5 Therapists as Cultural Architects and Systemic Advocates

Latina/o Skills Identification Stage Model

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An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.

Martin Luther King, Jr.

Introduction and Demographics

The cultural landscape in this country has already changed, as indicated by 2008 census data that reported for the first time, Latinas/os, Blacks, Asians, and other non-white residents accounted for half the populations of the nation's largest cities (U.S. Census Bureau, n.d.-b). As the Latina/o population continues to grow in the United States, we can no longer assume that to know one means we understand all. According to the most recent census figures, there are approximately 50.5 million Latinas/os, representing 16.3% of the total U.S. population, thus comprising the largest racial/ethnic group in the United States and accounting for 56% of all growth in the U.S. (U.S. Census Bureau, 2010).

The Latina/o population consists of heterogeneous groups in terms of ethnicity, physical appearance, cultural practices, traditions, and Spanish language dialects (Comas-Díaz, 2001; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Latinas/os are a diverse group of multigenerational immigrants from different Spanish-speaking countries as well as long-term residents. We are also

very diverse in terms of national origin, level of acculturation, length of residency in the United States, socioeconomic status (SES), and other demographic variables. In many Latin American countries, there are at least three major groups: (1) the indigenous groups that may still speak their native languages and have beliefs and traditions from their native cultures; (2) a large mestizo group, which is a mixture between the indigenous and the Spanish blood and culture; and (3) the "pure" descendants of the Spanish colonizers (Falicov, 1998). In addition to these three groups, one can often find a smaller number of descendants from other countries in Western and Eastern Europe and an even smaller number of immigrants from the Middle and Far East. The diversity within Latina/o cultures is vast, but although the culture continues to evolve and diversify within, most Latinas/os continue to have some fundamental core values that transcend all groups. More important, although it is critical to examine the psychology of Latina/o subgroups in order to understand both similarities and differences, for the purposes of this chapter, an introduction and overview to the Latina/o population will be examined utilizing some of the cultural characteristics that are common to the various Latina/o subgroups. Additionally, self-identification and terminology are rooted in geographic and regional locations throughout the United States and will be discussed within this context.

Terminology

The frequently used term "Hispanic" was imposed by the U.S. Census Bureau as a pan-ethnic or umbrella term that emphasizes white European colonial heritage while excluding the indigenous, slave, mestizo, and non-European and non-Spanish-speaking heritages (Delgado-Romero, Galvan, Hunter, & Torres, 2008). This is a term that has been used to describe Mexican, Cuban, Central, South, and Puerto Rican Americans, and it has been rejected by some as a designation imposed from the outside (Albert, 1996). The gender-appropriate Latina/o is often, and more frequently, used within and outside the social sciences as a "culturally inclusive" (although there is still much debate about this term as well) umbrella term that emphasizes roots in Latin American countries of origin. The term Latina/o is considered to include, as an example, Brazilians, who were conquered by the Portuguese and are therefore not Hispanic (Delgado-Romero et al., 2008). As was stated, preferences for terminology associated with self-identification can also be regional. For example, the term Chicana/o, used in the Western region of the United States, was coined as a means of self-identification for U.S.-born Americans of Mexican descent, and it is associated with the sociopolitical and civil rights movements of the late 1960s, thus connoting an important political awareness reflective of resistance, defiance, and ethnic pride (Gallardo, 2006). Similarly, other Latinas/os may simply identify as Cuban, Puerto Rican, Colombian, and so on. La Raza is another term that Latinas/os have identified

with and traditionally used as a reference to "the people." For the purposes of this chapter, the umbrella term Latina/o will be used to encompass the breadth and depth of this group in the United States.

Latina/o Cultural and Environmental Considerations

The cultural characteristics/assumptions below are not intended to be exhaustive, but more an outline by which therapists can begin to understand and conceptualize Latina/o culture and specific lived experiences. The chapter's primary focus is on helping practitioners develop culturally responsive interventions, rather than discussing cultural characteristics that can be found in most other areas of the literature.

It has been highlighted in the literature on resiliency and protective factors with Latinas/os that cultural values remain a consistent source of protective factors in the development of resiliency (German, Gonzalez, & Dumka, 2009; Holleran & Waller, 2003; Parra-Cardona, Bulock, Imig, Villarruel, & Gold, 2006). Various groups of Latinas/os differ in cultural characteristics as well as immigration status and history, socioeconomic level, and racial/ethnic makeup, and as McNeill et al. (2001) have noted, it can be problematic to assume that all Latinas/os share similar psychological issues and responses. For example, the fusion and cross-influence of Native American and European cultures results in a culture that is unique to Mexicans and descendants of Mexican people, as does the amalgamation of the Spanish and African in Afro-Cuban culture, which influences beliefs and worldviews. Latina/o cultures are further influenced by residency in the United States, immigrant or generational status, pressures to acculturate or assimilate to the dominant culture, and level of ethnic identification. In addition, in any discussion of cultural or ethnic characteristics, it is important to acknowledge that we can only speak in terms of generalities and that many within-group differences related to ethnic identity and behavior vary across levels of generation, socioeconomic status, and acculturation (McNeill et al., 2001). With these qualifications in mind, it is important for clinicians to be aware of some primary Latina/o cultural attributes, especially in regard to family structure and interpersonal relationships.

Connectedness as Identity

Many Latina/o families and individuals are best described as demonstrating the values of allocentrism or collectivism, emphasizing the needs and objectives of the in-group, as opposed to individualistic needs and values (Marín & Marín, 1991), characteristics central to other Latina/o groups but different from Anglo-American culture (Albert, 1996). Other commonalities

include the concept of familismo or family interdependence, which involves extended family members sharing such parenting tasks as nurturing and disciplining children, financial responsibilities, and problem solving (Falicov, 1998). This interdependence extends to family obligations of emotional and financial support, mutual generosity, and intimacy or personal involvement with others, as the needs of the family are always prioritized over the needs of the individual. Pride in the dignity of the family is a fundamental value (Delgado-Romero et al., 2008; Gallardo & Paoliello, 2008; Organista, 2006; M. E. Ruiz, 2007). For example, Parra-Cardona et al. (2006) conducted qualitative interviews with migrant farm workers of Mexican origin and found that despite inconsistent living arrangements and financial instability, these individuals found comfort in estando todos juntos (being all together) and working to provide for their families. The authors noted that the role of family and community for these farm workers served as a buffer to many of the environmental barriers of racism and discrimination they experienced. Holleran and Waller (2003) also conducted ethnographic interviews with Chicanos and found that for adolescents and young adults, the cultural value of familismo served as a protective factor from discriminatory environments, gang activity, and high-risk behaviors. Recent research on familismo links this cultural characteristic to more positive well-being (Rodriguez, Mira, Paez, & Myers, 2007), as a buffer against psychological distress, and to enhancement of emotional well-being during many phases in life (Fuligni & Pedersen, 2002; Gil, Wagner, & Vega, 2000; M. E. Ruiz, 2007).

The investigation by Parra-Cardona et al. (2006) also noted the importance of personalismo for these Mexican farm workers. Many Latina/o relationships are guided by the concept of personalismo, or the tendency to prefer personal, although not necessarily informal, contacts over impersonal or institutional ones. Falicov (1998) states that personalismo signifies the development of meaningful interpersonal relationships in a variety of contexts. Additionally, respeto (respect) governs all family relationships as well as interpersonal relationships outside of the family and dictates appropriate deferential behavior toward others on the basis of age, socioeconomic position, gender, and authority status. Confianza is the trust needed to develop interpersonal and professional relationships. Jenkins and Cofresi (1998) found that confianza was an important variable in the development of interpersonal social networks for Latinas and that a loss of confianza in these relationships led to the development of mental and emotional concerns for these women. It is clear that for many Latina/o individuals and families, family, trust, and meaningful interpersonal relationships serve as protective factors.

Religion and Spirituality

Additionally, the role of spiritual and religious beliefs within Latina/o culture, and in one's connectedness to the larger world and in the development of one's worldview, needs to be considered because these beliefs can

be a particular source of healthy development and a protective factor for many Latinas/os (Comas-Díaz, 2006; McNeill & Cervantes, 2008). Spirituality and religion can be the guiding force that sustains healthy development and also provide clarification to unanswered questions and life dilemmas. Catholicism is prevalent among Latina/o groups and can provide spiritual guidance, especially in promoting the values of enduring human suffering and practicing self-denial. According to Espinosa, Elizondo, and Miranda (2003), 70% of Latinas/os are Catholic; 23% are Protestant or "other Christian"; 37% identify as "born-again" or evangelical; 1% identify with a world religion such as Buddhism, Islam, or Judaism; and .37% identify as atheist or agnostic. Many Latinas/os also practice other indigenous forms of spiritual rituals and cultural practices (Altarriba, 1998; Gielen, Fish, & Draguns, 2004; McNeill & Cervantes, 2008). The influence of the Catholic Church may also be seen in parents' preferences for children's attendance at parochial schools or a Catholic college. Churches in a barrio (neighborhood) may also serve a variety of public and community functions that build community and resiliency. Holleran and Waller (2003) found that religiosidad acted as a protective factor for the Chicanas/os with whom they conducted ethnographic interviews. In their study, Mexican-Catholic traditions were supported by the community and family and served as protection from high-risk activities in the barrio.

For many Latinas/os, folk beliefs may coexist with both mainstream religious and medical practices. An example of this is the belief in curanderismo (folk healing), which is rooted in Mexican culture and which can be classified as a popular syncretism of indigenous and Catholic beliefs. Curanderas/os (folk healers) are consulted for many problems involving both medical and psychological components, which may require the use of herbal treatments as well as prayer to Catholic saints. The curandera/o is believed to have supernatural powers that are a "gift from God" as she or he attempts to restore balance or harmony, perhaps even involving the family or community in treatment. Professional curanderas/os may diagnose and treat physical ailments (e.g., diabetes), social/interpersonal problems (e.g., marital conflicts), or psychological disturbances (e.g., depression). Susto (fright or spirit loss), mal de ojo (evil eye caused by envy), and empacho (indigestion) are common ailments treated through curanderismo (Ortiz, Davis, & McNeill, 2008; Trotter & Chavira, 1997). Similar spiritual traditions such as Santería and Espiritismo, which exist within Cuban and Puerto Rican communities respectively, provide guidance and support for many, especially those without access to conventional psychological and medical services (see McNeill & Cervantes, 2008).

Additionally, the interpretation of Latinas/os' spiritual and religious beliefs and practices from a dominant cultural perspective has often resulted in equating a religious/spiritual Latina/o worldview with having no control over one's life or being fatalistic. As with any stereotype, this interpretation may be a reality for some Latinas/os. However, for most, the idea of maintaining a sense of control in their own life is widespread and often serves as a buffer

to the more social and environmental aspects of their life over which they have little to no control. Valuing spirituality and religion in one's life should not be mistaken for a loss of control over one's life. Although some Latinas/os believe that their control begins and ends with the Divine power, some may believe simultaneously in the Divine gift of free will. The statement Si Dios quiere ("If God wants it . . . it will happen") has become a statement that many outside Latina/o culture have associated with Latinas/os having no personal control. It is important that we begin to move beyond this narrowly defined explanation to a more accurate description, which includes a more expansive way of defining a Latina/o spiritual/religious worldview. The ways in which Latinas/os live their life are more consistent with "knowing thyself," which translates into knowing one's capabilities as well as limitations, which can serve as protective factors in the development of resiliency. Ultimately, what this enforces for Latinas/os is a sense of trust that no matter what occurs, life will unfold the way it needs to. The Spanish dicho (saying), No hay mal que por bien no venga ("There is nothing bad from which good does not occur") defines the lived realities for many Latinas/os.

Immigration

As you reflect on your own assumptions, biases, and belief systems, Deaux (2006) suggests that you reflect on three critical questions: (1) What does the immigrant bring? (2) What does the immigrant encounter? and (3) What does the immigrant do? If, upon reflection, your initial responses to these three questions reflect negativity or misguided or narrowly defined concepts, without recognizing the strengths and sources of resilience and overall contributions of Latina/o immigrants, then it is essential that you continue to seek further education and experiences and reflect critically on how your limitations negatively impact your current views and your ability to culturally respond therapeutically, and may lead to the perpetuation of social policies that collectively impact those who have the least power and no voice in society.

Latina/o immigrants are also incredibly diverse. In fact, Alegria, Shrout et al. (2007) found differences between Latina/o subgroups and the prevalence of psychiatric disorders among Latinas/os in the United States Some of the findings from this study indicated that time of immigration to the United States, whether before the age of six or after, accounted for differences in psychiatric disorders between various Latina/o sub-ethnic groups. For example, Mexican immigrants who arrive in the United States. after age six demonstrated a lower risk of depressive disorders than those Mexican individuals who arrived prior to age six or who were born in the United States. Additionally, in comparison to Mexican individuals who immigrated prior to age six or who were born in the United States, Cubans who immigrated prior to age six or who were born in the United States differed in their levels of perceived discrimination, believed they lived in safer neighborhoods, and endured less family conflict, which

contributed to decreased prevalence of depressive disorders. The findings of this study help us begin to separate unique differences between Latina/o immigrants in the United States, rather than label all immigration experiences the same.

Voluntary versus involuntary immigration status (Ogbu & Simons, 1998) is an important distinction for practitioners to understand, given the sociopolitical and sociocultural impact this has on adjustment, acceptance, and adaptation to U.S. culture. Voluntary immigrants are those individuals who voluntarily engage in intercultural contact. This group consists of some immigrant groups, sojourners, and various ethnocultural groups. Involuntary immigrants are those individuals who have been forced by necessity into involuntary interactions as a result of war, genocide, poverty, and political instability, to name a few. This would include refugees, asylum seekers, indigenous peoples (Ward, 2008), and Cuban immigrants who fled to the United States during the Castro regime. Similarly, the rights and privileges of Puerto Ricans who live in Puerto Rico, who many argue have voluntary status to and from the United States given Puerto Rico's status as a U.S. territory, are limited due to political and economic ambiguity and U.S. influence. Alegria, Mulvaney-Day et al. (2007) found that foreign-born nativity is protective for some Latina/o groups (i.e., Mexicans) but not for others (i.e., Puerto Ricans). Differentiating immigration history, reasons for immigration, and issues such as mobility (one's ability to freely travel back and forth from country of origin), permanence (temporarily here in the United States vs. permanent resident), and voluntariness are critical. These distinctions become important as we shift to a U.S. cultural context and the impact the individual's/family's journey has on their cultural and social status here in the United States.

A discussion of immigration would be incomplete without discussing social status and social policy. Social stratification in the United States has direct implications on immigrant status and any resultant psychological challenges and barriers immigrants might experience. How we situate Latina/o communities in U.S. society based on power and wealth impacts Latina/o immigrants in a multitude of ways. As we consider culturally responding to the needs of these communities, it is important that we consider an ecological framework (Bronfenbrenner, 1977, 1979). Falicov (2007) identifies immigrants who arrived after 1965 as *economic immigrants* whose transnational context needs to be understood within an ecological framework consisting of expanded meanings of family, community, and culture, while considering the cultural and sociopolitical contexts. In taking into account an ecological perspective, we begin to expand our understanding of how to best respond to and respect immigrants from diverse backgrounds. In adapting Bronfenbrenner's ecological model, we can conceptualize the immigrant experience on three different levels: the micro, meso, and macro. According to Deaux (2006), at the micro level are the individual immigrant's "attitudes, values, expectations, identities, motivations and memories" (p. 5). The meso level includes "intergroup attitudes and behaviors, stereotypes, and social networks" (p. 5). The macro level includes

immigration policy and law. In comparing U.S. immigration policies to Canada's, Deaux found that one notable difference between the United States and Canada is the adoption of the "mosaic" metaphor by Canadians to describe immigration, as a opposed to the "melting pot" metaphor widely adopted in the United States. The social context can influence the risk for psychiatric disorders. Living in unsafe neighborhoods, ethnic discrimination, and perceptions of low social status all play an important role in the increased risk for psychological challenges among many Latinas/os. Additionally, outcomes of macro-level social policy influences include the fears of the children of immigrants, who worry that their parents will be deported.

The immigration process is ongoing for most families. Symptoms such as depression, anxiety, psychosomatic illnesses, and behavior problems can appear at any time for family members, including at the time of departure, during the migration process, at the time of a life-cycle event (death, divorce), or during reunions with separated family members (Falicov, 1998), and when women may be raped and sexually assaulted. Additionally, the pre-migration trauma and the impact this has on the development of psychological challenges, particularly for involuntary immigrants, is important to understand (Bemak & Chi-Yung Chung, 2008). Suarez-Orozco, Todorova, and Louie (2002) found that children who were separated from their parents during the immigration process were more likely to report depressive symptoms than children who were not. The process of serial migration, or the "step-wise" manner (Hondagneu-Sotelo, 1992) in which families migrate, can have detrimental effects on both the children and parents. It is not uncommon for one parent to immigrate first, leaving the other parent and children behind, or for both parents to immigrate first, leaving children with grandparents or extended family. Consequently, children may leave their country of origin together with parents or leave separately, depending on the circumstances of the family and country of origin. This process could take months to years before all family members are reunited. A consequence of this process is that family relationships can become strained, some siblings may be more acculturated to U.S. society than others, and conflict may arise if there are intergenerational differences between parents and children. Gender roles may also shift, resulting in conflict between the parents (Hondagneu-Sotelo, 1992). All these factors are important considerations when working therapeutically with immigrant communities. Nothing is more important than our ability to see the immigrant as a human being first and foremost and not as the culmination of our individual and societal fears and unwillingness to see the connections we all share (Gallardo, 2010). Deaux (2006) states that "the trend over the past forty years in the United States has been toward diminished support for immigration" (p. 43). She gives two salient reasons for negative attitudes toward immigration: perceived economic threats and beliefs in a status hierarchy. It is the development of negative attitudes, driven by fear, that has led to increased

stereotypes and discrimination faced by many Latina/o immigrant groups, resulting in increased psychological challenges for these communities as a whole as they attempt to adapt to U.S. culture as a means of survival.

Acculturation

Issues of acculturation continue to both challenge Latina/o mental health and provide a source of protection against discrimination. Although an examination of the research on the effects of acculturation yields many complexities, a number of studies and reviews of the literature indicate that more acculturated Latinas/os have more substance abuse problems, poorer dietary practices, less healthy psychological profiles, and worse birth outcomes than less acculturated Latinas/os (Cuéllar, Sils, & Bracamontes 2004; Lara, Gamboa, Kahramanian, Morales, & Hayes-Bautista 2005; Leigh & Huff, 2006). According to Leigh and Huff, immigrants from Mexico have lower prevalence rates of alcohol abuse, major depression, and phobias than U.S.-born Mexican Americans. Additionally, Escobar (2000) found that in general, Mexican immigrants have fewer mental health problems than U.S.-born Mexican Americans. Balls Organista, Organista, and Kurasaki (2003) also found that Mexican Americans' acculturation to the United States is rife with a broader array of mental health concerns. They posit that much of this is due to entering a working poor labor force and environmental segregation, resulting in a deterioration of extended support within nuclear and extended families. These studies raise important questions about the social and environmental context for many Latinas/os in the United States and indicate that many Latina/o immigrants exhibit strengths that provide resilience and protection from factors before entering the United States. Although these data suggest that more acculturated Latinas/os appear to have poorer health outcomes, Lara et al. also found that more acculturated Latinas/os are more likely to report having information on preventative health measures than less acculturated Latinas/os, but are less likely to implement that knowledge as preventative behaviors in their personal lives. Understood within context, these more acculturated Latinas/os may continue to feel misunderstood and discriminated against and display cultural reservation in connecting with a system that, upon contact, may further oppress them and lack the necessary support Latinas/os need. In essence, it appears that becoming more acculturated may have disadvantages (Flaskerud, 2007). Vega et al. (1998) found that Mexican immigrants had much better mental health profiles than those individuals of Mexican descent born in the United States. Place of birth also had a greater impact than other demographic information, such as age, gender, and socioeconomic status. The findings of Heilemann, Lee, and Kury (2002) suggest that Mexican American women who suffered from depression and who were more acculturated were also less resilient. Another trend in the research on acculturation is that "biculturalism" or

an intermediate level of acculturation among Latinas/os, may be less detrimental to their mental health (Cuéllar et al., 2004). Does being bicultural imply better adjustment and better health? There are still debates and dialogues about this in the literature and field, but it does appear that the more one retains a level of cultural connectedness to one's ethnic and cultural heritage, the more one is affirmed and protected against any challenges one may face. Because most of the studies on acculturation have been conducted primarily with populations of Mexican origin, it is important that these results not be overgeneralized or extended to other Latina/o subgroups, unless there is information to support such findings.

Identity and Language

As we continue to understand the nuances and intricacies of working with a diverse heterogeneous Latina/o cultural group, it is important that we increase our conceptual understanding of ethnic identity. Components of ethnic identity include self-identification, phenotypical features, cultural heritage, recognition of prejudice and discrimination, and intra-ethnic attitudes and interactions (Vera & Quintana, 2004). Ethnic socialization or enculturation is the process by which children learn they have ethnic group membership, behaviors, and preferences (Knight, Bernal, Cota, Garza, & Ocampo, 1993), and it interacts with the processes of acculturation and assimilation to influence ethnic identity development. Padilla (2006) reviewed the literature on biculturalism and found that parents transmit culture in different ways, depending on their history of immigration. Padilla noted that individuals' awareness of who they are culturally, that is, their cognitive understanding of their connection to to culture, was salient for first- and second-generation immigrant children and less salient for third-generation and bicultural children. Umana-Taylor and Fine (2004) found that Mexican adolescents' ethnic identity formation was influenced by the family's ethnic socialization experiences, the ethnic composition of their school, and the family's generational status. Although a solid body of research on the processes of ethnic identity development exists for Latina/o children and adolescents, less is known about these processes across the lifespan (Pizarro & Vera, 2001; Vera & Quintana, 2004). However, Spencer-Rodgers and Collins's (2006) study on risk and resilience with Latinas/os found that although the experiences of belonging to a disadvantaged, culturally devalued community might negatively impact self-concept and create feelings of low self-worth, these experiences also increased racial centrality, or the salience of belonging to an ethnic group. In essence, these authors found that threats to negative self-concept are buffered by the individual increasing his or her connectedness to ethnic group membership, thereby increasing the sense of personal worth. Their study supports social identity theory's "self-esteem hypothesis" (Tajfel & Turner, 1986) and is a rejection of the residual colonized mentality many within the community may be attempting to counter. In

essence, ethnic identity is a way for Latinas/os to decolonize our minds and empower and solidify our place in U.S. context and culture.

Although there are numerous generic models of ethnic identity development proposed (e.g., Atkinson, Morten, & Sue, 1998; Phinney, 1993), as well as Latina/o-specific models (e.g., Bernal & Knight, 1993; Casas & Pytluk, 1995), A. S. Ruiz's (1990) model of Latina/o ethnic identity in young adults was designed to assist in the therapy and counseling process. Ruiz makes four assumptions about Latina/o culture: (1) marginality correlates with poor adjustment, (2) marginalization and assimilation create challenges for the individual, (3) ethnic pride correlates with good mental health, and (4) a sense of pride in the acculturation process affords more flexibility of choice for the individual. His model outlines five stages: casual, cognitive, consequence, working through, and successful resolution. Ruiz's model, like the more generic models, makes assumptions ranging from the idea that individuals receive negative messages about their association with ethnic-specific communities, thereby resulting in a rejection of culture, to dissonance between attempting to assimilate and continuing to feel compelled to identify ethnically, resulting in successful ethnic identification and resolution or integration. Subsequently, V. Torres (1999) developed and validated the Bicultural Orientation Model for Latina/o college students, outlining four Latina/o orientations: (1) bicultural orientation, (2) Latina/o orientation, (3) Anglo orientation, and (4) marginal orientation. His model describes a range from individuals who feel comfortable in both U.S. culture and Latina/o culture to individuals who feel alienated from both cultures. Torres defines four conditions that impact Latina/o ethnic identification/orientation: the environment in which the individual grew up, family influences and generational status in the United States, self-perception of status in the United States, and dissonance between the environment in which the individual grew up and the current environment in which the individual lives.

Additionally, Abraido-Lanza, Guier, and Colon (1998) studied thriving, or an individual's ability to grow beyond the minimum development needed for normal growth, and found that thriving was associated with increased personal resources that included psychological well-being, self-esteem, and self-efficacy, all variables related to positive ethnic identity development (Phinney, 1990). As with acculturation, our understanding of ethnic identity is further complicated by country of origin because an immigrant from Mexico may encounter different messages than a Cuban, Peruvian, or Colombian immigrant. In addition, second-, third-, and fourth-generation Latinas/os will have very different ethnic identity developmental processes than those who have more recently immigrated. These models and factors are important for consideration in a therapeutic context because they provide us with concepts and experiences to consider, as well as some cultural characteristics that can determine the treatment and course of therapy. For example, it is problematic when a Spanish-speaking client, who prefers to speak Spanish, seeks treatments but is unable to locate a Spanish-speaking therapist. In addition, a client who may

have a bicultural orientation as conceptualized by V. Torres (1999) may have a good foundation in the English language, yet may prefer to utilize Spanish when in treatment, particularly when discussing emotionally charged experiences and situations. Thus, a lack of culturally responsive bilingual and bicultural therapists is a barrier to many Latinas/os receiving the care they need (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002). As a result, there is increasing attention being paid to the incorporation of linguistic competencies in training and in treatment. It is important that readers are mindful that simply being a bilingual therapist does not equate to being culturally responsive as a therapist. Greater attention needs to be paid to evaluating linguistic competencies, as much as we attend to the evaluation of cultural competencies. Linguistic competencies must be evaluated as a "skill" when intervening with Latinas/os in therapy. When providing therapeutic services to Latinas/os, it is critical that therapists assess the language proficiency of the client as well as their own linguistic and cultural competencies. Too often, agencies hire "bilingual" therapists to provide services to monolingual Spanish-speaking communities, without the needed linguistic and cultural competencies to ethically do the job. It is important that therapists meet not only a cultural mandate, but an ethical one as well (Cervantes, 2009).

Gender

The role of men and women in Latina/o culture is also shifting. As will be highlighted in the case illustrations that follow, gender and gender roles can have an impact on individual development in the context of culture and family. *Gender role conflict* is defined as "a psychological state in which socialized gender roles have negative consequences for the person or others" (O'Neil, 2008, p. 362). More specifically, for Latinas/os, gender role conflict helps us understand how traditional masculine ideals can have potentially negative consequences for both men and women. One of the best predictors for the development of depressive symptoms in Latino men is a lack of intercultural competence, that is, the ability to manage group-specific skills that facilitate cultural transitions (L. Torres & Rollock, 2007). Valentine and Mosley (2000) found that Mexican Americans' gender role attitudes toward sex role stereotypes tend to shift toward the dominant culture over time, rather than retain any culturally sanctioned roles they may assume. Machismo, a form of masculine ideology, is often a misunderstood cultural value of Latinas/os. Until more recently, the masculinity literature on Latino men primarily sustained a monolithic negative perspective (Quintero & Estrada, 1998). As a result, the socially sanctioned systems in the United States have redefined the term and reduced it to a one-sided negative stereotype. The positive elements of machismo, or cabellerismo, have been neglected in Western interpretation.

Studies have shown that Caucasian Americans are second only to Latinas/os in valuing traditional masculinity. In fact, Abreu, Goodyear, Campos, and Newcomb (2000) found higher rates of endorsement for traditional male gender roles in European American men than in Latino men. A noteworthy difference between the masculine construct valued by Caucasian Americans and the Latino machismo is the social acceptance of these concepts when applied to Caucasians rather than Latinas/os (Mirande, 1997). For example, when masculine traits such as toughness, competition, and assertiveness are associated with Caucasian males, the terms are more culturally and socially accepted than when applied to Latino males (Gallardo & Curry, 2008). J. B. Torres, Solberg, and Carlstrom (2002) found that the majority of the Mexican American men in their study supported a more expanded, multidimensional perspective on the machismo construct, while only 10% endorsed a more stereotypic view of the construct. Fragoso and Kashubeck (2000) found that the Mexican American men in their study who endorsed higher levels of machismo with restricted emotionality also endorsed higher levels of stress and depression. The literature in this area clearly directs us to rethink any outdated perspective about Latino men and masculinity we may hold. No place is this more important than when attempting to provide therapeutic services to Latinas/os. For Latino men, machismo is multidimensional, consisting of both positive (cabellerismo) and negative (macho) elements (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Neff, 2001). The positive dimensions include honor, respect, bravery, dignity, and family responsibility (Arciniega et al., 2008). These virtues are of tremendous importance and a source of great strength for the Latina/o community. Viewing machismo from the more dialectical perspective of both positive and negative aspects allows for more flexibility and utility within a therapeutic or counseling setting (Gallardo & Curry, 2008). Most important, it highlights the importance of changing the stereotype of machismo to be more consistent with the variations in Latino male identity (J. B. Torres, et al. 2002). An expansion of the definition of machismo and a deeper appreciation for gender role adherence in Latino men provides insights into what is needed to be successful in counseling, outreach, education, and community interventions. More notably, Un buen gallo en cualquier gallinero canta (A good man will be a good man in whatever context he finds himself).

As the Latina/o community grows and becomes more culturally situated in the United States, shifts in gender roles are also taking place. Much like the progress mainstream society has begun to make with regard to women's rights and equality, many of these same transitions are occurring in Latina/o culture. It is impossible to talk about Latino masculinity and male identity development without talking about Latina women. Privately, women in the culture have always been the dominant force in domestic life and family life, but more than ever today, Latinas are providing for their families outside the home, in addition to continuing to provide a warm home environment. While the roles of Latina women have evolved in more public ways, the shift in men's roles has been slow to follow, in much the same way as in mainstream

culture. In many ways, Latina women are more prepared to exist in a male-dominated world while also subscribing to the tenets of marianismo. Although men's roles are shifting, we still struggle to co-exist in our comfortable male-dominated world and the publicly changing female world. Marianismo is the female counter to machismo; women are taught to be women and mothers who honor the model of the Virgin Mary and are "virtuous, humble, yet spiritually stronger than men" (Santiago-Rivera et al., 2002, p. 49). Similarly, like Latino men, women are subscribing less to the gender role socialization process due to educational attainment, acculturation, and involvement in relationships that endorse a more equal partnership (Santiago-Rivera et al., 2002). This is important to note because we can no longer assume that Latino men or Latina women endorse any preconceived stereotypical notion we may have about who they are. Ultimately, both men and women are finding their place and expanding their roles, in a U.S. context that has historically narrowly defined their roles within the culture.

Sociopolitical Context

We cannot assume that our Latina/o clients can afford, access, or are aware of treatment options (Delgado-Romero et al., 2008; McAuliffe, Grothaus, Pare, & Wininger, 2008). Consequently, the existence of various barriers related to the underutilization of mental health services by Latinas/os leads us to a discussion of the sociopolitical context.

There are a number of reasons for the underutilization of mental health services by Latinas/os. Sevilla Martir et al. (2007; as cited in Willerton, Dankoski, & Sevilla Martir, 2008) found the following barriers to the utilization of health care by Latinas/os: (1) cost of services, (2) lack of health insurance, (3) language, (4) fear of the system, (5) transportation, and (6) lack of knowledge. Although their study was conducted in the Midwest, their findings transcend other geographic locations throughout the country, particularly for a less acculturated and lower-socioeconomic-status Latina/o population. Additionally, while we have made much progress in providing mental health services for Latinas/os, issues of availability, accessibility, acceptability, and accountability still remain (Willerton et al., 2008). Similarly, it is impossible to discuss Latinas/os and challenges to mental health care without a discussion of perceptions of discrimination in the United States. In the United States, race, like immigrant status, is not simply the color of one's skin, but is a process used to designate Latinas/os into socially ranked or stratified locations in society. Although this socially constructed concept of race does not provide a valid system of classification biologically, phenotypic expression continues to influence status and privilege in societies throughout the world (Harrell & Gallardo, 2008).

Ogbu (1994) defines racial stratification as the "hierarchical organization of socially defined 'races' or groups symbolized by skin color" (p. 268). Skin color has direct implications for the status afforded to certain groups in society, as

defined by members of the dominant group. Ogbu states, "In a system of racial stratification people are prohibited from changing their group membership" (p. 269). The racial stratification process, as outlined by Ogbu, directly influences and limits distribution of and access to resources and social mobility. As a result, a disproportionate segment of Latinas/os live in barrios or neighborhoods with substandard housing, ineffective education systems, and unequal access to good healthcare. Consequently, as a reflection of this sociopolitical cultural context, Latinas/os' ways of coping, interpreting, and making sense of the world develop as a means of survival, or protection, and as a way to counter any forms of stigmatization, subjugation, and marginalization imposed upon us. Members of disenfranchised groups establish cultural and familial adaptations for the survival of the group's people and traditions, as a way to combat any social forces that may negatively impact social, familial, and cultural values and ways of living. In addition, they face a healthcare system that, when accessible, is dominated by poor-quality services and discriminatory or racist practices (U.S. Public Health Service, Office of the Surgeon General, 2001). These challenges are compounded by the stigma that experiencing mental health problems is unacceptable to many Latinas/os (Alegria et al., 2002). For example, it is not uncommon for Latinas/os to seek care from a primary care physician (Diaz-Martinez & Escobar, 2002), as a more acceptable means of addressing any mental health concern they may have. For many Latinas/os, there are differing cultural viewpoints of health and illness, help-seeking behaviors, and communication. These challenges, among others, continue to relegate the Latina/o community to limited access to services, combined with a sociopolitical system that, when health services are accessed, makes the community feel further marginalized and disenfranchised. Ultimately, sociopolitical forces and racial stratification impact the formation of worldviews, as well as trust in the mental healthcare system, which can present obstacles to the development of positive health outcomes. As a result, our service delivery models must include a strength-based, social justice approach as we attempt to address the mental health needs of Latinas/os. Additionally, therapists need to intervene systemically. Expanding the role of the therapist to include a systemic orientation is essential when providing services to Latinas/os.

Latina/o Skills Identification Stage Model

The Latina/o Skills Identification Stage Model (L-SISM) is intended to shape therapists' focus and responsiveness to some core issues that are facilitative in the therapeutic process, but not exhaustive. In addition, the model is not linear, although it is outlined as such. Therapy, when done within the context of Latina/o culture, will include the tenets of the L-SISM throughout the course of therapy and not at specific times in a specific, structured manner.

If we are to understand Latinas/os from a more culturally heterogeneous perspective, it is critical that we shift our attention to examine individuals in

a local context, rather than a global one. When we examine the local, social world, we begin to see more clearly the multiple intersections that shape the multiple identities, worldviews, behaviors, and values of each Latina/o individual. Additionally, as was identified in our introductory chapter, but is worth noting again, it is imperative that we look beyond our simplistic definitions of ethnicity and race (Lakes, Lopez, & Garro, 2006; Warrier, 2008) as a basis upon which we explain our interventions.

Culture is dynamic and changing; as a community's interactions with the larger society change, so does its culture and our understanding of culture. Examining culture as stable minimizes the sociopolitical and historical processes that shape how traditions or cultural practices are central to a culture (Warrier, 2008). With this in mind, it is important that the reader understand that the information provided throughout the remainder of this chapter contains one aspect of a multidimensional approach to providing culturally responsive therapeutic services to Latinas/os. Using this multidimensional and systemic perspective, therapists will have a more holistic understanding of their client/family. Culturally responsive practice with the

Table 5.1 Latina/o Skills Identification Stage Model

Connecting With Clients	Allow the initial process to be informal and personal, using small talk, if needed. Implement *personalismo* and *platica* as priorities over any other task at hand. Address members of the family with formal greetings depending on age, status, etc. and also by their specific ethnic self-designation (don't assume that they are "Hispanic" when "Latino" or Mexican American, or Dominican may be preferred; ask how they identify). Allow for nontraditional therapeutic hour/process, if needed. Create culturally congruent therapeutic space (i.e., help develop a sense of "home" for clients). Use self-disclosure as a therapeutic intervention and as a way to build a respectful relationship. Assess cultural strengths and existing resources. Shift environmental context, if necessary (i.e., meet client outside office space). Use of rituals (*dichos,* music, poetry, prayer, bibliotherapy, *cuentos*). Educate client about counseling process. Identify what role your client wants you to take (e.g., limited, seek assistance only, gain deeper insight). Gift giving (i.e., provide client with a sense of hope that therapeutic work might make a difference in their lives). It is not a guarantee, but a demonstration of faith in the healing process.

Assessment	Assess generation status/ethnic identification/education history and acculturation history (information from these areas will help guide what the therapy process will look like). Trauma assessment: identify what, if any, traumas exist, either present or past. Ecosystemic understanding and influences (i.e., understand the context in which the client lives and the influences of any environmental factors). Language usage: provide treatment in language of preference and adapt language to meet client's educational level and acculturation levels (avoid using psychobabble when not necessary and when incompatible with client's educational and linguistic competencies). Assess Spiritual/religious beliefs and the role they play in the client's life, if any. Family and community relationships: involve in therapy when appropriate. Use culturally appropriate clinical instruments/measures. Beliefs about healthcare: understand the client's cultural explanatory model. Understand client distress from a Latina/o-centered frame of reference (i.e., compare clients to a standard that matches their own developmental, cultural, and life histories).
Facilitating Awareness	Use cultural strengths and existing resources to help client gain awareness. Assess social and political forces: depathologize client and presenting concerns and separate what is connected to the individual from the environment. Increase insight into cultural coping methods. Use reflecting and reframing and validate, validate, validate before questioning, challenging, or confronting. Help clients understand their own language and values for explaining symptoms and where they come from. Help clients understand their struggle (social context). Use *dichos,* cultural and community-specific stories. Possibly connect clients to resources, people, or services in community where further understanding can be developed. Analyze any obstacle that may be preventing growth. Assign readings, when necessary and when appropriate.
Setting Goals	Understand and assess therapist's own process variables in therapy with Latinas/os (e.g., belief systems about Latinas/os, how one feels about empowering Latina/o clients, beliefs about the possibility of change for Latinas/os). Incorporate level of education, SES, etc. (feasibility of goal attainment). Use a collaborative approach with client/family/community, when necessary and appropriate.

(Continued)

Table 5.1 (Continued)

	Address immediate and concrete concerns first. Develop a clear, specific, focused treatment plan designed in collaboration with client/community. Expand role to community activist, consultant, advisor, case manager, etc. when needed and appropriate. Include family and community in achieving goals, when appropriate.
Instigating Change	Understand the research and culturally adapt any existing model, treatment, or intervention developed to address client's concerns, when needed and when appropriate. Get out and get connected; immerse and extend cultural learning experiences as a way to develop cultural empathy for your clients. Be a role model for clients. Empower the client (self-knowledge) and help client develop a stronger sense of connectedness to individuals in community and community context. Teach clients to problem solve. Become a social advocate on behalf of the client (cultural broker). Use collaborative/active approaches in which you and client are participating in the process of change. Involve family and community, when appropriate.
Feedback/ Accountability	Assessing one's credibility: many Latina/o clients may see the therapist's overlapping roles in the community as a strength and as someone they can trust. Understand and measure "success" in a Latina/o-specific context, not majority, universal standard of success. Examine congruence between goals and outcomes achieved. Assess therapist's role in creating change (i.e., understand what is helpful or not). Involve family and community if needed. Seek feedback from client, but know that feedback may not be direct, or may be limited, due to your professional role as a therapist/doctor/professional.

Latina/o community calls for an expansion of our roles as therapists (Comas-Díaz, 2006; Falicov, 2007; Robbins, Schwartz, & Szapocznik, 2004; Santiago-Rivera et al., 2002).

Discussion on providing services to Latinas/os is never an either/or, but always a both/and. We cannot rely solely on broad general assumptions about or characteristics of various cultural groups, so we must also remain diligent in building a foundation of knowledge about each cultural group outside our own.

As was mentioned in our introductory chapter, we view this approach and recommendations to working with Latinas/os as consistent with the recent movement toward Evidence-Based Practices in Psychology (EBPP). EBPP also attends to factors related to clients' developmental and life stages (American Psychological Association Presidential Taskforce on Evidence-Based Practice, 2006). Additional client characteristics to consider include gender, gender identity, culture, ethnicity, race, age, family context, religious/spiritual beliefs, and sexual orientation, along with the impact of these variables on the treatment process, relationship, and outcome. Finally, tenets of this Latina/o-centered framework are largely grounded within a Cultural Explanatory Model (CEM), a term used by medical anthropologist Arthur Kleinman (Kleinman, Eisenberg, & Good, 1978). CEM refers to socioculturally based belief systems that individuals hold. Health professionals who adhere to a biomedical model would base their work on empirical, observable, measurable, objective, individualistic, absolute, and rational tenets. Lay individuals' CEMs are vague, are dynamic, have emotional meaning, and are embedded in a person's sociocultural context (i.e., cultural beliefs, socioeconomic factors, and community social networks; Rajaram & Rashidi, 1998). CEMs help us understand the multitude of ways individuals conceptualize an illness, its causes, signs and symptoms, modes of prevention and diagnosis, treatment, prognosis, and expectations of their role as a patient and the role of the treatment provider. Therefore, the goal of therapeutic encounters may vary across cultures and individuals, and CEMs certainly should be considered when working with Latinas/os.

Connecting With Clients

If we begin with the Western premise that for therapy to be successful the client must arrive at an unfamiliar place at a specified time to receive unfamiliar services, it becomes evident why the therapeutic foundation may need to be revisited. In addition, most clients are expected to discuss concerns quickly, with openness and self-expression, and ultimately create the needed change by working hard enough to accomplish their goals. Although this therapeutic framework may be perfectly acceptable for some Latinas/os, for many, depending on generation and acculturation status, seeking services from this particular perspective can be intimidating. The process of reformulating a culturally consistent framework in working with Latinas/os does not equate to discarding one's existing model of therapy or therapeutic foundation but, more appropriately, broadening one's approach to include the tenets of cultural responsiveness within this framework. In doing so, it is clear that therapists must challenge themselves to redefine the therapeutic hour, self-disclose personal and professional information when therapeutically appropriate, and, of most significance, change the environmental context in which the therapeutic relationship is established and maintained.

The transcending variable throughout the process of therapy with Latinas/os is education. With most clients there is some educational aspect, but with Latina/o clients an assessment of generation status and acculturation level will provide insight into the need to educate and "socialize" Latina/o clients into the therapeutic journey.

Personalismo

As was stated previously, personalismo (see earlier discussion for research support on the use of personalismo) can be critical when attempting to build a therapeutic relationship with Latinas/os. One avenue for developing a personal relationship is to redefine the therapeutic hour, which conveys to the Latina/o client the importance of establishing genuine and authentic relationships with others over formalities. In addition, it makes the notion of personalismo a therapeutic intervention, rather than just a concept or value that one understands theoretically. Slowing the initial process down to convey a more present-oriented mindset—rather than a future-oriented perspective of needing to identify, treat, and solve any problems—communicates the therapist's willingness to place the relationship before the problem. In doing so, therapists acknowledge the importance of building a therapeutic relationship and joining the client in his or her culturally specific context and level of comfort, rather than simply trying to seek out a problem and solve it. As indicated above, with most Latinas/os, the way in which the therapist approaches the establishment of a therapeutic relationship depends on the generation and educational level and acculturation status of the client. Conducting an assessment of these factors provides information on what a culturally relevant approach will look like for the individual, rather than for an entire culture.

Self-Disclosure

Another important intervention in connecting with Latina/o clients, and in maintaining the therapeutic relationship, is self-disclosure on the part of the therapist. Although historically not seen as a therapeutic intervention, self-disclosure can serve the purpose of connecting and building rapport (Gallardo, 2006). The use of self-disclosure needs to occur for the client's benefit only and not as a way for therapists to use the relationship for their own growth and development. In cases where it is therapeutically appropriate to self-disclose, it may be important for therapists to express information about their family history and relationships, marital status, and ethnic identity. Manoleas, Organista, Negron-Velasquez, and McCormick (2000) found that one of the primary characteristics of Latina/o clinicians working with Latina/o clients was implementing "a flexible 'sense of boundaries' and view[ing] clients and their families holistically" (p. 388). In addition, they also found that Latina/o clinicians were more likely to self-disclose to their Latina/o clients, versus with non-Latina/o clients. Self-disclosure is communicated verbally and also through

environmental stimuli and atmosphere. For example, the pictures and decoration, or lack thereof, therapists have in their offices communicates personal information about who you are and how the client might perceive you in therapy. It is important that therapists assess their own levels of comfort in self-disclosing information prior to beginning therapeutic work. It is also important that therapists remain centered and genuine when working with Latinas/os. Therefore, self-awareness is critical when developing a level of comfort in self-disclosing and in building the therapeutic relationship.

Environmental Context

As has been stated throughout this book, shifting the environmental context, or creating the good society (Nelson-Jones, 2002) in which therapy occurs, is another important way to make therapy accessible, less amorphous, and more acceptable for Latina/o clients. In reaching out to Latina/o clients, it may be important to truly meet the client where he or she is. Meeting the clients where they are does not mean meeting the clients in their readiness to address problems or access uncomfortable feelings. Although that is important, meeting the client means meeting him or her in his or her environment, when feasible and appropriate. An intervention such as this can include visiting a client's home to begin the therapeutic process or connecting with a local community center or local business where individuals and families can drop in to talk with you. As was noted by Schank, Holbeck, Haldeman, and Gallardo (2010), clients may specifically seek those providers who are a part of the community because they are seen as someone who understands clients' needs. Most important, clients and community members see this overlap between deliverer of services and connection to community as a strength, and so should we as therapists. Manoleas et al. (2000) also reported that Latina/o clinicians were more likely to follow up after a missed appointment by calling their Latina/o clients and/or by talking with neighbors, family, and compadres about the client's status, when appropriate. Although some of these "interventions" may seem "unethical," it is critical that students and therapists alike understand the implications of professional ethical guidelines and requirements but not restrict their capacity to respond in ways that might be culturally attuned to the needs of their Latina/o client. As with all interventions, issues of safety and appropriateness need to be assessed by all therapists. However, to assume that these interventions are not viable options is to limit or narrowly define the successful creation of therapeutic relationships and interventions with Latina/o clients.

Cultural Costumbres

The use of rituals, which can include music, cuentos (Costantino & Malgady, 2000; Costantino, Malgady, & Rogler, 1986), or other Latina/o spiritual or religious ceremonial activities, is also an important consideration

when connecting with the client. By asking the client how you can make the therapeutic encounter culturally congruent and more defined for him or her, you are also inviting the client to build a relationship centered on his or her values, beliefs, and customs. Therapists may find themselves in situations where they need clients to educate and guide them through this process, and by acknowledging your own limitations, you are also humanizing the process of therapy between you and the client. This can be essential in establishing a therapeutic foundation.

What's In a Name?

Finally, addressing clients by their preferred ethnic self-identification, personal names, geographic identification (e.g., Nuyorican: New York–born Puerto Rican), titles, or by place in the family are all important. Therapists should consider directing their questioning in a way that elicits information about the roles and responsibilities of family members or individuals, if necessary. In doing so, therapists acknowledge the established family structure and relationships. Whether you are seeing one individual or the entire family, for Latinas/os, the observance of the family is central in conveying respect and honor. The family bond can be so strong for many Latinas/os that even when there is distance or conflict in the family, the desire to protect and maintain family dignity remains present. It is not safe to assume that because your Latina/o client is seeking assistance with family issues, he or she does not want to remain connected to, or protective of, family.

Assessment

The Latina/o Dimension of Personal Identity (Arredondo & Santiago-Rivera, as cited in Santiago-Rivera et al., 2002), the Multidimensional Ecosystemic Comparative Approach (MECA; Falicov, 1998), and cultural family genograms (Hardy & Laszloffy, 1995; McGoldrick, 1998) can all be useful frameworks to use when conducting a cultural assessment with Latina/o clients. These models provide an opportunity for the culturally responsive therapist to broaden his or her perspective, understanding, and assessment of Latinas/os. Moreover, these cultural assessment tools provide greater clarity regarding clients' strengths and allow for the implementation of existing resources, which can guide treatment planning, goal setting, and intervention strategies from a strength-based foundation, rather than a pathological one. Additionally, McAuliffe, Grothaus, Wininger, and Corriveau (2006) found that culturally oriented questioning can also be a useful assessment with culturally diverse populations. Culturally oriented questioning includes assessing the importance of culture for the client, understanding experiences of oppression, and understanding cultural values that shape the individual's life. The Latina/o client's life story, or personal narrative, is often the best source of information. The

cultural characteristics of a particular Latina/o subculture can be a useful beginning point in treatment, but it must be supplemented and validated through the use of culturally oriented questioning, to avoid any unintentional violations on the part of the therapist. It is critical that the therapist's "therapeutic bar" or measure of what is "normal" behavior connect to the identity, generational status, and context of each Latina/o client. Manoleas and Garcia (2003) provide three clinical algorithms as tools for psychotherapy with Latina/o clients: engagement, assessment-formulation, and intervention, which all encompass decision-making processes that integrate clinical, cultural, and environmental factors. In each of the three algorithms, Manoleas and Garcia provide the clinician with a decision-making sequence whereby the clinician engages in methodical decision making to inform the process of engaging, assessing, and finding the best treatment and intervention plan for the client. Their decision-making model can be used as a foundation and implemented throughout the L-SISM.

As was mentioned above, when assessing a Latina/o client, it is important to develop a cultural narrative with the client, perhaps utilizing a cultural genogram, and to demonstrate cultural responsiveness when diagnosing and using tests. More specifically, it is important to understand the ethnic identification of Latina/o individuals and families. A client who states he or she is Mexican American may yield very little information to the therapist if he or she does not strongly identify with that culture or have a strongly integrated Latina/o worldview. Identifying the roles gender, sexual orientation, religion/spirituality, or class play in the individual/family's social context is important when working with Latinas/os. It is safe to assume that your Latina/o client will identify within multiple life spaces and identities (e.g., third-generation Latina lesbian who is from a upper-middle-class background and living in New York vs. first-generation Latino heterosexual male who is from the working poor social class, and living in California). The multiple dimensions of geography, generation status, social class, sexual orientation, and context all play critical roles in understanding what may work with each of these individuals therapeutically. Hays's (2008) ADDRESSING model (Age and generational influences, Developmental disabilities and Disabilities acquired later in life, Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender) is another framework that includes a broader approach to understanding the multiple identities of each client. We suggest using this model as an outline when assessing any client.

Culturally Congruent Diagnosis

When shifting perspectives, it is also crucial for therapists to understand diagnostic categories as social constructions (McAuliffe & Associates, 2008). The use of diagnostic measures, particularly the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000), is a reflection of a specific cultural context that may or may not reflect

the cultural reality for many Latinas/os. McAuliffe et al. (2008) recommend engaging in a three-step process to culturally responsive diagnosis: "(1) assessing client cultural identity and salience before diagnosing; (2) considering local descriptions of mental distress; and (3) working through the DSM in an Axis IV-III-I-II order" (p. 592). Assessing levels of connectedness to a Latina/o worldview, or identity orientation, can be useful because it may not be necessary to modify the therapeutic encounter if your Latina/o client strongly identifies with U.S. culture more than Latina/o culture.

There are varying ways of understanding mental distress and health concerns in various Latina/o cultural groups. For example, terms such as mal puesto (hexing), mal de ojo (evil eye), and ataques de nervios (feelings of panic or anxiety) are important Latina/o-specific terms to consider that may be more salient in one Latina/o subgroup over another (Harris, Velásquez, White, & Renteria, 2004; Ortiz et al., 2008). Finally, utilizing the *DSM-IV-TR* in an Axis IV-III-I-II hierarchy of consideration enables the therapist to assess any environmental and psychosocial issues (Axis IV) first, such as housing problems, relationship concerns, acculturation issues, discrimination, and so on. The Latina/o-responsive therapist can then move to assess any medical concerns (Axis III). This sequence can be important because the overlap between the physical and mental may have become more intertwined and connected. An assessment of other conditions that can be the focus of clinical insights (Axis I) should follow. It is important to consider culture in all aspects of treatment. "Disorders" that may be viewed as "abnormal" from a mainstream perspective may be acceptable cultural expressions for many Latina/o clients. For example, a Latina/o client may state that he or she "talks to the spirits" (McAuliffe & Associates, 2008). Although some therapists may consider such behavior a manifestation of personality concerns, this manifestation might be culturally congruent for the client and his or her community. As a result, assessment of personality disorders (Axis II) should be the last step for Latina/o clients. Because culture is as influential in determining personality as any other variable, it is critical that therapists use culture as a foundation to understand personality functioning and not as a last resort. Additionally, although we believe that culture is important to consider, we also understand that culture should not supplant therapists' existing clinical knowledge by assuming that culture can explain all behavior as "appropriate."

Finally, there are times when it becomes necessary to use traditional clinical assessments to assess and culturally diagnosis Latina/o clients and families. When these circumstances arise, it is vital that culturally appropriate instruments are used (Costantino, Flanagan, & Malgady, 2001; Graham, 2006; Suzuki, Kugler, & Aguiar, 2005; Velasquez et al., 2002) and interpreted accordingly, to take into account the social and cultural realities of Latina/o clients. In essence, it becomes essential that culture provide the framework for interpretation and analysis. McAuliffe and colleagues' (2006) three-step guide can also be useful here. In practice, the three-step process can help us learn, early on, the salience of culture for the individual (Step 1), learn what

miedo (fear) may mean within the client's local context (Step 2), while considering the psychosocial and environmental factors (Step 3) that may have contributed to the client's connection to culture, or lack thereof, and the causes of miedo. Although miedo, literally translated, means fear, it can also imply panic attacks, nervousness, and general anxiety. An examination of the ecological-systemic factors helps the therapist account for any generational and identity concerns, housing problems, health issues, and family relational concerns that impact the development of coping strategies, miedo in this example, or distress for the client. Ultimately, the therapist can use this information and insight to facilitate awareness for the client.

Facilitating Awareness/Sociopolitical Context

Once a therapist has moved beyond simply connecting with clients and culturally assessing and understanding presenting concerns from a cultural frame of reference, it then becomes important to transfer and join your clinical understanding of the client's presentation to that of the client and his or her context. The therapist's understanding of the sociopolitical context (discussed earlier) is critical to help facilitate awareness for the client, without invalidating his or her experiences or attempting to change any existing beliefs prematurely. It is important to help Latina/o clients make sense of their environments and understand the ways in which their problems may be byproducts of social injustices and political forces around them. This helps clients shift perspectives and reframe any socially constructed definitions they may hold regarding their presenting concerns and potential solutions.

Bronfenbrenner (1977, 1979, 1986) outlined a model that has been adapted for use with Latina/o communities. Bronfenbrenner's use of the micro, meso, exo, and macro systems provides clinicians with a framework from which the social context of Latina/o clients can be understood. Robbins et al. (2004) describe a structural ecosystems approach in working with Latinas/os that emphasizes the importance of understanding the intersection of systems that Latinas/os influence and are influenced by. This model was adapted from earlier work by Szapocznik (Szapocznik, Scoppetta, & King, 1978; Szapocznik et al., 1997).

Ethnic Psychology

Ethnic psychology, another facilitative model, highlights the importance of adapting "mainstream" psychotherapy to Latina/o clients, while remaining culturally and clinically ethical. Comas-Díaz (2006) uses the term *Latino ethnic psychology* to describe the application of cultural traditions and practices to healing and liberation. Latina/o ethnic psychology attempts to restore connectedness, foster liberation, and facilitate ethnic identity reformulation. It also aims to achieve sabiduría, a spiritual and existential type of wisdom.

Sabiduría involves the perception of life's setbacks as opportunities for spiritual development. Thus, distress offers an opening for integration and self-improvement. Latina/o ethnic psychology embraces three core elements: contextualism, a construct that looks at the circumstances in which Latinas/os are rooted and how their perceptions, judgments, and behaviors tend to be guided by their connection to context; interconnectedness, or the assumption that the self is intertwined with the other; and magic realism, which refers to how Latinas/os' cognitive styles are highly reactive to imagery and fantasy and contain a dreamlike quality that infuses reality with imagination and mystery (Comas-Díaz, 2006).

Cuentos and dichos can be used in Latina/o ethnic psychology. Cuento therapy (Costantino & Malgady, 2000; Costantino et al., 1986) involves the use of folktales with ethnoculturally relevant stimuli in a social learning approach. Dichos (Aviera, 1996, 2002; Zuniga, 1992), or proverbs in the Spanish language, can be used by Latinas/os to capture the perception that life's challenges are opportunities for personal development and growth. For example, La gota de agua labra la piedra (A drop of water can carve a rock) can be used to illustrate how thoughts can gradually affect one's view of life and produce and maintain depression (Múnoz & Mendelson, 2005). Dichos teach the art of living by overcoming losses and celebrating one's blessings (Comas-Díaz, 2006). A therapist does not need to be fluent in Spanish to learn and incorporate dichos in therapy. However, as with all interventions, it is simply not enough to "know" the information; it is essential that therapists assess their linguistic competency to implement such interventions therapeutically.

Liberation Psychology

The Psychology of Liberation theory (Comas-Díaz, Lykes, & Alarcon, 1998; Martin-Baro, 1994) is another cultural frame that contextualizes for therapists what it means to "free" one from the forces that contaminate the lives of many Latinas/os. The need to expand the roles of "therapists" becomes fundamental in truly helping Latina/o clients heal. If we simply heal our clients in the "room," without intervening in the environments that created the distress to begin with, how much have we really accomplished? Therefore, in order to begin to depathologize our clients from socially created labels, helping them reflect and reframe their concerns in context and helping them understand obstacles that they have potentially created for themselves in learning to cope are imperative.

Postmodern Perspectives

The postmodern social deconstructionalist approaches of Solution-Focused Therapy (de Shazer, 1985; de Shazer & Berg, 1992) and Narrative Therapy (White, 1991, 1995) enable an externalization of problems from a strength-based perspective that focuses on the client's existing strengths and

exceptions. McAuliffe and Associates (2008) also highlight the importance of implementing a narrative approach to counseling culturally diverse individuals by re-authoring personal life stories, externalizing problems, and socially deconstructing labels that may have been imposed on the client as a result of distress. Semmler and Williams (2000) state that when implementing a narrative approach to understanding life stories, culture is inextricably connected to the client and cannot be seen as separate. In essence, attempts at separating culture from client are culturally irresponsible. Culture permeates the life stories clients disclose. Whether they are discussing religion, sexual orientation, or the intersections of both, culture is the guiding force that therapists can utilize to assess areas of strength and areas needing growth. Assigning readings for the client, being in the moment with the client, engaging in culturally oriented questioning, using dichos, and assessing the client's spiritual energy are ways of helping Latina/o clients gain insight.

Setting Goals

When setting goals with Latina/o clients, it is important to engage in a collaborative process that includes the client, the family, and community members, when appropriate. Goal setting can play a major role in maintaining an ongoing relationship with Latina/o clients. Inappropriate goal setting that is not congruent with the client's needs and cultural context can lead to early and more frequent drop-out rates and poor follow-through in therapy. In addition, assessing the client's identity status, level of education, socioeconomic status, and available resources is central to goal setting. Identity status, level of education, SES, and available resources become important in goal setting simply because goals may need to be modified and tailored to assist the client in achieving any aspired outcomes in therapy. This may seem like more of the same, but essentially this transforms the therapeutic relationship into a symbiotic one in which the therapist and client become active participants in the achievement of therapeutic goals. This further elaborates the need for clinicians to become cultural brokers (Stone, 2005) and social advocates (Sue & Sue, 2003) for their clients by joining with the client in a collaborative process. This sets in motion another shift in the traditional therapeutic role, from therapist to teacher, advocate, social architect, and problem solver. Moreover, therapists will need to manage the maintenance of goals set and implemented throughout the process of therapy.

Taking Action and Instigating Change

In order to truly create the needed change for Latina/o clients, it is important that therapists connect with the Latina/o community holistically. This translates into therapists seeking out educational and cultural experiences. Latina/o-centered therapists should consider redefining what progress means

in therapy from a Latina/o-centered frame of reference; how culture may change the way progress unfolds in treatment; and how to achieve change within the individual's local, cultural context and standards, and not by a generic standard typically used to measure effectiveness therapeutically. For some Latina/o clients, the "generic standard" may apply, depending on generational level or identity status, but therapists should not make the assumption that it does. Extending the couch to the community is important for this reason. As therapists begin to build more collaborative and consistent relationships with Latinas/os through immersion in the culture and extensive efforts to learn about cultural differences and similarities, they begin to genuinely and authentically understand what change and progress means in a culturally consistent and affirmative way for Latinas/os. More important, by engaging in extensive efforts to learn about Latina/o clients and culture, therapists automatically modify their role as "therapist." Their role must transform, at times, into the role of cultural engineers advocating on behalf of clients as clients attempt to problem solve and access existing internal strengths. Role modeling on the part of the therapist also demonstrates to Latina/o clients how to advocate and negotiate social and institutional barriers. In role modeling, therapists expand their roles from "traditional" provider to cultural architect, assisting clients to draw a personal blueprint of the needed changes in their lives, while building a cultural environment that is consistent with who they are, where they come from, and where they would like to go.

Additionally, the inclusion of family and important members of the community can play a significant role in initiating and achieving goals in therapy. The inclusion of trusted community members (e.g., indigenous healers, community leaders, church leaders) and family creates a systemic intervention that is culturally consistent with the client. Including the most important and significant people in the lives of Latinas/os can be helpful in developing ways to support clients beyond the therapy room. These processes, together, facilitate the empowerment of clients by helping them assume control over their lives, understand their Latina/o-ness in relation to the world around them, and gain self-knowledge. Extending the couch to the community implies seeking personal and professional experiences while also connecting with the client's community network through the client and his or her personal life story.

Feedback and Accountability

Another important tenet in the process of conducting therapy with Latina/o clients is obtaining feedback and ensuring that therapist and client are accountable for their commitment to treatment. There are four goals in understanding accountability on the part of the therapist: (1) to understand the helpfulness of therapy by seeking ongoing clarification; (2) to facilitate

the creation of change for the client, by the client; (3) to assess one's own process variables in therapy with Latinas/os; and (4) to understand Latinas/os and the Latina/o community enough to assess what a "successful" outcome means within a cultural context.

It is important for therapists to understand the role their clients want them to play in therapy. It is not safe to assume any particular role in therapy; rather, one should seek out clarification in this process. For many Latinas/os, engaging in therapy may mean seeking ongoing treatment when deeper insights into life circumstances are desired or seeking time-limited treatment for assistance with navigating one aspect or challenge in their life. Either of these roles may mean that therapists will need to take an active collaborative role with their clients and provide advice, consultation, and ongoing feedback, when necessary and appropriate. Whatever the therapist's role may be in therapy, therapists should always ensure that they have first taken responsibility to understand the culture enough to facilitate awareness for the client and to accurately assess a measure of success within the specific cultural context of the client. It is also important for therapists to understand that soliciting feedback from Latina/o clients may look different. Out of respect for the therapist, Latinas/os may not want to directly state what is working or what is not working. Therefore, it is important for the therapist to look beyond face value at times, to ensure that therapy is making a difference. Hopefully, therapists develop a greater sense of comfort in involving family and community in clients' stated outcome goals in therapy, where appropriate. This is a great way to solicit feedback in a way that may be more acceptable for Latina/o clients and their families.

Conclusion

The L-SISM is a foundation for conceptual consideration. Although the L-SISM highlights specific skills that can be used where appropriate, the process by which therapists choose to understand, extend their efforts to learn about Latina/o culture, and resist the urge to limit their capacity to understand and intervene in therapy is more critical to culturally attending to the needs of Latinas/os in therapy. Culturally responsive "skills" in therapy may not simply be the implementation of techniques, but more the process by which one engages in the therapeutic encounter. It is here that the "skill" of knowing what you know, knowing what you do not know, and knowing that there is information that you do not even know you do not know, is foundational to being culturally responsive. The case examples in the following chapters illustrate evidence-based practices within an L-SISM framework. Consistent with the EBPP definition, the authors have outlined any available research in the context of their clients' presenting problems, included their own clinical expertise and experience in their work, and have placed culture as primary to their work with these cases.

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