Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans

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Abstract

Mexican Americans struggling with chemical dependence are greatly underserved. Barriers to treatment include language, lack of culturally relevant services, lack of trust in programs, uninviting environments, and limited use and linkage with cultural resources in the community. This project aimed to develop a tool for assessing and planning culturally competent/relevant chemical dependence treatment services for Mexican Americans. Focus groups were conducted with experts in Mexican-American culture and chemical dependence from six substance abuse programs serving adult and adolescent Mexican Americans and their families. Sixty-two statements were developed describing characteristics of culturally competent/relevant organizations. Concept mapping was used to produce a conceptual map displaying dimensions of culturally competent/relevant organizations and Cronbach’s alpha was calculated to assess the internal consistency of each dimension. Analysis resulted in seven reliable subscales: Spanish language (\( \alpha = 0.84 \)), counselor characteristics (\( \alpha = 0.82 \)), environment (\( \alpha = 0.88 \)), family (\( \alpha = 0.84 \)), linkage (\( \alpha = 0.92 \)), community (\( \alpha = 0.86 \)), and culture (\( \alpha = 0.89 \)). The resulting instrument based on these items and dimensions enable agencies to evaluate culturally competent/relevant services, set goals, and identify resources needed to implement desired services for both individual organizations and networks of regional services.

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Introduction

This project focuses on creating a tool for assessing and planning culturally competent/relevant chemical dependence treatment services for Mexican-American clients and their families. The project developed as a community-based participatory partnership that came about as a joint effort between researchers at the University of Texas at Austin and the Austin/Travis County Substance Abuse Planning Partnership (SAPP). Members of this regional network of chemical dependence treatment providers include both public and private service providers. Participant agencies recognized the need to increase culturally competent services in member agencies to recruit and retain Mexican-American clients and their families in treatment programs. These agencies made a commitment to assessing and enhancing their services by drawing on the expertise of chemical dependence professionals in the community who were knowledgeable about Mexican-American culture.

The US Census Bureau reported that in 2005, the Hispanic population was the largest in the United States accounting for over 42 million or 14.4% of the total population.\(^1\) Based on the 2000 census data, Mexican Americans account for 58.5% of Hispanics by origin.\(^2\) Due to a rapidly increasing Hispanic population, understanding how substance abuse and dependency impact this population is of major importance. Data from the National Household Survey on Drug Abuse indicated that 6.9% of Hispanics aged 12 or older were illicit drug users while 41.8% consume alcohol. As many as 23.9% reported binge drinking. Hispanics are particularly at risk for substance abuse or dependence with higher rates than Anglos, African Americans, and Asians (10%, 9.2%, 9.0%, and 4.3%, respectively).\(^3\)

Over eight million or 35.1% of the population in Texas is Hispanic. It is estimated that 32% of the total population in Texas is of Hispanic decent and that Mexican Americans account for 76% of this total. In Texas, it was estimated that 460,475 Hispanic/Latinos classified as indigent needed substance abuse treatment services.\(^4\) Of this estimated number needing services, 13,022 Hispanic individuals were actually served in state-funded clinics.\(^5\) Due to increasing needs of this population, it is of major importance to address the gaps in culturally competent/relevant chemical dependence treatment services.

Despite large increases and the expanding need for services in the Hispanic/Mexican-American population, this group continues to be dramatically underserved. Lack of culturally relevant services as well as barriers to the use of existing services are glaring. Barriers to treatment include language, lack of bilingual staff, lack of confianza (trust in the programs), and limited accessibility to culturally relevant services.\(^6\)–\(^8\) Little research examining and developing culturally competent services for Mexican Americans has been conducted. This project aims to develop an assessment tool that can be used by member chemical dependence treatment agencies and be adapted by others statewide and nationally. The final product will allow agencies to: (1) assess the level of culturally competent/relevant services to Mexican-American clients and their families, (2) identify priority goals for each organization in this area, and (3) determine resources needed to provide these services. The concept of cultural relevance was added to cultural competence to highlight the dynamic and changing variations within contemporary cultures.

The special needs and characteristics of Mexican-American individuals and families related to chemical dependence began to appear in the professional literature in the 1980s and early 1990s, viewed as a “special population group”. The term cultural diversity began to be used in the late 1990 to underscore the diversity within special population groups.\(^9\)–\(^15\) Cultural diversity training for human service professionals began to be promoted as an important ongoing activity for treatment agencies. This training emphasized knowledge and skills needed by professionals working in treatment organizations serving clients across a range of cultures.\(^16\),\(^17\) More recently, a broadened focus on culturally competent service has received emphasis that goes beyond the characteristics of professional staff and includes a broad range of agency programs, policies, procedures, and service dimensions.\(^18\)–\(^20\)
Generalized standards for culturally competent services for managed mental health agencies were developed in 2000 by the Substance Abuse and Mental Health Administration (SAMHSA) based on the expertise of professionals representing diverse cultures including Hispanics, Native Americans, African Americans, and Alaskan Natives/Pacific Islanders. These standards are broadly applied in agencies from administration and management to clinical services for individuals and families.21

About the same time that organizational standards were being developed by SAMHSA, generalized standards were developed by the National Association of Social Workers (NASW) concerning cultural competence standards for social work professionals. Once again, expert members of NASW’s National Committee on Ethnic diversity submitted suggestions for the standards. Currently, NASW has identified ten generalized standards for cultural competence in social work practice.22,23 Two other efforts in the early 2000s have provided tools for assessment of organizational cultural competence in mental health agencies. The Ohio Department of Mental Health produced an instrument, the Consolidated Culturalogical Assessment Instrument (C-CAT), identifying four levels of generalized cultural competence differentiated by 12 factors. The factors were based on a previous research project by Ohio Department of Mental Health.24,25 The same year, the Center for the Study of Issues in Public Mental health developed a measure for evaluating general culturally competent agency performance in managed behavioral health care (Cultural Competency Assessment Scale).26–28 The instrument employs a five-point rating scale to evaluate agency performance on 11 areas of culturally competent service. Items were selected by project researchers from previous available research on standards relating to health and mental health developed by federal, state, and other groups, and then worded to be broadly applicable to all ethnic/racial groups.

In 2000, Tawara Goode of the National Center for Cultural Competence at Georgetown University created a cultural diversity and competence checklist for use in training programs sponsored by the Center to increase awareness and sensitivity of professionals who work with children and their families.29 The current checklist contains 36 items organized into three dimensions: (1) physical environment, material resources, (2) communication styles, and (3) values and attitudes. More recently, the Center has also produced an instrument with six dimensions for assessing cultural competence of health practitioners.30 Tools to assess general competencies across a range of cultural groups are also now available for use in agencies that provide services related to domestic violence and child maltreatment. The Greenbook Project in 2006 provides individualized assessments related to CEOs, senior management staff, agency staff, volunteers, and consumers.31 Cultural competence is assessed according to five elements developed by project staff. Despite the availability of several general cultural competence measures, currently there are no available tools designed for evaluating and planning culturally competent services specifically for Mexican Americans. Furthermore, no instruments have been developed to facilitate organizational assessment of culturally competent service in chemical dependence treatment agencies.

Methodology

Methods

Concept mapping was used to develop the cultural competence/relevance assessment/planning tool. Concept mapping, a structured method for translating complex qualitative data into a pictorial form, displays the interrelationships among ideas.32 The resulting items and dimensions provide the basis for the instrument. This method has been successfully used on a broad range of projects such as mental health services, teaching measurements, personnel management, counseling services, and arts planning.33,34 Concept mapping includes several steps:

1. Preparation: Two major tasks are completed by the research team before the actual group process. It includes identifying participants and deciding on the specific focus for the
conceptualization. The focus groups for the current project consisted of agency administrative staff, counselors, probation officers, support staff, and alumni with expertise on Mexican-American culture and chemical dependence.

2. **Generation of statements:** During a focus group, participants are encouraged to generate statements in a safe and criticism free environment. Members of the research team record and display statements as group members brainstorm ideas in response to the research prompt.

3. **Structuring of statements:** Statements generated in the second step of the concept mapping process are printed on 3×5 index cards and distributed to the participants, who are instructed to sort them into piles in whatever way “makes sense to them”. Participants are then asked to write a name representing the content of each pile. Once the sorting is completed, participants are asked to rate each statement according to its importance on a five-point scale from relatively unimportant (1) to extremely important (5).

4. **Representation of statement:** Sortings and ratings are entered and analyzed by Concept System computer software that creates the map of dimensions. Statements that were frequently sorted together with other statements will have a close proximity on this map.

5. **Interpretation of maps:** The computer program generates a tentative name for each dimension and a list of alternatives from the names suggested by the participants.

6. **Utilization of maps:** At a final meeting of participants, the group decides on a formal name for each dimension and discusses the use of the instrument.

Multidimensional scaling and cluster analysis are the key aspects of concept mapping. Using aggregated sort data as input, a computer program called *The Concept System* creates a point map, or a pictorial representation of the statements based on the sorting and rating of statements by participants. The closer the statements appear in the map, the more times they were sorted together, and thus comprising a unique dimension. In concept mapping, the computer program also generates a stress indicator as an estimate of the degree to which the map represents the grouping of the data. High stress values may imply that there was considerable variability in the way people grouped the statements. A lower stress score indicates greater concordance in their item sorting.

**Participants**

Participants included Mexican Americans, as well as Anglos and African Americans with experience working with Mexican-American clients and their families in chemical dependence treatment. Purposive sampling was used to select experts in Mexican-American culture and chemical dependence from participating agencies and the community including administrators, clinical staff, case managers, probation officers, and support staff (see Table 1 for participants’ demographic information). The six largest agencies who are active members of the Austin/Travis County Substance Abuse Planning Partnership (SAPP) agreed to participate and they included programs for adults and adolescents; public and non-profit agencies; and both community substance abuse programs and programs operating within the criminal justice system. The study included individuals who participated in two separate phases of the procedure. In the first phase, 45 individuals participated in a total of seven focus groups. The focus groups were comprised of 20% African Americans, 24% Anglo, and 56% Mexican Americans. The participants included 4 alumni, 8 probation officers, 12 counselors, 14 support staff, and 7 administrators. The majority were males (53%). In the second phase of the study, a total of 35 from the original 45 participants sorted and
rated items generated in the focus groups (see Table 1 for demographics). This phase involved six groups held at the six agencies.

**Procedures**

After meeting with agency administrators, the research team developed the following prompt to be used in the focus group sessions: “List the characteristics of chemical dependence treatment programs that provide a high level of culturally competent/relevant services for Mexican-American clients and their families”. As group members identified characteristics, leaders recorded responses on easel pads with self-stick sheets, and then placed on the walls of the meeting room. Participants were thus able to view the full range of response statements as they were being generating. A total of 199 statements were generated in the groups. Many items were similar across focus groups, and multiples were consolidated by the research team into a single item. Also, items that did not reflect operationally achievable goals were deleted. This resulted in a final list of 62 items.

Once the final list of focus group statements was developed, they were printed in $3 \times 5$ hard paper cards, grouped together, and numbered in random order. Statements were also formatted into a survey identified by the same numbers used on the cards and placed with the statement.

<table>
<thead>
<tr>
<th>Participant's demographics</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N=35)</td>
<td></td>
</tr>
<tr>
<td>18–25</td>
<td>8.57</td>
</tr>
<tr>
<td>26–35</td>
<td>31.43</td>
</tr>
<tr>
<td>36–45</td>
<td>31.43</td>
</tr>
<tr>
<td>46–55</td>
<td>20.00</td>
</tr>
<tr>
<td>56+</td>
<td>8.57</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>60.00</td>
</tr>
<tr>
<td>Male</td>
<td>40.00</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>17.14</td>
</tr>
<tr>
<td>Anglo</td>
<td>20.00</td>
</tr>
<tr>
<td>Mexican American</td>
<td>62.86</td>
</tr>
<tr>
<td>Agency role</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>17.14</td>
</tr>
<tr>
<td>Counselor</td>
<td>25.71</td>
</tr>
<tr>
<td>Probation officer</td>
<td>14.27</td>
</tr>
<tr>
<td>Staff</td>
<td>31.44</td>
</tr>
<tr>
<td>Alumni</td>
<td>11.44</td>
</tr>
</tbody>
</table>
cards into individual envelopes, including rubber bands and blank cards for use by participants to secure and name each pile. Participants in the second phase were asked to sort the final 62 statements into piles that made sense to them and name each pile they created. They were also asked to rate statements on a five-point scale from relatively unimportant (1) to extremely important (5).

Results

Computer processing produced a conceptual map displaying seven dimensions that best represented the statements rated and sorted by participants. On a scale from 0.1 to 1.0, a stress score of 0.22 was found indicating a stable “goodness of fit” between the statements. The dimensions and their averaged ratings of significance on the five-point scale included: environment (3.10); community (3.40); culture (3.76); Spanish language (3.91); family (3.95); linkage (3.95); and counselor characteristics (4.20). Figure 1 displays the concept map and Appendix 1 displays the dimensions and importance ratings of statements according to random number assignment.

Once concept mapping software analysis was completed, rating scores were exported into SPSS so that the internal consistency of each dimension could be analyzed by calculating Cronbach’s

Fig. 1
Concept map with seven dimensions (with originally assigned numbers)
alpha. Results indicated that all dimensions were reliable: Spanish language ($\alpha=0.84$), counselor characteristics ($\alpha=0.82$), environment ($\alpha=0.88$), family ($\alpha=0.84$), linkage ($\alpha=0.92$), community ($\alpha=0.86$), and culture ($\alpha=0.89$).

Upon completion of the statistical analysis, the research team examined the dimensions to determine its face validity, and theoretical cohesion. Below we provide a theoretical description of each dimension:

- **Environment** refers to the physical and social environment of the agency including cultural activities/traditions; colorful atmosphere; living things; artwork; and bilingual staff/materials.
- **Community** refers to interaction with various Mexican-American community cultural groups and provision of client training specific to cultural adaptation issues in interacting with other cultures.
- **Culture** refers to staff’s understanding/knowledge of Mexican-American culture and their ability to translate that knowledge into relevant services to Mexican-American clients and their families.
- **Spanish language** refers to the agency’s ability to recruit bilingual staff and train English speaking staff on providing basic bilingual services and materials whenever appropriate or necessary.
- **Family** refers to agency’s understanding of Mexican-American family structures and diversity as well as the agency’s ability to include families in treatment.
- **Linkage** refers to the agency’s ability to provide community referrals and community agencies participation that are effective and relevant to a broad range of Mexican-American clients’ needs.
- **Counselor traits** refers to counselor’s skills in developing trusting therapeutic relationships with Mexican-American clients and their families.

Ratings of the importance of items indicate that participants perceived counselor characteristics as being the most important dimension of culture competence and environment the least important dimension. Rating of importance by dimension were compared by participants’ gender and by race/culture using a computer program that produces pattern matching in selected variables. Pattern matching indicates correlations between ratings across different groups. This method does not provide tests of significance; therefore, these differences may have been found by chance. While males perceived culture to be more important than linkage, females perceived linkage as being more important than culture. Pattern matching comparisons across race/culture indicated that while Mexican-American participants perceived Spanish language and family as the second and third most important dimensions, respectively, Anglo and African-American participants perceived family and culture as the second and third most important dimensions, respectively. Finally, Mexican-American participants perceived culture as the fifth most important dimension while African-American and Anglo participants perceived Spanish language as the fifth most important dimension. Table 2 presents a comparison by gender and ethnicity for all participants in the sorting phase.

**Discussion**

The current study produced an assessment tool that can be used by chemical dependence treatment organizations to assess their provision of culturally competent/relevant services to Mexican-American clients and their families. Moreover, adaptation of the instrument also allows agencies to prioritize goals related to instrument items and to assess resources required to implement selected goals.

Following a simple three-part process, agencies evaluate their current status of culturally competent/relevant service provision, prioritize goals, and assess resources needed to implement possible goals. Taking into account present status, future goals, and feasibility based on possible new resource, agencies will be able to select specific goals and identify needed resources to pursue.
The first part involves agencies rating each item as it currently describes the characteristics of their agency on a five-point scale from “not at all” (1) to “completely” (5). Ratings of individual items in this manner allow for calculation of mean ratings within dimensions, e.g., calculating a mean across the six items in the dimension family. The second part involves agencies prioritizing instrument items as goals based on an assessment of their importance for the agency. Again, the process produces individual item priority ratings and a mean rating within each dimension. The third part assesses the level of resources (e.g., staff, facilities, and funds) needed to implement selected goals, with each rated according to the following basic criteria: (1) use of existing resources, (2) redeployment of existing resources, (3) a small amount of new resources, (4) a moderate amount of new resources, or (5) a large amount of new resources. The resulting information may be used by an agency team of administrative, clinical, and training directors to select goals and identify resources needed to achieve them. Clear specification of types and amounts of resources needed related to individual goals will indicate feasibility of implementation. Availability of resources needed to implement the goals will of course impact goal selection. The result of this analysis will produce a list of goals that are feasible with current resources as well as goals that cannot be currently attained without infusion of additional resources.

This analysis will allow agencies to specify goals and clearly identify resources needed to enhance their programs and to present persuasive data to potential funding sources. The data will be summarized and shared across the major agencies in the region to produce a statement of current

**Table 2**

Participants’ dimension ratings by importance

<table>
<thead>
<tr>
<th>Overall sample ratings</th>
<th>Comparison by gender</th>
<th>Comparison by ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Most important</td>
<td>Counselor characteristics</td>
<td>Counselor characteristics</td>
</tr>
<tr>
<td>2nd most important</td>
<td>Family</td>
<td>Spanish language</td>
</tr>
<tr>
<td>3rd most important</td>
<td>Spanish language</td>
<td>Family</td>
</tr>
<tr>
<td>4th most important</td>
<td>Linkage</td>
<td>Culture</td>
</tr>
<tr>
<td>5th most important</td>
<td>Culture</td>
<td>Linkage</td>
</tr>
<tr>
<td>6th most important</td>
<td>Community</td>
<td>Community</td>
</tr>
<tr>
<td>Least important</td>
<td>Environment</td>
<td>Environment</td>
</tr>
</tbody>
</table>

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level of service provision, priority goals, and resources needed to achieve goals to improve culturally competent/relevant services to this underserved population.

Limitations to this potentially useful tool include the fact that, although the participants in this study were drawn from six chemical dependence treatment agencies in the Austin/Travis County area, the total possible pool of Mexican-American staff was relatively small. Due to the small number of Mexican-American staff and others with experience working with Mexican-American clients, we included all staff in both categories who volunteered to participate in the project. Therefore, due to the lack of random selection from a broader pool of potential participants, the instrument may reflect selection bias. Furthermore, although this research provides a useful first step in developing a tool to measure culturally relevant chemical dependence treatment services for Mexican Americans, more work is needed including validity testing.

Implications for Behavioral Health

The growing population of the Mexican-American population and their underrepresentation in chemical dependence treatment programs in the United States support the need for greater emphasis on culturally competent/relevant services for this population. The availability of an initial instrument to allow assessment of current services, selection of goals, and identification of needed resources is an important step in building comprehensive services in this area. Evaluation and program enhancement is needed across the board by individual agencies, as well as by organizations that together provide services in their geographic region. The instrument described here for Mexican-American clients and their families provides a blueprint for adaptation to other Hispanic and Latino groups.

Clearly stated and measurable goals related to culturally competent/relevant services are assumed to be important elements in effective chemical dependence treatment. This tool operationally defines service components such as physical environment, characteristics of staff in terms of language and cultural immersion, counseling skills, and linkage with cultural and social community resources in terms of their possible contribution to treatment, recruitment, and retention. Following agency selection of goals for implementation, identification of specific details for each goal related to an instrument item provides measurable outcome criteria, e.g., adding two bilingual counselors and two support staff, displaying Mexican-American art and posters throughout the treatment center, and offering weekly classes on social and cultural skills needed for success in the community. The instrument addresses important aspects of intervention with this population consistent with the general recommendations recently summarized by Miller and Carroll.35 These include creating a welcoming and attractive environment, attending to alternative sources of reinforcing community participation, and fostering meaningful relationships. The seven dimensions of this instrument individualize these important components of treatment related to Mexican-American clients and their families.

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References


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### Appendix 1

**Instrument for Assessing Culturally Competent/Relevant Chemical Dependence Services for Mexican-American Clients and their Families (Items Grouped by Dimension with Average Ratings Identified by Original Randomly Assigned Number)**

**Dimension: Environment**

14. The agency provides an environment that is colorful rather than institutional in appearance when working with Mexican-American clients and their families (3.66).

28. The agency provides Mexican cultural activities and celebrations (e.g., Dia de los Muertos and Cinco de Mayo) when working with Mexican-American clients and their families (3.40).

37. The agency displays books, literature, art, posters, and newspapers that reflect the diversity of Mexican-American culture when working with Mexican-American clients and their families (3.37).

22. The agency provides a play space for children that has culturally relevant bilingual videos, reading, and play material for families when working with Mexican-American clients and their families (3.34).

61. The agency provides an atmosphere conveying Mexican-American culture through attention to the arts (e.g., dance, poetry, and music) when working with Mexican-American clients and their families (3.20).

53. The agency provides an environment that contains living things (e.g., plants and birds) when working with Mexican-American clients and their families (2.91).

44. The agency incorporates the use of religious and folk healing beliefs and traditions or rituals as part of the recovery process when working with Mexican-American clients and their families (2.66).

6. The agency provides traditional Mexican foods and drinks (e.g., agua fresca, pan dulce) when working with Mexican-American clients and their families (2.23).

**Average: 3.10**

**Dimension: Community**

27. The agency has developed linkages with community-based culture groups (e.g., Nosotras and Comadres) when working with Mexican-American clients and their families (3.71).

23. The agency teaches classes in social and language skills needed for clients’ success in the broader cultural environment when working with Mexican-American clients and their families (3.66).

45. The agency distributes culturally and linguistically relevant materials to the community, through placement in Spanish-language papers and periodicals when working with Mexican-American clients and their families (3.17).

51. The agency has linkages with Spanish-speaking churches when working with Mexican-American clients and their families (3.06).

**Average: 3.40**
Dimension: Culture

17 Staff receives training on culturally appropriate terminology to explain chemical dependence to Mexican-American clients and their families (4.43).
20 Agency staff understands traditional Mexican-American cultural views related to addiction and its treatment when working with Mexican-American clients and their families (4.11).
21 The agency incorporates an understanding of Mexican-American cultural views of drug use and the problems associated with it when working with Mexican-American clients and their families (4.06).
36 The agency provides staff training related to the diversity of Mexican-American culture when working with Mexican-American clients and their families (3.94).
5 The agency incorporates the use of culturally specific treatment techniques (e.g., dichos and platicas) in the treatment of Mexican-American clients and their families (3.83).
2 Staff pays attention to the pronunciation and significance of their clients’ names when working with Mexican-American clients and their families (3.74).
52 The agency incorporates an understanding of the role of machismo when working with Mexican-American clients and their families (3.66).
12 The agency offers specialized family activities for clients and alumni as part of the recovery process when working with Mexican-American clients and their families (3.57).
15 The agency uses families in recovery as mentors when working with Mexican-American clients and their families (3.54).
49 The agency provides opportunities for staff to take courses on Mexican-American culture when working with Mexican-American clients and their families (3.31).
13 The agency incorporates an understanding of differences related to ancestry when working with Mexican-American clients and their families (3.11).

Average: 3.76

Dimension: Spanish Language

1 The agency has Spanish-speaking staff at all levels, including counselors, administrators, and support staff when serving Mexican-American clients and their families (4.34).
9 The agency has Spanish-speaking staff available in person and by phone when serving Mexican-American clients and their families (4.34).
25 The agency has interpreters to work with Mexican-American clients and families and help in all phases of the treatment process (4.26).
62 The agency provides opportunities for staff to take Spanish language courses when working with Mexican-American clients and their families (3.83).
57 The agency is committed to facilitating Mexican-American staff to work toward their LBSWs, LMSWs, LCDCs, or LPCs (3.74).
33 The agency provides Spanish interpreters training in basic social work and chemical dependence concepts (3.69).
10 The agency employs staff with similar geographic/cultural background as clients’ to foster rapport when working with Mexican-American clients and their families (3.54).
41 The agency offers Spanish-speaking only groups for Mexican-American clients and their families who prefer this option (3.54).

Average: 3.91
Dimension: Family

4 The agency uses motivational techniques to encourage Mexican-American families to participate in the treatment process (4.29).
7 The agency emphasizes the importance of intergenerational family patterns of substance abuse when working with Mexican-American clients and their families (4.03).
60 The agency incorporates an understanding of the significance of gender roles when working with Mexican-American clients and their families (4.03).
30 The agency assesses the acculturation level of its clients and families as part of treatment planning when working with Mexican-American clients and their families (3.91).
59 The agency includes both immediate and extended family members in the treatment of Mexican-American clients and their families (3.86).
38 The agency assesses the level of acculturation stress and acculturative stress experienced by Mexican-American clients and their families (3.60).

Average: 3.95

Dimension: Linkage

26 The agency links Mexican-American clients and their families with programs that provide classes in English as a Second Language (ESL) (4.17).
35 The agency has developed linkages with health care programs when serving Mexican-American clients and their families (4.09).
42 The agency has developed linkages to Spanish-speaking detox services when working with Mexican-American clients and their families (4.06).
3 The agency has developed linkages with Spanish-speaking 12-step support groups (e.g., AA, NA, CA, Al Anon) when serving Mexican-American clients and their families (4.00).
58 The agency provides linkages with programs for financial assistance for needy families when serving Mexican-American clients and their families (3.83).
18 The agency offers a schedule of times when wage earners can access services when working with Mexican-American clients and their families (3.80).
19 The agency has developed linkages with vocational training programs when serving Mexican-American clients and their families (3.77).
34 The agency has developed linkages with programs that provide legal assistance to undocumented immigrants without threat of report to la migra when serving Mexican-American clients and their families (3.69).
11 The agency has developed a community speakers program to provide clients with positive recovery models when serving Mexican-American clients and their families (3.66).
43 The agency developed linkages with legal services to assist immigrants with citizenship, residency, or political asylum when serving Mexican-American clients and their families (3.60).
50 The agency provides linkages with child care resources when serving Mexican-American clients and their families (3.46).
32 Counselors seek the support and involvement of faith groups for developing prevention programs in the Mexican-American community (3.40).

Average: 3.95

Dimension: Counselor Characteristics

40 Counselors understand the importance of privacy in the counseling relationship when serving Mexican-American clients and their families (4.57).
39 The agency provides individually focused treatment plans when serving Mexican-American clients and their families (4.49).
46 Counselors emphasize listening skills in communication when serving Mexican-American clients and their families (4.49).
56 Counselors emphasize a person-to-person relationship when serving Mexican-American clients and their families (4.43).
55 Counselors focus on developing trust and respect as the primary focus of the treatment relationship when serving Mexican-American clients and their families (4.43).
31 Counselors build on the strengths of clients and their families when serving Mexican-American clients and their families (4.29).
29 Demonstrates sensitivity to the shame associated with admitting to addiction problems for some Mexican-American clients and their families (4.20).
47 Counselors “listen” to the body language of their Mexican-American clients and their families (4.17).
54 Counselors demonstrate the difference between treatment and punishment for court-mandated clients when serving Mexican-American clients and their families (4.14).
48 Counselors understand the significance of the impact of environment (rural, urban, street) when serving Mexican-American clients and their families (4.09).
16 Uses gender matching of clients and counselors for Mexican-American clients and their families who have difficulty working with counselors of the opposite sex (3.83).
24 Counselors use appropriate self-disclosure/sharing when serving Mexican-American clients and their families (3.74).
8 Counselors are flexible in their decision making related to clients’ participation in the treatment program when serving Mexican-American clients and their families (3.71).

Average: 4.20