ALCOHOL USE/ABUSE AMONG LATINOS

Issues
and
Examples
of
Culturally
Competent
Services

Melvin Delgado, PhD · Editor

Alcohol Use/Abuse Among Latinos: Issues and Examples of Culturally Competent Services

The *Alcoholism Treatment Quarterly* Monographs/"Separates"

Alcohol Use/Abuse Among Latinos: Issues and Examples of Culturally Competent Services

Melvin Delgado, PhD
Editor

Alcohol Use/Abuse Among Latinos: Issues and Examples of Culturally Competent Services has been co-published simultaneously as *Alcoholism Treatment Quarterly*, Volume 16, Numbers 1/2 1998.

Alcohol Use/Abuse Among Latinos: Issues and Examples of Culturally Competent Services

CONTENTS

ABOUT THE EDITOR

Melvin Delgado, PhD, is Professor and Chair of Macro-Practice Sequence in the School of Social Work at Boston University. A faculty member there since 1979, he has also served the university as the Acting Coordinator of the Racism-Oppression Sequence and as Chairperson of the Community Organization, Management, and Planning Sequence. He has been principal investigator on many studies funded by organizations such as the Center on Substance Abuse Prevention, the U.S. Department of Education, and the National Institutes of Health, among others. In 1994, he received the award for the Greatest Contribution to Social Work Education from the National Association of Social Work, Massachusetts Chapter, and in 1996, he received the Outstanding Contribution to the Boston University School of Social Work Alumni Award. A member of the editorial boards of the *Journal of Multicultural Social Work, Social Work with Groups* and *Alcoholism Treatment Quarterly,* Professor Delgado is co-editor of the book *Social Work Approaches to Alcohol and Other Drug Problems: Case Studies and Teaching Tools for Educators and Practitioners* and is the author of *Social Work Practice in Non-Traditional Urban Settings* (Oxford University Press). He is also the author or co-author of numerous government reports, book chapters, and articles that have appeared in such journals as *Health and Social Work, Social Work in Education, Drugs & Society,* and *Social Work.*

This page intentionally left blank

Introduction

Melvin Delgado, PhD

SUMMARY. The continued increase in representation among Latinos in the United States requires that ATOD and other human services organizations develop services that are culture specific. The development of cultural competence with this population is a goal that every staff member and organization needs to strive for as this country approaches the 21st century. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]*

The topic of this volume is on how the field of alcohol, tobacco and other drug abuse (ATOD) has attempted to operationalize culturally competent services for Latinos in the United States. Cultural competence is achieved when organizations and service providers possess the necessary attitudes, skills, and knowledge, to delivery services within the cultural context of the Latino client, be that context individual, family, or community.

The process for achieving this goal is not without challenges and barriers. The achievement of cultural competence is greatly influenced by the interplay of numerous factors. In addition, there are a variety of culture-specific issues and needs related to this rapidly growing population group.

Melvin Delgado is Professor of Social Work and Chair of Macro-Practice Sequence, Boston University School of Social Work, 264 Bay State Road, Boston, MA 02215.

These needs will be identified and analyzed with a special focus on alcohol, and a set of recommendations made to help practitioners and organizations better meet the needs of Latinos. The authors invited to submit manuscripts for this volume have extensive practice experience in the field and have published numerous scholarly papers related to their experience.

The focus of the volume is to start with a conceptual framework and proceed to case studies and examples of culturally competent services. The issue will be divided into four sections. The first section (Setting the Context) will focus on setting the context for why cultural competence with Latinos is essential to the field. The article by Dr. Melvin Delgado will provide a basis from which to examine the complexity of cultural competence, identify various barriers organizations, and present a series of recommendations organizations must address in order to achieve success with Latinos.

Dr. Mario R. De La Rosa provides a demographic picture of Latinos in the United States who abuse alcohol. This article provides a foundation from which to examine the nature and extent of the problem within select Latino groups. Dr. Sylvia Rodriguez-Andrew presents a review of the literature and draws upon her extensive experiences in practice and research.

The second section (A View from the Field) is devoted to theoretical and empirically-based articles from the field, and provides a picture of how cultural competence has been operationalized (formally and informally) across Latino sub-groups. Dr. Melvin Delgado's article on Latina beauty parlors addresses the community from an assets perspective and provides a conceptual foundation on organizations which can identify and engage Latino natural support systems as partners in the field of substance abuse with a special emphasis on intervention and prevention.

Dr. Betty Garcia's article stresses why organizations cannot rely solely on hiring Latino staff to ensure culturally competent services; they must also develop mechanisms such as supervision and consultation to help staff further refine their skills and knowledge on the topic.

Drs. Richard C. Cervantes and Cynthia Peña's article addresses the importance of evaluation in the ATOD field and how cultural competence evaluation gets operationalized. There is an increased demand for organizations to examine their practice. However, there is much to be learned about the process and content of evaluation as it relates to cultural competence and Latinos.

The third section (Group Specific) is devoted to research and case studies focusing on various Latino sub-groups. Dr. Juan Paz focuses on the workplace and needs of rural-based Latinos. This group's needs are gener-

ally not considered in the setting of ATOD policy, with urban-based groups receiving the greatest attention and resources.

Dr. Edgar Colon focuses on Latino Males in alcohol treatment and the impact gender has on this form of intervention. Dr. Juana Mora, too, examines the impact of gender as a key factor in treatment and focuses specifically on Latinas. Dr. Migdalia Reyes examines Latina lesbians who abuse alcohol and special challenges they face in receiving culturally competent treatment. This group is rarely addressed in the professional literature. The final section (Summary of Key Practice, Research and Policy Implications) is authored by Dr. Melvin Delgado and summarizes the key practice and policy implications.

This page intentionally left blank

SETTING THE CONTEXT

Cultural Competence
and the Field of ATOD:
Latinos as a Case Example

Melvin Delgado, PhD

SUMMARY. The field of alcohol, tobacco and other drugs (ATOD) has made important strides in recognizing the importance of culture in the design and implementation of services. The provision of culturally competent services for Latinos is a goal organizations must strive to achieve. This article will provide a foundation from which to examine cultural competence and how it can be implemented in the development of ATOD services for Latinos. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]*

INTRODUCTION

Communities-of-color in the United States have continued to increase numerically with no geographical region of the country unaffected by this

Melvin Delgado is Professor of Social Work and Chair of Macro-Practice Sequence, Boston University School of Social Work, 264 Bay State Road, Boston, MA 02215.

demographic trend (Barringer, 1991; Treas, 1995). This increase in representation has been particularly pronounced for Latinos (Institute for Puerto Rican Policy, 1995; Rohter, 1994). This group has also increased in diversity and no longer can be considered as exclusively consisting of Cubans, Puerto Ricans or Mexicans (Castex, 1994), or having a uniform family structure (Hurtado, 1995; Oboler, 1995; Ortiz, 1995; Vega, 1995).

The field of substance abuse has made important strides over the past fifteen years to recognize the importance of culture in the design and implementation of services (Dyer, 1994; Gordon, 1994; Orlandi, Weston & Epstein, 1992; Trimble, Bolek & Niemcryk, 1992). The impact of alcohol, tobacco and other drugs (ATOD) has been particularly acute in communities-of-color, necessitating the development of innovative approaches that take into account cultural values (Watts & Wright, Jr., 1989). The field of ATOD has not only had to shift paradigms regarding the best context for intervention, with an increased emphasis on community, but it has also had to translate cultural awareness into concrete strategies and competencies to reach communities in greatest need.

This article will examine how cultural competence has been operationalized in the field of ATOD with a special focus on Latinos in the United States. A review of the literature will be presented, along with a series of key principles and recommendations for achieving cultural competence with Latinos.

REVIEW OF THE LITERATURE

The alcohol, tobacco and other drug abuse literature on culture has witnessed an unprecedented explosion in the past five years (Botvin, Schinke & Orlandi, 1995; Gordon, 1994; Orlandi, Weston & Epstein, 1992; Trimble, Bolek & Niemcryk, 1992); Latino-focused publications have also experienced this increase (Bourgois, 1995; Glick & Moore, 1990; Mayers, Kail & Watts, 1993).

The concept of cultural competence has emerged from this, and other literature, to refer to a set of congruent behaviors, attitudes and policies that come together in a system, agency, or intervention to work effectively in multicultural situations (Cross, 1988). This definition reflects a variety of perspectives on how this concept has been operationalized (Freeman, 1994).

Reflections from the Human Service Field

Mason (1994, p. 1) identified five key elements related to the operationalization of cultural competence in the professional literature: "(a) the

increasing cultural and racial diversity of consumer populations . . . (b) the role culture plays in help-seeking behaviors . . . (c) the differential service utilization rates of various cultural and racial groups . . . (d) diverse perspectives on the origins or etiology of behaviors, emotions or thoughts that dominate cultures describes as . . . problems; and (e) culturally relevant services may differ from services that ignore cultural differences . . ." These elements reflect how shifts in population diversity influence the design of services.

The concept of cultural competence, although originally applied to counseling with individuals, has evolved to include other dimensions of service delivery, most notably organizational development and research: (1) clarity concerning the target population of services; (2) importance of developing a value base on why cultural competence is important; (3) flexibility in service design to account for within and between group differences; (4) developing a clear vision for services through involvement of community; and (5) development of evaluation measures and tools that reflect a cultural perspective (Mason, 1994).

Many states have taken initiatives in developing services with cultural competence as a central goal. These initiatives have varied according to states and geographical regions of the country; however, these plans usually consisted of at least seven organizational components (Macey & Hanley, 1994): (1) development of policy with an emphasis on cultural competence (Mason, 1994); (2) creation of administrative procedures and mechanisms reinforcing cultural competence goals; (3) human resource development with an emphasis on recruitment and retention of personnel with diverse backgrounds (Williams, 1994); (4) community relations and participation; (5) public education and in-service training; (6) staff supervision and consultation; and (7) evaluation procedures and techniques (Benjamin, 1994; Orlandi, Weston & Epstein, 1992).

Reflections from the ATOD Field

An ATOD cultural competence construct must have as a foundation the following elements in order to be optimally operationalized: (1) multiculturalism; (2) resilience/assets/strengths; (3) competence (skills and knowledge); (4) community capacity development/empowerment (consumer and community); and (5) community participation. These five areas have a profound impact on how cultural competence has evolved and been implemented in the field of ATOD. Each of these areas, in turn, has a set of principles to guide practitioners and organizations seeking to achieve a high level of cultural competence. In short, these principles serve as mechanisms for translating goals and visions into action plans.

1. *Multiculturalism:* Multiculturalism can be defined as " . . . the most common way in which the ideology or philosophy of cultural pluralism is put into practice . . ." (Cordeiro, Reagan & Martinez, 1994). Culture, which is all the ways a specific group adapts to its environment and is based upon their values, beliefs, and perceptions of the world (Axelson, 1985), is much more than ethnicity or race. In fact, it represents the interplay of numerous factors such as economic class, religion, age, skin pigmentation, gender, sexual orientation, physical/mental abilities, rural/urban upbringing, geography, nationality, profession, and even political affiliation. A focus on ethnicity and race without consideration to how other factors interplay will result in a disservice to the clients and community. The understanding of culture is further complicated because it is dynamic and changing to meet environmental demands.

Cunningham (1994, p. viii) emphasizes the importance of multiculturalism in setting the tone and agenda for substance abuse services: "Multiculturalism is more than a strategy, a model, or technique. It is a way of life that we must embrace and embody with every fiber of our being. Only then can we begin to reflect the creativity, innovation, and synergy resulting from the unity of diverse cultures woven together to form a marvelous tapestry of a healthy and drug-free community."

Gordon (1994, p. xiv) also makes a connection between multiculturalism and ATOD services: "The shift from a traditional service delivery paradigm to an effective 'continuum of empowerment' in the substance abuse field can occur only within a system that values, respects, and builds on the diversity of racial and ethnic groups." There is little doubt that any future advances in the field must use multiculturally-based practice as a bridge between services and communities.

The following three principles stress the importance of organizations hiring Latino staff in order to minimize the emergence of barriers to recovery that can result from having staff of dissimilar background to that of the client.

Principle 1: ATOD Services must be available in the language preference of the consumer. This principle serves to minimize miscommunication between staff and consumer and to encourage communication between families and staff. There is little dispute than an ability to communicate in a language of choice is critical to any form of intervention. In the case where Spanish is the primary language, every effort must be made to ensure that communication occurs in Spanish. Hurtado (1995, p. 51) comments on the importance of the Spanish language for the community: "The high maintenance of Spanish language within Latino families may be explained by their positive attitudes toward their language and

by the desire to preserve it as one of the most important aspects of Latino culture."

Communication in language of choice, however, goes beyond language defined in its most narrow sense, namely Spanish or English. Language also encompasses symbols and nonverbal cues the client utilizes to conveys feelings and thoughts.

Principle 2: Organizations must be staffed with Latinos who represent the composition of consumers and community. McLaughlin (1993, p. 65), although commenting on youth leaders and not specifically on drugs and Latinos, raises the importance of staff representing the socio-demographic and ethnic composition of the neighborhoods they serve: "Having a preponderance of staff with backgrounds similar to those of local youngsters and their families makes a big difference in organizational credibility . . . Obviously, the understanding imparted by similar experience allows youth workers to see youth in context and to emphasize with their self-perception. Having been there enables policies and programs that connect with the living reality of youth, not imagined conditions or circumstances." This action, in turn, serves to minimize cultural value conflicts, and provide important role models of individuals who are in active recovery or have never been addicted to drugs.

Principle 3: Services must respect cultural values and reinforce self-esteem. The role of ethnic pride in the development of high self-esteem is critical for both individual and community. An appreciation and celebration of ethnic pride must have a central role in the provision of any services. McLaughlin (1993, p. 60), although referring to youths, stresses the importance of ethnic pride: "Many adults in these settings stressed the importance of alliance with some well-grounded cultural theory as a component of general self-esteem and social competence. Youth workers understood the importance of cultural awareness and pride and of youth's development of a positive sense of this aspect of their identity. Within the broader community context, there is often little with which to ascribe value or pride to . . . Latino youth."

Felix-Ortiz and Newcomb's (1995) research identified the need for interventions to foster cultural identity among Latino youth, positive role models, and constructive community activism. Nevertheless, encouragement of cultural pride and identity should not be considered a "solution" but an essential component of an overall strategy encompassing development of basic coping skills and enhancement of protective factors in the community.

2. *Resilience/Assets/Strengths:* The field of ATOD has made significant contributions to the development of a construct emphasizing resiliency

(Newcomb, 1992). This term is often interchanged with assets, protective factors, coping, strengths, and natural support systems (Davis, 1994; Eckenrode, 1991; Freeman, 1990; Gfroerer & De La Rosa; Hawkins, Lishner & Catalano, 1985; McKnight & Kretzmann, 1992; Saleeby, 1992). Historically, however, the field has relied on a "scarcity" paradigm towards Latinos and other undervalued groups. A scarcity paradigm is racist, blames the victim, and views certain communities as being incapable of helping themselves.

A cultural competence perspective is predicated on the respect and faith in the capacity of an individual, family or community for self-help. As a result, cultural competence necessitates a resiliency/assets/strengths base from which to assess capacity to meet needs: "But in neighborhoods where there are effective community development efforts, there is also a map of the community's assets, capacities, and abilities. For it is clear that even the poorest city neighborhood is a place where individuals and organizations represent resources upon which to build. The key to neighborhood regeneration is not only to build upon these resources which the community already controls, but to harness those that are not yet available for local development purposes. The process of identifying capacities and assets, both individual and organizational, is the first step on the path toward community regeneration" (McKnight & Kretzman, 1991, p. 3).

As a result, an asset map can be used for a multitude of purposes from helping an organization plan for service delivery to serving as a guide for coordinating planning between several agencies in order not to overload any particular sector of the community, e.g., several agencies concurrently approaching an indigenous institution.

It is much easier to develop culture-specific interventions by first identifying strengths. Dyer (1994, p. 25) notes the critical role strengths play in any initial intervention step: ". . . the worker must be able to see the cultural background of the clients in terms of strengths and competencies that the culture brings to the individual. An attitude of cultural relativism . . . , which approaches the culture of another individual with respect, is a necessary first step in being able to see cultural strengths."

Two key principles serve to guide how a resilience/assets/strengths perspective can be operationalzied with Latinos.

Principle 1: ATOD organizations must develop a map of community assets to use in the planning of services. The development of a community assets map is necessary to guide organizational efforts at developing collaborative relations and capacity development initiatives. This process, however, is not easy: "The process of identifying and mapping Hispanic natural support systems is complex and labor-intensive . . . Natural support

systems are rarely listed in . . . directories or noted on agency intake forms, etc. Consequently, the identification and listing of natural support systems entails significant changes in how human service settings gather, list and utilize data" (Delgado, 1994, p. 23).

This map provides organizations with a visual perspective on the types and locations of indigenous resources. However, the development of a map requires organizations and staff to venture out into the community and learn about these resources. In short, this task cannot be accomplished from an office!

Principle 2: Cultural strengths, assets, and resiliency must form the cornerstone of any service provision. An organizational reliance on a "deficit" paradigm will not allow active and meaningful engagement of Latinos. Such an approach will always view the consumer and community as lacking the will and resources of helping themselves. Consequently, assistance is only possible when provided by "outsiders" and "experts," a disempowering stance.

A strengths perspective must be evident throughout all aspects of an organization and the services it provides. This perspective will be reflected in the intake process where questions are asked related to abilities, accomplishments, supports, and coping skills and resources noted. This information, in turn, will then be part of any treatment plan. For example, a client with a strong and supportive family must have them incorporated into any form of intervention (Delgado, 1989).

4. *Competence (Skills and Knowledge):* According to the Oxford English Dictionary (1971 p. 480), competence can be defined as "sufficiency of qualification; capacity to deal adequately with a subject." This very simple definition, nevertheless, has a very complex meaning in the field. Cultural competence must be viewed within a broader framework of social competence.

Lee (1994, a) examines the concept of social competence and the skills that enable staff and organizations to function effectively with consumers of varied racial and ethnic backgrounds, and identifies six major arenas: (1) self-confidence; (2) self-esteem; (3) interpersonal skills; (4) clear and purposeful goals and values; (5) self-control; and (6) the ability to build and maintain healthy peer relations. These six arenas, in turn, must be placed within a cultural context which influences how they get operationalized in ATOD practice with Latinos.

Ziter (1987) notes that consumers must be helped to negotiate between their culture and community, which nourishes ethnic identity and pride, and the larger culture, which generally seeks to undermine ethnic identity and pride. Freeman (1994, p. 74) makes a similar observation: "The process of

developing a positive ethnic identity and important cultural competencies should be interrelated, integrative experience . . . Practitioners . . . understand the need to facilitate the process of ethnic identity development . . . "

Cultural competence, in addition, must seek to recognize the uniqueness both within and between groups. The presence of new Latino subgroups in all regions of the United States underscores this important factor. ATOD organizations can achieve a high degree of success and cultural competence through systematic efforts at identifying mechanisms ensuring a continuum of care and upgrading staff skills and knowledge.

Principle 1: Organizations must ensure cultural competence at all levels of a continuum of care. Provision of culturally competent services is only as good as the weakest link in the continuum of care. A weak or missing component will seriously undermine any effort at achieving and maintaining recovery. Delgado (1989, p. 84) addresses this key point: "Consequently, a culturally-sensitive continuum of intervention encompasses all of the services and supports needed to achieve sobriety with the added complement of services being grounded in the client's values, traditions, and language. Anything short of the above will result in limited success with Hispanic clients."

For example, a detoxification program that is not adequately staffed by culturally competent staff will, in all likelihood, be unsuccessful with Latinos who have limited or no English language proficiency. As a result, a critical stage of intervention will result in failure to better understand a client. In addition, the client's social support system can not be engaged to help in the recovery process; thus, an important resource in better understanding and assisting a client will be lost. The same can be said for all other stages of a continuum!

Principle 2: Organizations must develop mechanisms to continually upgrade staff cultural competency. Organizations must place a high priority in developing the cultural competency's of staff through supervision, consultation and training. These methods build upon staff strengths and address gaps in skills and knowledge areas. However, the process of achieving cultural competence must be planned and systematic; no staff are born culturally competent.

The provision of "learning opportunities" through staff development can also serve as a means of utilizing well-qualified Latino staff and maximizing their impact. The field of ATOD, like other fields, is severely understaffed by Latino staff. Consequently, it would be unreasonable to expect that all organizations will be fully staffed by Latinos with the pre-requisite credentials. The use of staff development activities represents an opportunity to maximize current resources to help Latino and

non-Latino staff develop their competencies (Delgado, 1981, 1982). A program to systematically upgrade staff cultural competence skills serves to reinforce the importance of "quality" services.

Principle 3: Knowledge of ATOD and its historical role in the community. Cultural competence within the ATOD field cannot be achieved without an understanding of the role alcohol, tobacco and other drugs have played in an historical context. The role of drugs within the political economy of many Latino communities in the United States can often be traced to lack of access to "legitimate" jobs and inferior education trapping Latinos into a world of selling and using drugs: "Substance abuse in the inner city is merely a symptom–and a vivid symbol–of deeper dynamics of social marginalization and alienation . . . with . . . daily struggles for subsistence and dignity at the poverty line . . . Retail drug sales easily outcompete other income-generating opportunities, whether legal or illegal" (Bourgois, 1995, pp. 2-3). This understanding of context must be taken into consideration in the development of any services.

This knowledge of history informs staff, organizations, and funding sources concerning the challenge to rid the community of drugs (Bourgois, 1995). For example, alcoholism among Latinos cannot be divorced from the role of sugar cane and rum in the political economy of many Caribbean and Latin American countries.

4. *Community Capacity Development/Empowerment:* Capacity development can serve as an organizing principle for developing culturally competent-based intervention strategies that build upon and utilize individual, family, and community strengths. These strategies, in turn, stress infra-structure development (social and physical). According to McKnight and Kretzman (1991) there are two significant reasons for utilizing capacity development: (1) significant community development can only transpire when local community people are committed to investing themselves and their resources to change efforts. Communities, as a result, can only be developed from the bottom up (outside assistance can be provided if solicited and validates community identity, etc.); and (2) development must start from within since there is a low prospect that significant resources from government will be forthcoming anytime soon.

Capacity development cannot transpire without the use of empowerment. The concept of empowerment first appeared in the human service literature in the 1970s (Lee, 1994, b; Solomon, 1976). However, in the two decades since it has spread to virtually all helping professions, including ATOD. Empowerment refers to (Solomon, 1976, p. 19): ". . . as a process whereby the . . . worker engages in a set of activities with the client . . . that aim to reduce the powerlessness that has been created by negative valua-