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Social Work Practice with Latinos: Key Issues for Social Workers

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Abstract

The Latino population is the fastest growing group in the United States; thus, it is imperative that social workers and other mental health practitioners be knowledgeable about the current literature on how to effectively serve this population. This article elucidates key issues and knowledge, such as immigration and migration concerns; discusses how to assess for levels of acculturation; examines cultural values; and highlights salient work issues and health disparities that Latinos experience. Recommendations on how agencies and universities can recruit and promote bilingual practitioners are introduced. Finally, culturally responsive strategies for professional use of self and fostering the therapeutic alliance are discussed.

Keywords

cultural competence; Hispanics; Latinos; practice

As Latinos become a larger proportion of the U.S. population, there is a greater need for social work education to provide culturally sensitive training to social work students (Furman, Bender, Lewis, & Shears, 2006; Iglehart & Becerra, 1995). Latinos have become the largest minority population in the United States. Estimates are that by the year 2050, nearly one-quarter of the U.S. population, or 102.6 million individuals, will be of Latino origin (U.S. Census Bureau, 2006). In a recent study, nearly 90 percent of graduate social work faculty either agreed or strongly agreed that preparing students for culturally sensitive practice with Latinos is important (Furman, 2002). Yet, in the same study, only 40 percent of the faculty believed that students were prepared for practice with this population. The discrepancy between the importance of providing services to Latinos, given their growing numbers, and the preparedness of social workers for serving this population is alarming. This is especially glaring when one considers that Latinos are at risk for various psychosocial maladies, including poverty (Prelow & Loukas, 2003), low educational attainment (Prelow & Loukas, 2003), mental health

concerns (McGowan, 1988; Padilla, Ruiz, & Alvarez, 1989; Vega, & Amaro, 1998), substance abuse (Hernandez & Lucero, 1996), ill health (Fiscella, Franks, Doescher, & Saver, 2002; Grantmakers in Health, 2003), and exposure to violence (Peacock, McClure, & Agars, 2003). Consequently, the confluence of these factors (Hanson & Austin, 2003), along with racism and systemic barriers for people of color, creates limited life opportunities for some Latinos.

Culturally competent social work practice with Latinos is crucial for ensuring effective access for and treatment delivery to this population. The importance of cultural competence is underscored in the NASW (1996) *Code of Ethics*. According to Colon (1996), culturally competent practice focuses on the need for a general sensitivity to cultural factors that may influence clients. Being sensitive to cultural variables can be conceptualized as holding a cultural lens to human behavior and making allowances for the possibility of cultural influence. However, to avoid stereotyping, it is important that the clinician recognize the existence of within-group differences as well as the influence of the client's own personal culture or values. Cultural competence is then aspirational at best (Caldwell, Iwamoto, Tarver, & Herzberg, 2006) and requires the continuous development of practitioners' cultural sensitivity, awareness, knowledge, and skills.

This article explores key areas of knowledge related to working with Latinos. Although various approaches to culturally competent and sensitive practice have been debated, the importance of understanding the social context and practice realities of a population is often underscored. This article provides an overview of the general knowledge needed by social workers to work more effectively with their Latino clients.

KNOWLEDGE FOR WORKING WITH LATINOS

We must increase our cultural competence by recognizing gaps in knowledge and making efforts to address them. In developing our knowledge and skills, we must always consider how well students are incorporating knowledge and understanding of both the distinctive cultural patterns and disadvantaged status of Latinos into their work. (Gutierrez, Yeakley, & Ortega, 2000, p. 555)

In what follows, we explore several of the key knowledge areas that are important in work with Latinos. It should be noted that social workers who work with this population will need to work constantly toward developing their knowledge base about the shifting social dynamics of Latinos here and abroad. For instance, the recent health concerns of Cuba's President Fidel Castro demonstrated the complex social and political feelings Cuban Americans have about their historic homeland.

Heterogeneity

It is important to recognize that Latinos are not a homogenous group. In fact, it can be argued that the very concept of a singular Latino identity or ethnic group affiliation is problematic. A diverse group of national origins is represented by Latinos living in the United States, with the majority of that group being of Mexican origin. Other national origins include Puerto Rico, Cuba, Colombia, and Brazil among many others. The cultural and ethnic backgrounds of Latinos are also diverse and include Spanish, Aztec, Mayan, Incan, and Caribbean. Latinos may be of Native American, white, and African American racial or ethnic background (Substance Abuse and Mental Health Services Administration, 2006). Furthermore, within the Spanish language, variation exists in diction, speech patterns, vocabulary, and vernacular usage, each unique to a region of origin. Subtle tones in the voice may have different meanings within different Latino cultures. For example, it is not uncommon in the Puerto Rican culture to speak loudly, and this is often interpreted as yelling by those not familiar with the culture (Cavanagh & López, 2004). An understanding of these differences is extremely relevant to

practice work with this population. However, it is also important to understand that there are commonalities amongst many Latinos in the United States.

Transmigration

Migration from Mexico to the United States has been cited as one of the largest mass movements of people in the world (Escobar-Latapí, 1999). The disparity of wealth between the United States and Mexico makes the transnational space of the U.S.–Mexico border a particularly high-risk social welfare area. Consequently, because of the political climate and environmental conditions, poor and undocumented migrants are often rendered socially and politically vulnerable (Sassen, 2002). Among this migrant population, labor transmigrants are distinguished from traditional labor migrants. According to Pries's (2004) migrant typology, immigrants and traditional migrants stop moving between boundaries over time, whereas transmigrants continuously move to different places, countries, and cultures for economic reasons. This often leads to a lack of a long-term residential base. Labor transmigrants then, much like labor migrants, experience being “treated as a reserve off flexible labour, outside the protection of labor safety, health, and minimum wage and other standards, and are easily deportable” (Taran, 2001, p. 7), but they may also have additional stressors owing to their unique, transnational lifestyles (moving back and forth between Mexico and the United States).

Even as transmigrants face the traditional problems faced by many migrant populations—such as poverty, long hours of physical work, and discrimination—they must also contend with a range of other psychosocial stressors that act as powerful “multipliers” (Negi & Furman, in press).

Social Isolation and Minimal Social and Emotional Support—The high potential for social isolation in transmigrants may be a factor that contributes to the development of high antecedents to distress. Transmigrants' lack of long-term residential bases, and their consistent back and forth activities across borders and away from family, may inhibit their capacity to create positive social support networks that can ameliorate distress. This lack of social and emotional support may force transmigrants to rely solely on themselves to manage their stress. Subsequently, the culmination of stressors associated with constantly having to adapt to unfamiliar environments, work-related stress, and lack of social and emotional support may take a psychological and physical toll on many transmigrants.

Immigration Policies—Immigration policies may also affect the stressors associated with transmigration. Undocumented labor transmigrants may experience fear and insecurity regarding their legal status in their receiving country. Negative interaction with border officials may further exacerbate distress. For example, Mexican migrants have been reported to experience altercations with and discrimination from U.S. and Mexican border officials (Escobar-Latapí, 1999). Such negative interchanges with border officials may be a stronger concern to transmigrants because they repeatedly cross national borders.

Acculturation

Acculturation is one of the most commonly studied adaptation variables and has been defined as the changes experienced by an individual as a result of being in contact with other cultures (Torres & Rollock, 2004). Acculturation is viewed as one of the key variables that practitioners need to take into consideration when working with Latino populations (Miranda, Bilot, Peluso, Berman, & Van Meek, 2006; Taylor, Beatriz-Gambourg, Rivera, & Laureano, 2006). Acculturation is a dynamic process and has been measured in multiple ways. Generally, acculturation has been measured in terms of behavior, cultural identity, knowledge, language, and values (Zea, Asner-Self, Birman, & Buki, 2003). These aspects, then, are critical

components in understanding and addressing factors that cause intercultural conflict and distress related to adapting to a new culture.

There are numerous models of acculturation. A unidimensional model of acculturation suggests that one's cultural orientation is inversely related to another (that is, the more acculturated one is to culture A, the less orientated one is to culture B) (Okagaki & Bojczyk, 2002). A bidimensional model assumes that cultural orientations are independent of one another, such that one may adhere to a number of different acculturative schemas (Padilla, 2006). In contrast, individuals of marginalized status (Berry, 1980) may not identify with the culture of either their ancestral or their host country. Individuals who adopt and integrate the values, beliefs, and behaviors of both the host culture and their ancestral culture are considered to be "bicultural." Despite the growing body of literature on acculturation among Latinos, the relationship between acculturation and distress remains complex (Torres & Rollock, 2004). For example, one study by Kaplan and Marks (1990) indicated that as levels of acculturation increased, distress was also significantly increased in young adults but decreased in older adults. These patterns were found to be consistent for both men and women and were independent of the effects of income and education. The authors hypothesized that alienation and discrimination may yield higher levels of psychological distress among highly acculturated young adults as they distance themselves from their ethnic and cultural identities and social supports. As these young adults grow into adulthood, however, they may continue to develop a more full, more positive ethnic identity and connection to their ethnic community, thereby restoring positive mental health. It should be underscored that a simplistic understanding of the concept of culture (for example, "high" versus "low" acculturation) may lead to weak explanations of health disparities and deflect focus from structural constraints such as racism and lack of access to resources (Abraído-Lanza, Armbrister, & Flórez, 2006).

The Workplace and Job Satisfaction

Ecological factors that could be salient to Latino clients are issues surrounding work satisfaction and conditions. Latinos make up the largest percentage of what is considered the "working poor" in the United States (Acevedo, 2005). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104–193) created programs focused on employment and moving people off of welfare, instead of education or training, and required that an individual be either working or seeking work to receive assistance. This, combined with the fact that each state was given flexibility in the administration of assistance, had a negative effect on the Latino population.

As described by Acevedo (2005), the behavior of Latinos is generally similar to that of what is perceived as the American middle class, meaning that many believe in a strong work ethic and that Latino children are more likely than other minority children to live in a two-parent household. Therefore, the theory that people can "work themselves out of poverty" was not applicable to Latino families Acevedo discussed, who were working but not being paid a living wage. Because some recent Latino immigrants and migrants do not possess job skills other than those required to perform menial labor, and they as a group have low education levels, securing employment with an acceptable income has often been difficult for them. Because welfare recipients are required to work to receive assistance, there are no opportunities for additional training or education, meaning they are often relegated to low-paying jobs and, consequently, trapped in poverty (Acevedo, 2005).

Existing research further indicates that Latinos may have lower rates of job satisfaction because of systemic racism experienced at work. The literature indicates there is a relationship between job satisfaction and race. According to Sinacore-Guinn's (1998) study, job satisfaction is often dependent on the race of an employee. That is, racial and ethnic minorities are more likely to be targets of discrimination than are their Anglo-American counterparts. For ethnic minorities,

race-related stressors and work-related stressors have been found to be inversely related to job satisfaction (Holder & Vaux, 1998). That is, the more race-related stress one experiences, the less satisfied one is with one's job. Minority men and women tend to have more disparate, or gendered and racialized, work experiences than do their Anglo-American counterparts. Maume (1999) reported that minorities are often passed over for promotions, largely because of racial and gender biases. The glass ceiling then negatively affects job satisfaction in Latinos and has a substantial impact on turnover intentions (Foley, Kidder, & Powell, 2002). In sharp contrast, research indicates the presence of a "glass escalator" for white men, or the privileged, whereby white men have the luxury of not being negatively evaluated because of their race. All of this underscores the significance of race to employment and satisfaction, and these are issues that should not be avoided by the practitioner (Maume, 1999).

Health Disparities and Concerns

According to Norris and Alegria (2005), nonwhite groups are more likely to delay seeking mental health services until symptoms are severe. Furthermore, minority groups are not likely to seek specialized mental health services but, rather, tend to get help from a primary care clinic or an informal support system. There are several reasons for underutilization of mental health professionals by Latinos. One is the lack of culturally competent providers (Schwarzbaum, 2004). Miscommunication between the client and provider can then often lead to misdiagnosis, confusion related to treatment options, and incorrect prescription of medications.

Mistrust of the health care system is another reason Latinos and those in other minority groups may not seek services. Latino patients are more likely than white patients to feel that a provider has judged them unfairly (Schwarzbaum, 2004). This, in combination with the stigma generally associated with mental health concerns, lowers their likelihood of seeking out appropriate treatment and services. Competent mental health services for Latinos and other minority groups consequently need to be easily accessible, have more flexible hours, address comorbidities, be perceived as credible, provide realistic referrals to other services, combine physical care with mental care, elicit feedback from clients and patients, and be staffed by bilingual and compassionate professionals (Norris & Alegria, 2005).

Social Welfare Systems: Traditional and Nontraditional Helping

The U.S. welfare system is based on a philosophy that frequently conflicts with Latino values and culture (Acevedo, 2005). Most welfare programs emphasize individualism and personal responsibility and do not address patterns of discrimination or oppression that have been prevalent throughout history. By focusing on the individual, as it does, the U.S. welfare system often overlooks the needs of the family as a whole and places an individual in the first available job.

Another barrier for Latinos seeking assistance is a language-based one. PRWORA indirectly limited the eligibility of certain legal immigrant groups. If a Latino applying for aid was not completely proficient in English, the caseworker would assume he or she was not eligible for assistance. Because of the low number of Spanish-speaking caseworkers, Latino clients who did not bring an interpreter with them were either sent away without receiving services or ended up waiting up to four times longer for assistance than English-speaking applicants (Acevedo, 2005).

In a study conducted by Church, Gross, and Baldwin (2005) that investigated the welfare system, Latinos were disproportionately represented among reported and substantiated cases. The same study also concluded that Latino children are taken into custody and their parents' rights terminated more frequently, suggesting that Latino children are assessed and removed from the home at a faster rate than are white children. Church et al. (2005) concluded that the

lack of cultural awareness among child welfare staff adversely affected the population being served. Workers systematically perceived younger Latino children to be at a greater risk than white children, suggesting a belief that Latino families are less capable in providing care.

On a social work practice level, the lack of available services for Spanish-speaking undocumented migrants is highly problematic. Clients are often forced to navigate complex systems of bureaucracy to meet their basic needs. The social welfare needs of clients may be left unmet without the availability of adequate numbers of Spanish-speaking social service providers who can assist them in negotiating these systems. The constrained social services provided to this population pose an ethical dilemma for social work professionals, whose code of ethics mandates the provision of services to vulnerable populations.

Accordingly, social service agencies must actively recruit and retain Spanish-speaking social service providers. Negi and Furman (in press) highlighted several strategies that can foster this process. Financial compensation for multilingual ability can be used in recruitment efforts. Once they have been hired, retaining Spanish-speaking providers is equally important. Spanish-speaking providers may have higher antecedents to attrition because of increased caseloads and less available resources. Social service agencies can minimize attrition through active support of the Spanish-speaking provider. This support can be provided through a supervisory relationship that allows for debriefings on difficult cases and provides a venue in which feelings of frustration can be vented, promoting psychological well-being. Social work schools can further contribute in the increase of Spanish-speaking professionals in the social services workforce. According to Council on Social Work Education (1998) statistics, only 3 percent of MSW graduates are Latinos. Universities should actively recruit students who in addition to the required criteria for admission have linguistic ability in Spanish.

Values

The Mexican cultural value of collectivism and communal orientation has the potential to serve as a protective factor in mitigating distress. The Mexican collectivist cultural value entails mutual empathy, deference to group interest over individual interests, and conformity to group expectations, providing a sense of belonging and respect to the individual (Holleran & Waller, 2003). Cabrera and Padilla (2004) indicated that the presence or lack of a strong family support system may influence the motivation to participate in community and overcome extreme poverty. Similarly, Sale et al. (2005) underscored the importance of family relationships and connectedness for Latino populations and identified it as a protective factor against substance use and abuse. Consequently, solid family and community cohesion serve as mediators of, or can potentially attenuate, the effects of communal risk factors that lead to psychological distress (for example, depression, anxiety). For example, research indicates that strengthening family relationships for young Latinas has a stronger effect of reducing or delaying substance abuse than it does for young Latino men (Sale et al., 2005). This underscores the importance of culturally appropriate family systems interventions, including the integration of values such as *familismo*, with Latino clients (Miranda et al., 2006).

Skills

The skills needed for culturally competent social work practice are predicated on an understanding of the knowledge and values explored in this article and an understanding of the applicable core values of the profession. Harper and Lantz (1994) developed an approach to culturally sensitive practice that seeks to transcend cultural variables. They identified eight cross-cultural factors that apply to practice with all cultures: respect for the client's worldview; the importance of hope; helper attractiveness, such as warmth, genuineness, and compassion; techniques designed to empower clients, enabling them to feel control over their lives and their environment; rites of initiation, defined as rituals designed to cope with life-stage transitions;

cleansing experiences, (that is, rituals designed to eliminate unwanted emotions); and existential realization (that is, helping a client search for meaning). Although these factors are common to all cultures, the manner in which they are expressed is idiosyncratic within different cultures.

In turn, Furman and Collins (2005) posited a social constructionist model of culturally competent practice in which social workers are encouraged to understand the worldviews of their clients and understand how these worldviews may vary between and among different cultural groups. Although various authors have offered different foci for culturally sensitive work, all have pointed to the necessity of training social workers in skills, values, and knowledge for working with a specific population (Arredondo, 1999; Asamoah, 1996; Hopps, 1988; Poole & Salgado de Snyder, 2002; Sue, Arredondo, & McDavis, 1992).

Professional Use of Self—Social work practice with Latinos demands a careful examination of the self and an understanding of how social workers' own worldviews and status vis-à-vis the dominant society affect their practice with Latinos. Clinicians therefore need to be aware of their own biases and how their worldview affects their conceptualization of a client. For example, if a clinician holds a worldview that values individualism, she or he should critically assess how to approach a client with collectivist worldview. Practitioner self-awareness is critical and involves the development of knowledge regarding cultural heritage and the potential effects of racial and cultural background and history on work with clients (Sue et al, 1992). On a related note, it is important that social workers understand how social class and classism can influence how therapy is directed (Liu & Ali, 2005). Therefore, awareness of personal biases and perspectives, as well as acceptance of the fact that they have biases, can enhance social workers' effectiveness in working with clients who come from ethnic and racial backgrounds that are different from their own (Sue & Sue, 1990).

It is critical that both white and nonwhite practitioners understand the dynamic of race within the therapeutic process. Research indicates that white Americans generally do not spend much time thinking through white privilege and their belonging to the white racial group. In sharp contrast, many ethnic and racial minority clients often prefer to see ethnically and racially similar practitioners (Lum, 1986). This preference could indicate the need for more culturally competent practitioners. In fact, ethnic and racial minorities have high rates of underusing services, often related to a lack of multiculturally competent practitioners (Atkinson, Morten, & Sue, 1998). This potential barrier to services highlights the importance of training practitioners who are able to effectively work with a diversity of clients. Clinicians who differ from their clients ethnically or racially can then be more effective when they take a less dominant role, enabling them to better understand their clients' cultural perspective (Hall & Malony, 1983). For example, white clinicians should be aware of how their white privilege may have affected them. Also, clients may be leery of white professionals as a result of perceived and experienced discrimination. Hence, clinicians who acknowledge the power differential and attempt to understand their client's worldview (Ibrahim, Roysircar Sodowsky, & Ohnishi, 2001) and experiences with discrimination may be able to build a stronger therapeutic alliance. The process of racial identity development in ethnic and racial minority populations generally involves reconciling ethnicity and race in a predominately white society (Alvarez & Helms, 2001).

Building a Working Alliance—As stated, many Latinos value close, intimate personal relationships. However, Latinos also value the role of the professional and tend to adopt a traditional "doctor-client" relationship with social workers, especially at the beginning of the helping relationship. During his first social work position after graduating with an MSW, Rich Furman was frequently referred to as "doctor" by Puerto Rican clients in a substance abuse program, even after he made it clear that he did not hold a PhD, thereby ascribing credibility

to education, social status, and the valuing of professional deference. However, it is also important to understand that many Latino clients may want to know basics about the familial life of the social worker. Social workers must understand that this is not an issue of professional boundaries; family is often central to the worldview of Latinos in that it is difficult to view an individual outside of the family context. Consequently, appropriate personal disclosure by the social worker allows the client to better understand the clinician as a person within the context of a family, cultivating the working alliance. Finally, during the first session, it is important to explain the counseling and treatment plan to de-mystify and destigmatize the process (Schwarzbaum, 2004). Moreover, in the first session the social worker needs to foster the therapeutic alliance by conveying warmth and trust (Taylor et al., 2006) or *personalismo*, which is defined as “an approach to interpersonal relationships in which closeness is expected, people are valued over things, and interpersonal characteristics are emphasized over individual achievements” (Bean, Bedell, & Perry, 2001, p. 50).

CONCLUSION

The Latino population is the largest group in the United States; thus, it is imperative that social workers and other mental health practitioners be knowledgeable about the current literature on how to effectively serve this population. This article adds to the social work literature by providing a current literature review on key cultural variables, issues, and strategies that will help promote culturally responsive services to this population. Specifically, this article highlights key factors, based on the literature, that should be assessed for, such as immigration and migration concerns, work experience, acculturation, and health disparities experienced by the Latino population. Finally, we provide recommendations on how to recruit bilingual practitioners, elucidate biases that practitioners may have, and offer culturally appropriate approaches that will foster the therapeutic alliance with Latino populations.

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