



# La Comunidad

California Latinx Psychological Association

Volume XV October 2020

The California Latinx Psychological Association (CLPA) is dedicated to advocating and serving the mental health needs of the Latinx community. CLPA is invested in the clinical, research and academic issues related to Latinx Psychology. The CLPA advocates for social justice regarding the issues that impact the mental health of Latinx communities; and the quality of education, training and work environments of Latinx Psychologists.

Visit us at:

[www.Latinopsych.org](http://www.Latinopsych.org)



## President's Column

**A**s a country, we face a multitude of challenges, many of which directly impact our Latinx communities. We deal with unprecedented times due to the worldwide pandemic, social injustices and an upcoming election, all of which have direct implications for Latinxs.

The California Latinx Psychological Association (CLPA) is committed to addressing all of these issues. We are committed to addressing the impact of COVID-19 on Latinxs, as well as the impact of current disparities in their health and mental health. We are also committed to supporting and standing in solidarity with the Black Lives Matter movement, as well as our Black and Afro-Latinx colleagues and communities. We acknowledge that anti-Blackness is pervasive in the non-Black Latinx community, and our obligation as mental health professionals to challenge and heal from these harmful internalized biases. Even more, as a psychological association, we have an immense responsibility and duty to address the inherent anti-Blackness that is rooted in Western Psychology. We also have an ethical and moral responsibility to be active members in challenging these systems.

CLPA is committed to the healing and advocacy of our Latinx communities, which means addressing all forms of oppression and racial injustices. We want to share with our membership the steps that we are taking as an association to support our communities and membership in addressing these needs:

- The creation of a Social Justice Response Team (SJRP) - The purpose of the SJRP is to have a formal mechanism through which CLPA can rapidly and efficiently take action on social justice issues that affect Black, Indigenous, People of Color (BIPOC).
- The creation of a Circle of Support Series – This Circle provides a safe/brave space to discuss racial trauma and internalized biases, and how to address these areas in our work as mental health professionals.
- The creation of Latinx Webinars – These webinars will address issues of health/mental health disparities, social justice and Latinx mental health.
- Collaboration with community and professional organizations to address the mental health needs of Latinx communities.

Over the next few months, the CLPA Leadership Team will continue to share information about our efforts in addressing these very difficult and pressing issues. Lastly, we thank all our newsletter contributors and their heartfelt contributions. Thank you for your powerful and inspiring words!

Veronica Vargas-Paredes, Ph.D., MFT  
CLPA President

## CLPA Officers!

**President:**

Veronica Vargas-Paredes, Ph.D., MFT  
*Kaiser Permanente*

**Secretary:**

Carrie Castañeda-Sound, Ph.D.  
*Pepperdine University*

**Treasurer:**

Jesus Rodriguez, Ph.D.  
*CA Dept of State Hospitals  
Patton State Hospital*

**Membership Co-Chairs:**

James Garcia, Ph.D.  
*University of La Verne*

Alejandro Morales, Ph.D.  
*Dept. of Psychology, Cal Poly Pomona*

**Historian:**

Lisette Sanchez, Ph.D.  
*The Claremont Colleges*

**Social and Events Co-Chairs:**

Adriana Medrano, Ph.D.  
*Private Practice, Pasadena CA*

Teresa Celada-Dalton Ph.D.  
*Children's Hospital Los Angeles  
Pepperdine University*

**Community Outreach Coordinator:**

Gabriela Pineda, MFT Associate  
*The Open Door Center*

**Social Media Coordinators:**

Sandra Alfaro Beltran, PsyD  
*University of La Verne*

Tamara Obregon Madera, Psy.D.

*Joy in Healing Psychotherapy & Assessment, Inc.*

**Newsletter Editors:**

Leticia Arellano-Morales, Ph.D.  
*University of La Verne*

Jime Salcedo, PsyD  
*CAPS, Cal Poly Pomona*

**Early Career Representative:**

Connie Morlett, MFT  
*Morlett Counseling and Psychotherapy*

**Student Representative:**

Erica Preciado, MFT Student  
*Pepperdine University*

**\*\*CLPA currently seeks to fill the current  
vacancy for Northern California Representative \*\***

For further information or inquiries, please contact Dr. Veronica Vargas-Paredes at  
[vvargasparedes@gmail.com](mailto:vvargasparedes@gmail.com)

## From Non-Racist into Anti-Racist

### Dr. Ana Nogales



As many of us try to make sense of the egregious murder of George Floyd, we are also confronted with a reckoning of awareness that sheds light on the role racism continues to play in our society. His murder is not only representative of the countless African American lives that have been wrongly taken before him, but the concomitant silence that many of us have hidden behind for so long. We are finally beginning to realize that there is no longer anywhere to hide, as it has become painstakingly apparent that systematic oppression and individual prejudice have no place in the 21st century. As we look at ourselves in the mirror and see our values, beliefs and practices for what they really are, it is worth asking, to what extent are we racist ourselves, and what does racism actually look like? Are you racist? Maybe you are racist, but you have never acknowledged this, because racism is often so deeply ingrained in our culture that it may seem “undetectable.” It is something that is learned at home and reinforced in society; essentially normalizing widespread discrimination. While murder and hate crimes are the most blatant forms of racism, racism frequently takes place under the guise of subtle comments or jokes, social microaggressions, or underlying prejudice that informs a person’s daily decisions, such as where to work or go to school, or who to talk to or hang out with. It is the underlying judgment masked as fear that compels us to cross the street or clench our bags when we pass by a person who fits the stereotypical image of a “criminal” or “low life.”

Our society was founded on colonization and slavery, where European settlers and their descendants felt it necessary to exercise power and control by desecrating, dehumanizing and terrorizing indigenous groups. Even though slavery was technically abolished in 1865, its central tenets have been conserved and fortified throughout generations. It is for this reason current institutional structures still perpetuate the very inequities that were brought about by colonization and slavery many centuries ago, ultimately leaving people of color; especially African Americans, with poor life chances and outcomes that essentially entrap them in their socioeconomic circumstances.

Moreover, the development of the police force was largely a product of slavery, as they were expected to keep former slaves “in their place” by using any means necessary to preclude them from having the same rights as European Americans. Today, the mission of the United States police force is to protect and serve the community; however, vestiges from the past continue to undermine this mission, which results in civic tension and distrust.

A similar but less prominent example of generational oppression can be seen in the issue of domestic violence. Fifty years ago, the police handled domestic violence cases by merely scolding the abuser before retreating back to their station because the issue at hand was considered a “family matter.” After participating in various demonstrations and seeing far too many domestic violence-related deaths, I finally understood the fact that; like in the case of African Americans, violence against women is violence against humanity, and that it was too serious of a problem to overlook. As such, we have seen throughout history that our voices are a primary vehicle for change, even if that change seems glacial. Taking a passive or silent stance on the issue of racism not only hinders the strength of the anti-racism movement, but it keeps us complicit in maintaining the status quo, which has been shown time and time again to result in the relentless discrimination and killing of African Americans.

While the process of unlearning racism can be tedious, there are several things we can do to strive to become antiracist. In addition to street protests, we can become activists at home by becoming aware of our own prejudices, educating ourselves and our families about cultural differences and learning to celebrate them, promoting respect and tolerance, condemning racial jokes and/or messages on social media, and raising our voices when we see injustices in any setting, whether it be at home, in the streets, at work, in school, or in the very institutions that are supported by our tax dollars.

Although we have a long way to go to eradicate racism, the social decorum is changing, and it starts with us doing the internal work. Our youth have spearheaded a public outcry far greater and vaster than ever before, and while bilateral violence is not the answer, we must wholeheartedly devote ourselves to ensuring that their voices are not silenced, and that we as a people strive to create hope in times that seem completely hopeless.



## Resiliency in the Midst of Disparities

### Carrie Castañeda-Sound, PhD

**L**ife regularly presents challenges and curveballs, but 2020 has been a doozy. With COVID-19 hitting Latinx communities hard, we also are seeing the emergence of economic disparities within our communities before our very eyes. I can remember a specific example of this economic disparity when I was working from home on a hot day in May. My kids were bored. After completing their online assignments for school, they were bored of Tic Toc and Netflix, and started bickering. Our newly adopted dog was chewing everything in sight and jumping on my lap whenever I was on a Zoom call. With four of us working or attending classes from home, everyone was a bit irritable. To be honest, I was feeling sorry for myself and looked for a reason to run to the grocery store for a quick break. My husband encouraged me to go, because he recognized the look of desperation on my face.

It was 98 degrees outside, and unusually warm for early May. As I parked my car in the parking lot at the grocery store, I noticed a car with all the windows open in the shade. There were two children in the backseat. I immediately wondered what was happening and saw a woman with a mask on, picking up trash in the parking lot near the car. I heard the children ask her questions about their schoolwork and she would stop picking up trash, walk over to the car and answer their questions in Spanish. I stopped to talk with her (at least 6 feet away), and she shared that she did not have childcare, but could not miss work either. The children had snacks and toys to keep them occupied, and they were in a cheerful mood despite the heat.

I couldn't help but feel ashamed that I felt so sorry for myself while working from home in my air-conditioned house with a partner who could give me a break when I needed it. This was the wake-up call I needed that day. I called our local school board and community centers to seek information about resources for parents like Maria. While few were available in my small town, there were options. I returned to share these resources with her, and it was understandable that she did not feel comfortable leaving her children with strangers, particularly due to her fear that her children could catch COVID-19.

Why would I share this story? While my experience at home felt overwhelming to me, I was reminded that intersectionality is real and contributes to numerous inequities, particularly in times of crisis. During this pandemic, many of us are struggling to adapt and problem solve on a daily basis, but for some the impact is not whether the WiFi connection is slow, but whether there will be work, a house to come home to, and/or childcare.

These disparities must be made visible in our work. I am humbled by the resiliency within our communities. My conversation with Maria was another reminder about the importance for us to continue to work to make the world more equitable and to make the invisible visible.



## Sandra Alfaro Beltran, PsyD

### *Reflexión: Teenagers in the time of Covid-19*



**C**ovid-19 has affected many people in various ways. For me, it has been interesting to observe my teenage children navigate the changes of not physically going to school and not being able to socialize in person. However, I have the pleasure to see their ingenuity and resilience as they figure out different ways to spend time with their friends in a virtual format and also spend time bonding with family. Unfortunately, I have also personally observed how my loved ones attempt to endure the pain of this disease. In these trying times, I hope and pray for the health of all that are recovering and/or are newly diagnosed with Covid-19. To mi gente, cuidensen y cuiden a sus seres queridos.



## Broken

You are not broken,  
Even when it's hard getting out of bed.  
You are not broken,  
Despite what your loved ones have unapologetically said.  
You are not broken,  
When you run out of hands to lend.  
You are not broken,  
Remember your heart and soul need time to mend.  
You are not broken.  
It's okay to feel this way.  
You will find your path,  
Just take it day by day.  
Take a deep breath,  
Remember this will pass.  
It's always a good start...  
When you can be kind and patient with yourself.  
And soon your mind, body, and soul won't feel so apart,  
Because you are not broken.  
You are simply human with complex emotions,  
All you need is some time for reflection.  
Then you'll soon discover that...  
You are worthy of compassion, love, and belonging  
And that is a fact  
Lastly, my dear, you are a radiant soul that is forever evolving...



Nancy Martinez  
3<sup>rd</sup> Year Doctoral Student  
University of Redlands



## Neuropsychology and the Latinx Community

### By Cynthia Aguilar, PsyD

In the midst of a global pandemic, the notion of health care disparities and inequality for Latinx communities is in the forefront of the news. As a Spanish-speaking neuropsychologist, I have encountered and contemplated these issues on a regular basis. Neuropsychology is a specialty area in psychology. The field of neuropsychology is concerned with overall brain functioning, and the relationships among behaviors, emotions, and cognitions. A neuropsychologist is often asked to assess and treat individuals who are suspected to have cognitive impairments. These assessments can have significant implications for these patients, as they are often geared towards diagnosing and delineating the functional impact of conditions such as dementia and traumatic brain injury.

As a Spanish-speaking neuropsychologist, I often evaluate the cognition of individuals whose first language is Spanish. Sometimes these evaluations are difficult because there are few assessment instruments that are validated to use with Spanish speakers. This can become a greater problem when individuals come from poor, impoverished backgrounds, or when they have a mental illness. The ability to provide equal, quality neuropsychological treatment for the Latinx community is an important but often challenging goal. In order to provide effective services, a neuropsychologist must recognize the specific issues that can affect the performance of Spanish-speaking individuals.

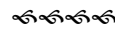
In this effort, my research has focused on how Spanish speakers in a maximum-security psychiatric forensic hospital perform on tests of cognition. For one of my research projects I decided to examine the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), a commonly used screening instrument for cognitive impairment. I chose the RBANS because it has established norms and psychometric properties for the Spanish-speaking demographic. In addition, the RBANS has several advantages: it has a relatively brief administration time, provides a generous amount of information, provides multiple forms for repeat assessments, and it has been well validated for English-speaking individuals with mental illness. The participants in my study all had a diagnosis of severe mental illness (such as schizophrenia), were identified as monolingual Spanish speakers, and were born outside of the United States.

Importantly, these patients were housed in a forensic hospital at the time of their evaluation, meaning they were all part of the legal system and formally charged with a crime. These patients tend to come from impoverished backgrounds, with little financial or social support. This is an important detail because as a field we have almost no information about how Spanish speakers perform on assessments when they are mentally ill and come from impoverished backgrounds. Of note, most individuals in my study only had an average of 6 years of education, which is much lower than the typical patient in the forensic hospital in which the study was conducted.

The RBANS looks at overall neurocognitive functioning, as well as specific skills in attention, memory, language, and visuospatial relations. In order to decide how a patient performs on the RBANS, there is normative data about how others in the same age group perform on average. Overall, the group of patients in my study performed far worse on the RBANS than what the existing normative data considers “average.” This was true for all aspects of cognition. In order to get a better idea of why these patients performed worse than expected, I examined different characteristics that could account for this discrepancy. Overall, cognition was not influenced by occupation type, country of birth, substance abuse history, or gender. Similarly, overall cognition was not significantly influenced by medical factors such as a history of head injury, seizures, metabolic syndromes, diabetes, or cerebrovascular disease. However, performance on cognition was heavily influenced by education level. Specifically, individuals with less than six years of education performed worse on the RBANS than their peers with more than six years of education.

What do these results tell us? First of all, these results suggest that Spanish speakers with a diagnosis of mental illness are likely to perform worse on the RBANS than the “average” or typical patient. Secondly, in terms of education, we should expect individuals with lower levels of education to perform worse on the RBANS, particularly if they have less than six years of education. These results highlight the nuances and details that are important to remember when working with a culturally diverse population, such as Spanish speakers. While I examined a very specific population with my research, it highlights factors that I need to keep in mind. For one, I cannot always expect the population that I am working with to perform similar to the normative data. And, education matters.

As a neuropsychologist, both conclusions have important implications for my practice when working with the Latinx community. As I previously mentioned, providing equal and quality care for the Latinx community is important, as well as also complex. In my practice, I encounter Spanish speakers from diverse settings. Spanish-speaking individuals differ in many aspects, including country of origin, their Spanish dialects, and access to resources growing up. As a neuropsychologist, it is not uncommon for me to see patients that were born in a rural area and without a formal education. For these patients, a typical “paper and pencil” test may not be most appropriate. What is appropriate? The best answer, in my opinion, is to provide patient-centered care. Specifically, care that focuses on individual patients, and their specific strengths and weaknesses is critical. Importantly, the overarching goal of patient-centered care should increase quality of life. In addition, in order to provide equal and quality treatment for Spanish speakers, further research is warranted to better inform clinical practice with Latinx communities.



## COVID-19: A Blessing in Disguise for Latinxs? Jesus Rodriguez, Ph.D., Staff Psychologist California Department of State Hospitals-Patton

When I first learned about a rare virus that was killing people in China, I paid little attention. By then, the scientific community had cried wolf one too many times, including the avian flu, swine flu, zika virus, and Ebola. Fortunately, these viruses did not become pandemics. I thought that this virus would never reach American soil. Alike most Americans, I went about my business as usual. Unfortunately, the onset of 2020 became an eventful time for my family. I regained full strength following a second bout with cancer, my eldest daughter moved to England for a semester abroad, and my youngest daughter was entering her last semester of high school. As a reward for our daughter’s dedication to her studies, my wife and I bought her a trip to Europe that was organized by her school. As my daughter’s trip drew closer, her anticipation and excitement grew. She looked forward to traveling with her friends and visiting various historical sites.

Then, almost as if with malicious intent, news broke that the virus was spreading throughout Spain. While parents became worried and proposed the cancellation of this trip, my wife and I were not concerned. My daughter was even less worried and adamantly stated that the virus was not going to deter her travel plans. After Trump’s travel ban, things began to change quite rapidly. My eldest daughter who was studying abroad in England was encouraged to return home. Unfortunately, she soon became ill and experienced symptoms that resembled COVID-19. This was our worst nightmare and after much after much persuasion, she reluctantly agreed to return home. To our relief, she was diagnosed with strep throat and tested negative for COVID-19, but this was the type of panic that the virus was creating.

The number of COVID-19 cases continued to grow in the U.S., and everything began to close. My daughter’s trip to Europe was cancelled and she became very upset. Still, she held out hope that she could celebrate her high school graduation, alike every other high school senior before her. And then, one by one, all of her senior year activities began to vanish—no prom, no senior excursion, no grad night, and worst of all, no formal graduation ceremony. She was devastated and I hurt for her. 2020 was like something out of a

a movie, a perpetual nightmare without an end in sight. By then, I recognized how the virus had decimated the elderly population of Italy, as well as New York City and Brazil. I thought, “Hey, at least the virus has not touched anyone in my family. Everyone is healthy . . . I’ll take that. Hopefully, this will end soon.”

### A New Normal

The new normal entailed the cancellation of outings, such as Friday nights at Dodger Stadium, social distancing, and masks. Then came Mother’s Day. For Latinxs a day to celebrate one of the most revered aspects of our culture—our mothers. This was a dilemma for me because my mother is in her 70s and also has diabetes. Because of her age and health, she is considered high risk. I had not seen her for months. But was I really going to allow Mother’s Day pass without seeing her? I have no doubt that this question troubled many Latinxs at that time. My sister casually proposed that the immediate family celebrate Mother’s Day at my home, as well as celebrate my younger daughter’s birthday. In fact, she proposed “*compramos un pastel y le cantamos de pasada.*” Problem solved.

A COVID Mexican Mother’s Day? That was inconceivable and subdued to say the least. But we made the best of it. My niece concocted some margaritas, maybe not the best idea when one has been cooped up for a while. We sang happy birthday to my daughter, ate, laughed, and shared stories. With a mischievous grin my niece attempted to put me on the spot and said, “Tio, your daughter just turned 18, she’s officially an adult, we want to hear a speech.” I, with one too many margaritas flowing through my veins, was more than willing to oblige. I gathered my thoughts and reminded my daughter that despite the uncertainty of COVID she could always rely upon her family’s love and support. I was a proud father because my daughters never gave up and overcame their obstacles, alike their grandmother. Their grandmother overcame a number of obstacles, and also displayed significant courage and resilience in her quest to improve her family’s livelihood. My mother’s dream began many years ago and my daughter was a manifestation of that dream. She should make it count.

### COVID-19 Hits Close to Home

I have been employed at Patton State Hospital for the past 16 years. As a large forensic hospital, Patton State Hospital houses approximately 1,700 patients who were criminally adjudicated and admitted for treatment of a severe mental illness. I work in Unit EB-04, also known as “La Cuatro.” With 47 patients, unit EB-04 is designed to provide treatment to monolingual Spanish-speaking patients. These patients are Latinx and a majority are from Mexico. In the weeks following Mother’s Day, our unit suffered its first COVID-19 case. As a precaution after returning from a nursing home that suffered a COVID-19 outbreak, a patient from a different unit was temporarily housed in one of our isolation rooms. Although the patient was initially screened and tested negative, a few days later he tested positive, as well as staff members. Slowly, anxiety began to fill the air in “La Cuatro.” Invisible to us and unconcerned about our plans, the virus was spreading at the same rate as our anxiety—fighting for its own survival.

A week later, a second round of COVID-19 testing indicated that 17 additional patients were also positive! The speed of virus was alarming, particularly as most infected patients were asymptomatic. Our unit became ground zero, and the stress and anxiety that ensued was overwhelming. We were placed on complete isolation; patients could not leave the unit and staff members were not allowed to enter any other building in the hospital. We were also required to wear full Personal Protective Equipment (PPE)—N95 mask, face shield, gown, and gloves—before entering the unit and remained in PPE throughout the course of our shift. We were required to enter the unit through one door and exit through a different door: only one way in and one way out.

Many of our routine actions during our workday became a matter of life or death, such as simply eating lunch. I also questioned if I should change my clothes in my car before I went home. I also questioned returning home and exposing my family. My anxiety grew exponentially. By the time it was all over, 45 of our 47 patients and 9 staff members tested positive. Two staff members and five patients required hospitalization and one patient died. It was truly difficult to believe that this once mysterious virus that began



with one person in a faraway land, traveled some 6,900 miles, and created havoc in our unit.

And what about the patients? How do confined human beings with preexisting mental vulnerabilities, who are prone to hallucinating, prone to paranoia, prone to violence as a result of their mental illness, cope with such a stressful situation? Our unit historically had one of the lowest rates of violence in the hospital. I have long suspected that it is due to the cultural values that pervade our unit milieu—values that have been engrained in Latinx families since our infancy. It was an undeniable fact that the low rates of violence within our unit are the result of the protective factors afforded by our Latinx culture. It was indeed amazing to see how our patients coped with this crisis.

Although many are diagnosed with schizophrenia, their resilience, patience, and courage were inspiring. They maintained their composure despite the new restrictions imposed on them. They were no longer allowed to briefly leave the unit to take in some fresh air. They were no longer allowed to socialize with each other, nor pass the time watching Telemundo in the day hall. It was humbling to see the *respeto* that they demonstrated the staff, as they understood that the we were also equally stressed and frightened. Yet, we needed to continue to trek forward and keep the unit running. Not a single “code gray”—an alarm for aggressive patient behavior—was activated on our unit during our two months in isolation.

As the unit psychologist, I was tasked with the difficult task of informing all patients regarding their coronavirus status. Their reactions were often similar, “Si, con la ayuda de Dios, saldremos de esto Dr. Rodriguez.” Researchers regard this reaction as *fatalismo*—the belief that uncertainty is an inherent part of life and that we must accept our destinies. However, I observed how the patients looked out for each other and the staff. I was a firsthand witness to *familismo* in action. As clear as the masks and shields that covered our faces, I could see it; I could feel it, as it provided essential PPE for our hearts and minds.

### A Blessing In Disguise?

Upon reflection, I realized that the values that were demonstrated in our unit during this crisis are values that have been present in my life since my childhood. These same values helped me, and my family overcome some very challenging times. It was these same values that helped my family cope with our humble beginnings. It was these values that gave my mother the courage to leave her home in Mexico in search of something better for her family. In turn, her courage afforded me the opportunity to fulfill my dream of becoming a psychologist and also enabled me to become a better person. I identified these same values during my daughter’s birthday speech.

These values are packed with resilience, collectivism, hope, strength, and humility. These values are life-sustaining and life-giving. As Latinx, we are sitting on a mine of cultural wealth. This is why I believe that COVID-19 was a blessing in disguise for Latinx communities. COVID-19 has forced the gems of our culture to break through to the surface for us to see and doubt no more. It has served as a litmus test for humanity, pushing us to extremes, forcing us to come to grips with our vulnerabilities and eventual mortality.

COVID-19 forced us to take inventory of our lives and recognize what truly matters and what does not, what is essential and what is non-essential. And when put through the intense flames of COVID-19, our Latinx culture revealed itself to be a sturdy and precious metal—stronger than steel, more precious than gold. Indeed, not only did our culture emerge intact, but it revealed itself to function optimally during times of great duress.

So, for all of the chaos that it has caused, COVID-19 has helped to expose the boundless potential of our cultural inheritance; it has been a blessing in disguise for Latinxs if we choose to see it. I feel blessed to be a part of such a rich cultural heritage. And it begs the question . . . What if we could harness this cultural energy and wield it like a sword? Wield it to do good, to heal, to mend, to edify, to encourage, to validate, to strengthen, to inspire? We would be unbreakable and unstoppable as a people.



## COVID-19 STATISTICS AND THE LATINX COMMUNITY: DATA FROM THE AMERICAN PUBLIC MEDIA (APM) RESEARCH LAB

We join our nation in mourning the substantial number of precious lives that were lost due to the COVID-19 pandemic. Lamentably, this pandemic further highlighted the health disparities, social inequities, and disproportionate effect of COVID-19 among Latinx communities. Our communities are particularly vulnerable due to their employment as essential workers, increased exposure, and inability to stay home. Their longstanding lack of access to adequate health care, legal protections, preexisting conditions, systemic racism, multigenerational living conditions, and the malpractice of the Trump administration also contribute to these disproportionate rates.

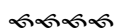
Data from the American Public Media (APM) Research Lab also reveal the disproportionate effect of COVID-19 and mortality rates of Latinx and other BIPOC communities: (see <https://www.apmresearchlab.org/covid/deaths-by-race>)

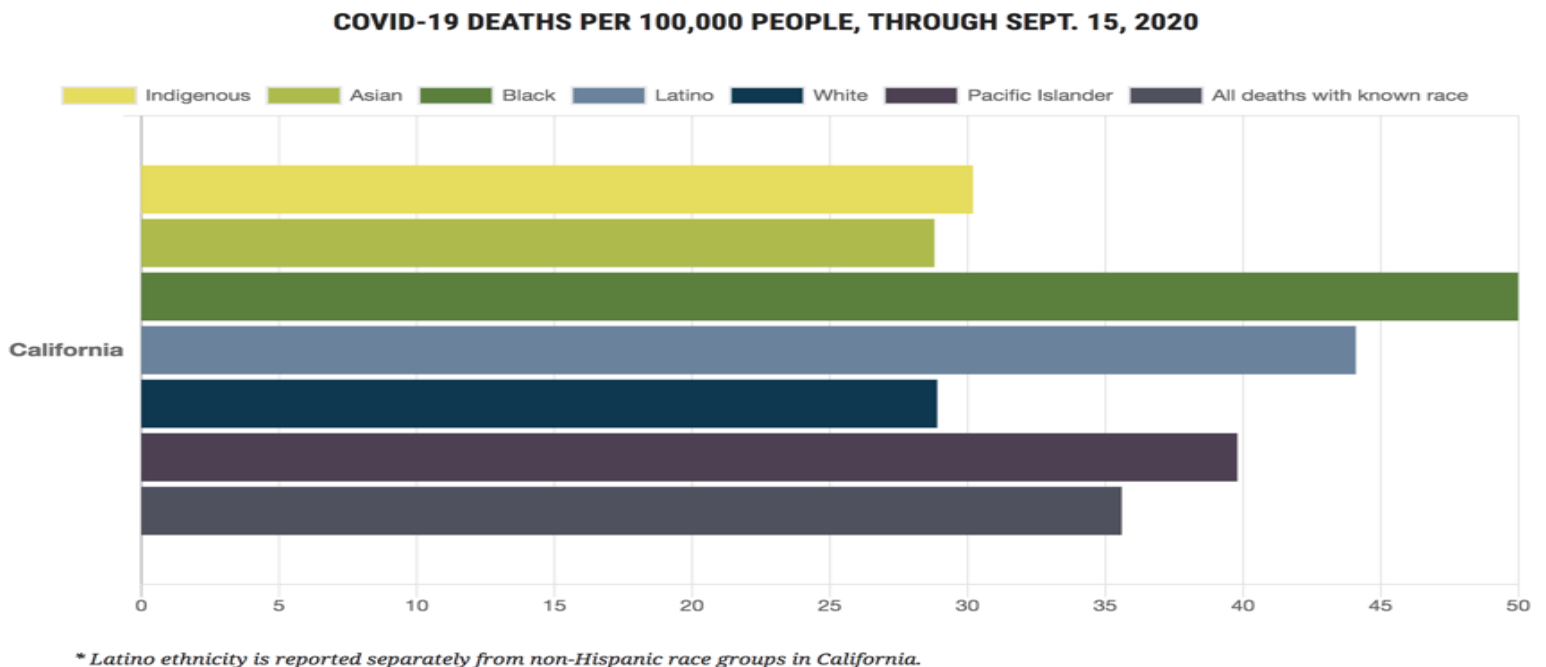
### Age-adjusted mortality rate among Latinx in the United States as of September 15, 2020:

- Nationwide, Latinx were 3.3 times more likely to die than White/European Americans, when age was taken into account.
- Adjusted for age, New Jersey (306 vs. 145 mortalities per 100,000), the District of Columbia (208 vs. 36 mortalities per 100,000), and New York state (326 vs. 72 mortalities per 100,000) demonstrated the greatest absolute disparities in COVID-19 mortality rates between Latinx and White/European American residents. Data through September 15, 2020 also suggest disparities within California (44.1 vs. 28.9). See table below.

### KEY FINDINGS from APM data through September 15, 2020:

- Actual death rates from COVID-19 data (aggregated from all U.S. states and the District of Columbia) reached new highs for all racial and ethnic groups:
  - **1 in 1,020 Black Americans has died** (or 97.9 deaths per 100,000)
  - **1 in 1,220 Indigenous Americans has died** (or 81.9 deaths per 100,000)
  - **1 in 1,400 Pacific Islander Americans has died** (or 71.5 deaths per 100,000)
  - **1 in 1,540 Latinx has died** (or 64.7 deaths per 100,000)
  - **1 in 2,150 White Americans has died** (or 46.6 deaths per 100,000)
  - **1 in 2,470 Asian Americans has died** (or 40.4 deaths per 100,000)





~~~~~

## ACTION GUIDELINES REGARDING CENTERING BLACKNESS IN LATINX PSYCHOLOGY

### The fallacy of a raceless Latinidad: Action guidelines for centering Blackness in Latinx psychology.

Adames, H. Y., Chavez-Dueñas, N. Y., & Jernigan, M. M. (2020). The fallacy of a raceless Latinidad: Action guidelines for centering Blackness in Latinx psychology. *Journal of Latinx Psychology*. Advance online publication. <https://doi.org/10.1037/lat0000179>

The psychological literature on AfroLatinidad is sparse. The absence of Blackness in Latinx Psychology is due in part to Mestizaje Racial Ideologies (MRIs), or the belief that all people of Latinx descent are racially mixed and therefore skin-color and phenotypical differences do not matter. This colonial and anti-Blackness ideology has been so deeply rooted in the Latinx ethos that its implications and manifestations are seldomly interrogated. In turn, we default to a praxis that often studies, describes, and conceptualizes Latinidad through racially homogenous and color-blind paradigms. Put succinctly, we produce and reproduce scientific knowledge that fails to capture the unique racialized experiences of Black Latinxs. To this end, the goal of this paper is to provide action guidelines that will help acknowledge and integrate Blackness into the field of Latinx Psychology and disrupt the pervasive raceless narrative of MRIs.

To achieve this goal, a brief history of Blackness and anti-Blackness in Latin America are outlined, followed by a discussion on the invisibility of Blackness in Latinx Psychology. Drawing on theory of intersectionality, the *Centering Racial and Ethnic Identity for Latinxs* (C-REIL) framework, which underscores the role of race, ethnicity, racism and ethnocentrism in the study of Latinxs, is introduced as a prelude to five guidelines that include: (a) anchoring AfroLatinidad in historical knowledge, (b) dismantling anti-Blackness, (c) acknowledging and including the role of Blackness in Latinx Psychology research and practice, (d) valuing Blackness as a political stance, and (e) practicing Latinx Psychology without the White gaze. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

~~~~~



# We Must Do Better:

## A Toolkit for non-Black Latinxs Who Choose to Address their anti-Blackness

Hector Y. Adames, Nayeli Y. Chavez-Dueñas, Maryam M. Jernigan, & Delida Sanchez

*"We do not dream that the world will change, we dream with a community that has awakened their racial consciousness. If racial consciousness is gained by the people, then dreams are not necessary."*

(Subcomandante Marcos, 2002).

### Problematic Ways Latinxs Avoid Talking About Race & Anti-Blackness

- Deny the impact of race, racism, and colorism within the Latinx community.
- Use of common phrases that obscure the racialized realities that Black Latinxs face including:
  - We are all *mestizos* (racially mixed).
  - In Latin America, social class "matters more" than skin color.
  - We have had Black presidents in Latin America.
  - There is no racism in Latin America.
  - Using language that deflects from or denies racial privilege (e.g., white passing, proximity to whiteness, white adjacent).
  - Race is a U.S. imposed construct, we don't fit into the racial binary.
  - Latinx/a/o, Hispanic is a race.
  - They don't know me.
- When Latinxs avoid naming whiteness and racial privilege it cannot be addressed.

#### How to Cite This Toolkit Use:

Adames, H.Y., Chavez-Dueñas, N.Y., Jernigan, M.M. & Sanchez, D. (2020). We must do better: A toolkit for non-Black Latinxs who choose to address their anti-Blackness. Retrieved from [www.icrace.org](http://www.icrace.org).

© Adames, Chavez-Dueñas, Jernigan, & Sanchez



IC-RACE



### Eight Steps to Awaken Your Racial Consciousness

1. **See Color.** Make a conscious effort toward seeing and acknowledging how skin-color and phenotype contribute to different experiences within the Latinx community. Accept that race is an integral part of who we are as Latinxs.
2. **Acknowledge Anti-Blackness** within yourself and in the Latinx community and how it has benefited you while negatively impacted the lives of Black Latinxs and Afrodescendants.
3. **Engage in Self-Reflection** about how you have benefited from anti-Blackness and what has allowed you to remain silent until now.
4. **Feel and Sit with the Discomfort** of knowing that you have contributed to the oppression of Black Latinxs before you jump into action.
5. **The Change Begins with You.** Before educating others, work on yourself by developing a plan for how you will address anti-Blackness in your personal, interpersonal, and professional life.
6. **Do the Work.** Before portraying yourself as an expert on race or anti-Blackness, spend time learning, reading, and listening to the voices of the people who are affected by anti-Blackness.
7. **Center the Voices of Black Latinxs.** Black Latinxs can speak for themselves. Pass the mic, do not speak for them. Uplift their work and celebrate their contributions.
8. **Do not Be an Opportunist.** Addressing anti-Blackness within the Latinx community is more than a popular trending topic, it is a matter of human rights. Performative allyship is violent and deadly. If you find yourself speaking up as a way to deal with your feelings of discomfort, or to gain personal, or professional attention and reward, then you have not awakened. Refer to recommendations 2 – 4.

## CLPA Newsletter Submission Guidelines

Dear CLPA Colleagues,

Would you like to contribute to the CLPA's newsletter? If so, you may contribute information to the categories listed below:

**Announcements:** Please send any announcements about yourself, your colleagues, or any information/announcement you think our members would appreciate. This can include new jobs, promotions, book chapters or articles, or other projects in which you participated. This is your opportunity to shine or acknowledge the contributions of others!!

**Articles:** We also publish at least one featured article in each issue. We are open to articles that are relevant to the Latinx community. Length should range between 750-1,500 words. Articles should include a short biography, and a picture if desired. Please feel free to review our prior featured articles at <http://www.Latinopsych.org/resources.html>.

**Student/Early Career:** We are always interested in submissions from our student/early career members. Please feel free to submit articles about your research findings, community work, experiences as a student, or experiences as an early career mental health provider. This is an excellent way to connect with others in your field, and to also share experiences and information with others.

**Resources:** Send us information regarding your favorite books, articles, or websites!

**Referral/Specialty Announcements:** Please feel free to share your areas of expertise and/or specialty, such as research and clinical practice, to help us expand our Latinx clinical referral network.

**Conferences:** If you are aware of any workshops, conferences or webinars, please forward that information.

**Mentors Column:** If you are a student or early career professional and have a question for someone who has "been there, done that," please submit your question. These questions may pertain to the graduation process, licensure, finding your first job, etc. We are here to help each other.

**Paid Advertisements:** Post your advertisement with us! Our newsletter is sent to colleagues all over California and the United States. You may view information regarding advertisements on our website or may email [jimemalo@icloud.com](mailto:jimemalo@icloud.com) for more details.

**Position Announcements:** Please include position title and description, location, minimum qualifications, salary, and how to apply. For more additional information, please review our prior newsletters at <http://www.Latinopsych.org/Resources.html>.

Please send all your submissions and questions to **Jime Salcedo** at [jimemalo@icloud.com](mailto:jimemalo@icloud.com). Please write "CLPA Newsletter Submission" in the subject line.

\*The editorial board reserves the right to edit all articles and submissions.



National Latinx Psychological Association

#NLPA2020

WWW.NLPACONFERENCE.ORG



**YOU ARE  
MY OTHER ME**

CREATING COMMUNITIES OF HEALING

*SAVE THE DATE*

OCTOBER 29 - 30, 2020

VIRTUAL CONFERENCE

## REGISTRATION IS OPEN!!

REGISTRATION INCLUDES THE FOLLOWING:

- Access to over 40 on-demand **Continuing Education** credits specific to **Latinx Psychology**, including Poster Sessions, workshops, roundtables, and symposiums
- Noche de Gala : Virtual **Awards** & Live DJ **Dance Party**
- **Entertainment, wellness resources**, and **community building** activities
- **Networking** Lunch

NLPA is approved by the American Psychological Association to sponsor continuing education for psychologists. NLPA maintains responsibility for this program and its content.

**ACT FAST!  
EARLY BIRD  
PRICES END  
OCT 21**

*For more details, visit our  
website at  
[www.nlpaconference.org](http://www.nlpaconference.org)*



# Membership Brochure

## WHY JOIN CLPA?

- Advocate for research, practice, and scholarship on Latinx mental health issues
- Become an agent of change to improve Latinx community mental health through public and institutional policy efforts.
- Network with other professionals interested in Latinx communities.
- Promote educational programs for Latinx interested in the field of Psychology

## MEMBERSHIP CATEGORIES

**Student (\$10):** Must be enrolled in an undergraduate or graduate program in the field of Psychology or in a related field. Must send in photo of current student ID to [JGarcia4@laverne.edu](mailto:JGarcia4@laverne.edu).

**Mental Health Associate (\$30):** Minimum degree earned must be a bachelor's or master's degree in Psychology or in a related field.

**Professional (\$40):** Must have a doctoral degree in Psychology or in a related field from a regionally accredited institution.

**Institution/Organization (\$100):** The institution/organization must endorse CLPA's principles set forth in the bylaws and the CLPA mission statement.

Applications can be filled out by scanning and sending this page in (fill out information on the right side) and send to the email below. Alternatively, you can access our application below:



**Step 1- Fill out our Online Membership Application:**  
[https://laverne.co1.qualtrics.com/jfe/form/SV\\_9N7IT8nta88v2dl](https://laverne.co1.qualtrics.com/jfe/form/SV_9N7IT8nta88v2dl)

**Step 2- Pay your dues here:**  
<https://www.latinopsych.org/member.html>

Membership questions can be directed to James Garcia, Ph.D., Membership Co-Chair @ [JGarcia4@laverne.edu](mailto:JGarcia4@laverne.edu)

## CLPA MEMBERSHIP FORM

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Current stage of your Professional Career:**

- ☐ Undergraduate student
- ☐ Graduate Student
- ☐ Early Career (i.e., < 10 years since degree)
- ☐ Mid-level
- ☐ Senior level

**Reasons for joining California Latinx Psychological Association (choose all that apply):**

- ☐ Networking events for Latinx professionals
- ☐ Consultation with other Latinx professionals in clinical practice
- ☐ Consultation with other Latinx professionals in academia
- ☐ Advocacy for Latinx Mental Health research, practice, and scholarship
- ☐ Promote educational programs for Latinx interested in the field of psychology

**Optional:**

Ethnic identification: \_\_\_\_\_

Gender identity: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

**Annual Membership Fee (choose 1):**

- ☐ Institution/Organization (\$100)
- ☐ Professional (\$40)
- ☐ Mental Health Associate (\$30)
- ☐ Student (\$10; must email photo of current student ID)
- ☐ Optional student sponsorship: # of students you wish to sponsor \_\_\_\_ x \$10= \_\_\_\_\_

**Optional:**

Name of student(s) you wish to sponsor: \_\_\_\_\_

Voluntary contribution (Tax deductible): \$ \_\_\_\_\_

**Total:**

Annual Membership Fee: \$ \_\_\_\_\_

Optional Student Sponsorship: \$ \_\_\_\_\_

Voluntary contribution: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

We're on the Web!

See us at:

[www.Latinopsych.org](http://www.Latinopsych.org)

The California Latinx Psychological Association was founded upon the guiding principles of enhancing the research, training, and practice of Latinx Psychology in California. In addition, we understand the need to become social advocates within the community of mental health professionals and for our community. While our numbers continue to increase, our voice slowly follows. In order to thrive, The CLPA must educate our students, colleagues, and Latinx/a communities across California.

As a state chapter affiliate to the National Latinx Psychological Association (NLPA), The CLPA serves as an opportunity for professionals to network and dialogue about the mental health issues that affect the Latinx community in California. The CLPA is the platform that facilitates the process of uniting us to work towards one goal, advancing Latinx Psychology.

The CLPA is open to all individuals who endorse our mission. We welcome everyone and look forward to working with psychologists and other mental health professionals of all backgrounds invested in the Latinx community. We look forward to your membership!