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## Increasing Cultural Connection with Hispanic and Latinx Clients: Assessing the Cultural Adaptation Needs of the Organization and Clinician

### *Highlights & Key Concepts*

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#### **Summary Ideas:**

**Cultural adaptation for an organization depends on its leaders taking the initiative and has three steps:**

- Assess your community and context by asking questions such as:
  - What part of the general population is Hispanic/Latinx? Which subcultures are significantly present (e.g., Cuban, Puerto Rican)?
  - Are Hispanic and Latinx communities concentrated in particular areas?
  - What are the levels of written and verbal literacy in Spanish and English? To what extent are services reaching these communities, and what gaps exist?
- Assess your organization by examining cultural markers and data such as:
  - Values. Does the organization provide space for collectivist values like *familismo*? Is the space welcoming for Hispanic/Latinx individuals? Is cultural humility cultivated?
  - Communication style. Who is included, and who is excluded? Are communications multilingual and accessible?
  - Staff diversity and retention; client retention; feedback.
- Take action.
  - Cultural adaptation happens through both formal and individual leadership.
  - Collaborative relationships between supervisors and supervisees encourage development of competence, demeanor, and ethical practice with shared accountability. The supervisor is responsible for direction while the supervisee applies knowledge, skills, theory, and ethics in the practice setting.
  - Adopt a stance of cultural humility to address and redress power dynamics in the client-worker-supervisor chain and reinforce a commitment to critical self-reflection and respect for individual and community-contextual customs and practices.

**The overarching goal of cultural adaptation and supervision is to raise awareness of the impact of cultural issues on the supervision relationship and on the Hispanic/Latinx client.**

- A proactive, intentional stance is necessary.
- Model reflexivity and cultural humility, including disclosing multicultural identities and challenges to multicultural competence.
- Value and respect the supervisee's multicultural identities and perspectives.
- Consider with the supervisee the impacts of diversity and multicultural identities within the supervisory relationship.

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## Questions & Responses:

### Q1 *What is important for people to know about providing cultural adaptations?*

**A1** I think sometimes there's a misconception that it is something additional, something difficult, something that requires a major amount of planning and something that takes a long time. Cultural adaptation happens with every intervention and interaction and is really much more about the healthcare worker or therapist, and how they respond. It's a lens we use as we go through our daily tasks, whether we're writing policy or giving instructions on how to do something, or even welcoming a new client to the organization. How can I help them feel welcome? What are some of the things that are going to impact them based on their cultural values and values of the organization? How can we make sure that we're meeting them where they are? I think that that often some of this happens very naturally, but cultural adaptation is also intentional.

### Q2 *How do cultural adaptation needs present on the clinician level versus on an organizational level?*

**A2** I can respond to this in two ways, as I'm both a therapist and an administrator of a hospital. As a therapist, I usually recognize when I just don't feel like I'm communicating, I don't feel I'm being understood, and I don't feel I'm fully understanding where the client is coming from. Often that is my first indicator that I'm missing some of the client's values, their beliefs, certain norms they have, especially when I'm find myself reacting really strongly to what a client says. I can see when the client says, "No, this doesn't work for me." Lack of cultural understanding often just creates a barrier, where we can't communicate because we can't talk about what's important to us. And one person is challenging the other as to their values, norms and beliefs, which are really deep-set. As an administrator, as a supervisor and a leader in my hospital, I often find cultural adaptation needs in the data. When I see I work in a community that is 99% Hispanic, but in my agency only 60% of my clients are Hispanic—that right there shows me that something's happening. And we can see it even in our success rates: if the discharge rates are not aligning with my community, I know instantly, okay, there's some cultural issues here. So often, as a leader, it's almost easier to see very blatantly the organizational, cultural rift because of my data. People go where they feel comfortable, and clients are going to stay longer in treatment and are more likely to complete treatment when there is a cultural adaptation to help them feel comfortable.

### Q3 *What do supervisors mention is most helpful when striving to support cultural adaptations within their teams and organizations?*

**A3** A lot of it is just about openness and helping others understand their own involvement in cultural adaptation. I think as a supervisor, one of our biggest struggles is how we broach those conversations, because they're very personal. When you're talking to one of your employees about cultural adaptation it can be a very difficult conversation, because these are very deeply held beliefs. Sometimes just broaching those topics and understanding how to have those conversations in ways that will help people hear can be really difficult.

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## Resources:

- [CLC Assessment Tool: Based on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care \(CLAS Standards\)](#), from SAMHSA
- [National CLAS Standards – Think Cultural Health, U.S. Department of Health & Human Services](#)

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