental stressors contributing to symptoms and identifying where resilience is already present (Bekteshi & Kang, 2018; Sánchez et al., 2019). Integrating family involvement, community networks, or spiritually meaningful practices can further strengthen support and reconnect clients with culturally grounded systems of meaning (Placeres & Ordaz, 2021).

### **Practitioner Training and Education on Cultural Responsiveness**

The literature emphasizes that culturally responsive care requires ongoing practitioner training. Many therapists lack preparation for working with linguistically diverse and trauma-impacted immigrant communities, increasing the risk of misdiagnosis or disengagement (Grafft et al., 2022). Training should prioritize cultural humility as an ongoing process of self-reflection, openness to cultural knowledge, and awareness of power differentials (Sánchez et al., 2019; Ortiz, 2020). This involves examining how therapists' positionality and implicit biases shape interpretation, rapport, and decision-making. Training must promote continuous skill development and encourage therapists to adopt a stance of inquiry when encountering unfamiliar cultural expressions.

Regular supervision, multicultural consultation, and reflective practice help therapists recognize how cultural assumptions shape the therapeutic relationship (Lee et al., 2020). Supervisors can incorporate structured cultural context discussions into case reviews and

evaluate how clinical decisions align with clients' cultural frameworks. Consultation with culturally knowledgeable colleagues or community leaders can expand clinicians' understanding of cultural practices and situate distress within broader social and structural conditions (Sánchez et al., 2019). Reflective journaling, cultural genograms, and guided exploration of therapists' intersecting identities further strengthen cultural self-awareness (Lee et al., 2020; Sánchez et al., 2019; Ortiz, 2020).

Training must also address trauma-informed, somatic, and ecologically grounded practice, including recognition of cumulative trauma and somatic distress (Abarca et al., 2023; Wilson et al., 2020). Beyond teaching clinical techniques, training should integrate simulated scenarios, role plays, and ecological case formulation exercises that help therapists practice recognizing structural stressors and adjusting interventions accordingly. Programs should also address ethical challenges associated with precarious immigration status or workplace exploitation and equip therapists to respond through supportive documentation, resource navigation, or advocacy within professional boundaries.

Language-focused training is essential for bilingual therapists, who must understand culturally specific emotion terms and idioms of distress, while non-bilingual therapists require competence in ethical interpreter collaboration (Estrada et al., 2018; Perez-Rojas et al., 2019). Organizations can enhance this by offering workshops on cultural communication styles, regional linguistic differences within Latino communities, and common misunderstandings during cross-linguistic therapy (Estrada et al., 2018; Perez-Rojas et al., 2019; Perez-Flores et al., 2023). Training should also include guidance on assessing when interpreters affect relational dynamics and strategies for repairing potential ruptures (Villalobos et al., 2016; Estrada et al., 2018). Clinics can adopt structured evaluation tools to measure cultural responsiveness over

time, incorporating feedback from clients, community partners, and supervisors to ensure cultural competence is observable, accountable, and continuously developed (Grafft et al., 2022; Perez-Flores et al., 2023; Sánchez et al., 2019).

### **Cultural Responsiveness in Practice: Addressing Intersectionality and Diversity**

Latino immigrants represent a diverse population whose experiences vary across nationality, race, dialect, migration pathway, socioeconomic status, gender identity, sexual orientation, and religious belief (Abarca et al., 2023; Sánchez et al., 2019; Ortiz, 2020). Intersectional assessment is essential for avoiding overgeneralizations and responding to clients' unique sociocultural contexts (Sánchez et al., 2019; Ortiz, 2020). In practice, this involves exploring how clients navigate multiple identities simultaneously such as being Afro-Latino, Indigenous Latino, queer, undocumented, or second-generation and understanding how these identities shape stress exposure and resource access (Cobb et al., 2021; Negi et al., 2020). Therapists must attend to within-group diversity, including the ways gender norms, family hierarchies, spirituality, and generational shifts influence mental-health experiences (Abarca et al., 2023; Placeres & Ordaz, 2021). For some clients, traditional values provide stability and meaning, while for others they contribute to conflict, silence, or pressure. Attending to these nuances prevents imposing assumptions about what "Latino values" should look like (Ortiz, 2020; Sánchez et al., 2019).

Structural vulnerabilities such as discrimination, financial hardship, and limited access to linguistically appropriate services must be considered to prevent pathologizing distress rooted in systemic inequities (Cobb et al., 2021; Negi et al., 2020). An intersectional lens prompts therapists not only to explore what clients feel but also which conditions produce those feelings and how clients' social locations shape their risks and supports (Sánchez et al., 2019; Ortiz,

2020). This reframes formulation to include power, privilege, and structural constraints rather than attributing distress to individual deficiencies. Therapists can extend this work by examining how schools, workplaces, legal systems, and community institutions influence safety, belonging, and opportunity across ecological levels (Perez-Flores et al., 2023; Abarca et al., 2023).

Creating inclusive therapeutic environments that support bilingual communication, cultural storytelling, and relational connection enhances therapeutic engagement and communicates cultural attunement (Perez-Flores et al., 2023; Villalobos et al., 2016). This may involve validating clients' experiences of identity negotiation, inviting exploration of cultural belonging, and allowing space for the complexity of shifting between cultural worlds (Sánchez et al., 2019; Ortiz, 2020). Inclusive practice also requires awareness of clinician positionality, recognizing how therapists' cultural backgrounds, language proficiency, and visible identities influence rapport, disclosure, and perceptions of safety (Lee et al., 2020). When therapists demonstrate openness to these intersections and adapt their approach accordingly, clients are more likely to experience therapy as a space where their full identities can be explored without reduction or stereotype (Sánchez et al., 2019; Perez-Flores et al., 2023).

## Chapter Five: Recommendations and Conclusion

This capstone project examined the mental-health experiences of Latino immigrants in Canada and explored how culturally responsive, linguistically accessible, and ecologically informed counselling practices can more effectively support this population. Using Bronfenbrenner's Ecological Systems Theory as the foundational framework, the study illustrated how multiple interacting systems, ranging from family relationships and community networks to institutional barriers and broader sociopolitical forces shape Latino immigrants' emotional wellbeing (Bronfenbrenner, 1979; Abarca et al., 2023). The literature reviewed demonstrated that linguistic incompatibility (Perez-Rojas et al., 2019), cumulative migration trauma (Falgas-Bagué et al., 2019), somatic expressions of distress (Wilson et al., 2020), acculturative stress (Ortiz, 2020), discrimination (Cobb et al., 2021), family separation (Abarca et al., 2023), and spiritual belief systems (Placeres & Ordaz, 2021) are central determinants of mental-health outcomes for this population. The problem addressed in this project was the gap between these complex needs and the current structure of Canadian mental-health services, which often rely on Western, individualistic models that overlook cultural, linguistic, and ecological realities (Estrada et al., 2018). The research question guiding this project: How can Canadian counselling practices be adapted to integrate culturally responsive strategies that effectively support the mental health of Latino immigrants? served as the framework for evaluating culturally grounded therapeutic approaches.

Chapter Four further established that culturally grounded therapeutic approaches, including CA-CBT, narrative and testimonial practices, relational-cultural models, somatic approaches, and trauma-informed frameworks can offer meaningful avenues for improving clinical outcomes when used in a culturally and contextually appropriate manner (Estrada et al.,

2018; Falgas-Bagué et al., 2019; Wilson et al., 2020). These models are most effective when they incorporate bilingual processing (Perez-Rojas et al., 2019), acknowledge migration narratives (Falgas-Bagué et al., 2019), validate somatic expressions of distress (Abarca et al., 2023), and recognize the central role of family, spirituality, and community in Latino cultural identity (Sánchez et al., 2019; Placeres & Ordaz, 2021). A central “take-home message” appears across this project: Latino immigrant mental health cannot be adequately supported without recognizing the interconnected sociocultural, linguistic, and structural forces that shape their lived experiences (Cobb et al., 2021). Effective counselling requires not only skillful clinical techniques but also cultural humility (Hook et al., 2016), structural awareness (Negi et al., 2020), and an ecological understanding of the client’s environment (Abarca et al., 2023). This project demonstrates that culturally responsive mental-health services are not an enhancement to existing approaches, they are a professional and ethical requirement for providing competent psychological care to Latino immigrants in Canada.

### **Recommendations for Future Research and Practice**

The findings from this review highlight several important directions for future research. One area requiring further investigation involves the role of bilingual emotional processing in therapy. Although research shows that code-switching and linguistic flexibility influence affect regulation and narrative coherence (Perez-Rojas et al., 2019), little is known about how these processes specifically shape the therapeutic alliance and clinical outcomes for Latino immigrants in Canada. Future studies could examine how language choice interacts with memory retrieval, trauma disclosure, and emotional depth within counselling relationships.

Another important area for future research concerns the relationship between ecological stressors and somatic expressions of distress. While somatic symptoms are frequently

documented among Latino immigrants (Abarca et al., 2023), there is limited understanding of how systemic pressures, such as workplace exploitation, immigration insecurity, limited financial stability, and racial discrimination become embodied over time (Cobb et al., 2021; Negi et al., 2020). Research that traces the pathways between structural inequities and physical symptoms would deepen therapists' ability to interpret somatic cues through a culturally and ecologically grounded lens.

A third area requiring further exploration is the effectiveness of culturally adapted psychotherapeutic models within Canadian service contexts. Although CA-CBT, narrative therapy, and trauma-informed models appear promising (Estrada et al., 2018; Falgas-Bagué et al., 2019), outcome studies specific to Canada remain limited. Research conducted in community-based, multicultural, and linguistically diverse clinical settings would provide valuable insight into which adaptations are most effective, how they can be implemented, and what forms of training are required to sustain them.

Future research should also address several methodological and structural limitations identified in the existing literature. Many studies rely on small, convenience samples recruited from single community centers or clinics, limiting generalizability (Sánchez et al., 2019; Abarca et al., 2023). Researchers should prioritize more diverse sampling that captures the heterogeneity of Latino communities, including Afro-Latinos, Indigenous Latinos, LGBTQ+ Latinos, refugees, and individuals with precarious immigration status (Ortiz, 2020). In addition, future researchers can strengthen study designs by incorporating longitudinal methods to track how migration-related stress evolves over time, especially as clients navigate shifting cultural identities and settlement trajectories (Falgas-Bagué et al., 2019). Research should also include ecological measures that capture the influence of employment conditions, community belonging,

institutional barriers, and policy environments, which are factors that are central to Latino immigrant mental-health experiences yet often omitted from psychological studies (Cobb et al., 2021; Negi et al., 2020).

From a clinical perspective, future research should focus on refining and evaluating training programs that prepare practitioners to work competently with linguistically diverse and trauma-affected immigrant communities. Studies could examine which combinations of cultural humility training (Hook et al., 2016), ecological assessment strategies (Abarca et al., 2023), bilingual competency development (Perez-Rojas et al., 2019), and trauma-informed education (Falgas-Bagué et al., 2019) lead to measurable improvements in practitioner readiness and client outcomes. Researchers should also investigate organizational factors like clinic policies, leadership practices, and resource allocation, which could facilitate or hinder the implementation of culturally responsive care (Estrada et al., 2018; Grafft et al., 2022). Addressing these research gaps is critical not only for empirical knowledge, but also for improving the quality, equity, and effectiveness of mental health services for Latino immigrant communities in Canada. Without stronger evidence base that reflects bilingual emotional processes, somatic expressions of distress, and the ecological conditions shaping migration experiences, counselling practices risk remaining misaligned with clients' lived realities, potentially contributing to ongoing disengagement, misinterpretation of symptoms, and unequal treatment outcomes. Research that directly responds to these gaps can inform clinician training, guide organizational and policy-level decision-making, and support the development of counselling practices that are both culturally responsive and ethically grounded.

## **Reflections on Clinical and Research Learning**

Working on this capstone project has provided me with meaningful insight into both clinical and research perspectives related to culturally responsive care for both Latino immigrants and immigrants in general. From a clinical standpoint, this project has reinforced the importance of approaching clients with cultural humility and recognizing that the therapeutic relationship is shaped not only by internal psychological processes but also by language, culture, migration history, and broader systemic forces (Ortiz, 2020; Hook et al., 2016). The process of synthesizing the literature highlighted how essential it is for therapists to remain flexible and curious, to attune to culturally grounded expressions of distress, and to adopt an ecological perspective that situates symptoms within clients' lived environments (Abarca et al., 2023; Sanchez et al., 2019). Learning about culturally adapted models such as CA-CBT, narrative approaches, and somatic-relational frameworks expanded my understanding of how therapy can be modified to honor cultural identity and support resilience in ways that are deeply meaningful to Latino clients (Estrada et al., 2018; Wilson et al., 2020).

From a research perspective, this project provided insights to the gaps and limitations that shape what we currently know about Latino immigrant mental health. The scarcity of Canadian-based research, the reliance on cross-sectional designs, and the lack of diverse sampling reflect systemic issues in academic inquiry that ultimately mirror the inequities present in mental-health service delivery (Sánchez et al., 2019; Cobb et al., 2021). Engaging with the scholarly literature strengthened my ability to critically evaluate study designs, identify methodological limitations, and understand how research findings translate into real clinical settings (Falgas-Bagué et al., 2019; Perez-Rojas et al., 2019). The process also reinforced the importance of incorporating structural and ecological considerations into psychological research, as overlooking these factors

can lead to conclusions that inadequately capture the experiences of marginalized populations (Negi et al., 2020; Abarca et al., 2023).

Overall, this capstone project has deepened my commitment to culturally responsive practice and highlighted the importance of ongoing learning, advocacy, and self-reflection in my professional development. The integration of clinical insights, research evidence, and ecological understanding has clarified the kind of therapist I aspire to be, which is one who approaches clients with respect for their cultural identities, awareness of systemic barriers, and a genuine willingness to adapt therapeutic approaches to their lived realities (Ortiz, 2020; Hook et al., 2016). This project has demonstrated that culturally aligned care is not simply a method, it is a stance, a responsibility, and a foundational component of ethical psychological practice.

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