New Practice Model for Latinos in Need of Social Work Services

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The practice model described in this article represents a new synthesis of some of the best and most pragmatic models and concepts in the cultural competence literature. The article begins by infusing the ecosystems perspective with Latino-relevant theories and research for enhancing cultural sensitivity, both heightened awareness of the Latino experience and understanding of problem patterns in their historical, social, and cultural contexts. The article builds to a description of the practice model by selectively reviewing and synthesizing state-of-the-art models and methods of culturally competence practice. The resulting $2 \times 4$ matrix describes four major dimensions of culturally competent practice, across generalist and domain-specific levels of practice, considered essential to practice with U.S. Latinos: (1) increasing service availability and access, often through outreach; (2) assessment in social and cultural context, emphasizing basic grounding in the nature of oppression and social justice–oriented services; (3) selecting interventions acceptable to Latinos on the basis of their social and cultural experience and diverse subgroup memberships; and (4) institutionalizing multiple forms of social work service accountability to Latino clients and communities.

**KEY WORDS:** cultural competence; Latinos; multicultural practice; social work practice

This article presents a new practice model for Latinos in the United States in need of social work and other social and human services (poor and working class Latinos, immigrant and traditionally oriented Latinos, and so forth). The model is intended to make available to students, practitioners, and service administrators a comprehensive yet user-friendly approach to generalist and specialized practice with diverse groups of Latinos disproportionately affected by poverty, across a broad array of psychosocial and health problems. This article is based on extended discussion and illustration of the practice model in a recent book by the author (Organista, 2007) and begins with a brief review of key social science theories and research viewed as essential for enhancing culturally competent practice with Latinos.

**ESSENTIAL SOCIAL SCIENCE THEORIES AND RESEARCH FOR ENHANCING CULTURAL COMPETENCE**

The ecosystems perspective is emphasized in social work to help service providers develop a comprehensive “cognitive map” of people in their social environment (for example, Bronfenbrenner, 1979; Germain, 1987) and to consider multiple problem levels and solutions. But because the ecosystems perspective is descriptive and not prescriptive regarding practice (Wakefield, 1996), it needs to be properly infused with Latino-relevant social science theories and research for understanding problem patterns that disproportionately affect this population (for example, acculturative stress, poverty, health disparities). Each of the theories and frameworks listed in Figure 1 is discussed in Organista (2007). Although not definitive (hence the question, “What else?” in Figure 1), this set of theories lays the groundwork for assessing problems in historical, social, and cultural context; developing interventions consistent with the lived experiences of U.S. Latinos; and advancing social justice–oriented practice:

- Oppression and social justice: Basic grounding in the complex nature of oppression and ways in which we are socialized to play various roles within its pervasive social matrix-like structure is fundamental to cultural competence. Bell’s (1997) discourse on the defining features of oppression and Hardiman and Jackson’s (1997) social matrix model of oppression (conscious and unconscious attitudes and behaviors at individual, institutional, and societal levels) help us link multiple forms of oppression into one overarching system that...
Figure 1: Infusing the Ecosystems Perspective with Latino-Relevant Social Science Theories and Research

Theoretical Framework I: Oppression and Social Justice
Theoretical Framework II: Ethnic Identity
Theoretical Framework III: Acculturation and Adjustment
Theoretical Framework IV: Diversity within Latinos
Theoretical Framework V: Social Stratification and Ethnicity and Power
Theoretical Framework VI: What else?

must to be addressed in the pursuit of social justice–oriented practice.

- Acculturation and adjustment: Berry’s (2003) three-stage model is especially helpful in explaining a racial or ethnic minority group’s current socioeconomic status (SES) or general level of social welfare on the basis of historical conditions of contact (for example, invasion, immigration, refugee status) and conflict (for example, war, enslavement, discrimination, resistance) with the host society and the general pattern of adaptation (that is, segregation, integration, and assimilation). For example, SES disparities between Cubans and Puerto Ricans are rooted in distinctly different acculturation histories in the United States.

- Social stratification: The structured inequality of society’s resources and power are determined by key social institutions (for example, government, business, education, social services) and justified by ideologies that stabilize the status quo while impeding progress toward distributive social justice (Marger, 2000). Lenski’s (1966) classic theory of social stratification of power and ethnicity is particularly useful in explaining the locations of different racial and ethnic groups in the U.S. hierarchy of power, resources, and status.

- Ethnic identity: Sue and Sue’s (2003a, 2003b) models of racial/cultural minority and white racial identity development, respectively, describe adaptive and maladaptive identity development in stigmatized racial and ethnic minority groups and in privileged majority white groups, or, for example, how Latino ethnic identity can be either a source of shame or pride.

- Diversity within Latinos: Diversity within Latinos on the basis of race, gender, sexual orientation, skin color, documentation status, and so forth needs to be addressed to better understand how the earlier mentioned theories (acculturation, stratification, ethnic identity) play out differently for Latino subgroups (women compared with men; gay, lesbian, bisexual, and transgender [GLBT] compared with heterosexual), paving the way for services tailored to the unique needs of subgroups stigmatized by both mainstream society and the Latino community.

CULTURALLY COMPETENT PRACTICE: STATE OF THE ART AND BEYOND

Social work pioneers (for example, Lum, 1996) have fashioned a three-part definition of culturally competent practice beginning with formal and informal knowledge, the latter acquired in the non-professional lives of practitioners (for example, interactions with people and society, popular culture), and the former referring to pertinent information and heightened awareness of the social, cultural, and historical experiences of Latinos and other diverse groups, including the practitioner’s own group memberships. The second dimension, skills, refers to ongoing development of culturally competent assessment and intervention skills, including the ability to tap into and build on informal, culture-based, indigenous client skills and natural support systems that have been primarily responsible for ethnic minority group survival in the United States (for example, development of ethnic communities and extended family systems that engage in mutual help). In fact, the latter represents the central thrust of Delgado’s (2007) recent cultural assets paradigm for social work practice with Latinos, in which he described a six-stage framework for using natural support systems to address entrenched Latino community problems. However, Delgado admitted that his paradigm is new, untested, and likely to be resisted in contemporary social work, partly, I would assert, because it is an ideal still awaiting concrete operationalization, illustration, and evaluation. In contrast, the model proposed in this article synthesizes pragmatic elements of past models to elevate current practice to the level of best and promising practice with Latinos in need of social work services.

Given the centrality of skills in culturally competent practice, Lum (1996) went into considerable detail describing the skill development needed to apply his now classic social work practice model with people of color, later expanded to a framework for understanding diverse groups and justice issues (Lum, 2003). The necessary skills included the following:

- the ability to generate profiles of the communities in which one practices (that is, sociodemographic data, community resources to co-address local psychosocial, health, and economic problems), including local history and community struggles to empower
themselves, some of which may have even involved the practitioner’s agency;
• the skill to engage in culturally based relationship protocols to enhance initial rapport and facilitate engagement in the helping relationship (for example, the frequent mainstream practice of beginning professional relationships by asking “What seems to be the problem?” or “How can I help you?” can be misperceived by Latinos as impersonal or rude if a little time is not taken up front to personalize the relationship);
• the ability to view problems from a non-pathological perspective, as “unmet needs” or ways of coping that strive to promote survival under trying circumstances, similar to the popular “strengths perspective,” which stresses identifying client and community assets rather than problems only (for example, Rapp, 1998); however, I would assert that although strengths should be identified and used, balanced comprehensive assessment identifies strengths and weaknesses, health and pathology at both individual and larger social levels—so-called “problematizing” or labeling a serious problem as pathology need not be oppressive so long as practitioners view the problem in its proper context (for example, the pathology of Latino gang involvement—violent deaths, major injuries, and crime—should not be minimized, but neither should the developmental, familial, and sociological unmet needs of marginalized youths vulnerable to the lure of gang activity as a misdirected way of attempting to meet important basic human needs [for example, belonging, role identity, protection, and so forth]);
• institutionalizing culturally competent social services by incorporating diversity into agency mission, policies, personnel, staff training, student supervision, and client services; and
• applying evidence-based practice to client problems and situations (however, this should also include conceptually sound “promising” practices when evidence is lacking).

The third dimension of cultural competence is the value of commitment to ongoing professional development through formal and informal learning and skill acquisition that continues to enhance practice with Latinos and other diverse groups. To some degree, continuing professional education and conferences are formal mechanisms for keeping practitioner knowledge and skills up to date. Lum (1996) described the culturally competent practitioner as proactively keeping up with innovations in diversity-related practice in addition to developing and passing on expertise through supervision, program evaluation, teaching, and consultation.

SOCIAL WORK PRACTICE WITH LATINOS IN THE UNITED STATES: A NEW SYNTHESIS

The new practice model presented here is a 2 × 4 matrix consisting of two practice levels and four major service dimensions that are essential to culturally competent practice (see Table 1). Most practitioners

<table>
<thead>
<tr>
<th>Practice Level</th>
<th>Increase Service Availability and Access</th>
<th>Assess Problems in the Social and Cultural Context</th>
<th>Select Culturally and Socially Acceptable Interventions</th>
<th>Increase Service Accountability</th>
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<tr>
<td>Generalist</td>
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<td>Specialized</td>
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Note: Dashes in cells stand in for the specific actions/insights of generalist and specialized practitioners in each dimension, which will vary on a case-by-case basis.

are trained to be specialists in domains such as health, mental health, education, social, or economic services. Even social workers whose training is generalist by design develop domain-specific expertise around specific problems and populations. Although desirable, multidisciplinary service collaborations are still the exception to the specialization rule, and the current model reflects this reality.

The new practice model describes four major service dimensions (increase service availability and access; assess problems in the social and cultural context; select culturally and socially acceptable interventions; increase service accountability) at the generalist level (that is, what most culturally competent services need to address) to be applied in domain-specific areas of practice.

**Increase Service Availability and Access**

Historically, the issue of Latino service underutilization emerged in the area of mental health, where it was initially blamed on factors within Latino groups such as mistrust of Anglo professionals, reliance on the family to solve problems, and even preferring indigenous folk healers and medicine over formal services (Padilla, 1978). But by the late 1970s, evidence began to accrue regarding institutional barriers to services for racial and ethnic minority groups. For example, in 1978, President Carter’s Task Force on Minority Mental Health published a landmark report on underutilization that attributed the problem to four major social structural barriers (Parron, 1982):

- **availability** or pervasive lack of available mental health services to racial and ethnic minority populations and communities;
- **accessibility** or lack of accessible mental health services due to inconvenient locations and hours of operation, lack of transportation, and lack of health insurance and financial resources to afford available services;
- **acceptability** or too few services that are culturally acceptable to ethnically diverse clients due to frequent lack of bilingual and bicultural practitioners and staff, lack of modified conventional treatments that incorporate elements of the ethnic culture and social experience (for example, values, interpersonal styles, ways of defining and solving problems, need for child care) (in a review of the literature comparing culturally acceptable with conventional mental health services, Atkinson and Lowe, 1995, found that the former was superior in increasing perceived credibility of therapists, decreasing drop out, increasing satisfaction with therapy, and increasing depth of disclosure on the part of ethnic minority clients; and
- **accountability** or a lack of accountability to the ethnic community in terms of providing desired mental health services with multiple forms of client and community input, ranging from advisory board to client suggestions boxes.

Access to services is greatly enhanced by institutionalizing multiple forms of outreach to Latinos, ranging from advertisements in popular media to the use of outreach workers who go where Latinos live and work to make them aware of services and to provide them with on-the-spot education and referrals. In general, Latinos at highest risk for serious problems are also the most marginal and in need of outreach efforts. For example, poor, urban-based, IV drug–abusing Puerto Ricans are at highest risk for HIV/AIDS among U.S. Latinos and require customized outreach efforts to effectively decrease risk (Colon, Sahi, Robles, & Matos, 1995).

**Assess Problems in the Social and Cultural Context**

Conceptualizing Latino client and community problems as embedded in historical and living legacies of oppression (that is, segregation, poverty, and marginality) is at the heart of culturally competent assessment. Lum (1996) began this task by defining problems as “unmet needs” and “psycho–individual reactions” to environmental effects. Although some problems seem more amenable to such a contextual approach than others (for example, gang involvement versus diabetes), it is imperative for providers to consider multiple SES problem levels and whether or not a particular problem may be part of a pervasive problem pattern linked to Latino ethnic experience or another dimension of diversity. For example, diabetes seems neatly confined to biology, yet it is disproportionately high among the poorest of Mexican Americans and Puerto Ricans, as are risk factors such as obesity, poor diets, and sedentary lifestyles (Luchsinger, 2001). Furthermore, people of color experience more complications and die sooner from diabetes than their white counterparts.
Thus, if links between diabetes and the experiences of ethnic and racial minorities can be made, the problem should be understood and addressed as such (for example, public health campaigns, measures to reduce poverty, improving diet and exercise).

**Biopsychosocial Problem Levels.** The biopsychosocial perspective allows us to consider the possible contribution of each of these domains to a problem such as diabetes. For example, in the social domain, research shows that many Latinos with diabetes are less aware of it due to lack of public health information and access to health services (Luchsinger, 2001). In the psychological domain, how Latinos perceive such a diagnosis bears serious consideration for optimal intervention (for example, the prospect of changing a traditional Latino diet may result in pessimism about controlling the disease). Thus, even medical diagnoses require a coconstruction of the disease, on the part of physicians and patients, in ways that render patients knowledgeable, skilled, and motivated to effectively manage medical problems.

**The Empowerment Theme in Practice.** According to Gutiérrez, Parsons, and Cox (1998), empowerment practice imbues traditional professional help with consciousness raising that makes clients aware of problems on a continuum from the personal to the public, social, and political (that is, although immediate problems require relief from suffering, dialogue between practitioners and clients about the links between problems and social and political forces should be gradually pursued). Problem definition and understanding is performed with rather than for clients, as are interventions that increasingly involve clients along the continuum from self-care to helping others affected by communitywide problem patterns.

Empowerment practice is especially indicated for members of groups with a protracted history of disempowerment, such as most U.S. Latino populations. But how does such practice develop in an era of dwindling and fragmented public services, privatization of social services emphasizing cost containment and profit versus entitlements, and services characterized by hierarchical power structures with professionals in the roles of experts and authorities? Research at administrative and service levels has identified both obstacles and supports (Cox & Joseph, 1998; Gutiérrez, GlenMaye, & DeLois, 1995). For example, supports include administrator vision, values, and philosophy; broad-based flexible funding; teamwork to achieve goals; peer supervision; delegation to action groups by constrained administrators; revolving team leadership; advisory boards and decision-making groups; political participation; and community organizing. However, constraints can be considerable, and developing these supports challenges the dominant paradigm of practice in the social services. Empowerment obstacles include expectations of funders, severe or abusive clients, competition between agencies, different service approaches, discontinuity between services, and difficulty in measuring empowerment.

The idea that clients, practitioners, and administrators can all be empowered by developing egalitarian collaborative relationships typically runs counter to conventional human services, yet we must strive to approximate the ideal, beginning with openly discussing power imbalances inherent in these different relationships, while simultaneously acknowledging legitimate uses of greater power (for example, when a client is out of control and less capable of collaborating).

**Latino Problem Themes.** Assessment, as described earlier, assumes a historical and ongoing environmental context in which most of the major problems affecting Latino populations form patterns linked to their ethnic minority experience in the United States. As such, Latino-serving agencies and practitioners need to be prepared to address the following large, overlapping, and persistent problem patterns: immigration, acculturation, and adaptation; poverty, segregation, and marginalization; breakdown of ethnic community and extended family systems; ethnic identity issues; and how these problem themes play out differently across Latino subgroups (for example, women compared with men).

**Select Culturally and Socially Acceptable Interventions**

Little, if any, research exists that indicates the superiority of one type of treatment approach or service over another for different Latino problems and subpopulations. Without empirical evidence to guide the selection of best practices for Latinos, we need to select, modify, and design conceptually sound interventions in response to the general assessment strategies outlined earlier to provide interventions that are congruent with the lived realities of Latino clients and, thus, experienced as relevant and helpful. This is another way of conceptualizing
evidence-based practice when empirical evidence is missing.

**Latino Client Expectations.** Much has been written on the service expectations of traditionally oriented and low-income Latinos (for example, immigrants, those lower in acculturation) who comprise huge portions of the major U.S. Latino groups. Such expectations include timely symptom relief; attention to problems of daily living; prescriptions for medications; direct advice on problems; and preferences for practitioners who are not only active and directive, but also warm, personable, or *bien educado* (well mannered, cultured, raised properly). Thus, it makes conceptual sense to select interventions that are short term and that emphasize prevention, psychoeducation, coping, and problem-solving skills applied to the here and now. Regarding psychotherapy, the earlier mentioned expectations provide a rationale for using cognitive–behavioral rather than psychodynamic approaches, although which is best and for whom remains an empirical question.

Practitioners need to be flexible enough to help with needs and requests that are not a direct focus of professional attention (for example, a recent immigrant client seeks the service provider’s help with recovering a car that has been towed away) while gradually striving to imbue services with the practice theme of empowerment, as described earlier.

**Family-centered Services.** Given the centrality of the family in the lives of most Latinos, it makes sense to consider service approaches that involve members of the extended family in the assessment and intervention processes. Family therapy is an obvious example, but virtually any human service can involve family members who can help provide insight into problems and who can participate in concerted problem-solving efforts.

**Community-based Services.** The location of most Latinos in predominantly Latino communities, and most Latino problems in ethnically linked communitywide patterns, compels providers to develop comprehensive community-based services that interact with natural support systems and community resources. For example, Rapp and Wintersteen (1989) found that when the strengths model of case management was used to care for people with a chronic mental illness, social workers performed most client contacts in the community and achieved client goals by using community resources. Gutiérrez et al. (1998) advocated teaching clients to connect personal and social problems and how to address them through informal and formal self-help groups, community organizing, and political action. Full-service schools address child-in-family-in-community problems in a comprehensive manner along the private-to-public continuum, and Dryfoos (1994) has provided descriptions of such full-service schools in Mexican and Dominican communities.

**Addressing Within-Group Diversity.** Once viable treatments are identified for Latinos affected by particular problems, providers should ask how such approaches would work with different Latino subgroups (female and male, gay or lesbian and straight, elderly and young adults, and so forth).

**Deviating from Culture of Origin?** In a classic article on culturally competent mental health service for Latinos, Rogler, Malgady, Costantino, and Blumenthal (1987) asserted that although it makes sense to work within Latino culture, as the literature uncritically advocates, it is in the best interest of Latino clients to also be able to work outside of Latino culture when necessary. This recommendation is consistent with consensus in the literature that bicultural Latinos probably possess more adaptational skills than their monocultural counterparts (for example, few would question the value of monolingual Spanish speakers learning English). Thus, the frequent assertion to work within culture is partly a well-intentioned overreaction to the historical practice of cultural imperialism, on the part of social institutions, in which Latino culture was pathologized and Latinos were coerced to replace it with mainstream American culture (for example, punishing U.S. Latinos for speaking Spanish).

The task of the culturally competent practitioner is to understand oppressive history yet still be prepared to work outside of Latino culture for the good of the client, but in a nonoppressive manner. For instance, Latinos who are *bien educado* are sometimes stereotyped as passive and are offered assertiveness training as a superior substitute for their inferior traditional communication protocol rather than being offered such training as a different cultural style of communication, quite useful in the United States, that can be added to the Latino client’s repertoire.

**Increase Service Accountability**

As noted, federally mandated minority mental health research has documented the pervasive lack of accountability to ethnic and racial minorities on the part of service providers nationwide. Thus, the
current practice model advocates multiple institutionalized methods of frequently involving minority clients and communities, as well as practitioners, in the development, delivery, and evaluation of services. For clients, such methods can range from simple suggestion boxes in waiting rooms (to which responses are posted) to feedback-rich client exit interviews following service. The use of community advisory boards—composed of advocates, service consumers, and so forth—is an excellent way to institutionalize accountability.

Staff surveys regarding services, agency environment, and so forth greatly help to implement accountability, as does periodic outcome evaluation research. However, agencies frequently avoid outcome evaluations, perceiving them as faultfinding. Such concerns can be addressed by involving providers in the planning of evaluations and including assessment of practitioner and agency assets. Implications of such evaluations range from staff trainings, in areas of desired improvement, to improvement of existing services and development of new Latino-focused services.

LEARNING CULTURALLY COMPETENT PRACTICE THROUGH ILLUSTRATION AND CRITIQUE

The current practice model for Latinos can be used as a guide for critiquing state-of-the-art practice and developing cutting-edge practice across diverse Latino problems and subpopulations. Practice efforts can be analyzed with respect to the degree to which they increase access, assess problems in a culturally and socially informed manner, select intervention strategies congruent with the cultural and social reality of the target population, deviate from Latino culture as needed, and build in multiple mechanisms of accountability. The advantage of using a selective review of best and promising practices with Latinos from throughout social and human services and from the literature to learn about and teach culturally competent practice is that it presents real-life examples while providing a conceptually grounded ally competent practice is that it presents real-life from throughout social and human services and review of best and promising practices with Latinos culture as needed, and build in multiple mechanisms reality of the target population, deviate from Latino problems and subpopulations. Practice efforts can be analyzed with respect to the degree to which they increase access, assess problems in a culturally and socially informed manner, select intervention strategies congruent with the cultural and social reality of the target population, deviate from Latino culture as needed, and build in multiple mechanisms of accountability.

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