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PROVIDING CULTURALLY SENSITIVE SERVICES TO LATINO CLIENTS: A CASE STUDY OF A NON-PROFIT ORGANIZATION

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ABSTRACT

This paper describes an evaluation of a non-profit human service organization's attempts to provide culturally sensitive services. Systems and constructivist theoretical perspectives are used to examine the problematic of providing effective and meaningful counseling and educational services to Spanish-speaking, Latino immigrant clients. The two models of achieving cultural sensitivity—cultural compatibility and cultural competency—are assessed. Findings reveal that service was hindered by the ghettoization of Latino providers, external constraints on service delivery, role conflicts among Latino providers, and institutional silence and uncertainty about multicultural issues. These problems indicate that culturally sensitive service requires that culturally compatible services be incorporated in an organization that promotes culturally competent policies and practice.

Introduction

With the recent growth in the U.S. Latino population, greater numbers of Latino clients are entering the doors of human service agencies (Perez and De La Rosa Salazar 1993; Velasquez, Qvistgaard and Lechuga 1996). Service providers at these agencies have been considering how best to serve these clients, who often have cultural beliefs, life experiences, and languages that are different from those offering the counseling, outreach, and educational services. Attempts to bridge the gap have involved the “culturally compat-

ible” and the “culturally competent” methods (Gonzalez 1997). The cultural compatibility approach matches Latino, Spanish-speaking clients and service providers. An agency practicing cultural competence requires service providers to receive education and training on the cultural beliefs, practices, and needs of Latinos, as well as on how to provide culturally sensitive services. Both perspectives recognize the dangers of providing services to Latino clients from the white middle-class cultural perspective dominant in our society.

The cultural competency solution is supported by much social science research documenting the problems flowing from a lack of awareness and understanding about cultural and socioeconomic differences among clients (Ponterotto and Casas 1991; Sue and Sue 1990). For example, the use of white middle-class notions of what constitutes mental health and optimal family functioning may lead staff to mis-characterize people of color and low income groups as dysfunctional, resistant to change, and without strengths and resources (Hardy 1991). This lack of multicultural awareness also impairs communication between service providers and clients, limits the levels of trust and safety felt by clients, and restricts requests for services among potential clients (McGoldrick, Pearce and Giordano 1982).

The efficacy of the cultural compatibility approach has also been documented by research. Specifically, studies on Latino clients indicate that there is a greater utilization of mental health care services when Latino clients are matched with Latino service providers (O’Sullivan and Lasso 1992; Sue, Fujino, Hu, Takeuchi and Zane 1991). These researchers suggest that culturally compatible counselors may be better able to avoid stereotypes, develop rapport, assess clients accurately, and create appropriate treatment plans.

The purpose of this research is to examine the problematic of providing effective and meaningful counseling and educational services to Spanish-speaking, Latino immigrants in a non-profit human service organization with a predominantly white middle-class staff. This paper will explore the perceptions and experiences of service providers, managers, and Latino clients at an agency in Southern California that began implementing both the cultural compatibility and cultural competency approaches. The focus will be on structural features of the organization that enhanced and hindered effective service delivery to these Latino clients, as well as on problems that arise when both approaches are not integrated systematically.

Background

The author originally entered the organization as a sociologist and licensed family therapist interested in collaborating with agency members on an action research project. After sharing my areas of expertise, the program director

suggested the development of cultural competency as an important need among agency staff. She did not define cultural competency, but said that their funding sources would like to see the agency doing assessments and trainings on it. The author agreed to work with agency members in designing and implementing a needs assessment and interventions to help promote more culturally competent service delivery. The first step involved considering how to identify and then measure cultural competency.

The concepts of cultural competency and ethnic sensitivity have recently become more prominent in social work and other clinical literatures (Ho 1987; Lum 1986; McGoldrick et al. 1982; Pope-Davis and Coleman 1997; Schlesinger and Devore 1994). Scholars in this area tend to define cultural competency in individual-level terms, like a skill or personal resource that facilitates positive cross-cultural relations. Moreover, cultural competency is seen as teachable, something that clinical service providers should learn for the benefit of their clients. The culturally competent professional is commonly described as possessing the following three traits: knowledge about the values and practices of cultural groups, awareness of one's own attitudes and assumptions about cultural groups, and skills (e.g., communication style) that will facilitate mutually respectful service provider-client relationships (Sue, Bernier, Durran, Feinberg, Pedersen, Smith and Vasquez-Nuttall 1982; Sue, Arredondo and McDavis 1992).

Providing education and training for individuals can be useful, but as a sociologist the author was skeptical about how lasting a change could be that is targeted only at individual behaviors and attitudes. So the goal became to explore the possibilities for structural change within the organization by utilizing the theoretical insights and methodological tools of clinical sociology. Specifically, multicultural relations at the agency were examined from systems and constructivist perspectives. Each of these theories allowed for insight beyond the individual traits and behaviors of members of the agency to the organizational factors relevant in promoting culturally competent services.

This research's initial broad focus on multicultural relations at the agency became more refined as it was discovered that the agency devoted a fair amount of its resources to Spanish-speaking, Latino clients. There was little evidence of outreach and program development for other specific ethnic groups. So the questions of my assessment shifted toward understanding how well these Latino clients were being served by the various types of service providers at the agency.

The systems perspective encouraged a holistic view of the agency as containing interdependent relationships among its various parts (Chess and Norlin 1988; Watzlawick, Beavin and Jackson 1967). The organization was also seen

as an open system in interaction with its environment. Inputs, such as client referrals and grant contracts, are obtained from that environment and outputs (e.g. client outcomes) are aimed at enhancing its survival in that environment. Specifically, the focus was on how the nature of the interactions and relationships among various parts of the agency were affecting service delivery to Latino immigrant clients. Information on how the organization adapted to environmental exigencies was also sought in order to further understand agency policies and practices affecting these clients.

A systems approach to interpretation involves awareness of the interactive nature of "problems" (Bruhn and Rebach 1996). Outcomes are not viewed as caused by a preceding event or action (linear relationship), but rather they are seen as part of a circular pattern of interaction. This emphasis on the circular nature of causality drew my attention to how practices in the organization reinforced one another to perpetuate ongoing cycles. From this perspective, systemic change requires interventions targeted at any point in a pattern of interaction, with an understanding of how other parts of the circular pattern will be affected. Specifically, it may involve restructuring communication patterns, integrating agency members' goals and values, aligning expectations among various groups in the organization, and reducing role conflicts (Johnson 1986; Shepherd 1995). Because such interventions introduced within any part of a system affect and are affected by other parts, initiating change with individuals alone is not sufficient for creating a lasting difference for the organization.

While systems theory emphasizes interaction patterns and social structures, constructivist theory highlights the importance of individual and group definitions of the situation. The emphasis is on context and meaning. Behaviors and experiences are given meaning within various contexts, and therefore actions should not be understood in isolation from larger social narratives or discourses (Efran et al. 1988; Watzlawick 1984). With this perspective, the analysis centered on how the agency members' framings of their identities, goals, values, relationships with colleagues, and the agency hierarchy were involved in service delivery to the Latino immigrant clients. Specific interest was in how various groups in the organization (i.e., clients, service providers, managers) perceived one another and defined themselves in relation to the other groups. Understanding the specific content of these perceptions as well as any disagreements within and between groups provided further insight into the types of multicultural relations occurring at the agency.

Methods

Research Site

The agency is a non-profit organization in southern California providing prevention, outreach, and treatment programs for children, adolescents, and families in crisis. Services center primarily around the areas of child abuse, domestic violence, and substance abuse. Clients may be court-referred to the agency or voluntarily choose to receive services within various programs. A large proportion of the community served by the agency is Latino.

The agency has a hierarchical structure with four levels. At the lowest level are service providers (counselors, teachers, group leaders, outreach workers) who work directly with clients in various programs. At the next level of the hierarchy are program managers who oversee specific programs and supervise the service providers. Above the managers are program directors, who administer several specific programs within a general area (e.g., child abuse) and supervise the managers. At the highest level in the organization is the executive committee. These administrators manage the operation of the agency as a whole (funding, payroll, hiring, community relations, research and development) and supervise the program directors.

The overwhelming majority of agency workers—across all levels—were white women. Moreover, women of color were more highly concentrated in the lowest levels of the hierarchy. Approximately one-third of the service providers (level 1) were Latinos working in Spanish-speaking programs. Employees at the level of program manager were usually white, with three Latinas, one African-American and one Native American in this group. Of the six program directors, all but one (a Latina) were white. The executive committee was made up of eight members, all white except for one Latino who left the agency prior to completion of the study; two were males.

At the time of the study, the agency was in the midst of implementing new strategies for dealing with the cultural disparity between their providers and clients. Both the cultural compatibility and cultural competency methods described above were attempts to meet the needs of its large segment of Spanish-speaking, Latino immigrant clients. The cultural compatibility model took the form of several programs offering Spanish-speaking components with primarily Latino immigrant service providers. The cultural competency approach consisted of providing staff with both on-site and off-site training workshops on culturally sensitive practice.

Focus Groups

The goal of this project was to uncover the various agency members' experiences, feelings, and beliefs with respect to cultural competency in hu-

man service delivery. Focus group interviews were chosen as the data gathering strategy because they provide direct access to the language participants use to organize their experiences (Hughes and DuMont 1993; Morgan and Krueger 1993). Focus groups allow for people with some similarity in life or work experience to discuss their opinions in a non-threatening environment. These discussions encourage both knowledge that is shared among the participants as well as the range of different experiences among group members. Because conversations are allowed to become spontaneous, and the comments of one member tend to provoke responses from another, important issues the researcher is not aware of beforehand can come to the surface. Therefore, focus groups are quite appropriate for research that is more exploratory in nature (Basch 1987; Krueger 1988; Morgan 1988).

The focus group interviews were conducted with clients, service providers and program managers. Program directors and executive committee members did not participate in focus groups because of their small numbers and because of their more collaborative role in designing the research. Field notes were kept describing my meetings with the directors and executives in order to track their behaviors, attitudes, and relationships with respect to cultural competency in the agency.

The following specific agency members participated in the focus groups: Spanish-speaking Latino clients, non-Spanish-speaking service providers, Spanish-speaking bilingual service providers, and managers. The focus group sizes ranged from seven to nine members. Clients were recruited with the author describing the evaluation study to each Spanish-speaking class and group at the agency. All participants were volunteers and received \$15.00 for their time. Service providers and managers were recruited with the author presenting the study at each program's staff meeting. These participants were also volunteers.

Latino clients: Four focus groups were conducted with Latino clients of the agency. The large majority of these clients were immigrants from Mexico who had been living in the U.S. for between 4 and 22 years. A smaller number had emigrated from other Latin American countries. All were native Spanish speakers and very few spoke English. Most were from rural backgrounds and had low incomes. Two of the focus groups were with male and female clients court-referred to the agency for parenting classes and the other two groups were with those volunteering to attend support groups for female victims of domestic violence.

English-speaking service providers: One focus group was conducted with non-Spanish speaking service providers. All but one of these workers was white; none were Spanish-speakers. All had Bachelors degrees and all had Latino clients on their caseloads.

Spanish-speaking service providers: Two focus groups were conducted with Spanish-speaking service providers. These staff were primarily Latina (except for one white male), and most were immigrants from Latin America. They were native Spanish speakers (except for the male), and had bachelor degree level educations. They all also spoke English.

Management: One focus group was conducted with a multiethnic group of managers who directed programs and provided psychotherapy to clients at the agency. This group consisted of five whites, one Latina, one African-American, and one Native American. There was one male in this group. Most had graduate-level degrees and professional clinical licenses in the mental health field.

Interview Protocol

Each focus group consisted of a 90 to 120 minute audiotaped session with a moderator and a note-taking assistant. The client focus group participants were asked a series of questions about their original expectations of the agency, what experiences were helpful and not, relationships they had with counselors and teachers, and suggestions they had for the agency. They were specifically asked to describe examples of when they felt respected and understood in their relationships with service providers. Conversations were allowed to be free-flowing, so that clients were able to share agency experiences that were the most salient and meaningful to them. Clients reported on both positive and negative perceptions of their encounters with providers.

Service providers and managers were asked about their visions of cultural competency, experiences and relationships they had with various client groups, and suggestions they had for the agency. They too were encouraged to discuss actual examples of what they believed was culturally sensitive or insensitive practice. They were also asked to explain what they felt would create more opportunities for success in meeting the needs of diverse clients, as well as their perceptions of barriers to effective service delivery. The prominent theme of all interviews was how cross-culture and same-culture relationships were working at the agency.

Analysis Strategy

The analysis for this paper is based on data gathered from the eight focus groups described above. Close readings of the focus group transcripts were informed by the systems and constructivist perspectives. From a constructivist perspective, perceptions held by service providers and Latino clients were studied as a way to gain insight into the systemic processes of the agency. Specifically, the ways that Latino clients defined their experiences at the agency in general and with various service providers were considered. How service

providers described their experiences with various client groups, as well as with other staff and management was examined. Attention was also placed on the meanings given to race, class, and gender categories in the discussions of client-service provider, service provider-manager, and service provider-service provider relations.

The systemic framework shaped the questions of this multilevel analysis. At the individual level, the behaviors and perceptions of clients, service providers, and managers that reflected how services were delivered to Latino clients were examined. Additionally, examples of knowledge, awareness, and skills possessed by service providers and managers were pursued. At the group level (i.e. Latino client, non-Latino provider, Latino provider, manager), the degree of consensus regarding roles, examples of role strain and conflicts, and operational definitions of programs that revealed how Latino clients were served were noted. At the organizational level was the study of perceptions that revealed patterns of relations across levels of the system (i.e. between programs and among the agency hierarchy) that were associated with how Latino clients received services. Finally, consideration was given to perceptions of interorganizational relationships between the agency and outside groups in relation to service delivery for Latino clients.

After several readings of the transcripts using the above theoretical ideas, the repetition of certain themes led to the development of a coding scheme to categorize quotes illustrating each concept. An inventory of these themes was created and organized according to whether each theme reflected the individual, group, organizational, or interorganizational levels discussed above. Attention was given to whether quotes represented examples of more or less effective service delivery to Latino clients, and whether they provided information about cultural compatibility or competency strategies of the agency. Finally, the amount of agreement or disagreement within and across focus groups about particular themes in the inventory was noted. Three graduate research assistants independently coded the transcripts using my original coding scheme, and intercoder reliability was found to be high. The findings reported in this paper include only themes relevant to an evaluation of cultural compatibility and competency practices of the agency.

Findings

Findings reveal that there were limitations within both the cultural compatibility and cultural competency approaches to serving Latino clients. To follow are these client and staff perceptions of problems, as well as considerations of possible solutions the agency may wish to implement. An evaluation of the effectiveness of each method is discussed in turn.

Limitations of Cultural Compatibility

The agency's movement toward culturally compatible services was slowed by several barriers perceived by both staff and clients. One set of perceptions reflects the structural segregation of Spanish-speaking Latino providers in the agency. Another set of perceptions reveals the external constraints placed upon service delivery to Latino clients. A final theme revolves around professional role constraints and conflicts faced by Latino service providers. Each issue is discussed below.

Ghettoization of Latino Providers

The ghettoization of Latino providers took two forms: physical separation and symbolic cutoff. The physical segregation of English and Spanish-speaking providers was associated with communication gaps among potential treatment teams, lack of engagement with Spanish-speaking clients, and these clients' feelings of being unwelcome at the agency. The symbolic cutoff of these providers was reflected in their reports of not being listened to by their managers, and was possibly associated with the high turnover rates of these staff. Each form of ghettoization will be discussed in turn.

"If all the Latinos are downstairs, education about being culturally sensitive is gonna be really hard to do": - (Latino service provider)

Throughout the agency, programs were separated based upon whether they served English or Spanish-speaking populations. This physical segregation was associated with a lack of communication and contact between monolingual English-speaking and bilingual Latino service providers. The Latino providers were the most keenly aware of this segregation as they described both their physical and interpersonal isolation. Spanish-speaking clients also suffered from the marginalization of their counselors at the agency.

One particular program demonstrates the sometimes quite dramatic isolation of Latino providers, who worked in the only room on the lower level of a building that housed several programs.

"We, community services who happen to all be Latinas, are downstairs in the..., in one big room, and the shelter is like blocks from here. So even though we work a lot, supposed to work together, we're very physically isolated. And the communication stops, it really does. Like I worked here since November and I didn't know who xxx was."

This physical isolation contributed to communication gaps among service providers who were helping the same clients. The following Latina pro-

vider explained that another program stopped having meetings with her program. These meetings had been used to discuss clients that were shared between the two programs providing different services.

“If you don’t get together and talk about it [shared clients] continuously there’s gonna be them and us. And they [predominantly white providers] stopped it [the meetings], the shelter stopped it. I think it’s really, really important that it continues, that rapport of meetings to talk about problems, concerns, good things that are happening.”

In addition to communication barriers between service providers, the segregation of bilingual providers contributed to other staff members not engaging with Spanish-speaking clients. A manager gave an example of this lack of communication with Spanish-speaking clients who called the agency. She pointed out that even bilingual receptionists seemed unwilling to listen to these clients.

“Somebody was just calling for directions and they got transferred to community services [program for Spanish-speaking clients] ‘cause they spoke Spanish. So nobody listened to what the person was asking even though they talked with three or four bilingual people before they got downstairs [where community services is]. And then the people downstairs were like, ‘Why are we giving directions to the [agency]?’ Nobody listened. The minute they heard it was a Spanish-speaking client, they transferred it downstairs.”

It seems that the physical separation of the Spanish-speaking providers made it easier for reception staff to disregard these Spanish-speaking clients. Specifically, when a call from a Spanish-speaking voice was received, the caller was channeled downstairs. The implication is that downstairs then becomes the only place where these clients are listened to. One possible consequence of the organizational segregation of Spanish-speaking programs was that several Latino clients felt unwelcome when they called the agency. The following quotes from Latino clients express this view.

“Sometimes people who call [the agency] feel as if they were asking for a handout from the people in the front office.”

“... they [agency receptionists] look at you and don’t even acknowledge you with a ‘good morning.’ It makes one afraid to even look at them, and these are the ones at the front desk.”

The intimidation these clients described may reflect the insensitive personalities of select receptionists, but any individual insensitivity may have been amplified by the lack of visible integration of Latino providers and clients within the work area. The receptionist may easily consider these Latino clients as someone else’s responsibility, and therefore not give them the time and concern afforded to English-speaking clients.

Another possible indication of the marginalization of Spanish-speaking programs, providers, and clients was found in Latino clients’ desires for more contact with staff outside of their programs. The following Latino client quotes suggest the desire for more connection with agency managers in particular.

“But once in a while it would be a good idea for them [agency social workers, program managers and directors] to take a look at our groups to see what is happening, because they haven’t bothered to visit us in a long time.”

“I think that for those of us who have been here a long time, they [agency social workers, program managers and directors] should introduce themselves to us. ‘Look, I am so and so, if she’s [your counselor] not here, you can go with her [another counselor].’”

The fact that these clients were seeking involvement from administrators may reflect their experiences at the margins of the agency’s service delivery. Latino clients wanted to know the agency managers and have their experiences at the agency understood by them. The administrators, based on my observations, perceived their time as filled by meetings and paperwork. Contact with clients was typically not a part of their work.

The strict physical separation of English and Spanish-speaking programs, service providers, and clients may have two outcomes hindering the agency’s cultural competency. First, if providers with the same clients are not in communication about treatment issues, the services these clients receive will not be coordinated and may even conflict with one another. Second, many of the Spanish-speaking providers have unique personal insight into the experiences of Latino immigrants. Other providers at the agency may rely either on book knowledge or stereotypes and other misinformation. If these two groups had opportunities to interact, education about the needs of Spanish-speaking cli-

ents could occur on an informal and ongoing basis. So with this segregation, a potentially useful source of information is being ignored.

“Our feelings and our needs are ignored, just overlooked”: - (*Latino service provider*)

The Spanish-speaking Latino providers did indeed feel ignored at the agency. So not only did they have limited contact and communication with other providers at the agency, they also perceived their managers as unresponsive to concerns they had about their Latino clients. Again, as most were immigrants themselves, these providers felt that they understood their clients' experiences and needs. The following examples illustrate how the Latino providers felt unheard by management when they described the problems of cultural incompetence.

“We went to management and we told them this [lack of cultural sensitivity] is a problem, we think things need to change. [they said] OK, let's have a meeting, and then they changed the topic of the meeting.”

“We've expressed a lot of these views [about staff lacking cultural competency] already and they say, yeah, we're going to do something about it and then they do have trainings and they do have, but they're about something completely different.”

The managers acknowledged the need for cultural competency training workshops, but called on outside “experts” to deliver curriculum that from the Latino providers' perspective was not on target with this agency's clients. Bringing in these outside sources further devalues these providers, whose expertise may be drawn on to help design cultural competency training. The lack of Latinos in decision making positions is one obvious source of this oversight.

It is possible that Latino providers' perceptions of disregard by management were responsible for the frequent occurrence of these staff leaving the agency. Latino clients had mentioned the high turnover rate of their Latino counselors as an obstacle in their treatment. For example, these clients not only described frequent clinical relationship disruptions, but also insensitive staff management of these interruptions.

“...and all of a sudden, they [agency staff] tell us ‘He's [her counselor] gone.’ They treat us like children and don't have to give us an explanation.”

“I was in therapy with [her counselor]. I was depressed and all of a sudden they say, ‘We fired him. He’s no longer here.’ They just leave everyone flat.”

External Constraints

The agency relied on several county service organizations for client referrals and was funded by private, as well as county, state, and federal level grant contracts. This referral and funding environment of the agency was recognized as problematic by many of the managers and Spanish-speaking providers. Specifically, they described many conflicts between their goals for clients and the requirements of these external funding and referral sources. Certain external contracts were viewed as promoting unrealistic expectations for clients’ outcomes and excluding certain groups from services. In describing the county agency responsible for child protection, one manager framed their relationship to these external agents as follows.

“... we have county contracts we feel like we have to meet, you know, the county’s expectations of us and we’re kind of their employee, not that we’re their employee but we’re whatever you want to call it. But they have different goals for the client than we think are even culturally appropriate.”

This manager saw herself and the agency in a subordinate position to the county, as an “employee.” And there is pressure for her to conform to the perhaps culturally inappropriate expectations of the county workers. Another manager spelled out the specific restrictions a funding source created for her domestic violence shelter.

“My contracts say 80% of the women leaving my shelter should go to permanent housing and 50% of them should be in permanent housing at least 18 months after leaving me. Hello!! That puts a tremendous expectation on the clientele that you would even work with. If you look at somebody with a history of being homeless for years, you know, you’re going to be less likely to take that person on. I mean if the contract doesn’t look at an individual, it just looks at our year and says we want 80% of those people in 30 days to be in permanent housing ... So, I think sometimes we are caught between our contracts and...”

So here the service providers are caught in between their desire to help those in the most dire circumstances and the need to make target. There is a clash in meaning over what constitutes success. Is success measured in terms of getting the most numbers of persons through the system in a certain span of time, or is success the ability to assist those with the fewest resources? The achievement of cultural competency may indeed mean serving those with the least support, and these clients are very often undocumented immigrants.

The following account from an undocumented immigrant client demonstrates the challenges faced by those with the fewest resources trying to receive help. This woman described the dilemma of deciding whether or not to go into a battered women's shelter.

“[Before going into a battered women's shelter she asks] ‘How long am I going to be in the shelter? That is, what's going to happen to me? I cannot live there forever.’ ‘No,’ she [client's counselor] said, ‘you can only be there three months, at most. After that you'll be on your own.’ But I said, ‘I don't have a green card, I have two small children, I don't have a job, I have no means of transportation, I only know one person... what am I going to do?’ [It is necessary] that they [the providers] give information so that one knows what the steps are. What one needs when one goes to a shelter, and after that what kind of help they provide to us.”

This client understood the limitations of not having legal status in this country, however she emphasized wanting more information and help from her providers on what do to after leaving a shelter. She expected her counselors to somehow alleviate her fears and uncertainty. And the Latina providers do feel this pressure of clients asking for help that they cannot always provide. For example, this provider elaborated on the difficulty in serving undocumented clients within a larger system that presents barriers.

“For example, we work with a lot of Latinas. And I think one of the big things that, with people who wrote the grant which wasn't us, obviously, I don't think they expected that we were going to have a lot of undocumented ladies... We're supposed to offer services to them, but what services do we offer? And the services that we can, that physically we can offer to them, we're not allowed to because it's not in the grant.”

The restrictions on how much providers can help undocumented immigrants go beyond what the grant contracts specify. Because clients without legal status in this country have limited access to jobs, housing, and public assistance, as well as constant risk of deportation, the providers' efforts to help are constrained. Attempts to effectively serve Latino immigrants must therefore be understood within a larger political context that is not welcoming toward this population.

Professional Role Constraints

Many of the Latino service providers described clashes between their personal role definitions and rules stemming from the agency and the ethical guidelines of professional counseling. These providers perceived constraints on their work with Latino immigrant clients as coming from non-Latino models of behavior.

"I do have two personalities 'cause I know how the white wants me to behave": - (Latino service provider)

The Latino providers exhibited a high degree of consensus about their desired clinical roles with Spanish-speaking clients. They believed that as immigrants themselves they understood their clients' needs and concerns. However, these providers perceived management (who in their eyes represented white society) as disagreeing with their shared role definitions. For example, one provider explained that her Latino clients felt more comfortable when she visited their homes wearing casual clothes—a violation of the agency dress code. She argued that management's reluctance to bend the rules hurt the very clients whom the agency aimed to serve. The following statement illustrates her frustrations.

"I think that the people here, I mean you know, management, could put up with us looking a little more casual. Then I think they should be able to make the sacrifice instead of the clients."

In addition to the conflict with management over appropriate clinical role definitions, the Latino providers perceived much role conflict between their desire to offer culturally sensitive services and the ethics of professional counseling. They specifically felt that client-staff relations were hindered by ethical proscriptions against eating with clients, attending client social functions, and accepting gifts from clients. These rules were described as not matching the culture of Latino immigrant clients. For example, one provider described expectations in the Latino community.

“... in the Latino community ... they don’t understand why I cannot be their friend. You know. And they have a baptism, they have a birthday, they have a shower, they invite me.”

She explained that clients feel hurt and disappointed when their counselors refuse to attend these important life events. At some point in the relationship, many Latino clients seem to regard their counselors in more than clinical or formal terms. For example, these clients used family metaphors to describe their Latino service providers.

“We’re almost like daughters to her because she has helped us so much.”

“Instead of talking about my problems with my mom, I call xxx. I have called her on a Sunday and she has taken care of my son on a Sunday.”

“So I feel as if she [her counselor] is a friend... I feel that she gives me the energy that I get every Tuesday here in the group. Right? When we are all here I feel that we are like a family.”

The affection and intimacy in these relationships between Latino clients and providers appears to go both ways. Many of the Latina providers experienced much role conflict over wanting to be emotionally close and supportive with clients and the professional role requirement of maintaining a more distant formality. One provider explained the tension she felt when clients have asked her to attend their celebrations.

“... and it’s so difficult, you know, for me because that is my culture and [it] makes me in two pieces because I want to go, you know. I want to go, I have, I have no problem... That is very difficult for me as a Latino person with a Latino client.”

So here again two conflicting meaning systems collide. What is an appropriate and effective clinical relationship? Is it a more detached, professional relationship with clear boundaries between the clinician’s office and the social life of the client? Or is it more helpful when clients feel close enough to their counselors to desire their attendance at important life events and celebrations?

The conflict over clinical role definitions also emerges in the organizational procedures for transferring clients between programs. The policy requires service providers to work only with clients formally enrolled within their program. When clients transfer to another program, they must see another provider. According to the Latino providers, this policy led to unnecessary disruptions for clients. For example, these Latina providers described what happened to clients that transferred from their outreach and group therapy programs to the domestic violence shelter.

“... I build relationships with them in group, and then they go into the shelter. They get a service plan, and then I can’t help them no more, you know. And I’m the one that built the relationship with [them]. Now they have to start all over with another counselor that is going to be there 30 days.”

“And that’s something I think that is in the Latino community is really important that when you trust a person, you know, to, first of all it takes a long time, especially if you’re undocumented and then to be shifted then to another person. I think a lot of the women feel I abandoned them. Even though I explain to them that, you know, this is how it is and this is why and once they get out they can always call me again. It really doesn’t make any sense to them. It doesn’t make any sense to me either.”

Not being allowed to continue seeing clients who go to the shelter seems to conflict with how these providers view themselves as counselors to the Latino population. They specifically emphasize the importance of trust in these clinical relationships and the client’s perception of abandonment when the transfers take place. So the priority they give to a more close clinical bond, one they define as a Latino desire, clashes with the organizational imperative that clinicians only see clients within their programs.

The non-Latino providers, on the other hand, did not discuss any experiences of being constrained in how they wanted to help their clients. They never mentioned policies of the agency or the professional ethics of counseling as relevant in their work. The issues that they grappled with concerned their ambivalence about how to serve their ethnically diverse clients—the interpersonal issues of relationship-building with clients. Their concerns were more representative of the limitations of cultural competency discussed below.

Limitations of Cultural Competency

Although many individual agency members appeared culturally competent, their abilities to actualize these skills were limited by communication patterns within the agency. Agency administrators were aware of the importance of education and training on culturally sensitive practice, and many of the service providers and managers were quite articulate in describing what this practice should involve. However, the agency seemed constrained by a pervasive organizational silence around the topic of cultural diversity and much uncertainty and disagreement about how to negotiate difference.

Silence

One of the most striking findings emerging from the focus group discussions of service providers and managers was that despite administrators' wishes to improve cultural competency, there was an ironic organizational silence around the topic of cultural diversity. The focus group conversations of the primarily white providers seemed to represent isolated and perhaps new opportunities to discuss cross-cultural relationships with clients. The Latino provider discussions, on the other hand, seemed more like continuations of quite familiar material, as they often nodded in agreement with one another.

In addition to being new, the discoveries made within the non-Latino focus groups seemed to generate much interest and enthusiasm. One white provider shared: "All this time we've worked together, this is so great to hear this."

However, there was also concern about the silence over diversity. For example, the following manager had just learned something from one of her colleagues, and wondered what else she does not know.

"I mean I never even thought about it. And then, so then I'm wondering well what else am I missing?"

These two managers, struck by the new information they have learned, imply that it is harmful not to be aware of their biases.

"You know, until you pointed that out to me, it's like I don't even recognize that, and that I think is kind of scary, and I think we all do that."

“It’s like what xxx talked about is so significant and yet I wonder how many other things that we miss because we don’t really, we don’t have the time or we don’t take the time to sit down and talk about it or try to delve into what our, you know, deeper biases are.”

This manager discussed the systemic problem at the agency of not explicitly talking about diversity issues with clients. He suggested that it is important enough to make more time for at meetings.

“What I think we don’t do is make enough time at our group meetings. I mean, people that I supervise, we get together every week and we don’t talk about differences very often. I mean it’s except maybe indirectly, but it certainly would be a good idea to make it a, bring it up as a conversation thing more often, and um, um, just make it, not kind of tiptoe around it all the time but just to put it out there, you know.”

His statements reveal how the issue of difference, cultural and otherwise, is “tiptoed” around in clinical supervision meetings, implying perhaps a discomfort around the topic of diversity.

A Spanish-speaking service provider, recognizing the value of what she learned in the focus group, felt that the agency should sponsor meetings to talk specifically about diversity issues.

“I was thinking that, for example today, I learned something, what you said there... Why the [agency] don’t have sometimes, you know, [a] meeting like this so that we can talk about it?”

Her question is a good one, and one that demonstrates the lack of attention given to fostering cultural competency among the agency’s service providers.

These focus group conversations brought attention to the lack of discussion about cultural diversity issues at the agency. Service providers and managers expressed interest in what others shared about how to provide culturally sensitive services as well as concern that these informative discussions did not occur outside the focus group. This institutional silence on the issues of diversity suggests that culturally competent practice was not yet incorporated into the agency culture.

Uncertainty and Disagreement

A second process reflecting a lack of cultural competency within the agency culture was the non-Latino providers' uncertainty and disagreement about how to deal with cultural and economic differences with their clients. These primarily white staff explored various strategies for developing more effective clinical relationships with their clients, and presented their rationales behind competing practices. Their conversations suggested a sense of uncertainty about what the "correct" ways to proceed with clients should be.

In one example, providers disagreed about whether or not it is important to give clients as much information about themselves as possible before they go to clients' homes. They specifically wondered whether or not they should tell clients what they will be wearing and what car they will be driving. Two competing views on this issue were expressed by these providers.

"I'm uncomfortable parking and I think also because I'm concerned that is going to embarrass them... To the neighborhood and to the family you're a social worker coming in there. I don't want to embarrass them so I try to park away and draw less attention to the family."

"I think the car issue is an important one. To me, it is, because that's part of my culture. And at the same time I respect them for their culture so by letting them know ahead of time or discussing it ahead of time, letting them kind of get used to the idea, I feel it's like putting them on even ground. [I think] 'I know about you, here's what I want you to know about me.' And they tend to like that I have given them a little information about myself."

Interestingly, the debates were among coworkers, not with management, as with the Latino providers. These non-Latino providers were not being told to act or dress more "professional" and detached. Their clinical role definitions seemed to be their own, and not in conflict with their managers. Professional norms and ethics also were not referenced in the following debate on eating client-prepared foods.

The non-Latino providers wondered whether accepting foods prepared by their clients was truly important for developing their client's trust. Some believed that accepting food was particularly important with clients from a non-white cultural background. Others stood by their own preferences not to eat food prepared by clients. This white service provider described her history of not eating client foods.

“... I mean I just don’t want to [eat] and so I don’t. But it seems to be bridging some gaps maybe for you and I think, especially with Hispanic families, a lot of them have asked me, ‘Please eat, please eat.’ I never have eaten to this moment.”

Another white service provider arguing for the importance of eating foods offered by clients responded.

“Well, we’re talking about ways of connecting, and that gets past cultural differences.”

A third provider, also white, offered her views on why eating with clients is culturally sensitive.

“The reason I started eating was that I found out that it was an insult if they offered you something, Hispanics, and you didn’t eat. And I also have some Hispanic friends. They don’t speak English and so I learned a lot from them because they treat me like one of the family. And vice versa.”

These types of debates about how to interact with clients came up throughout the predominantly white provider focus group discussion. Sometimes the providers felt enlightened by what their coworkers had to share and other times they politely disagreed about what approaches to take. The differing opinions about how to handle various cross-cultural situations do not necessarily inhibit culturally competent practice. However, the uncertainty and doubt expressed by these providers about what is the “correct” practice indicates the need for more discussion about service delivery to clients of diverse cultural backgrounds, as well as awareness of ethnocentrism. Conversations about diversity were rare at the agency. However, these providers appeared quite willing to engage the topic. So the type of change needed requires the institutionalization of both formal and informal opportunities for providers to examine their visions of and experience with culturally competence practice.

Discussion

This analysis of the experiences and perceptions of agency service providers, managers, and Latino immigrant clients revealed several processes hindering the achievement of culturally sensitive services. The cultural compatibility method of serving Latino clients was limited by the ghettoization of

the Latino providers, conflicts between providers' goals for clients and requirements of external funding and referral sources, and conflicts between Latino providers' desired clinical roles and professional ethics and agency rules. Cultural competency was limited by the lack of discussion within the agency about diversity issues and the uncertainty and disagreement about culturally sensitive practice among non-Latino providers.

Further examination of these problems uncovered several conflicts over how service delivery and clinical relationships were defined. Specifically, the following questions emerged out of these meaning conflicts. First, how is successful service delivery measured? Is it the numbers of persons who finish a program, or does success depend on who was helped? Other questions concerned how appropriate and effective clinical relationships were defined. For example, tensions were apparent over the questions of how much professional detachment and directiveness with clients is considered desirable. Controversy also existed over the question of what should happen to clinical relationships when clients transfer between programs.

Typically, the Spanish-speaking Latino providers perceived themselves as having different answers to these questions than did their managers, and they felt constrained to conform to external expectations. Providers in English-speaking programs grappled with these questions among each other, but did not feel pressure from their managers. The dilemma for the Latino providers was role conflict; they felt confident in what they wanted to do with Latino immigrant clients, but were not allowed to. The dilemma for the white providers was role ambiguity; they were less sure about how to proceed with Latino immigrant clients and they wanted to talk about it, but their managers did not provide such opportunities.

The dilemmas of these two sets of providers point to the limitations of placing a cultural compatibility model of service delivery within a wider system that does not operate under Latino immigrant values or represent Latino immigrant experiences. The Latino immigrant service providers may have the appropriate capabilities (knowledge, skills, and awareness) to achieve quality helping relationships with their clients, but they face constraints within an organization that reinforces white middle-class models of service delivery. The white service providers may have the appropriate desires to learn about culturally sensitive practice, but they too are limited by an organization that ignores the topic of diversity.

The cultural competency model may offer a solution to these problems. If the agency promotes the development of culturally sensitive knowledge, awareness, and skills among providers at all levels in the organization, then perhaps the benefits of culturally compatible services could flourish. For example,

cultural competency emphasizes understanding experiences that are not one's own. If agency members were to practice this principle, then the insights of the Latino providers would be actively sought out. Their expertise as members of their clients' communities would be part of the ongoing conversations about how to effectively serve the agency's Latino clients. Managers seeking cultural competency may also begin to evaluate whether or not the policies and professional ethics guiding service providers are appropriate for Latino immigrant clients.

The blending of these two models may also reduce the problems of silence and uncertainty about how best to serve culturally diverse clients. Cultural competency requires ongoing, formal and informal opportunities for discussion about how to engage clients with backgrounds different from one's own. Staff meetings could emphasize learning from one another, experimenting with different approaches, and recognizing that "one size does not fit all."

Perhaps a larger problem, though, concerns how much can be achieved within an agency that depends on funding sources, licensing agencies, and educational institutions that do little to promote Latino immigrant interests. The agency can certainly create internal changes to enhance the integration of Spanish-speaking Latino providers within the organization. Their isolation can be reduced with more opportunities for communication and collaboration with English-speaking providers and programs. The institutionalization of cross-program meetings is a relatively straightforward process. And of course vertical integration of these providers throughout management levels would bring needed expertise to program development and policy decisions. But this agency depends on resources from external systems for its survival. If the concerns of Latino immigrants are not at the center of the policies and practices of these outside organizations, then how can the agency not re-marginalize this group?

The agency sends outputs to these external systems in the form of grant proposals and reports. This is where the discourse that agency members use is quite important for changing the ways that Latino immigrant issues are regarded. Grant proposals, for example, can contain requests for lines to fund cultural competency and compatibility activities. There is plenty of research literature, as well as this agency's self study, pointing to culturally sensitive practice as integral to successful service outcomes. Agency reports to external organizations can also stress the importance of culturally sensitive practice by providing information about how external requirements specifically hinder the achievement of program goals. In sum, this agency can play an educational and advocacy role with external organizations.

Conclusion

This study not only provides substantive information on barriers to culturally sensitive practice, but also illustrates the utility of a clinical sociology approach to uncovering problems and developing solutions within an organization. With the systems and constructivist perspectives, my analysis identified how the lack of integration of Latino providers in the agency, combined with their role conflict and clashes of expectations and goals with other providers and management, and the institutional silence about multicultural issues, impaired service delivery to Latino immigrant clients. These findings led to structural solutions emphasizing (1) change in patterns of relationships among English and Spanish-speaking programs, (2) reassessment of institutional policy on professional roles and clinical relationships, (3) institutionalization of more formal and informal opportunities to discuss strategies of culturally sensitive practice, (4) vertical integration of Latino providers throughout agency hierarchy, and (5) restructuring the agency's relationships with external organizations. With these changes in place, the needs of Latino immigrant clients may be placed at the center of this agency's service delivery.

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