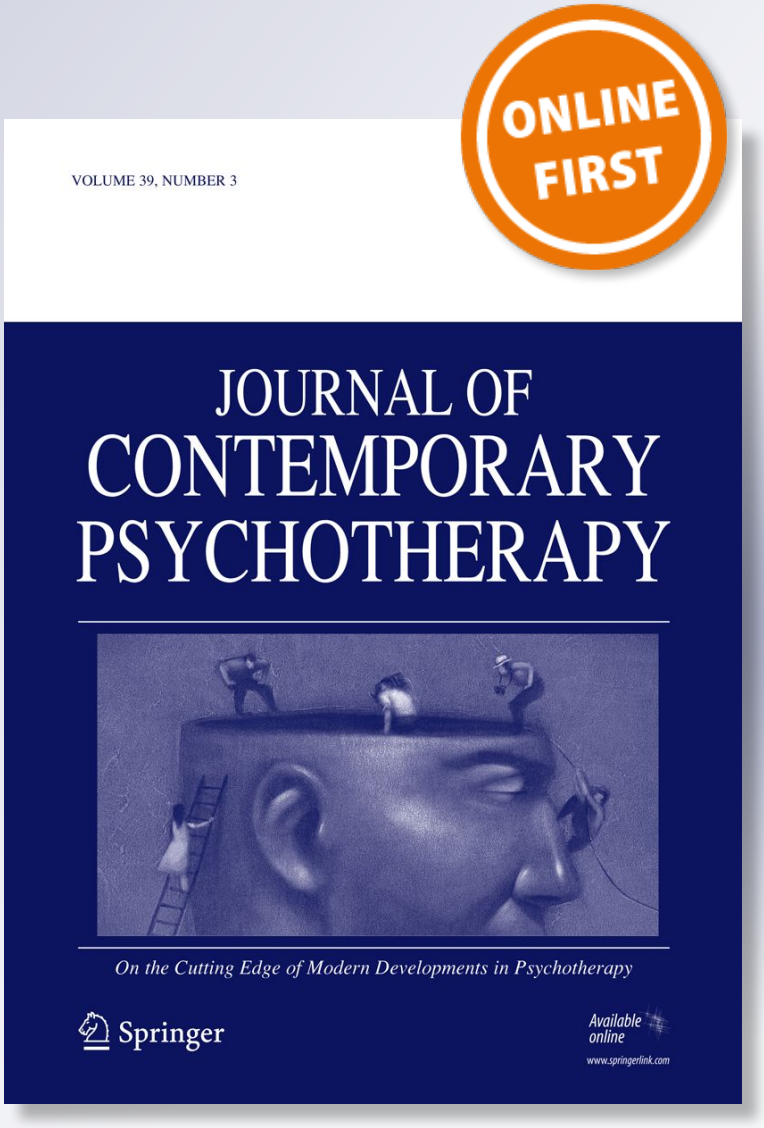
Context and Culture: The Initial Clinical Interview with the Latina/o Client

Miguel E. Gallardo

Journal of Contemporary Psychotherapy
On the Cutting Edge of Modern Developments in Psychotherapy

ISSN 0022-0116

J Contemp Psychother
DOI 10.1007/s10879-012-9222-8



Springer

J Contemp Psychother
DOI 10.1007/s10879-012-9222-8

ORIGINAL PAPER

Context and Culture: The Initial Clinical Interview with the Latina/o Client

Miguel E. Gallardo

Abstract Changing social demographics require that psychotherapists and mental health delivery systems become accountable for developing attitudes and skills for working multiculturally. This article immerses the reader in contextual and cultural principles for establishing an initial therapeutic relationship with Latinas/os. These contextual and cultural principles also can be implemented across any theoretical orientation or clinical interview structure psychotherapists employ. This article also reports on data from a subset of participants ($n = 27$) that self-identified as bilingual, bicultural, and highly culturally competent from a larger mixed-methods study of 89 Latina/o therapists. The results support the utility of personalismo, respeto, charlar (small talk), language and education, and self-disclosure in building respectful relationships with, and in conducting the initial interview with Latina/o clients. These findings are highly consistent with the common factors literature and lend further support to the proposition that the therapeutic relationship serves as the base for therapeutic interventions across all cultures.

Keywords Latino · Latina · Clinical interviewing · Psychotherapy · Multicultural training · Cultural competence

Introduction

Context and Culture: The Initial Clinical Interview with the Latina/o Client Old Adage: "You need to get into someone's house before you can help them rearrange the furniture"

Becoming responsive to changing social demographics (United States Census Bureau 2011) is no longer an option, but a mandate that individual psychotherapists and mental health delivery systems must be held accountable in addressing. Increased attention to cultural responsiveness has heightened awareness of the unique challenges systems face in providing services to increasingly diverse populations. Some of these challenges include language barriers (Santiago-Rivera and Altarriba 2002; Santiago-Rivera 1995; Santiago-Rivera et al. 2002), inaccurate mental disorder diagnoses in ethnocultural communities (Zalaquett et al. 2008), long-term persistence of psychiatric disorders in ethnocultural communities (Breslau et al. 2004), lower mental health utilization rates despite high need (Alegría et al. 2002), ethnocultural communities' association of substantial stigma with disclosure of emotional or psychiatric problems (Ojeda and McGuire 2006), and potential communication problems exacerbated due to cultural differences (Pope-Davis et al. 2001). This extensive list of challenges highlights the unique needs of diverse communities. These challenges also shed light on potential limitations of traditional theories, orientations, and interventions developed under a culture bound value system—value systems that are inconsistent with ethnocultural community values (Hill 2003). It is therefore critical that we shift service delivery models to account for culture and cultural differences.

Developing a Latina/o Orientation

Before we can begin addressing the needs of Latina/o communities, it is critical that our dialogue reexamine how

M. E. Gallardo (✉)
Graduate School of Education and Psychology,
Pepperdine University, Irvine, CA 92612, USA
e-mail: Miguel.Gallardo@pepperdine.edu

Published online: 31 August 2012

culturally responsive skills are implemented within a therapeutic context and the notion of culture within the profession. Specifically, a culturally-oriented mindset must take precedence over behavioral skill sets. In fact, attempting to acquire a behavioral skill set, which is most likely based on static cultural characteristics of communities, potentially creates a situation where well-intentioned therapists unintentionally violate ethnocultural clients. Additionally, incorporating client and clinician voices to understand what works and why is essential (Kazdin 2008). This article addresses contextual and cultural principles, particularly when establishing the initial therapeutic relationship with Latinas/os, which can be implemented across any therapeutic orientation or clinical interview structure. Additionally, qualitative data from 27 therapists with expertise in working with Latina/o clients is analyzed to highlight how Latino/a therapists build rapport with Latina/o clients.

Terminology

Although imperfect, for the purposes of this paper, the term Latina/o will be used as a culturally consistent term "to refer to people originating from or having heritage related to Latin America" (Comas-Diaz 2001, p. 2). This is also because many from the Latina/o community prefer the more inclusive, gender appropriate, Latina/o over Hispanic. For a more in-depth analysis of terminology, see Comas-Diaz (2001).

Culturally Responsive Practice

Whaley and Davis (2007) defined cultural competence as a:

> set of problem-solving skills that includes (a) the ability to recognize and understand thedynamic interplay between the heritage and adaptation dimensions of culture in shaping human behavior; (b) the ability to use the knowledge acquired about an individual's heritage and adaptational challenges to maximize the effectiveness of assessment, diagnosis, and treatment; and (c) internalization, diagnosis, and treatment; and (d) internalization (i.e., incorporation into one's clinical problem-solving repertoire) of this process of recognition, acquisition, and use of cultural dynamics so that it can be routinely applied to diverse groups (p. 565).

In addition, Tseng and Streltzer (2004) identified four components of being culturally responsive. *Cultural sensitivity* is defined as an awareness and appreciation of human cultural diversity. *Cultural knowledge* is the factual understanding of basic anthropological knowledge about cultural variation. *Cultural empathy* is the ability to connect emotionally with the patient's cultural perspective. *Cultural guidance* involves assessing whether and how a patient's problems are related to cultural factors and experiences, suggesting that therapeutic interventions can be based on cultural insight. Tseng and Streltzer's definition addresses the need for providers to strive for more than a basic awareness of cultural differences (i.e. cultural sensitivity) and move towards developing the ability to connect contextually and culturally (i.e. cultural empathy). Ridley and Lingle (1996) defined cultural empathy as "a learned ability of counselors to accurately gain an understanding of the self-experience of clients from other cultures—an understanding informed by counselors' interpretations of cultural data" (p. 32).

To be prepared and situated to respond to the needs of Latina/o communities requires an understanding that cultural sensitivity is not enough. Moreover, recent literature in the area of culturally responsive work with ethnocultural communities encourages a shift from a content model of cultural responsiveness to a process model. A process model of cultural responsiveness is less prone to cultural stereotypes than a content model, which emphasizes cultural characteristics that are salient for culturally different groups (Lopez et al. 2002). The content model of cultural responsiveness, which addresses Tseng and Streltzer's "Cultural Knowledge" definition, includes the more stereotypical cultural characteristics about specific communities. In contrast, a process model encourages therapists to move beyond this basic anthropological knowledge and is more resistant to perpetuating cultural stereotypes. As a result of our historic reliance on a more content-based understanding, mental health service providers have relied heavily on salient cultural characteristics as a way to understand how to work therapeutically with ethnocultural communities. Consequently, we have limited our capacity to respond in ways that are most therapeutic for culturally diverse communities, while simultaneously narrowly defining these communities.

Mental health providers tend to see cultural responsiveness as a distinct set of skills, rather than an integrated component of clinical care and consumer management (Vega, 2005). The cultural responsive definitions outlined above help expand our paradigm beyond seeing cultural sensitivity as the end point. This expansion beyond cultural sensitivity challenges providers to approach their work with cultural humility and cultural empathy. This is consistent with the literature indicating that culturally diverse clients consider a therapist's cultural responsiveness and understanding of their worldview as more relevant than ethnic-matching (Ancis 2004; Knipscheer and Kleber 2004; Smith et al. 2004).

Is Culture the Same as Race and Ethnicity?

It is also important to move beyond understanding culture as being equated to only race and ethnicity (Cohen 2009; Lakes

et al. 2006; Warrier 2008). Within Latina/o clients and communities, there are many complex intersections between and among the multiple identities that represent the community's lived experiences. For many Latinas/os, ethnic identification may be context-dependent, where multiple identities are normal and shifting and where racial variations (i.e. phenotypic variations ranging from white to black) create multiple perspectives and ways of living (Rodriguez, 2008). Some of these multiple identities can include sexual orientation, gender, (dis)ability, acculturation status, religion/spirituality, as well as others (see Hays 2008). Historical and more traditional definitions of culture, have restricted Latina/o communities by providing overly simplistic notions of salient cultural characteristics and world views. In turn, efforts to be culturally attuned and responsive have perpetuated cultural and racial injustices. We have developed "cultural competencies" to work with Latinas/os that have proven to be a starting point in our desire to serve the community, but ultimately these competencies have not provided much direct clinical usefulness for training programs or practitioners.

The intersections of identities help us understand how complex culture can be for individuals and communities. For example, a second-generation Mexican–American man growing up in Texas may share something in common with a young African American lesbian living in Los Angeles and a young Korean mother who just immigrated to New York City. "As a group, these three may also share something in common with a Chinese American gymnast who is an atheist living in Des Moines, Iowa or with a disabled 10-year-old Chinese American girl growing up in Minneapolis, Minnesota" (Warrier 2008, p. 540). These examples highlight the significance and complexity of "cultural" identification. In this example, immigration history, geographic location, gender, sexual orientation, ethnicity, religion/spirituality, age, and generation status all impact self-identification and culture. All these manifestations of culture are as relevant as skin color or surname when working with and understanding the Latina/o community. For these reasons, the suggestions included in this article can only be suggestions, rather than rules.

The term Latina/o is a "generic term" used to refer to a very diverse and heterogeneous community. It is therefore important that therapists understand that the how and why, therapeutically, may look very different from one "Latina/o" client to the next. If we are truly attempting to enhance our ability to be culturally responsive in working with Latinas/os, we need to expand our definition of culture and prioritize our desire to be culturally responsive in working therapeutically, regardless of the client's "cultural" identification (Gallardo et al. 2009).

Is Therapy Really All About the Relationship?

Alegria et al. (2009) reported that sociocultural factors impact clients' preferences for settings as well as treatment goals and outcomes. Additionally, in their sociocultural framework designed to assist in understanding continued mental health disparities, they pointed out several key failed interactions between health care systems and Latina/o communities. Three of these failed interactions are particularly relevant to developing relationships and gaining trust in psychotherapy. These include: (a) poor patient-provider interaction (leading to miscommunication, clinical uncertainty, low therapeutic alliance, stereotyping and clinical errors); (b) lack of community trust; and (c) limited service providers to respond to the needs of ethnocultural communities. Alegria and colleagues' framework highlights one of the most salient variables within the multicultural mental health disparities literature; that is, there is a lack of cultural and contextual understanding about who providers are working with and where these clients come from. In addition, their framework also addresses provider bias that can lead to both overpathologizing and underdiagnosing.

Another critical element to working with Latinas/os is the dialogue of work addressing common factors responsible for the effectiveness of psychotherapy as a healing practice. Torrey's (1983), *The Mind Game*, in which he studied *curanderismo*, a Mexican–American healing practice, as well as healing traditions in other cultures, identified that differences between psychiatrists and curanderos are minimal, citing common components in all healing traditions. These components include a shared world view, the personal qualities of the therapist, patient expectations, and use of techniques. Torrey's analysis is similar to Jerome Frank's (Frank 1961; Frank and Frank 1991) classic common factors formulation in which he claimed that all healing practices share: (a) an emotionally charged, confiding relationship with a healer; (b) a healing context in which the therapist has the power and expertise to help, along with a socially sanctioned role to provide services; (c) a rationale or conceptual schema to explain problems; and (d) a ritual or procedure consistent with the treatment rationale.

More recently, Fischer et al. (1998) reviewed evidence supporting what they labeled "universal healing conditions" in a culture specific context. Echoing Frank (1961) and Torrey (1983), they identified four common components: (a) it is now widely accepted across all therapeutic orientations or approaches to psychotherapy that the therapeutic relationship serves as a base for all therapeutic interventions across cultures; (b) a shared worldview or conceptual schema or rationale for explaining symptoms provides the common framework by which healer and client work together; (c) the client's expectation in the form of faith or hope in the process of healing exists across all cultures; and (d) these three factors set the stage for the therapeutic ritual or intervention that all healing shares. The therapeutic ritual or intervention requires active participation of both client and therapist and the intervention is believed by both to be

the means of restoring client health. Even more recently, Wampold's (2001a, b) research analyzing treatment outcomes supports the view that all healing traditions share common factors linked to effectiveness. One of Wampold's (2001b) conclusions, consistent with literature addressing psychotherapy with Latina/o communities, was that the therapeutic relationship or working alliance is consistently related to outcomes across various treatments. These findings demonstrate some of the most important concepts for consideration in the context of culture and therapy.

Townsend and McWhirter (2005) also conducted an extensive literature review in this area and found that connectedness continues to remain the essence of psychologically healthy relationships and personal functioning. Townsend and McWhirter defined connectedness as relatedness or one's involvement with another as a way to promote well-being. The authors further stated that counselors serve their clients well when counselors "embrace a connected-oriented psychotherapy" (p. 196). In essence, connection with clients is one of the most important therapeutic interventions that can be implemented in the course of therapy (Lambert and Barley 2001). Nowhere is psychotherapist-client connection more relevant than when attempting to gather information with Latina/o clients.

Understanding and Defining Personalismo

Manoleas et al. (2000) surveyed 65 Latina/o mental health providers who were primarily serving Latina/o clients and reported that these clinicians implemented "a flexible 'sense of boundaries' and view clients and their families holistically" (p. 388). The authors noted that Latina/o clinicians were more likely to self-disclose to Latina/o clients than non-Latino clients. Manoleas et al. also found that Latina/o clinicians' practice was distinguished by a focus on family context and functioning, strengths, contextual assessment of problems, and the clinician's taking a strong advocacy role.

Similarly, Santiago-Rivera et al. (2002) identified several factors essential to early stages of psychotherapy with Latinas/os. These included, when appropriate, client-therapist match by ethnicity and language as well as therapist interpersonal skills consistent with Latina/o culture. These Latino value orientations included demonstrating personalismo, respeto (respect), dignidad (dignity), simpatia (being personable), confianza (trust), and carino (warmth and affection). Personalismo was defined as "an orientation where the person is always more important than the task at hand, including the time factor" (p. 112).

Engagement and Implementing Personalismo

Manoleas and Garcia's (2003) "Engagement Algorithm" and "Assessment Algorithm" provide useful templates for initially developing a relationship with Latina/o clients when beginning psychotherapy. The six tenets of their engagement algorithm include: (a) assessing the clinician's readiness and ability to develop a positive therapeutic relationship; (b) assessing the client's comfort/discomfort in the therapy process; (c) assessing acculturation; (d) assessing the client's needs and the ability of the therapist to meet those needs; (e) assessing the ability of the therapist to address issues of gender or sexual orientation; and (f) assessing the extent of shared cultural metaphors for communicating. Five of the six tenets are discussed below.

Clinician Readiness

Manoleas and Garcia (2003) discussed how to address many important Latina/o cultural factors that can improve treatment outcomes. For example, they emphasized that therapists need to be ready, if needed, to address differences and/or commonalities in race/ethnicity between client and therapist. Therapists also need to be ready to connect with family members and to use the client's preferred language as appropriate. Additionally, assessing the client's level of hope or faith in the therapy process is also critical, as this hope or faith is a common therapeutic factor discussed by (Wampold 2001b).

Assessing Client's Level of Comfort/Discomfort in Therapy Process

An important but complex element highlighted in this algorithm is the need for therapists to assess Latina/o clients' cultural explanatory models for their presenting concerns and to better understand their worldviews (Manoleas and Garcia 2003). Cultural explanatory models (CEM) refer to sociocultrually based belief systems that individuals and communities hold (Kleinman et al. 1978). Lay individuals' CEMs are often embedded in a person's sociocultural context, including cultural beliefs, socioeconomic factors and community social networks (Rajaram and Rashidi 1998). CEMs impact the way individuals conceptualize illness, its causes and symptoms, modes of prevention and diagnosis, treatment, prognosis, and roles and expectations of the therapist/client. Therefore, the psychotherapy process might vary greatly across ethnocultural communities and individuals based on their individual and community CEMs. For example, in many Latin American societies, *susto (frightened)* is a common cause of illness in which a shocking emotional situation causes one's soul to leave one's body (Rubel et al. 1985). Understanding this difference in perspective from a more "traditional" western conceptualization is critical in the clinical encounter.

Assessing Degree of Acculturation

Manoleas and Garcia (2003) also addressed the importance of, when applicable, assessing and understanding client

immigration history, generation status, self-identification, perceived connection to community and how well clients move between their culture of origin and mainstream culture. This contextual data helps therapists better understand their client's expectations for therapy and how much, if any, psychoeducation is needed to build trust while developing relationship and gathering information.

Assessing Therapist's Ability to Address Issues of Gender and/or Sexual Orientation

The fifth tenet in the engagement/assessment algorithm speaks directly to earlier discussions of culture. Do therapists feel equipped to address the multiple identities clients present with, or are they narrowly limiting their capacities to understand clients by relegating them to only race and/or ethnicity? If it is the latter, then the therapist may not be culturally situated to meet the needs of the Latina/o client. Critical to connecting with clients is the ability to see clients through their multiple selves and how their contexts impact which "self" manifests.

Assessing the Shared Cultural Metaphors for Communicating

Finally, Manoleas and Garcia encouraged therapists to assess cultural overlap in language use and customs of Latina/o clients. The authors noted that if there is not a cultural metaphor overlap between therapist and client, then "the therapist must endeavor to use strategic personal disclosure in order to foster personalismo and discover shared idioms for communicating" (p.160).

Assessment Algorithm

The "Assessment Algorithm" consists of information gathering that frames individual behavior in an, "historical, developmental point of view as well as in relation to systems in which the individual and family function" (Manoleas and Garcia 2003, p. 160). From the authors' perspective the first question that therapists should consider, is the client's level of stability within his or her own context. Due to the number of environmental and contextual stressors Latina/o families' experience, Manoleas and Garcia emphasized the importance of assessing the individual's or family's crisis status. The Latina/o individual's or family's crisis status will determine whether clinicians ask further questions or proceed to the second part of the assessment algorithm. The second part consists of identifying presenting concerns and symptoms using standard intake and assessment guidelines (see Santiago-Rivera et al. 2002 for an example of a culture-centered clinical interview).

Standard intake assessment procedures occur within the context of the relationship the therapist has established with the client and within the client's environmental and cultural context. Furthermore, and probably of most importance, the authors stated, "effective… diagnostic interviews with Latino clients often appear more like a *charla* (informal conversation) than like a structured interview" (Manoleas and Garcia 2003, p. 161). This latter point is particularly important as it is consistent with the Latina/o value of personalismo and prioritizes the relationship as the most critical component of the initial clinical interview. This was also emphasized by Organista (2006) in his therapeutic suggestions for adapting cognitive-behavioral therapy (CBT) with Latinas/os. Organista suggested that therapists emphasize Latina/o values of personalismo and respeto when engaging Latina/o clients. He further stated, "Taking the time to orient clients to therapy can also enhance engagement" (Organista 2006, p. 81).

Accessibility, Assessment, and Intervention

McAuliffe et al. 2006 conducted a content analysis of the multicultural literature and identified three themes: (a) accessibility; (b) assessment; and (c) intervention. These authors suggested that providers be approachable, adapt language, and develop trust to help remove barriers that may exist between provider and client. For example, adjusting time and place of therapy can be critical if childcare and transportation are issues. Additionally, being flexible and allowing for extended sessions when needed is important. These principles are consistent with personalismo, confianza (trust), and understanding clients in context. No matter how much psychotherapists want to help, if they are not approachable as providers, even the best of intentions will not matter. Operating on Latina/o values also extends to the office atmosphere, which is a form of self-disclosure. Providers should ensure that offices are welcoming, inclusive, and demonstrate culturally responsiveness by having clearly identifiable culturally sensitive décor.

McAuliffe et al. (2006) also found that adapting language is an important intervention in the initial interview and throughout therapy. If clients prefer to speak Spanish in therapy, it is critical that they receive services in Spanish. Data on treatment outcomes strongly supports language matching. For example, in a meta-analytic review of 76 studies (Griner and Smith 2006), language matching was identified as the most powerful predictor of positive outcome. However, as is often the case, language adaptations are complex and culturally subtle and so it can also mean avoiding the use of jargon, psychobabble and using inclusive terminology (McAuliffe et al. 2006). Specifically, McAuliffe et al. (2006) suggested that therapists be aware that dominant language use can further oppress or marginalize underserved communities. For Latina/o communities this may be particularly important given the stigma still attached

to seeking therapy. Organista (2006) further reinforced this sentiment when he reported that many Latina/o clients he works with refer to the CBT groups for depression as, "la clase de depression" (the depression class). For less acculturated Latinas/os, adapting language can be even more critical to ensuring that they are provided with a therapist who has the linguistic competency to provide therapy (Griner and Smith 2006). Finally, McAuliffe and colleagues emphasized developing trust as the most important aspect of therapy. They stated, "Clients must believe that the counselor can understand them and not use their revelations against them" (McAuliffe 2008, p. 583). Many Latinas/os, especially those who have recently immigrated to the U.S., may be reluctant to disclose personal information that may create further situational concerns or problems.

It is critical that providers understand the challenges many Latina/o communities face while interacting with a system that perpetuates injustices they are desperately seeking to avoid. These social injustices may be contributing to the need for therapy. For this reason, it is important that therapists not label Latina/o clients as "resistant" to therapy, when their responses may be completely functional and appropriate within their cultural and situational context. Regardless of the provider's theoretical orientation, specific interventions, client-therapist cultural differences, the provider's ability to develop trust, or confianza, with their Latina/o clients, may be the most important *intervention* he or she can implement throughout psychotherapy. In particular, self-disclosure is a way to develop trust and to build rapport, and may be a precursor to client self-disclosure for some Latina/o clients (Gallardo et al. 2012; Gallardo 2006; Organista 2006; Sue and Sue 2008).

McAuliffe et al. (2006) reported that culturally oriented questioning can also be a useful assessment tool with culturally diverse populations. Culturally oriented questioning includes assessing the importance of culture for the client, understanding experiences of oppression, and identifying cultural values that shape the individual's life. Understanding the Latina/o client's personal life story, or narrative, is often the best source of information. This is where therapists can use some basic anthropological knowledge about Latina/o culture as a foundation in treatment, while recognizing that this information must be supplemented and validated through the use of culturally oriented questioning so that unintentional violations on the part of the therapist can be avoided (Gallardo et al. 2012). Client self-report always supersedes textbook knowledge or the therapist's own experiences with Latina/o culture. It is important that "normal" behavior is based on the identity, generational status, and context with each Latina/o client. The Latino dimension of personal identity (Santiago-Rivera et al. 2002), the multidimensional ecosystemic comparative approach (Falicov 1998), and cultural family genograms (Hardy and Laszloffy 1995; McGoldrick 1998) can all be useful when conducting cultural assessments with Latina/o clients. These models help culturally responsive therapists broaden their perspectives, understanding, and assessment of Latinas/os. These cultural assessment tools provide greater insights into clients' strengths and increase the chances of engaging and implementing already existing resources. Consistent with common factors research, utilizing existing resources can and should guide treatment planning, goal setting, and intervention strategies from a strength-based, rather than pathology-based, foundation (Gallardo et al. 2012; Lambert 1992). This body of literature reflects the work of Prilleltensky et al. (2007), who argued that "wellness cannot flourish in the absence of justice, and justice is devoid of meaning in the absence of wellness" (p. 19). Similarly, Aldarondo (2007) encouraged human service providers to consider expanding their role to be more in sync with lived experiences of the communities we serve. He also stated, "our goodwill and individual-oriented clinical skills are a poor match for the persistent effects of harsh social realities in the lives of those seeking our assistance (p. xix). Ultimately, it is our willingness to connect our professional work with our personal lived experiences that will determine our ability to situate ourselves to work effectively with Latina/o communities.

A Qualitative Research Example

Multicultural research and practice suggest that professional and personal immersion experiences assist in developing a deeper connection to Latina/o culture and to our Latina/o clients. As a means of providing a multidimensional immersion experience within this article and to reinforce quantitative-based research literature guidelines, a brief summary of the qualitative component a mixed methods research study with therapists who work with Latina/os clients is discussed next.

Study

As part of a primarily quantitative study, 89 Latina/o mental health practitioners responded to several open-ended questions, including questions about the techniques/strategies they use to initially engage and build rapport with Latina/o clients (Mejia and Gallardo, in preparation). Study participants included 71 % females; ages ranging from 18 to 58 years old ($M = 35$ years, $sd = 9.7$). Years of experience in clinical practice ranged from less than a year to 33 years ($M = 6$ years, $sd = 7.2$). Education levels included 4 Bachelor's degree, 26 Doctoral or Master's students, 24 Master's degrees, and 35 Doctoral degrees. Forty-three percent reported being students. There were

34 % of participants licensed in a mental health field (Doctoral or Master's). Ninety-one percent reported currently working with Latinas/os (others ranged from the last month to 1 year ago); the estimated income for the Latina/o clients they work with was 56 % under $20 thousand a year. Lastly, 43 % of participants reported being born outside of the U.S.

Using the abbreviated multidimensional acculturation scale (AMAS-ZABB; Zea et al. 2003) and the California brief multicultural competence scale (CBMCS; Gamst et al. 2004), a subset ($n = 27$) of these 89 therapists were identified as being both bilingual and bicultural. The main goal for the qualitative component of this initial study was to explore the strategies that these 27 "expert Latina/o therapists" use in therapy with their Latina/o clients.

Analysis

The qualitative analysis consisted of a basic content analysis guided by McLeod's (2003) work. Efforts were made to integrate our qualitative analysis procedures with a consensual qualitative research methodology (CQR; Hill et al. 1997, 2005) although the CQR method was not utilized for the purposes of this initial phase of the analysis.

Results

Although the 27 Latina/o mental health expert providers responded to several open-ended questions the focus in this report is on their responses to the question: *What techniques/strategies do you implement to initially engage and build rapport with Latino clients?* Given the importance of relationship development with Latina/o clients as part of the initial clinical interview, themes obtained from this particular question are described next.

The most prevalent themes that surfaced from this question included, personalismo and respeto (8), language use and psychoeducation (5), platica/small talk (4), and therapist self-disclosure (3). Results of this initial qualitative analysis are consistent with the literature addressing the significance of establishing personalismo as a first step in building relationships with Latina/o clients.

Personalismo

One participant stated that an *Emphasis on warmth, personalismo, simpatia [and]…. Listening and understanding to issues related to minority issues (racism, financial burdens)* as important to implement at the outset of the therapy process. Similarly, one participant stated that respect was an important component to developing the initial relationship by stating, *[I] introduce myself, shake their hand, address them as señor or señora, make small talk (thank client for coming in, ask about any difficulties with finding [the] place, etc.), provide information about what session will be about.*

Language and Psychoeducation

Participants equally endorsed language use and providing psychoeducation about the therapeutic process. One participant stated *[I] formally greet and introduce myself -ask language of preference for sessions -provide information about the therapy process -ask clarifying questions (don't assume) -demonstrate empathy -engage them in the conversation -use humor.* Other participants also reported that providing psychoeducation in the therapeutic process was important. One participant stated, *provide information about what session will be about and provide education (about systems, diagnosis, processes, etc.)*

Charlar/Small Talk

Participants reported that making small talk with their Latina/o clients is an important factor in helping clients feel comfortable and welcomed. One participant stated, *Doing small talk or charlar to begin developing rapport.* While the idea of "small talk" is not an "official" component in "traditional" training, in working with Latinas/os using charlar facilitates the establishment of the therapeutic relationship, while creating a foundation for future work.

Self-disclosure

Finally, the use of self-disclosure was also highlighted in participant responses. For example, *I also use self-disclosure where appropriate (e.g., share immigrant status)* and, *They at times appreciate some disclosure from me (where I'm from, how it is I got to be where i am now academically, etc.).*

Discussion

Results from our preliminary analyses are consistent with the multicultural research and practice literature in general and with the Latino/a literature in particular. Although there are limitations to this study, the fact that our results converge with the existing literature is encouraging because it points to robust themes related to working effectively with Latina/o clients and that are especially important when conducting an initial interview. More specifically, the initial analyses of this data support the notion of personalismo, respeto and charlar (Manoleas and Garcia 2003; Organista 2006; Santiago-Rivera et al. 2002),

language and education (McAuliffe 2008; Organista 2006; Santiago-Rivera and Altarriba 2002; Santiago-Rivera 1995; Santiago-Rivera et al. 2002) and self-disclosure (Gallardo et al. 2012, Gallardo 2006; Manoleas et al. 2000; Organista 2006, Sue and Sue 2008). Overall, the results are consistent with the common factors literature (Frank 1961; Frank and Frank 1991), support the notion of "universal healing conditions" (Fischer et al. 1998), and re-emphasize that the therapeutic relationship serves as the base for all therapeutic interventions across all cultures.

Limitations and Future Research and Practice Directions

Although preliminary findings from this qualitative inquiry are limited due to population and sample size, their consistency with the existing literature on multicultural/Latina/o theory and practice strengthens their clinical meaningfulness. Because of the specialized nature of the 27 expert therapists, future research should include participants from a variety of ethnic and racial backgrounds who are working with Latina/o clients. Additionally, the 27 therapists whose open-ended responses were included in this study, were self-identified as highly culturally competent through the use of the CMBCS. While this measure accounts for social-desirability, we cannot underestimate potential problems in accurately measuring and assessing individual cultural competence. Further, the conceptualization and measurement of acculturation (including biculturation) remains elusive at best. The debates and dialogues on how to best measure cultural competence and acculturation lead many to doubt the validity and reliability of undertaking such a task (Berry 2003). Finally, there are no standards or agreed upon measures that address the proficiency of an individual's linguistic competence with Latina/o clients (Castaño et al. 2007; Verdinelli and Biever 2009). More in-depth qualitative interviews, with more participants and greater focus on examining experiences of all therapists who work therapeutically within the Latina/o community would be an important focus for future research.

Concluding Comments

As the Latina/o community continues to grow, it is imperative that providers understand what works and why, particularly as the community's mental health needs continue to go unmet. At the core of our discussion is the relationship between psychotherapist and client. The current review and qualitative study report provide support for the use of personalismo, respeto, language usage and education, charlar, and self-disclosure in developing an initial relationship with Latina/o clients. Ultimately, it is our willingness as providers to place our desire to be culturally humble and responsive at the center of everything we do and to be flexible in our engagement, assessment, and intervention strategies with Latina/o clients that will move us further toward therapeutic success. Most importantly, it requires that providers develop the "skill" of expanding their mindset, understanding who they are as cultural beings, and to not limit their "culturally responsive" interventions to a set of behavioral skills that, while relevant for one Latina/o client, may unintentionally marginalize or alienate another.

References

Aldarondo, E. (2007). Rekindling the reformist spirit in the mental health professions. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice*, (pp. 3–17). Mahwah: Lawrence Erlbaum.

Alegría, M., Canino, G., & Pescosolido, B. (2009). A socio-cultural framework for mental health and substance abuse service disparities. In B. J. Sadock, V. A. Sadock & P. Ruiz (Eds.), *Comprehensive textbook of psychiatry* (9th ed.). Baltimore: Wolters Kluwer Health, Lippincott Williams & Wilkins.

Alegría, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D., et al. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services, 53*(12), 1547–1555.

Ancis, J. R. (2004). *Culturally responsive interventions: Innovative approaches to working with diverse populations*. New York: Brunner-Routledge.

Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and research* (pp. 17–37). Washington DC: American Psychological Association.

Breslau, J., Kendler, K. S., Su, M., Gaxiola-Aguilar, S., & Kessler, R. C. (2004). Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychological Medicine, 34*, 1–11.

Castaño, M., Biever, J. L., González, C. G., & Anderson, K. B. (2007). Challenges of providing mental health services in Spanish. *Professional Psychology: Research and Practice, 38*, 667–673.

Cohen, A. B. (2009). Many forms of culture. *American Psychologist, 64*(3), 194–204.

Comas-Diaz, L. (2001). Hispanics, Latinos, or Americanos: The evolution of identity. *Cultural Diversity and Ethnic Minority Psychology, 7*(2), 115–120.

Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice*. New York: Guilford.

Fischer, A. R., Jome, L. M., & Atkinson, D. R. (1998). Reconceptualizing multicultural counseling: Universal healing conditions in a culturally specific context. *Journal of Counseling Psychology, 26*, 525–588.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*. New York: Schocken Books.

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: Johns Hopkins University Press.

Gallardo, M. E. (2006). *Self-disclosure in a multicultural context. Encyclopedia of multicultural psychology*. Thousand Oaks, CA: Sage.

Gallardo, M. E., Johnson, J., Parham, T. A., & Carter, J. (2009). Ethics and multiculturalism: Advancing cultural and clinical responsiveness. *Professional Psychology: Research and Practice, 40*(5), 425–435.

Gallardo, M. E., Yeh, C., Trimble, J. T., & Parham, T. A. (2012). *Culturally adaptive counseling skills: Demonstrations of evidence-based practices*. Thousand Oaks, CA: Sage.

Gamst, G., Dana, R., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., et al. (2004). Cultural competency revised: The California brief multicultural competence scale. *Measurement and Evaluation in Counseling and Development, 37*(3), 163–183.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy, 43*(4), 531–548.

Hardy, K. V., & Laszloffy, T. A. (1995). The cultural Genogram: Key in training culturally competent family therapists. *Journal of Marriage and Family Therapy, 21*, 227–237.

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, & therapy* (2nd ed.). Washington DC: American Psychological Association.

Hill, N. R. (2003). Promoting and celebrating multicultural competence in counselor trainees. *Counselor Education and Supervision, 43*, 39–51.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*, 196–205.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide for conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517–572.

Kazdin, A. E. (2008). Evidence-based treatments and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*(3), 146–159.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine, 88*, 251–258.

Knipscheer, J. W., & Kleber, R. J. (2004). A need for ethnic similarity in the patient-therapist interaction? Mediterranean migrants in Dutch mental health care. *Journal of Clinical Psychology, 60*, 543–545.

Lakes, K., Lopez, S. R., & Garro, L. C. (2006). Cultural competence and psychotherapy: Applying anthropologically informed conceptions of culture. *Psychotherapy, 43*(4), 380–396.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy, 38*(4), 357–361.

Lopez, S. R., Kopelowicz, A., & Canive, J. M. (2002). Strategies in developing culturally congruent family interventions for schizophrenia: The case of Hispanics. In H. P. Lefley & D. L. Johnson (Eds.), *Family interventions in mental illness: International perspectives* (pp. 61–90). Westport, CT: Praeger.

Manoleas, P., & Garcia, B. (2003). Clinical algorithms as a tool for psychotherapy with Latino clients. *American Journal of Orthopsychiatry, 73*(2), 154–166.

Manoleas, P., Organista, K., Negron-Velasquez, G., & McCormick, K. (2000). Characteristics of Latino mental health clinicians: A preliminary examination. *Community Mental Health Journal, 36*(4), 383–394.

McAuliffe, G. J. (Ed.). (2008). *Culturally alert counseling: A comprehensive introduction*. Thousand Oaks, CA: Sage.

McAuliffe, G. J., Grothaus, T., Wininger, A., & Corriveau, S. (2006). Content analysis of the multicultural counseling intervention literature. In G. J. McAuliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (pp. 578–624). Thousand Oaks, CA: Sage.

McGoldrick, M. (1998). Introduction: Re-visioning family therapy through a cultural lens. In M. McGoldrick (Ed.), *Revisioning family therapy: Race, culture, and gender in clinical practice* (pp. 3–19). New York: Guilford.

McLeod, J. (2003). *Doing counselling research* (2nd ed.). Thousand Oaks, CA: Sage.

Mejia, O.L., & Gallardo, M.E. Therapists working effectively with Latina/o clients: The relationship between biculturalism, bilingualism, and cultural responsiveness (in preparation).

Ojeda, V. D., & McGuire, T. G. (2006). Gender and racial/ethnic differences in use of outpatient mental health and substance use services by depressed adults. *Psychiatric Quarterly, 77*, 211–222.

Organista, K. (2006). Cognitive-behavioral therapy with Latinos and Latinas. In P. A. Hays & G. Y. Iwamasa (Eds.), *Culturally responsive cognitive-behavioral therapy* (pp. 73–96). Washington DC: American Psychological Association.

Pope-Davis, D. B., Liu, W. M., Toporek, R. L., & Brittan-Powell, C. S. (2001). What's missing from multicultural competency research: Review, introspection and recommendations. *Cultural Diversity and Ethnic Minority Psychology, 7*(2), 121–138.

Prilleltensky, I., Dokecki, P., Frieden, G., & Ota Wang, V. (2007). Counseling for wellness and justice: Foundations and ethical dilemmas. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice*, (pp. 19–42). Mahwah, NJ: Lawrence Erlbaum.

Rajaram, S. S., & Rashidi, A. (1998). Minority women and breast cancer screening: The role of cultural explanatory models. *Preventive Medicine, 27*, 757–764.

Ridley, C. R., & Lingle, D. W. (1996). Cultural empathy in multicultural counseling: A multidimensional process model. In P. Pedersen, J. Drugans, W. Lonner, & J. Trimble (Eds.), *Counseling across cultures* (4th ed., pp. 21–46). Newbury, CA: Sage.

Rodriguez, C. (2008). Latinos and the U.S. race structure. In K. E. Rosenblum & Travis, T. M. (Eds.). The meaning of difference: American constructions of race, sex, and gender, social class, sexual orientation, and disability (5th ed., pp. 221–228). New York, NY: McGraw Hill.

Rubel, A. J., O'Nell, C. W., & Collado-Ardón, R. (1985). *Susto, a folk illness*. Berkeley: University of California Press.

Santiago-Rivera, A. L. (1995). Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling. *Journal of Counseling and Development, 74*, 12–17.

Santiago-Rivera, A. L., & Altarriba, J. (2002). The role of the language in therapy with the Spanish–English bilingual client. *Professional Psychology: Research and Practice, 33*(1), 30–38.

Santiago-Rivera, A. L., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling Latinos and la familia: A practical guide*. Thousand Oaks, CA: Sage.

Smith, T. B., Richards, P. S., Granley, H. M., & Obiakor, F. (2004). Practicing multiculturalism: An introduction. In T. B. Smith (Ed.), *Practicing multiculturalism: Affirming diversity in counseling psychology* (pp. 3–16). Boston: Pearson Education.

Sue, D. W., & Sue, D. (2008). Counseling the culturally diverse: Theory and practice (5th ed.). Hoboken, NJ: Wiley.

Torrey, E. F. (1983). *The mind game: Witchdoctors and psychiatrists*. New York, NY: Jason Aronson.

Townsend, K. C., & McWhirter, B. T. (2005). Connectedness: A review of the literature with implications for counseling, assessment and research. *Journal of Counseling and Development, 83*, 191–201.

Tseng, W. S., & Streltzer, J. (Eds.). (2004). *Cultural competence in clinical psychiatry*. Washington, DC: American Psychiatric Publishing.

United States Census Bureau. (2011). Retrieved August 6, 2012 from http://www.census.gov/compendia/statab/2012/tables/12s0010.pdf.

Vega, W. A. (2005). Higher stakes ahead for cultural competence. *General Hospital Psychiatry, 27*(6), 446–450.

Verdinelli, S., & Biever, J. L. (2009). Experiences of Spanish/English bilingual supervisees. *Psychotherapy, 46*(2), 158–170. doi: 10.1037/a0016024.

Wampold, B. E. (2001a). Contextualizing psychotherapy as a healing practice: Culture, history, and methods. *Applied & Preventive Psychology, 10*, 69–86.

Wampold, B. E. (2001b). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum.

Warrier, S. (2008). "It's in their culture": Fairness and cultural considerations in domestic violence. *Family Court Review, 46*(3), 537–542.

Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health service: A complementary perspective. *American Psychologist, 62*(6), 563–574.

Zalaquett, C. P., Fuerth, K. M., Stein, C., Ivey, A. E., & Ivey, M. B. (2008). Reframing the DSM-IV-TR from a multicultural perspective/social justice perspective. *Journal of Counseling and Development, 86*, 364–371.

Zea, M. C., Asner-Self, K. K., Birman, D., & Buki, L. (2003). The abbreviated multidimensional acculturation scale: Empirical validation with two Latino/Latina samples. *Cultural Diversity and Ethnic Minority Psychology, 9*(2), 107–126.