# Building a collaborative framework: a qualitative study of therapists collaborating with Curanderxs

David Hoskins and Jason Platt

**Abstract**

**Purpose** – *The purpose of this study is to investigate psychotherapists' perspectives on collaborations with curanderxs that may improve patient outcomes. All participants have licensed psychotherapists (marriage and family therapist, social work and psychology), between ages 40 and 60 years, and spoke both English and Spanish. They had a wide range of experience practicing in the field (5 to 33 years), the number of clients they had worked with of Mexican descent (10 to 2,000), and times they had collaborated with curanderxs (2 to 3 to more than 40). Interviews lasted 2 h.*

**Design/methodology/approach** – *Phenomenological methodology was followed in conducting interviews with eight mainstream mental health practitioners and in identifying codes and themes from the interviews.*

**Findings** – *Collaboration between psychotherapists and curanderxs is rare. Few mental health training programs provide basic information on curanderismo or on how clinicians might integrate concepts related to indigenous healing approaches into their practices or collaborate with traditional healers. Substantial mistrust between psychotherapists and curanderxs is apparent and impedes collaboration.*

**Originality/value** – *The authors believe this to be one of the first integrative models that can provide guidance to services providers who would like to collaborate with traditional healers, not only with Latinx populations but also populations that seek traditional healers for physical, psychological and spiritual healing. Based on study findings, the authors offer educational, clinical and public policy recommendations.*

**Keywords** *Spirituality, Latinx, Traditional healing, Curanderismo, Curanderx, Susto*

**Paper type** *Research paper*

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## Introduction

Mental health clinicians have a long history of collaborating with other professionals and religious leaders (Richards and Bergin, 2005). Few therapists engage in similar practices of collaboration when treating individuals desiring traditional indigenous healing as part of holistic mental health treatment. While the number of current clinicians considering this worldview is limited, the present study aimed at better understanding the experiences of providers who have engaged collaboratively with traditional healers. We also will discuss the important spiritual role *curanderxs* [1] have in helping many people address life difficulties and how this study's findings might be useful for improving collaborations between clinicians and traditional healers.

## Latinx population

Latinxs are the largest ethnic/racial group in the USA, at close to 60,000,000 in July 2018 (U.S. Census Bureau, 2019). The Latinx community exhibits high substance use rates and

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mental health needs compared to non-Latinx adults (Lucas *et al.*, 2016; Office of Minority Health, 2019; Substance Abuse and Mental Health Services Administration, 2018). Several reasons for the severity of substance use and psychological distress include lack of safe and affordable housing, limited insurance coverage and high unemployment rates (Bureau of Labor Statistics, 2020; Granberry and Rustan, 2010). These socioeconomic stressors exacerbate and negatively impact this community's behavioral health needs (Granberry and Rustan, 2010; National Alliance on Mental Illness, 2019). Unique stressors such as risky migration experiences and living in high crime areas increase the chances of behavioral health issues (Alcántara *et al.*, 2014; Zimmerman and Messner, 2013).

Psychological services are clearly warranted. However, the Latinx community experiences barriers to accessing behavioral health treatment (removed for masked review *et al.*, 2018) and/or tends to not seek services from Western medicine providers (Nahin *et al.*, 2010). Treatment barriers include documentation status, lack of Spanish-speaking providers, lack of affordable care for undocumented Latinx individuals (National Alliance on Mental Illness, 2019), mental health-care stigma, cultural bias toward self-reliance and lack of culturally appropriate services (Alegría *et al.*, 2007; Falicov, 2009). Using *curanderismo* not only aligns with Latinx cultural beliefs but also increases access to specialty services (Chao *et al.*, 2006).

## Traditional healing

Curanderxs prevent, diagnose and treat issues of the mind and the body based on indigenous belief systems from Mesoamerica (Hoskins and Padron, 2018). Usage rates are 25%–84% among the Latinx population (Applewhite, 1995; Favazza Titus, 2014; Keegan, 1996; Tafur *et al.*, 2009). These rates are likely underreported due to stigma around indigenous belief systems in the USA (removed for masked review, 2018).

Curanderxs focus on healing, not curing (Duran *et al.*, 2008). Modern psychotherapy predominantly focuses on eliminating disease or pathology. Presenting problems are typically conceptualized as mental issues that can be addressed by using empirically validated intervention strategies reflecting Western scientific methods of inquiry. Curanderxs view human difficulties as symptoms of being out of alignment with nature and the universal cosmology. Interventions typically focus on restoring balance by helping patients realign with the natural world.

## Collaboration and linkage of specialty providers

Researchers have found high rates of curanderx utilization in the US (50%–75%; Tafur *et al.*, 2009) and herb used in the Latinx community (Gardiner *et al.*, 2013). Curanderxs can meet a health-care need for uninsured individuals; however, traditional healers are not exclusive to individuals of low socioeconomic status; middle- to upper-class individuals are also inclined to use a combination of folk healing and Western medicine (Cavender *et al.*, 2011). Somewhat problematic is that clients typically do not disclose curanderx use (Favazza Titus, 2014). Research has identified the importance of integrating spirituality for the Latinx population in psychotherapy (Cervantes, 2010; Falicov, 2009) and identified potential practices such as *barrida* and *sortilegio* that can be combined with Western psychotherapy (Hoogasian and Lijtmaer, 2010). While research has posited integration and/or collaboration between the two practices that presumably hold differing worldviews (Hoogasian and Lijtmaer, 2010; Sanchez, 2018), there is a dearth of research providing guidance on making referrals, ethical considerations and ways to collaborate (e.g. two separate providers versus integrating spiritual practices into psychotherapy) between curanderxs and psychotherapists.

The World Health Organization's Mental Health Gap Action Programme recognizes traditional and faith-based healers as a resource in areas where mental health treatment by

psychotherapists is limited (World Health Organization, 2016). Literature on collaboration between the two sets of providers has shown positive views toward collaboration (masked for review, 2021); however, gaps exist such as a lack of collaborative frameworks in health-care settings on how providers from different traditions can work together (Kaboru *et al.*, 2006). In Kenya, Musyimi *et al.* (2016) found unidirectional referrals from traditional healers to mental health clinicians, leaving the traditional healers feeling unappreciated and underutilized. Peltzer and Khoza (2002) studied clinicians and traditional healers in South Africa and found that clinicians only referred when patients expressed interest. This lack of collaboration creates barriers and causes a negative impact on overall patient care. Therefore, further research is needed to identify attitudes toward collaborating with traditional healers from the perspectives of mental health practitioners, why and when clinicians might refer, and inherent obstacles in collaboration and how to overcome them.

### *Purpose of the study*

We identified a dearth of literature addressing collaborative practices between mental health providers and curanderxs. Therefore, the present study is one of the first to address collaboration between these two types of providers. Our study was exploratory and aimed to address gaps in the literature by uncovering past collaboration experiences. The study elicited possible approaches for overcoming some collaboration-related barriers between psychotherapists and curanderxs.

## Methods

### *Participants*

The study sample was eight therapists, four men and four women. Inclusion criteria were having a practice in California and licensure as a social worker, marriage and family therapist or psychologist. All participants were licensed for more than five years and had practiced within the past five years. Each had served a minimum of 10 Latinx clients, spoke Spanish and had worked with at least two clients who simultaneously received services from curanderxs. Their ages ranged from 40 to 60 years. See Table 1 for additional demographic data [2].

### *Measures*

In accordance with phenomenological theory, we prepared an interview guide with open-ended questions to cover specific areas underrepresented in the current literature. All study participants answered the same questions.

### *Recruitment, data analysis and research team*

We consulted with the director of a mental health agency who has studied curanderismo for 25 years; she provided contact information for recruiting therapists. We used snowball sampling to recruit study participants and conducted 2-h interviews; five were in person and three were over the telephone, all interviews were recorded.

A phenomenological study is best suited to explore how people experience a particular phenomenon (Patton, 2002) and the impact of their experiences. We used the principles of interpretive phenomenological analysis (Smith *et al.*, 2009). We engaged in multiple readings of the transcript to immerse ourselves in the data and get a sense of the whole. On an exploratory level, we developed initial notes, including the use of words (descriptive information), noting the use of nonverbals (linguistic) and considering meaning (conceptual ideas). We then developed emergent themes or reoccurring themes in the data. We described each lived experience by reading each individual's response and establishing meaning units (placing a slash in the text when a new meaning was noted) and translated

**Table 1** Therapist demographics

| *Pseudonym* | *Ethnic origin* | *Language* | *License* | *Years licensed* | *Gender* | *Age* | *Clients of Mexican descent* | *Clients who used both at the same time* | *Type of work* | *Theoretical orientation* |
|---|---|---|---|---|---|---|---|---|---|---|
| Melissa | Mexican | Spanish, English and Mayan | MFT | 6 | Female | 40 | >300 | >5 | CA | Family therapy/Adlerian |
| Amy | Irish and French | English, Spanish, Brazilian and Portuguese | MFT | 28 | Female | 62 | 200–300 | 2–3 | PP | Transpersonal, Jungian, solution-focused, family systems and EMDR |
| Gerald | Native Mexican/ Mexican Indian | English and Spanish | Psychology | 33 | Male | 61 | >200 | >30 | CC & PP | Transpersonal |
| Lisa | Latina | English and Spanish | LCSW | 30 | Female | 55 | 1,000 | >2 | PP | Eclectic |
| Leo | Mexican | English and Spanish | Psychology | 15 | Male | 39 | >10 | >2 | CC & CA | Cognitive-based therapy |
| Ray | Mexican American | English and Spanish | LCSW | 21 | Male | 42 | >1,000 | >30 | PP & CA | Psychodynamic |
| Max | Mexican | English and Spanish | Psychology | 22 | Male | 60 | 2,000 | >40 | PP & CA | CBT |
| Gelisa | Peruvian | Spanish and English | MFT | 5 | Female | 57 | >100 | >10 | CA | Eclectic |

**Notes:** MFT = marriage and family therapy; EMDR = eye movement desensitization and reprocessing; LCSW = licensed clinical social worker; CBT = cognitive behavioral therapy; PP = private practice; CA = community agency; CC = college counseling

meaning units into psychologically relevant expressions (ideographic). We analyzed transcripts individually and then, when a new meaning emerged in later transcripts, revisited the earlier transcripts to consider the emergent themes, reflecting a hermeneutic cycle (meaning established by reference to the individual parts and one's understanding of each individual part by making sense of the whole). We then reviewed the themes for each question and searched for connections across themes. Table 2 shows the results of the analyzes, organized by logical steps best suited to the reality of practice.

The research team comprised four individuals. The first author is a bilingual Mexican American male who conducted this study during the final year of his doctoral program. The second author is a Venezuelan-born Latina associate professor who is a clinician and researcher with experience working with Latinx populations, both in the US and abroad; she ensured that coding and generative themes were coherent and followed the set data analysis plan. Finally, two consultants assisted with qualitative methodology, data analysis and interpretation of themes. One consultant is a Chicana psychologist who is an educator and clinician with experience using qualitative methodology. The other consultant is an African American psychologist who is also an educator, with experience working in communities of color and qualitative research methods.

## Results

Study participants responded to questions reflecting three key themes: attitudes and beliefs regarding collaboration, recommendations for how best to collaborate and potential obstacles to effective collaboration and recommendations for how to navigate them. The following is an exploratory analysis of their responses.

### *Attitudes and beliefs regarding collaboration*

The first theme reflected overall experiences regarding collaboration between the study participants and curanderx. There were three subordinate themes: positive attitudes toward collaboration, a belief that lack of communication between practitioners negatively impacts clients and awareness of culturally based syndromes.

**Table 2** Themes and responses from practitioner comments

| *Theme and response* | *Practitioners (*n*)* |
|---|---|
| *Attitudes and beliefs about collaboration* | |
| Positive attitude about collaboration | 8 |
| Lack of communication between practitioners negatively affects clients | 4 |
| Awareness of culturally based syndromes | 3 |
| *Practical considerations for collaboration* | |
| Assess the client's beliefs | 3 |
| Indicators for collaboration | 7 |
| Release of information to speak with other providers | 3 |
| Establish a relationship with the other provider | 5 |
| Assess other practitioners' practices | 5 |
| Defining each provider's realm of work | 2 |
| Consider possible legal ramifications | 2 |
| Education as an ongoing step toward collaboration | 4 |
| *Obstacles to collaboration and how to overcome* | |
| Reluctance to disclose belief in curanderismo | 8 |
| Difficulties with documentation and legal ramifications | 7 |
| Legitimacy of curanderismo | 5 |
| Language and cultural competence | 6 |
| Lack of guiding principles for integrating practices | 4 |
| Practitioners not pursuing collaboration | 1 |

### *Positive attitudes toward collaboration*

Participant comments reflected having had positive collaboration experiences, leading them to seek these collaborations in their practices. Speaking with curanderxs also facilitated a deeper understanding of the explanatory models that clients use and their psychological problems. For Leo, talking to some of the curanderos was both "informative and helpful for the type of counseling I do." He further noted that these talks "help me to understand my clients better."

### *Belief that lack of communication between practitioners negatively impacts clients*

The therapists explained that when collaborating with outside providers (e.g. curanderx), the collaboration between the therapist and outside provider can confuse the clients. They explained that it would be important for therapists to receive information that the outside provider might have. Ray said: "If we have two doctors working together, one doctor is privileged with information and not sharing with the other doctor, then it would be a sense of distress."

### *Awareness of culturally based syndromes*

Beliefs in curanderismo are apparent in the therapists' patients from Mexico. As such, there is a need to understand and work with indigenous beliefs and traditions as differing worldviews between therapists and clients inevitably come up. Being aware of culturally based syndromes is also important, as Gerald indicated:

> I don't know if there are a set of traits, probably more in immigrants, where there is a belief in both negative and positive energy and how those kinds of experiences [. . .] impact the person's psyche [. . .] so the immigrant population is more likely to be susceptible and open to that level of intervention. However, as you move to first, second, and third generations, there is still that backdrop of spirituality that is enmeshed within an indigenous worldview that is part of the backdrop. So, as you think about that, then the blending of indigenous healing practices with mainstream psychotherapy really is an important aspect of how we should be working with the Latino population.

Curanderxs can also help understand client worldviews and provide ways to access herbal remedies that can alleviate psychiatric symptoms. Leo described a case in which he felt it was important to reach out to a curanderx to gain information specific to a client's beliefs:

> In folk healing, especially in some of the more traditional beliefs systems with Mexicans, some of them endorse the belief that maybe a curse was imposed on them. This particular client was going through a romantic breakup and she truly believed that someone had said an incantation that would be negative on her and was concocting all of these ingredients to harm her biologically and mentally. The client initially didn't disclose that to me and reported more depressive symptoms.

After consulting with the curandero, I got information that was very specific [about] the belief that the person had. She had seen things buried around the house and some figurines that had needles on them. [She] truly believed that a dark or evil malevolent force was affecting her emotionally.

The therapists noted that some beliefs in curanderismo signal the viability of a traditional folk healer in cases reflecting culturally specific syndromes. In these situations, curanderismo can be prescribed as a primary approach or in conjunction with culturally appropriate mainstream mental health treatment.

## Practical considerations for collaboration

The therapists' comments reflected seven steps for collaborating with curanderx:

1. assess beliefs and indicators for collaboration;
2. obtain a release of information;
3. establish a relationship with the other provider,
4. assess the other provider's practice;
5. define the scope of work;
6. consider possible legal ramifications; and
7. education.

### *Step 1: Assessing beliefs and indicators for collaboration*

The therapists identified assessing clients to identify the presence of spirituality as the first step in collaboration. They also explained ways to elicit potential spiritual beliefs, including disclosing one's own experiences with curanderxs so clients feel open to discuss their own past experiences, reflected in Lisa's comments: "If there are spiritual beliefs that are disclosed, I tend to talk about my own experiences with curanderos so that the client feels open to discuss his or her own past experiences." For therapists without prior experiences with curanderismo, expressing interest in patients' experiences was suggested.

The participants identified three indicators of a need for collaboration: a clinical stalemate (client not making progress), the client believing in curanderismo and clients expressing interest in working with a curanderx. They also discussed symptoms that might be treated more efficiently by a curanderx: grief work, spiritual issues and *susto* (soul loss by an individual following a traumatic experience; Nogueira *et al.*, 2015). Leo illustrated a clinical stalemate when working with a client expressing cultural aspects of curanderismo:

> A client described physical difficulties: feeling fatigued, overly tired, sleepy, and there were times when he didn't even have the energy to be intimate with his wife. Initially, I assessed for anxiety, somatoform disorders. We weren't making therapeutic progress, and then he kept talking about his worldview as a Mexican person. He had a relationship with curanderismo. So, I ended up making a referral [to a curanderx]. In summary, he strongly believed that there was a discharge of bodily fluids that was draining him, particularly whenever he had sexual intercourse with his wife. The folk healer suggested some tea, some other remedies [. . .] within 2 weeks, he reported marked improvement.

### *Step 2: Obtaining a release of information*

Following assessment of potential beliefs in curanderismo, therapists identified the next step as obtaining a release of information. Leo identified this step's importance and how to obtain this release:

> Based on our code of ethics and the standard of practice at the agency where I worked, the first step was to talk to the client about the issue or the topic for which you would like to seek out additional information. In this case, from a folk healer, you obtain a release of information, the proper authorization to receive that information, specifying on it the parameters, what is the information that you are interested in obtaining; and secondly, what is the use of that information.

### *Step 3: Establishing a relationship with the other provider*

The importance of establishing a therapist–curandero relationship was referenced throughout the therapists' comments. Ray said, "At times, the different orientations clash with each other and if you are territorial you can really get in each other's way." Max spoke to the importance of asking about each curanderx's specific practice:

> So, the steps would be that you know who you are referring to, the specific ability of the curandero, because each curandero has a different mindset and approach to how they work [. . .] For example, you may have a sobador that does primarily that kind of work or you may have a person who just prescribes certain kinds of supplements with regards to a person's illness, or you may have an individual who does a lot more healing energy with the psyche or with the body in some way that allows for that kind of condition to be better.

Gelisa, who uses a curanderx to work with the Mayan population, said her relationship with the curanderx has helped her connect to people in certain populations:

> Most of these referrals come from the [city name redacted] area, because it is a place of entry for the healers [curanderx]. Like families from Guatemala and Mexico, they tend to live in the [city name redacted] area, or that is the first place they come to. And so we get those referrals from the DCFS [Department of Children and Family Services].
>
> In the Mayan culture, the way that they deal with medical problems is through a healer, through natural things, the concept of therapy doesn't exist, it's a healer that is another individual from their culture. That is why I go through this contact because of the language, the healing, and the culture. I have had families where they spoke Spanish [even though the therapist speaks Spanish], I still brought in the healer. When I was introduced by the healer to the family, the family was much more trusting.
>
> I had a situation where the mother gave up a child for adoption. The way the healer addressed that was "Let's have the adoption take place so the child stays in the Mayan community." So the child wasn't just put up for adoption; it was with a Mayan family. That made the adoption move very smoothly [not just] because it was the healer but the healer had to go to an elder group. I wouldn't have been able to do that.

### *Step 4: Assessing the other provider's practice*

The therapists discussed the need for assessing the other provider's practice. Gerald said he would like to know the curanderx's belief system and how this person learned his or her trade. He specified how he would address this evaluation, which included his own internal reactions toward the curanderx, consistency of what the curanderx said and how it was said and whether it was a vocation versus a way to make money, adding that "In the case where they do it more for vocation, their motivation may be more genuine, and the quality of the work that they do maybe more based on best practices."

Although Max refers clients to curanderxs, he discussed his assessment and reservations when doing so:

> So, what is the practice, where did they learn the medicine, how did they get to know it, how did they learn the different methods and techniques, and if they don't follow a particular course, if it doesn't come from the family, the individual doesn't really believe in spirituality, they charge money; then, I really prefer not to use it.

### *Step 5: Defining each provider's realm of work*

Defining the areas in which each practitioner would work and collaborate was important to the therapists. Melissa said:

> I think one of the things I would want to do is ask about what their diagnosis is, and where their theory is coming from, because [as a therapist] I can look at behavior, I can look at family dynamics, I can look at recent trauma, but that is going to limit my filter. So, I think I will need to ask what their perspective is and see where are the places we meet.

### *Step 6: considering possible legal ramifications*

The therapists referred to the challenge of documenting collaboration, noting the multiple layers in doing so. They identified their need for legal protection, even with curanderxs they trust and with clients that are receptive. Amy said, "If I were to refer [. . .] to a curandero, they [the client] could very easily decide to sue me for recommending an unorthodox, not standard of care stereotype solution for their problem."

### *Step 7: Education as an ongoing step toward collaboration*

The therapists stressed the importance of educating academic communities about the usefulness of curanderismo and the integration of practices. They described examples of curanderxs being integrated into community clinics where therapists can easily refer clients for emotional remedies and spiritual interventions and using word of mouth to seek out relationships with curanderxs in the communities where he works. Leo said:

> Yes, that is a particular interest of mine and something that I proactively pursue, every time I am in a new community like here [. . .] I seek out those relationships; for instance, within 2 hours there are large communities of Mexican and Mexican Americans and I have established those relationships.

## Obstacles to collaboration and recommendations for navigating them

Responses from study participants regarding perceived obstacles when working with a curanderx. Following each obstacle, we provide ways to overcome these obstacles as discussed by the participants. We identified six obstacles and, after each obstacle, we provide the therapists' suggestions for overcoming them. The six obstacles are reluctance to disclose, difficulties with documentation and legal ramifications, legitimacy of curanderismo, language and cultural competence, lack of guiding principles for integrating practices and practitioners not pursuing collaboration.

### *Obstacle 1: Reluctance to disclose*

The therapists noted that clients rarely discuss using a curandero for fear of shame. As a result, the therapist does not know to collaborate with the curandero. Lisa said, "What I have found, in the medical profession, there is more of a reluctance to collaborate with folk healers [curanderos] and a lack of trust in some of the healing modalities." The therapists agreed that the client's held perception of the stigma related to curanderismo. They also discussed potential underlying reasons for the cause of the stigma. Gerald said:

> I think it's been there for the longest time through the Catholic Church. The Church really tries to push away what they perceive as idolatry and a belief system that threatens the origins of the Catholic faith. Even though the Catholic Church has a lot of indigenous symbols and practices that go back five, six hundred years ago or more.

The therapists believed that clients' acculturation levels influence whether they will disclose the curanderismo use. Ray said, "I think the more acculturated they are, been here in the States for many, many years, then maybe the sense of 'I don't want to share this with you because I don't know what you will say or think.'" Melissa noted that in addition to the stigma related to using curanderismo, asking about the practice is not common: "We don't ask, as a regular practice, I don't ask clients if they have any involvement with the curandero, so there is no way I can collaborate." A similar obstacle to collaboration mentioned by Ray is that some curanderos are not willing to share the interventions they conduct with the clients with others.

*How to overcome reluctance to disclose.* The therapists suggested three approaches for addressing the stigma or shame that clients may experience with curanderismo:

assessment for beliefs in curandersimo, expressing interest and form a strong relationship. Regarding assessment, Gerald explained:

> When I do an assessment, and there has been a series of anxiety problems or psychospiritual issues, where there are out-of-body experiences, or things along that line, that make me think there's already been a relationship between a psychospiritual force, or an issue that maybe they don't bring it [utilizing curanderismo] up; or otherwise, I won't, especially if I'm dealing with couple issues, due to communication, but if it has to do with trauma, or having to do with migration issues, where there was an assault, or it has to do with religious or spiritual issues that come up; then I would bring it up.

Lisa gave examples of assessing for the belief to overcome the stigma when she works as a therapist:

> One thing that we do is that we had an altar. What that says is, welcome, and we accept this. In my own office, I always had a small altar, it was interesting to me that sometimes people don't even see it, and when they look, they ask when did you put that altar, so there are things that we can do that give them permission [to speak about their beliefs in curanderismo] because they think, "Oh you belong to the [agency], you belong to this institution, you belong to this city." So, what I mention to [psychology] interns is, you know, in the intake, I know there's no questionnaire; maybe there is now. [Ask] about what spiritual practice do you [the client] follow, so they feel like talking about it, you don't have to say "Do you believe in curandersimo?" They probably are going to say no. [You can ask other things like] "Do you light a candle?"–some questions that would open the possibility for them to talk about it, because I think it is important to know.

Expressing interest is the second way to address a client's shame in using curanderismo. Although clients are reluctant to discuss their experiences with curanderismo, Lisa found ways to address this:

> I think they [clients] are reluctant for fear that you won't be accepting, but if you are open to other ways they have sought help, they will read it and understand you are interested. Ask about how it worked, and they have been able to share. I am serious about the practices they use, and I share that, "When I was growing up [. . .]" I share about what was useful for me as well, I think it is easier. An individual that has not had the personal experience could say, "So it's been my experience that," you know, telling a story, showing interest. Say, "I know for some people it has worked very well." So, show that you have heard about it and that you are open to hearing more about it.

### *Obstacle 2: Difficulties with documentation and legal ramifications*

Documentation obstacles can occur when therapists incorporate curanderxs into treatment and have to write notes for insurance reimbursement. The therapists discussed fear of retribution, indicating the possibility that clients could take legal action against therapists for referring them to curanderx. Melissa said:

> I think the obstacles are in the system, because this person working at the community mental health center is going to have to bill for so many units. In this way, the system will not allow billing for a curanderx.

The therapists also discussed important legal constraints to be aware of when the two practices collaborate. Amy, who is licensed in marriage and family therapy, discussed her concerns about retribution. For example, if she were to refer a patient to a curanderx for a *limpia*, there are no professional guidelines for how to best do so. She concluded by saying:

> I think that as a therapist you would really be on the firing line for having done something that the powers that be are going to consider something that is outside your scope of practice, to even be evaluating whether a curandero was a good curandero.

*Ways to overcome documentation of treatment and legal ramifications.* The practitioners made specific recommendations for documentation and suggested two ways to overcome possible legal ramifications: obtaining a release of information for the curanderx and therapist to speak and assessing the client's stability before referring to a curanderx to reduce the possibility of the client taking legal action against the therapist.

*Recommendations for documenting treatment.* Some participants discussed struggling with the language on existing charts and forms. Gelisa, who works in community mental health as a marriage and family therapist, has been able to incorporate curanderxs into treatment because the clients seek out traditional belief systems, the agency has been supportive of her and she educates the reimbursement agencies. When writing a note for the insurance to reimburse the services, she would state that referring was a "resource" or "linkage" but that if she did not feel supported at work, she would say nothing at all in her documentation. Ray said he would write "an imagery exercise or something that was more acceptable" but if he could not make documentation fit the medical model, he would say nothing at all.

### *Obstacle 3: Legitimacy of curanderismo*

The participants acknowledged that curanderismo's perceived lack of legitimacy can be an obstacle to collaborating. Although they did not express any negative views toward curanderismo that they held, they did identify the mental health field's generally negative view of the practice. Ray said:

> I think that sort of the Western mind, the more sort of rationalistic, scientific method, the world of best practices and evidence-based interventions, has a very difficult time accepting the world of the curandero, and sort of the cultural role that they play in possible healing [. . .] There's certain colonialism about that: our methods [those of mainstream mental health] are better than yours; therefore, we're not going to respect the different ways of knowing and knowledge.

Similar to the concern about curanderismo's lack of veracity, several therapists identified concerns about the curanderxs being credible because of a lack of standardization. Gerald said:

> One obstacle is that in some of these folk healing communities, they lack standardization of procedure, the level of professionalism that we usually have in our mental health community–for instance, the lack of certification or licensure or clear standards that would govern how they work with the clients.

*Ways to overcome perceived lack of legitimacy.* The participants discussed three methods for addressing providers' perceptions that curanderismo is not a legitimate mental health practice: education, publishing research that promotes curanderismo and creating relationships with the other provider to create a sense of credibility.

*Education.* The therapists emphasized education's importance in combating obstacles to collaboration. They identified two categories: conferences to educate the academic community and classes. Lisa suggested bringing more awareness of what the tradition has to offer by "bringing it to medical schools, bringing it to conferences." Max also spoke to the need for education:

> So, [individuals' view of] curanderismo is *brujeria*, witchcraft [. . .] I educate people, I have to bring the best teachers. [name of curandera] is a great teacher dealing with the stigma of both traditional healing and mental health practices. So, you know, using whatever avenues we do to community workshops [. . .] the radio, the blog.

*Publishing research promoting curanderismo.* Therapists identified the need to publish for Curandersimo to be accepted by mainstream practitioners. For instance, one therapist indicated that research has shown the efficacy of one curanderismo practice; namely, drumming circles (Winkelman, 2003). Lisa commented, "It's kind of like an oxymoron. If you

want evidence-based [treatments], how about 5,000 years for acupuncture and about 10,000 years for these interventions, we try to lay a grid on these things that come out of another system."

*Creating relationships with curanderx to assist credibility.* The practitioners emphasized the importance of creating relationships with curanderx. They believed doing so would assist with the credibility of curanderxs and understanding what happens when they work with a client. Melissa identified the need to know about available resources: "It would be nice to have like a little list, a curandero resource list, something that is educational."

### *Obstacle 4: Language and cultural competence*

Examples of language and cultural competence obstacles include when the curanderx speak an indigenous language and the therapist cannot assess the curanderx's work. Language differences can also present obstacles when no one in the therapeutic relationship speaks the same language, which renders both practitioners unable to work with clients. Melissa illustrated language barriers in her work: "Usually, curanderos are mostly Spanish speaking, at least the ones I have been working with. The clients are usually limited in Spanish and more fluent in the Mayan language, so there is a language barrier."

The therapists also described the importance of cultural competence, acknowledging that some cultures have specific ways of healing that people native to these cultures will understand better than the therapists do. Gelissa said, "The other piece is that I don't know about their [the Mayan's] culture, so I have to contact a healer that speaks the language and knows the culture and can educate me about the culture."

*Ways to overcome language and cultural competence obstacles.* Using a translator, incorporating the curanderx in treatment to enhance the intervention's cultural appropriateness and educating the client on possible legal ramifications were methods for overcoming language and cultural competence obstacles identified by study participants. The following are specific examples of these approaches.

*Using a translator.* In one case, the therapist spoke both Spanish and English, but the curanderx only spoke Mixteca, an indigenous dialect. Leo said, "In the case that I'm referring to, I actually solicited the help of another cultural broker, someone who was, you know, fully bilingual – Spanish and Mixteca, someone who understood the worldview."

*Incorporating curanderx in treatment to enhance the intervention's cultural appropriateness*. Specific reasons given for incorporating curanderxs in treatment included psychospiritual complications, severe anxiety and trauma. Comments from Gelisa on using a translator are also salient here. She uses a Mayan healer to educate her about Mayan healing. Of note, even though she can connect with clients because she is bilingual, she still uses the Mayan healer as a cultural broker and to bridge cultural competence issues, stating that "They [the Mayan population] come for the specific language and culture, the Mayan culture, the way that they deal with medical problems is through a healer, through natural things."

*Educating clients on possible legal ramifications*. The therapists discussed cultural competence training with clients. Gelisa described receiving referrals from the DCFS. In instances when a client works with a curanderx and is also referred to a medical provider, if the client does not meet with the medical provider, DCFS will look at this negatively. Gelisa explained that she would provide the explanation to the client that seeing a medical provider is important in the eyes of DCSF so the client can make an informed decision.

> My goal, ultimately, especially where the court is involved, would want that parent to understand how both [therapist or physician and curanderx] could be important in the eyes of the court or DCFS. If there is a medical condition that needs to be seen by a doctor, and [the mother of the client] only sees the curandero, this could be very detrimental, it could have consequences [. . .]

> but I also have to be careful how I am going to present this without taking away [the curanderx]; I would want her to know that both are important.

### *Obstacle 5: Lack of guiding principles for integrating practices*

The therapists stated that because curanderismo is important to Latinx individuals from Mexico and Central America, it is imperative that therapists understand what the profession recommends when integrating practices; however, they find what the profession recommends to be a challenge. The therapists also noted the importance of standards of care when referring a client to another provider and the awareness of others' values and belief systems as another ethical concern. Gerald said:

> Just as important are the ethics about it. If we started to refer to traditional healers [curanderx], what does our profession say about it, what is okay to do and what is not okay? [. . .] The profession right now is not saying very much. However, intuitively and professionally, we still have the responsibility that whoever we refer to has the ability to do the best of our understanding. If you treat Latino populations, you need to be aware of the value and belief systems that coexist. It is embedded in the psychospiritual beliefs that are part of their culture and spiritual heritage.

*Ways to overcome the lack of guiding principles for collaboration.* While the therapists discussed the importance of incorporating traditional healers into mainstream mental health practice, they also noted the lack of specific guidelines for integrating across practices in their profession. They discussed specific approaches they have taken to incorporate curanderx in treatment and ways to get the profession to begin thinking about integration. The first is to publish in academic journals, the second is to disseminate experiences on practice integration. Gerald said:

> The way in which I've been looking to manage that issue better [not having guidelines] is to begin writing in professional journals about the various obstacles to collaboration, and more importantly the integration of both traditional healers and mental health practitioners. So right now, it becomes more, I think, of an academic issue that will bleed into the professional arena.

Lisa said:

> So, we talked about it as cultural and social interventions. As time went on, and we began talking in different presentations, and we began to introduce that language [of curanderismo] and making sure that people understood we were not talking about religion, that we were talking about spirit.

### *Obstacle 6: Practitioners not pursuing collaboration*

Several study participants discussed not reaching out to curanderxs as an obstacle to collaboration. Amy said, "I have to say, I think I haven't actually pursued direct collaboration; I don't think, I mean, I know I haven't ever like said 'Hey, why don't we meet at your curandero's office and talk.'"

*Ways to overcome not pursuing collaboration.* Extending invitations to mental health practitioners and conference presentations can further understanding of curanderismo practices and increase collaboration. Lisa illustrated a positive outcome from taking this approach.

> Personally, I have had a skeptical psychiatrist [. . .] I invited him to come to see a curandera, he was blown away, and then he began speaking for curanderismo. He would get pharmaceutical reps to pay for lunch; then, he would have a curandero give a talk. He helped us set up those lunches."

## Discussion

Our study is one of the first to explore experiences between therapists and curanderxs. We found the practitioners open to collaboration, and they all had lived experiences of working with curanderxs; however, we also found that these collaborations are rare. Few mental health training programs provide even basic information about curanderismo, let alone guidance on how clinicians might integrate related concepts into their practices or collaborate with traditional healers. There also appears to be substantial mistrust among psychotherapists and curanderxs. This distrust impedes collaboration and may negatively impact patient well-being.

Cervantes and McNeill (2021) conducted a review of American Psychological Association journals related to indigenous spirituality and/or nontraditional healing practices and found no professional outlets for these issues. Curanderismo has been defined as a practice that tends to the spirit of the individual, with practitioners using their own gifts (e.g. sobadorx, hueserx, *parterx*; removed for masked review 2018). The importance of spirituality when working with the Latinx community has been established (Cervantes, 2016). For example, research on Latinx adolescents has shown religion and/or spirituality to be a protective factor against issues such as suicidal ideation, depression and community violence (Boyas *et al.*, 2019; Gallegos and Segrin, 2019). Over the past decade, research has acknowledged the importance of training new clinicians on how best to attend to religion and spirituality (Cashwell and Young, 2011). We call on psychotherapists to more fully recognize that the multicultural attitudes indicated in the American Psychological Association's (2018) *Ethical Principles of Psychologists and Code of Conduct* are required to be applied to spiritual domains as they would to any dimension of human diversity (Richards and Bergin, 2005).

While important progress has been made on how to integrate religion/spirituality and outside providers, there is ample evidence of hostility toward various communities of faith among psychologists and other mental health professionals (Musyimi *et al.*, 2017). For example, a qualitative study of traditional healers, masked for review (2018) found numerous accounts of backlash reported by traditional healers, which caused them to not want to engage mainstream mental health practitioners. Findings have shown interest in collaboration between the two sets of providers (i.e. clinicians and traditional healers; Musyimi *et al.*, 2017), however, there is a dearth of literature on guidance for these types of issues (Kaboru *et al.*, 2006). Eliciting the experiences of the current study's participants showed a range of individual abilities to engage and collaborate with traditional healers in clinical practice. In particular, areas of reactivity toward spiritual issues are particularly important to address.

More recently, in conjunction with the increased presence of Latinx populations in the US (U.S. Census Bureau, 2019), coupled with longstanding experiences of discrimination, marginalization and oppression (Arredondo, 2018), experts have argued for the importance of understanding the presenting complaints. Apparent from our findings were cultural idioms of distress that mainstream mental health practitioners are ill-equipped to navigate. Some of the idioms of distress include susto and *nervios*, identified as culturally bound disorders (American Psychiatric Association, 2013).

There is a dearth of literature on how best to treat culturally bound disorders. For psychotherapists, Section 2 of the American Psychological Association's (2018) *Ethical Principles of Psychologists and Code of Conduct* requires that clinicians have sufficient training, consultation and/or supervised experience in a given domain to practice in it competently. It seems imperative given the American Psychological Association's stance on scope of practice, which refers to the limits of the procedures, actions and processes that a profession uses to educate for a professional discipline, that the field begins to illustrate ways to engage traditional healers. Further, it is important to avoid usurping the role of

curanderxs and to verbally communicate one's scope of practice. Therefore, based on our findings, coupled with the lack of research on how best to engage and collaborate with traditional healers, we next offer educational, clinical and public policy recommendations.

## Recommendations

We conducted a study to elicit the lived experiences of therapists who had collaborated with curanderxs. We believe to have one of the first models that can guide practitioners on how best to work with traditional healers and next provide recommendations to make a positive impact on client care. Our recommendations reflect several action items and guidelines that were gleaned from our study.

### *Self-Education and application of spiritual belief systems*

An initial best practices step is for psychotherapists to become better informed about curanderismo. Psychotherapists should gain a foundational understanding by reading about the spiritual philosophy and practice (masked for review, 2018). Further ways that therapists can gain insights into the worldview and practices include attending available workshops, seeking out experiential opportunities in their communities and forming relationships with traditional healers. There are free curanderismo online courses through the University of New Mexico via Coursera. There is also a school in Curanavaca, Morelos, Mexico, *Centro de Dessarollo Humano Hacia la Comunidad*, that trains curanderxs and educators.

### *Self of the therapist work and spiritual beliefs*

Given that previous literature mentioned negative backlash toward traditional healers (masked for review, 2018), we offer a second recommendation. The term "self of the therapist" refers to the intentional process of engaging in introspection to become conscious of biases and assumptions that may limit one's clinical effectiveness (Regas *et al.*, 2017). We recommend thoroughly examining one's assumptions about spirituality.

## Recommendations for therapists when contemplating referring

To facilitate effective collaboration and increase positive treatment outcomes, we next provide recommendations for reducing stigma by permission-giving, therapists knowing their scope of practice, obtaining release and ways to collaborate with curanderxs.

### *Permission giving*

Psychotherapists should assure clients that their spiritual beliefs will be honored. This might include direct invitations such as including questions on intake forms, questions during intake interviews and self-disclosure about spiritual beliefs and transpersonal topics when appropriate. Permission to talk about sacred beliefs might also be done less directly by being mindful of the books on display in offices, magazines in waiting rooms or artwork displayed.

### *Scope of practice*

Scope of practice refers to the limits of the procedures, actions and processes that a profession uses to educate for a professional discipline. For psychotherapists, Section 2 of the American Psychological Association's (2018) *Ethical Principles of Psychologists and Code of Conduct* requires that clinicians have sufficient training, consultation and/or supervised experience in a given domain to practice in it competently. Further, it is

important to avoid usurping the role of curanderxs and to verbally communicate one's scope of practice.

### *Obtain a release for consultation*

When considering collaboration with a curanderx, discuss the intention to collaborate with the client and the information that will be shared. Address any client concerns and discuss appropriate ways to initiate contact with the healer (e.g. an in-session meeting or visiting the location where the curanderx provides services). Obtain a written release and provide a copy to the curanderx. This step is based on legal concerns and may seem foreign to curanderxs.

### *Assessing the validity of curanderx*

The therapists in this study identified simply referring to a curanderx as inappropriate. They believe their ethics code and code of conduct require knowing about the practices of the individuals to whom they are referring. A therapist must know the client's needs and how they match the curanderx's specific ability (e.g. huesero). Reasons for reticence when referring to curanderxs include the curanderxs not learning their vocation in the traditional way and having only practiced a short time, a curanderx charging a large amount of money or if the curanderx's specific practice (e.g. spiritualism) does not meet the client's needs (e.g. seeking sobador). Finally, basic approaches for approaching and connecting with curanderx may include conveying respect for the curanderx's expertise; discussing ways to support each other's efforts, including overlap or potential conflict and possible remedies; asking for feedback or suggestions; and expressing appreciation for the curanderx's time and expertise.

## Limitations and future research

This study's first limitation is its small sample size, making generalizability difficult. However, the small sample size and using a qualitative framework allowed for deeper exploration into the participants' lived experiences. A second limitation is that the practitioners were in California, creating an obvious selection bias. Future research directions include assessing practitioners' experiences in other border states, such as Arizona, New Mexico and Texas. Research would benefit from accurately measuring curanderx utilization. Another area of future research would be to explore curanderx's experiences of psychotherapists. Our results indicated reticence about disclosing the use of traditional providers among Latinx. To accurately assess utilization, we recommend not using the term curanderx because of stigma and instead of assessing utilization patterns through alternative means such as understanding how clients would like to address their difficulties. Interviewing more psychotherapists in settings similar to this study may yield a greater understanding of how practitioners integrate curanderismo practices and use curanderxs. Finally, assessing collaboration efficacy and comparing to treatment, as usual, is necessary.

## Conclusion

Latinx communities continue to use curanderismo. We interviewed therapists to address a lack of research on collaboration between psychotherapists and curanderx, ultimately to have a positive impact on treatment outcomes. We found psychotherapists open and willing to collaborate, there is also mistrust and lack of disclosure. We believe this to be one of the first integrative models that can provide guidance to services providers who would like to collaborate with traditional healers, not only with Latinx populations but populations that seek traditional healers for physical, psychological and spiritual healing.

## Notes

1. The term curanderx is a gender-neutral version of the term curandero and refers to traditional healers that practice traditional medicine, such as midwifery, spiritual and *sobadores* (Amerson, 2008; DeBellonia *et al.*, 2008).
2. Pseudonyms were assigned to study participants; they can be linked to their demographics in Table 1.

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