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**EXPLORING DISPARITY IN MENTAL HEALTH SERVICES THROUGH
CULTURAL PSYCHOLOGY AND NARRATIVES OF LATINA PSYCHOLOGISTS**

**A DISSERTATION PRESENTED TO THE FACULTY OF
ALLIANT INTERNATIONAL UNIVERSITY-CSPP
SAN DIEGO**

**In partial fulfillment of the
Requirements for the degree**

DOCTOR OF PSYCHOLOGY

**By
Sonia Carbonell**

2002

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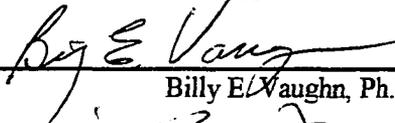
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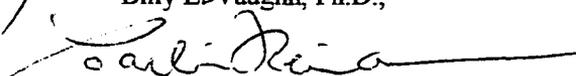
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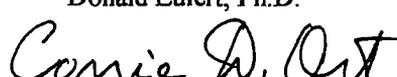
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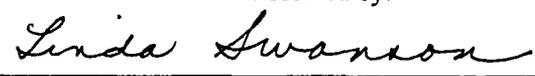

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**EXPLORING DISPARITY IN LATINO MENTAL HEALTH SERVICES
THROUGH CULTURAL PSYCHOLOGY AND NARRATIVES OF LATINA
PSYCHOLOGISTS**

This study explores disparity in Latino mental health services through Latina psychologists' narratives. Cultural psychology and qualitative approaches were the frameworks. In-depth- interviews, literature review, and the researcher's participant observer posture were the methods. The narrative model used emphasizes the theoretical as personal and political, and it views the process as a reciprocal interaction and as a conversation about a topic of mutual interest.

Disparity in mental health services is a gap in the quantity and quality of services, the cultural incompetence of the traditional psychology to meet the needs of Latinos. This cultural incompetence is postulated as 1) a historical product, 2) a manifestation of racism and social injustice, and 3) the result of socially oppressive economic and ideological structures. As a historical product, cultural incompetence is the results of the traditional theoretical rigidity and political myopia of general psychology. This research points how much time is consumed in the process of *becoming culturally competent*, how different it is to work with Latinos; and how complex is the process of understanding disparity and human diversity.

Participants were Latina researchers, practitioners, and scholars in the field of Latino psychology. They explored a variety of theoretical and practical issues related to disparity, such as ethnic identity of Latinos, ethical violations in Latino mental health services, the use of translation in psychological evaluations, and educational, economic,

political factors in disparity. This study describes the coping skill and strategies that participants used to complete their training, the progress they have observed in the field of psychology, and what they would do if they had the power to make changes. The contributions of this study are: descriptions of the experience of disparity, explanations of its roots, reviews of progress in the field, and theoretical discussions about cultural competence and cultural psychology. Cultural psychology is explored as a romantic school of thought and as liberation psychology. To summarize:

The field of psychology and academia were the contexts

Disparity the topic

Qualitative inquiries the method

Cultural psychology the theoretical tool

Solidarity the language

Cultural competence the ultimate goal

Liberation the process

Social consciousness the result

**EXPLORING DISPARITY IN MENTAL HEALTH SERVICES THROUGH
CULTURAL PSYCHOLOGY AND NARRATIVES OF LATINA
PSYCHOLOGISTS**

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Yo soy Joaquin [I am Joaquin]

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Without translation:

Este estudio traza una historia personal, un contexto histórico que es social, un proceso compartido que es la búsqueda del significado de la sicología cultural, es un recuento con nuestra lucha social, es una reflexión y evaluación de los servicios psicológicos que comunidades Latina en los Estados Unidos de Norte America están recibiendo, es la documentación del esfuerzo colectivo para alcanzar la competencia cultural; y concluye que nuestra lucha es como el amor que trae salvación cuando descubrimos que no es un mapa, solo la historia de un proceso social que también es personal. Como proceso, este estudio esta dedicado especialmente a todos los individuos que buscan mejorar las condiciones sociales de grupos oprimidos y agradece la colaboración de sus participantes.

Como Serrano (1997) nos dice:

“el amor no hace diferencias y arremete con todas por igual, porque es, gracias a Dios, una demencia muy democrática” (p. 341).

“Soy de la generación de la libertad...: A mi madre le tocaron los convencionalismos y la falta de anticonceptivos; a ti te tocó el SIDA. Yo me salvé. Y mira lo que he hecho con mi salvación” (p. 215).

‘Tal vez algo que recién he leído-para estar preparada yo misma -te dé las luces necesarias. Es un texto de C. S. Lewis, en Una pena observada: Creí que iba descubrir un ‘estado,’ trazar un mapa de la tristeza. La tristeza, sin embargo, no resultó un estado, sino un proceso. No necesito mapa sino una historia; y si no ceso de escribir esta historia en algún punto arbitrario, entonces no hay razón para que la termine” (pp. 219-220).

Yo soy Joaquin [I am Joaquin]

From Rodolfo Gonzales, I am Joaquin (New York: Bantam Books, 1972).

I am Joaquin

Lost in a world of confusion,

Caught up in whirl of a gringo society,

Confused by the rules,

Scorned by attitudes,

Suppressed by manipulations,

And destroyed by modern society

My parents have lost the economic battle and won the struggle of cultural survival.

And now !

I must choose

Between the paradox of

Victory of the spirit,

Despite physical hunger

Or to exit in the grasp of American social neurosis, sterilization of the soul

And full stomach.....

FOREWORD:

Mapping the journey with translation and instructions

This study explores disparity in Latino mental health services through Latina psychologists' narratives. In this context, it uses an experiential and reflective narrative guided by a cultural psychology qualitative approach of indwelling. Indwelling is the researcher's reflective process of existing and activating between and within. From indwelling a reflective narrative emerges the story of a process that included reviewing theory, observing, reflecting, interviewing, analyzing, interpreting, and reporting. This model is a conversation about a topic of mutual interest, a reciprocal interaction with participants and research team members, and takes the view of the theoretical as personal and political.

The beginning of your journey as a reader marks the end of mine as the researcher. This study was designed to give voice to participants and constantly kept you, the reader in mind. Why does it begin without translation? Why starting with a poem that is ours such as "I am Joaquin"? Beginning with the poem, "I am Joaquin", encourages you to assume the indwelling, qualitative, reflective posture needed to understand the personal tone of this study, which describes the theoretical journey of a cultural psychology student exploring disparity in Latino mental health services.

The theoretical framework guiding this project is cultural psychology, a scientific posture used to interpret psychological phenomena. This field is emerging but is not new. Cultural psychology regards psychological phenomena as originating in, and reflecting, cultural factors and processes. In the 21st Century, the field of psychology is finally

beginning to consolidate theoretical approaches and research tools needed to understand culturally diverse populations. This study sees cultural psychology theories as having the potential to facilitate this process.

Disparity in Latino mental health services is explored through a qualitative emergent design because it provides the most helpful lens to assume a participant-observer position. This study positions the readers, participants, and researcher as equal partners in the process of generating and interpreting data, considering that knowledge is cultural, meaning is socially constructed, situated, and relative to specific contexts. A reacting and reflecting reader also brings knowledge, culture, and personal history to the process of discovering, interpreting, challenging, validating, and questioning what is presented here. Readers' reactions and reflections are a social construction of reality that is participatory because meaning can be created only through interaction. It is hoped that the interaction will continue long after the study is read.

An important viewpoint of this research is that qualitative methods are based on philosophical premises that are as valid as other viewpoints used to advance science. Qualitative premises provided open-ended formative approaches that are suited to the recognition of new and unexpected knowledge. Psychological research requires the use of both qualitative and quantitative methods. Open-ended qualitative work can substantially inform later quantitative studies. Exploring disparity in Latina mental health services through narratives is an attempt to document the need for a national quantitative research effort to support qualitative descriptions.

When an emergent research design uses narratives, additional challenges surface because narratives are not widely accepted as tools to facilitate discovery. Narrative psychology is a new discipline in general psychology, only beginning to be accepted as a valid and basic way for researchers and participants to discern meaning and describe the world. The resistance to narratives is in essence philosophical. When research is evaluated with traditional quantitative approaches, the expectations and emphases are on generalizing the results, on replicating the procedures, proving, measuring, predicting, manipulating, and controlling the variables of disparity as a social phenomenon. None of these are appropriate goals for this investigation. Rather it hoped to capture how participants describe and make sense of their experience with disparity.

The choice of qualitative methods to explore disparity in Latino mental health services was not based merely on the evaluation of an appropriate methodological approach or on a preference, but on conviction. This is not an assertion that qualitative methods are superior in general because such a debate is not productive, simply that it is more appropriate to the goals of this study. An analogy that illustrates this point is to think about different cultures or religions; one may be dominant, but dominance does not imply superiority. The debate between quantitative and qualitative approaches is on going and is a political struggle against a dominant view of science. The main goal was to obtain the participant's narrative during the exploration of disparity in Latino mental health services. The participants' stories and voices were naturally assimilated into the researcher's own during the reconstruction of the field experience and the report the results of this study.

This research does not attempt to prove the existence of disparity, of human plurality, or diversity. Those are facts. Quantification, measures, verification of propositions, and cause-effect scientific-explanatory paradigms are intentionally not included, as *points of departure*, nor as epistemological premises. The intent is to uncover the complexity of disparity in Latino mental health services and understand the settings, through specific paradigms of qualitative postures and cultural psychology theories. This study's ultimate goal is to document narratives that facilitate and advance psychologists' cultural competence with Latinos.

The tension between the knowledge that emerges from the experience of doing and theorizing is reflected in this study. The researcher is a psychologist returning to academia to theoretically explore her experience as a provider of Latino mental health services. This background influenced and shaped the study.

Cultural psychology is more than the study of diversity theories and awareness of racism, discrimination, and cultural differences. Cultural psychology is not a metatheory. It is a school of thought within general psychology. Understanding the meaning of becoming a cultural psychologist, while being simultaneously a culturally competent Latino mental health service provider, is the heart of this study. Cultural psychology is a romantic science and its theories facilitated a poetic description of a social reality, disparity in Latino mental health services. The poems used are non-translated metaphors, an illustration of the challenges of cultural competence; they symbolize cultural pain, unedited reality's views and thought processes, the strategy used to cope with ethnocultural Allodynia and aversive racism in academia. Understanding the poems of

this study requires the extra work of trying to learn or uncover meaning without assuming.

Cultural incompetence in mental health services is postulated as 1) a historical product, 2) a manifestation of racism and social injustice, and 3) the result of socially oppressive economic and ideological structures. As a historical product, cultural incompetence reflects the traditional theoretical rigidity and myopia of general psychology, manifested as disparity. This research points how much time is consumed in the process of becoming culturally competent, how different it is to work with Latino populations; how complex the process of understanding disparity and human diversity really is, and finally, how cultural competence is an ongoing life commitment.

In this study, Latino culture is not viewed as superior or inferior, only oppressed by dominant Eurocentric views of reality and socioeconomic structures of power. This research does not postulate that cultural psychology theories are superior. It only emphasizes the potential alternative that their epistemological principles bring to the field of psychology. The views of the psychological as social, and activity as the source, provide the lens needed to understand cultural diversity and to practice a psychology of liberation.

The last point is that understanding and interpreting this research requires remembering that all knowledge is incomplete. In the study of phenomena and events, there is always an opportunity for new learning.

To conclude, this study integrates the affect, the vision, and hope of Latina psychologists. Without the solidarity, cooperation, and contribution of psychology and related fields, changes in Latino mental health services will not occur.

This research became a poem to my Latino pain.

*As I look through my window
I remember my process
I began this journey with a need
To voice disparity in Latino mental health services through the eyes of practitioners
Learning new skills and returning to school became the path to strengthening my voice.*

*The field psychology and academia were the contexts
Disparity the topic
Qualitative inquiries the method
Cultural psychology the theoretical tool
Solidarity the language
Cultural competence the ultimate goal
Liberation the process
Social consciousness the result*

*My process is no longer mine
It is ours, it is social, I learned
And
What we learned can not be taken away
It can only be shared*

DEFINITIONS:

Mapping the theoretical

Aversive racism is a complex social phenomenon involving unexamined biases such as color blindness, blaming the victim, avoidance, and patronizing. It is a harboring of preconscious or unconscious negative racial feelings and beliefs towards people of color that is accompanied by a perception of being fair, egalitarian, and nonracist.

Cultural competence is an ongoing professional developmental process of cultural awareness, knowledge, and skills, a commitment to provide effective, credible, ethical, and respectful services. It validates and enhances the human dignity of cultural beings. It is the result of experience or explicit training.

Cultural incompetence in mental health services is the ineffective style of services delivery to multicultural populations. It reinforces barriers for treatment and is a manifestation of the traditional theoretical rigidity and cultural myopia of general psychology.

Cultural psychology is an emerging school of thought in psychology characterized by regarding psychological phenomena as originating in and reflecting cultural factors and processes. It is a dynamic, dialectic, interpretative, and integrative position in the understanding of human beings and psychological processes. Cultural psychology is

often confused with related fields (i.e. Cross-cultural and multicultural psychology, ethnopsychology, cultural competence, and culturally diverse training).

Deductive reasoning is a process moving from general principles to conclusions about particular instances.

Disparity is a gap in the distribution of wealth, a social pattern of inequality created by systematic discrimination (behaviors) and through the use of social categorizations (ideology). Disparity is economically driven and ideologically maintained and includes inequality, unfairness, neglect, and indifference to justice and human rights of certain populations. Disparity is a dynamic and dialectic result of social artifacts of oppression such as racism, ethnic discrimination, sexism, ageism, and so on.

Culture is the product of socio-historically and developmentally mediated human activity.

Emergent design is a qualitative methodological approach in research, in which the data collection and data analysis are simultaneous and ongoing activities.

Ethnocultural Allodynia is exaggerated pain sensitivity in response to neutral or relatively innocuous stimuli; it results from previous exposure to pain; it is a metaphor originated in the comparison of a medical condition, Allodynia, with the pain reactions of

people of color to racism. Ethnocultural Allodynia wounds healthy narcissism, impairs coping, and can result from both historical and racial trauma. It is consistent with descriptions of post-traumatic stress disorder and it may be exacerbated by aversive racism.

Ethnopolitical theory integrates paradigms of liberation that promotes and demands social changes by giving voice to silenced and traumatized self and by acknowledging racism as a form of colonization and as a human right violation.

Explicit knowledge is that which can be subjected to critical reflection and entered as field notes, written down in words, maps, or mathematical formulas. Quantitative inquiry begins with what we know and can say, with explicit knowledge.

Tacit Knowledge comes before explicit knowledge and it is gained by indwelling, we acquire it in the act of doing and reflecting, it aids in the understanding of phenomena in its context. Qualitative inquiry begins with tacit knowledge, what we know but cannot say.

Human plurality means the condition of being distinct from and equal to all other humans.

Hunches are anticipated themes of qualitative research used to observe and uncover meanings and processes. They are set up for discovery of the phenomenological.

Hypotheses are statements that propose a relationship between two variables such that by knowing the value of one of the variables, the value of the other variable is predicted. The cause and effect relationship of a proposition is then explored, in order to become theory. They are used in quantitative studies and their intent is to seek the proof and verification of propositions.

Inclusion by design is a movement in psychology recognizing that, in psychological theories and research methods, exclusion of diverse cultural groups has been by design.

Indwelling means to exist and be with and within as an interactive spirit, force, or principle, in qualitative research, indwelling is the qualitative researcher's reflective process of existing and activating between and within as a participant observer. Indwelling is not uninformed but based on a standard of what is tacitly known of the subject or situation of the indwelling.

In-depth interviewing is a conversation with participants of a study, a human social relationship, and an interaction that enables participants to feel comfortable while expressing their psychological processes, understanding the purpose of the study and

responding to research tasks. In depth means exploring a topic in detail to deepen the interviewer's knowledge of the topic.

Latino is a concept with historical, personal, and political meanings, it is a term consolidated in the United States during the 1990s to address and describe the population previously known as Hispanics, Chicanos, Mexican Americans, and as La Raza.

Liberation psychology means considering social structural issues, examining, framing, and conceptualizing the economic, political and racial conflicts that challenge our current understanding of the psychological process. Liberation psychology refers to the theories that emphasize an emancipatory perspective, the acquisition of political consciousness that may allow practitioners to become more effective healers.

Narrative is both a mode of reasoning and a mode of representation. It is the story of events, reflective processes, and conversations that includes the description of experiences and meanings.

Open-ended questions refer to the fact that the interviewer is open to any and all relevant responses and the interviewee is not asked to select from a series of alternative choices.

Participant observer approach is a position in the study that implies being part of a group and the phenomenon observed, engaging in a social scene, experiencing the phenomenon and seeking to understand and explain it, self-reflecting to make explicit the underlying assumptions, ideas, and perspectives affecting the research design and process.

Phenomenology is a philosophical posture toward the construction of scientific knowledge primarily concerned with exploring, describing, and explaining the meaning that lived experiences have for the persons being studied.

Positivism is a philosophical posture toward the construction of scientific knowledge primarily concerned with the explanation, prediction, and proof of observable events.

Posture is a state or condition taken by a person at a given time in relation to others or things.

Purposive sampling is a strategy to increase the likelihood that variability common in any social phenomena will be represented in the data.

Inductive reasoning begins with (or puts more emphasis on) observations and then moves from observations of particulars to the development of general conclusions to generate hypotheses, hunches, or educated guesses.

Tokenism has to do with the minimal representation of someone in a group, who then becomes the definer of that group, for the majority group, a token. It is to place a person in a position to represent all of her/ his race, or gender.

Reflective posture is a tool used in qualitative research to understand phenomena from the subjects' point of view.

Reliability is a scientific requirement of data obtained in research; it refers to a replication of the study to determine consistency, stability, and dependability of the observations or findings (i.e. the description arrived at when the same behavior is observed on two or more occasions should be consistent and an independent observer should agree in their description of the behavior).

Snowball sampling refers to an emergent recruitment approach in which one participant or setting leads to another.

Theoretical sampling is an emergent and sequential approach that seeks maximum variation by allowing for building and broadening theoretical insights in the ongoing process of data collection and analysis. The participants are theoretically chosen to help the researcher best form the theory.

Validity in research refers to the scientific requirement that a description of behavior reflects the underlying process that the investigator claims it does. Moreover, in qualitative research approaches, validity means whether or not a given explanation fits a given description.

CHAPTER 1: Statement of the Problem

1.1 Introduction

This research documents a journey, a qualitative inquiry. Exploring disparity in Latino mental health services through Latina psychologists' narratives and cultural psychology theories is the central topic. The term disparity means a gap in services that is variously attributable to social inequality, unfairness, racism, neglect, and indifference to justice. This study began with the identification of theoretical approaches and methodological frameworks that provide the tools to question the status quo of psychological service delivery system and practices. Cultural psychology and qualitative approaches serve as the theoretical frameworks.

The study's participants were Latinas with similar cultural and professional experiences despite differences in personal histories, countries of origin, racial diversity, values, and levels of acculturation. They are psychologists giving information about the impact of social oppression in people's lives. Narratives are the tools (the format) used to report the results of this research. Latino is the term used in the United States during the last decade to address and describe the population previously known as Hispanics, a concept with historical, personal, and political meanings (García and Zea, 1997).

Parish (1994) defined cultural psychology as an emerging field that focuses on the way culture interacts with mind, self and emotions. Cultural psychology is also defined as "the study of the way cultural traditions and social practices regulate, express, transform, and permute dynamically and dialectically the human psyche" (Shweder,

1990, p. 3). Cultural psychology is a dynamic, dialectic, interpretative, and integrative position in the understanding of human beings and psychological processes. It “emphasizes the ways subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice live together, require each other, and dynamically, dialectically, and jointly make each other up” (Shweder, 1990, p. 3).

The aims of study are to capture the meaning that Latina psychologists give to disparate experiences in their lives and the lives of others, and to search for stronger voices in the field, voices to increase awareness of the impact of disparity in Latino mental health services. The intent, focus, and methods employed in this study make this a qualitative research project. Maykut and Morehouse (1994) pointed out, “research studies that are qualitative are designed to discover what can be learned about some phenomena of interest, particularly social phenomena where people are the participants (or as traditionally referred to-subjects)” (p. 44). Grounded in principles of qualitative research, this project used an emergent design; therefore, the data collection and data analysis were simultaneous and ongoing activities (Maykut and Morehouse, 1994). Finally, in qualitative research uncovering the meaning of the experience is to discover the findings.

This study has five chapters. This first chapter describes briefly the entire research process. It presents an overview of the problem, the research’s focus of inquiry, and the anticipated themes. The second chapter reviews the literature, integrating four areas: Latino psychology, disparity, cultural psychology, and disciplines that contribute to understanding disparity. The third chapter details the method used, including a

discussion of qualitative research. The fourth chapter presents the results of the research, the narrative of encounters and brief discussion of the emergent themes. The fifth chapter summarizes the contributions of this study, the strengths, limitation, and general conclusions from theoretical, personal, and political perspectives. There are two appendixes. Appendix I have an additional discussion of cultural psychology theories, narratives that complement chapter 2, 3, and 4, and the instruments used. Appendix II has the transcripts and the initial research proposal.

1.2 Statement of the Problem

Disparity, the topic of this study, is a psychological and social phenomenon experienced by members of societies which oppresses specific populations economically and socially. As a social phenomenon, disparity is not unique to the United States, or a new political event. Cultural practices, socio-economic structures, education, and ideology facilitate the implementation and perpetuation of disparity everywhere (Mendel and Vogt, 1973).

Our challenge, as psychologists, is to seek to reduce the social expression of disparity in mental health and social service delivery systems (such as racism, prejudice, oppression, and injustices). Espín (1994) goes as far as to assert that a mental health provider who does not have a good analysis of the social world could not be a good provider. Espín (1994) stated:

“That analysis includes an understanding of the impact of oppression due to gender, race, ethnicity, class, sexual orientation, disability, and age (and conversely, of the impact of privilege in the lives of those who do not belong to oppressed groups in these categories)” (p. 283).

Disparity in Latino mental health services is a social denial of human rights. These rights are to enjoy freedom, prosperity, equality, and to interact socially in ways that enhance human dignity. Limited access to mental health services is a violation of such rights. Padilla (1977) pointed out, more than two decades ago, that there is considerable data about the underutilization of mental health services by Latinos. Latino mental health studies have provided the evidence needed to support the claim that Latinos will use providers of mental health services if culturally relevant services are made available (Padilla, 1976, 1977, 1980, 1984, 1994; Paniagua, 1994; Dana, 1998, 2000). Relevant services include “counseling in Spanish, for others, bilingual counseling in Spanish and in English, but for both groups, it is imperative that assistance be congruent with the culture and life style of the Hispanic client” (Padilla, 1977, p. iii). For Latinos, the limited access to psychological services reflects psychology’s participation in the oppression of culturally diverse populations. The omission and neglect of cultural considerations in psychological paradigms strengthened the invisible chains of disparity.

Disparity is a problem that must be addressed by those practicing psychology. It is an accepted prediction that by the year 2050 the United States will be a demographic mosaic (U. S. Census Bureau, 2000). As pointed out by Comas-Diaz and Greene (1994), the typical resident of the United States will trace his/her decedents to Africa, Asia, Latin American, the Pacific Islands, South Arabia- almost anywhere but White Europe. This should also be the population that psychological professionals are equipped to service.

In summary, the intent of this research is to explore and document disparity in Latino mental health services.

1.3 The Focus of Inquiry and Anticipated Themes

This study has one central research question. Have Latina psychologists observed and experienced disparity in Latino mental health services? Within this question there are additional inquiries. 1) How do Latina psychologists explain the roots of disparity in mental health services to Latino populations? 2) Do Latinas see progress in the elimination of disparity within the field of psychology?

This study recognizes efforts to reduce disparity in the field of psychology, and it documents the voices of a group of Latina psychologists examining the effectiveness of our work during the last 40 years. The literature review suggests that landmark events of those efforts started after the passage of the Civil Rights Act of 1964. Examples are: the Vail Conference of 1973, the establishment of the Board of Ethnic Minorities Affairs (BEMA), the definition of multicultural competence of APA'S Division of Counseling Psychology in 1982, and The American Psychological Association's General Guidelines for Providers of Psychological Services of 1987 (Dana, 1993, Pedersen, 1994; Sue, 1999). Finally, the Office of Civil Rights (2000) has developed social policy guidance regarding culture and linguistic access, violations, and laws in health care provision (i.e. The Title VI Prohibition Against National Origin Discrimination as it Affects Persons With Limited English Proficiency). This policy guidance acknowledges that:

“The United States is home to millions of national origin minority individuals who are "limited English proficient" (LEP). That is, they cannot speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. Because of these language differences and their inability to speak or understand English, LEP persons are often excluded from programs, experience delays or denials of services, or receive care and services based on inaccurate or incomplete information.”

As Dana (2001) pointed out, during the last decade there has been an increasing awareness that cultural issues and racial/ethnic identification are central to the entire process of access, diagnosis, and interventions for mental health problems experienced by culturally diverse groups. Concerned professions are now implementing cultural competence guidelines and standards of practice. In psychology, cultural incompetence and malpractice in mental health research and clinical practices are now openly addressed in the literature (e.g. Sue, Arredondo & McDavis, 1992; Malgady, 1996; Hall, 1997; Sue, 1999; Strickland, 2000; Dana 2000).

The central hunch or anticipated theme of this study is that Latina psychologists have witnessed or experienced disparity in Latino mental health services and that their narratives will enhance our understanding of Latino psychology and disparity. The anticipated themes (hunches) of a qualitative study are a result of an indwelling, subjective posture that allows the inquirer to reflect and see events and phenomena under study while considering human plurality (Maykut & Morehouse, 1994; Schensul S., Creswell, 1998; Schensul, J. & LeCompte, 1999). The demarcation made here between a hypothesis and a hunch refers to different philosophic underpinnings used to study the phenomenon (Maykut & Morehouse, 1994). While quantitative research is based on a positivist position, qualitative research relies on a phenomenological position (Maykut & Morehouse, 1994; Ratner, 1996; Creswell, 1998; Schensul, S., Schensul, J. & LeCompte, 1999). In this study, the experience of exploring disparity illustrates how the tacit, which is subjective, facilitates explicit knowledge (which becomes objective when verified).

The results are presented in the form of descriptive narratives (the participants' voices) and a reflective discussion following each topic. The validity of the results rest on whether participants and readers recognize the reality described.

To conclude, the contribution of this study will be determined by its findings. This means the paths that this study will open for others to make progress in their understanding of disparity in Latino mental health services.

CHAPTER 2: Literature Review

2.1 Identifying the Focus of the Literature

This literature review is guided by two theoretical agendas: to explore the compatibility of cultural psychology theories and Latino psychology and to understand the participation of psychology in Latino social oppression and liberation processes. To understand disparity in Latino mental health services through cultural psychological principles implies identifying how cultural psychology is being presented in the context of this study. Moreover, in this literature review, culture is understood to be the mediated history of human developmental activity and the essence of psychological processes.

In a qualitative study the researcher is central to the theme, and thus the personal and political will emerge (Andersen, 1993; Espín, 1994; Maykut and Morehouse, 1994). Allowing the political and personal to emerge is assuming a phenomenological-reflective qualitative approach to research.

To explore disparity in a population requires addressing the psychology of an ethnic population, which is to enter into the field of ethnopsychology. To explore disparity in Latino mental health services requires a description of the members of this group. The identity of Latinos emerges in historical processes and to study their culture is to understand their history. These lines of reasoning provided the basis for exploring the social political values of general psychology paradigms and the disciplines in psychology that address oppression (*feminist and liberation theories and social action research*) and cultural diversity (*ethnopsychology, cross-cultural, and multicultural psychology*).

2.2 Exploring the Latino culture

As Andersen (1993) stated, reflecting processes “are characterized by the attempt to say everything in the open” (p. 306). The first task was to explore the terms used to describe members of Latino culture. They are: Hispanic, Mexican American, Chicano, Latino, and La Raza. The terms are important because they have diverse social and personal meanings and they organize people’s perception of themselves, historical events, and social processes. They also provide an identity, a sense of being and belonging that is imperative to psychological well-being. Thus, the literature exploring Latino culture began with two questions. What is the origin of the term Latino culture? What are the cultural (historical) contexts of similar terms? This inquiry generated a question for the fieldwork activity. How have participants, Latina psychologists, experienced the term Latino?

Latino is the recognized term of the late 1990s; it reflects the inclusive posture of this decade. In general, Latino “culture” is the combination of integrated aspects of different views of reality, cultural practices, economic systems, and historical processes. Garcia and Zea (1997) described Latinos as a population that is more distinguished by within-group diversity than by monolithic descriptions.¹ As described by Garcia (1984),

¹ Additionally, a comprehensive description of the characteristics of the Latino population is available in the literature through an ethnopsychology sub-field commonly known as Chicano/Latino psychology (i.e. in the work of Padilla and Salgado de Snyder, 1985; Bean & Tienda, 1987; Schick and Schick, 1991; Leslie and Leitch, 1989; Zambrana, Silva-Palacios, and Powell, 1992; Garcia, 1992).

the term Latino connotes more than common history and a mixture of cultures. Latinos also have a diverse spectrum of skin color. “Color most of us café, though our spectrum runs from ebony to ivory” (García, 1984, p. xvii).

The literature suggested that the first term used to describe Latinos was *Spanish-speaking* people (Sanchez, 1932). Hispanic is the second term, which is used only in the United States and is a government’s official categorization.

Chicano, Mexican American, and La Raza are also terms found in the literature. The use of the term Hispanic expressed conformity to official categories. According to Garcia and Zea (1997) as we enter in the 2000s, scholars still use the political and official categorization of Hispanic to describe individuals of Spanish/Latino American origin. Although the political and functional meanings of the term Hispanic are tacit knowledge, this review of the literature did not reveal elements to trace with certainty the theoretical origin of the term.

Chicanos, Latinos, Mexican American, and La Raza are terms that emerged in the literature after the middle 1950s. Anzaldúa (1995) provided a narrative about the origin of the term Chicano when she stated: “Chicanos did not know we were people until 1965 when Cesar Chávez and the farmworkers united and *I am Joaquín* was published and *La Raza Unida* party was formed in Texas” (p. 255). Chicano implied political awareness. The term Mexican-American is an expression of the close cultural ties that individuals born in the United States with Mexican ancestry still have with Mexico. La Raza, which translates as “*the race*,” is a term coined in Mexico which reflects the fact that the people of Latin America are a mixture of many of the world’s races, cultures, and religions

(Chicano Latino Affairs Council, 1998). This term underlines the fusion of cultures of the Old and New Worlds which needs to be considered in the delivery of Latino mental health services (Carbonell, 2000).

The literature review suggested that Padilla and Ruiz (1973), Alvarez (1974-1975), and Padilla and Aranda (1974) were the first researchers using the term Latino. Feminist scholars in the late 1980s still maintained compliance with the official categorization (Hispanics) while at the same time the concept of Latina women was being introduced. An example is Comas-Díaz's (1987) writing in the journal *Women and Therapy* in an article titled *Feminist therapy with Hispanic/Latina women: Myth or reality?* It is likely that the acceptance of the term Latino/Latina began in the late 1980s and the term acquired and consolidated its meanings through Latina scholars' feministic theories and approaches. While searching for the historical context in which the term Latino emerged, the confusion with the categorization of this ethnically diverse population came to light as an ongoing historical issue (Garcia, 1984).²

The search for the social meaning of the term Latino brought awareness of broader political and historical processes that have influenced the consolidation of Latinos as a population block in United States. The U.S. foreign policy toward Latin America,

² In 1996, the U.S. Latino/Chicano population was estimated to be 91.2% White and 5.6% African American (Carbonell, 2000). It is interesting that White in this statistic really means Brown. As Anzaldúa (1995) stated, we call ourselves "mestizo when affirming our Indian and Spanish ancestry," but in the United States, "we hardly ever own our African American origin" (p. 255).

supporting corrupt and murderous governments, and the historical political instability and economic problems of those countries have resulted in increased immigration (Garcia and Zea, 1997; Dana, 1993; Garcia, 1992; Padilla, 1984).

In March 2000, the US Census Bureau reported that in that year, 28.4 million foreign-born people resided in the United States, representing 10.4% of the total U. S. population (51.0% were born in Latin America, 25.5% in Asia, 15.3% in Europe, and the remaining 8.1% were born in other regions of the world). The foreign-born from Latin America were more likely to live in the West (42.1%) and South (32.6%) than those from other regions of the world. The foreign born from Central America represented two thirds of the foreign born from Latin America.

The US Census Bureau indicated that, in the year 2000, 12.5% of the US population was Latino. Mexicans represented 7.3%, Puerto Ricans 1.2%, Cubans 0.4%, and other Hispanics 3.6% for a total of 35.3 million people. An additional 3.8 million Hispanics were reported in the Commonwealth of Puerto Rico. As predicted in the literature and confirmed by Census 2000, the Latino population increased in the last ten years (by 57.9% from 22.4 million in 1990 to 35.3 million in 2000, compared with an increased of 13.2% for the total U.S. population).

Determining the size of the Latino population in the U.S. is sometimes confusing because researchers use different points of reference and census data. However, the literature agrees that it is a complex, growing, multiethnic group. Demographers predict that "Latinos will become the largest ethnic/racial population in the United States and

that, between 1990 and 2010, they will account for 42% of this country's new population growth" (Aguirre-Molina and Molina, 1994, p. 3).

When referring to Latinos, Comas-Díaz (1994) used the term *Latin American World*, because this ethnic group has roots in eighteen sovereign nations and one U.S. Commonwealth (Puerto Rico). Although each nation has its own distinct culture, history, indigenous languages, religions, culinary traditions, and individual philosophies (Novas, 1998), they share unifying features of history, economic structures, language, cultural practices, races, and religions.

The Latino population is often analyzed in the context of being one of the U.S. minority groups. Included in the category of minorities, the Latino population became people of color. People of color and minority groups became interchangeable terms. In the United States, color means those who are not white, though the social meaning does not refer to the color of skin, but to the privileges that the individual will have in society. Aguirre-Molina and Molina (1994) explained that the term *minority* is usually and collectively applied to numerically small and fundamentally diverse- populations such as American Indians, Alaskan Natives, African Americans, Asian Americans, and all Latino subgroups. The meaning and use of the term minority is broadening to include other social categorizations, such as individuals with disabilities as well as women, lesbians, and homosexuals. Minority becomes the term to identify "the socially oppressed" (Aguirre-Molina and Molina, 1994).

So far, this literature review is tracing the historical context of the meaning of the terms Chicano/Latino/Raza as used to describe a "minority group," emerging in a

political context (the late 1950s, the civil right movement, the revolutionary thinking of the 1960s and the consolidating periods of the 1970s and 1980s). These three terms have social meanings; they are the expression of social struggles.

The 1970s and 1980s were years full of practical questions, a historical period of awareness, the time in which cultural sensitivity and diversity training in American society emerged. In these decades, forces in the field of psychology were directly and indirectly addressing theoretical, practical, and political concerns. These forces attempted to understand the mental health, social and organizational needs of ethnic minorities. There was a proliferation of literature and research on diversity issues, ethnic identity, cultural competence in mental health and social services, workplace cultural diversity, and theories and models emerging from multicultural and cross-cultural approaches. There was an increasing acknowledgment of psychology's inadequate understanding of the psychology of multicultural populations, as well as the need to identify and design practical applications, once this knowledge was acquired (Arredondo, 1985; Ponterotto and Casas, 1987; Sue and Sue 1990; Hall, 1997; Strickland, 2000). In psychology, it became more acceptable to think of the existence of sub-disciplines in ethnopsychology, such as African American psychology, Chicano psychology, and so on. The literature began to address how assessment and treatment techniques needed modification to work effectively with culturally diverse populations (i.e. Fanon, 1967; Lopez, 1981,1996; LeVine and Padilla, 1980; Padilla, 1984; Arredondo, 1985; Jones, A. C. 1985; LaFromboise, 1988; Martin-Baro, 1989; Comas-Díaz and Greene, 1994; Dana 1993, 1996, 1998, 2000; Garcia and Zea, 1997; Martinez, 1977; Sue, 1977, 1989, 1999;

Sue and Zane, 1987; Sue and Sue, 1990; Sue, Arredondo, & McDavis, 1992; Ponterotto & Pederson, 1993; Malgady, 1996 and so on). Cross-cultural and multicultural research began to provide the means to design specific multicultural counseling approaches. The increasingly diverse population led the field of psychology to move towards developing skills to understand and work with such diverse populations.

2.3 Exploring Disparity

Disparity blocks the developmental processes of the individual by withholding the capacity to reach his or her potential (Dana, 1993; Comas-Díaz, 1994, 2000).

Disparity in mental health is the result of cultural incompetence of service delivery systems, the expression of social racism and discrimination, and a violation of the human dignity of diverse populations. As a field, psychology cannot escape from sharing the responsibility for this problem. One of the responsibilities of the field is to face with courage the shame of being part of systems that structure and maintain disparity. To face our shame is to continue searching for effective changes in the mental health, educational, and social service delivery systems, as well as to understand that as part of the problem we can be the facilitators of solutions. Psychology, as one of the helping professions, is facing a crisis. Any practitioner who encounters a Latino in his/her practice knows that, as a field, psychology continues to neglect the mental health needs of this population and that the mainstream assessment and treatment of multicultural groups tend to be more harmful than helpful (Sue, 1978; LeVine and

Padilla, 1980; Guthrie, 1998; Dana, 1993, 1998, 2001; Hall, 1997; Malgady, 1996; Pope and Vasquez, 1998; Lopez, 2000; Carbonell, 2000).

Culturally competent assessment and treatment of diverse cultural populations are not the norm because the human and material resources needed are nationally limited, choice are made to direct resources to other recipients. This study emphasizes that the neglect of minority population's mental health needs is due to social injustice as well as the disparity ingrained in our field (Dana 1998; 2000; Lopez, 1981; Bernal and Padilla, 1982; Hurtado, 1999; Sue and Zane, 1987; Sue, 1977, 1999).

One of psychologists' struggles is to maintain integrity while simultaneously being part of the systems that generate disparity. The struggle to maintaining integrity is commonly recognized among mental health providers. It is not addressed enough in the literature. Traditional training in psychology emphasizes apolitical postures which do not recognize the part our field plays in maintaining this oppression. In mental health services to Latino populations, disparity is a reality that means inequality, injustice, racism, prejudice, limited access, and neglect of quantity and quality of services. As a psychological phenomenon, disparity brings emotional, physical, economic, and intellectual suffering. Psychology's social challenge is to identify, understand, and heal that pain (Comas-Díaz, 2000).

To stop suffering, ignorance, and dehumanization requires recognizing the systemic context of our lives, identifying the external and internalized oppression, and the need for fundamental social changes (Comas-Díaz, 1994; Comas-Díaz and Jacobsen, 1987; Jones, 1985; Lorin and Parron, 1985; Riess, 1971). Embedded in historical social

contexts, the individual cannot escape from economic and political structures which simultaneously maintain, shape, and transform his/her mental process and humanity.

Disparity is generated by social inequality in the distribution of material wealth.

Hurtado (1996) indicated that:

“If it is only in the *doing* of social interaction that we can understand inequality, then, obviously, we only need to *not do* social inequality and it will not exist. The fact of the matter is that it is only through the redistribution of material wealth that social inequality will cease. More likely social interactions will follow, and, if does not, what does it matter if white people do not like people of Color so long as everyone has equal access to health care, education and decent employment?”(p. 37).

In the United States, numbers validate reality. What has not been counted or measured allows us as a society to behave as if it does not exist. Although, in psychological and mental health services (as well as, psychology educational institutions), psychologists witness the inequality, there has been little numerical documentation to prove the existence of the problem of disparity in service to the growing Latino population.

At the beginning of the 21st century, persons of color make up approximately 45% of mental health patients and will represent over half of the U.S. population (Dana 2000). In Minnesota, the counties began to count the number of Latinos accessing mental health and social services in late 80s and early 90s (Carbonell, 2000). One argument to explain the lack of statistics in mental health services and limited available resources for the community is that only an estimated 1.1 % of Minnesota’s total population was Latino (2.9 % now, according to figures of US Census Bureau, Census 2000). However, there is a similar lack of data in states with a high Latino population percentage.

According to figures of the US Census Bureau, Census 2000, the percentage of Latinos living in California is 32.4. How can psychologists explain or justify the inadequacy of Latino culturally competent mental health services in states with this demographic? California has geographic areas with a Latino population concentration of 70-80 %. In these heavily Latino populated areas, the number of private practitioners can be counted on one hand, and non-profit agencies or government mental health programs (local or federal) addressing the needs of the Latino population are rare (Dana, Aragon and Kramer 2001). The literature review included searching for successful attempts to address disparity in Latino mental health services. In his report at the National Conference of Hispanic Mental Health services, March 20-21, 2000 in Washington D. C., Steve López highlighted some demographic characteristics of Latinos, pointed out areas where mental health services were most needed, outlined reachable steps to overcome the gap in services, and provided evidence that few Latinos in need of mental health care are receiving such services. López's review indicated positive national efforts. On the other hand, his main point was that "although there is technology available to address the significant mental health needs of Latinos, getting that technology to Latinos with mental health problems continues to be one of the psychology's field major challenges."

The efforts of the American Psychological Association, i.e. The Office of Ethnic Minority Affairs (OEMA), need to be acknowledged in this literature review. OEMA seeks to promote scientific understanding of the influences of culture and ethnicity on behavior; encourages increased public knowledge of the special psychological resources and mental health needs of communities of color; and describes the need to increase the

number and participation of ethnic minority psychologists in the discipline, profession and Association.

A call for developing a national agenda that prioritizes and addresses the mental health needs of Latinos in the United States is emerging. The most recent examples of this movement were the National Conference of Hispanic Mental Health services, March 2000, in Washington D.C., and Latino 2000 Conference, November 2000, in San Antonio, Texas. However, the attention seems to be on access and utilization rates (numbers), rather than on exploring the meaning of the quantity and quality of existing services (Dana 2001).

To ignore, make excuses, and neglect quality are subtle and indirect ways of participating in processes that maintain disparity. After exploring Latino mental health services, we (as psychologists) can no longer pretend that disparity is a rare event.

Addressing disparity in Latino mental health services is a call for social changes and, as Brydon-Miller (1997) stated, there are methodological challenges, “especially when that means working outside the bounds of traditional quantitative research” (p. 657). These assertions are not only a reminder of the need to provide psychologists with correcting lenses (due to political myopia) and tools to develop social consciousness. They are also a call for building practices that the next generation of psychologists will need in psychology training and research.

Luis Carlos Restrepo (1991), a Colombian philosopher and psychiatrist, posed an inevitable question applicable to the field of psychology: “*respetar la psiquiatría la libertad humana?* [Does psychiatry respect human freedom?] (p. 11). Restrepo’s eloquent

narrative of an encounter with an ex-patient of the psychiatric hospital of Sibaté provided the context for the above-mentioned reflections. When they were traveling in a bus (going to the Capital), the ex-patient asked: -“*Y usted también se voló?*” [And did you also escape?]. Referring to his work in the hospital, Restrepo described responding timidly and with shame: “*Tengo que regresar. Yo soy el médico.*” [I have to return. I am the doctor.]. Can psychologists escape from the institutional and social structures that are dynamically and dialectically creating, maintaining, and transforming the disparity in mental health services to multicultural population?

2.4 The Characteristics of Cultural Psychology

In the literature, definitions of cultural psychology include the perspective that it is an *emerging field*, a subfield within psychology, and an area of specialization (Miller, 1999; Ratner, 1997; Cole, 1996). However, the thesis here will suggest that cultural psychology is, or has the potential to become, a school of thought and the tool of choice for psychologists in the 21st century U.S. The object of study in cultural psychology is the historical-developmental mediated activity of culture that generates human behavior, thoughts, and emotions. A cultural psychology analysis integrates socio-economic, physical, and biological contexts of humans (Glik, 1991; Cole, 1995; Wertsch, 1995).

The first characteristic identified by Cole (1996) is that cultural psychology “emphasizes mediated action in a context” (p. 104). The epistemological foundations of this characteristic emerged from Marx’s theories in what is known in the field as Activity System Theory. From the perspective of Activity System Theory, key words in cultural

psychology are activity, dialectics, praxis, and social structure. Marx & Vygotsky's work are essential to understand the philosophical premises guiding cultural psychology's theoretical framework (Cole, 1996). Cole and Scribner (1978), in the introduction to *Mind in society*, indicated that Marx's theories of society, known as historical materialism, played a fundamental role in Vygotsky's thinking.

“According to Marx, historical changes in society and material life produce changes in ‘human nature’ (consciousness and behavior). Although this general proposition had been echoed by others, Vygotsky was the first to attempt to relate it to concrete psychological questions” (Vygotsky, 1978, p. 7).”

In psychology, the basic concept of Activity System Theory is that activity transmits knowledge and meaning and generates psychological process. Ratner (1997) discusses the dialectic relationship between activity and psychological processes saying that:

“Cultural activity does not become fully formed and then engender psychological phenomena. There is no full-blown economics, political, educational, scientific, or religious activity devoid of thinking, feeling, perceiving, intention, and motivation. As Marx and Engels said, material production develops *along with* thinking and products of thinking” (p. 113) [Sic.].

The viewpoint that human activity becomes culture, and that collectively formed cultural meanings/concepts creates psychological functions, has dominated the works of scholars such as Luria (1971); Vygotsky, (1978; 1930/1994); Scribner & Cole (1981); Harré, (1986); Kleinman and Good, (1985); Lutz, (1988); Shweder; (1990); Rogoff, (1990); Boesch (1990); Shweder and LeVine, (1984); Shweder and Sullivan, (1993); Cole, (1996); Ratner, (1997). Many of these scholars are known also as social constructionists. Social constructionism is a school of thought that emphasizes the inextricable interdependence of cognition, memory, perception, and emotions as social

psychological phenomenon (Ratner, 1991). Activity theory is important to cultural psychology as Ratner (1997) explains: “because it expands culture from being a realm of concepts to being activity that is organized in a specific social-technological system (p. 101). *Culture is activity cultivating psychological phenomena* (Cole, 1996; Ratner, 1991, 1997, 2000).

What does this characteristic of cultural psychology, including the description of the researcher’s reflective posture, offer to the central themes of this study? The conclusion is that disparity as a phenomenon existing in society and in the field of psychology has become a cultural practice and, as such, it generates specific psychological and social functions, manifested by racism, discrimination, and injustice. Our implied acceptance of disparity in mental health services to multicultural populations emerges from the dialectic relationship of our ideologies, practices, social reality, and socio-economic structures.

The second characteristic of cultural psychology is that it “insists on the importance of a genetic method understood broadly to include historical, and ontogenetic, and microgenetic levels of analysis” (Cole, 1996, p. 104). This perspective sees human development as a mediated cultural activity embedded in the dialectical and historical forces of the past, present, and future. Humans are born in specific cultures that create specific socio-cultural medium or gardens for their development (Cole, 1996). Like a plant is affected by its environment, natural forces as well as historical, economical, and political forces affect human growth. Culture is history in the present. It is “the entire

pool of artifacts accumulated by the social group in the course of its historical experience” (Cole, 1996, p. 110).

One of the central premises of methods using dialectic materialism principles is the view that to study a phenomenon, we have to see it as a process in motion and in change. What does this view offer to the central themes of this study? Disparity is a process in motion and in change. Demographic changes in the United States show an increasingly diverse population. Disparity in Latino mental health services will increase proportionally unless changes are made in the profession. Considering only Latinos in the year 2000, the researcher estimates that approximately one tenth of the United States’ population is without adequate culturally competent mental health services, and that by the year 2050, it will be one fourth. This estimate is generous; it implies that 2.5 percent of Latinos can access services. The understanding of disparity acquires greater social (and scientific) relevance when considering the motion and changes in demographic trends.

The third characteristic of cultural psychology is that “it seeks to ground its analysis in everyday life events” (Cole, 1996, p. 1040). This characteristic emerged in cross-cultural studies around the world. Rogoff & Chavajay (1999) pointed out that socio-cultural research and theory evolved from work examining foreign children and adults in European American psychological tasks. Those cultural studies placed greater emphasis on understanding development of children and adults of *any* community. Grounding the analysis in every day life events is congruent with positions assumed by Latino psychologists when they address the historical racism and discrimination embedded in

mental health services' practices. Further, in assessment and psychological testing, this grounding is the only way to describe accurately the individual's level of functioning (Carbonell, 2000; Geisinger, 1992; Meléndez, 1994).

The fourth characteristic of cultural psychology is that "it assumes that mind emerges in the joint mediated activity of people. Mind, then, is in an important sense, "co-constructed' and distributed" (Cole, 1996, 104) [Sic]. This characteristic again emphasizes mediated action and implies the view that psychological functions form when, as individuals, we engage in interactions and practical social activities. Cultures provide the context and symbolic tools for understanding and interpreting different perceptual, cognitive and emotional experiences, as well as practical social activities. Economic transactions such as owning, producing, and distributing goods dominate the practical social activities of any culture (Ratner, 1997). Complex cultural-social activities are derived from economic structures including processes such as establishing families; governing; delivering judgment, resolving disagreements; exploring and understanding the world; educating; playing; generating and creating art; treating illness, and constructing religion (Cole, 1996; Ratner, 1997). Just as mind emerges in the joint mediated activity of people, disparity emerges from the joint mediated activity of the field of psychology and socio-economic-politic structures of a society.

Cultural psychology also "assumes that individuals are active agents in their own development but do not act in settings entirely of their own choosing" (Cole, 1996, p. 104). This fifth characteristic, grounded in the principles of dialect materialism, addresses the dynamic duality of our humanity. We can shape and transform our cultural

environment, but we cannot escape from its history, from its socio-economic structures, or from its concrete-natural characteristics such as geography, climate vegetation, and so on (Cole, 1996; Steiner & Souberman, 1978; Kilborne & Langness, 1987).

When cultural psychology assumes that individuals are active agents in their own development but do not act in settings entirely of their own choosing, two premises are implied. First, our human development and freedom cannot escape the limitations and restrictions imposed by our human nature (Cole, 1996). Second, we are born in culture, and this includes creating, maintaining, and transforming it (Vygotsky, 1978). While the scientific understanding of human nature and psychological process lead to theories stating that humans create culture, *cultural psychology postulates that culture creates human beings*. This characteristic allows us to understand that as professionals in the field of psychology and as Latinas, we act and develop in settings structuring disparity, and do not escape entirely from its influence. As psychologists, we also do not develop in settings entirely of our own choice.³

Cultural psychology also “rejects cause-effect, stimulus-response explanatory science in favor of a science that emphasizes the emergent nature of mind in activity and that acknowledges a central role for interpretations in its explanatory framework” (Cole, 1996, p. 104). This sixth characteristic, synthesizes cultural psychology’s views on science, human nature, and on methods used to capture the essence of phenomena.

³ Like Dr. Restrepo, we do not escape; we have to return because as psychologists, we are the doctors.

When one is exploring disparity in the mental health and social service delivery system, via cultural psychology, it becomes clear that traditional psychology has become a powerful political instrument, as an institutionalized social/behavioral science. Psychology has been a social tool for oppression. It has been used to serve the interests of the dominant ruling majority (Goffman, 1959; Marcus, 1964; Guthrie, 1998).

In its efforts to reach scientific status, psychology, as a field, has abandoned the fundamental principles of its own humanity. The scientific goal of psychology is to generate knowledge and understanding of psychological phenomena. However, a proactive psychology must facilitate the development and liberation of humankind from ignorance and suffering as well as assist all human beings in their quest for freedom, happiness, and prosperity or risk losing its humanity. Psychology, as a social instrument serving the interests of economically dominant powers in societies, to quantify, predict, and control, has adopted these priorities as well (Fanon 1967; Bulhan, 1985; Bourgois, 1995; Ratner, 1997; Brydon-Miller, 1997; Dana, 1998). Just as in the name of God, religious history is full of accounts of crimes against humanity, psychology, in the name of science, has participated indirectly (and sometimes directly) in historical social crimes against culturally diverse populations (Guthrie, 1998). A social crime happens when powerful and wealthy societies neglect their own poor, ill, and helpless members, especially when the criteria for ignoring their needs are the members' race, gender, ethnic origin, and cultural diversity.

Finally, Cole (1996) indicated that "cultural psychology draws upon methodologies from the humanities as well as from the social and biological sciences"

(p.104).[Sic.] This seventh characteristic implies a flexible and inclusive posture in the investigation of psychological phenomena. Cultural psychology is an interdisciplinary school of thought. Cultural psychology, as a school of thought, has a theoretical consistency and is not an eclectic integration of theories (Shweder, 1986; Boesch, 1990).⁴

In terms of mental health, managed care organizations have consolidated the status of mental health and medicine as businesses (Shore 1999; Dana, Conner, and Allen, 1998). Consequently, the quality of those services is driven by business economics. Mental health services to Latinos provided by managed care organizations are the historical product of an eclectic integration of theories, methods, and interventions. In the United States, metatheories in the field of psychology provided social and mental health service delivery systems like *a patch work quilt*. The social function of this quilt is *to be cost effective, to make money*. It is not surprising that this quilt fails to cover culturally diverse populations, but rather aims only to reduce the cost of services.

As guided by economic interests, managed care organizations affect the quality of mental health services to all populations (including members of the majority culture).

⁴ In Shweder's (1990) words, "Cultural psychology is an interdisciplinary human science. It aims to develop several companion disciplines, specially an anthropology (reunited with linguistics) suitable for the analysis of sociocultural environments (meaning and resources; forms of life) in all their intentionality and particularity, and a psychology (reunited with philosophy) suitable for the analysis of persons in all their intentionality and historicity" (p. 44).

This *quilt* has now been exported to the world as a *solution* to health care problems, and it is known in Latin America countries as “*medicina prepagada*” [pre-paid medicine].

In the literature, descriptions of how managed care organizations manipulate society to sell their ideas are easy to find (Brown, 1997; Schneider, 1996). As pointed out by Brown (1997), the literature addressing managed care plans often includes a description of how claims managers help clients to access services and resources the client might not have known about. Yet most plans in the U.S. do not have culturally competent services for Latino populations. Disparity in Latino mental health services is further consolidated by managed care organizations if we consider that this population does not even participate in their stories. These social stories indicate that the purpose of managed care organizations is to facilitate access and to protect consumers from unwise choices in health care providers (Brown, 1997). When exploring disparity in Latino mental health services, the protection and facilitated access are social delusional narratives. Thus, how participants evaluate the quality of mental health services and the access that Managed Care organizations provide to Latinos populations became an important part of this study.

2.5 Exploring the Strategy and Paradigmatic Perspectives

The strategy of this research was phenomenological. Giorgi (1975) defined phenomenology as the study of the structure, and its variations, which means the description of the consciousness in which any thing, event, or person appears and “the meaning of the lived experiences for several individuals about a concept or the

phenomenon” (Creswell, 1998, p. 51). A phenomenological approach focuses “on understanding the meaning events have for persons being studied” (Maykut and Morehouse, 1994, p. 3). This approach implies “understanding social phenomena from the actor’s own perspectives, describing the world as experienced by the subjects, with the assumption that the important reality is what people perceive it to be” (Kvale, 1996, p. 52). The qualitative cultural psychological posture and methodology of this study assisted in the process of discovering what was not apparent. As Ratner (1997) stated, a qualitative methodological approach assumes that the best way to uncover the character and nature of psychological and social phenomena is to investigate individuals from a phenomenological position.

In the reflective phase of planning this study, complex paradigmatic perspectives emerged. Wolcott (1992) described paradigmatic perspectives as underlying postures and identified them as theory-driven, concept driven, and reform focused. This study was “theory-driven” in the sense that principles of cultural psychology have been guiding the process of exploring disparity in Latino mental health services. Thus, the identification of cultural psychology’s theories and characteristics became one of the inquiries of this research. The topic of disparity in Latino mental health services brought also a “concept-driven” paradigmatic perspective. This concept-driven posture connected and explored the meaning of terms such as disparity, Latino/Chicano psychology, cultural competence, ethnopsychology, and cross-cultural and multicultural psychology. Likewise, this study had a “reform-focused” point of view because it had an underlying political purpose and a predetermined goal (Morse, 1998; Wolcott, 1992). This project’s “predetermined goal”

is to increase awareness of the need to unify social forces to eliminate disparity in mental health services (to multicultural populations).

Why were phenomenological approaches and qualitative methods used to explore disparity in Latino mental health services? This question introduces the discussion of positivism and phenomenology, two main philosophical and methodological approaches in psychology. In essence, they are two different paths to investigate and explain human cultural diversity. The virtues of positivism are not covered in this discussion.

This research used qualitative methods because they allow the understanding of psychological-social phenomena from different perspectives. These perspectives involve sociopolitical standpoints that are different from positivism (Cohen, 1963; Ratner, 1997). Overall, logical positivism thinks about social and psychological phenomena as being discrete variables that in essence are also qualitatively homogeneous (variables). As Ratner (1997) explained, “positivism supports the status quo through its conception of social and psychological phenomena as universal and invariant” (p. 231). The elements of logical positivism are empiricism, behavioralism, and operationalism, and they have dominated social science including psychological research (Ratner, 1997).

Positivism and its elements (empiricism, behavioralism, and operationalism) have an ideological function when interpreting and defining psychological phenomena.⁵ Thus, this study considered the arguments of Cole (1996) and Ratner (1997); a positivistic

⁵ The dominance of the positivistic method does not lie in its scientific merits. Rather, the preeminence, power, and prevalence of the quantitative method lie in its social and political implications (Marcuse, 1964; Ross, 1991; Cole, 1996; Ratner, 1997).

posture in science limits social changes by emphasizing quantitative manipulation, by detracting attention from the system as a whole, and by limiting its efforts to minor changes in social problems. Furthermore, the researcher envisioned this study's field work activity, as an opportunity for meaningful personal, theoretical, and political encounters with participants. Positivistic research is characterized by impersonal and minimal contact between the researcher and the subjects, thus reflecting the alienated social relationship found in societies dominated by capitalistic economic structures (Ratner, 1997). The alienated quality of social interactions facilitates the process that allows a society to ignore and minimize the pain generated by inequality in the distribution of wealth, racism, sexism, and so on -- in other words, social injustices. "Positivism legitimizes the established sociopolitical order, whereas qualitative cultural psychological methodologies raise alternatives to the status quo. This is the real reason that positivism reigns supreme while qualitative cultural psychology remains marginalized and stultified" (Ratner, 1997, p. 231).

Qualitative research rests upon a humanitarian sociopolitical conception of human beings and this position allows questioning (meaning to consider) the socio-economic-political system and values in which the understanding of psychological (social) phenomena takes place. As Ratner (1997) stated, the political values and effects of a methodology are not the criteria for endorsing it. Rather, it is its scientific merit that it is relevant and this implies an understanding of how those embedded political values affect its scientific competence.

This study considered that the mission of science is to serve all people and psychology as a field loses its scientific mission when it narrows its vision to a partial understanding of phenomena. Incomplete information usually yields inadequate conclusions and the understanding of psychological phenomena is partial when ignoring or neglecting its socio-economic and historical (cultural) contexts.

Qualitative perspectives provided the tools to understand disparity in Latino mental health services. The methodological considerations of qualitative postures reflect a vision of society in which people respect and support each other; it provides an equipped framework to understand, accept, and embrace human cultural diversity. This methodology leads to social change because it does not withdraw from activist politics or assume the impersonal, asocial, apolitical standpoints that have been dominating the field of psychology during the last century (Ross, 1991; Ratner, 1977, Bryant, 1985).

Finally, the research approach of this study considered that qualitative methods value the diverse creative ways in which people react to social relations and thus, searched for participants' narrative to uncover the creative ways in which people react, witness, and survive disparity experiences. Qualitative methods strive to understand the full effects of cultural activities on psychological phenomena while providing simultaneously the framework to use this knowledge to improve human-cultural conditions (Ratner, 1997).

2.6 Theoretical, political, and personal reflections.

This section describes the personal-political context of the researcher's cultural psychology literature review and the meaning that emerged. An additional discussion of cultural psychology theories is located in Appendix I.

Cultural psychology as a school of thought gives psychologists the theoretical elements to retain unity of mind and culture and rebuild a field of psychology reunifying its scientific and humanitarian goals: to understand psychological processes and serve humanity. Culture has been presented as history and activity embedded in socio-economic contexts of production, meaning the systems that distribute and co-construct the ideology and wealth of a society. This study viewed disparity as the result of inequality, and as the expression of social injustice and oppression. Academia and psychology graduate programs, as social institutions, play an important role in structuring and maintaining disparity of mental health services. A paradigm shift is needed to remedy this. As a field, psychology has been interested in the scientific study of humans, including their behaviors, psychological processes and functions, as well as their interactions with others and the environment. Humans, as Boesch (1990) pointed out, present a dilemma to science because as an object of study, they create history. Psychological processes and functions, including the mind and emotions of humans, have a dialectic relationship to cultural activity.

Many traditional psychology paradigms tend to dissolve the unity of human mind and culture. Cole (1996) identified these paradigms as products of the experimental model, in which culture and mind are variables. According to Keppel (1992) "the most important

feature of the experimental method is that it is possible to infer a cause-effect relationship” (p. 2). The dominance of experimental method and the tendency to isolate variables generated a-social, a-historical, and a-political postures in psychology (Shweder, 1986; Boesch, 1990; Cole, 1996; Ratner, 1997). Cultural psychology “rejects cause and effect, stimulus response, explanatory science in favor of a science that emphasizes that emergent nature of mind in activity and that acknowledges a central role for interpretation in its explanatory framework” (Cole, 1996, p. 104). Explanatory (cause and effect) science is rejected from two specific perspectives: 1) it dissolves the unity of mind and culture; 2) explanatory psychology has been unable to understand and study humans “as makers of history-meaning culture” (Boesch, 1992, p. 363).

Disparity is a social reality that needs to be changed. Psychology has been ignoring the cultural essence of psychological process, yet to ignore culture is to participate directly and openly in the socio-political processes that facilitate the oppression of ethnic and diverse populations. Since the civil rights movement of the 1950’s and 1960s, politically oriented and even radical theories have been emerging in the field of psychology. These theories search *for a psychology of and for the people* by outlining and clarifying the elements of a psychology of liberation (Memmi, 1965; Fanon, 1967; Freire, 1970; Comas-Díaz, 1994). Liberation psychology means considering social structural issues, examining, framing, and conceptualizing the economic, political and racial conflicts that challenge our current understanding of the psychological process. According to Comas-Díaz, Lykes, and Alarcón (1999), this new “type of understanding contributes to building a psychology that draws on and responds

to the realities of a broader swath of humanity” and “it is termed a psychology of liberation” (p. 780). Comas-Díaz, Lykes, & Alarcón (1999) also emphasized that “oppression awareness, restoration of dignity, and making moral choices are required for a new praxis” (p. 789)

Liberation psychology refers to the theories that emphasize an emancipatory perspective, the acquisition of political consciousness that will allow practitioners to become more effective healers. Using the approach of liberation psychology, the practitioner is led to question the status-quo and to convey the belief that we, as humans, have the capacity to shape our environments and to overcome psychological problems (Comas Diaz, 1994). Furthermore, Comas-Díaz, Lykes and Alarcón, (1999) outlined that

“Within a culturally relevant context, liberation entails: (a) becoming aware of the colonized mentality; (b) recognizing the historical and societal context of colonialism, oppression, sexism, and racism; (c) correcting dynamics and cognitive errors that maintain the colonized mentality, for example, working through the islanders versus continentals dichotomies; (d) increasing self-mastery and achieving autonomous dignity; (e) redefining a multiracial identity and (f) developing an inclusive sense of nationhood” (p. 789). [Sic].

Finally, Comas-Díaz, Lykes, and Alarcón (1999) mention that: “The language of liberation does not sit easily with psychologists” (p. 780). These authors also identified several anticipated arguments; however, attention is given to only one of them: “One might argue that the burgeoning of research in ethnic and cultural psychologies is an indicator that the field is responding to the pressure of indigenous peoples and people of color that psychology be more responsive to and reflexive to their realities” (p. 780). This is a call for efforts that are more effective in treating non-mainstream populations and for evaluation of how current psychological service delivery systems and practices

reflect these efforts. Psychological practice must consider the impact of past and contemporary political oppression in the United States. This oppression includes remembering the North American legacy of the American Indian genocide, the United States' enslavement of African Americans, the United States' imperialistic and annexationist relationship to Mexico, including its interventionist policies in Latin American countries, and its contemporary colonization of Puerto Rico, and so on (Comas Díaz, 1994).

Cultural psychology's theoretical framework is congruent with liberation psychology and social action research. However, as a school of thought, will cultural psychology be also congruent with an ethno-political approach? Comas-Díaz (2000) explained that "with an ethno-political approach, psychologists study the psychosocial effects of oppression, racism, terrorism, and political oppression of individuals, groups, and societies" (p. 1320). This approach and its model have two advantages. First, it expands the individual focus to a collective one; second, the national analysis integrates the international.

As Lev Trotsky (1930) predicted, in his book *La revolution permanente*, an historical analysis can document and prove that changes in the socio-economic and political structures of key nations have an international impact. Technological advances have been changing economic interactions and communications in the world. As a dominant and powerful nation, changes in the U.S. will affect the world. What is true about economical processes is also true for ideology and science. Psychological paradigm shifts in the United States will impact the world.

2.7 The Final Theoretical Bridge

Exploring the status of Latino mental health services implies considering the theoretical fields that contribute to understanding disparity. In addition to integrating liberation theories and social action research postures, the literature review of this study points out the relationship of cultural psychology with three major related fields: cross-cultural, multicultural, and ethno-psychology. The theoretical debate is complex first, because these three fields share interests and paradigms; and second, because cultural psychology has three schools of thought: the activity theory, the symbolic, and the individualistic. As discussed previously, activity theory explains psychology as grounded in practical cultural activities. The symbolic approach explains the psychology of the individual as formed by collective symbols and concepts. Finally, the individualistic approach emphasizes individual construction of psychological functions from collective symbols and artifacts (Ratner, 2000).

Exploring disparity in Latino mental health services through cultural psychology also implies a search for conceptual understanding of different disciplines in psychology. Awareness of the conceptual differences between cultural competence and cultural psychology is a theoretical theme of this research, as much as the differentiation between cultural psychology and related disciplines (ethnopsychology, cross-cultural and multicultural psychology).

The existing theoretical confusion in the field when defining cultural psychology is best illustrated by the tendency to assume that cultural psychology is the same as cultural competence or that cultural psychology is the study of ethnicity and cultural diversity.

This confusion is understandable, since ethnopsychology is cultural psychology when the unity of culture and mind is retained. In this sense, ethnopsychologists are in fact doing cultural psychology (Shweder, 1990). Furthermore, the literature often uses cross-cultural and multicultural psychology terms interchangeably, making the differentiation more difficult (Goodstein and Gielen, 1998). Before addressing this study's interest in the relationship between cultural psychology and cultural competence, a discussion of multicultural and cross-cultural psychology is in order.

Goodstein and Gielen (1998) defined multicultural psychology as the area of study concerned with group differences that are predominantly domestic in nature. They also stated that multicultural psychology tends to view race as the central concern and as a function of theoretical orientation in the U.S. (Carter & Qureshi, 1995; Goodstein & Ponterotto, 1997). Since a universal approach assumes that people are more alike than different, the central multicultural concern should be shared human processes rather than group differences. Goodstein and Gielen (1998) viewed the agenda of multicultural theories as shaped by issues that vary from country to country, including religious tensions, linguistic differences, class and caste conflicts, ethnic hates, and so on. On the other hand, the focus of cross-cultural psychology is on the between-country similarities and differences, as well as universal and group phenomena that are international in nature. Cross-cultural psychology tends to focus on belief systems, artifacts, and social relationships shaped by and mirrored in societies worldwide. Within cross-cultural psychology, there are two orientations. One orientation is universalistic, comparing people from diverse cultures on some common variable(s). The second is a relativistic-

cultural orientation, meaning that differences in values make cross-cultural comparison difficult and even illegitimate and/or impossible, (Goodstein, & Gielen, 1998).

To understand disparity in Latino mental health services we must examine the cultural competence of psychology as a field. Cultural competence is defined as the awareness, knowledge, and skills used to provide effective and credible services in, with, and for a non-mainstream community. These services may use different theoretical approaches in psychology, but to be culturally competent the epistemological views of these postures have to be congruent with a psychology that takes into account culture. The literature offers many definitions of cultural competence. This study endorses the view that it is the ability to provide services perceived by clients as relevant to their problems and helpful to the intervention's positive outcome. These services are perceived as legitimate because they mesh with health/illness beliefs and are provided by using a style of services delivery that is perceived as credible and giving (Dana, 1993, p. 220). The concept of cultural competence has been relevant to this study because disparity is manifested by culturally incompetence practices often amounting to ethical violations).

To summarize, the theoretical foundation of this study focused on understanding cultural psychology theories from a reflective inquiry. Is cultural psychology a coherent framework to enhance practitioner's cultural competence? To answer this question, the literature review centered on the fields that have been enhancing our understanding of cultural competence, (cross-cultural, multicultural psychology, and ethnopsychology). This focus does not disregard the contributions of social psychology and organizational

theories. The point here is that to address the existing disparity in Latino mental health services, the field of psychology must promote cultural competence as a process of liberation for both psychologists and their clients.

Table 2.7 presents a summary of the domains that contribute to understand disparity.

Table 2.7

Domains that contribute to understanding disparity

- **Cultural competence** is defined as the awareness, knowledge, and skills used to provide effective and credible services *in, with, and for* a community, and these services may use different theoretical approaches in psychology. Cultural competence is a professional developmental process, the result of professional experience and explicit training. It is a commitment to provide effective, ethical and respectful services that validate and enhance the human dignity of cultural beings. Some service providers of mental health services to ethnic and culturally diverse populations in this country have reached cultural competence through professional experience. However, explicit training in cultural competence continues to be limited, sporadic and deficient.
 - **Ethnopsychology** is the subfield of general psychology whose intent is to understand how ethnicity influences human behavior.
 - **Multicultural psychology** is the area of study concerned with group differences that are predominantly domestic in nature, it tends to view race as the central concern, it uses a universal approach that assumes that people are more alike than different, and thus, the central multicultural focus is on shared human processes rather than group differences.
 - **Cross-cultural psychology** focuses on belief systems, artifacts, and social relationships shaped by and mirrored in societies worldwide (between-country similarities and differences), as well as on universal and group phenomena (Goodstein, & Gielen, 1998).
-

The literature review started by clarifying what cultural psychology offers to the exploration of disparity in Latino mental health services and ended discovering the meaning of ethnopolitical theory:

“Ethnopolitical theory integrates a liberation paradigm (Ignacio Martín-Baró in Aron & Corne, 1994; Ignacio Martín-Baró in Blanco, 1998) with an ethnopsychological perspective (Comas-Díaz, Lykes & Alarcón, 1998). It names the terror, developing a language that gives voice to the silenced traumatized self. As such, it acknowledges racism as a form of colonization as well as a human rights violation” (Comas-Díaz, 2000, p. 1320).

Finally, a metaphor, a triangulated poem that illustrates the challenge, richness, and complexity of cultural competence, will end this literature review. It is not a translation, it is more than two languages; it is the co-constructed reality emerging from the mediation of worldviews. This poem is both a metaphor of theoretical integration and symbol of ethnocultural survival.

As I look through the window....
Mirando al mar....
 the sound of waves....
es nostalgia...
 is the image....
al terminar...
 of knowledge....
lo que no se puede acabar
 as an ocean....
cundo se acaba de empezar....
 as a complex process...
y se convierte...
 one that will never end....
en el comienzo de un nuevo andar.
 one that will always be shared.

CHAPTER 3: The Method

3.1 Overview

Chapter 3 describes data collection and analysis procedures used in this study. Specific approaches included 1) a series of in-depth interviews with Latina psychologists using a narrative inquiry from the researcher's participant observer position, and 2) a transcript analysis that strove to identify themes and meanings relevant to the study's aims. Ratner (1997) points out that qualitative methods seek to faithfully articulate the *complex relationship of psychological experiences and their meanings through narratives*. Narratives are conversations about a person's experience (Maykut and Morehouse, 1994; Kvale, 1994). They thus constitute a particularly powerful way of highlighting, and giving voice to, the experiences of people who have been oppressed or marginalized, especially when those experiences are not well known in mainstream society (LeCompte and Schensul, 1999, p. 87). The present research used narratives to assemble a composite picture of participants' reported experiences with disparity. Given the study's aims, collection and analysis of such narratives appeared to be an especially appropriate and useful approach.

3.2 Basic Theoretical Premises

LeCompte and Schensul (1999a) suggest that, when a study gives voice to participants, it is called "narrative inquiry" (p. 86). For the purposes of this research, story telling was a productive way to uncover participants' descriptions of relevant social phenomena, including the integration of observations and interpretations of the researcher

(Maykut and Morehouse, 1994; Shapiro, 1998; Schensul S., Schensul, J. & LeCompte, 1999; Espin, 1994; Gee, 1996). As Maykut and Morehouse (1994) indicate: "Our stories are live experiences to which we, in concert with others, give meaning to those experiences. Qualitative researchers can examine the meaning of these stories because they are public and shared" (p. 38). The literature thus recognizes use of narrative and story telling as an important tool to understand the historic and environmental forces impinging on our lives. Ester Shapiro (1998) points out that "a growing number of writers are expanding the conceptual framework of their discipline by studying the collaborations between others and ourselves that produce our interrelated professional text and the text of our life" (p. 92). This vision recognizes our intellectual work as intrinsically related to our personal development (Shapiro, 1998, p. 92) [Sic.]. Narratives serve to honor the complex conversations about sociocultural influences and the profoundly personal interpretation we give to these experiences (Kleinman, 1988; Rose 1989; Coles, 1989; Behar 1991, 1996; Rosaldo, 1993; Giroux, 1996; Shapiro, 1998).

The research interview is a specific form of conversation in which the main task is to understand the meaning of what is said by interviewees (Kvale, 1996). This form of conversation is not bound by the researcher's expectations nor by constraints on length of the response (Schensul S., Schensul, J. & LeCompte, 1999, p 121). Rather, in-depth interviews use open-ended questions that leave response largely unrestricted. This study used such open-ended questions, followed by elaboration probes where necessary, to elicit a rich discussion of participants' thoughts and feelings. Schensul, Schensul, & LeCompte (1999) indicated: "By in-depth, we mean exploring a topic in detail to deepen

the interviewer's knowledge of the topic. Open-ended refers to the fact that the interviewer is open to any and all relevant responses. There are no correct answers and the interviewee is not asked to select from a series of alternative choices" (p. 121). [Sic]

The approach further included detail, elaboration, and clarification probes. Maykut and Morehouse (1994) describe such probes as separate from, but complementary to, the basic questions. Detail oriented probing refers to specific and direct questions emerging in the context of the conversation. This type of probe is used to expand and complete the picture of whatever it is that one is trying to learn or understand. Elaboration and clarification probes are used to go deeper into participants' descriptions. An elaboration probe is used to give the interviewee the support to tell us more. A clarification probe is used to ensure that the researcher understands the interviewee's meanings (p. 85).

The qualitative posture (indwelling) provided the structure and guidelines for in-depth interviewing of Latina participants, "a conversation that moved beyond observable talk to a deep and rich discussion of thought, feelings, and sharing of experiences" (Maykut and Morehouse, 1994, p. 80). A posture is "a state or condition taken by a person at a given time especially in relation to others or things." While engaging in qualitative study, researchers assume the posture of indwelling (Maykut and Morehouse, 1994, p. 25). In the context of this study, the reflective posture is one tool used to understand disparity from the subjects' point of view. This posture seeks to understand the participants' cultural perspectives of the social origin, characteristics, and functions of disparity. The reflective posture also expresses the following view: *Todo lo psicológico es*

también social [The psychological is also social]. This philosophical stance is found in cultural psychology, social constructivism, feminist, and liberation theories. The indwelling posture of this study also assumes that the theoretical is personal and political.

Qualitative research describes in-depth interviewing as a conversation with participants, as a human social relationship, and as an interaction that enables participants to feel comfortable while expressing their psychological processes. It also includes understanding the purpose of the study and responding to research tasks (Maykut and Morehouse, 1994). These descriptions were congruent with the researcher's fieldwork experience.

3.3 The Research Design

The essence and structure of this project was an emergent design because it allowed "for important understanding to be discovered along the way and then pursued in additional data collection efforts" (Maykut and Morehouse, 1994, p.174).

In an emergent design "not all the specifics of a study can be outlined in advance" (Maykut and Morehouse, 1994, p. 174). Such a design does, however, have advantages. It allowed for integration when new information and others ways of understanding disparity emerged. For example, when the theme of limited access of Latino population's to culturally competent services emerged as an expression of disparity in mental health services, uncovering the meaning of cultural competence became part of this research. The gap in services to Latinos expresses social oppression. Thus, the researcher searched for disciplines in psychology that are addressing the impact of such oppression on

minority members' psychological processes and ethnic identity. This line of query led to the identification of disciplines that contribute to the understanding of the meaning of culturally competent Latino services, and the researcher became interested in identifying disciplines in psychology that address social change as a route towards reducing the observed disparity. Hence, social action research, liberation psychology, and feminist theories came into view.

The study's design specifically included the identification of the meanings of using a cultural psychology framework. It focused on understanding disparity from the subjects' point of view. This focus forecast several things. First, the philosophical approach of this study was phenomenological. Second, the subjects' point of view became the narrative of experience in a purely subjective form. Third, participants' descriptive account of the phenomena of disparity emerged through descriptions of professional and personal experiences with disparity. This became the tool used to unfold the meanings that constitute the central theme of this study. In qualitative research, narrative is a methodological tool used to see how people make sense of their lives (Edwards, 1997).

3.3a Narrative

The term narrative in this study appears in different contexts, and it has general and specific meanings. A general meaning is described by Richardson (1990): "Narrative is both a mode of reasoning and a mode of representation. People can apprehend the world narratively and people can tell about the world narratively (p. 21)." A more

specific meaning is that a narrative is the description of experiences and meanings during the research. It is the story of reflective processes and conversations.

Narrative as a methodological tool is a storytelling approach that permits interviewees to speak from experience about situations that illustrate points important for the researcher's study. A diversity of discussions about narrative is found in the work of Creswell (1998), who reviews the embedded rhetorical structures in five traditions of inquiry: biography, phenomenology, grounded theory study, ethnography, and case study. Creswell (1998) indicated "the overall narrative structure in some traditions is clearly specified (e.g., a grounded theory study, a phenomenological study, and perhaps a case study), whereas it is open to interpretation in others (e.g., a biography, an ethnography" (p. 189). Creswell (1998) addressed two relevant issues for this research. First, the narrative structures are highly related to data analysis procedures. Second, the emphasis given to writing the narrative, especially the embedded narrative structures, varies among the traditions. This variation reflects "the more structured approach versus the less, overall, among the five traditions of inquiry (Creswell, 1998, p.189).

In this study, the use of narratives follows an experiential and reflective model. This model was chosen because similar studies do not exist and it facilitates understanding and integration of qualitative approaches and cultural psychology. The purpose of this reflective narrative is to capture the meanings of the experience of the phenomena and to indicate the direction that future research should take. Narratives thus serve as the results of this study. First, they come from conversations that assume a mutual interest on the topic of disparity. Second, they promote reciprocal interactions

with participants and readers and present the theoretical as unified with the personal and political, in a journalistic style. Third, since the purpose is to document disparity, the emphasis of the results must be on presenting the voices of the participants. Fourth, this narrative model deemphasizes the researcher's analyses by limiting the interpretative act while it documents the emerging themes.

The results of this study and each participant's interview were viewed as narratives. Kvale (1994) indicated that "the narrative dimension of interviews is often overlooked" and that the researcher needs "to pay attention to narratives during both interviewing and analysis, as well as at the reporting stage" (p. 200). The researcher alternated between being a *narrative finder*—"looking for narratives contained in the interview," and being a *narrative creator*—"molding the many different happenings into coherent stories" (Kvale, 1994, p. 201).

3.4 Sampling and Participants

The researcher used a purposive sampling approach to select this study's participants because "purposive sampling increases the likelihood that variability common in any social phenomena will be represented in the data" (Maykut and Morehouse 1994 p. 45). Participants were doctoral-level Latina psychologists known in the field as scholars, researchers, university professors, and providers of mental health services. The initial size of the sample was to be between six and ten Latina psychologists. The selection criteria were based on participants' characteristics: professional and successful Latinas who had already survived and triumphed over institutionalized and socially structured

disparity. In addition to selection based on gender and professional accomplishments, the goal of this study was to include voices from different areas of the United States. The final criterion was the participant's potential to contribute with a unique and different perspective. Participants varied in age, place of residence, institution in which they obtained their degrees, years of professional practices, and theoretical approaches to psychology. The inclusion criteria also focused on participants who were bilingual and bicultural Latino culturally competent mental health providers. Finally, participants shared the researcher's interest in Latino psychology, commitment to serve Latinos, and exploring the theme of disparity.

Ten Latina psychologists were interviewed; two interviews were used as pilots. The researcher was conscious of the right of privacy of participants, fictitious names were used and only U.S. regions identified as their places of residency. Written authorization was obtained to include the transcripts of participants' interviews.

3.4a Why Recruitment Focused on Latinas:

The recruitment of participants focused on practicing Ph.D. psychologists. This section briefly narrates the theoretical considerations in the selecting only Latinas as participants. First, an emergent research design requires a purposive sample. This sampling strategy used extreme cases (successful Latinas). Its aim was toward increased understanding versus generalizability of results (Patton, 1990). Second, the composition of the sample itself evolved over the course of the study. The technique used was a combination of snowball and theoretical sampling. Snowball sampling means that the recruitment of one participant or setting leads to another. Theoretical sampling is an

emergent and sequential approach seeking maximum variation because it allows for building and broadening theoretical insights in the ongoing process of data collection and analysis (Maykut and Morehouse, 1994).

Why explore disparity only through the narrative of Latinas? Successful Latina professionals have a unique phenomenological and historical perspective of psychological services. Not only have they survived the structured and embedded disparity of academic institutions but also as women, they are a double minority. Therefore, their narratives provide particular illumination in the understanding of disparity since participants' life events and professional history gave them experiences with academic institutions and services delivery systems in which racism, inequality, unfairness, and discrimination are common events.

3.4b Number of Participants and Their Characteristics

As previously mentioned, the initially estimated number of participants of this study was between six and ten. Since narratives of each encounter were to be included as data in the report, the richness gained by using a larger sample was balanced by the greater risk of necessarily truncating, retelling, and editing the participant's voices.

Morse (1998) indicates that the sample number in an emergent qualitative research design depends on saturation. It was anticipated that saturation in the context of this study would mean discovery of perspectives, through tacit knowledge, that would be put into words by participants and researcher's satisfaction with the extent of the information addressing the central research question: How have Latina psychologists observed and experienced disparity in Latino mental health services? This question was

used as a point of departure; this study was not looking for an affirmation or negation of disparity's existence. Rather, saturation was anticipated to occur when sufficient other Latina psychologists explained the roots of disparity in Latino mental health services. In qualitative research, saturation is reached when the study had captured adequately the investigated aspects of the phenomenon and new information is not expected. Saturation is not an indication of reliability. Moreover, it was assumed that after the fieldwork process, additional discoveries were possible. There is no claim that complete saturation of this study's data was reached. Since the method is a reflective posture, each in depth interview was envisioned as an opportunity to add, to correct, and validate the study's perspectives. Each and all encounters were viewed as contexts to find new meanings and enhance the researcher, participants, and readers' understanding of the phenomenon under study. As suggested in the literature "rather than apologizing for the failure to study a sample," the researcher should state clearly in the discussion of this study the reason why a particular group of participants was chosen (Parker, 1994, p. 13).

The participants in this study are widely known Latina scholars, researchers, and providers of mental health services. Therefore, by definition, they have power and control. They are successful professional women, who had already triumphed over the odds against them. It was assumed that the characteristics of these participants would facilitate one of the intents of this research by providing a context in which empowering information might emerge. It was anticipated that the within group diversity of Latino populations was likely to be reflected. However, even in a small sample it was also possible that participants would reflect the predominance of Mexican American/Chicana

representation in the field (especially in the border states of Texas, Arizona, and California). Participants' powerful positions in the field of Latino/Chicano psychology (as scholars, researchers, or practitioners) and their geographic locations were criteria for inclusion (and including data from 5 states was the ambitious goal of this study).

To include representation from all Latino subgroups would go beyond the scope of this project, requiring a sample size of approximately 20 participants. In the United States Latinos' ethnic roots can be traced to eighteen sovereign nations and one U.S. Commonwealth (Puerto Rico). General information about Latinos in the U.S. was expected.

It was estimated that given the anticipated characteristic of the participants, their age would be 35-to 70. This estimate considered the fact that the first Ph.D. Latina psychologist, Martha Bernal, graduated in 1962, and that 25-35 is the average age in which individuals tend to complete a graduate program in psychology. This estimate does not include individuals who return to graduate school with professional experience. It was also anticipated that the socio-economic status of participants would likely fall into middle and even upper class categories, whether a result of academic achievements or family background.

To conclude, the selection of Latina psychologists was intended to gain a deeper understanding of disparity as a phenomenon experienced by a few carefully selected, who are most likely to have experienced and successfully negotiated disparities. Using Patton's (1990) terminology, the study thus used a sample of extreme cases (successful professional-survivors of disparity).

3.4c Specific Recruitment Processes and Procedures

This section describes the recruitment process of participants, which began as soon as the research focused on disparity in Latino mental health services. First, the researcher identified three female scholars. “An ambitious list” of potential participants emerged, including the name of a Latina psychologist who was a mentor and the inspiration for the final focus of this research. Second, confirmation and validation was obtained by asking others if the researcher’s perception was correct and these scholars were corroborated as experts in Latino psychology.

In the summer of 2000, two events structured the context of the recruitment process. One was an interest that the researcher had, an independent study on designing and conducting workshops and training sessions. The second event was being invited to submit a proposal for a co-presentation at the Latino 2000 Conference in San Antonio, Texas. Since the format for proposals to present at the Latino 2000 Conference was similar to the proposals for the independent study, these two activities were combined. Three additional proposals were prepared and three out four were accepted. The Latino 2000 Conference was an opportunity to recruit participants for this study. Presenting at the Latino 2000 conference was a fortunate event because 50% of the participants were recruited there. It is suspected that if this research is replicated, the researcher needs to consider that experienced psychologists might not be easy to recruit.

The researcher made 6 contacts (potential participants) in the Latino conference and by then, she had a clear idea of why she wanted each of their voices in the study. Three months later, two of the 6 Latinas declined to be participants due to health

problems. In the letter of recruitment for these 6 participants, the researcher used the Latino 2000 conference as the point of introduction. The recruitment period of negotiating the interview dates began on February 2, 2001, and ended on June 28 2001.

Five psychologists from Colorado, Illinois, and Florida agreed to be interviewed. Florida's participant canceled the day of the interview. Two participants from Chicago canceled two days prior to the researcher's traveling date. A participant in Austin, Texas got sick and cancelled after the researcher arrived. Three participants in California were lost because of a change in the schedule for the dates of the interviews. From February 2 to July 2, 2001, through e-mail, the researcher contacted 20 potential participants and maintained communication with 15. Only one Latina of the four on the researcher's list declined the invitation to be a voice in this research; and another participated with a pilot interview. After the Latino 2000 Conference, the "ideal and ambitious list of participants" was expanded. Six out of eight participants gave each other's names as the most powerful Latina voices in the field. From February to July 2001, 10 interviews were conducted. The report of findings uses eight of those narratives. Two narratives in California became pilot interviews.

The process of determining and coordinating the dates for the interviews was difficult. Some participants requested the questionnaire, and other general information about the research. Once a psychologist asked a question or raised an issue, all participants were given the same information. A computer file for each potential participant was created and the researcher kept a record of each contact. The communication was primarily by e-mails (and an occasional phone message). In addition

to a computer file, participants have a folder in which the demographic survey, the authorization to audiotape the interview, and the informed consent with signatures were kept (Copies from the original approved Institutional Review Board documents with the date and official certification were used). Each participant's file includes an average of at least 5 communications. Prior to confirming the meeting times, participants received by e-mail a copy of the approved Institutional Review Board (with the exception of the attachment that contained the questionnaire that guided the interview). A copy of the approved proposal was given after the interview. After the interview, contact with participants was maintained. When the researcher was not able to reconstruct a name or some words she asked participants for help and send a portion for clarification. Each participant received a copy of the transcript, but not all of them made corrections. Participants' changes, objections, and corrections were honored.

Recruitment effort also included contacting the American Psychological Association (APA) staff person. Three e-mails were exchanged.⁶

⁶ The APA staff member stated:

"I believe I can be of some assistance. As a matter of fact, just off the top of my head I can think of about 15 or so Latinas, across the US & Puerto Rico, that might suit your needs... .. However, before I can proceed I'll need to receive a copy of all of your materials; things such as your approved proposal, the interview/survey instrument, names of the members of your dissertation committee, and the IRB certification/validation. This is more a matter of procedure than anything else. Yet, this will not only help me to better identify the most useful subjects for an interview, but it will allow me to identify those individuals that will be most accessible/responsive. You see APA requires that we have such information on file when we provide this sort of information. I believe your work is timely and urgently needed if for no other reason than getting down on paper the wisdom of our elders. I hope this is helpful. Hasta pronto... .."

Table 3.4A summarizes the place, date of the interview, duration, and the context of the recruitment.

Table 3.4A Summary of recruitment contexts and interviews

Name	Date	Duration	Context of recruitment
Amparo	07/05/01	122 minutes	Professional networks
Norma	03/31/01	64 minutes	Latino 2000 Conference
Apolina	03/14/01	152 minutes	Latino 2000 Conference
Cecilia	03/15/01	92 minutes	Latino 2000 Conference
Noemí	03/20/01	105 minutes	Participants' network
Carmen	03/30/01	97 minutes	Latino 2000 Conference
Maria	04/19/01	121 minutes	Professional networks
Adelita	03/22/01	106 minutes	Professional networks

3.5 Data Tools

3.5a Description of the Interview Questions

A questionnaire was the tool used to guide the conversations with participants (see Attachment A). This section traces the rationale that the researcher considered in designing questions for interviewing. Although the root of this study was theoretical, (what is cultural psychology offering to Latino mental health services?), its motivation was practical and political (how will cultural psychology empower psychologists to understand and address the existing disparity in Latino mental health services?).

As Sartre (1963) stated: "Every philosophy is practical, even the one which at first appears to be the most contemplative. Its method is a social and political weapon" (p. 5). The interviews were guided by twelve central questions. The study's research team (three committee members) and other experts reviewed the questions for content validity

and cultural acceptability. The obtained input was incorporated into the final protocol. The following narrative identifies the experiential and philosophical context from which each question emerged.

Question #1:

Participants were asked: "Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position." Two assumptions were made. One, the interview needed, as a point of departure, a narrative of participants' ethnic, educational, and professional background; the personal context from which the meaning of disparity originated. Second, Latina participants would define their professional identity according to the theoretical emphasis of their training (i.e. developmental, clinical, counseling, experimental, and so on).

The question's format gave participants choices about the degree of personal disclosure. Considering the possibility that they might not offer consistent information spontaneously, a demographic survey was developed (see attachment B). Often Latino psychiatrists and Ph.D. psychologists gravitate toward academic and administrative positions rather than direct client service. To understand why and how participants made professional choices was assumed to be relevant.

Question # 2:

Participants were asked: "Please define the meanings of the following terms, Latino, disparity, and cultural psychology." This study explores disparity in Latino mental health services through the lenses of cultural psychology, an emergent field that is often

confused with related disciplines: ethnopsychology, cross-cultural and multicultural psychology or as equivalent to cultural diversity training and multicultural counseling. It was anticipated that this confusion would emerge in the narratives of participants. Asking for the meaning of the term Latino expands the literature review and validates the historical perspectives presented.

Asking for the definition of disparity searched for the personal meaning that participants have given to this social phenomenon. Finally, the definition of cultural psychology was included to advance the researcher's understanding of the status of this discipline among this group of Latina psychologists.

Question # 3:

Participants were asked: "Please explain the difference or relationship of cultural competence and cultural psychology and comment on the meaning of being or becoming a cultural psychologist." The beginning assumption was that disparity in Latino mental health services is evidenced by limited culturally competent services. By definition participants were likely to identify or perceive themselves as Latino culturally competent providers of psychological services. Cultural competence emerged as a theme of mutual interest. What is the relationship between cultural psychology and cultural competence? Are they the same? Moreover, does becoming a cultural psychologist imply giving up the professional identity of Latina psychologist or a culturally competent mental health provider? What would it mean to become a cultural psychologist? These questions became relevant to this study and were guided by two assumptions. To be a Latina

psychologist in the U.S. is to be bicultural, since a psychologist's training process implies a basic understanding of the worldviews of the dominant culture.

Question # 4

Participants were asked: "What ethical violations in the delivery of mental health services to Latinos do you identify as expressions of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual's life." This question is the heart of this study. It was designed to explore the central research question: Have Latina psychologists observed and experienced disparity in Latino mental health services? The use of translation in psychological and psychiatric evaluations was a central issue.

The use of a translator is a manifestation of disparity, since it is the result of limited resources. This use minimizes or disregards the impact of language and culture on the delivery of psychological services. Translation provides the illusion of a fair intervention, a response seeking to alleviate social disparity. Do participants share the view that psychology, as a field, must declare that it is unethical and even illegal to use translation in psychological and psychiatric evaluations? How many Latinos have the benefit of a culturally competent evaluation? What are the options and minimum requirements for translations?

Question # 5:

Participants were asked: “Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures.” This question was born in the context of addressing two incorrect assumptions. One assumption is that in some states the gap or disparity in economical and human resources for mental health services for Latinos is less than in others states. Second, the concentration of Latinos in a geographic area is a factor determining the quality and quantity of resources available to them. Observing different regions suggested that these assumptions were false. Is disparity, then, an epidemic-national social phenomenon? Certainly, a small number of participants cannot validate that perception or answer this question. A critical mass movement in psychology and related fields, supported by research, will have to demonstrate the validity of this concern: that disparity is a nationwide problem. This project was envisioned as the beginning of a national inquiry, the initial documentation of how Latina psychologists from different regions of the U.S. describe disparity in Latino mental health services.

Question # 6:

Participants were asked: “Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology.” This question supposes that the theoretical paradigms and methods of psychology (and science in general) contain sociopolitical

values and that they consequently become social and political weapons (Sartre, 1963; Cole, 1996; Ratner, 1997).

What role has psychology played in the processes that generate, structure, and maintain disparity? Answers to this should help us understand the influence that theories have had and will have in mental health practitioners' worldviews and in their practices. Will the epistemological principles of cultural psychology preserve and promote disparity, or will cultural psychology provide postulates and paradigms to join the social forces that seek to eliminate it? It was assumed that to understand disparity in Latino mental health services required a look at the structures that contribute to the social neglect of Latino mental health services (such as institutionalized racism, sexism, discrimination, and so on), including the participation of social service and academic institutions.

Question # 7:

Participants were asked: "What coping skills or strategies did you use to complete your education and training as a psychologist and what is the meaning of the term tokenism?" The limited mental health resources available to Latinos are partly a function of the paucity of Latino psychology professionals. Why are so few Latinos accessing graduate training in psychology? Did Latina psychologists experience being a token? Is tokenism an expression of disparity? Or is a sign of progress? Graduate study is often (if not always) a process of endurance. The question was designed to learn from, and pass on, information about what worked for Latina Psychologists (to survive the process). The tendency to ignore the feelings of oppression, racism, and discrimination

experienced by members of ethnic and culturally diverse populations is almost a social rule. This tendency includes behaving as if disparity does not exist.

Why do graduate programs in psychology so often become a culturally dehumanizing experience for minority students? A culturally dehumanizing experience refers to a social context in which one constantly receives direct or indirect messages of being inferior, unintelligent, and incompetent. In psychology this means being pathologized for having different cultural values and behavioral norms. Will participants narrate and view those experiences as manifestations of disparity? Will those narratives emerge spontaneously when addressing the coping skills to survive academia? Exploring disparity in Latino mental health services requires awareness of the emotional impact and consequences of being minority persons. This awareness includes acknowledging aversive racism, which is a harboring of preconscious or unconscious negative racial feelings and beliefs towards people of color that are accompanied by a perception of being fair, egalitarian, and nonracist (Comas-Díaz, 2001).

Question # 8:

Participants were asked: "What progress have you observed in the field of psychology in terms of identifying the needs of culturally diverse groups and how effective have the efforts been to address those needs?" This question was born in the context of considering the historical-developmental posture that is assumed in studies guided by qualitative cultural psychology approaches. It was envisioned that when exploring the meaning of disparity in Latino mental health services, a narrative identifying processes

for progress in the field of psychology was likely to emerge because disparity is a historical artifact.

Social forces in psychology have been addressing disparity since the 1950s civil rights movement. Pedersen (1994) traced the growth of the community mental health movement of the 1960's as the historical context in which mental health care became the right of all citizens, not just the dominant wealthy or middle class majority. In psychology, the social movements of the 50s and 60s continued through the 70s. The Vail conference (1973) illustrates the concerns of that decade. The researcher wondered if after 28 years, participants viewed the following landmark statement made at the Vail conference of 1973 as reality in the field of psychology or still as a dream:

“That the provision of professional services to persons of culturally diverse background by persons not competent in understanding and providing professional services to such groups shall be considered unethical. It shall be equally unethical to deny such persons professional services because the present staff is inadequately prepared” (Korman, 1973, p. 105).

Question # 9:

Participants were asked: What do you think I should keep in mind and consider when exploring disparity in Latino mental health services? (Please address here, what else would you do, if you were in my place). Answers to this question support the emergent design of this qualitative research and the possibility of a reciprocal indwelling process, offering the participants the position of the researcher. It expanded the perspectives of this study and integrated the participants' voices.

Question # 10:

Participants were asked: “If you had the power and resources to make changes and improve Latino mental health service delivery systems, what would you do? Locally and nationally, what would be your priorities and plans?” This question seeks a possible plan of action to address disparity in Latino mental health by developing local and national agendas. It assumes that all research approaches provide empowering information to implement changes.

Question # 11:

Participants were asked: “When considering disparity issues, please comment on the quality of mental health services and the access that managed care organizations provide to Latinos populations.” To explore disparity in Latino mental health services is to address issues of access, quantity, and quality of resources available to Latinos. In the 1980s and 1990s, the health care industry experienced a dramatic change that affected the entire system of service delivery, the consolidation of health managed care organizations (Dana, 1998).

The previous chapter emphasized the quality of mental health services to Latinos as provided by managed care organizations from a theoretical perspective. This question looked for new perspectives to examine a perception. Managed care has become a tool of social disparity, an excuse to deny access to services. For Latino psychologists, payment or reimbursement rate or even the access to provider panels might not be a general issue. The anticipated issues were intrusion on treatment, excessive documentation, and limited number of sessions allocated for treatment.

Question # 12:

Participants were asked: “Finally, what has your experience been as a participant of this study?” This question provided an opportunity to thank participants and lay out the structure for closure. As a human encounter, the ending of a process requires and implies mutuality and recognition of the contributions of the interaction. It also provided the opportunity to assess whether participants had felt comfortable and had thus been able to fully engage in the dialogue.

3.5b The demographic Survey

In addition to the questionnaire this research used a demographic survey in a format of sentence completion (see in Appendix I Attachment B). The intent of a sentence completion survey was to ensure that basic and consistent information was collected. Participants were asked to provide a fictitious name to identify the transcript of their interviews, place of birth, where they grew up, and their age (or a range). This information provided a context in which to understand their narratives and the background in which their ethnic identity developed. The meanings of some fictitious names were implicit, while others were stated or assumed. The participant’s real name is confidential information. However, by asking Latinas for the names of other potential participants, a network of support and validation emerged. Some participants helped with recruitment by talking to each other and coordinating dates. Given the characteristics of the sample, recruitment strategies of snowballing and theoretical sampling, and how the fieldwork evolved, some participants learned the names of other participants. In an initial

letter of recruitment, the researcher stated: "If you know of other Latinas psychologists in your area, I will appreciate the referral."

The demographic survey addressed participants' educational psychology background (i.e., developmental, experimental, clinical, educational, or community psychology) and professional identity (clinical psychologists, forensic, etc.) because it was assumed that their training shaped and influenced their practice. The researcher assumed that historical context influences disparity in Latino mental health services and that access to education is one of the key elements structuring and maintaining disparity. Participants were asked for the year when they began and finished their doctoral program. It is not the same to graduate in the late 70s as in the 90s.

The cost of education was suspected to be a powerful reason contributing to disparity in mental health. Participants were asked to identify the sources of financial support that they used during their education and the estimated cost of their education to become a psychologist (including tuition and living expenses). Another factor that may contribute to disparity is the student loan debt that Latina students accumulate when they finished graduate school; therefore, this information was also requested. After graduation, mental health providers undergo the process of being licensed. Participants were asked about the length of time it took them to obtain their license to practice psychology. When the factors that contribute to limited resources were considered another question emerged: what is the financial picture that a psychology student will face after graduation? Consequently, participants were asked for the hourly rates or annual salary that they earned after graduation. Finally, it was assumed that salaries are

often related to experience and education, thus, the demographic survey included information regarding current annual salaries, hourly fees, and years of experience.

3.6 Reliability, Validity, and Related Issues

This study's emergent and phenomenological methods establish a different basis for determining validity than typically found in quantitative approaches. Qualitative research is concerned with three types of validity: descriptive, interpretive, and theoretical or explanatory (Maxwell, 1992). Descriptive validity determines the factual or obvious existence or occurrence of an act, phenomenon, or event (Ratner, 1997). Interpretive validity identifies the nature, quality and meanings (or the inferences made) of an event, act, or phenomenon (Maxwell, 1996). Theoretical validity establishes through theoretical constructs, the reasons, or causes that generates and explains the act, phenomenon, or event (Ratner, 1997; Maxwell, 1992).

For purposes of this study, validity was seen as the adequacy with which, as a researcher, one understands, interprets, and reports participants' cultural narratives (Ratner, 1997). The description should accurately capture the participants' experiences of the phenomena under study (or lack of such experience). The participant becomes one of the instruments to establish the validity of the researcher's understanding, interpretation, and reporting of the experience and the objective observations of the phenomena under study. As Denzin & Lincoln (1998a) explained; "validity in qualitative research has to do with a description and explanation, and whether or not a given explanation fits a given description" (p. 50).

Like Denzin & Lincoln (1998a), Maykut and Morehouse (1994) described that the validity of the findings “ultimately rests on whether the participants or people who know them will see a recognizable reality in the propositions of the study” (p. 176). The narrative model of this research proposes to provide the context for a recognizable reality. For that same reason, a descriptive journalistic style was used.

Ratner (1997) defined the validity of a qualitative study as a check on the objectivity of observations and concepts, and he explained that the different types of reasoning processes engrained in research methods structure the way the validity of the findings of a study gets established. This research does not use the deductive reasoning, characteristic of quantitative research procedures, as its methodological framework. Deductive reasoning, as a process, moves from general principles to conclusions about particular instances (Maykut and Morehouse, 1994). This study uses the inductive reasoning that characterizes qualitative research procedures and methods. Inductive reasoning begins with (or puts more emphasis on) observations and then moves from observations of particulars to the development of general conclusions to generate hypotheses, meaning hunches or educated guesses (Maxwell, 1992; Maykut and Morehouse, 1994; Ratner, 1997; Denzin & Lincoln, 1998a).

In psychological research, reliability is a scientific requirement (Cole, 1996). Data obtained in research should have reliability in two senses. First, the description arrived at when the same behavior is observed on two or more occasions should be consistent. Second, independent observers should agree in their description of the behavior (Cole and Cole, 1996). Reliability refers to the successful replication of a study

to determine consistency, stability, and dependability of the observations or findings. In qualitative research, the focus is on specificity (Banister et al., 1994). Therefore, replication takes the form of exploring the same issue in a different context to reintegrate and reinterpret findings from a different standpoint without expecting or desiring consistent accounts.

Psychological research indicates that if there is no intent to develop generalizable results, the study can address only the thoughts of a group of participants. The findings of this study are not intended to be generalizable. It only documents how the researcher and participants describe disparity in Latino mental health services. This study included 8 Latinas as participants, accordingly, it cannot claim to capture all aspects of how other Latina psychologists will describe experiences of disparity, or predict how this phenomenon is explained or will be explained in other socio-cultural environments.

A repetition of this study would document a diversity of perspectives that would emerge when other Latinas psychologists explore disparity in Latino mental health. As Maykut and Morehouse (1994) explained: "What can be discovered by qualitative research are not sweeping generalizations but contextual findings" (p. 21). The contextual findings of this research are a recognizable reality. This reality will be new to individuals who have not explored disparity in Latino mental health services, and validated by those who have experienced it and reflected on its meanings.

Finally, Gee's (1999) views of validity reflect the overall stances of this study and a paraphrasing will not honor its merit:

“.Validity does not consist in how any one tool of inquiry works on its own. Rather, validity primarily consists in how our various tools of inquiry work

together. What we test when we worry about why we should trust the analysis of some data is not each claim or the result of each tool separately. We test the whole analysis in terms of how much data it covers, how well it works on new resources of data, how much agreement we can gather from others... (p. 7).

...“Validity is communal: if you take the risks and make mistakes, your colleagues will help you to clean up the mess - that’s what they are for. The quality of a research often resides in how fruitful our mistakes are, that is, in whether they open up paths that others can then make more progress on than we have” (p. 9).

At its core, a study’s validity is tied to the degree that information is accurately collected and interpreted. Efforts to present a situation in which participants are as free as possible to provide their true ideas and feelings are thus essential. In addition, checks to see if their information has been accurately captured are important to ascertain whether results are trustworthy. Several steps were built into the present design to increase its trustworthiness. The literature in qualitative research (e.g., Maykut and Morehouse, 1994; Lincoln & Guba, 1985; Mischler, 1990) indicates the relevance of describing the provisions for trustworthiness. Four steps summarize the process. First, the committee acted as a research team or what is known in the literature as “*peer debriefers*” (Lincoln, and Guba, 1985; Maykut and Morehouse, 1994). Second, each study participant was asked whether the transcript accurately captured the interview information. Specifically, participants received a copy of their interview transcript, and any corrections were made before analysis began. Third, a specific interview question addressed participants’ experience of the interviews. This allowed for an evaluation of the degree to which participants felt open to share their views without undue influences and demand characteristics. Finally, attention was paid to language in which the interview was

conducted. Section 3.6a below more fully describes the specifics considered in this process.

3.6a The Linguistic Context of the Fieldwork and Theoretical Concerns

This section addresses practical and theoretical concerns: the linguistic context of the fieldwork and the presence of leading questions during the interview process.

The major linguistic consideration was that the interviews needed to be conducted in the participants' language of preference. Several additional assumptions were made. First, to understand the history of Latinos in the United State means to know that parents historically often discouraged their children's learning of Spanish as a way to avoid the discrimination that often occur when one speaks English with an accent. Second, often children's efforts to acculturate into the majority life style imply neglecting their first language. Third, during the interviews, the language-switching characteristic of bilingual individuals was likely to surface, as often occurs in therapeutic and social settings.

The researcher anticipated that participant's intimate, personal information would emerge in Spanish, while the intellectual discussions about disparity and cultural psychology would be in English. Participants chose the language of interview and the transcripts document their linguistic switches. Since the data of a qualitative inquiry are the participant's words and actions, a cultural narrative is the result. A cultural narrative is a qualitative methodological tool used to capture meaning, to reflect and report what is learned through the voices of participants and from assuming a participant observant posture. Participants were instructed to have a conversation, to tell their story while

responding to questions, and the researcher shared openly her views and biases as it would happen in a genuine encounter.

A theoretical concern faced in the process of developing the questionnaire was the presence of leading questions. Kvale (1996) states “it is a well-documented finding that even a slight rewording of a question in a questionnaire or in the interrogation of an eye witness may influence the response” and suggested that our uneasiness, attention, and concerns with leading question might reflect the underlying presence of naïve empiricism (p. 157). Kvale explained that some researchers might believe in a neutral observational access to objective social realities that are independent of the investigator. The assumption would be that an interviewer can collect verbal responses like a botanist collects plants in nature, or as a miner discovers precious buried metals. As Kvale (1994) indicated, the decisive issue is where the interview questions should lead, and whether they will lead in important directions. By definition, the Latinas interviewed know about disparity, and the questionnaire was designed to lead participants in the discovery of new meanings of disparity experiences. The questions reflect the intent of producing new, trustworthiness, and interesting knowledge about a topic of mutual interest.

Reactivity, reciprocity, and differential power were also theoretical and practical concerns faced in the process of developing the questionnaire and designing the fieldwork experience. They are discussed in the next section.

3.6b Anticipated Reactivity, Reciprocity, and Differential Power

Qualitative research considers and addresses reactivity, reciprocity, and differential power between the researcher and the participants (Creswell, 1998; Denzin

and Lincoln, 1998; Maykut and Morehouse, 1994). These considerations became part of this research process and this section narrates the reflections that emerged.

Differential power refers to the lack of reciprocity in a research interview between the researcher and participant (Kvale, 1996). In general, the perception of differential power in a research interview comes from the viewpoint that the researcher defines the context, introduces the themes, follows an agenda, and through additional questioning, guides the conversation's course. Accordingly, the research interview sets the stage for a definitive asymmetry of power (Maxwell, 1992; Maykut and Morehouse, 1994; Kvale, 1996; Creswell, 1998; Denzin and Lincoln, 1998a). As stated by Kvale (1996) a qualitative interview inquiry brings a moral and ethical responsibility because "the personal interaction in the interview affects the interviewee, and the knowledge produced by the interview affects our understanding of the human situation" (p. 109). The following discussion addresses differential power in the specific context of this study.

Considering issues of differential power in a qualitative study requires understanding the power imbalance between the researcher and the participants and that despite the use of democratizing practices and the efforts of the researcher to disown and shrug off the role of expert the power imbalance exists. Tindall (1994) indicated that the researcher is firmly positioned by participants as knowledgeable, sets the process in motion, decides the theme and research issues, the framework to use, the potentials participants to contact and how to organize and present the final product (p. 155). In the same context, Tindall (1994) emphasized that public visibility is given to the researcher's version of reality and achieving mutuality and equality is not possible.

The research design of this study attempted to establish if mutuality in reality versions of disparity in Latino mental health services was possible. Equality was also considered in the selection process of participants (Latinas with equal power in term of knowledge). As pointed out by Maykut and Morehouse (1994), an essential feature of a qualitative study is that in the data collection processes, the researchers function as the instrument and include themselves in a discussion of the data collection procedures. In this study the researcher has been functioning as a participant and instrument.

The process of designing this research assumed that the participants were going to be researchers and practitioners in the field of Latino psychology; thus, Latina psychologist also were going to be authorities in the understanding of disparity in Latino mental health services. Further, given the characteristics of participants, it was anticipated that the likelihood that participants were going to experience the effects of differential power, during the interview process, was minimal. It was realized that participants' collaboration and participation was voluntary and that how the researcher presented this study was going to influence their decision.

The intent of considering differential power is to ensure that there is no exploitation of participants. Finally, considering differential power is a form of protecting participants. The goal is to balance the power relationship by considering and anticipating the subtle ways in which exploitation can occur (Tindall, 1994).

Reactivity means that the researcher should consider and evaluate the possibility that the results of the study may bring negative consequences for participants or for the community (Maykut and Morehouse, 1994). In this study, negative consequences for

participants and communities (field of psychology, academia, and Latino populations) were not expected. Moreover, I considered the ethical issues that could arise at the different stages of an interview including informed consent, confidentiality, and consequences.

Reciprocity refers to the process in which the researcher identifies what the community, site, or study participants will receive in exchange. The research design of this study anticipated that as a verbalization of meaning and experience the encounter with participants was likely to elicit new insight for them. By having the experience of being “a subject” of research, Latina psychologists were going to gain information about how it feels to be in the position of being an informant and that the experience would stimulate awareness and intellectual curiosity. Finally, giving a copy of the final document is a form of reciprocity.

3.7 Data Review and Analysis

This study used a data analysis approach of grouping the interviews' narratives into themes. This approach is a combination of a journalistic style with an interpretative-descriptive approach (Maykut and Morehouse, 1994). A journalistic style presents the results of the interviews in ways that allow each participant's story to emerge without interpretation. An interpretative-descriptive approach requires the researcher's active involvement in selecting and interpreting the data.

Although description and exploration are the primary mains, the combination of approaches also suggests the researcher's interest in building theory about disparity in

Latino mental health services. The intent of grounded theory is to generate or discover a theory (Creswell, 1998). In this study, this discovery is limited to exploring and documenting disparity.

The advantage of combining the approaches allows for the interpretation, description, and quotation of the participants to become a narrative of results. A disadvantage is that it is difficult to make claims about the psychological processes underlying the narratives. In this way, the results are merely an exploration of the topic of disparity. The data are not intended to offer more than a descriptive account of the participant's answers to the researcher generated questions related to disparity.

Initially, the 12 questions were grouped in five basic areas of inquiry and analyzed individually from three perspectives: political, personal, and theoretical. In the Appendix I, Table A4 provides examples of how interview questions were identified and grouped. Table 3.7B summarizes the basic grouping of inquiry.

Table 3.7B

Basic areas of inquiry

- Which interview questions would facilitate the presentation of participants' voices?
 - Which focus of inquiry would best capture the meaning of disparity?
 - Which focus of inquiry contributes to identify additional unexpected information?
 - Which interview questions describe the progress of psychology?
 - Which interview question contributes to identify steps to improve Latino mental health services?
-

Each question was analyzed to identify its topics and perspectives. Even though this study emphasizes that the theoretical is political and personal, in the process of analyzing the data dominant perspectives were identified. In the discussion of the results, this approach allows illustration of how these perspectives converge.

Table 3.7C identifies the question's topics and perspectives.

Table 3.7C

Question	Topics	Perspective
• # 1	Ethnic, educational, and professional backgrounds.	Personal
	Choice of client direct service/academic/administrative	Personal
• # 2	Definitions: Latino, disparity, and cultural psychology	Theoretical
• # 3	Cultural competence vs. cultural psychology.	Theoretical
	The meaning of being or becoming a cultural psychologist	Personal
• # 4	Ethical violations as an expression of disparity	Political
	Estimated percentage culturally competent assessment	Personal
	The use of translation	Theoretical
• #5	Quality of mental health services	Political
	Resources available	Political
	Provider # compared with population percentages	Political
	Explanations of disparity in access	Theoretical.
• #6	Educational/social-economic structures of disparity.	Political
	The role of psychology	Political
• #7	Coping skills to complete psychology training	Personal
	The meaning of the term tokenism	Theoretical
• #8	Progress observed in the field of psychology	Theoretical
	Effective of psychology efforts	Political
• #9	What is essential to understand disparity in Latino	Theoretical
• # 10	The power and the resources to improve Latino service	Political
	Priorities and plans (national and local)	Political
• #11	The quality/access to managed care organizations	Political
• #12	The experience as a participant of this study	Personal

The questions guided the topics, or distinct subject areas of focus, in the analysis. Emerging theme were the participants' recurring words, phrases, and narratives of experience as they related to each topic. Unitization was the first step in initiating the data analysis. It involved the identification of chunks or units of meaning in the interview data corresponding to each question. These chunks were identified by carefully reading through transcripts, field notes, and documents (Maykut & Morehouse, 1994).

Participants' responses to each question were identified and analyzed individually and collectively. Responses were grouped for analysis by searching for diversity, consistency, and common themes. Those themes were identified without determining (interpreting) their rank of importance or prioritizing their relevance (through coding and categorizing). From each participant's encounter a narrative that includes the place, date of the interview, duration, the context in which the recruitment took place and participants' demographic information, as well as meanings given to the experience emerged. The analysis of each interview question and report of the corresponding results were guided by the researcher's reflective posture and three questions: (a) What was discovered in the research process?, (b) What was validated?, and (c) What needs to be researched further?

In summary, procedures were sequenced as follows: After finishing the fieldwork, all field notes and transcripts from interviews were prepared for analysis. First, the researcher grouped the information under each participant and reflected on the meaning of each encounter, the process of contacting the participant, the demographic information reported, and the unique contributions that each participant made. Second, the

demographic information of participants was tabulated. Third, each question was viewed as a focus of inquiry, a unit of discovery and participants' responses were grouped accordingly. Fourth, the "raw data" (the answer that a participant gave to a particular question) was used to document the participants' voices in a descriptive, journalistic style. Fifth, themes in the response of each participant were identified and tabulated. Finally, the results are presented in the form of narratives with a reflective discussion following each topic. The validity of such findings ultimately rests on whether the participant or other people who know about disparity in Latino mental health services will recognize the reality that is documented in this study.

3.8 Abridgment

This chapter ends describing the integrative sentiment emerging from a cultural psychology qualitative approach. It uses lyrics of a popular Latin American song of the 70s. The lyrics are not translated, as an invitation to enter the magic world of a culture. It is an opportunity to convey the challenge of serving Latinos, the real meanings of *acceptance, understanding, and awareness* of cultural diversity and thus, one more step toward *skills and knowledge* – the field of cultural competence. Ana Belén and Victor Manuel (1994) introduce the sentiment of this study's results:

*“Solo le pido a Dios, que la guerra no me sea indiferente,
Es un monstruo grande y pisa fuerte, toda la pobre inocencia de la gente
Solo le pido a Dios, que el dolor no me sea indiferente
Que la reseca muerte no me encuentre, vacia y sola, sin haber hecho lo suficiente...
Solo le pido a Dios, que lo injusto no me sea indiferente...
Si un traidor puede más que unos cuantos, esos cuantos no lo olvidan fácilmente
Solo le pido a Dios, que el futuro no me sea indiferente
En Santiago está el que tiene que marcharse, a vivir una cultura diferente...”*

Chapter 4: Results and Discussions

4.1 Mapping the Results

This chapter documents the results in the participants' narrative descriptions of the meanings and experiences, including the investigator's reflective discussion. The results are organized according to the major research questions and topics of inquiry that this study addresses.

Narratives constitute the description of the data collected in this study. Each narrative has an introductory summary followed by the participants' voices and a tabulation of identified themes. The documentation of results is complemented with brief discussions and summaries. These discussions include reviewing the literature and emphasizing the researcher's positions when identifying what has been validated or learned, and what needs further research.

4.2 Introducing the Participants

The first interview question was designed to present the narrative of each participant: "Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position." From a reflective position, this section addresses also two questions: 1) what unique contributions each participants made to this study? 2) How do Latinas describe the experiences of becoming psychologists? Brief descriptive narratives of each encounter and complete summary of

each participant's demographic information and recruitment are located in the appendix. (Narrative A4 in appendix I).

Participants were recruited at the Latino 2000 Conference, through professional networking and by participants' recommendations. The interview period began in March and ended in July 2001. Each interview finished when the participant completed the responses to the 12 prepared questions. The shortest interview took 64 minutes and the longest 122. This difference between interview's duration does not affect the results. In the lengthier interviews, participants provided additional information (see Table 3.4C in chapter 3).

The order of presentation of voices is based on participant's years of experience in the field of psychology. Table 4.2A gives this information and the U.S. region in which they live.

Table 4.2A

Participant	Years of experience as a	US region
Name	Mental health provider	
Amparo	28	East
Norma	26	Southwest
Apolina	25	Southwest
Cecilia	22	Southwest
Noemi	20	Southwest
Carmen	17	Southwest
Maria	11	Midwest
Adelita	9	West

Five participants were asked directly for the meaning of their fictitious name. Although, the purpose was to protect their professional identity, these choices have symbolic personal and political meaning.

Table 4.2B summarizes the participants' assumed names and their meanings with an indication of one of the following four conditions: a) Implicit (with a hint of mutual understanding of the meaning); b) Presumed (without hint or verification); c) Stated (the participant described the meaning or reasons); d) Interpreted (there was not spontaneous indication of the meaning and the researcher forgot to ask).

Table 4.2B

Name	Meaning and interpretation
Amparo	Name and word in Spanish meaning protection, shelter, help, and support (implicit).
Norma	Name and word in Spanish meaning norm, standard, rule, regulation, pattern, and model (presumed).
Apolina	Uncommon name in Spanish used to symbolize honoring a relationship with a close primary family member (stated).
Cecilia	Common first name in Spanish used to symbolize relationship with a close primary family member (stated).
Noemí	Common first name in Spanish (interpreted).
Carmen	Common first name in Spanish used to express a personal meaning, the childhood's dream of being an opera singer (stated).
Maria	Common first name in Spanish used to symbolize a simple self identity (stated).
Adelita	Common first name in Spanish (Adela) used to symbolize honoring the relationship of history and tradition, a generation of women that participated in Mexico social liberation (revolutionary) struggles (stated).

Table 4.2C summarizes the demographic information.

Table 4.2C

Name	Age	Born in	Place growing up	Ethnic identity
Amparo	50s	Chicago	Puerto Rico & U. S.	Latina
Norma	50s	Texas	Texas	Chicana/Latina
Apolina	50s	U.S.	Ohio	Mexican American
Cecilia	40s	S. W.	S. W.	Latina
Noemí	41	S. W.	Texas	Hispanic
Carmen	30s	CA	International	Latina/Mexican
Maria	30s (late)	NY.	Venezuela	Venezuelan
Adelita	37	CA.	South CA.	Chicana.

Table 4.2D summarizes participants' training and professional identity.

Table 4.2D	Professional	Emphasis	Definition of
Name	Identity	In training	Professional Practice
Amparo	Clinical psychologist	Clinical	Clinical/Psychologist/Scholar
Norma	Independent practitioner	Counseling	Clinical/Forensic/Research
Apolina	Counseling psychologist	Counseling	Academia
Cecilia	Clinical psychologist	Clinical	Academia
Noemí	Licensed psychologist	Counseling	Clinical
Carmen	Counseling psychologist	Counseling	Academia
Maria	Clinical psychologists	Clinical	N/A
Adelita	Counseling psychologist	Counseling	Clinical/Research/Academia

Participants defined their professional identity as clinical, counseling, and independent practitioners, though all perceived themselves as being psychologists. This information illustrates a point. When psychology students begin their academic journey, they usually have limited information about the impact that a particular school of thought in psychology will have on their thinking. Often, they do not fully understand the implications that a theoretical framework will have in their future practices. For many

students it is like being born in a particular country, or being born in a family without choices about culture, language, religion, or history. Wherever we land in the varied field of psychology will influence, shape, and transform our behavior, cognition, perception, emotion, and thinking. Awareness of the theoretical framework guiding psychology training is as important as understanding the philosophical underpinnings of psychological practice and research. How psychologists were trained influences how they practice psychology, and how aware they are of the issues and factors maintaining and structuring disparity. These views were validated in conversations with participants and in the narrative of their experiences.

Table 4.2E summarizes information about education, cost, and salaries.

Table 4.2E

Participant	Began/	Cost/	# years/	Starting/	Currently/
Name	Finished	Debt	licensed	Salary	Salary
Amparo	1976-79	N/A/Zero	2	N/D	N/D
Norma	1974-78	\$50/Zero	2	\$10 h.	\$100 hourly
Apolina	1971-78	\$25/Zero	3	\$13,500 A	N/D
Cecilia	1981-91	\$100/10	2	\$13.50 h.	\$40,000 A
Noemi	1988-96	Can't R	1	\$30,000 A.	\$110 hourly
Carmen	1986-94	\$80/20	1	\$34,000 A	\$50,000 A
Maria	1993-98	\$60/40	N/yet	\$17 h	N/A
Adelita	1993-00	\$50/15	N/yet	40,000 A	\$40 Annual

Note: N/D means not disclosed; N/A = Not applicable; N/yet = Not licensed yet; A = Annual salary; h = hourly fee in private practice or hourly salary).

Apolina, Norma, and Amparo are psychologists trained in the 70s, Cecilia, Noemi and Carmen in the 80s, and Maria and Adelita in the 90s. All participants were born in the United States (including Maria, born in Ithaca New York and raised in Venezuela,

and Amparo, born in Chicago and raised in Puerto Rico). Three participants grew up elsewhere than the United States. The participants completed their education in a range of 3 to 10 years and obtained their licenses in one to three years. Two participants have not completed the licensing process (one by choice and the other is still completing the requirements). Participants' cost of education ranged from zero to 50 thousand in the 70s; and from 50 to 100 thousand in the 80s and 90s. Participants' educational debt ranged from zero in the 70s; to 10 to 40 thousand in the 80s and 90s. This financial data suggest that the cost of education has increased in the last two decades. Such financial considerations will affect Latino's access to psychology graduate programs and may influence decisions about the populations that he or she will serve.

Four participants defined their profession as academic; two as researchers and one as a scholar. Participants defined their professional identity as "clinical, counseling, and independent practitioners." The data collected validated a researcher' hunch: theoretical orientation or focus of training influenced the participants' professional identity. The information presented in the tables comes from the sentence completion demographic survey. Participants' demographic information indicated that the characteristics of the anticipated purposive (extreme) sample were met, since the participants were successful professional women. They have powerful positions in the field of Latino/Chicano psychology as scholars, researchers, and practitioners and have triumphed over the odds against them. The predominance of Mexican American/Chicana representation in the field was documented. To interview Latinas living in five states was the ambitious goal of this study. This goal was also accomplished.

4.2a Participants' Unique Contributions and Descriptions of Experience

Amparo's voice is the general narrative of how epistemological principles contain socio-political values (from which political postures and activities emerge). She explored disparity in Latino mental health services from the perspective that psychology and mental health service delivery systems are arms of society. Additionally, Amparo's narrative illustrated the meaning of the theoretical as political and personal:

“So, lets get back to Chicago even though I was born in Chicago, Illinois, my father was... my parents were working two jobs, sometimes three jobs in order to make ends meet and one of the jobs my mother had was as a nurse in the University of Illinois Hospital. The reason why this is important in terms of my personal academic and professional position is because I was born with a cleft palate, and back in Puerto Rico I would not be able to be talking with you the way I'm talking right now. So, what had happened is that University of Illinois had an experimental procedure which they, I was their experiment, which was a success, a complete success, and my parents were able to “afford it” because it was, you know, that was a free service to the community. So my first experience with science was a very, science and public interest, was very, very positive. So, I am very interested in issues of disabilities, very interested in issues of gender, very interested in issues of class, extremely interested in issues of race and ethnicity from the out set.”

Amparo's narrative includes *a reflective description of personal experiences*. Her story about growing up in Puerto Rico illustrates this point. The researcher asked: “Tell me why you say fortunately or unfortunately I didn't grow up in the United States as a minority. What would happen if you had?” Amparo responded:

“Well fortunately, I would have been dealing with all type of issues. I would have had a different experience. I will have a different prospective of what it's like to be a person of color in the United States. Unfortunately, I missed that perspective. Fortunately, I feel like I have a different perspective, yet it's a bridged perspective. Because I don't consider myself “like an island Puerto Rican” even though I am by all means... You know... I have to study Don Quijote, I mean like you know, everybody does in Latin America, you know how

it is like to grow up in Latin America which is great because you just have the Europeans, the Latin American, and the United States perspective, all at once.

In Amparo's interview *the narrative of being different, being the other*, emerged:

"Let me see, anything else you want on that question, I mean in a way, those early experiences of being different, I couldn't speak well until I was eighteen, so that in a way forced me to become a listener, which I think is one of the reasons I like doing therapy or being a practitioner. *Being the other all over the place*, because in Puerto Rico, not only I was different because of my speech problems, but I was different because I was black, and I was poor, and you know the whole *rigmarole*; As many Latin America countries is very elitist, and that's very painful to deal with. So, I'm very, very sensitive to class issues here. And, the beauty of that is that I, in my private practice, I see people who have extremely high positions, extremely powerful people. And I also see people, who are very, very poor, domestic maids, which I of course I see with a sliding fee scale. So, I just love being able to travel the wide gamut of class, because Puerto Rico, as in all the Latin America countries, is a class system. ... I also am very much, very much interested in international issues, and again, that's going back to your initial question, why fortunate, why unfortunate." Fortunate, that I didn't spend my six to twenty-three formative years in the states, it is very fortunate because I grew up outside of United States where international issues are a given. We're so isolated here... we just think we're the center of the universe, that we miss the whole point."

A unique contribution that Amparo made to this study is *the description of the context in which she developed a critical consciousness*:

... "I did not address about why I've been fortunate to grow up in Puerto Rico, because Puerto Rico is an American colony. The issues of oppression and liberation are at the forefront, and that living through all those experiences have, of course, sensitized me. I mean I was reading Freire, I was reading Fanon, I was, you know, emerged in that literature way, way back, way, way back... But the most important thing is that I did develop a critical consciousness, for better or for worse, you know, I use it. I see it. That's when I analyze any type of power line, I have a reflective attitude, I have a critical consciousness about it, and then I redefine it for what it means to me; and the work that I do. And I don't find that particular approach reinforced here. As you said, people get brainwashed and they don't even know because we're supposed to be here, the country of liberty, freedom, but there's so much freedom that people don't know how subliminally they are being trained to think in a particular way."

Amparo's personal narrative provided *testimony of a type of psychology* that is not well known and that needs to be part of the formative thinking of psychologists. This type of psychology (liberation) is congruent with the socio-political premises of cultural psychology.

“One of the things I did because I was immersed in this situation... when.. I first, when I moved back to the states, as I told you I came with a masters and I developed a program, a mental health program, and there were forces, this was in a small town in Connecticut, there were forces for me to do that. And basically because I had a psychology of liberation perspective, what I did is I went into the community. I worked into the schools. I organized communities. I worked into empowerment issues and increasing *concientizacion* so people could make a more informed decision... and they didn't know what I was doing because, of course, nobody knew at that point what psychology of liberation was, so I was with my staff, we were running high. I mean it was programs in school to enhance self-esteem with the kids. I mean basically like teaching them about Latino culture and being proud of whom... they are, because they are being taught you know that you're bad.”

This study examined *the theoretical congruence of cultural psychology with liberation psychology and feminist theories*. Amparo integrated these two perspectives in her narrative:

“I think psychology, or at least certain parts of psychology are becoming more open to this issue of unrepresentative needs. Partly because it is a response to the political pressure that demands action, the vocal minorities. But there's also, let's say the feminist perspective, that talks about empowerment and self-reflection, and change, and that the personal is political and you know... maybe 15-20 years ago it was more you know, feminism among woman, now some of these things have become somewhat mainstream so people are speaking that language now. I'm not talking about again, people who are very well established, I am talking about people who are coming through and sort of junior now and they're less reactive to that language. -They needed to be very reactive to feminism, but that is another story- but I think some of the concepts of feminism have been getting into psychology, and in that area I think of social psychology and you know... the whole study of racism with physiological responses. ...I think there's just very good change. So, I'm very happy with that. It's slow, but at least it's changing. And also, for instance, psychology of liberation that you know it's a Latin

America phenomenon. It's now... people are into it. So I think there is just to discover other type of indigenous perspective. I think that's good. And there are some coalitions that are being formed right now. There's more of an international perspective. I mean like we have two divisions, the division of international psychology, peace and conflict; and all these social issues, a lot of these groups have some solidarity with each other, and so there are some issues that are being pushed by several groups as opposed to just one group. I think since then, it has been improving significantly."

Norma's narrative of professional experience also illustrated how the political, personal and theoretical converge:

"So, my first job was in an APA accredited counseling center. I went and worked there four years and I also had an academic appointment. I did that for four years and I came back and took a job at the University Counseling Mental Health Center. I worked in the University Counseling Center Psychology for thirteen years. During those thirteen years, I did quite of bit of programming for ethnic minority students and faculty; I did some surveys, research, and I did some work in that area, as well as, with women issues. During that time, I also wrote. I got involved in professional ethics, and in teaching and supervision. I was a Training Director in both Counseling Centers. Then, I started to get a little restlessness and either needed to go and become a director of a counseling center or go into full time practice; I was also trying to decide. I also have been encouraged to apply to full time academic positions, but I did not think that this was the direction I wanted to go. At the time, my father had become very ill and died. I did not want to move out of the state, which I will have to do to become a director of a counseling center. I decided to try private practice for a while. However, I always have had a part time practice, always. The whole thirteen years, when I was at the counseling center, I did a little bit of private practice. So, I decided to go full time."

When Apolina described her professional background, this researcher remembered her own experience, having a Latina instructor as a mentor. She provided opportunities for reality checks that validate the researcher's subjective experiences. Apolina emphasized her interest in academic work, and highlighted the need for role models:

“To be an academic was the most important for me, it always was, I believe, that I always wanted to be a teacher. ...*Y luego cuando fui a la universidad, tuve por primera vez un profesor latino, que era cubano y cuando lo conocí al él, y lo vi, que profesional, él era, dije,*... [And later when I went to the university, I had for the first time a Latino professor, who was Cuban, and when I knew him, and I saw how professional he was, I said...] I would like to be an university professor, *así se metió la idea y camine hacia delante.* [Thus, this idea got into me and I walked forward it] *Por eso cuando saque el doctorado lo mas natural era empezar a enseñar en la universidad, yo creo que hay un prestigio con ese role, además me gusta enseñar, me gusta la interacción con los estudiantes.*” [Because of this, when I obtained the doctorate, the most natural was to start teaching in the university, I believe that there is a prestige with that role, beside I like to teach, I like the interaction with the students] *Y ahora he tenido también la suerte de trabajar con graduate students, only. So... hay una ventaja con gente que quiere estar allí y está mas abierta a lo que quieres decir. So,... me ha siempre fascinado...* [And now, I have also the luck of working with graduate students, only. So... there is an advantage with people who want to be there and is more open to what you want to say, so it always had fascinated me]... *Aunque me sali de eso, siempre seguí como una adjunct enseñando un curso aquí y allá y más recién, hace dos... bueno, el año pasado, regrese a ser una profesora full time.* [Although I went out of that, I always continued as an adjunct, teaching a course here and there and more recent, it was two... well, last year, I returned to be a professor full time]

Cecilia described her professional background briefly, and her experience in mental health services provided testimony of psychologists’ diversity of activities:

“I am Latino. I have a Ph.D. in Clinical Psychology. I have worked in everything from community mental health centers... to... I worked for prevention research centers. I’ve worked in schools. I’ve worked in different positions in higher education at the university settings, and I have done a lot of direct service supervision. I’ve been in academia and I’ve been in administration. So I’ve done all of that.”

When Noemí described her professional and educational background she gave testimony of the experience of providing services:

“I have a Bachelor’s Degree from ... College, which is a Presbyterian School, a Master’s from Trinity University, which is also a Presbyterian affiliated school, and a PhD from... in Counseling Psychology. I’ve worked since my

Master's... since I finished my Master's Degree or since I began my Master's degree, thus, it's about 20 years in clinical practice. And I worked between my Master's and my PhD program. I worked in a lot of forensic settings. I worked at probation. I worked at the jail system. I still work at the jail... I have worked for almost 20 years for Child Protective Service doing abuse work, in the school districts doing testing; and a variety of other things that I can't think about right now." (Laugh and continued). ... Comment on factors influencing your choice of client direct service... I just really enjoy working with people. I really like working with kids... I find adult psychotherapy fascinating and really interesting and intriguing. But working with children is just so fun and stimulating. And so I enjoy doing both of them. But I had, I really enjoy the connection that I have with the clients. I did some work doing teaching, adjunct teaching. And when I got my degree, when I began my private practice, it just became harder and harder to figure out how to do that. I'm interested in going back a little bit to do some more teaching. Does that feel like that answers that first question?"

Carmen described her professional background in a rich narrative of diversity of interest and educational options:

"My educational background... I'm a high school dropout. I took a GED. I studied music for 12 years. And I was pretty intense for quite a while in pursuing a music degree, a music career. When I lived in Spain I worked in the Conservatory, went to school in the Conservatory, one of the Conservatories in Madrid. I lived in the dormitories there, and I had a scholarship there. And I was pretty intense on pursuing that. And then, you know, I started wanting to branch out and go to college. And so I went to college. I went to(name of the city) to college and studied music there, and psychology, and physics. I like physics a lot. And I spent two years as an undergraduate. I graduated in two years. When I graduated from college I was 20 years old and I remember telling one of my professors in psychology that I was interested in perhaps pursuing a graduate program in psychology. And he literally patted me on the head and he told me that he didn't believe in educating pre-menopausal Hispanic women because all we do is use our uterus. Our education would be wasted. ... So... I thought okay... let me talk to somebody else.

In Carmen's narrative *the complexity of the psychology field emerged*:

"And so I talked to somebody else and they said: "Well you're so young. You don't have enough experience. You need to get more... get some research experience! So... the first opportunity I had for research was on the other side of the world, in Guam. And so... I hopped on a plane and I went to Guam and I

lived there for six months to get some research experience... (Laughing) I was doing field studies there. And so I got experience and did some research... and I came back to And I thought well... maybe psychology isn't really what I want. But I was still interested in it... enough that I worked in a state hospital... in a mental hospital... in a psychiatric hospital for a while... just to see what it was like. And I would take a class here or there and I had a friend who was interested in law school and so I thought... well... maybe law school is what I'm interested in. And thus... I took the LSAT and I applied to law schools. And I got accepted to every law school that I applied to. And I was... well... then I thought... well... maybe... I will become a lawyer. And then I thought well... maybe not!"

In Carmen's narrative the meaning of *understanding the steps needed to access psychology and the personal meaning of making a commitment to the field emerged*:

"So then I took the GRE and I thought... well... once I have the GRE then... I can apply to other programs. And I took the GRE. I did pretty okay on that. And then, and then just as an after thought, one week... I just thought... well... maybe I would apply to the psychology program. They can always say no. The counseling psychology program, maybe... I'll just apply. And I'll see what it's like. And I wasn't really all that committed. I was still working in the psychiatric hospital. But it wasn't all that... I don't know that I had a passion for it. I really didn't understand the field necessarily. And I was still performing... and still singing and stuff and doing music. And so I got an application and I applied and I submitted the application. I sat on my... you know... on my couch for a long time and I completed the application. I turned it in. And it was after the deadline. And I thought... well... let's see it it's meant to be. And they called me... the graduate dean called me. And said: "Okay, it's after the deadline, but... we're going to accept you. We're going to admit you." And that's when I thought... okay... now I'm going to study psychology for a while. And I was in my second year and I thought maybe...(laughing) I don't want this. You know... I never really felt a tremendous passion for the study of the field... no.. at that time. And so I thought... well... maybe... I'll join another doctoral program. So I applied to other doctoral programs in different fields... in sociology and anthropology. And you know... I get accepted but I just never really felt like doing them, and along the way I kept doing my course and I kept passing the course, doing research and doing well. And you know... I'm thinking... You know... I'm getting really good feedback... Maybe this is what I'm meant to be doing! But I decided to take a couple years off. I finished my coursework. I took a couple of years off and I took a couple of fellowships in Washington D.C., one with the US Congress and then the other one with the American Psychological Association. And then... in the process of doing my fellowships that's when I started really feeling more

committed to the field... because I was able to see what else I could be doing with my degree. You know it doesn't have to be direct service. It doesn't have to be research. I met psychologist working in the government. I met psychologist working in policy. I met psychologists working in governments and the Association. And I thought... "This degree can really give me some options." And that's what I've always wanted is to have something with options. So I came back fairly invigorated and... you know... I did an internship and loved it. I did it in California. And I loved the internship. And I loved what I was doing. I loved the multicultural parts of it. I stayed there for another year after my internship and I worked at the counseling center where I did my internship. I enjoyed it very, very much. But... I still had that dissertation to do. And so... I moved back here... to ... (State) so I could be closer to my committee and finish the dissertation. I got this academic appointment, the first one that I applied to. And I've been here ever since. I told my boss when I moved here that I'd be here for two years that I want to complete my dissertation and get licensed. And in the process I'll help them get APA accredited. And did all those things in two years. And it's been six more years after that and I've stayed on.

Carmen also shared in her narrative the *personal meaning of her professional path and experience*:

"And one of the things that I've discovered about the career and about my path is that... you know... I took this kind of nontraditional approach... I suppose... to my education. I was doing... I would go other places or do things because they were interesting to me or easy to me. But it just wasn't all... I hear people talking about: "I always knew I wanted to become a psychologist." No... I always knew I wanted to become an opera singer. I always knew that I wanted to win the lotto. I always knew that I wanted to write. I never knew that I wanted it, and it was never really there... you know... I have a sister who started purchasing medical books when she was 11 and she's a cardiologist now and she's 30. And you know and it's like... you know... I have another sister who's a chemist and you know she discovered a passion for chemistry ... when she was in college. I... on the other hand, you know, have various passions, various interests."

Maria's contributions to this study are unique. She described struggles with language and her experience addresses the meaning of surviving by keeping one's mouth shut! The message that she described is a recognizable reality in psychology and in academia:

“Just come here and do your job and do what you need to do. ...and just don’t fight for it. You know don’t, don’t worry about that stuff because it will happen all the time. It just happens. And yes, I am a survivor.”

When Adelita described her professional background the narrative of *the limited Latino mental health services available to communities* emerged:

“Let’s see. In terms of my educational background, well I recently earned my PHD in Counseling Psychology this August (Adelita was referring to 2000). And so I have a Bachelor’s degree in, gosh what is it, public administration. And I have a Master’s in counseling and a PHD in Counseling Psych. Professional background... I think in terms of my own professional background I think a lot of it when I think of my own experience or the factors that influenced me in terms of being a service provider, a lot of that stems from... actually many things. But one of the things that comes to mind is when I when I was in my late teens I started working with my church. And so my church is predominantly Mexicano. So I started working a lot with the youth there. And one of the things that became clear is that teenagers or young adults have a lot of different struggles, whatever they might be whether they might be issues of wanting to seek independence. Or you know, there’s just a lot of stuff going on. And one of the things I quickly discovered is that I didn’t have the clinical training or the background to work with these young adults and adolescents in the way that I desired. And so when I began to look for people who could help them, there weren’t a lot. There weren’t any other than the priest and the nun. But I knew, I mean it was real clear that you know they weren’t prepared and didn’t have the training to work with teenagers. (Laughing). And so I think that really influenced me not only to change my major because my major was at the time public administration and then I graduated. But I knew that working behind a cubbyhole or working in an office was not going to be sufficient for me. So that was a peril moment in my life in which I elected to go into counseling... And so I took a year off and had a lot of experience in terms of service provision and what have you. And so that influenced me to go to (University was named) State and I think all those things combined really influenced my choice. And it felt right. You know it didn’t feel incongruent as it did when I was studying public administration.”

The next section addresses in detail the results of exploring with participants the meaning of disparity in Latino mental health services.

4.3 The Meaning of Disparity

Participants were asked to define the term disparity. Two sections emerged because, although in a continuum, the definition of disparity is a conceptualization, while the description of the experience is a personal narrative.

Participant's voices:

Amparo:

“Disparity, I’m not sure being taken out of context, what disparity means. I think disparity is one of those words that are very much contextualized. What is a disparity? Disparity is going to be defined very differently in Puerto Rico, as in Chicago, as in Washington, DC; I don’t think there is some... I mean it depends who’s defining what and whom, and what are the circumstances that are leading to that assessment...”

“... ..Disparity, I think has to do with “dog eats dog.” A lot of people came here as immigrants. They have feelings about that. They came here escaping oppression. They internalized the oppression, of generations. So any time, at some level we’re not going to remind them of them because we’re so different, but we do remind them of themselves, so they try to erase their history, their traumatic history by oppressing us. So we don’t eat with them, we work for them, we don’t marry them, you know we don’t socialize with them; we don’t.”

Norma:

“Disparity is a term that means differences, usually in hierarchical kind of a way, differences, and an unequal way...”

Apolina:

“Disparity *lo veo como un gap, entre gente, entre servicios...*[... .. I see it as a gap between people, between services...] that something is missing.”

Cecilia:

“Disparity for me is very close to the English word despair, which means... to almost lose hope with such sadness, because disparity means a huge difference in the resources that are accessed by people of color in general vs. the dominant cultural. When I think of disparity I think of ... (big sigh...) colonization and oppression and historical factors that have led to a world that have has

(Laughing) ... and have not; people who have access and people who don't. And so disparity is about that reality."

Noemi:

"...disparity would be an inequality or a difference between two things, it is the way... I would say, an inequality"

Carmen:

"Disparity... disparity to me means unequal access, unequal services, unequal or unavailable services training, salaries, and you know... whatever it is we're talking about... disparity to me means unequal, or difference, or different than... and also maybe unavailable..."

Maria:

"...disparity, supposedly this mean, you know... not being the same or equal for everybody."

Adelita:

"When I think of the term disparity I think of just that of not having equity. And so you have this large disparity of people who have resources and those who do not have resources."

Table 4.3 summarizes participants' definitions of disparity.

Table 4.3

Participant's definitions of disparity

- Disparity is defined according to context and who is doing the assessment.
- Disparity means differences, usually in hierarchical kind and inequality.
- It is a gap between people and services that something is missing.
- Disparity is the Latino reality expressing historical oppression and colonization, people who have access and people who don't.
- Inequality or a difference between two things. Disparity means unequal, or difference, or different than... and also maybe unavailable.
- Disparity is not being the same or equal for everybody.
- People who have resources and those who do not have resources.
- Disparity is very close to the English word despair, which means... to almost lose hope with such sadness.

Discussion:

The continuum of the subject's personal, theoretical, and political narrative surfaced. Participants validated this study's definition of disparity as a social reality experienced by non-dominant groups, a consequence of historical oppression, and the expression of social inequality. One of the evils maintaining disparity in Latino mental health is our political myopia. The other evil is our acceptance of "*migajas*" [crumbs], "little is better than nothing." The *quality* and *quantity* of mental health services currently provided to Latinos illustrate our social acceptance of crumbs. Are we better off? Ideology is a powerful social chain that facilitates the acceptance of disparity as a reality that cannot be changed. Cecilia's voice summarized these views: "When I think of disparity I think of colonization and oppression and historical factors that have led to a world that have haves ... and have not; people who have access and people who don't. And so disparity is about that reality....Disparity is very close to the English word despair, which means... to almost lose hope with such sadness." Amparo offered a similar perspective: "A lot of people came here as immigrants... They internalized the oppression, of generations....so they try to erase their history, their traumatic history by oppressing us." *Las cadenas que nos oprimen son ahora invisibles* [the chains oppressing us are now invisible]. Disparity is the jailer of our human dignity. As a chain, disparity denies Latinos of the human right to enjoy freedom, social wealth and benefits, and to interact socially in ways that enhance their dignity (Amparo, Norma, Cecilia addressed this view. Examples in the literature of this discussion are: Fanon, 1967; Birth, 1982; Comas Diaz, 2001). .

4.4 Themes in the Description of Disparity's Experiences

This narrative continues exploring the meaning of disparity in the description of experiences, assuming that ethnic, educational, and professional backgrounds are the personal-social contexts in which the meaning of disparity and ethnicity originates. Two voices cover the main points and illustrate important issues: racism, immigration and acculturation process, social class and distribution of wealth.

Participants' voices:

Amparo:

"I am Puerto Rican. Born in Chicago, Illinois of migrant, poor, poor, poor Puerto Rican parents who came to the United States... really because they needed to eat, and they couldn't do that in Puerto Rico, I mean. Figuratively, it is very hard, it was very hard and the government was pushing the answer to unemployment by just going to United States."

... .."And because my parents saw that they had made the American dream... I mean... they came here, they worked their backs off, went back to the island, bought a farm, but for some reason they just couldn't stay there, so they came back to the United States and I stayed in Puerto Rico with my maternal grandparents which was a huge blessing because... Fortunately or unfortunately I didn't grow up as an ethnic minority in the United States." "... ..I was able to grow up in a very nurturing environment where racism was not a predominant aspect of my life, but in Puerto Rico, racism doesn't mean that you don't have a brain. I mean... if you're black, it means you're ugly, but it doesn't mean that you're dumb. While here in the United States, if you're a person of color, not only you're ugly, you're a bad person, but also you're dumb as hell on top of that. So, I grew up knowing that I had a brain, and that you know I could do whatever I wanted to do because I had a brain. So, I see people who have could have been me many, many times, either in my practice or my community work, and it's really very painful and pathetic to see what happens to people of color in the United States... "... .. You're born in a class and you die in that class (referring to Puerto Rico). So that's one of the good things I like about being here because this compares to other places in the world. Here you have more class mobility (referring to the U.S.). And here I am doctor, whatever, while in Puerto Rico, I would just be another N-- type of thing.... However, having said that, if you all of a sudden have a lot of money in Latin America, then, you know, or if you go back with a lot of fame, or whatever, then you stop being black, or you stop being, you

know, you become, it's a color blindness type of thing... " ... "So, yes, there's disparity and there's a lot of, I can speculate a lot of reasons why that's so, and I think people are still trying to keep the line that divides Mexico and United States quite firm by continuing to oppress Latinos. I think we're still a threat because many of us used to own this land. And it's ancestral collective unconsciousness fear, fear of you know, that they came here, they decimated Native Americans, they're afraid that something's going to come back at them. The same thing with the Mexicans, what else can I tell you about it... So it's fear of the other because it becomes a survivor issue and trying to preserve what power they took away from whoever owned or was living here, because the Native Americans did not own, they feel they were allowed to live here, which is completely differently world view, but that's another story."

Noemi:

"In understanding Latino culture we need to pay close attention to the issue of social class... ...In terms of disparity... I'm trying to think. Well, I guess something that we've talked a little bit about is just different geographical issue in the United States. (Southwest state) is not all like (Southwest city) in terms of the delivery of services. Austin I would say is much worse. Dallas is probably equally so and some of the smaller cities. Houston, I don't know. El Paso, I bet in some ways it may be similar to (Southwest city). And it's because we, just large numbers of Hispanic people living in the city, force institutions to find ways to provide services for them."

Table 4.4 summarizes the themes included in the experience of disparity.

Table 4.4

Themes included in the experience of disparity

- Disparity is inequality in the access to social wealth (poverty and unemployment).
- There is a relationship between disparity and social class.
- The American dream and as a consequence of it becoming members of an ethnic minority group.
- The social context (cultural environment) in which the meanings for the self is co-constructed according to ethnicity and skin color (i.e. race and ethnicity as social indicators of an individual's beauty, moral character or intellectual competence)
- There are different types of resilience that people of color develop as a result of disparity.
- There are geographic differences.
- Disparity is the result of holding on to privilege, power, and racism.

Discussion:

Disparity is depicted as unequal access to social wealth. The narrative of the meaning of being a person of color also surfaced. Thus, racism as an element of disparity became a validated theme of this research. These themes suggested that different environments determine different meanings for the self in terms of race and skin color (i.e. race and ethnicity as social indicators of an individual' beauty, moral character or intellectual competence). The literature had addressed these issues (i.e. Grier and Cobbs, 1968; Kessler, Mickelson, and Williams 1999, Watt, 1999; Guthrie, 1998).

When exploring disparity, the theme of the "American dream" emerged. The meaning of this experience is common among individuals whose families immigrated. In the search of the American dream; emigrants became members of an ethnic minority group in the U.S. As members of an ethnic group they encounter disparity (Santiago, 1993). Therefore, Latino acculturation and immigration process surfaced also as themes validated in this study.

The experience of disparity is a complex dynamic and dialectic social process reflecting the position of power and privilege that members of a society have according to social categorizations (race, ethnicity, class, and social status). Disparity in Latino mental health services reflects colonial and imperialistic oppression, internalized by oppressor and oppressed (Comas-Díaz, 2001). The literature had addressed these views (i.e. Fanon, 1967, Bulhan, 1985; Comas-Díaz, 2000; Utsey, Bolden, and Brown, 2001). Additionally, in a recent study, Ren, Amick, and Williams (1999) discussed racial/ethnic disparities in health as the interplay between discrimination and socioeconomic status.

4.5 The Meaning of the Term Latino

This narrative addresses within-group diversity by examining Latinas ethnic identity. Two interview questions were used to construct this focus of inquiry. One asked participants directly to define the term Latino; the second was indirect. It asked participants to describe their ethnic background. In addition the meaning of being Hispanics, Mexican Americans, and Chicanas emerged. The discussion of Latino ethnic identity uncovers the meaning of social processes and illustrates how the theoretical is personal and political. This section focuses in the meanings of the term Latino emphasizing the theoretical perspective.

Participant's voices:

Amparo:

"I just finished writing an article about Latino identity, and basically what I say is... I don't want to repeat the whole article... but it's basically that Hispanic is a term that it was given by the government, and it's an imperialistic term. All these terms are going to be contextualized, and they're going to be changing according to the history. Latino is more in vogue right now because it's trying to acknowledge the pre-Columbian influences, reclaiming the indigenous' perspective, which you know, many times in Latin America, the racism, it's not even racism, it's genocide in Latin America. Of eliminating the Indians and eliminating the African, and you know, that type of thing. So, the Latino is a little bit more inclusive and also embracing our Brazilian brothers and sisters who are not Hispanics.""The other thing I wrote in the article is that there's a movement of having us called Americanos because we are from the Americas, and it's a big movement right now, and I just feel, and that comes from Jose Vasconcelos, La Raza Cosmica, which is basically the concept of integrating the Indigenous, the Africans, and the White Europeans into the Cosmic Race, the synchronism, el mestizaje, you know, that type of thing. So, I'm very excited about that."

Norma:

"To me, the Latino term represents both the Spanish and indigenous heritage that people have in their background. It incorporates... not only Cuban, Mexican

American, Puerto Rican, but also South and Centro Hispanics.” ...“Hispanic is the term that the government gave us. It tends to identify only our European background; so I do not prefer it. I prefer either Latina or Latino, or more specifically, Chicana; it is sort of the term that my Mexican American identity more specifically refers to.”

Apolina:

“Ok, it is just a funny word Latino, Latina, you know. *Siempre lo veo como refiriéndose a gente de descendencia... donde la gente habla español, mas lo que tienen en común que hablan español y es un broader term.* [I always see it as referring to people who are descendents from Spanish speaking people, that what they have most in common is that they speak Spanish and it is a broader term]

Noemi:

“I would say that Latino, my association with that is anybody who is of Latin descent in any way, on the one hand. On the other hand, I also relate it as a term that really is much more popular I think in California than it is in (Southwest state) for the Hispanic population. It’s not as widely used here, I think, not in (Southwest city).

Cecilia:

“For me the term Latina means that I am united with all those from Latin America, Spanish-speaking countries. Portuguese speaking countries, Brazil, all of South America, Central America, North America, Dominican Republic, and Puerto Rico. Latina, I think encompasses my sisters everywhere.

Carmen:

“...I tend to prefer a Pan-Ethnic label. I think the research supports that women tend to prefer Pan-Ethnic labels. And the Pan-Ethnic label that I identify with most is Latino. Right? As opposed to Mexican-American or Chicano or Mexican.” Carmen explained the term Pan-ethnic level as: “One that incorporates the groups, the different groups; one that transcends the whole group and describes the whole group. I guess in the United States one of those words... can be Hispanic... right?”

Maria:

“Latino I think it’s, it’s a debated term. But, I mean, for me, it’s all the Hispanic people, depending where they come or where they’re from if they speak Spanish and they have lived in the culture, for me are Latinos... Because people

go... no, no... we are not Latinos. We're Hispanic or we're Mexicans. Or no, we're Columbians or we're Venezuelan. And I think... it's all. In the end, we all come to the same place. You know, it doesn't matter what. ...Latinos is the term for everybody. So, I use Latino myself. But I know there are people who don't like to be called Latino because they think it's only Latin America people."

Adelita:

"Well... I think that there are different meanings of the term Latino... when I think of the term in terms of Latinos I think a lot of it had to do in terms of the backlash of not liking the term Hispanic... the term Latino has to do with including areas such as Latin America and what have you, although, we don't speak Latin... And I think also the term Latino is much more inclusive of people, that it can include people from the Caribbean and other places as well."

Table 4.5 summarizes participants' definitions of the term Latino.

Table 4.5

Definitions of the term Latino

- The term Latino acknowledges the pre-Columbian influences, reclaiming the indigenous' perspective, it is a little bit more inclusive and also embraces our Brazilian brothers and sisters who are not Hispanics.
- The term Latino represents both the Spanish and indigenous heritage. It incorporates, not only Cuban, Mexican American, Puerto Rican, but also South and Centro Americans.
- The term refers to people having decent from Spanish speaking people, what they have most in common is that they speak Spanish. It is a broader term.
- The term Latina means that I am united with all those from Latin America, Spanish-speaking countries.... Portuguese speaking countries...Brazil, all of South America, Central America, North America, Dominican Republic, and Puerto Rico. Latina, it encompasses my sisters everywhere.
- Anybody who is of Latin descent in any way.
- A Pan-Ethnic label.
- Latino it is all the Hispanic people, depending where they come or where they're from if they speak Spanish and they have lived in the culture.
- It is inclusive of people, from the Caribbean and other places as well.

Discussion:

The results illustrate that exploring disparities in Latino mental health services includes understanding social process and their influence on the ethnic self. Here, perspectives converged. The analysis included: reviewing the theoretical, understanding the personal history in which the ethnic identity emerged, and uncovering the political-historical posture of inclusion implied in the concept. Participants' narratives illustrated the complexity of contexts in which the ethnic self emerges; and race, racism, language, and cultural experience surfaced as defining elements. Glauser (1999) discussed this theme (Legacies of racism).

Latinos are a cosmic race (Comas-Díaz, 1994). Defining oneself as Latino is a reclaiming of heritage and expresses solidarity with Latino within-group diversity; though its use varies across U.S. regions. This within group diversity is a cosmic mixture of race, ethnicity, and culture.

Oftentimes, we integrate terms and concepts without conscious awareness. Embedded in historical processes, the use of these terms becomes our cultural practice. The ethnic experience of Latinos is a socio-historical-developmental process and has special relevance for psychologists. The researcher's narrative illustrates.

Working with U.S. *Spanish speaking* populations, in the early 1980s, my professional identity, as "*a bilingual therapist*," reflected my personal reality and the cultural context of professional practices. Addressing my ethnic identity on business cards illustrates the challenges faced in that decade. The social-consensus was that the cards should read "English/Spanish speaking Licensed Psychologist." When I questioned why English first? The message was clear and loud: "*You do not want to set yourself up to be "excluded" from providing services to non-Hispanic.*" Placing Spanish first, it is not good for professional "*credibility.*" Referral sources "*will not trust your English, if you claim your Spanish first.*" In the late 1980s and early 1990s, in concert with the historical

debate on cultural sensitivity and diversity, my self-identity emerged as a “*Hispanic culturally competent psychologist*.” In the late 1990s, the theoretical and political climate entering the 21st Century became the context for a new identity, “*Latina Psychologist*.”

The term Latino reflects the influence of a historical movement, *inclusion by design* (i.e. the predominant thought found in the Cultural Competence and Mental Health Summit VII, 1999, Oakland, CA.). This thought recognizes that in existing services delivery systems exclusion of access for multicultural population was also by design (Sue, 1999; Malgady, 1996).

The researcher’s position is that Latino professionals in psychology must understand the significance of our cultural identification as part of taking the path toward becoming ourselves culturally competent providers and serving our community effectively and ethically. The historical processes and contexts that influence our personal identity must be consciously integrated into our professional identity. In narratives of experience, Latina scholars had addressed these views in the literature, directly and indirectly (i.e. Vasquez, 2001; Comas-Díaz, 2001). It is vital to retain our cultural ties despite the struggle that it implies as we are asked to function personally and professionally in systems created and maintained by the dominant culture. Even the relatively simple issue of being bilingual in our clinical or scholarly settings can be a challenge; very similar to the challenge often debated about the benefits and disadvantages of bilingual education. A bilingual therapist should not be ghettoized because English is not his or her first language, but rather should be valued for the added insight and point of view, thus available; most especially when serving Latino clients.

Self-identification as a Latina psychologist implies not only an understanding and command of Spanish, but the interest in the cultural and historical context of our reality (Vasquez, 2001). The next narrative continues the discussion focusing on the political.

4.6 Themes in the Experience of Latina Participants

The ethnic experience of Latina participants included a discussion of the terms Hispanic, Mexican American, and Chicana. Three Tables are used to summarize participants' experiences and associations. Although they do not exhaust the personal meanings of these ethnic terms, they reflect the complexity and within group diversity of Latino populations.

Participants' voices:

Carmen:

“Chicano is an ethnic identity label that’s preferred by certain geographical group, you know a certain region of the population in California... I think especially they prefer using the word Chicano. Chicano, if I understand this correctly, Chicano is an identity that originated as a movement. And it was a college-educated movement. And so it was college students, college-based, university based movement. And people who were Chicanos were members of that movement. And that’s my understanding of that, of the word Chicano.” ...“When, I remember my thesis was on Chicanas, you know and the title said.. Chicana in there. And when I showed it to my Dad... he goes: “You’re not Chicana! You’re Mejicana! You’re not Chicana! Chicana... what’s Chicana? All of a sudden now you’re Chicana! You go to college and now you’re Chicana. (Laughing)... What happened... to change who you are?” -“And it hadn’t occurred to me. I just thought that was the correct term for us. I was naive in that way. And I thought... well... you know... isn’t this and he is coming from here, you know... there’s a whole different meaning here. You know... and there are Latinos living in other parts of the southwest... who identified... themselves... differently. They don’t use the words Chicano. So they’re not Mexican Americans. They call themselves Spanish Americans or something else.” ... And Chicano has a little bit more of a focus on kind of the social activist part of me.” ... or kind of a more radical involvement in social issues.”

Cecilia:

“So I choose to use the word Latino, although in my earlier years I called myself Chicana because I am Mexican descent, but born in the United States. Chicana was too narrow for me and so I have chosen to call myself Latina. ... Chicana is often interpreted as... with a radical political bent, and... often the term was not understood by my sisters from other places. They didn’t know what Chicana meant. It was such a narrow definition. They never even heard the word. Where as if I identified as Latina, they knew immediately what I was saying. ...So, it was a change in self, you know, identity in terms of ethnic identity in order to bridge more and see myself in solidarity with my sisters and brothers beyond national borders.”

Cecilia’s narrative provided the context to identify the time period in which the Latino term emerged validating the study’s inquiry when she stated:

“For me, it was in the 1980’s... Yeah... in the 1980’s. In the 70’s and maybe early 80’s, I referred to myself as Chicana, but by late 80’s, by 86, 87, 88, and definitely through the 90’s, I have always referred to myself as Latina.”

The researcher asked Carmen: “I would like you to elaborate a little more, since you mentioned Hispanic, Latino, and Chicanos. You didn’t say Mexican-American.”

Carmen:

“Oh, Mexican-American, yeah... I mean I’ll call myself Mejicana [Mexican] too.” ...So I tend to prefer a Pan-Ethnic label; although my ethnic identity is probably more closely in line to Mexican American or Mexico. That’s probably the most closely I identified.”

The meaning of being Mexican America was also implied in Apolina’s narratives

Apolina:

...“*Entonces, soy first generation, por una parte y second generation por otra parte, porque mi papá nació en Méjico y mi mama nació aquí en los Estados Unidos, pero también es de descendencia mejicana, los dos lados.* [Then, I am first generation, in one side and second generation in the other, because my father was born in Mexico and my mother here, but she is also of Mexican descent, both sides]

The researcher asked Noemi: “I didn’t ask you before about your use of the term Hispanics, I noticed some people prefer other terms.”

Noemí:

“I think, yeah, it depends on the group. Usually, I use Hispanic. A lot of times I use Chicano and if I’m trying just to explain what my actual experiences would be, Mexican American. It really depends on the... ..Mexican American... I think I just used it as kind of a definition to identify our heritage. I mean, when I grew up my mom would tell us that we were Americans of Mexican descendants. She was more assimilated; it was really during that part of the assimilation effort. So Mexican American was a term in this era that was quite used and quite familiar to me although I don’t use that one often. I use Latino sometimes. I guess if I’m talking to other feminists who are Latinos who are just sort of...”

Because the original context in which the term Latino emerged was addressed in the literature review, the researcher asked Noemí: “Just with feminists, why?”

Noemí:

“Why feminist? You mean why feminism associated with Latino? I guess because in a lot of the literature I’ve read a lot of the women’s literature by Hispanic women use the term Latino versus Chicano or Hispanic. That’s my association with it.” ... “Well Hispanic has become much more predominant in my experience here. Why the switch? I think government papers used Hispanics and that was how in the past you have to identify yourself. (Southwest state’s city), although it is a predominantly Hispanic community, it is also a very parochial and traditional community. And so there’s not been a lot of room for a radical Chicano. That was I think an association that people had for those brown folks from California, for the longest time. I think it’s taking on a little bit of a different meaning in terms of being associated with Mexican Americans who have some social conscience now. I mean that’s my experience of it. ... And that would be the context in which I use it now? Really, Latina is always something that I’ve read in academia and that I’ve heard again through women writers like there’s a Latina literature conference here in July. So that’s where I usually hear the term.”

Maria:

“I was born in Ithaca, New York. And I was raised in Venezuela.” “So, I consider myself Venezuelan.”

Carmen:

“But I’ve never really heard it, or thought of myself as being Hispanic because of where I was raised... other people in other countries don’t call themselves

Hispanos, not necessarily. They call themselves from their country of origin. You know they're *Puertorriqueños* or *Colombianos* or *Mejicanos*, [Puerto Rican, Columbian, Mexican] you know. So they don't use the word Hispanic. And here, in the United States, we use the word Hispanic because now it's a pretty common word. But it was a word of course that was created by government agencies to make it more convenient for them to understand or to label us or to group us.

Adelita:

"Well whenever you look at the way a person identifies, well, you know, we're talking about ethnic identity and so for me the difference between Chicana and Hispanic is very large. For me when I read of Hispanic it's more in terms of the government designation in terms of the census. So for me Hispanic is such a generic term. It really does not describe or encompass who we are as Latinos. And so for me there's a large difference. And also there's a political difference. And... I just make that clear distinction. And I also hate the term Hispanic because there's really no such country as Hispania or whatever. So that's my own conceptualization."

Adelita:

"Well for me it means many things. And so when I think of, you know because there's also some differences in terms of the way people spell Chicano. You know... Chicano with an X, which is more recently or a Chicano with a Chi, so there's like all, I mean that is a dissertation in and of itself. ...But for me Chicano or Chicana has to do with my heritage, my ethnic heritage that goes back to Mexico and Alzan and my indigenous roots. ... And also in terms of the movement of the 60's that really pushed a lot of these issues to the forefront... And so those are my own associations."

In the analysis of results participants' responses were grouped in three tables.

Table 4.6A summarizes the Mexican American definitions and associations.

Table 4.6A

Definitions and associations to the term Mexican American:

- It identifies heritage and actual experience
- It means being Mexican descendent
- It expresses cultural assimilation efforts

Table 4.6B summarizes the perceived implications of the term Hispanic.

Table 4.6B

Definitions and associations to the term Hispanic:

- Imperialistic term with political meanings
 - Government term
 - Identify only our European background
 - A generic kind of demographic term
 - Convenient term to understand, label or group Latinos
 - Term with social meanings (rejected in general)
 - Government designation in terms of the census
-

Table 4.6C summarizes Chicano definitions.

Table 4.6 C

Definitions and associations to the term Chicano

- Mexican Americans who have some social conscience
 - Explains the experiences of Mexican American
 - Indicates a more radical involvement in social issues
 - Refers to brown folks from California
 - An ethnic identity label of certain geographical group
 - Identity originated as a college-educated movement
 - Mexican descent born in the United States
 - Often interpreted as having a radical political bent
 - Goes back to Mexico, Aztlan, and indigenous roots
 - Make references to political movements of the 60's
 - A reference to Mexican American identity
-

Discussion:

This study looked for qualitative documentation of the within-group diversity of Latinos and their ethnic identity experiences. As indicated in chapter 3, table 3.7 B, the dominant perspective of this focus of inquiry was theoretical. However, in the analysis of the result, the political and personal converged.

This discussion revisits the literature and adds the researcher's reflections. Participants' voices validated this study's assertion; the terms Hispanic, Mexican American, Latino, Chicano, Spanish people are the result of historical-social-processes. Although, often used as related words conveying the same information, each term has a political history, theoretical context, and personal meaning. In narratives of the term Mexican American, fewer definitions and associations are found. This is not an indication of importance but part of documenting the meaning to the term Latino. Cecilia's narrative illustrated: "...a change in self, ... identity in terms of ethnic identity in order to bridge more and see myself in solidarity with my sisters and brothers beyond national borders."

One should remember that Hispanics is a term used only in the United States (Garcia and Zea, 1997). As Cherríe Moraga (1995, p. 215) stated, "with the misnomer 'Hispanic,' Anglo America proffers to the Spanish surnamed the illusion of blending into the 'melting pot' like any other white immigrant group." Anzaldúa, (1995) explained the functional meaning of the word Hispanic, "a term designated by the U.S. Government to make it easier to handle us on paper" (p. 254). To work effectively with Latinos requires an understanding of how historical processes and movements have influenced the ethnic

perception (identity) of the self. This understanding is an essential aspect of Latino cultural competence.

Literature support for these results was found in the work of many scholars (i.e., Dana (1998), *Understanding cultural identity in intervention and assessment*, and Arredondo and Glauser (1992), *Personal dimensions of identity model*. In *Constructing the self, constructing America: A cultural history of psychotherapy*, Cushman (1995) described and summarized the positions of this research:

“It is assuredly true that the structural arrangements of our society cause many in our world—especially people of color, women, and children—to be hated, attacked, and abused. Our current arrangements of power and privilege create many victims in the course of everyday life. But if our ways of understanding these attacks rob us of our ability to conceive of ourselves as persons who can join together into groups that can work to stop emptiness, violence, and abuses of our era, then our theories are unhelpful. No, then our theories add to the oppression (p. 352).

The next narrative addresses cultural competence.

4.7 The Meaning of Cultural Competence

Participants were asked to define cultural competence. Embedded in the assertion that cultural psychology is different from cultural competence, diversity training, ethnopsychology, cross-cultural and multicultural psychology, psychological anthropology, and multicultural education, this study included uncovering how participants view cultural competence. This focus of inquiry is divided in three parts: one addressing definitions (narrative 4.7), and a second identifying additional themes (narrative 4.8). The third part discussing its social relevance to Latino populations is located in the appendix, narrative A1.

Participants' voices:

Amparo:

“While I think cultural competence is a brand new concept and we’re being forced to deal with it, not because we want to, but because we have to. This is just like any political process, people who’ve been victimized by psychology, like most of us, have been questioning, you know the assumptions, the world view, and the oppression by psychology, so the whole concept of cultural competence is in a way a dialectical reaction to that oppression. In some aspects it’s just an accommodating position so we can all feel good about doing what we have done, and continue to do what we have done on the way.

... ..My position is a little bit more radical. I think in twenty-five years I’ve been observing the so-called cultural competence concept. They have moved from... we should pay attention to it sort of like giving a lip service to making it inspirational, APA accreditation criteria. Oh, yeah, it would be nice to be culturally competent, and that means to have one student who is culturally different; a program can be accredited just by that. I’ve been fighting for years to put some bones, some meat, some whatever into these cultural inclusion criteria with the APA but they don’t want to do anything at this point. It’s a development issue, of course. We just need a critical mass. We need more and more people saying this is not acceptable. We need to become culturally competent. As you may know, in Massachusetts, there is now a requirement for licensure that you show some training in cultural issues. How that is defined, I don’t know, but at least it is getting to the point that yeah we have to have some culture knowledge. I think culture competence is an ongoing process.”

Norma:

“Cultural competence in psychology has to do with the ability of the psychologist to understand beyond their own cultural encapsulation. To understand the various meanings and nuances of a person’s cultural differences than their own; I think it is an ongoing process, for all of us, to become culturally competent with the people with whom we work.”

“I think one of the first step is to become aware of our own cultures and how other aspects get transmitted, maintained, changed, and to be able to assess for any given individuals what their cultural influences are and their constructive and destructives ways and every thing between.”

Apolina:

“Para mi cultural competence tiene... ya tiene varios knowledge and it got a lot of models.” [For me cultural competence already has several... I mean, I work in

models of cultural competence, so, for me it is a body of knowledge that you know...according to our model is awareness, knowledge, and skills working together. Now, can simply knowing the language make someone culturally competent? I disagree. ...Can living in Mexico make someone culturally competent? I disagree, ok. Can living in a low socio economic neighborhood make someone culturally competent? *Creo que no!*. [I believe, no!].

“Hay mas que la experiencia... [There is more than the experience] and this is where cultural competence, para mí, es más complejo. [For me, it is more complex]. Porque según lo que hemos tratado de empezar a desarrollar son... bueno... [Because, according to what we have tried to begin to develop... are... well] different premises, like you are saying, different models that contribute to becoming culturally competent. Si son identity models, si son, por ejemplo. [Whether they are identity models; if they are for example]. Con gente Latina, aunque uno... [With Latino people, even though one...] Even though, I am Mexican-American it doesn't make me culturally competent. Gente siempre, you know, yo me acuerdo... [People always ... I remember]... Can you do this lecture about Mexico? I said... I have to go and study, first.”

“Yo creo que... [I believe that]... There is knowledge that you have to acquire, there is practical experience, and there is your own personal self-awareness about your biases and about your assumptions about yourself and culture. I mean, how do you look at your own culture? How do you look at your own ethnicity?”

Cecilia:

“Cultural Competency... It is something that often has to be learned by many psychologists. Some of us are more skilled in it because we've had to be bicultural in order to survive the educational system. So, we come knowing a lot about cultural competence by virtue of our lives.”

“But cultural competency it is something that people from the dominant culture have to learn, and it has to do with being able to step outside their own beliefs, their own biases, their own values, and to be able to walk, I say in the moccasins of another person and to view his/her world... to have the worldview of someone who may be very different; And to have the ability to be empathic and caring... and helpful; from the perspectives of the person you are helping.”

...”Cultural competency means having to modify theories and techniques and interventions that were designed traditionally for white Western European people. And to try to find what pieces of that work will still fit when modified, to be helpful for our people.....“So, cultural competence is a number of skills... Many, many, many skills to have to be learned over a lifetime in order to relate to people from every culture because even within the Latino culture there are many

within group differences, and to be competent with Chicana is one thing, and to be culturally competent with some one from Chiapas may be very different, so it's recognizing all of the things that make us similar and things that make us different, and not minimizing and not over-pathologizing, but truly trying to grasp the world view of the person you are working with. There are ethical violations that occur in the delivery of mental health services."

Noemi:

"Cultural competence in my understanding is the ability to have an understanding of the impact of one's culture in the development; and when you work with people to recognize that that is always present. And that doesn't necessarily mean that you have to know all of the values of that person's culture. But you have to be willing to entertain that those values impact not only the person's development, but the relationship that you have with them in the therapeutic setting and to be able to address those as you go."

Carmen:

"Well... I mean I think that I agree with... you know... the other people who have written and discussed cultural competence as being basically an awareness, knowledge and skill component. That awareness that there are differences between cultures and within cultural groups... that there are certain knowledge bases that are important to have when you're working with diversity... either as a researcher, as a clinician, as an academician, as a... whatever... as an administrator, whatever position we take in the field of psychology, that we... that there are certain knowledge bases that we must have in order to be effective in the intervention... in order to be effective consultants or researchers or whatever it is that we're going to choose to do."

"And that we also need to have certain skills that are credible within those communities that can be effective in those communities as well. So that would be my big... my basic generic definition of what cultural competence is... to be able to do that... within the community that you're serving."

Maria:

... "it is like it does not exist. Because cultural competence, it's well, because I think it's, it's when you try to... it's just funny... I think in a sort of a way... when you talk about cultural competence... It's just like it doesn't exist. It's like; you know... people look at you as... 'What are you talking about? 'Isn't just, everybody's the same? ... or we don't need that!' You know... it's just a power struggle with the system. So, I think you have, I think you have to be prepared to provide services for people who are from a different culture."

Adelita:

“I think about cultural competence... about how there are numerous factors that people need to be aware of... that are relevant to... not only culture, but gender, sexual orientation, and all those other social categories. And in order to be culturally competent you have to be aware of those factors and how they influence the work that we do; how they influence our diagnosis, our work... so there's a vast continuum.”

Table 4.7 summarizes participants' definitions of cultural competence.

Table 4.7

Participant's definitions of cultural competence

- A political developmental process questioning assumptions, worldviews, and practices in psychology. It is the dialectical reaction to oppression of culturally diverse populations, the request for changes, a critical mass action searching for changes in the field of psychology.
 - The ability of psychologists to understand beyond their own cultural encapsulation. An ongoing process that includes awareness of how cultures get transmitted, maintained, changed and the ability to assess for any given individuals their cultural influences (including their constructive and destructives ways and every thing between).
 - A body of knowledge, a model in which awareness, knowledge, and skills are working together.
 - The ability to modify theories, techniques, and interventions designed traditionally for white western European people, and being empathic, caring and helpful; from the perspectives of the person you are helping.
 - The ability to understand the impact of culture (one's own and others) in individuals' development and their interactions.
 - The ability to provide effective and credible services within a community.
 - It means truly trying to grasp the world view of the person you are working with and preventing over pathologizing.
 - It means to be prepared to provide services for people who are from a different culture.
 - It means a vast continuum of awareness of culture and social categorization.
-

Discussion:

Participants were asked to define the meaning of the term cultural competence and the dominant perspective was theoretical. Its importance will be clarified with the reminder of two assumptions. First, disparity in Latino mental health services is evidenced by limited culturally competent services for this population. Second, exploring disparity in Latino mental health services required uncovering the meaning of cultural competence. The review of the literature documented the interest in this inquiry by others in the field and the narratives provided a variety of views on cultural competence that have been addressed already in the literature (i.e. Ponterotto & Pederson, 1993, Dana, 1993, 1998; Pederson, 1994; Ponterotto, Casas, Suzuki, and Alexander, 2001).

Apolina's narrative brings an important differentiation. Being bilingual is not the same as being bicultural. Biculturalism is a developmental process, similar to cultural competence. The degree of biculturalism is determined by the individual's awareness, knowledge, and skills for functioning adequately in two cultural worlds. The bicultural person understands each culture and recognizes the transitional influences of mediating worldviews and behavior. Many individuals in society are bilingual and bicultural through acculturation and socialization processes; however, they are not necessarily culturally competent. Cultural competence requires conscious awareness, knowledge, and consolidation of skills through experience (Arredondo, Toporeck, Brown, Jones, Locke, Sanchez and Stadler, 1996) Cultural competence is a professional developmental process in the delivery of services and it is through activity (the doing) that psychologists

and other professionals become competent. An analysis of participant's definitions through the lenses of cultural psychology theories suggests that by experience (cultural activity) Latina psychologists became culturally competent providers of psychological service for Latino populations. The activity embedded in a historical context transformed the self. The general summary is that cultural competence, as a solution for the disparity in mental health services experienced by Latinos, must be a permanent personal, professional, and social effort; it cannot be reached in isolation or without solidarity of culturally diverse groups (including White allies).

The next narrative describes additional themes, an expansion of the discoveries, and the overlapping boundaries of several fields related to cultural competency.

4.8 Themes Emerging from Cultural Competence

Participant's narratives illustrate the personal, political, and theoretical meanings of being and becoming Latino culturally competent mental health providers. The experience of discussing cultural competence with participants was similar to taking an x-ray of the field of psychology surveying for broken bones. This inquiry illuminates why cultural competence and cultural psychology, at first glance, seem the same.

Participants' voices

Amparo:

“In some aspects, medicine is ahead of us because they're making it a requirement. In fact, even though I'm in full-time private practice, I'm a clinical professor at a School of Medicine, Department of Psychiatry. What I do there is I teach residents cultural competence and cultural aspects of mental health, and I'm not saying that psychiatrists are more receptive than psychology, but the difference is that in psychiatry, people see patients. Psychology people don't see

patients or clients sometimes. You know what I mean? What it means is that in psychology it's a science and it's a profession, you can have the luxury of seeing a certain type of people; people who fit criteria; people who look like you; people look like the way you would like to look, who knows what. While in medicine and psychiatry, in training, you have to see people, real people. So what that means is that they may have a negative reaction to cultural competence, but their techniques don't work to keep African Americans in treatment or Latinos or Asians, or they never see a Native American, then they're going to say well we're doing something wrong here because we need to do the service. In psychology what we'd say is, "Oh well, these are clients that don't want to come to our free services of the clinic, and they blame the victim type of deal. Clinical psychology, I think it gives off a wonderful position to at least try to integrate science, art, and healing abilities, all into one. I think it's just wonderful that we have that. Now that huge diversity is also our major limitation because we have people that we are all psychologists, but we don't see the world the same way and we don't talk to each other, we don't even speak the same language!"

Apolina:

"Nunca se puede, uno nunca puede decir... [Never, it can be... one never can say...] That I am culturally competent... Yo creo que siempre es un proceso de aprender..." [I believe that it is always a learning process...] I think that... También de que... [Also that] cultural competence, cannot occur if we did not operate from some sort of revised definition of psychology. Y si vamos a usar estos términos cultural psychology creo que hay que hacer una conexión entre cultural competence and cultural psychology." [And if we are going to use those terms, cultural psychology, I believe that a connection between cultural competence and cultural psychology needs to be made] Otra vez cultural competence tiene una base más amplia de los que hemos enseñado en accredited programs in psychology. [Again, cultural competence has a broader base than what we have taught in... ..] Que tiene que ver, por ejemplo... [That has to do with, for example...] If we are looking at the biological basis of behavior que not everyone's biological base of behavior is necessarily the same. You have to look at the environment in which someone grew up. You have to look at the influences, the diet. I mean, hay unas cosas que van a tener una... [there are things that would have]... que van a hacer una diferencia [that would make a difference] in the biological basis. People can have individual differences y el enfoque [and the focus]; I am just talking about individual differences, as a domain within psychology, already speaks to a cultural bias. Because la mayoría de las culturas son collectivistic, and the individualistic, aunque entre esos siempre hay... you know, the... La danza de individual and collective. Pero veo esas cosas como dominando la enseñanza. [Because, the majority of the cultures are collectivistic and the individualistic, although between them there are always... you know the dance of individualism and collectivism. But I see these

things as dominating the training (teaching)]. So, you are not going to become culturally competent if you are only going to base your learning and your practice in those domains that are culture bound.”

Maria:

“So, it just reminded me of that... you know... I think cultural competence is very important. It’s not only... like I said before, not only knowing the language or speaking Spanish or whatever language. But I also think it is knowing... the culture, and then... at least for me, because I came from Venezuela and I had a lot to learn from other cultures. Not because I was from Venezuela and I spoke Spanish does that mean that... oh... I know everything about the Latino culture... because I didn’t... and I still learn everyday... but I have to find out, I have to learn a lot about how other people’s culture and how they’re raised differently; And even though we have similarities, because we do have a lot of similarities. But still, you know... it’s different.

Table 4.8 summarizes the additional themes.

Table 4.8

Additional themes emerging from cultural competence

- The choice in psychology to practice with limited experiential exposure to United State’s ethnic and cultural diversity does not facilitate cultural competence
 - Cultural competence questions, revises, and advocates for changes in psychology
 - Cultural competence brings a diversity of worldviews that challenge and enrich psychology
 - Cultural competence is always an ongoing learning process
 - Cultural competence is more than knowing the language of an ethnic group
 - Cultural competence cannot occur if we do not operate from a some sort of revised definition of psychology and it means abandoning individual universal traits, as a central premise of psychology
 - Cultural competence is acquired theoretical knowledge and practical experience
 - Cultural competence requires personal self-awareness of biases, assumptions about the self and one’s own culture.
 - Cultural competence is a posture to understand the complexity of a population cultural differences and similarities (the within group diversity).
-

Discussion:

Participants described cultural competence as a set of skills resulting from cultural awareness, knowledge, and experience used to grasp the complexity of the within group diversity of a population, which enable effective, credible and ethical services. It is an ongoing process, a life commitment, and a permanent professional activity. Why is cultural competence relevant socially? The answer implies a political perspective, where as here so far, the emphasis has been theoretical. An extended narrative located in the appendix (A5) illustrates the impact that cultural competence has in the life of Latinos.

Cultural competence brings a diversity of worldviews that challenge and enrich psychology. In their traditional training, psychologists already have a model available to meet this challenge. When doing assessment they are emphasizing a quantitative posture toward knowledge and discovery (testing). They also understand that qualitative postures predominate in treatment. A well-trained clinician knows, uses, and respects both. Regardless of the theoretical orientation, awareness, knowledge, and skills are essential to become a competent clinician. Becoming a culturally competent psychologist is similar. The diversity of theoretical views in psychology is the metaphor of the diversity of cultural views of reality and science that psychologists encounter in their training and practice.

Participants indicated that cultural competence cannot occur if we do not operate from some sort of revised psychology, i.e. abandoning universal traits as a central premise of psychology. This revision is a call for major paradigm shifts in psychology and a call for changes in how psychologists are trained (the literature has addressed these

issues, i.e., Shweder, 1990; Boesch, 1990; Malgady, 1996; Cole, 1996; Sue 1999; Utsey, Bolden, Brown, 2001, Vasquez, 2001). Cultural psychology contributes to these changes. The next narrative continues this discussion by defining cultural psychology.

4.9 Defining Cultural Psychology

This study considers cultural competence through the lenses of cultural psychology theories. Part of the interest is in determining if cultural psychology's theories facilitated the process of becoming culturally competent beyond the context of one's own culture. As a focus of inquiry cultural psychology was imposed upon the main topic of disparity in Latino mental health services.

Participants were asked to define the meanings of the term "cultural psychology," and later to explain the difference or relationship of cultural competence and cultural psychology, and to comment on the meaning of being or becoming a cultural psychologist.

The tendency to associate cultural psychology with ethnopsychology and a theory of multicultural counseling and therapy was anticipated from the discussion of the literature review. Is cultural psychology a cross-cultural analysis, recognition of the within group diversity, an approach to multiculturalism, or a distinct discipline?

After participants' definitions are presented, the assumed meanings of cultural psychology are tabulated and their voices are presented again in relationship to their experiences.

Participants' voices:

Norma:

“Well, cultural psychology has to do with the study of culture and the influence of culture in people. ...Cultural psychology really examines the unique attitudes, behaviors, viewings, ways of communicating; all aspects that might be unique to a particular group of people, where there is an identity to that group of people.”

Maria:

“And then, cultural psychology means that... you know, that psychologist who studies different aspects of the culture, you know... of the people or the backgrounds of the people.”

Noemi:

“Okay, I guess I have a couple thoughts. One is... my first thought is that it is psychology as it relates to various cultural groups and the impact of cultural elements and values on a person's development... psychological development. The other thought that comes to me is that it would be the studies of various cultures in a more anthropological kind of way.”

Adelita:

“And when I think of the term cultural psychology I think of our field of psychology that specifically focuses on cultural or ethnic factors like Latino psychology, Chicano psychology and those types of ethno-psychologies if there is such a term.”

Table 4.9A summarizes the participants' cultural psychology assumed meanings.

Table 4.9A

Assumed meanings of cultural psychology

- Cultural psychology is the study of culture and ethnicity (Ethnopsychology).
 - A theory of multicultural counseling and therapy
 - The studies of various cultures in a more anthropological kind of way
 - The same as cross-cultural and multicultural psychology
-

Participants' voices:

Amparo:

"I can see why somebody at your stage is going to gravitate towards that because compared to what we have, that looks great! Basically, and it does, you know, it does provide a different perspective."

"My criticism is more epistemological, it's more philosophical, it's more how do you use that because you're in a way we are accommodating to the system by labeling something. But, you know, that's my personal and political perspective, and maybe I can afford that because I'm in a different state, if I would have been on your stage, I would be doing basically the same thing you're doing because yeah!"

"... Because I remember when I was at your stage, I was, even though I'm trained dynamically and cognitive behaviorally, I was very drawn to cognitive behavior approaches because they deconstruct a lot of power lines."

Apolina:

"So, *creo que también uno de los problemas con esto es que la palabra cultura tiene tantas formas de ser...* defined, [I believe also that one of the problems with this is that the word culture has many ways of being...] and... so it means that depending on your orientation you are going to... I think... define culture, differently. *Y por eso digo yo...* [And because of this, I say...] for me cultural competence... How does cultural psychology relates to... there is got to be a relationship but I think is going to depend on how cultural psychology is defined and..."

"So, it is a lens to do your work. So, you think very holistically... *y hay que pensar también en las...* [and it should be there also a thinking about the...]... I guess, in looking at... of course... the cultural experience of who ever you are encountering, meaning that even all your graduate students have a different quote... "Cultural experience." So, when they are coming to the field of psychology, they bring a particular cultural lens and how do you incorporate that into the training... that will... I think, help this development of becoming "cultural centered," if you want to put it that way...

"Culturally centered psychologists; I don't know if that is what you are looking for (Laughing).

... "Well, again for me becoming a cultural psychologist means having culture... being at the core of how you think, how you approach... teaching, how you

approach research... how you approach assessment.... And all kinds of practice, you know clinical practice... that... you don't do just based on a theory.... that you recognize that the theory is culture bound, so that you need to look at if this theory is going to apply *con esta persona o esta otra persona o en este contexto con este problema...* [With this person or this other person or in this context with this problem] I mean that to me is part of the analysis of being a cultural psychologist.”

Additionally, as anticipated in the literature review, in the discussion of cultural psychology the meaning of multicultural psychology emerged.

Carmen:

“Well the definition that I operate under is that it's a study of the influences of ethnicity and race and culture and gender and economics and all those other types of things that impact our identity that impact our beliefs and our values and our attitudes towards ourselves, towards our people, towards others that they are influenced by the history and the politics of our cultures of origin or our countries of origin that they are influenced by immigration and the acculturation patterns and the experiences of the culture stress or discrimination or oppression. And that all of these things play whether consciously or unconsciously play into how people interact with others in their daily lives, the values that they transmit to their children or up to their parents. And that it's organic. It's constantly evolving and changing because of it and it's unique. And that there may be general, general cultural beliefs or attitudes or organizing principals that let us know why we are Latino; we are Latino because of certain things; food or you know music, religion, and other types of language, other types of things; but that they're also because of all these other experiences of uniqueness within. How a family defines themselves can be very different than how the culture might view itself or the people within it might view themselves. And yet it's all contained within it. We are all that.”

Carmen:

“And cultural psychology... well it's interesting that you use the word cultural as opposed to maybe or something different like multicultural or ethnic or racial or you know that kind of thing. But cultural is actually fairly broad term to me. And it can mean almost anything. It can mean geographic differences within a certain culture like we were talking about the Chicanos in California, the Spanish Americans and the southwest New Mexico, the Hispanics here, the Mexicans down, you know that kind of thing. It can be geographic differences. It can be intercultural differences. It is one of my recent interests you know... we're always... a lot of our research tends to compare us to White Americans and I

think that we need to be comparing ourselves to others within our group and more intra, or our cultural and ethnic variations.”

.....“Yeah, but you’re talking about something different. You’re talking the way that you define cultural psychology is different than the way that we are defining it within the field of counseling psychology. You’re talking about it from more of a social science. And we’re talking about it from more of a psychological concept of intra-psychic, inter-psychic relations. And the way that we, and we look at multicultural psychology we look at psychology to better affect our interventions or interactions with our populations, the populations which we serve, whether it’s as a professor or as a researcher or as a clinician or whatever else we choose to do. And so your definition of cultural psychology as a distinct discipline is different than that I’m normal, that I’m aware of then the way that I practice.”

Cecilia:

“My guess is that cultural psychology will be again to help us define more accurately what cultural competency is... So, with cultural psychology, my hope is that we will start to identify the precise skills needed for a precise cultural groups and subgroups. So, I see the relationship being a pretty direct relationship, an important relationship. That’s my hope at least.”

Maria:

“The difference between cultural competence and cultural psychology, same word.... ..“For me becoming a cultural psychologist I think it would be like your identity, as a psychologist. it would be like, you know, if you have or you go to study cultural psychology and then you have your identity or as a psychologists working in let’s say Latino with the Latino/Hispanic culture. Then that’s what it would be for me becoming a cultural psychologist because it would be my identity after providing services, you know, how I do provide them. How do I relate it? How do I understand where they’re coming from? But you know, it’s how to work with them? But I think, everybody has their own way of doing that and becoming that because you know... they all can... .. we can all come from the same framework...But it doesn’t mean that we apply all the same way or that we do it the same way because we’re... *Si* [yes]... for me it would be more like an identity after being a psychologist.”

Adelita:

“So I guess I’m still processing in my head... But I think when I think of the term cultural psychologist I think of just that of a psychologist who really focuses on the impact and meaning, the context of culture, and how it applies to one’s role as a psychologist and how they’re interconnected. So I guess for me that cultural

psychology would mean that among other things, but I guess that's my initial conceptualization of that term or meaning.""Let me see, the difference of cultural competence... The relationship between cultural competence and cultural psychology I guess I'm thinking of like being a new trend in terms of multicultural psychology and multicultural competencies. So I guess I see those as synonymous. ...And so people can... a person can be knowledgeable in terms of cultural psychology. But to be culturally competent is very different because you have certain criteria. You have certain standards. And so you know I think of the three competencies for multicultural competence, the knowledge, awareness, and skills. And so I think all those three factors are critical in order to be culturally competent. And so I think beyond that you also have to be aware of the relationships and how all those factors come into play and how they affect our daily lives as cultural beings. ... Well I'm not sure that I can contribute to the meaning since I guess... this is the first time that I've really seen such a term in terms of, I mean I'm sure that I have. But this is the first time that I've really had a focus on such a term."

Table 4.9 B summarizes the themes that emerged.

Table 4.9B

Themes in cultural competence and cultural psychology's relationship

- A different approach with epistemological premises that need to be considered politically
- The study of culture and its influence on people
- A lens to do your work, being culturally centered
- A hope that it will facilitate new understandings of cultural diversity and the acquisition of cultural competence skills
- The study of various cultures in a more anthropological standpoint
- Considers the impact of cultural elements and values on psychological development
- Requires an understanding of what is cultural
- Requires an understanding of how culture is defined
- A distinct discipline closer to social science
- The same word for cultural competence
- A trend in terms of multicultural psychology and multicultural competencies.
- A focus on the impact and meaning, the context of culture, and how it applies to one's role as a psychologist and how they're interconnected.

Discussion:

Participants assisted in one of the intents of this research: to uncover and document the existing confusion and the assumed meanings that are likely to emerge when the term cultural psychology is explored. From a theoretical perspective, this focus of inquiry highlights how the theoretical becomes personal and political. As understanding Latino ethnic identity requires one to consider historical-personal and collective contexts, the meaning of cultural competence and cultural psychology requires a theoretical-historical-developmental analysis. The literature review emphasized that cultural competence is not the same as cultural psychology. The field work experience illustrated the difficulties of this differentiation. Participant's narratives in this focus of inquiry indicate that like cultural competence, Latino psychology is a field that participants not only knew well theoretically but also helped to build. Six participants are scholars, powerful Latina voices of Chicano/Latino psychology. However, cultural psychology as a school of thought is less known to them. These findings only suggested the relevance of exploring cultural competence through the lenses of cultural psychology to grasp the relationship and differentiation.

Exploring with participants the meaning of becoming cultural psychologists reveals the essence of an ongoing process. This inquiry, although theoretical, emphasized the personal and political roots of this study. First, in the researcher's case, becoming a cultural psychologist is embracing a new professional identity. Second, the political intent was to uncover whether becoming a cultural psychologist would enhance serving multicultural populations. Finally, does becoming a cultural psychologist imply

giving up the professional identity of Latina psychologist or a culturally competent mental health provider?

The root of this study was an initial interest in the emerging identities of cultural psychologists and in the documenting of an historical event. The focus changed because the topic of disparity was a shadow, a researcher's central interest that came into light, while assuming the qualitative indwelling position.

Like becoming culturally competent, becoming a cultural psychologist is a process of professional development. However, one can be culturally competent but not necessarily a cultural psychologist. To be a cultural psychologist means to hold the view that all psychological process are social and that they emerge from cultural activity (Ratner, 1991). A culturally competent psychologist or mental health provider can retain the view of the social as a variable.

The results suggested that cultural competence is a developmental activity process. When cultural competence is perceived as dialectic and a dynamic activity process, the social-historical-developmental views of cultural psychology are implicit. However, this does not mean that cultural competence (as activity) and cultural psychology (as a school of thought) are the same, although, many culturally competent service providers are doing cultural psychology. Participants' discussions stimulated new insights and enhanced the researcher's theoretical understanding.

The participant's thoughts on cultural psychology and competence resonated with departure points of this study i.e., that cultural psychology is or would become the

theoretical framework that embraces psychology's understanding of ethnicity, cultural diversity, and cultural competence. This hope is political.

This discussion addresses several questions and emphasizes relating to the results of the theoretical inquiry of this study. Why is cultural competence positioned as a topic related to disparity? Is cultural psychology a school of thought? And if that is the case, why do we need cultural psychology when we already have other disciplines addressing culture in the study of psychological process and behavior? What are the contributions of cultural psychology to Latino mental health services? Are cultural psychology and cultural competence the same?

Cultural competence was positioned as a topic related to disparity because for Latinos, mental health services are limited in quantity and quality precisely because of the lack of competent providers to this community. The thesis here is that if more practitioners were culturally competent, the disparity would be lessened.

Participants endorsed the view that cultural competence is a historical-developmental-dialectic reaction to oppression and a theoretical shift in psychological paradigms. As a historical-developmental dialectic reaction to oppression, cultural competence cannot be viewed as isolated processes, but as a critical mass movement questioning the participation of psychology in social disparity. Furthermore, participants' definitions and descriptions indicated that cultural competence facilitates effective and credible delivery of service, a movement in psychology that acknowledges human diversity, that humanizes psychological practices, and that participates in the liberation

process. As a concept and practice, cultural competence is well known to participants in this study.

From a theoretical perspective, this study bridged two independent but related fields, Latino/Chicano psychology and cultural psychology. The following reflections emerged from participants' themes and include addressing questions previously stated.

Obviously, cultural psychologists are culturally centered. In participants' narratives the meaning of being culturally centered implied two complementary approaches, one that recognizes the adaptation of theory to individual contexts and another that all theory is culturally bound. This dualism only underlines that fields and disciplines that use completely opposite epistemological principles can share or incorporate both approaches to being culturally centered. Moreover, the overall epistemological framework guiding the analysis and activities of psychologists determines how the practice is culturally centered and how fully theory gets adapted to consider individual contexts.

The understanding of a given phenomenon takes a different path when culture has been added as a variable (even when it is viewed as a constant variable as some disciplines in psychology do). Perceiving culture as a variable is different than postulating it as the essence of all psychological phenomena (which is what cultural psychology does). Each discipline sees the essence of psychological phenomena as emerging from a particular endogenous or exogenous source (i.e. drives, need, motivation, adaptation to environment, biological maturation, environmental-learning, unconscious processes, and so on). Cultural psychology sees the mediated activity of the

social as the source of the sources (i.e. drives, needs, and so on) identified by other disciplines. Being culturally centered can be perceived as a shared attribute of cultural competence (promoted by ethnopsychology sub-fields such as African American, Asian American, Latino/Chicano psychology, and so on), cultural psychology, and related fields such as cross-cultural and multicultural psychology. However, the meaning will be different according to theoretical contexts or according to the epistemological premises used as point of departure to research, explain, and intervene in phenomena. Social psychologists, ethnopsychologists, and anthropologists may be also viewed as being culturally centered, but they are not necessarily cultural psychologists. They are, as Shweder (1990) described them, close relatives.

All theories have philosophical views about human nature and social life. Those views become political weapons to promote oppression or liberation processes. Disciplines in psychology will participate predominately in either process. Since this study perceives disparity as a social phenomenon that expresses colonization and oppression, the sociopolitical values embedded in theories that support these processes became a relevant line of inquiry. This concern was echoed in Amparo's discussion of cultural psychology when stating: "...My criticism is more epistemological, it is more philosophical, and it is more about how do you use that..." This statement leads to uncover how the philosophical is action when observing, interacting and interpreting, and that all acts are political. Epistemology is a branch of philosophy, a theory of knowledge that studies the origin, nature, method, and limits of knowledge. The examination of the epistemological premises of a field should allow us to uncover the origin, nature, method

and limits of the knowledge generated by that particular field, as well as its potential political acts.

Cultural psychology provides a coherent theoretical framework to understand the existing contradictions between theory and practices in delivery of mental health services to multicultural populations. That is its contribution to the study of disparity in Latino mental health services. Cultural psychology's framework is being consolidated through an interdisciplinary socially mediated process reviewing and questioning psychology's conceptualizations of human nature and psychological phenomena (Cole, 1996). From this perspective, cultural psychology is a scientific, developmental, dialectical, and historical product that incorporates the past, reviews the present, and projects the future of psychology as a social science (Shweder, 1990; Cole, 1996; Ratner, 1997). The study of cultural psychology theories is a path of endurance requiring incorporating new information, changing, transforming, and even the letting go of previous views of the world. The theoretical journey of this study indicates that cultural psychology is a school of thought, and the analysis of results included exploring this perspective further.⁷ As a school of thought cultural psychology has a set of epistemological principles to search for wisdom or knowledge that reflects the relationship between the knower and the known,

⁷ A school of thought provides a theoretical framework; a set of philosophical postulates, theories, and logical analyses, reflected in the methods used to study a social or psychological phenomenon and in its practical applications (Maykut and Morehouse, 1994). A framework includes a theory about human nature, social institutions, and the definition of the nature of its object of study.

the methods and its epistemological postulates and assumptions. The epistemological principles of cultural psychology are rooted in the theories of dialectic materialism.

A deep-seated epistemological principle in cultural psychology assumes that in order to know a psychological or social phenomenon, it is vital to identify the specific cultural-historical and socio-economic contexts in which human behavior and psychological processes occur. Therefore, the comprehension of every psychological process and human action implies an understanding of its cultural anchoring as the historical product of cultural practices (Cole, 1996; Ratner, 1997). As a historical product a psychological process is a synthesis of forces that have converged dynamically and dialectically to become an integrated outcome characterized by being in constant movement, transformation, and change. In cultural psychology the most important epistemological principle is the view of culture as a constituent part of human nature determining all developmental, psychological, and social processes (Cole, 1996; Shweder, 1990; Boesch, 1990; Ratner, 1997).

One central question of this study is what are the contributions of cultural psychology to Latino mental health services? The first contribution of cultural psychology to Latino psychology is that it provides epistemological principles, which include a view of science allowing for the identification of the unfair, discriminatory, and racist practices that Latinos psychologists encounter in their practices. Second, cultural psychology provides a conception of human development that unravels complex human processes without supporting the view of superiority and inferiority of races. Third, cultural psychology's view of the consequences of human activity, as transforming both

nature and society, allows Latino psychologists to shake off the limiting universal and fixed theoretical views of understanding the functions of consciousness. Cultural psychology's concept of activity places human development as a social-historical co-construction and as a co-distributed psychological formation (Cole, 1996). Historically, when considering the social and the cultural, traditional general psychology had reversed the order; the psychological as first and the social as second. By reversing the order, culture becomes a variable that can be isolated, neglected, or completely ignored (Cole, 1996). Placing culture in the center means that culture is given prominence, legitimizing that our human diversity is accepted for what it is, humankind variety and history. Consequently, these three contributions provide a useful and coherent theoretical framework to advance Latino psychology, in which it is possible to identify, understand, and respect our human cultural diversity.

One contribution of cultural psychology to Latino services is Vygotsky's concept of zones of proximal development. In this theory, teaching and mental health services become activities to advance and promote human development, healing, and liberation processes. This entails evoking in the learner and mental health client the socially complex contents of human knowledge and designing the cognitive strategies necessary for their internalization, in accordance with their actual (starting) developmental level. Vygotsky's concept of zones of proximal development contributes to Latino mental health services because it provides a model to maximize limited resources. In this model, growth and change occur from combining uneven developmental levels and from using existing resources as developmentally free zones. The potential for growth and change is

not viewed as fixed, linear, or universal. Maximization of resources occurs by evoking the potential of psychological functions and capabilities and by interacting with existing developmental levels. The concept of zones of proximal development promotes interventions designed *for, with, and in* communities. John-Steiner and Souberman (1978) pointed out the potential use of Vygotsky's theory:

“Particularly imaginative applications of these principles are Paolo Freire’s literacy campaigns in Third World countries. Because he adopted his educational methods to the specific historical and cultural setting in which his students lived, they were able to combine their ‘spontaneous’ concepts (those based on social practice) with those introduced by teachers in instructional settings” (p. 131).

As a general conclusion, the most important contribution of cultural psychology to Latino mental health service is its theoretical framework, in which there are specific socio-political values and epistemological principles to postulate and practice: *a psychology of people, with, and for the people.*

The framework of this study is grounded in the assumption that culture and the perception of the professional self exist within developmental-historical contexts; therefore, they are not permanent, immobile, or separated from socio-economic and political realities. Cultural psychology can provide the social-theoretical tools to facilitate the processes of liberation as well as the professional transformation needed to become an ethical provider of mental health services to socially oppressed populations. As there are several roads to Rome, there are many tools to understand social oppression. Here, theoretical tools are viewed in a historical developmental continuum. Cultural competence is an example; it is a tool, a theory and model of practice originated in

ethnopsychology (as the psychology of ethnicity), and a social-theoretical artifact that reacts to oppression in the field of psychology.

Are cultural psychology and cultural competence the same? The answer is not easy because cultural psychology has overlapping boundaries with cross-cultural, ethnopsychology, and multicultural psychological research, which have contributed to the development of cultural competence as a model for practices and as a source of professional identity. As a conceptual pursuit the differentiation is also complicated because cultural psychology uses a multidisciplinary posture and integrates contributions from other scientific fields such as anthropology, linguistics, political science, biology, and sociology (Shweder, 1990; Cole, 1996; Ratner, 1997). Moreover, the agendas of cultural diversity, multicultural education, cultural competence, cross-cultural, and multicultural psychology are congruent with some epistemological principles, premises, and theories in cultural psychology. When a field is related or complementary, it is not necessarily interchangeable. This differentiation is likely to create theoretical reactivity (meaning an emotional reaction to have one's worldviews challenged).

Cultural psychology reviews the epistemological paradigms in psychology that excluded culture.⁸ This review is a theoretical journey full of mourning, it means letting

⁸ Psychological paradigms contain the philosophical position used to build verifiable knowledge. Assumptions when stipulated are known as philosophical postulates. As Maykut and Morehouse, 1994, indicated, they will not or cannot be proven as *truths* and a postulate is "an assumption stated positively" and "a set of postulates make up a paradigm" (p. 4).

go of world views. An anticipated criticism is that by emphasizing this differentiation, there is an element of exclusion implied underneath and that this study postulates cultural psychology as being “superior or better.” However, the intent is straightforward. As it has emerged historically, cultural psychology is a re-thinking of our understanding of psychological and social phenomenon, the outcome of placing culture in the center (Cole, 1996). As psychologists, we are trained in specific programs (counseling, clinical, organizational, community, and so on) flavored by particular schools of thought. At the beginning of this training, psychology students are not aware of the impact that the theories of a particular worldview have in their thinking and future practices, and their teachers are often not aware of their own theoretical biases.

Academic programs have historically focused on clinical, counseling, organizational-industrial, educational, community, health, and experimental psychology. Graduate programs emphasizing culture and human behavior are emerging. In recent years, there has been a dramatic increase in interest in cultural approaches within psychology (Miller, 1999). However, in the United States and even throughout the world, few programs have cultural psychology as their theoretical orientation. No psychologist has yet graduated from a doctoral program where culture is at the heart of each academic and training activity. Nationwide, few psychologists identify themselves as cultural psychologists. Although, there is sufficient information in the literature to understand identity issues and there are relevant models of professional identity development available (i.e. Dana, 1993, Arredondo and Glauser, 1992), documentation

and descriptions of the acquisition and consolidation of cultural psychologists' identities do not exist.

Cultural psychologists need to be trained in multicultural contexts that provide opportunities for joint-mediated-activity. These multicultural contexts become an experiential lab to understand the complexity of multicultural interaction. Their training is guided by a central issue: to uncover the place and role that culture has in psychological process and behavior. An effective cultural psychology program requires minority representation (faculty and students). The mission of cultural psychology programs should include modeling cultural competence in recruitment and instruction thus fostering integration of theory and practice. To conclude the debate here is not about inferiority or superiority, it is about understanding the socio-political values, methods used to uncover phenomena, and epistemological principles embedded in each school of thought and subfield in psychology. The next narrative examines ethical violation in Latino mental health services as a manifestation of a social reality (disparity), thus, the perspective emphasized in the analysis of results is political.

4.10 Ethical Violations Expressing Disparity

Participants explored three related aspects, ethical violations, translations, and access to service, through the following questions: "What ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in

psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual's life." This section focuses on ethical violations.

Participants' voices:

Amparo:

"I'm going to take a very rigid view here. Mental health or psychology is just an arm of society. We reflect the societal beliefs. So, if there's a disparity in society against Latino you're going to see it in every single space. We are part of the system whether we like it or not. And yes, there is disparity in the mental health, delivery to Latinos because there is disparity in the way our society treats us. And I just say our society because right now we are the biggest ethnic minority group, so we're part of the system at some level. We reinforce that as well. Our silence becomes part of that."

The researcher stated that in Latino mental health services, ethical violations of clients' rights for privacy are common events (i.e. when community agencies working with Latinos neglect something simple, soundproofing the offices) and asked: "Am I the only one who is concerned about this or see this?"

Amparo:

"Oh, of course not... .. I mean I think it's not only for Latinos, this is for... particularly for people who don't have power in society, and what it is, it is an attempt of the system to just put a band-aid approach to the problem by giving money to communities or community clinics... they don't give them enough training, enough resources, so they're going to do a poor job. So then, yes, a Latino client who will go to a clinic that is not holding up his or her confidentiality, they're not going to go back, or if they go, they're just going to be with their body there and that's it. See I see it more as a systematic issue. I think it perpetrates itself. In the public sector, again this is a gross problem, in fact, I will say that it's more than an ethical violation; I think it's a human rights violation, it borders on that, and I have an article, I talk about that."

... .. "There is a person, Melba Vasquez who has been doing a lot of work, specifically on ethical issues and ethical violations of powerless people and

particularly Latinos. I mean I can sit down and stay with you... and tell you all kinds of ethical violations. So yes, I think of all kinds. Even stuff that you and I would not even think of, they're ethical violations. It also happens in private practice, believe it or not. I've seen people who have been either seeing, well it goes the whole gamut, either I see them individually, or I see them as couples, and then another therapist is seeing them individually or as a couple, or they are seeing their child in child therapy. And, many of these ethical violations stem from, lets say, what comes to mind is a recent case of mine, a woman from Central America, been here many, many years, speaks English with an accent. She's not white, so by looking at her, you know that she's the other, and she was describing a situation where the therapist of her son, who was just telling all this stuff and it was clear to me, what was going on. To remind you that this is a Latina who has a very high position. She pays the therapist's bills. This is not a *hound* type of client; she's a *yavis* client. Okay, you know what a *hound* is?"

.... ..Humble, old, unattractive, nonverbal, and dumb... *hound*. *Yavis* is young, attractive, verbal, intelligent, and successful. So, this woman was a *yavis* client. The only thing is that she was Latina. So the therapist was basically over-reacting to her because her interpersonal style was a little bit too histrionic for her. Okay, this is what she told me over the phone, the therapist. I said what do you mean by histrionic? Well, you know she uses her hands. She gets excited when she talks about her husband's affair. "Yes." I said; "Well how will you feel if your husband would be having an affair? Oh, you know... that's irrelevant here! I said, "No I don't think that's irrelevant at all. You're talking about your imposing your worldview on the way this client reacts to a situation. The way you will react may be very different, good for you, but the way she reacts is not historic. It's culturally consistent. And you are pathologizing her because of that... Of course I never got very far with that therapist again, but this is the type of ethical violations that are not blatant, it's just that my patient was smart enough to pick it up and bring it, she felt safe, she had a safety place to come here and talk to me, otherwise, that's a gross ethical violation. And it happens all the time."

Norma:

"OK. One of the things that I think a lot of people do that is relevant to one of the issues that first surfaced in the literature; it is the over-pathologizing of Latinos and Latinas because people do not understand the cultural differences. For example, Latinos have a very close net to their families and communities. I used to have colleagues who would describe their Latino clients (college students) as having trouble individuating because they still have to go home every weekend to see their families, or something like that; pathologizing them, when actually, it is a cultural values to cherish and spend time with families. That is one of the ethical violations, not knowing the cultural values, and over-pathologizing, as a consequence..."

Apolina:

“Well, I think there are many, ethical violations in the delivery of mental health services to Latinos. I think that the first thing, there are several things that come to mind. One is the fact that most clinicians have no idea of what a Latino is. We know that the percentage, slightest percentage of providers are White and that they come out of training programs... like us... that have not focused on culture or specific ethnic groups, and so forth. Right there you’ve got an ethical violation, a person who is really practicing out of their domain of knowledge.”

“I think the second thing is that if you think of language, and you know that there are many *trampas* [traps] that occur because language is not the language of the client. So, everything from a simple... *de pedir permiso para firmar una forma, de usar un test, cosas así, que yo creo que no son...que no están presentadas en una manera que* it is an informed consent then becomes an ethical violation. [So everything from a simple authorization to sign a form, to use a test, things akin to that... I believe that they are not... that they are not presented in a way that it is....] *Y también si usan gente para hacer una traducción, interpretes que no son profesionales that’s an ethical violation to me.* [And also if people are used to do a translation, interpreters that are not professionals] So, I am looking at a number of ways that this affects Latinos and therefore, the disparity is that *que la persona que viene pidiendo un servicio o una ayuda, no se la van a dar en la forma... probablemente no va a adquirir lo que quiere.* [... ..The disparity is that the person who comes requesting service or help... it would not be given in the way... probably is not going to receive what (he /she) wants”]

..... ..“*Porque como sicólogos o consejeros estamos socializados a dar tal servicio o reaccionar en tal forma que es muy almost scripted es una performa* you know... and *si trabajas en un servicio social o for managed care tienes tu protocol que tienes que seguir que para la gente Latina... y voy a decirlo en general... que dicen que somos muy relationship oriented.* [“Because as psychologists or counselors we are socialized to provide services or to react in such form that it is almost very scripted, it is a performance, you know and if you work in social services or for managed care, you have a protocol to follow which for Latino people... and I am going to say it in general... that is being said... that we are very relationship oriented....]. You know you are violating the relationship right away.... *que vas a sacar datos...* [...that you are going to collect data....]... facts... so, you know in a way that it is not genuine.

And, again genuine is some of the things we train people... to be unconditional positive, regards, and all of that... I mean it doesn’t happen when you behave that way. So, is that an ethical violation? Well not specifically, but it is not practicing good psychology.... Or ...I think... culturally sensitive psychology (Laughing).

Cecilia:

“Some of my greatest sorrow has been about the lack of appropriate services for Latinos in our community. Ethical violations are violations that are not often perceived by the dominant culture because the idea is that people are doing the best that they can. Not to minimize the good intention, but the reality is that we do not have enough Spanish-speaking therapists. We do not have centers for helping people. We do not have enough money to be able to utilize home help, sending therapists to the home rather than expecting people to come to us. We do not have enough prevention happening in the schools. And the ethical violation is that, again, based on economics and somewhat on... ignorance. There is a lot of ignorance on the importance of language. So the people will say, “well the kids speak English; they can sort of translate for their parents that will be good enough.” In the process, they are harming the children. That’s an ethical violation, to put a child in a dual role relationship. I have seen that happening. I have seen people get substandard care because they are not understood. I’ve seen assessments being done that have created more harm than good for people. Largely because the assessment techniques, the tests in themselves are biased, in a way they were unreliable. They were not accurate given the cultural context for the individual. So, there are ethical violations that occur daily. I think it’s very sad that we are not training more Spanish-speaking counselors and therapists; they are not making it through the educational system. There is something really wrong about that.”

Noemi:

“I do a lot of testing. And thus, a lot of psychological evaluation and so I think that’s where I see some difficulties, not just in the fact that there aren’t measures available for the Mexican American population that we work with primarily here because that’s primarily the group in (Southwest state’s city) now.But so much of the testing that is requested is for poor Hispanic Mexican-American kids who may themselves be limited in their fluency in English or who have family members who are limited. And so even some of the measures that included norms from a Mexican population is not going to be necessarily the same as it will for a Mexican American family or child. And so that’s one issue is just not having the availability of measures that... .. that you can feel reasonably sure that the normative group included the population that you’re working with. The other is watching clinicians in the community and in an attempt to offer services for these clients translate... or have translators who are non-psychologists translating the measures and questions... it is unethical because it’s not standardized first of all. But it’s just so hard to know if the translations are... the same across time. And so that would be for me the biggest issue that I see in terms of disparity or the lack of... There’s, well, there are fewer psychologist in town who speak Spanish.”

Carmen:

“Well my first thought at looking at the first question what ethical violations in the delivery of mental health services to Latinos do I identify as an expression of disparity. Well I think of several things. One is in the fact that there aren’t enough bilingual competent experts, bilingually trained psychotherapists to work with in the populations. That the training, if people are going to get training here in the United States they’re more likely... they are more likely to get it in English. And it’s hard to translate our academic knowledge in learning from one language to an applied language working with the client... So that’s one of the biggest disparities that I see. And what ends up happening because of that is that people will then look to codified and non-codified rules and guidelines about how to be confident and ethical in working with the population, or not unethical.”

“And so what they’ll do is they might hire a translator or they might get the janitor to do translation or they might use substandard professionals or paraprofessionals... not substandard... but paraprofessionals. Or they might use clinicians who might be receptively more fluent in their understanding of a different language than they are expressively fluent. And so they can understand the language that’s being communicated by the client but they are not going to be able to respond appropriately. And those things are... even though they might be doing their best... they are examples of disparity in treatment and the delivery of services... the competent and ethical delivery of services to the Latino population... “The fact that we are now the largest ethnic minority group here in the United States and we still have... you know... very few translated instruments into Spanish, one (referring to number 1, since Carmen was listing her arguments); And two... that sometimes the verbatim translations lose the meaning, because the metaphor of the symbols... the symbolism that’s represented in the instruments is not relevant to the Latino culture and or people. And three, that the norming that they might do on a test, for example the MMPI which is known to Mexico City... you know it’s the population to Mexico, the *Mexicanos* in Mexico City are different from the rest of us. You know they’re very different. They’re more European than they are *Mestizos* [a racial mixture of White and Native Indian]. So what does that mean about its representative-ness to the rest of the population that they might be studying? ...“So, there are disparities in the assessments of Latinos. But sometimes we have to be careful or... always we have to be careful with the bilingual population that we don’t mistakenly assume that the language ability is an indication of what’s going on intellectually and psychologically. And we are not training people well enough to do, to make those distinctions. And so often times I fear that people’s intelligence and their psychology, or their pathology, or non-pathology is being corrupted because of the person’s assessment, the person’s inability to understand that it’s a language issue not an intelligence or a psychopathology issue, often times. And that’s a disparity that I see.”

Adelita:

“Okay, let’s see. Ethical violations...Well... I think that there are many violations when we look at ethics and we look at service delivery. But I think ... it begins before we actually have people in the field. I think it begins in our training, in our clinical and our academic training. I think that when we look at our coursework, I think that it’s very Euro-centric, that most programs, most clinical counseling or other programs are very traditional, that you know, future psychologists are being trained in very traditional models, very mainstream models that tend to blame the victim, really have a minimal understanding of the role of social forces, have minimal understanding of what it means to be a cultural being, a gendered being, and all those things. So I guess for me those ethical violations begin then and I think that they continue once we’re actually in the field.

.... ..“You know it makes common sense if you think about it in terms of when we’re in our internships or our pre-doctoral internships or other *practica* [practice] that our supervisors tend to be Caucasians or people who are not aware of the nuances of being a Latino, Latina or Chicana, whomever, that we have supervisors who are not aware of the impact of being gender beings or cultural beings or ethnic persons or all these things that you know there’s only one mindset. And so therefore everyone has to follow in that kind of mindset. And anyone who deviates from that is considered deviant.”“So I guess a lot of that has to do with my own personal experience in terms of just of being in class or working with supervisors and always commenting that you know these models don’t apply. These theories don’t apply. The training does not apply for people who are in the *Barrios* (neighborhoods) or people who are indigenous or people who are not mainstream-middle-class, White individuals. So I think it begins there in the classroom in the ivory tower. And then it perpetuates itself into these institutions or these places that serve other individuals because we’re not trained, we don’t have the training. We don’t have the background. We don’t have the experience. We don’t have all those competencies that we need, so therefore, how can we delivery culturally competent services... you know. So I guess the ethical violations begin there and only continue because those same factors begin to amplify. They begin to escalate.”

“ ...And so numerous times have I seen, you know when my colleagues have been working with Latino clients or people who are different from them how immediately they begin to blame the victim. They begin to blame the clients and not themselves. ...“They lack the ability to look at themselves and to see okay well what am I contributing to this? What am I doing and you see the ethical violations when they lack the capacity to become introspective and to really acknowledge some of their own shortcomings. And the violations continue when they have no desire to improve the training, to improve their own well being in

terms of understanding people who are different. You know where they just don't see that kind of training that they need. So I think the violations are everywhere. One of my major concerns is also the lack of these institutions that serve indigenous people or indigent populations. You know they're very limited because they tend to serve others." ... "Because there are, I think, I think there are many factors that I'm thinking of. I'm thinking like a lot of the mental health agencies, I think they're so limited to begin with. But when you look at the number of agencies that serve special populations are even more limited or scarce. So I guess that's what I'm thinking of. When you look at the number of multi-cultural or ethnic psychologists or therapists are even fewer you know so a lot of the ethical violations pertain to a lack of recruitment in terms of recruiting talented Latinos or Latinas or talented African Americans, talented individuals who come from disenfranchised groups. You know and then so the cycle just continues... so that if you're not recruiting these people you don't have them as service providers. Because you know APA has the guidelines for serving ethnic linguistic and culturally diverse individuals. I mean the guidelines are very specific in terms of the ethics. So you can take any, any area and see how it applies to mental health services. You know if they're not recruiting Latino students, how can they expect to have them in these agencies where we need them? So I clearly see that as an ethical violation. And so a lot of, another violation is the lack of desire to do so... you know. And it's not like there aren't any competent Latinos out there. There are numerous."

Maria:

"Ethical violations... well I think that the use of translation is unethical...you know!... we must be able to communicate with the person that we are talking to, the client. I mean there's a lot here... I mean it's so common here. Kids go and translate for parents for example. they go through a psychological and they don't know why they're going for an evaluation. The kid is being evaluated and he'll translate. ... sometimes the kid is translating and how is that managed? ...who is using what information for what? ... so I think that it's not good, or if even they're using an interpreter... the interpreter may not be familiar with terms or with the background of the people. I mean I think the people should be able to express... that is part of the process... I mean even if you have an interpreter, there are people who cannot express themselves. I don't think it's the same... if you are talking in their language or you are not. I mean... if I have to talk... not now but many years ago... I have to speak in English about my feelings; well you know... that would be summarized in like one sentence. I would not be able to do it because I didn't know how to do it. And you know because...you remember"

Table 4.10 summarizes the themes in participants' experiences of ethical violations as expressions of disparity.

Table 4.10

Themes exploring ethical violations as expressions of disparity

- Disparity in Latino mental health services is part of a larger social phenomenon because mental health and psychology are arms of society and we are part of the system, whether we like it or not.
- More than ethical violations in the public sector; they are human rights violations. The system just put a band-aid approach to the problem (of disparity) by giving money to communities or community clinics without given them enough training, resources, and consequently, these agencies do a poor job.
- Ethical violations are generated in the contexts of people's powerless positions given by social categorizations (even a *Yavis* client accessing private services will be affected).
- Latinos as an ethnic group reinforce ethical violations through silence.
- There are ethical violations generated by scripted protocols of service delivery (such as accepting and following managed care expectations or the internalized socialization process of training program that violate the cultural norms of relating in Latino culture).
- There are ethical violations that are not blatant (such as imposing worldviews).
- Ethical violation due to over-pathologizing Latinos because psychologists do not understand cultural differences.
- Ethical violations are daily events, violations that are not often perceived by the dominant culture because the idea is that people are doing the best that they can.
- Ethical violation based on economics and on ignorance (i.e. about the importance of language).
- It is an ethical violation, to put a child in a dual role relationship.
- People get substandard care because they are not understood.
- Assessments create more harm than good for people, largely because the assessment techniques and the tests in themselves are biased and unreliable.
- Ethical violations due to not having the availability of measures to feel reasonably sure that the normative group included the population.
- Clinicians in the community in an attempt to offer services for Latino clients translate... or have non-psychologists translating the measures and questions, which is unethical because the procedures are not standardized.
- There are few psychologists who speak Spanish and do testing and bilingual competent experts, bilingually trained psychotherapists to work with in the Latino populations.

- There are very few translated instruments (testing) into Spanish.
 - The verbatim translations of an instrument lose the meaning because the metaphor or the cultural symbolism represented in the instruments is not relevant to Latinos.
 - When tests are translated the norms used have problems.
 - Disparities in the assessments of Latinos occur especially with the bilingual population when mistakenly it is assumed that the language ability is an indication of what's going on intellectually and psychologically. The ethical violation is that *psychologists are not training well enough to make those distinctions.*
 - Insufficient training in language issues because it is hard to translate our academic knowledge and learning from one language to another applied language.
 - Ethical violations begin in the course work of clinical and academic training programs that are Euro-centric, traditional, mainstream models. They tend to blame the victim, and have a minimal understanding of the role of social forces and of what it means to be a cultural being, and a gendered being.
 - The limited numbers of service providers and the effort to recruit them are signs of disparity and an ethical violation in the delivery of Latino mental health services.
 - The use of translation is unethical.
-

Discussion:

The identification of what constitutes ethical treatment is this focus of inquiry and addresses an important component in the overall intent of this investigation. It is the heart of the central research question: *Have Latina psychologists observed and experienced disparity in Latino mental health services? Participants' voices clearly validated the stance of this research. Disparity exists.*

The descriptions of ethical issues emphasized that violations begin in the course work of clinical and academic training programs that use Euro-centric, traditional, mainstream models which tend to ignore culture and are thus likely to continue in professional practice. The limited numbers of culturally competent service providers as well as the poor understanding of cultural values and estrangements generated by scripted

protocol of how to relate to clients were presented as ethical violations. Traditional scripted protocols disregard the clients' culture and over-pathologize them.

Although, in the United States, Latinos are a large ethnic minority group, few testing instruments are translated into Spanish. As participants stated, when tests are translated, the norms used are problematic and the symbolism represented in the instruments is not relevant to the Latino culture. The literature discussing psychological testing of Latinos addresses these issues, i.e. Olmedo 1979, 1981; Padilla 1975, 1979; Garcia, 1984; Malgady, Rogler, and Costantino, 1987, 1988; Malgady, 1990, 1998; Geisinger, 1998; Dana, 1993, 1996, 2000; Cuéllar and Genaro González 2000, and so on.

As Carmen pointed out, the training required to deal with language issues is insufficient because it hard to translate our academic knowledge and learning from one language to another. Finally, as Cecilia emphasized, ethical violations are daily events that are not often perceived by the dominant culture as 'such because the idea is that people are doing the best that they can.

Participants' discussions validated an important view; by and large the use of translations in Latino mental health services is an ethical violation, the expression of a larger social phenomenon of social inequality and unfairness. However, this statement does not mean that any or all translation service in mental health services are unethical. One must wonder whether the current acceptance of translations in the delivery of mental health services is evidence of the indirect and subtle ways in which psychologists participate in social processes that structure and maintain disparity. As Amparo stated: "we are part of the system, whether we like it or not".

Participants' descriptions of ethical violation provided continuity for other narratives (specifically, the use of translations in the delivery of mental health services and the documentation of the quality and access to Latino services). The next two narratives document additional perspectives.

4.11 Translations

This narrative requires several considerations. First, in the data analysis, the literature review for this topic focus on professional guidelines. Suggestions for working with an interpreter and difficulties in using an interpreter were explored in literature used to train psychologists. Second, psychologists' narratives documented a diversity of perspectives. Theoretical, practical, and political issues emerged.

Finally, after a brief summary and discussion, the views expressed by participants will be addressed in a narrative of reflections. The narrative of translation in psychological and psychiatric evaluations explores one of the researcher's concerns. Do participants share the view that, as a field, psychology must declare that it is illegal and unethical to use translation in psychological and psychiatric evaluations?

A psychological practice is illegal and unethical when meets two conditions; when it harms the individual receiving the service, and when it violates the individuals' right to being treated equally.

Participant's voices:

Amparo:

"Yeah, okay. This is a necessary evil because you know there are people who don't speak English, and not only Latinos were talking about. Now there have

been a lot of articles written on this perspective and there is a model of how to do this and that is to have an interpreter who is also somebody trained in mental health. It doesn't have to be a Ph.D. or M.D. Somebody who is trained in mental health and trained in cross-cultural communication; if you don't have somebody like that, you're just adding more to the problem, I mean it's not going to be effective, or ethical, I mean you're just getting a picture that is not real. So, I mean that's, and there also some articles on that, particularly with Southeast Asian refugees and making sure that they have trained interpreters. Like, Frank Acosta has written a lot on that. Well, anyway.

“So, the person has to be trained, both in cross cultural communication and in mental health, because issues of confidentiality, idioms, cultural idioms of distress, and issues of cultural...”

Because the researcher's position has been that the use of translator is a practice that needs to be declared unethical and illegal, she asked Amparo: “what do you think about this particular issue in terms of ethical and legal concerns?”

Amparo:

“I think you have to be put it down in a very clear way; you have to highlight the fact... that an interpreter was used that was not trained in mental health. And therefore, this is just offering a glimpse; it's not as effective as if we were doing it with somebody who speaks the language where the culture is the same, etc. I mean they think basically, that by using interpreters is just... a make up for another sin, because you can have somebody who speaks perfect English lets say a person of color, who's been assessed by these tools and the experience is not culturally congruent with those tools. So you're doing a disservice. I said that because we don't have the metaphor of the language. We don't see it... as a disservice, but it's the same thing. It's an imposition of a worldview to interpret and dictate mayor decisions in somebody's life. I have a big problem with that, and I've done enough testing in my life...so, anyway...”

“And we're not going to find any solution here because in the English only movement is the one that's behind all of this.”

“We are not finding any solution to the problem of using interpreters in testing, because what's behind of this is the English only movement. We all have to learn English, so they're not going to spend time or energy to examine the ethical violations of testing somebody in another language. Or, making testing more congruent, I mean as a country we have been doing this since Ellis Island. Ellis Island, they had psychological test to weed out people of color. They were

weeding out people who were dark. And you were given test, but in a language the people don't understand, but I mean, it was used as a political maneuver... This is all a political move."

"So what I'm saying is what's behind this is the general belief that we have all to speak English and we all have to behave in a certain way. So anything that challenges that, you're not going to go anywhere..."

... "Well actually, the APA, you may be familiar with the APA guidelines of treating culturally and linguistically diverse people, and they talk about that specifically, but there are problems, thus, they have put out guidance about how to use interpreters, how to make it. You know, the San Francisco Hospital had inpatient units that were basically for some Asian, Latinos; Ricardo Muños used to be the head of that. You know, this has been going on, I'm just stepping out and telling and you that my interpretation is a social political one. We're basically, what they're saying we don't want diversity, we don't want pluralism, we don't want Quebec, instead they should be saying we want Switzerland ... no places where they speak several languages... ... we don't want Quebec here, so that's why they don't care."

Norma:

"I think the whole issue of language, the use of translation, I think is important to make sure that one understands the client language or if translators are used that an informed consent is provided to clients... A lot of people use relatives as translators and that is questionable, because you know, it is a violation of privacy, at least. Various issues come up in that regard, sore of, at an individual basis..."

"Translators need to be trained too because they do not understand some of the nuances of psychology or the assessment processes might not be interpreted correctly. I know less about government social services systems, but I certainly could see how not having access to accurate information during assessment process could result again either on over-pathologizing or underestimating needs... "The translator is a very key person, who has to be very professionally trained. It has to be somebody who not only knows the language, but who understands the heaviness of the responsibility, has to be committed to his/her own ethical responsibility in translating accurately, without biases, and so on."

Apolina:

"You know... I have a hard time with the use of translation in psychological and psychiatric evaluations because I have no confidence that the terminology is the same. I also think that the meaning, again, the meaning that I ascribed to my condition has to be understood in the cultural context. *Por ejemplo, con ataque*

de nervios, [for example with a nervous attack]; This is a simple example... *que mucha gente que no conoce... a lo que, lo que son ataque de nervios*. [... .. That many people does not know... what are nervous attacks]

“We have at lot of... examples, *que* [that] immediately would medicate someone in away that it would create sometimes negative consequence, very negative consequence, *para esa gente* [for that people] because they see this *ataque como* [attack as] a break from reality and do not understand the cultural meaning, *de un ataque* [of an attack]. So, in that case to make a psychiatric evaluation based on a translation which did not fell well *para la persona, el cliente va a salir peor que mejor*.” [... .. to the person, the client will leave worse than better]

“*Bueno yo creo que... otra vez... que si hay un translation o hay un interpreter. Si hay una persona trabajando con un psicólogo, pero esta persona esta entrenada en una forma que sabe lo que esta haciendo en mental health...* [Well, I believe that... again... that if there is a translation or there is an interpreter. If there is a person working with a psychologists, but this person is trained in a way that knows what (he/she) is doing in mental health.]... or has some understanding, it might not be at the psychology level, perhaps some mental health preparation *conoce el idioma, la cultura, el contexto* [knows the language, the culture, the context]. *Pero creo que de todas formas estas usando evaluaciones que no han sido validated en la cultura en general, digamos aqui Latinos. Es dificil.* [However, I believe that anyway you are using evaluation that have not been validated in the culture, in general, let’s say here, Latinos. It is difficult.]

“I mean, there are some many things about being a Latino if you were socialized culturally as Latino *en términos* [in terms] of ... how do you look at health, how do you look at religion and health, your spirituality and health *y si uno no pregunta acerca de esas cosas*, [and if one does not ask about these things] and you just make a diagnosis based on observable behavior *te falta mucha cosa*, [you would miss many things] I think.”

Cecilia:

“The main problem has been using translators who are family members, and the people do it out of convenience. Or they take the secretary from up front who’s bilingual. And they say come in... translate for this family... for me. And the secretary has no background in psychology and testing, in evaluation, and diagnosis. And therefore, how she translates will have a huge impact on the outcome, and yet she’s making translations that are not informed by education. Family members are making translations that are not objective. Clearly they have a stake in what happens and in their relationship with an individual, and so the translations that are done out of convenience are not good translations. It will often result in inaccurate psychiatric and psychological evaluations.

... The problem that I have is that just by virtue of having a third person in the room, the dynamic will change. And it is harder to get to the essence of what's going on with someone if you cannot understand the nuances of the communication. And a translator can be excellent, but there will still be chances for miscommunications and opportunities that are lost because the subtleties and nuances of language are not understood or not translated well or maybe not even conveyed because of the presence of a third person who would not know he's not trusted. And who may increase the anxiety of the person who is being evaluated."

"But clearly, it's better to have some actual translation rather than nothing. So that if you look at a continuum about what is ideal. What is ideal is to have Spanish-speaking evaluators. That's what is ideal. In lieu of that, to have translation is better. And it's far better than providing no services at all. But I think that it is a mistake to think that translation alone will cure the problem."

...."You recognize that I see the troubles. But I also know that if there's no translation then people don't get resources. So it's a double edge sword. It's difficult either way. On one hand translation is far from perfect, but often people can only access resources by virtue of having a translator who makes their needs known. So I have to acknowledge that, you know, of some level, I've seen some good, but sure have seen some abuse. And that does stay with you as a person."

Noemi:

"And I think it would be very difficult to really, to get all the information you need through a translator. Certainly if you have a translator who has some knowledge of psychological issues, that would be better. But it's hard. It would be hard. And you have to use all those disclaimers, you know that this is not standardized and that sort of thing. I think the nuance is what gets lost. I think the majority, a good psychologist would probably be able to get 75-80% of the information they need even through a translator. But it's that remaining 20% that is probably going to be lost in the translation. It's not going to give them the whole flavor of the person. Not to mention the difference in dynamics of working through the translator.

...."Well again I think working through a translator changes the dynamic. And I think a lot of us who do mental status evaluations depend on kind of our internal norms of how we interact with a person and kind of our assessment of their behavior and their affective presentation, that sort of thing... It might increase their anxiety. It might increase an individual's anxiety and kind of... although I'm really thinking that if they're in there having a mental status evaluation; they're already going to be anxious about it, so that I don't know that that's so valid. I mean I think it can be done.

... Again I think it may be harder to illicit some of the information like when you ask people about mental health history, here there's a lot of colloquialisms here in... .. (Southwest state's city) and so it's, it would be different if you asked them if you've ever suffered from mental illness. Well if you ask them about *ataques de nervios*, or if *alguien padece de nervios en su familia* [... .. nervous problem or if somebody in the family suffers from a nervous condition]. That's something that a translator might not do. They might just say *alguien en su familia tiene enfermedad mental*. [They might just say; does anybody in your family have a mental illness?]. Most people will say no. So that sort of colloquialism of some of the folks in this area might be lost."

Carmen:

"My thoughts about using translators Well if you can get them, that's great. But not all translators are the same. You can't use a bilingual translator to do psychotherapy. You know you can't use them to do you know psychological translations. They may not know the terms... you know. You need to have... they need to be expert translators who can communicate verbally and non-verbally and equally well, expertly well in English and in Spanish both for English/Spanish bilinguals, who are also well enough trained in our field to be able to understand the kinds of questions that we're asking and to communicate that effectively to a client, so that psychological terms, processes in psychology you know when we discuss things, those things, that person needs to not only to be a language expert but also an expert in the translation of psychology words and terms, and meanings, and usages."

The researcher asked Carmen: "What is your opinion about conducting a mental examination with the help of the translator?"

Carmen:

"Well I mean, look we've already established that you know there aren't enough competent trained bilingual, you know professionals out there or expertly trained bilingual professionals out there. And so the next step is to get you know are they using an own expert or none-competent person or do you use a translator? You know I don't, I think that the best situation is to train a bunch of bilingual psychologists." ... "Okay, that's the best situation to be expert in both languages. The next step is to use is to start training more bilingual, you know more translators in psychology. And you know and then... you know... to do... you know... I guess the next level down from there would be to get non expert people in psychology to do that. You know I don't do those kinds of assessments. That's totally not my field. But I would suppose that any kind of intervention that

would, any kind of psychological intervention with a Spanish dominant speaker being performed by a non Spanish dominant speaker or at least a non-expert Spanish speaker that's trained in psychology would have problems, that there would be inherent problems in the judgments that are made... inherent concerns. And I think that there are some professionals out there who can be very good about, about writing it up, you know writing up the interpretation is like caution should be made or had in interpreting the results because this, the diagnostician is not trained expertly enough to or whatever, whatever you know or not to make diagnostic judgments. And I think there are professionals out there who are concerned enough to know what the limits of their competence are. But I don't know."

Maria:

"I have friends in English. I had every thing done... .. most of my stuff and activities were in English...everything... I could communicate very well in English. But I could not, when I was very mad or very sad I could not say things. I could not express them. And I don't think an interpreter would be able to translate because there are so many words that you say when you're speaking Spanish, How can they make sense of that, or put a value to really what I am saying? I mean it's impossible. And I would get blocked. I mean... it was like I was blocked when I had to express my feelings in English. I could not do it, you know." ... So and I don't think that's my case only. I think that happens... .. very often, especially if you're... .. living in a different culture, a new culture. You know you can just do it.... and for me... it was awful... now I can communicate in English. And even though sometimes when I'm very angry... whatever comes... first... it is in Spanish... Because it's like... or when I'm under stress... you don't have to be only sad or depressed... but when I'm under stress... sometimes what comes first is in Spanish." So, how can you put people under more stress...? people who are being served... who come to see you because they are under stress or because they are depressed or they're trying to get used to this culture or they're trying to figure out what they're doing in this place.... and then you're going to... on top of that, you need then to put them to speak in English or to have some other stranger there to listen to what you're saying. I mean how, how can you provide services like that? I mean how can you put somebody in that situation? And why if you were here... and you speak English... you are told... 'oh well then you can go to somebody who speaks English'... and I don't think that is right either. I mean I think you have a right to express your feelings and if you feel comfortable doing it in English, then... do it! But if you want to receive service in Spanish I mean you should be able to do it!"

Table 4.11 summarizes the themes that emerged in the discussion of translations in psychological and psychiatric evaluations.

Table 4.11**The themes about translations in psychological and psychiatric evaluations**

- Translation is a necessary evil
- Translation require training in cross cultural communication and in mental health,
- If minimal requirements are not met, the translation adds more to the problem; it is not going to be effective, or ethical.
- Use of translations is a reflection of English only movement: “we all have to learn English.”
- The use of translations is a political decision to not spend time or energy in examining the ethical violations of testing somebody in another language or exploring how testing can be more congruent.
- In the use of translations the real political position underneath is that diversity is not appreciated and valued
- The translator has to be very professionally trained, somebody who not only knows the language, but who understands the heaviness of the responsibility, has a commitment to his/her own ethical responsibility in translating accurately, without biases, and has an understanding of the nuances of psychological assessments and testing.
- *Clients need to be provided with an informed consent.*
- The use of relatives is a violation of privacy (an ethical violation).
- Not having access to accurate information during assessment process could result either on over-pathologizing or underestimating needs.
- The translator is a cultural broker.
- The meanings that individuals ascribe to their conditions have to be understood in the cultural context.
- Translations are sometimes done out of convenience.
- The ideal is to have Spanish-speaking evaluators.
- To have translation is far better than providing no services at all. But, it is a mistake to think that translation alone will cure the problem
- Although, translations are far from perfect, they help people to access resources.
- Working with a translator changes the dynamics of the interactions.
- It is difficult to know if the translator understands the nuances of client’s colloquialisms.
- It is difficult is to get all the needed information to evaluate a client when translation is involved.
- The language that a client uses facilitates or hampers the communication of emotions.
- Clients have the right to choose the language to receive services.
- Translations have the potential to add stress.

Discussion:

This narrative's emphasis is theoretical; however, practical issues are mentioned. The literature used in the training of psychologists provides suggestions for working with an interpreter. Sattler (1998) identified 10 difficulties in using an interpreter: failure to reveal symptoms, mistrust of interpreter, preaching to interviewees, unequivocal concepts, dialectical differences, mixture of two languages, regional variations, changes in difficulty levels, alterations of meanings, and use of colloquial words. Examples of the suggestions for working with an interpreter are: "select an interpreter who is thoroughly familiar with the interviewee's language and with the linguistic variations or dialect used by the individual's ethnic group; brief the interpreter thoroughly on issues that may affect his or her role; discuss technical terms and concepts that may pose a problem for translations; practice with an interpreter before the interview to help the interpreter to develop good skills as an interpreter," and so on (Sattler, 1998, p. 275-276). How practical or realistic are these suggestions? Here, the discussion focused on acknowledging their existence. Moreover, the results indicate that exploring the use of translation, as an ethical violation and as an expression of disparity, it is a research topic in itself.

As a general summary, participants complemented and humanized the theoretical discussion of this focus of inquiry (i.e. "it's not only what you lose but what you have put the person through with it"). One challenging theme was the description of translation as a necessary evil. The acceptance of this evil is one of the ways in which psychologists may contribute to maintaining disparity in mental health services.

In the discussion of the use of translation when providing mental health services, the analysis of what was validated, what was discovered, and what needs to be further researched was a difficult task. Therefore, before examining the results of participant's views, the leadership's efforts in the field were first considered.

In response to the increased awareness of psychological service needs associated with ethnic and cultural diversity, the American Psychological Association's Board of Ethnic Minority Affairs (BEMA) established a Task Force on the Delivery of Services to Ethnic Minority Populations in 1988. The Task Force established as its first priority the development of the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. These guidelines indicate that psychologists should interact in the language requested by the client and, if this is not feasible, make a referral to a mental health professional who is competent to interact in that language. If this is not possible, psychologists can offer the client a translator with cultural knowledge and an appropriate professional background. When no translator is available, then a trained paraprofessional from the client's culture is used as a translator/cultural broker. If translation is necessary, psychologists should not retain the services of translators/paraprofessionals that may have a dual role with the client to avoid jeopardizing the validity of evaluation or the effectiveness of intervention. Finally, the guidelines indicate that psychologists interpret and relate test data in terms understandable and relevant to the needs of those assessed.

The guidelines indicate progress because they acknowledge the need for cultural brokers. Here, the argument is that only cultural competent psychologists are appropriate

translators. Participants' voices challenged this study's view because they described translations *as a necessary evil that it is far better than not providing services* (i.e. Amparo and Cecilia), though the use of translators is a manifestation of disparity, the result of *limited resources* (few Spanish speaking psychologists) and an overall expression of the social neglect of Latino population mental health needs.

From a theoretical perspective, it was learned that using translations is a way to minimize the impact that language and culture have in the delivery of psychological services. When translations are used to delivery services, culture is largely ignored. It is conceptualized as a realm of elements viewed as variables (i.e. values, rituals, customs, beliefs, norms, language). The dynamic and dialectic interaction of language and culture is isolated, manipulated, and controlled as a variable. Therefore, one must wondered if accepting translation as an alternative method to identify and explain psychological processes is then *to retain the paradigms in psychology that separate the unity of culture and mind*.

To understand the logical argumentation of participants' narrative, the researcher explored the issue of translation through principles of the dialectic method.⁹ The researcher understood that participants were arguing that translations *alleviate the neglect* of Latino mental health needs and that it is a tool to *decrease the oppression* that this

⁹ A logical argumentation follows the dialectic method used by Hegel and adapted by Marx (to understand observable social and economic processes) and it is based on the principle that an idea or event (thesis) generates its opposite (antithesis), leading to a reconciliation of opposites (synthesis).

neglect generates (*thesis*). However, when viewed as a tool, translations have a social function, that perpetuates oppression (*antithesis*). The opposite of the thesis is that translations do not alleviate the neglect of Latino mental health services, but rather they increase oppression. The concern is that with the use of translations a new form of neglect emerges, and that the reconciliation of opposites (*synthesis*) increases oppression. The thesis “translations *alleviate neglect* and it is a tool to *decrease* oppression” *dilutes radical positions and prevents social change* (because the social arguments are that to translate is better than nothing and that those providers are doing the best they can). To decrease neglect through translation is to increase oppression. One area for further study would be to investigate whether or not the use of translations transforms the neglect by *generating new forms of disparity*.

In summary, from the literature review and through participants’ discussions, the researcher re-learned that psychologists doing assessments of Latinos should disclose whether translation was one of the methods used to collect information. Additionally, when the assessment included translation, the verbal or written report of the results must consider and address the training and mental health experience of the translators and include the provider’s opinion regarding the accuracy of the information collected.

The field of psychology is urged to continue developing the existing guidelines for translation and increase the expectations for practitioners to have additional and specialized training. This includes a move toward declaring unethical the services that are not culturally competent. To accomplish this competence, the field has to develop forms of reinforcing the guidelines. Latina psychologists did not share the view that as a

field, psychology must declare that it is illegal and unethical to use translation in psychological and psychiatric evaluations. The theoretical debate and research that seeks to understand the psychological and social implications of the use of translations in mental health services must be a permanent effort. Research documenting the Latinos' experience and the impact of translations in the delivery of mental health services is needed urgently. This need has been documented by the Office of Civic Rights (2000) policy guidance (i.e. Title VI Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency).

The Office of Civic Rights (2000) indicated that in the course of its enforcement activities, it has found that persons who lack proficiency in English frequently are unable to obtain basic knowledge of how to access various benefits and services for which they are eligible, such as the State Children's Health Insurance Program (SCHIP), Medicare, Medicaid or Temporary Assistance to Needy Families (TANF) benefits, clinical research programs, or basic health care and social services.

The next focus of inquiry explores subtle expressions of disparity in Latino mental health services regarding access to services.

4.12 Access to Culturally Competent Services

The previous narratives of ethical violations and translations continue through the discussion of access. The next three narratives address access, quality, and the role of managed care organizations. This section focuses on the estimated percentage of Latino cases that benefit from having a culturally competent assessment.

Participants' voices:

Amparo:

“Okay, so... estimated percentage of Latino’s cases that benefit from having... I think everything is influx right now. I think things are changing as much as, again the critical mass concept, if we have more and more people who are in positions of power. Even if you are socialized, because we all are socialized into a different worldview, just by being different, I think that particularly if you look different, I think that really it’s hard to homogenize people. And I’m not saying that just because you’re a Latino you’re going to change things because many people internalize oppression. But you know, I think that’s a journey that each one of us has to take. The critical mass concept I think is very, very important.”

Apolina:

“I would say... I mean, again...this is just an estimate and... just thinking about... where I am now... where I have been. I said is 10 percent and... that would be probably very generous.”“*Y lo digo por las razones que dije antes... que...* [and I say this because of the reasons I mentioned before... that...]. the providers... that typically are not providers who are culturally competent. *No tienen que ser Latinos para ser...* [they do not have to be Latinos to be...] culturally competent...*pero...* [...but...] they are not culturally competent. And, I think it is a very small percentage... very low percentage rather.”

Cecilia:

“Please estimate the percentage of Latino cases that benefit... Oh my gosh!... -If everything were in place, the benefits would be tremendous. And the percentage of success would be much higher than it is right now... What I have seen in my experience is that the percentage is getting higher. But it probably started at less than 1%. And now, it’s no more than 10% being good.”

Noemi:

“I would say it would be between 40 and 50%. I just really think that those clients often get routed. And this is just from my experience in those 20 years, because they come to me, because I see pain patients who have been sent by the pain specialist who only speaks with, who only works with English speaking clients. I do work for the school district and they send me their bilingual kids. We have kids who travel from 2-1/2 hours away because there isn’t anybody, who can provide that service so they come to me 2-1/2 hours away. So that’s why I’m saying it’s not because there’s that many of us.”

Carmen:

“I’m not an expert in assessment. I don’t even know how many people get assessed. I can’t really say. But one of the things that I do know is that in the state of Texas it is legal for... in a death penalty case... for a psychologist to say that the history of ethnic minorities or racial minorities... in this state is that if they’ve committed one violent crime... they’ll commit another one. And that’s a bias in the legal system. And that’s not legal in other states. And it’s being challenged in the Supreme Court... you know... that based on other cases for them... ... to make an assessment about an individual in terms of death penalty. No... Texas is very backwards that way. ...I don’t know how many people are being assessed. I don’t know how many of them are being assessed competently. ...I wouldn’t say that, I would venture to say that probably bilingual or monolingual Spanish speakers aren’t being assessed appropriately. But that would just be my from my judgment, you know my opinion, my guess estimate you know about what’s happening.... ... But there are other professionals that are out there. And we just surveyed these 300 psychologists. We did not survey the social workers, the licensed profession counselors or the marriage and family therapists. Okay so this is just representative of one group.”

Maria:

“Well I mean if you have a cultural competent assessment then you can have... I mean... you’re starting with the right feet. It’s like you can start with the right diagnosis and then you can provide treatment. ... we can do it and it will be much easier...but Latinos are not accessing services because there is nobody to provide the services... no here...”

Adelita:

“I would say 100%. I mean if you’re looking at cultural, you know. Well I would say if you have 100 cases and if all these cases, all these clients are working with individuals who are culturally competent. ...I would say that typically for every 100 clients you have I’d say one Latino or Latinas psychologist or therapist. Usually you tend to have at least one Latino or Latina on staff. And in terms of people who are bilingual, it’s different because in California you have more persons who tend to be bilingual or familiar with Latinos. But I’d say like if you go to other places like Utah or Michigan, it’s even more sparse.”

...“Oh, okay. I was looking at it very differently. I would say of 100 cases, I would say 5-10%.”

Table 4.12 summarizes the themes and estimated percentages.

Table 4.12**Estimated Latino' access to culturally competent assessments**

- Things are changing as much as, we have more and more people who are in positions of power addressing the issues.
- The percentage is getting higher. But it probably started at less than 1%. And now, it's no more than 10% being good.
- A 5-to-10 percent would be probably a very generous estimate.
- Kids travel from 2-1/2 hours away because where they live nobody can provide services. There are not many culturally competent psychologists.

Discussion:

The analysis of this focus of inquiry identifies some problems. The format of the question was confusing: "Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment." Two participants did not understand the question. Participants used different perspectives to estimate the percentage ie. Noemi estimated that 40-50 percent of the Latino population benefit from having a culturally competent assessment. The conversation suggested that she was using a different point of reference. The same situation happens with Adelita. She stated: "100 percent" and when the question was stated in a different form, her response changed. Finally, the initial plan was to address in the discussion of the results a comparison between the participants' responses and the data reported by the U.S. Census Bureau. The approach included the identification of the participant's state and city, which would increase the risk of providing information for the reader to discover the participant's name. In general, it was learned that participants estimated that out of 100 Latino cases, 5 or 10 are likely to access culturally competent assessments. Participants gave this estimate in

states where 32 to 42 percent of the population is Latina. In a state where the Latino population is 3 percent, the estimated number of provider was five Spanish-speaking-psychologists and psychiatrists. The results indicated that regardless the region few Latinos have access to a culturally competent assessment. Research is needed, nationally (Leaf, P. J., et al., 1996). The next narrative addresses access focusing on quality.

4.13 Access and Quality of Services Available

This section addresses the following question: “Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures.” Here the intention is to observe a hunch of this study, disparity increases when Latino population percentages in a U. S. region increase.

Participants’ voices:

Amparo:

“Well here, this is very artificial place. Meaning, this is not representative of places. They’re an abundance of Latino psychologists here with license... This place is full of Latino mental health professionals. They are... people from Latin America, from South America particularly, who are here doing private practice.... So there are many, many services available. People pick and choose. A lot of Argentineans, a lot of Brazilians, Spaniards, there’s a lot of, but remember this is a very different area. Because you have a lot of... the embassy, you have a lot of international agencies. ... So that’s not a problem in this particular area. Now if you’re poor and you cannot afford a private practitioner than you have to go to those places that you and I were talking earlier, you know public sectors and that’s where all these problems come up.”

Norma:

“Well, it is an underserved population in.... (Southwest city). I am trying to remember the percentage of Latinos in this city. I think it is about a third of the

population. We probably have about a little more than half dozen of Spanish speaking therapists in town, (or Latino-Latina therapists in town), which is very low. There are a couple of community centers; Child and Family Guidance still provide psychotherapy and they usually have Spanish-speaking therapists. (Name of the agency) is a group of private practitioners that provide pro-bonus services to people in the community who cannot afford them and charges a small fee, using a sliding scale fee. They also have a number of students, who are always doing practicum there and inevitable there are some Spanish-speaking trainees, but it is very minimal community services. (named the state) has cut back and back and cut back over the last ten years, so what they really offer is medical services, psychiatric medical services. They do not even offer, they do not even try to provide psychotherapy anymore. I do not know how to provide explanations for the figures, except that I think that is not only about psychologists, but I do not know about other professions, Social Worker, LPCs... Here in this State, we have Licensed Professional Counselors. In the over half dozen, I am including Social Workers, and LPCs in private practice. We have about eight (8)... I think; there are more who work in agencies.”

The researcher stated: “If I understand correctly, we have a geographic area ... ,where probably an estimated 33 percent of the population is Latina or Mexican-American and to serve the mental health needs of that population we have less than 20...”

Norma:

“Yes! We have less than 20 Latinos providing culturally competent services. “There is a pipeline problem that we still have... Even though psychology is the most popular major across the country ...”... We have fewer and fewer ethnic minorities students in general, not only Latinos, choosing that (referring to psychology) because various ethnic minorities who are able to go to college are choosing careers and professions that make them more money” (Laughing). Especially when they go to graduate school, yes... So there is a pipeline problem all the way through and that might be part of the trouble recruiting ethnic minority’s students. Those who are able will go into other professions they do because they are more lucrative...”

Apolina:

“Bueno lo que veo yo y llevo muy poco tiempo aquí pero comparativamente speaking...” [Well, what I see and I have been here comparativamente speaking a short time]

The researcher asked: “Where were you before”...

Apolina:

“In Boston, pero yo creo en ambos lugares el problema es lo mismo. Aunque aquí obtenía expectativas más altas porque es el lugar que es. So, lo que veo, por lo que me han dicho...” [In Boston but I believe that in both places the problem is the same. Although, here I have higher expectations because of the place that it is. So, what I see and for what I have been told...]

The researcher asked: “Tell me a little bit more about your expectations being higher...”

Apolina:

“Bueno, que aquí la población no es que sea la mayoría todavía había llegado a ser Latino aquí pero esta llegando a ser Latino.” [Well, here the majority of the population is not Latino yet, but it will be]

The researcher asked: “What is the percentage of Latinos?”

Apolina:

“Yo creo forty percent.” [I believe forty percent] ... *Y dicen que va a llegar a ser cincuenta en como diez años, unos diez años, quince años.* [And it has been estimated that in ten-fifteen years it will be fifty] ... *Pero ya hay ciudades aquí donde el porcentaje es más Latino Mexicano que Blanco. Hay escuelas, hay barrios, neighborhoods donde el porcentaje de la gente es mexicano. So, ya se ve.”* [However, there are cities here where the percentage is more Latino-Mexican than White. There are schools, neighborhoods where the percentage of the people is Mexican. So, you already see it] *“Lo que he visto... y no tengo un buen conocimiento todavía porque estoy recién llegada... pero han siempre mencionado como cuatro agencias en particular dedicadas a servicios a Latinos. Pero como esta es una área también, bien amplia, geographically, es decir lo que estas diciendo tu también que el acceso a esos lugares va ha ser limitado.* [What I have observed...and I do not have a lot of knowledge, yet, because I came recently...but four agencies dedicated to serve Latino have been always mentioned. But how you are saying too, this area is very broader, geographically; the access to those places is limited] *So percentage wise this is just by... a quick look around... percentage of providers... number of mental health providers... I can't imagine... I really don't know what the numbers would be. Certainly, Latino providers are very, very few. Very few, compared to the overall population. I do not know. If it is 1 to 1000 percentages... it could be something as big a gap as it is that. It's a huge gap. Based on what I have told and lo que he visto también.”* [... ... What I have also observed]. *“So...También lo que veo yo*

es que como dije antes es un system problem.” [As I said before, what I see is a system problem]

Cecilia:

“The next question is very hard from me to know exactly... But I would, I would predict that the quality of mental health services for everyone in the State of (southwest city) is not good... and that the resources available particularly for Latinos... it is appalling... There is nothing that...

The researcher asked: “What is that word that you used?”

Cecilia:

“Appalling, it means... to be appall is too be offended... it is offensive because there is so much need and so little that’s actually geared to meeting the needs. People try, but often there is very little, very late. So you are talking about programs for people who’ve already been in the jail system, who are leaving jail, who are on probation, who are caught with dirty urinalysis, and then they are finally sent to substance abuse counseling. And in the counseling, all kinds of things come out. And you recognize that if this teenager had had some mental health help at age 8 rather than 15, the whole like course could have been changed. But in the State of (Southwest), there’s very little done in terms of prevention and early family intervention and a lot of money is expended in jails and in attempts of rehabilitation that are really much too little, much too late.”

...“So if I had to give percentages... WOW! It will be hard for me to do. I will say that what is interesting is that you know Latinos do not access mental health services until things are very, very bad generally, and often not in their own. So, that accessing services is often a last resort. They’ve tried everything else. Often still don’t find what they’re looking for because they don’t find enough therapists that are culturally competent, and the biggest problem is money. They don’t have the money or insurance to pay for mental health services. The number of providers is inadequate for the entire population, but incredibly so for Latinos. There’s just not enough. There’s not enough money, not enough people, not enough done early enough.”

The researcher stated: “So, the percentage of services geared to meet the needs of 30-40 percent of the population may be 5% when talking about bilingual-culturally competent providers....

Cecilia:

“Yes. It goes all the way up to 30% depending on where you are; it depends on how we define area. But in terms of state population, if we go to the state,

Latinos are about 30 to 40 percent of the population, which is a large percentage. The percentage of services geared to meet the needs of 30-40 percent of the population... Very small. Gosh, I am guessing... But specifically to attend to the needs of Latinos may be 5%... maybe... very small! Especially, if we're talking about bilingual-culturally competent providers... very small...

Noemi:

"Well, I guess something that we've talked a little bit about is just different geographical issue in the United States. ... (Southwest state) is not all like ... (Southwest city) in terms of the delivery of services. Austin I would say is much worse. Dallas is probably equally so and some of the smaller cities. Huston, I don't know. El Paso, I bet in some ways may be similar to ... (Southwest city). "And it's because we, just large numbers of Hispanic people living in the city force institutions to find ways to provide services for them. I think in some ways ... (name of city) is different because there is such a large population of Hispanics, even though the efforts to really train and have more folks available isn't where it should be, the providers. I think long ago there is parts of the city and of the systems that have began to recognize the problem and do have people trained or at least have identified people to whom they can turn if they need those services but it's because there's 52% of the population here. And so you would figure for 52% of the population, we would have tons of psychologists, Hispanic psychologists. I would guess there are less than 100. I would guess there's less than, there may be 50, 60 in"

Carmen:

"You know... we're here in ... right now. And there are 300 psychologists in ... and only 11 of them offer services bilingually and you interviewed one person yesterday (Noemi). In 1996 we did a study of the 300 psychologists in ... (Texas's city). We called all of them. And we asked them if they offer services bilingually, them personally. Only 11 in 1996 said that they offered services bilingually and nobody was trained to do it, not one of them. But they all got... they all got continuing education afterwards. You know when they realized that they were having to do this... they were being asked to translate instruments orally. They were being asked to deliver services because their employers wanted them to speak to the Spanish speaking population... when they didn't get trained to do that or to supervise somebody but they didn't get to do that in training. In 1996... "And that's why we started the program out of 300. And ... (Southwest's city) is 60% Latino. ...And we know that most of them speak Spanish, they are either bilingually or monolinguals. There's a large percentage of the population in ... (Southwest's city) that never learned English. *Las abuelitas, los abuelos, las tias, los tios* [The grandmothers, the grandfathers, the uncles, the aunts...] you know, they never learned English. You can live your

whole live in (Southwest's city) and never speak English. You don't have to, here. So 60% of the population in (A Southwest's city) is Latino and we have 300 psychologists and only 11 of those psychologists are... .. offer bilingual services... .. And they didn't get it in their training, their traditional training; they each have consulted with other professionals about how to do treatment in Spanish. They've attended seminars and workshops. They've consulted with professionals in other countries about this. They... you know... they seek out opportunities to learn and grow in those areas. But it wasn't part of their formal training so."

Table 4.13 summarizes the theme that emerged.

Table 4.13

Themes addressing the access and quality of Latino services

- The access and quality of Latino mental health services is determined by economics status (i.e. "if you're poor and you cannot afford a private practitioner then you have to go to public sectors and that's where problems come up").
 - Quality and access to mental health services is a system's problem.
 - There is a big disparity between the needs and the resources
 - Latinos are an underserved population (i.e. "in a Southwest's city about a third of the population is Latina and there are about a little more than half dozen of Spanish speaking therapists in town").
 - There is a pipeline problem. Even though psychology is the most popular mayor across the country there are fewer ethnic minority students in general.
 - Disparity in Latino mental health services is an offensive reality (i.e. "too much need and too little that's actually geared to meeting the needs in an area where 40% of the population is Latino").
 - The percentage of services geared to meet the needs of 30-40 percent of the population of a Southwest state may be 5% when talking about bilingual-culturally competent providers.
 - Latinos do not access mental health services until things are very bad generally, and often not in their own. Thus, accessing services is often the last resort; still Latinos don't find what they're looking for because there are not enough therapists that are culturally competent.
 - The biggest problem is money. Latinos don't have the money or insurance to pay for mental health services.
 - The number of providers is inadequate for the entire population, but incredibly so for Latinos (i.e. there's not enough money, not enough people, not enough done early enough). Efforts to provide services are often very little and very late.
 - Education, acculturation level, and economics are factors determining Latinos' access to mental health services.
-

Discussion:

The results indicate that disparity in Latino mental health services is likely to increase where the percentage of Latino population is greater. A survey done in 1996, in a city where Latinos are 60 % of the population, indicated that out of 300, there were 11 Spanish speaking psychologists providing services. Although accessing services is often the last resort for Latinos, they still don't find effective help because there are not enough therapists that are culturally competent. In participants' narratives, education, acculturation level, and economics status were identified as factors determining Latinos' access to mental health services; these factors have been identified in the literature (i.e. Padilla 1979; Garcia 1984; Dana 1993; 2000; Vega, et al., 1998, 1999; Lopez 2000).

In mental health and social services delivery systems, one often hears, "we will hire culturally competent providers, if they exist." Additional funding is needed to increase the Latino representation in psychology and to remove barriers for their recruitment. As the Office of Civic Rights (2000) indicated services denied, delayed or provided under adverse circumstances have serious and sometimes life threatening consequences and generally will constitute discrimination on the basis of national origin, in violation of Title VI. Moreover, by ensuring accurate client histories, better understanding of exit and discharge instructions, and better assurances of informed consent, providers will better protect themselves against tort liability, malpractice lawsuits, and charges of negligence. The duty of health and human service providers to ensure that all persons can meaningfully access programs and services flows from a host of additional sources, including federal and state laws and regulations, managed care

contracts, and health care accreditation organizations (Office of Civic Rights, 2000). The bottom line is what Cecilia stated about disparity: “it is offensive because there is so much need and so little that’s actually geared to meeting the needs. What is needed now? It is social awareness, commitment, a fair allocation of resources, and an investment in the future of the diverse U.S. society.

4.14 Managed Care Organizations

This section addresses the following focus of inquiry: when considering disparity issues, please comment on the quality of mental health services and the access that managed care organizations provide to Latinos populations. The discussion of managed care organizations focuses on the analysis of how it might or might not be contributing to disparity in Latino mental health services. The report of the results does not include a review of the social contribution of this national health care plan.

Participants’ voices:

Amparo:

....“that equation I cannot... answer because I don’t work with managed care. So, but I do know from, what I hear from my colleagues, the few colleagues that do work as that, it’s not good. It’s not good. ...the service through managed care are not culturally consistent, you know, it’s not good. But again, I don’t have any direct experiences...”

Norma:

“Well, first of all, I think Latino populations have very, very few choices. Many, I think there is literature that says that a very large numbers of Latinos prefer seeing cultural therapists, not all, but a pure large percentage but do not necessarily have access. And that is unfortunate. Managed care organization do not necessarily prioritize having Latino providers on their panel. They do not really care; they do not seem to prioritize that in my experience. At less, you

know... that they are required to offer or make that happen. An employer has to negotiate that and they are not always aware of that. I have a major concern with managed care organizations being intrusive in the content of therapy. utilization reviews require a whole lot of information that I think it is unnecessary for them to have and then that can feel offensive to all clients but also to Latino populations. I think the fact that socio economically, a large percentage of Latinos are in working class provisions means that they either don't have; that either their plans do not provide for mental health services or their HMOs. Many called up for services. I am in a preferred providers panel but now I am in a HMO, that is a very small group of people. So they have even less access. Many chose those clients because they pay less, so, socio-economic status issues are involved on the quality of mental health care. They have fewer numbers of sessions or bigger co-pays or bigger deductions, it means they do not seek services."

Apolina:

"Well, I think, it is... how do I want to put it... just the little bit I know about managed care organizations. First of all you have to have insurance. In order to be part of managed care system (Laughing). So, that's why is larger; it is a national priority issue... a state priority issue. You are not even going to be at the door of managed care if you don't have insurance. ...

... "In terms of the quality, I think managed care organizations are struggling with this because; they are really in business for business reasons. And I think they look at cultural competence as something that can be accomplished in half a day or a day. So, where on one hand, my impression here is in ... (name of state), that seem so far is that people are interested in serving the Latino population. They are certainly, have not gotten too far along in... as far as... providing Latino centered training to their providers, and looking at ways that Latino's could enter the system of managed care that would be more culturally responsive. You see, because what happens here is that ... I don't have to tell you, with... Latinos it depends on your level of acculturation... depends on your language proficiency and your socio economics status, or professional, or you know... or working status... As to... how people, even if who have insurance... are able to use the system...

"... So, again insurance it is not guarantee... anything... if you don't know how to enter bureaucratic system and you have to fill all these foolish forms and.... they are all in English and or even if they are translated... you wonder why they are asking me all these questions. You know, I came here for some help and you get the barrier, it is the protocol or... so I think the protocols are really a burden to... all people, but I think they become even more of a burden to people who are not socialized into these formal systems of care."

Cecilia:

“Managed care has only made it that much harder for Latinos to access the kind of service they need. As we need to be educating our people to be politically active, to be politically aware, to get their credentials to deal with the system on it’s own terms, knowing that as we learn the rules of the game, and we start to master game, the rules will change.”

Noemi:

“I don’t know about that. In my case, I chose not to get on many panels when I went into practice.”

When asked why, she described:

“Because, I’m not good with paperwork; they require a lot. I mean yeah, they require a lot of forms and that sort of thing, the reviews of utilization, and so on. And I was lucky enough because I do testing, so I was offered a number of contracts and because I could be assured of that income, I thought I could afford to let my client base build for people who could pay or who would be willing to go out of network and I decided to take Medicaid clients. Here, I mean that I take Medicaid clients partly because there are so few providers in (Southwest state’s city) that I feel a little responsibility to continue to provide services for people who can’t afford other services. And so, so I just, because I do so much Medicaid work I do feel like I’m under managed care. ...You know I don’t know... I guess I would have to say that I’ve never thought about it in those terms because I think *managed care screws a lot of people and I don’t think it makes a difference what color you are.* “They’re just...it isn’t always client friendly.” ... “Well in terms of being able to get access to providers that you want or need or and having the providers being able to provide the kind of service that they feel is necessary, it is a problem. Also there are *problems due to the limited numbers of visits, that sort of thing; visits are limited to eight or clients are only able to go to certain providers.* ... “Now I have had limited experience, I did get on one panel and that was because my client called her insurance company and said you don’t have any Latinos on your panel and I feel like I need to see a Hispanic woman. And so they allowed me to join the panel. So in that case they were open. And it’s an area of specialty what I offer. And if I were to put down when I apply that I’m Spanish speaking there would actually be an area of specialty that might allow me to get on the panel easier that somebody else that’s not bilingual.”

Carmen:

“Well actually I think that most Latinos in the United States, most Latino immigrants to the United States do not have access to quality mental health

benefits because they're of course within group differences... because people are coming over... because they are professionals all ready and they can afford whatever they want or they can negotiate benefits packages or whatever... But in the lot.. in the main... I think a large majority of our population are lower SES, under-skilled laborers who don't have access to quality mental health services through their benefits packages if they have benefits packages. They have HMO's that may prescribe three sessions to ten sessions in any given year for any given problem. And they might not have providers in their panel or experts on their panel who can deliver appropriate services to them. A lot of the HMO and PPO panels are closed to even people who are bilingual. They won't open up... the privileges... for referrals have to be within the network of providers."

...But I think managed care is neither managed or care. It's neither, well managed or caring." (Laughing)

Maria:

"Ya de eso hemos hablado, de la calidad de servicios mentales... y del acceso a managed care... eso es un desastre, pues eso hay que... no hay acceso... porque tienes que estar inventando o diciendo que no hablas el idioma o haciendo alguna trampa. Porque yo no creo que ellos son muy abiertos a que uno salga de allí, del sistema de ellos, y no hay quien provea los servicios dentro del mismo sistema de ellos, personas que estén calificados para hacerlo. No creo que estén haciéndolo." [We have already talked about the quality of mental health services... and the access to manage care.... that is a disaster....so there it has to... there is no access... because you have to make up things or say that you do not speak the language, or do some cheating. Because they are not too open to let one go out of their system and there is no one who can provide the services inside of their system, individuals who are qualified to do it]

Adelita:

"Let's see. Well I think when we look a mental health services in terms of managed care I think the disparity is even more amplified because you're working with agencies that are profit driven. The resources are even more... scarce because the dollar dictates the service. And I think even when you look at access to services the disparity is even more amplified because most Latinos don't have health insurance. So how could they even have access to managed care organizations? So you're excluding a large percentage of that population. So I guess you know once again when you actually have access or your foot in the door I think the quality also diminishes because it's driven by the dollar. ...And like I said, it deals with that access to the services and then the few that are there, they fall through the cracks. And so the quality also diminishes. You know if your mission is not to serve your client but to earn, to maximize your profit, then

a lot get lost. You know and often times what you see is that the quality of the services is also sacrificed if anything. It comes with that price. And so also when you look at managed care you have a select few of service providers. You know not everyone is accepted on these managed care panels. And so you have other issues, particularly when you look at people who are approving services. You know usually they are not people who are trained in psychology or have some kind of mental health understanding. So it's very scary."

Table 4.14 summarizes the themes that emerged in participants' narratives.

Table 4.14

Managed care organizations

- By reputation the service through managed care are not culturally consistent or good.
 - Managed care organization do not prioritize having Latino providers on their panel.
 - Employers are not always aware that they need to negotiate the inclusion of Spanish speaking providers.
 - A major concern is the intrusiveness in the content of therapy.
 - Utilization reviews require unnecessary information that can feel offensive to all clients but also to Latino populations.
 - A large percentage of Latinos are in working class provisions. Their plans do not provide for mental health services and they have less access. Socio-economic status issues are involved on the quality of mental health care (fewer numbers of sessions or bigger co-pays or bigger deductions).
 - Insurance is a larger national and state priority issue. In terms of the quality, managed care organizations are struggling. They are really in business for business reasons.
 - Disparity is even more amplified because these agencies are profit driven.
 - Managed care looks at cultural competence as something that can be accomplished in half a day or a day.
 - When interested in serving the Latino population, managed care has not gotten too far along in providing Latino centered training to their providers, or in looking at culturally responsive ways in which Latino could enter their system.
 - Managed care has only made it much harder for Latinos to access the kind of service they need.
 - Managed care screws a lot of people and it does not make a difference what color you are...it isn't always client friendly.
 - Managed care is neither well managed or caring.
-

Discussion:

In the analysis of how managed care organizations maintain disparity in Latino mental health services is summarized by participants' statements: "it is very scary... it is neither well managed or caring." The anticipated issues were treatment's intrusion, excessive documentation, and limited number of sessions allocated for treatment. Additionally, Latino psychologists are rarely encountered on provider panels. In general term, these views were validated in participants' narratives.

Why is this study interested in exploring managed care organizations? The first reason is obvious; it is the social plan addressing the health care needs of this society (Dana, Corner, And Allen, 1996; Dana, 1997, 1998). Here, the view is that this plan is facilitating and increasing the consolidation of disparity in Latino mental health services (the literature review supported this view, i.e. Aponte and Crouch, 1995; Scholle and Kelleher, 1998; U. S. Department of Health and Human Services, 1999; Provan and Carle, 2000). As Cecilia stated: "Managed care has only made it that much harder for Latinos to access the kind of service they need."

Participants' narrative indicated that utilization reviews (of HMOs) require unnecessary information that can feel offensive to all clients but also to Latino populations. Latino psychologists have choices such as to be or not to be in a provider panel and should they choose to participate, they will be burdened with paperwork. However, does the excessive documentation bring consequences for mental health services consumers? In the U. S., litigation is often used for conflict resolution and every statement in a psychological report must stand the scrutiny of lawyers and other

psychologists in court (Sattler, 1998). Does managed care's excessive documentation place consumers in vulnerable positions when they face legal problems? This question was not addressed in the interviews but merits further research.

Managed care protocols violate an important guideline of psychological practices one should "never make diagnostic statements based on insufficient data" (Sattler, 1998, p. 226). Obviously, there are many reasons for this guideline. The reason emphasized here is that the information provided can be taken out of context, misinterpreted, or misused, especially when clients are confronting legal issues. Although managed care imposes excessive documentation, it does not allocate the time to accurately collect it.

To illustrate:

"In many cases, time constraints begin with the authorization of two sessions for diagnostic interviews. This is followed by a request for a report that needs to contain specific information which varies according to policies and rules of each company. Most reports for prior authorization of mental health services require a description of chief complaint, diagnostic impressions, treatment plans, and an objective measure of goals to be accomplished. Most of the time, a non-Hispanic client can be assessed in 1 hour. During the second hour, the client is given feedback regarding the clinician's understanding of the chief complaint, the diagnosis, and the treatment goals identified during the intake interview" (Carbonell, 2000, p. 557).

...."What is possible to accomplish in two-50 minute sessions with a non-Hispanic client will take at least 4 to 6 hours with a Hispanic client" (Carbonell, p. 558).

Serving Latinos is often a more complex and time consuming process, and from participants' narratives it can be seen that the affiliation of these Latinas in provider panels has been occasional at best. From Noemi's narrative, one can speculate that

reimbursement may not be the central issue on deciding whether or not to participate in a HMO's provider panel.

Psychologists have choices. Clients do not have the same freedom. Here, the perspective of the consumer is emphasized because as Norma explained, "socio-economic status issues are involved on the quality of mental health care." For Latinos this means that "they have fewer numbers of sessions or bigger co-pays or bigger deductions, it means they do not seek services." Participants explained:"the disparity is even more amplified because you're working with agencies that are profit driven; the dollar dictates the service; they are in business for business reasons..." Moreover, when looking at access to services, "the disparity is even more amplified because most Latinos don't have health insurance." Participants' narratives validated this study's concern with managed care organizations' limited investment in providing culturally competent services.

Participants also validated the assertion that Latinos' acculturation levels need to be considered when addressing the disparity in mental health services including the quality and access to services. Attention clearly needs to be paid to facilitating access, especially for those most denied it now because of economic status, language barriers and comfort level with dealing with the HMO system. Moreover, the meaning of Maria's statement about it often being necessary to "do some cheating" requires further research. What are the psychological implications of accessing mental health services by cheating? Is access determined by acculturation level? Apolina's narrative suggested that this is the case. Those unused to such a bureaucratic system will be unable or unwilling to

surmount the protocol-based barriers and will not pursue what services that may be available in the system. Even those that do reach these services may not find them of use. There is a distinct relationship between access to services and acculturation, as well as access and cultural competence.

The results of this study emphasizes that cultural competence is essential in the assessment and treatment of Latinos, and that the service delivery process for this population may be complex. Why what is possible to accomplish in two-50 minute sessions with a non-Latino client may take at least 4 to 6 hours with a Latino client? To further understand participants' narratives and to respond to this question, a description of these issues is offered:

“Prior to the first clinical interview with the Hispanic client, several steps take place. The first is to obtain information about the client's mental health benefits. The second is to obtain authorization for the 2 hours of intake. Even if the client has transportation, directions may be required. Phone calls to the bus company are necessary in order to help the client identify the correct bus line for transportation to the office. Other times, phone calls are necessary to insurance to authorize transportation services. In this case, the client needs to be certified as being eligible for the transportation services, which require an explanation why the service is needed, and information such as client's policy numbers, date of birth, dates of service, and so on must be given to the insurance company. In the easiest instances, this process takes 1 hour to complete. Non-Hispanic clients can usually accomplish these tasks with relatively little assistance. They usually can fill out intake forms that help in the process of diagnosis and identification of treatment goals and plans. In contrasts, Hispanics clients need assistance filling out all the forms that are necessary for insurance billing purposes, intake, description of symptoms and problems, and so on, lengthening the intake process to 4 to 6 hours” (Carbonell, 2000, p. 558).

Norma's narrative indicates that one major concern with managed care organizations is the intrusiveness in the content of therapy. How is that intrusiveness manifested? That question was not asked in the interviews. Are Latinos over-

pathologized, misdiagnosed, or under-diagnosed? The results of this study have established that one consequence of the lack of cultural competence is over-pathologizing. In an effort to provide continuity of services in the context of a managed care organization, psychologists may emphasize some clinical symptoms such as suicidal ideation (i.e. over-pathologizing an Adjustment Reaction, Bereavement or Dysthymic Disorder). Intrusiveness in the content of therapy can take other forms such as a direct request to minimize symptoms (under-diagnosing; i.e. being asked to change a client's diagnosis from a Dysthymic Disorder to an Adjustment Reaction because the plan allocates different number of sessions to each diagnosis). Psychologists have learned to navigate through managed care's rules and secure reimbursement for services rendered. However, many ethical issues remain underneath. These issues are discussed in the literature, but additional research is needed to understand their impact on culturally diverse populations, and on increasing disparity (Glazer, 1992; Dana, 1993, 1996, 1998; Aponte and Crouch 1995)

This study's concern with health managed care organizations is not only practical. A theoretical question also emerged. Do mental health practices under managed care organizations illustrate the danger and abuse of eclectic theoretical application in psychological services? The industry of health managed care organizations seems to rely on metatheories to accomplish a goal, to reduce the cost of services, and to increase profit. It means that as a system, it takes from psychological theories whatever fits its economical interests, i.e. services emphasize brief therapy for long term problems by using the arguments of theories that support the view that other approaches foster client's

dependency on mental health services and so on. To elaborate on these statements is beyond the scope of this discussion. The topic is a research project in itself, meriting a literature review and theoretical inquiries.

The next narratives began to address the conclusions and contributions of this study.

4.15 Mapping the Discussion of Conclusions

Participants became active voices in the identification of the contributions and conclusions of this research. Three interview questions were designed to include their voices. This section addresses one of them: “What do you think I should keep in mind and consider when exploring disparity in Latino mental health services.”

This focus of inquiry gives participants the opportunity to reconsider their own voice and provide additional information. The question also honors the reciprocal qualitative posture.

Participants’ voices:

Amparo:

“I think what we need to do is to put it at a more centralized level. I think there is a movement to understand racial disparity in health to begin with, and in health services. Like some countries, in Scandinavia, they have psychologists as part of the government heading... I mean agencies to try to bring a psychological analysis to what’s going on in health and what have you, I think we need people who can bring a cultural analysis from a psychological perspective on these issues.”

“Basically what I’m saying is, unless we take a centralized, meaning using the system position, this is always going to be a symptom of something else. And I don’t mean, I think, I think it’s very important that our APA has been placing

psychologists in fellowships in the White House so they become public policy experts. I think we need more of that.”

Norma:

“In addition to... I mean, first of all, the definition of competency in providing Latino services is important and that is out in the literature. Understanding the cultural aspects, making sure language is understood. It is very difficult. It is not impossible; but it is difficult for White psychologists to understand the nuances of the Latino culture. You know, I get it, right away. It is not that White psychologists will not be able to help a Latino. It is that just they do not get it in the same way. That in some ways is not different from my working with a mother who is struggling with being a parent and I never been a parent. I never have children, you know, I am the oldest of seven kids and I have a stepdaughter, but it is not the same than having your own kid, so I have to try harder to understand that. I think that working hard to get competency in service delivery is very important, as well as research and training.”

... Well, I think the racism involved in all the institutions, the discrimination and the prejudices. I have a client here the other day who works some a translator in the court system, and she was in tears about the unfairness of some of the judges, you know. She sees day in and day out the treatment of Spanish speaking people who are in front of the court. She can see the racism and she feels powerless to be able to affect any things, her role is being a translator.”

“So, I think that racism probably exist in all settings, you know, the biases, the unawareness, I think we have moved for the most part from blatant discrimination to subtle discrimination; when sometimes perpetrators, themselves, are not conscious of what they are doing and it is very insidious and very difficult to see. You know, in the forensic area is where it is the most dangerous, I think, in many ways. Determinations, you know... like you were saying a while ago, in the determinations for Social Security benefits, workers compensation, social services, and so on. The disparities are incredible. ... So, you know... it is hard to talk about disparity in Latino mental health services without looking at the whole picture.”

“You, know... I was talking to someone the other day: and this is really getting a little bit out of rack. But here in ... (Southwest state), someone from the Department of human services was talking about how the controller in the state, a republican, cut and cut, and cut the state budget to make it appear as if there was a surplus; to help Jorge Bush to get elected president. So, the Department of Human Services, which first of all this state has a very poor record of providing human services, we are 46 or 47 in the country; and there is now a backlog, that department is 20 millions dollars bellow their budget. There is 2 years backlog of

disable and poor people, who do not get services that is that department alone; that is evil, in my opinion. I think that happen every where when there are people, I hope you are not...Excuse me, if you are Republican, but I am talking about people like George Bush, who has no idea, no idea of the impact of these polices and their maneuvers.”

Apolina:

“Look at the contributing factors to disparity, ok, we know disparity exists, so we have to say, why does it exists? Ok, so this is where you go back to who is being prepared to be a provider? What is the curriculum like? What are the practicum and supervision experiences like? What kind of research are we involving our students in? Ok, and that if is research that helps us to understand the population so that we then can provide more relevant services and address the disparity that way. Are we able to address disparity by providing services in different communities where they don’t exist? You know, what are the services that exists and what are we doing to improve the existence of those services; so, I think what you have to do is to work backwards, I think assume that disparity exists, ok, and then say what are the contributing factors of disparity, and where are they... in terms of addressing those disparities. So it is almost as putting a road map, you know... working backwards. And I think on the other side of... disparity is in the middle so you work backwards until you say where are the contributing factors of disparity, here in the middle. And then what are the consequences of the disparity on the other side. So the consequences are you know, perhaps more drop out of schools, or more people, it could be disparity leads to... *como se dice*... [How do you say it] more dysfunctional family behavior, are more people being... their children taken away from them, and becoming part of child protective services? I mean those are, I think, all consequences of disparity, because you don’t have interventions that are culturally appropriate or available.”

Noemi:

“For me the issue of class is a big one. ...Because I think in terms of understanding social roles and how a therapist might see people or be treated and understand people I think it’s important.”

Class issues are also reflected in service delivery systems. Noemi explained:

“I don’t know. Again, I don’t know if that’s kind of a class issue, if a lot of the folks who end up going to school would rather be doctors than psychologist. But there are... I mean there’s a large association of Mexican American physicians here in ... (Southwest state’s city). There aren’t enough of us psychologists to create a group.

...Well the American, the Association of Mexican American Physicians has like hundreds of members... Now you're talking about different disciplines. You're talking about you know... internal medicine, and cardiology, and psychiatry, and pediatric and anything. But there's a lot more of them. Now... a lot of them are immigrants. There are a number of Cuban doctors, here. There are a number of Puerto Rican doctors here. There is a number of Mexican from Mexico doctors...Panamanian doctors. So that's, even though it is called the Association for Mexican American Physicians, it's really kind of the Association for Hispanic Physicians. ...Mental health services are not always going to be provided by licensed psychologist. That's the other side of it is we do have a lot of master's level people. I would say there's a lot more bilingual doctors and psychiatrist than there are psychologists. Class issues needs to be considered when exploring disparity and Latino culture.

Carmen:

“Well I mean the questions that you've asked have been you know fairly broad and you can bring in anything you want into them. You know I would probably want to make sure that when you're communicating to others what they need to be keeping in mind are language issues in particular and also diversity issues *within Latinos and Latino psychology that we have within group diversity* which is more different than our between group differences... in terms of our values, our beliefs, our political histories, our, you know... our country's histories. We come from Communist countries. We come from all races. We come from blending of races. We got the Asians happening on the west coast. We got the... you know... Asian Latinos, tons of Asian Latinos. We got the... you know... African Caribbean Latinos... We've got *mestizaje* happening. We have Europeans happening. We have all this other diversity within our group and also we have major class differences....And sometimes the differences between classes are greater than the differences between any other cultures, or within any other culture or group or whatever, gender even.”

Maria:

“The census is not working... (Laughing). It does not work. The Hispanic people are not going to go write about it ... no census... first...you know that they're not going to put that information there. And if you're illegal, you're not going to put it there at all. Why would you do that? I don't think people are telling the whole truth. People who are illegal are not coming out to fill out forms. Plus, we don't believe in paperwork. You don't have time to do paperwork either. Maybe if they pay them to do the paperwork maybe... that will be an incentive you know for them to do it. But I don't, you know even if they tried to go home-by-home... like they did... who is going to provide that information? You know you're not going to just say yeah, I'm illegal. You're not going to take that risk. You don't

do it. They ask you for a number, you give a number. But why would you they don't see no benefits for that. They don't have, I mean people don't have time for doing that."

The researcher asked Maria: "So in your opinion the numbers of illegal is very high?"

Maria:

"I think it's high. I think they're high here. They're high. It was a, I mean people have numbers. It doesn't mean they're... .. and I have a lot of people who have a number and they pass certain reports and they're not reported according to immigration the number it's okay. But they still are illegal and they still live with that fear that they're going to be deported any minute." And you know what happens, you know if I get deported what happens with the house? What happens with my kids? You know... that happens all the time.... .. A lot of people don't talk because they don't trust. And you know you can get sometimes the women to talk about it. But they don't even dare to let their husband will find out that you were talking about that. But you do have clients who come and talk about how was it for them you know coming here illegal if they have to, you know if they got raped if they didn't get raped. I mean how was it, coming back and forth. You know how many times did you have to cross the river or people you know I have clients you know have fear for the water because they you know when the river made sounds... they almost died. And they had to do it many times. So they finally crossed the river and then they came here. You know they don't even, they can't even go over the bridge or..."

The researcher asked Maria to estimate, out of every 10 individuals, how many were illegal.

Maria:

"I think maybe eight. I think a lot of people have problems you know they're waiting to see the permit. Even if they're legal, they're waiting to see if they're going to get a permit for next year so they can do plans. What are you going to do... what's going to happen to you. The kids are all living in the same situation. And if you don't have legal papers then... it gets worse. Or if you have to marry someone to give you the papers or you know... you have to figure a way of doing it. Or people who have them, I mean, there's always something about immigration and their status."

Adelita:

“Well I think that any time you have any crucial information that you pass it on.

...One of those ways might be speaking in conferences which you're doing already and I think also passing on that information to people who are in those key positions like the people who serve on boards or people, the executives... and passing on this information and say, “look, this is my dissertation. These are my findings. These are things that you need to be aware of... you know.” And also holding them accountable you know to these disparities.”

Table 4.15 summarizes and documents participants' contributions to this research.

Table 4.15

Additional considerations when exploring disparity

- Disparity needs to be addressed at a government centralized level and psychologists need to be included in government activities as public policy experts.
- The legal immigration status of Latinos population and the impact that immigration status has in the U.S. Census.
- Immigration status is an ongoing stress in the lives of many Latinos
- To look at the whole political picture, the racisms involved in all the institutions, the discrimination and the prejudices, cultural competency and class issues.
- To pass on information, and hold people in positions of power accountable
- To understand the Latino within group diversity and the complexity of other factors such as economics, ethnic mixture, and sexual orientation (the diversity of everything).
- The sequence of analysis: Disparity exists. Why does it exist? What are the contributing factors to disparity? Who is being prepared to be a provider? What is the curriculum like? What are the practicum and supervision experiences like? What kind of research are we involving our students in? Is research helping us to understand the population so that we then can provide more relevant services and address the disparity that way? Are we able to address disparity by providing services in different communities where they don't exist? What are the services that exists and what are we doing do to improve those services. What are the consequences of disparity?

Discussion:

Again, participants' statements validated a view of this study; to explore disparity in Latino mental health services is to observe the cultural competence of psychology as a field. Participants also emphasized a systems approach in which psychology needs to be part of government policy making processes. The evaluation of disparity in Latino mental health services requires considering different professional levels and other helping professions. From participants' discussion of what else is important when addressing disparity in Latino mental health services, the relevance of looking at the whole political picture emerged, including the need to examine the consequences of disparity in specific areas (educations, social and health services, and so on). Apolina asked an important question. "What are the consequences of disparity? The answer turned into a new narrative located in the appendix (A.1). Research addressing the consequence of disparity exists; however, this type of research requires further and closer attention. At a national level, demographic trends in geographic regions need to be considered. This reflection engendered a narrative of inquiries and solutions located in the appendix (A.3).

During data analysis and report of results another common experience with disparity in Latino mental health services emerged. Although the results do not provide a detailed narrative of how Latinos are over-pathologized and misdiagnosed in clinical practices, in the transcripts some of these stories did emerge.

The following discussion reports additional reflections. In Cecilia's encounter, one finds the narrative that Latino culture' spontaneous capacity for sister-and-brotherhood, a spontaneous style of interaction, often gets misinterpreted in clinical

settings and in social interactions with the dominant culture. In general, there is a social tendency to pathologize or mistrust the behavior of individuals who deviate from dominant behavioral norms. More often than not, the culture of Latinos emphasizes spontaneous sharing, giving, and collaborating without agendas. This is a relevant issue in treatment and assessment of Latinos.

Over-pathologizing is one issue; under-diagnosis is another. Both contribute to the cultural incompetence that is maintaining disparity in Latino mental health services. When dealing with members of culturally diverse group, psychologists should not put aside their commonsense judgment and skills. Sometimes, in the name of respecting the individual's culture, practitioners neglect the clients' issues (i.e. when flat affect and poor eye contact are automatically interpreted as indicating cultural behaviors or norms). In this example, psychologists put aside their clinical skills and fail to explore depression. Another example is found in Noemi's transcripts. Children with language developmental disorders and other learning disabilities may not be tested out of "respect for their culture," the roots of their problems are considered a lack of educational experience or difficulties encountered in the process of learning a second language (acculturation level).

As the field of psychology addresses disparity, time is a value that needs to be considered. It takes twice the energy and time to understand two worldviews (Gil and Vegas, 1996). Latinos can not be served adequately within the time protocols used for members of the dominant culture because their acculturation levels, ethnic identity, and being a member of a minority group brings additional challenges in the delivery of services (Carbonell, 2000). Norma explained that "Understanding the cultural aspects,

making sure language is understood, it is very difficult.” Thus, neglecting the allocation of extra time is another form of disparity in Latino mental health delivery. Current mental health practices tend to favor short time treatment interventions. But what can be accomplished with the time allocated varies not only according to the presenting problem but also according to social status and categorizations. The length of treatment is not an issue for individuals who can afford services in the private sector; it is an issue for the chronically mental ill person and for the poor (Dana, 1998; Brown, Ojeda Wyn & Levan 2000). The quality and quantity of services gets compromised by the allocation of time, which is often equated with funding.

Amparo’s narrative describes the mourning and homesick feelings of Latinos. Often, the immigrant’s mourning for the loss of familiar cultural contexts is not sufficiently appreciated or valued as relevant to the individuals’ psychological functioning (Gonsalves, 1992). While the loss of relationships and separation from love ones are assumed, those nostalgic feelings for the physical surrounding, the food, music, customs, intellectual life, and so on, receive less attention (Falicov, 1998).

On the topic of immigration issues, according to the Census 2000, 281.4 million people resided in the United States, and 35.3 millions or about 13 percent, were Latinos. The U.S. Census Bureau’s report issued in May 2001 indicated that the growth rates *within the Latino populations* have varied. Mexican increased by 52%, from 13.5 million to 20.6 million. Puerto Rican increased 24.9%, from 2.7 million to 3.4 million. Cubans increased by 18.9%, from 1.0 million to 1.2 million. Latinos who reported other origin increased 96.9%, from 5.1 million to 10.0 million (1.7 million were Central Americans,

1.4 million were South Americans and 765,000 were Dominicans). Between 1990 and 2000, Latinos who reported other origin presented an increase of 22.8%. In 2000, Central Americans represented 4.8% of the total Latino population. There were 6555,000 Salvadorian, (1.9%); 372,000 Guatemalans (1.1 %); and 218,000 Hondurans, (.6 %). From South America, there were 471,000 Colombian (1.3%); 261,000 Ecuadorians (0.75%) and 234,000 Peruvian (0.7%). These figures might be misleading. They do not include several million of Latinos without legal immigration status. Anecdotal narratives of social workers and mental health practitioners suggest that in their case loads one out of three Latinos is an undocumented immigrant. In Maria's experience, 8 out of 10 Latinos have some type of issue with their immigration status. The estimate offered by this researcher is 50 percent in Minnesota and 80 percent in California.

The psychological and social ramifications of immigration status are rarely addressed in the literature; it is like a family secret. Some scholars indicated that is better to avoid calling the attention to government agencies about these issues because Latino may suffer negative consequences (like one recalls in the mid and late 1990s). While the wisdom of this protective posture is obvious, one should consider the social implications of a secret that is shared with Americans providing employment for these undocumented individuals and with the U. S. Internal Revenue Office collecting their taxes. Additionally, access to services is mandatory when families confront government intervention. *Undocumented residents are not eligible for government funded mental health services, and this is a problem relevant in Child Protection Services and in treatment of chemical dependency and chronic mental illness.* How, a government

agency handles this problem varies across the nation. The social stress and emotional consequences that immigration has in psychological functioning and parenting should not be ignored in the delivery of Latino mental health services (Martin-Baro, 1989; Gonsalves, 1992; Falicov 1998).

The next narrative focuses on participants' responses to the identification of educational and economic factors that contribute to disparity in Latino mental health services.

4.16 Educational and Economical Factors that Contribute to Disparity

This focus of inquiry documents the diversity of perspectives found when participants addressed the following question: "Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology."

Participant's narratives:

Norma:

"This is a big issue; the American Psychological Association is trying to do some work in this area. There is a project that former APA president Dick Suinn actually chaired few years ago, called CEMRRAT, it is a commission on ethnic minority recruitment and retention. It was like a five year study that it did lead to the identification of some of the problems and evaluated issues and concerns, all the way through the pipeline. I think that only 12 percent all psychologists are ethnic minorities and only half of those are members of the American Psychological Association."

"The American Psychological Association is engaged in a variety of projects, for example, every year there is a Dick Suinn achievement award that goes to doctoral programs in psychology that meet some criteria that have expanded the curriculum in multiculturalism, that have certain percentage of ethnic minority's students and ethnic minority faculty, and so on. So there is a variety of efforts

being made, this is one example of outcome, trying to get ethnic minority psychologists involved in state leadership conferences. There is money that is being devoted to trying to do this.”

“So it is like, psychology, organized professional psychology has to make all kind of efforts in many, many, many different ways to try to increase the percentage of ethnic minorities and part of that is trying to make it less racist, you know, because institutional racisms exist in every institution in this country, including psychology; trying to make it more attractive to ethnic minorities, which is difficult to do. Also training, there is no way to have enough Latinos to provide services to Latino populations, so we will have to be training our White counterparts, I think that is one of the major efforts that is being made in departments across the country. Different States Boards are changing their licensing requirements to ensure that there is a cultural dimension of competence, Massachusetts has done it, and few other states are working to do that. Making sure that every one becomes culturally competent is another way to meet Latino mental health needs, no that we will have enough Latino psychologists, there is no way, or even social workers, or counselors.”

Apolina:

“Bueno yo creo que hay ciertas cosas aqui.” [Well, I believe that there are certain things here] *“El enfoque en Latinos* [the focus on Latinos] in education has never been the priority... *numero uno*, [number one] whether it is public education, higher education; it has not been the priority. *–“Socioeconomic conditions, yo creo que Latinos se han...* [I believe that Latinos have been]... the view of Latinos has been from a deficit model, so there is even an assumption that if you are Latino, you’re poor. So, there is without a qualm kind of benign neglect to hostile neglect, and so the systems of care *hasta recién no han puesto importancia en el Latino*” [... .. until recently have not placed importance in the Latino].

“Y eso son... yo creo que por razones de racismo más que nada [and those are... I believe it is for reasons of racism, more than any thing else]. *Y no viendo a la persona Latino más que cómo una...* Almost like a... *un obrero o una persona que tiene que...* struggle... *y no nos han visto con poder y corazón e importancia.* [And viewing the Latino person more like...almost like a...as working class or a person who has to struggle... and we have not been viewed as having power, heart, and importance] So the structure, it is not in place.”

“So, *cuando hablamos de* [when we talk about] healthcare system... when you talk about school systems, and legal systems, structures are not in place to deliver services... Or even have access to services. I mean they are two different things. Particularly if you are talking about mental health and I don’t think psychology has been proactive as a profession. And you know we are teaching a counseling

Latinos course *aquí en la universidad* [here in the university] the first time that it has been taught, I mean this *es una vergüenza* [... .. is a shame]. I don't know how many other schools in the southwest or California *enseñan un curso en particular acerca de Latinos pero me imagino que hay pocos o nada* [teach a particular course about Latinos, but I imagine that there are few or none].”

Cecilia:

“... ..this next question here... .. it relates to the fact that 60% of our kids drop out of high school. With 60% drop out rates in high school, who's going to college? And if you don't go to college you can't go to graduate school. If you don't go to graduate school, you can't get a master's degree in counseling, you can't become a psychologist, and only with those credentials can you have the jobs that make you a service provider in many of our mental health agencies. Para-professionals are sometimes utilized, but then they don't education to help their own people as much as their hearts want to help, so we have again... that big disparity between the needs and the resources....

...There is the neglect that does happen and the role of psychology ideally would be to bridge that gap, to make that a smaller gap between those who need services and those who get services. But right now it's huge. It's a huge gap, and the field is divided. Only Latinos who are more acculturated, who speak English, who have insurance, who are somewhat educated really can access the mental health system to any degree. It's cumbersome, it's bureaucratic, it's cold, impersonal and it burns out good people very fast.”

Noemi:

“I think it was really the whole melting pot notion, the whole assimilation model that really believed that if they were here they should be working to be like us. And if they were working to be like us then we could use whatever methods we had to treat and assess them that were working for us because they were trying to be good Americans. And it was a slow resistance and realization. Well, it was a resistance and it was a slow realization for the fact that that wasn't actually happening, that it wasn't, everybody wasn't assimilating. And that those who weren't assimilating, were having difficulties that needed to be looked at through a different lens, perhaps. And that the models that we had weren't necessarily wrong but weren't adequate enough, weren't large enough to encompass what needed to be included in them.

“So I think that overall American mentality was a big one. And I psychology by virtue of the fact that it came from that kind of mentality also neglected the notion that people might have different issues or different needs in terms of mental health. They might even understand mental health in different ways. I mean that,

that whole concept, kind of blew them out of the water. I think anthropology was there much more before we were in terms of their understanding of that.”

Carmen:

“I may have talked a little bit about this one too, I mean commenting on the economic conditions or structures contributing to the social neglect of Latino mental health needs and on the role of psychology. Well you know one thing that we didn’t talk about is that I think that if we look at the higher education across the United States and we looked at the tenured faculty across the United States, 90% of them are going to be White and most of them are going to be male. That is a fact. When you ask about those conditions that contribute to the neglect of Latino mental health needs, we need to put that into a context of who’s training our mental health providers, right, okay. Then when we look at the tenure review process and the promotion review process we discover that most universities consider earliest most research universities consider multicultural, consider gender issues, ethnic specific issues or racial issues as really nice social justice causes but not serious disciplines for serious study. Okay?”

“Now you have new generations of psychologists coming out of training programs who have been more exposed to these issues. We have many more ethnic and racial minority and women psychologists graduating. In the pipelines right now, APAGS (American Psychological Association Graduate Students) has about 500 ethnic and racial minority students who are members of APAGS. And that’s a lot. Not all of them are going to go into psychology or into academic life. But of those few that do, many of them may choose to become experts in multiculturalism or gender issues or both or ethnic specific or racial specific areas of study.”

“So here we have most of the people tenure faculty are White Americans, most of them are male and most of them are probably going to be on tenure review committees. And then we have a generation gap between the tenured faculty, White men in general and the new faculty who are interested in something different or researching something different and when it comes time for their review, they’re being told that they’re not publishing in the right journals, that their areas of study are not social justice causes, that they’re not true science, not true science of study. And when they don’t get promoted or tenured... they’re invited to leave. And they can’t get a multicultural program going on in their programs because they don’t have senior faculty members directing those programs or teaching those classes.”

“And so we have a system that uses junior faculty to teach the none-critical courses in the program, the non-core courses in the program because nobody values multiculturalism and gender issues as core to the study in the field of

psychology. And so it's not surprising to me that therefore we don't have enough competently trained professionals in the delivery of multicultural and multilingual services, to... anybody. And like I described earlier, those people who are, did it after their training. I didn't have any one requirement to have a multicultural class or a cultural origins class... in my doctoral program. I have learned how to do that since."

Adelita:

"The educational conditions... I think when you look at persons who are interested in mental health; it has to be a certain type of individuals. You know I think it has to be a person who is altruistic, a person who has an affinity with their own ethnic heritage. I think there are a number of factors that contribute to the educational conditions. I think for example when you look at the persons who are interested in cultural psychology or multi-cultural psychology or ethnic psychology, I think that you see some common trends. I think all of those are related."

"But when you look at the educational conditions I think that education is no different from other institutions of learning or any bureaucracy in that they're very, they're very alienating towards people of color. And they're very alienating in terms of Latino students because there's this large incongruence. You know the whole model of education is very European. It's very middle class. And it's not, it's not welcoming of people who are, don't fit that kind of mold. So, I think that because you have those assumptions in education, you're not training people to be compassionate. You know you're not, because if anything what's valued is competition. You know I think if you think of what's valued as a certain type of thinking, you know this kind of philosophical and so when it comes to things like community service you know they're not valued."

"So I think when you look at the educational system and the conditions that are in play in terms of the structures, they're incongruent with what you need in cultural psychology because that kind of field calls for collaboration. It calls for different types of thinking, different types of working with people. It's all so different. And I think that that contributes to the neglect of the mental health needs of Latinos."

"You know even if you go back to that whole recruitment process when you look at curriculum, when you look at training, all those factors play in and I think when you look at the social economic... a person has to have some kind of resource to go to school because it's very costly. And so that person has to be aware of resources that might be available. And so now you're looking at other factors in terms of like where that person went to school. What kind of training did they have? What kind of opportunities? Do they have mentors? Do they have people

who will help them in the educational process to kind of get in? So I think all those factors are all interrelated. And when you look at any of those macrostructures, they're all designed to keep us out, to keep us in the margin. And they're all created to further oppress people and provide privileges for those who are already privileged."

"So I think when we look at the role of psychology, psychology is no different. I think we're even worse because when we look at our paradigms, when we look at the research that has been conducted, it's also very... mainstream... It's also very exclusive. You know it's very elite and it do not value other types of knowing, other types of research, other types of conceptualization, and other paradigms. So you have these bipolarizations being created. You know when that whole thing of psychology being a soft science, you know so you have to have these experiments and they have to have all these other things that are really... that don't provide you with the means and the mechanisms to look at culture, that don't allow you to look at social forces."

"You know when you look at qualitative research, you know... as we know, qualitative research is not valued in psychology. But when you look at, when you're trying to take an inductive approach, you need qualitative research. You know you need feminist research because you want the informant to be or the participant to be the expert and not the other way around. You want your data to come from those experiences versus with quantitative research, you're pretty much... you know... you have everything already established. And you're just trying to prove it in one-way or another. So I think that we need major paradigm shifts in psychology. We need these major paradigm shifts in our educational system. And we need major shifts in our political system as well. You know where the underrepresented are being served, where they have a voice. So I think they're all interconnected..."

"So that's unfortunate when we look at our field of psychology because it has also perpetuated these disparities and these atrocities."

The researcher asked "How have perpetuated it? Tell me a little bit about perpetuating it."

Adelita:

"Well, (laughing)...I think when you look at like educational psychology and this whole notion of intelligence, that's one classic example how you have the psychologists using these standardized tests that were created in Europe and then translated. But they still have these European or Eurocentric ways of you know conceptualizing intelligence; or having this assumption that there's only one type

of intelligence. Well Gardner says that there are 12... There are different types of intelligence. But yet these tests only tap into one form or perhaps two forms. And so here you have these monolingual children being tested and all of a sudden they're being tracked into these classes where they don't belong. You know all of a sudden they're being labeled as unintelligent and all these other things. And so that carries on you know into their lives, not just in school; but also in terms of their employment and other choices that they make. And so I think that's and then worse yet you have laws that were created where you have policies that were adapted from intelligence tests... you know when you look... And so even like our educational system you know you see that as well when you look at GRE scores or SAT scores. You know like all of a sudden they carry all this weight. But we know that they have minimal predictive validity and all these other things. And now finally educators are catching on and they're recognizing that they're not valid tests. I think that's just one classic example."

....So yeah, I love psychology. But I also find myself experiencing these clashes, these cultural clashes and these heartache also... you know I think more than anything."

The researcher asked: "Why? Tell me why."

Adelita:

"Because I don't think sometimes psychologists recognize the power that they have and the power of the decisions that they make... You know you can spend some time, you can spend one or two hours with the person and yet the decisions that you make or what you put in paper will affect that person for the rest of their life or for a large portion of their life. And I think that we often fail to recognize the impact that we have."

Table 4.16 provides a summary of participants' themes.

Table 4.16

Socio-economic structures of disparity and the role of psychology

- The American Psychological Association is engaged in a variety of projects, for example, the Dick Suinn achievement award
- There is no way to have enough Latinos to provide services to Latino populations, so we will have to be training our White counterparts.
- Making sure that every one becomes culturally competent is another way to meet Latino mental health needs.
- Organized professional psychology has to make all kind of efforts to try to increase the percentage of ethnic minorities and part of that is trying to make it

less racist, institutional racisms exist in every institution in this country, including psychology.

- Making mental health fields attractive to ethnic minorities is difficult to do.
 - In education, the focus on Latino education has never been the priority (public or higher education).
 - The neglect ranges from benign to hostile and more than any thing else the reason is racism.
 - The systems of care until recently have not placed importance in Latino populations
 - In psychology, Latinos have not been viewed as having power, heart, and importance.
 - Latinos has been viewed from a deficit model, if you are Latino by definition you're poor.
 - Healthcare, educational, and legal systems structures are not in place to deliver services, or to have access to services.
 - Psychology has not been proactive as a profession (i.e. courses addressing Latino psychology are just recently beginning to be exist).
 - There is a big disparity between the needs and the resources, the role of psychology ideally would be to bridge that gap, to make the gap between those who need services and those who get services smaller.
 - The gap in services is huge and the field is divided.
 - With 60% drop out rates in high school, who's going to college?
 - Latinos who are more acculturated, who speak English, who have insurance, who are somewhat educated really can access, to some degree, the mental health system.
 - The mental health system is cumbersome, bureaucratic, cold, impersonal, and it burns out good people very fast.
 - A real understanding of what diversity means is missing.
 - Who's training our mental health providers? If we look at the higher education across the United States and we looked at the tenured faculty across the United States, 90% of them are going to be White and most of them are going to be male.
 - Major paradigm shifts are needed in our educational system, in psychology, and in our political system as well.
 - Educational macrostructures are designed to keep Latinos out, and to further oppress people and provide privileges for those who are already privileged.
 - A person has to have some kind of resource to go to school because it's very costly.
 - Sometimes psychologists do not recognize the power that they have and the power of the decisions that they make.
-

Discussion:

A central research question was: How do Latina psychologists explain the roots of disparity in mental health services for Latino populations? This research stems from the view that educational systems in general and the field of psychology specifically are not the only contexts that shape the future practices of psychologists. They are only part of the social forces that need to be considered when exploring disparity in Latino mental health services. As Adelita stated:

“...all those factors are all interrelated.... and when you look at any of those macrostructures, they're all designed to keep us out, to keep us in the margin. And they're all created to further oppress people and provide privileges for those who are already privileged.” So I think when we look at the role of psychology, psychology is no different. I think we're even worse because when we look at our paradigms, when we look at the research that has been conducted, it's also very... mainstream... It is also very exclusive. You know it is very elite and it do not value other types of knowing, other types of research, other types of conceptualization, and other paradigms. So you have these bipolarizations being created. You know when that whole thing of psychology being a soft science, you know so you have to have these experiments and they have to have all these other things that are really... that don't provide you with the means and the mechanisms to look at culture, that don't allow you to look at social forces. You know when you look at qualitative research, you know... as we know, qualitative research is not valued in psychology. But when you look at, when you're trying to take an inductive approach, you need qualitative research. You know you need feminist research because you want the informant to be or the participant to be the expert and not the other way around. You want your data to come from those experiences versus with quantitative research, you're pretty much... you know... you have everything already established. And you're just “So that's unfortunate when we look at our field of psychology because it has also perpetuated these disparities and these atrocities.”

Exploring disparity is to explore power. As Adelita pointed out, sometimes psychologists do not recognize the power that they have and the power of the decisions that they make. This point requires close examination from a different perspective; the powerless position that the field assumes when the task is to decrease the gap in services

for people of color. In psychology most ethical violations are abuse or misuse of power. Awareness of power usage is an issue that needs to be further explored in mental health and educational practices.

When commenting on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology, participants' variety of perspectives validated political, personal and theoretical views of this study. One important perspective is that racism is institutionalized (Fanon, 1967; Jones 1997; Kambon, 1998; Wilson, 1998). Norma explained:

“So it is like, psychology, organized professional psychology has to make all kind of efforts in many, many, many different ways to try to increase the percentage of ethnic minorities and part of that is trying to make it less racist, you know, because institutional racism exist in every institution in this country, including psychology.”

In conclusion, directly and indirectly participants stated that to address disparity in Latino mental health services is to address institutionalized racism. To address racism requires paradigm shifts in psychology and changes in educational systems and political structures (Bulhan, 1985; Essed, 1990; Jones 1997; Guthrie, 1998). In psychology, this shift includes accepting different research methods, understanding cultural diversity, and assuming responsibility about the social power that psychologists have. Ideological changes are not enough. Changes will come from engaging in actions. Moreover, since the cost of education determines access to psychological training, education is a privilege of privileged individuals. When members of non-privileged groups access education, they face special challenges.

The next two narratives focus on education: what helped participants to survive the educational and social structures that support or contribute to disparity and definitions of tokenism. They address the participants' coping skills and strategies used to complete their education while enduring the emotional consequences of being token.

4.17 Participants' Coping skills and Strategies

This focus of inquiry addressed participants' personal stories when responding to the following questions: What coping skills or strategies did you use to complete your education and training as a psychologist. As previously stated, the analysis of this question included a personal perspective. Therefore, in the discussion of the results the researcher's narrative is included. Validation of participants' subjective experience is the intent of this inquiry. The entire narratives are therefore presented, including the researcher's probing.

Participants' voices:

Amparo:

“Again Sonia, this is very contextualized because when I talk to people about this, because students like to know well, what do you do that would help, which is great, I say, well I can tell you my story, but you have to remember that was my story at that era, I was a woman, this and this and that, you may have to sort of get the essence and change. One incidence, very, very specific, when I went for my Ph.D.; I was clear that I wanted to go to a program first and for that they would pay for me, because I did not have money and I was coming from Puerto Rico, at that point, still there was socialized education. So if you have a good grade, you don't pay, and it's like \$5 per credit or something, anyway I had all kinds of fellowships, remember if you're poor, and if you're black, but if you're intelligent it would help you, so it was luck. And, so I didn't have to get any loans. I worked, you know, but I got all fellowships. So my mindset is, “I'm going to pay for an education, no, this is the government, should educate me.” You know I should not pay for it. This is a right. I have a right to be educated! You know...

if I'm a good student, why not. Well people who are educated shouldn't be wasting money on them. So I came with this pet theory and I said I'm not going to go to any school that is going to tell me I that I have to pay them.

"And, number two, I need to have a group of minorities to speak with, I know what's going to happen, I'm going to get destroyed. If I'm the Lone Ranger, I'm going to get destroyed. It doesn't matter how bright I think I am, they're going to kill me. Because they made their rules, they say your behavior is inappropriate, so I knew all that stuff."

"So, okay... So, I got accepted in several programs, and all the programs wanted me to pay. I said you don't want me to come to your program. So, I was very luck that the University of... .. gave me a fellowship and had a critical mass of minority students, which I met when I went to the interviews. Not only minorities but also it had a Latino component. So what did I do? I went there and because I had, you know, like you... I went back to school after being a psychologist, I was delivering clinical services, let's put it that way. So I organized the Latino students in the department...."

"First of all I developed a group of Latinos and all this was luck, okay, because I would have wanted to do XYZ, but if the land was not fertile, I would not be able to do nothing. I found an African American professor, who knew some Spanish and he was brave enough to supervise us doing therapy in Spanish. Okay? He had to fight a lot in the department. But see again, this is a department that I knew it was progressive. Anyway, but the other Latinos, we got together and we developed a critical team. And, not only were we delivering services to students who were Latinos at the university, we were doing community work, and on top of that, that became our surrogate family. So, we were checking reality. Oh, you remember so and so--what I heard-- no that guy is no way..." you need that. You need that support. You need to strategize. I mean this all came from a psychology of liberation perspective. That was survival. That's why I was able to do my Ph.D. just like this (snapped fingers) bomb. bomb. People say, "Oh it took you two years, how is that possible?" because I didn't have to spend energy fighting. Because, I had my group... We were checking reality. We were strategizing. We were learning from each other's experiences. We were feeling good about ourselves because we were delivering a service. And we knew that we were good, and our clients were improving. That's how I was able to do what I did. Otherwise, who knows, I may have not finished my Ph.D. Okay? So...

"Coping skills. Well you know I knew how to, when to keep my mouth shut. You cannot fight all the battles. That I learned in Puerto Rico a long time ago."

A theme echoed by other participants emerged: "you have to pick up your mentors." Amparo described:

“Another thing I tell students is that you need mentors and you cannot wait for people to mentor you, you have to pick up your mentors. Okay. So, besides this professor, I remember there was a woman there who, people said... well she’s okay... but I sense something different in her and I didn’t know what it was. So, I took a course with her and then I found out what it was. She had been living part of her life in Canada, even though she was an American. I said okay (snapped fingers) so this woman knows what it’s like to be different. She knows what it’s like to be in a different cultural, in a different country. The point is that I identified people who have certain traits... Nobody is going to be like you, and many of these people, I mean I would never dream that they would see themselves in me. But I try to identify in them some experience that could open up the door just to entertain the possibility that things could be different; I got mentored by gays, by lesbians, you know people who are different. You just have to, that’s why I believe so much in solidarity. And that’s a problem I have with our issues, Latinos, African Americans. We tend to buy the system, Cubans vs. Puerto Ricans; Mexican Americans and Puerto Ricans against South Americans; African Americans against Asians Americans.¹⁰ That’s what they want us to do. See this is the type of thing that we’re talking in our Latino world and this is the type of thing I’m trying to do in my work at a professional level with organizations. Some people are quite open to it. Others are too much in pain that they think their pain is the only pain.”

A theme related to this study is “pick your battles,” and Amparo described:

“So, you know, you just have to pick your battles. You know who is workable, and it’s not that they’re not going to change, see sometimes you are in a developmental stage, in a political developmental stage, in an ethnic racial identity developmental stage, in an immigration cultural stage, who knows; in a spiritual stage. Why fight it. Come back later on. Five years. They may be in a completely different stage, and that has happened to me so many times. I’ve seen people that I have asked them to vote with us let’s say in APA, they don’t want to deal with it. And some of my colleagues say “Oh so and so is this,” well he is like that now, and I don’t know how he is going to be tomorrow. So you go back. Pick your battles.”

“The other thing I did, I chose theoretical areas that were reacting against the mainstream. At that point, community and cognitive behaviorism were reacting

¹⁰ “To buy the system” is a metaphoric expression indicating that the system sells ideas, behaviors, and attitudes to maintain a social order. We become consumers, we buy them. It means to accept in the exchange a reality that has political intentions.

against dynamic. (Here, Amparo is referring to Psychodynamic theories) So I said I'm jumping on this wagon. Because this is the same thing I'm doing. And at least if I can translate this and this is similar to what you're doing when, otherwise I would not be able to do my dissertation. If you don't have a common language, no matter who you are, you can have Jesus Christ, Ali, whoever, Buddha, next to you, they're not going to mean anything. You are not going to have anybody powerful behind you; if you don't communicate with them... it's nothing. So, and because of linguistic problems, I have always been very interested in psycholinguistics. I did a lot of work, study... in fact; I wanted to study in Canada, at McGill, because they have a wonderful psycholinguistic program. That was one of my passions, but anyway, that's another story.

Norma:

Laughing...“Ok. I do not have doubts that one of the most important coping skills has to do with bonding and connecting with other ethnic minority students in the program and of course, in the university. That is a source of support. I think about my friend Ana G, with whom I was trained. She and I went to graduate school together at the exact same, period of time, and we were like sisters at the time. We were like sisters and we see each other now like two times in a year, even though we live in the same city” (Laughing). You know, that is because life took us in different directions in the regular basis; that is one of the ways, you survive. It is very, very, helpful to have an APA minority fellowship. Ana and I; we both received one and we were in one the first cohorts, we were the first ones to receive it, and they gave out 20 that first year. No every one is aware that APA has a minority fellowship program. It provided a source of support, as well as a sore of constructive pressure, one I had that award I felt like I could not quit, even though I felt like at times, because it will be a failure to the program, so I felt that sore of responsibility; and also my hometown community was very supportive. So, I felt a whole lot of support, even though I was living in a different city, there were family members and friends and so on...always asking how are you doing? What do you need? ... and so on.”

The researcher asked Norma: “What were the circumstances or factors that made you to contemplate sometimes quitting?”

Norma:

“Oh, the very first semester, the very first test I got back, I made an F on the test. I just was devastated and I thought; I do not belong here, I do not fit; they made a mistake.” (Laughing)...I quickly figured out what the professor needed and preceded to make A and Bs in the tests, and after that I got a B in the course. You know, but there were experiences like that, various experiences. Also I got a divorce, from my first marriage, during that time, and that was very difficult, very

stressful. I do not think that really contribute to my thinking about quitting; but I remember wondering, because one of my grandmother said: “*es la educación.*” [It is the education]. You know, she blamed it in the education.” Laughing she added: “Fortunately, my grandfather said, “*no, no, no es eso.*” [No, no, it is not that]. But I wondered! I wondered if I was I doing the right thing...It was a whole lot of questioning because no one in the family had got a college degree, much less a graduate degree; Although, my mother got a college degree while I was in graduate school. Yes, I was very proud of her. Those were some of the strategies.”

“I remember two other incidents. I remember being told that Ana and I were both Ginny-pigs in being accepted into the program, because our G. R. E (Graduate Record Examination) scores were not as high as the others. The average G. R. E. was 1,275, mine was barely over a 1,000. You know, I remember telling the head of the department, (or the head of the section and she named the person), how bad I felt that my G. R. E score was not higher. He just smiled and he said; I did a research project over several years, looking at the relationship between the highest G. R. E. scores and the ability to complete the program; and he said there is an inverse relationship, the brightest students do not finish.” (Laughing... Norma stated). He was very kind to tell me that... (Laughing) But that was a struggle for a while. Having a couple of students angry at me when I got the APA minority fellowship, they felt, they literarily said, that if they have been allowed to compete, their scores were better, and they will have got it. They were talking about their G. R. E. scores.

“So, envy at the affirmative actions aspect of this scholarship. Probably, it was my very presence in the program. Other things, slight racist sore of reactions, like, I remember one of my professors. I walked in, he was one of my advisors, I walk in after walking way across campus in the middle of the summer, and I was sweaty, all raw, and I am sure I smelled that way and I walked into his office, and he got up and opened the window. You know, I felt the shame and embarrassment. There were incidents like that, you know, that came up, that were just very painful, and I remember thinking about it; and now, in my life if something like that happen I will talk about; but, I was too ashamed at the time, and I kept it privately. What I did, they way I coped with that was, that first I felt so hurt and ashamed, but then angry. What I did with the anger was to decide to do well; it was sore of a healthy fuel for me to do well. Finish, complete, and show everybody; like to prove it; so, that was like a healthy redirection of my pain.”

Apolina:

“...Coping skills and strategies... *Bueno lo que tuve que hacer yo para especialmente completar el doctorado es que cuando yo me meto en...* [Well,

what I have to do, especially to complete the doctorate is that when I enter in... *Cuando yo me pongo una meta me quedo muy enfocada y siempre... bueno crecí sabiendo bien... que a la gente Mexicana siempre se veía como gente que no podía cumplir* educationally.” [When I have a goal I stay focused and always...well, I grew up knowing well... that Mexican people were always viewed as people who could not perform educationally]. So, I had that message, *y para mí entonces siempre ha sido necesario e importante que yo cumpliera lo que empezara*. [... .. and for me then it has been always important and necessary to complete what I have been started] So that has been sore of my own drive, my own internal drive being... knowing... being Mexican. That was sore of my drive. So, if you can call that as a coping skill as a motivator that... *que veía esto como una necesidad*. [... ..that I was seeing this as a necessity] *Pero también tenía uno o dos amigos como recursos... pero más que eso, nada*. [But I also have one or two friend as resources (meaning support)...however, besides that there was nothing] I think it was really just determination. It was at lot of determination, and I didn't want to embarrass anybody or disappoint anybody or look bad *especialmente siendo Latina* [especially being Latina]. So I don't know I guess it was almost like a negative reinforcement. It was on one hand negative, *lo quería*...[I wanted it] but... I don't know that I just stayed with the goal.”

The researcher asked Apolina: “I have a question. Was the experience painful?”

Apolina:

“No!

The researcher then asked: “What year did you...”

Apolina:

“I graduated in 78... “You know, when I was... all my education... I have been... typically the only Latina, so that is not unusual for me, I mean it was not unusual at that time... as an undergraduate, as a master's student, and then going to my doctoral program. *Ahi conocí a otros Latinos*, but they were in other doctoral programs, not my program, counseling psychology. *Después vinieron otros a [Later came other to] counseling psychology*. But I was the only one in my class *que era Latina* [who was Latina]. So... you know... you always had to deal in a white world and that teaches you what to do educationally.... So it was not painful from an ethnic racial point of view, I mean I did not have any overt discrimination, or you know... I was with a group of people; we all were struggling to get a doctorate. But I was very aware of who I was, in the mix of all of that and I was aware that there were.... And I do not want to say that anyone had a low expectation that I was not going to make it... But I also knew that they were... since I was the only Latina... I had to make it. So it was not painful in

that... from that point of view... being in the program. I think that I had a lot of resources, while... I was a High school counselor, I was in a known entity and they were supporting me in doing what I was doing, as a doctoral student.”

The researcher asked Apolina: “Did you have... at lot of resources.”

Apolina:

“In terms of people...people *apoyándome*...[supporting me] It was valued... what I was doing was valued where I worked. And that is important.”

The researcher asked Apolina if she retained her normal support systems.

Apolina:

“Yeah, I did. It was not family... it was not family support system, it was work support systems... you know... a couple of friends, I was married at the time, but... that was it... I did not have the family around me. I took off one semester to finish writing my dissertation, but throughout that time, I worked and went to school.”

Cecilia:

“What did I use to complete my education? (After laughing hard, she continued).

“Well, a lot of prayer. A lot of persistence, a lot of stubbornness, and I have a lot of support. I was lucky; I had some friends who were banging their heads against the same walls, so I wasn’t alone. And I had a supportive husband and family. I was brought up bilingual and bicultural that was a huge help. But, it was also very... very hard to have people in my own class say to me “you’re only in graduate school because you are Latina; “You only got here because you’re the token, you will not make it!” That was very hard. There was racism in graduate school. And though there were a lot of subtle messages that were given to me that I didn’t belong, that I would never fit in, that I might as well get out now; I think their expectations for me were very low. I don’t think people thought I would make it; by in large.”

The researcher asked: “When you say people, you are referring to peers or faculty?”

Cecilia:

“Both, faculty and peers. The peers that I had that were supportive were also ethnic minority. There was no other Latina. But there was an African American

woman, and she and I became very good friends. There were two Latinos, one in my program and another in counseling psych on the other side of campus, but we somehow found each other. And we became like family. We encouraged each other and helped each other and that was very, very important in making it through. But, I watched so many tragedies. When I entered graduate school, there were four Latinos who were in the entire program. Two of them dropped out within twenty-four months of me entering. Two of us made; one Latino and one Latina, and we were the only two that made it, and I think we're still the only two that have made it in the last fifteen years.

The researcher stated: "The last fifteen years, wow!

Cecilia:

"Fifteen years in clinical psychology. There's more now... that are coming up now... but ...there are very, very, few... very few.

The researcher stated: "So... family helped you."

Cecilia:

"They prayed for me. They'd come and visit me from New Mexico, which was good... Very, very good. Even if they don't understand exactly what I was doing and why I was doing it, they gave me their blessing and that helped a lot. It helped a lot to have a husband who understood what I was doing and never stopped me, only encouraged me. He is with the children now, so that we can do this. He's always like that... .. He is an exceptional man; I wouldn't have made it through without him. I know that."

Noemi:

"I'm trying to think because... I think it was different at different times in my career. It was different for my Bachelor's Degree and my Master's Degree and my PhD. I think again being Presbyterian is a big deal because there are all the people of color in the Presbyterian denomination equal 5%. I think we may have moved up to 7% of the entire denomination.

"So being a minority has always been an issue or has been, yeah, it has been kind of a part of my identity... both in all circles. And my family was very involved at the church at the local and national level. And so I've had a lot of experiences and been able to do a lot of things... because the church insists on representation... equal representation. And so there are not a lot of Hispanics to choose from. So I was able to do a lot of things that I might not of otherwise have been able to do. It was just kind of an interesting awareness I think. I just think

part of the time I was kind of in denial of like what a big deal it was when I went to college; for example, 1200 students and maybe 150 of them were non-white and that included our IS, you know... our international students. So that was you know; there weren't very many of us.... It was a small liberal arts college and so in the very black and white town of east (Southwest state), (Southwest state and city). So I think it was a building awareness there although I would say that at the time, in high school and in college I would say that there was, it didn't always, it sometimes felt like the lack of acceptance. I think it was easy to translate, the lack of kind of acceptance into the larger group as something wrong with me, as opposed to something that was an issue of race or ethnicity."

At this point, the researcher stated: "I found very interesting that statement, "something is wrong with me. Tell me more. Elaborate a little more."

Noemi:

"Well I think that the issue of sort of being everybody's body or everybody's friend. I mean I was able to do that in high school and in college. But people form cliques and when there's not enough of you to form a clique then your expectation is you will belong to one of the other cliques and when you don't, there's, there is a sense. Like it didn't occur to me then that it might be because of my ethnicity. It just felt like it must have been something about me that wasn't working right. And so I'm not sure there was a coping strategy there. It was just kind of a defense... you just keep going.... And master's level here when I came back I knew that I had gotten in because they needed Hispanic students because I didn't even finish my application. I graduated in May. I had gone to inquire about the program. And at the end of June the director of the clinical program said we've got your letter of interest and we want to accept you but we can't unless you send us the rest of your application. Now I am guessing that they would not have done that for anybody else here in (Southwest state's city). And it's because they needed students of color."

Carmen:

"Well I probably did what came natural to me to complete my training. I relied on other people for support and help. I fell back on my family. I fell back on my friends. I you know, the program in which I was, the students were fairly independent after the second year or so we often wouldn't have classes together. It would be all separated and you know even though I was able to develop very close friendships with them, it was different. And so I probably, I used the support systems that I had as a coping skill and strategy to get myself through the program. I used... you know... my partner helped me a lot... with my dissertation in terms of helping me to analyze my data, in terms of helping me to change it... I finished my dissertation...I started my dissertation under the old

APA style manual and finished under the new one... so everything had to be reformatted. And he helped me there...you know... he always asked me every day, "So how are you doing on this? What progress did you make today?" And my family would ask me that too. And so... you know... and my friends and I had very good advisors. But they were very, very busy. And they wouldn't work harder than I was working. And you know... how that is... you know."

The researcher asked: "What do you mean they were very busy?"

Carmen:

"It took me quite a while to get somebody to agree to chair my dissertation."

The researcher asked: "How long?"

Carmen:

"Well it took me a while. I mean it's hard for me to remember. It's been almost ten years now. But I would say you know I had to do a lot of cajoling to get the person that I wanted. And then I had to agree, then I had to have two co-chairs so that they could split the responsibility because they were both overwhelmed." ...

... "Yeah, it took me a while. Not a year, but it took, I had to do a quite a bit of cajoling and promises that I'd be working fairly independently and I wouldn't be, you know needed to tax them too much... You know. And I got myself you know a very lovely committee who was willing to help me on different parts of it and that kind of thing so. So that's what I did in my program to get through."

Maria:

The researcher told Maria: "in the next question, I am really trying to figure out what have helped people to obtain their degrees and to finish school."

"Well... (Laughing)...Will! "What do you do? I mean you have to survive! I mean I survived! I think you need to survive, now I am talking as a student, when you don't know how to write well and you don't have like... when you were going to school in there you have to do these test... first oral test. If you have to do tests... forget about that. You don't know how. But... writing is even more difficult. And if you have forty minutes or an hour to do it, you know, it gets more complicated because you cannot do it in an hour. You know it takes me more, I remember once they had to have a test for two hours. And I told doctor... (name of professor) do you know what? It takes me... I'm very good at doing these MMPIs... because, I am, and you can see all my reports. Do you know how many hours it takes me to do that... and how many hours it takes me to write that report? I'm not going to be able to do that final. And I'm going... I'm going to

fail. And I'm very worried because you're measuring me by time here. You know well that I can't do this. And then they gave me extra time and my first year of school... it was awful. I mean I could not write... I could listen to the class and I could understand but I could not take notes because I was not able to do both. I understand the class and if I have a question I could ask. But I could not write. You know and most of the time there wasn't a book. It was very different or most of the teachers don't tell you exactly what's in the book. They talk to you about something else and they give you the book so you read something else."

"I'll come home crying all the time. It was like I didn't know what to do. I said: I'm not going to be able to make this because I can't do it. So I did find a way for myself, I had to tape my classes and I'd come home and I'd transcribed all my classes, each class. I have to ask people to give me notes you know if I didn't have time to do it. I have to put all the extra hours... I go to class and then I have to come home and sit down and write down and go backwards and so I'd understand what he said. And go look in the dictionary, to know what this and that mean? You know it was just awful. So then, I figure out that I could make it but that I needed to take an extra year because I could not take the whole amount of classes. So, then that's what I ended up doing so... I could finally graduate."

"You know but for the first year I was taping each one of my classes. Then, you know what it takes a student to do a report, it would take me hours, just hours trying because... you know... my husband would read my reports and he would just tell me and... He said... you're writing in Spanish. You're putting the words in English. But this is Spanish grammar, you know. So you know, I have to learn, I have to pay people to help me to do the big papers and to teach me how to write up stuff because I didn't have skills... no a clue and it was not easy... and then you have to write at the level of the doctoral degree too, which is more... you know... higher. So, it was very tough. I mean it was... because you know... it took a while and I cried a lot. I mean it was just like what the heck am I doing here. Why am I doing this again? And then feeling like you know in my country I went to school and it was hard. I mean... I'm not going to say it wasn't hard but you feel like you can do it. It's not so here, even though I think the education was different and it was much better there and there is a difference... that process is a different thing. You know but here it's just ready to kill you."

The researcher asked: "It was ready to kill you?"

Maria:

"It was because everything was like a thing you have to go...you know... to jump... to like *un obstáculo* [like an obstacle] you have to go through. It's just like; everything was just like... Oh God! How I am going to do that? And classes

and that's because it's me... I can go up and say I don't understand what you're doing or what are you saying? or what do you mean by that. But if I didn't have that personality I don't know what else I would have done. Or maybe I just had to stop, I mean I became like that because I had to. I mean it's just like... it was like I cannot stop myself from saying 'what the heck are you talking about? What do you mean by that? What is this'...you know... all these terms that I don't know what they were saying or what they mean or phrases that are... popular here. That I was not familiar with, not only the clinical terms you know... those you learn. You look in the book and stuff. But when things are regular you know... daily things that people talk about or expressions of people... you see is like what does that mean? What do you mean by that? You know it's like I don't understand what you're saying... So I would, you know, I always felt like it was always something. It was like oh my God, another thing that I have to do."

"So I'm very glad I did it. I'm very proud of myself too that I did it. But I don't know if I would have been able to make it without the support... I have not only the support from my spouse and my family but also my friends. I had a very good group in school, a study group, so they were very helpful. But I don't think it is common... it's not like the norm here, because in school everybody is going in their own way. People are working. They're very busy, you know...But, I happened to find a good study group that helped, we helped each other, but it was also like... I was like disabled, like I have to put double work with everything. You know... everything was like three times more than what others were doing. So... and I'm very glad that they had the system that you do some of the work at home... the test at home, the papers... at home... because that was very helpful for me... because then I could spend all day if I wanted. And it was not that I wanted... but that I needed it, then, I really needed it. And other people, it would just take them less, not much. So, I took more years. It was not only that, you know... you have to go through the internships or the rotations and all that... and that becomes more complicated, because then you have this Hispanic mind working with all those White minds and it's not easy because we don't agree in what we're all doing in how we should do things and... so it was it was stressful. And I'm the student. I'm not the professor; you know... the doctor... or the person with the doctoral degree. So it was complicated."

The researcher asked Maria: "How do you compare your experience in Venezuela with your doctoral experience in ... (Midwest state)?"

Maria:

"I think in Venezuela it was more... I think it was a much better education. I think there was more, you know here it seems like it's more books. You need to learn all these books, all the texts, all the things, and all the little stuff. And in Venezuela it was more practical. Okay, you start seeing clients after the first

year. You get more supervision. I mean I think that as training... I think it was much better there. Even though at that time, psychologists were not as popular as they are now, and there was not a big amount of people going through the system as they have now go over there. But, I think it was a more complete experience. And I think, it was harder; I mean if I take the language out. I mean if I had the same education here. I mean if I have the same education just in the same language you know I think the one that I had there was much harder then the one that I had here.”

The researcher asked Maria: “Harder? In what sense is harder?”

Maria:

“Oh, in the works that we have to do and the practice with the patients that we have to see, the work, the reports, the study... what we had to read. It was more... more complete... I think. You know it was more, they had more... more perspectives in there.”

The researcher stated: “I get the impression that we survive in Latin America education differently, we survive more by our ability to question and to debate and this is the most relevant aspect of training... in addition to complete the assigned school work.”

Maria:

“Yes, but the debate was available. I mean you can debate there. You can’t debate too much here because then you become the problem. I think I went to school... (Laughing).

“I was in school for five years. And I think I went to see the dean six times, you know the dean, not the school counselor... to complain and you know, I was arguing about this and that... you know. And people would tell me sometimes even professors would tell me... “You can do that because you are... You can get away with that because you’re Hispanic. But if you were from here you can’t do that.”

The researcher asked: “And what did they mean?”

Maria:

“Because I am Hispanic then they will give me like special treatment because then they will get in trouble if they don’t hear me. You know but they will not get in trouble if they don’t hear somebody who is from this culture because they’re supposedly...you know it’s like... You’re like this goal that they have in the

school... It's a number... they can have thirty students in one class but one Hispanic. So that's the one that counts, right now, for their numbers, now they need an Asian guy and they need African American people. So they have all these little few minorities that they have to have for numbers. So they don't want us unhappy there. You know and especially if they're going through the APA approval and all that junk. You know they want us there. They want our opinion. You know... they want to keep us happy. You know... so and I don't remember any of my friends going to school and talk to the dean about anything."

The researcher asked Maria: "What were the reasons you had to be talking to the Dean?"

Maria:

"I was not satisfied with the classes. I was not satisfied with what they were doing. I think they were.... we were having classes... you know... we have teachers who will go there and read the book. I said...I could read the book at home. You now... I said I'm not coming; do I need to come here? Actually, they count attendance if I don't come, then I lose points. And I said, "Well why I should come here if this person is reading to me the book?" I can read the same book at home and I don't need to come here. And maybe I don't even have to pay. You know... we could just come for the test. I mean... I said... 'I don't think I'm learning.' You know... and then they changed the entire curriculum. And they make us do more classes; things that we've already seen, and forcing us to see them again. It was like... this is a waste; we already did this. You're charging more money for that... And other people would complain but just go with the flow you know. And it's like..."

The researcher asked Maria: "Why did they go with the flow?"

Maria:

"I mean they'd complain in the halls... like between classes. But nobody would go and do something. You know nobody goes and say what they are thinking or complain about it or... you know in Venezuela... (Laughing))... If we have a problem in the school...school stops... because the students may wait.... and that's it. And they have to listen to us. You know and I'm not saying that I'm as I'm in favor of that (Here, Maria is referring to students' movements and strikes). I mean... but I think people should have the right to be heard. I don't think we should have accepted what was going on. I don't think we should be silent; we're paying there. I think we should. And I don't think I was complaining for silly things or that I didn't have followers. I did have people who would follow me. I would have people who'd tell me: 'you're right and we don't like it. But we don't do that. I mean... you are on your own.'

“I remember one class we were... it was about family therapy... (Laughing). And I had this professor saying how she remembered when she had her first orgasm... it was when she was riding a horse, when she was... I don’t know how old.” And I got up and I said, “I appreciate you sharing with us. But I’m here to learn about family therapy. So what are we going to do here? Because, I really don’t care about how you had your first orgasm. I really don’t care about that.” So, how is this related to what we’re doing here? And then people were saying... ‘You do not do that! Although, I knew that everybody was thinking the same... and then she just looked at me... and then... she went back to what she needed to do. So, do not think that... I don’t understand. I mean I’m not there for... to listen to people to talk to me about anything, you know we’re there to learn. And if I don’t see quality, I complain. So... I was always complaining... You know... no always... but if I felt like I had the right... And I didn’t think they ever gave me the right. They would say, “Well but you know... you’re complaining a lot.” But I still feel good that I went to complain because I felt like I have to. But I think that’s part of how the people are here and... I do not understand... they’re paying... Sometimes I was taking classes that I felt were like for undergraduate school, not even for graduate school. So why are we doing this? “Well... because that’s how it is.’ Who said that? I mean, who said that?”

“And it’s just like when I have to... I remember I had to take this test to enter school. And I can’t remember the name of the test. I went to the library. It’s a test that everybody takes here. And at that time, my English was very bad. And even writing and they were counting time and I went to the library. And I looked through the examples... so I will practice. And I looked at that... and it was like... that is... .. I’m not doing this. This is just completely stupid. And I called the school and I said, “I’m not doing this. So if you don’t want me in this school, fine. But I think this is not fair. You know you already have my telephone numbers, which I think is important to have. But why do you want me to have this test? You know I’m married. I don’t speak English that well; I mean... it is not my first language. And I’m going to fail that test and I’m not going to get a good grade. And I don’t think it’s fair for me. ‘So you guys discuss if you want me there or not but I am not doing it!’... And of course, I never had to take the test.”

The researcher asked Maria: “What test are you talking about, the Graduate Record Examination?”

Maria:

“I can’t remember which one it was. I’m so glad I did not take it. I can’t remember the name but I said, “I’m not taking it.” It’s like I looked at that thing, and it was like... I’m not even spending time doing this. How is this related to what I have to do? And it was because I didn’t go to high school here. I didn’t go

to school here and they wanted that junk. I don't know what the name of it was. And I said, "You got my grades from Venezuela. You got my stuff. It's all translated. That's all you need. And if it doesn't work, you know... thank you very much. But I'm not doing it. And then so people would say... you know other students say... that sometimes they thought they spoiled me more... like I get away with things because I'm a minority. I'd say, "No, I don't get away with things because I'm a minority. It's just because it's not fair." Why should I do it? "But you live in America, they said." "That's right, I live in America. But I didn't grow up here. And this is not my first time going to school... I don't even know how to write... Because I didn't know how to write, I had to always be asking for help to people to help me to write things. So yeah, it's different. That's about my coping skills I guess... (Laughing)."

Adelita:

"Coping strategies, tokenism, oh my gosh! Okay. I think one of the things that helped me in terms of my own coping strategy was the fact that I have a sister who is also a psychologist. And I think she was very influential in terms of my own development, my own identity. For example, I remember she went to USB in Santa Barbara and so she went to school at a very radical time. And so I remember her coming and talking about the great boycott. You know and she was always having these radical ideas. And I remember learning from her, you know the term Chicana and how we had to be proud of our heritage and how it was important to be proud of who we were, although we live in the Barrio. And so I think that provided me with a solid foundation and also my parents are very supportive of all of us in that they allowed us to be who we wanted to be. They didn't put restrictions although there was some sexism in terms of my brothers, they had more privileges. But when it came to us like they never told us that we couldn't go to college or we couldn't do anything. So I think that that helped me also. And so whenever I found myself being very taxed out or exhausted or stressed or whatever I would call my sister and just talk to her. And she was very supportive. And she'd say, "Yeah, I went through that. I know what you mean."

"And so sometimes I would have to fly home from wherever I lived just to be with my family and to feel nourished and supported. You know and so they would always remind me you know we believe in you and we believe that you know what you're doing is important. So they would give me support also.

"My friends also were very supportive, although, they often didn't understand my experience."

The researcher asked: "What was your experience?"

Adelita:

“A very negative one... if anything,,, “I think I was very, when I was a master’s student, I think I was very fortunate in that like I said Miguel was my advisor and so he helped me a lot you know in terms of my development, in terms of learning the ropes, learning the system and all those things. But when I went on for my doctorate program in (Midwest state) there was no Miguel. And so here I was in a small cohort of six people. I was the only Latina. And so it was very difficult because my classmates, the first day of class we all got together and we went out for lunch. And during that lunch they all tried to size everyone up. And what I mean by that is they all tried to say okay, you are probably an affirmative action... excuse me... applicant and blah, blah, blah. And they were talking about me. And I’m like whoa. And that was very painful because I remember telling them no. I got called the same day. I was one of the first ones to be accepted. And it was a White, male colleague who was angry with me because he said that he was an alternate. And so basically what he was telling me was that I had taken his place because I was an affirmative action applicant. And I’m like, no, that’s not true. I’m here by my own merits just like you are. And so that continued on and on and on and on.”

“And so it was a very painful experience. It was very isolating, very alienating. And also living in the Midwest was also very different for me because all of the sudden I was clearly different from everyone you know like black hair, my quote and unquote accent whatever that meant and my whole experienced. The fact that I loved my family and talked about them all the time and talked about my nana and so people didn’t know what to make of me you know. So that was very difficult. And so what I had to do was really reach out to my community and then reach out to other people at school. And if anything we formed a Latino student group. So there was some positive outcome. And so we would come together and kind of share our struggles and just support one another.”

The researcher asked: “What were the struggles that as a Latina student you had that other graduate students did not have?”

Adelita:

“Well, I think the first thing is that there was an assumption that... the whole notion of tokenism, you know. I could have gone into; I could have earned my master’s in Harvard. It wouldn’t have matter because to them I was just a poor person. I was this “ethnic minority”. I did not go to private school. My family, you know my family, my parents are from working class backgrounds... So all of those factors, you know I didn’t speak like them you know. My ways of being were different. Just everything just kind of put me like in this outsider position. And so I felt myself, I felt I always had to prove myself. And so I remember early

on when we would have our assignments returned and everyone would always assume that I wrote the worst paper when in fact sometimes I was a better writer than them and so they would get upset; So, all these notions and assumptions of inferiority.”

The researcher asked Adelita: “Okay. So did you, did you must do a doctorate in an environment that was constantly saying to you that you were inferior...Did I understand you right?”

Adelita:

“Hum... That was, yes, that was it. So what I did actually because that environment was not conducive. It was not healthy. Yes I grew stronger as an individual. And it was my first time also seeking therapy, you know. And so the help was an experience, which was also helpful, and my therapist was actually a psychoanalyst. White... and so when I would talk about, I would say things like you know I know I’m a brown person. And he couldn’t see that. And so it was hard for him to understand what I meant by that. And he’s like, “But you’re white.” And I’d say, “No, but inside I’m brown” (Laughing).

The researcher asked Adelita: “... .. you say unhealthy, an unhealthy environment. What made the environment of that school unhealthy?”

Adelita:

“Well all those factors. The fact that I mean it was, it’s a given that most graduate programs but particularly doctorate programs when you’re at these Ivy League Schools are extremely competitive... And so they create a hostile environment where you have students working against each other, not collaborating. Where you have students hiding resources; where you have students fighting amongst each other for very scarce resources like the teaching positions or scholarships or other things. That was, that was difficult because I come from a large family. And we all know that we all have to work together and pull together... And so my experience as a student has always been to work with other students. And so here I was in an environment that did not embrace any of those things that did not even embrace my experience. And so and then you also have faculty members that did not look like me, did not value what I had to offer. And so there was a lot of conflict with them as well that I had with them because they were teaching these very white European types of therapies or theories or anything and so I would challenge them. And so I would get into arguments with them and so they labeled me as a troublemaker you know... And it was interesting because another student could speak their mind and they would value that. That person was being assertive. And then I spoke my mind and I was categorized as being aggressive or hostile.”

The researcher asked Adelita: “Were you respected intellectually?”

Adelita:

“Not initially. I think I had to prove myself. And it wasn’t until like... when I was very productive in graduate school... like I presented at several conferences and I also published. And so that helped to give me some kind of credence... But it took a lot... it took a lot of work...”

The researcher asked Adelita: “If I got you right, what helped you, it was the support of the community and the support of friends and family.... How community?”

Adelita:

“Well the community meaning that it was my school community outside of my department and when we would come together as Latino graduate students but also working in the community and like everything I did was purposely designed to help the Latino community. So for example I created several programs that were for like Latino adolescence. And so I tried to apply what I was learning to real life and so I directed it to the community. And so for me that was very rewarding that although I couldn’t, I didn’t receive the support or the services that I needed that I wasn’t going to let that prevent me from doing the same for people who needed it. And so I grew from that also... And I was able to meet a lot of other caring individuals from various backgrounds... And so that had to... kind of... fill the void that I had in terms of school.”...

....And I know that it’s a common experience you know. I think that there are other men and women who chronicled have had those same experiences. But I think the irony of all of this is that... recently I’d say about three weeks ago my advisor nominated me for a very competitive program. And so I won the award you know. And so it’s a very prestigious award. And for me it’s kind of like... oh... you see. (Laughing) So it was very affirming. It was like okay finally... but you know. So it’s kind of ironic like poetic justice in many ways... So... yeah!”

“It’s an award called... the Award of Academic Excellence. And so I competed, I mean it was a very competitive program or whatever they want to call it where they want to recognize these “scholars.” And so to beat out many others was just very validating... I guess. But for me it’s like okay. It’s like after the fact I could have used the words like that or that kind of recognition my first year or my second. But okay, it’s all right, better late than never (Laughing).

Table 4.17 summarizes the coping skills or strategies that participants used.

Table 4.17**Coping skills or strategies used to complete psychology training**

- To remember that education is a right. We have a right to be educated.
- To have a group of minorities to speak with, because as the Lone Ranger, one gets destroyed. It doesn't matter how bright one is, they made their rules, they say when your behavior is inappropriate and so on.
- A support group is a critical team, in which the members check reality, strategize, and learn from each other's experiences.
- Community work can become a surrogate family.
- A psychology of liberation can provide the perspectives to build the strategies for support.
- An important coping skills is to know how to and when to keep one's mouth shut (since one cannot fight all the battles).
- It is import to pick our battles, including choosing theoretical areas that react against mainstream theories.
- Mentors are important (and you cannot wait for people to mentor you, you have to pick up them, carefully).
- One of the most important coping skills has to do with bonding and connecting with other ethnic minority students in the program and in the university.
- APA has a minority fellowship program which can provide a source of support, as well as constructive pressure.
- Healthy redirection of pain, to prove one can do well.
- Determination, endurance and persistence.
- Family and friends as ongoing support systems.
- Professional help (going to therapy).

Discussion:

This discussion will revisit the central question of this research, as it was formulated in chapter one: Have Latina psychologists observed and experienced disparity in Latino mental health services? While this question assumed a response, that disparity is a fact; the study's intent was to document the diversity of perspectives that emerged from participants' narratives. In the description of coping skills to complete their training, participants identified three central challenges: dealing with institutional racism,

with narrow and oppressive worldviews in psychology, and with educational disparity. The results not only suggest that participants have observed disparity in the field but that they also survived it in their training. To survive graduate school, support systems need to be in place, facilitated, or created (Vasquez, 2001). Family, friends, support groups, and mentors were the common themes in the description of the experience. Community work and professional help may be also required and several participants mentioned both. An accurate reading of the environment is vital, as well as recognizing the structures of power. Amparo described eloquently: "Coping skills.... Well you know I knew how to, when to keep my mouth shut. You cannot fight all the battles. That I learned in Puerto Rico a long time ago." Like others, the researcher struggles still with learning and accepting those coping skills.

Participants mentioned that one of the most important coping skills has to do with bonding and connecting with other ethnic minority students in one's academic setting. Directly and indirectly several participants mentioned healthy redirection of pain such as "to prove one can do well." However, in the end, each one suggested that determination, endurance, and persistence are always required.

The researcher's story was narrated by all and each one of the participants and following discussion is offered from the researcher's participant-observer and indwelling position. As Adelita mentioned, working with Latinos was crucial; they provided a vision of the endurance needed.

Focusing on learning about how cultural psychology looks at the roots and consequences of neglecting culture was a coping skill for this researcher. This field was

providing new theoretical tools to voice the impact that the neglect of culture has had historically in mental health and social service provided for multicultural populations. Despite this orientation, the academic process was painful. Cultural Allodynia, exacerbated by aversive racism in academia required professional help. Two questions often arose: Why stay in school when the process is so painful? Why insist on enduring the process of becoming a cultural psychologist? The answer of these questions required examining expectations, since future Latino students may have similar plans and assumptions.

The anticipated challenges were becoming a researcher and learning to think and write as a scholar. New world views were expected, even the forced changes that academia imposes in our thinking, a socialization process. Struggles with statistics, research, writing, and computer skills were expected. However, in the former professional capacity of this researcher, minority status and a heavy Spanish accent were seldom viewed as liabilities, so the social and emotional consequences of having a heavy Spanish accent were a surprise in academia. It was a heart-breaking feeling to realize, 20 years later, that the experience was harder, academia did not change. An accent was a greater liability in a training setting than in the "real world." Maria described academic struggles due to language and her strategy was to stay longer in school. In her interview, she emphasized the challenge of dealing with different world views and cultural expressions. However, she did not emphasize discrimination as a consequence of having an accent. This finding was puzzling because English is Maria's second language. The

difference in experience may rest on individual stages of the acculturation processes and different environmental contexts.

Learning about assuming the identity of a minority student and while becoming a cultural psychologist was an ordeal, but understanding power from the position of the oppressed was the reward. Observing how psychologists are trained, and contrasting this experience with the experience of being a practitioner was illuminating.

Learning about how one's individual process is social provided strength. This meant questioning the features of self-efficacy described by Bandura (1977, 1982). Bandura described self-efficacy as the individual's sense of personal success to produce and to regulate events in his/her life. A philosophical posture is underneath of this view, the individual is perceived as being self-organizing, self-directing, and self-regulating. This a fundamental idea embedded in mental health practices and academic activities. In the researcher's academic journey, a new view was learned; the self as agency of cultural processes. From this cultural psychology's paradigm, individual's self-efficacy is possible only in terms of being a consequence of social changes (Ratner, 2000). Thus, individual's self-efficacy is not an individualistic but rather, a social process.

Academia became the context to understand how disparity is socially structured and maintained. The lack of respect for one's cultural being was one of the sources of pain. Likewise, individuals from minority groups requesting services in mental health often feel betrayed, humiliated, misunderstood, and are frequently misdiagnosed (Pope and Vasquez, 1998). In academia, minority students may have similar experiences. Perceptions of discrimination are often labeled as personality issues, poor self-esteem,

and pathology (Vasquez and de las Fuentes, 1999). Regardless of socioeconomic status and background, education, maturity, psychological and cognitive resources, minority individuals may be vulnerable to these experiences.

Cultural psychology is a romantic science (Cole, 1996) so being in love with its discovery is a poetic description of how one can survive educational disparity.

“Classical scholars are those who look upon events in terms of their constituent parts. Step by step they single out important units and elements until they can formulate abstract, general laws...Romantic scholar’s traits, attitudes, and strategies are just the opposite. They do not follow the path of reductionism, which is the leading philosophy of the classical group. Romantics in science want neither to split living reality into its elementary components nor to represent the wealth of life’s concrete events as abstract models that lose properties of the phenomena themselves (Luria 1979, p. 174).

4.18 The Meaning of the Term Tokenism

This section addresses the result of the question: what is the meaning of the term tokenism? The perspective is theoretical.

Participants’ voices:

Amparo:

“But, yeah, I mean of course, we are all tokens, and you just have to be aware when your position is a token one and what you can do to affect change, and what you cannot do.”

Norma:

“Tokenism has to do with the minimal representation of someone in a group, who then become the definer of that group, for the majority group, and a token. A lot of people assume that if they have one or two people that they have therefore representation from that group, when actually what they have is a token; it is a sore of a gesture of representation, no genuine representation.”

“... And I have been a token many times.”

Apolina:

“Tokenism? *“Bueno es poner a una persona en una posición de representar a toda su raza o todo su gender o lo que sea”* [Well, it is to place a person in a position to represent all of her/ his race, o gender or what ever it is] That to me is tokenism; I mean I know I experienced it. *Siempre me ha pasado.* [It has always happen to me] It did not seem... when I was on my doctorate program... I did not think about tokenism as I did when I went out... after I graduated.”
Bueno, dos cosas pasaron tuve yo la oportunidad de ser la jefa (laughing)... del departamento en la escuela donde estaba yo como consejera y se lo dieron a una persona blanca. [Well two things happened; I had the opportunity to be the director of the department in the school where I was as a counselor and (the position) it was given to a White person] *Y lo que me di cuenta era.. que fue un acto de racismo... y que aunque la gente que me estaba apoyando... quería que yo lo adquiriera por razones sanas... y que tenía yo... los credentials y todo eso... el sistema no estaba listo para eso.”* [and what I realized was... that it was an act of racism... and that although the people who was supporting me... wanted for me to get it for healthy reasons... and that I had the credentials and all of that... the system was not ready for this] In a way, I mean you can say that some people may have treated my candidacy as tokenism, even just... but I think some people were sincerely interested also in breaking the system and saying you know, she’s got the credentials, she is Latina. She got the credentials but they wanted to change the system and I guess, I agreed to go along with it and I didn’t realize I was somehow getting used. But it was not, I knew... I did not think about it as a malevolent act, these people were much more conscious.”

The researcher asked: “Malevolent... you mean malicious?”

Apolina:

“Yeah...*“Pero después cuando empecé a salir a posiciones académicos me di cuenta de cómo la gente te veía... como una mujer y una minoritaria.* [But later when I began to go to academic positions I realized how people was seeing you...as a woman and as minority] That it is a double tokenism. And even though they did not want to hire you based on those premises *siempre salía en la discusión, que te querían emplear por que tenías lo que tenías.* [... ..It came out always in the discussion that they wanted to hire you because what you have (here Apolina is referring to having the qualities of being a double token)] *Pero me di cuenta mas entonces* [but then I realized more] when I was... started teaching more about how tokenism was really working. And how it was affecting other people, much more than me.” *Pero también tenía... veía como alguna gente... no todo el mundo me veía a veces como que me habían empleado por razones de ser mujer y minoritaria y so...* [But I was having also ... I was seeing how some people... not everyone...sometimes they were seeing me as being hired for the

reasons of being a woman and a minority] So...they weren't sure what I knew. But, to be honest with you, *era muy poca gente, muy, muy poca gente.* [... ...it was few people, very, very few.] But Tokenism is alive and well."

"I mean and I know when I have been used as a token and I used it to my advantage... not to my personal advantage, *eso es cuando yo saco mas que nada... y siendo una Latina que es educada...* [that is when I get more than anything else...and for being a Latina who is educated] that I used it as a way of... you know... showcasing."

Noemí:

"Well I think it's being selected on, in this case because of race, race and gender. And I think, I guess there, there are very few times and I'm trying to remember if any in graduate school where I ever felt like I shouldn't have been accepted or that I didn't have the ability." The researcher asked: -"Did anybody make you feel that way? Noemí responded: "Actually, No! I don't ever remember that in my master's level because I did well. I was a good student. I mean I wasn't a good student in the sense of studying. I was a good student in the sense that I was able to keep up with my classmates and to make good grades."

Carmen:

"I think that it means being the solitary representative of a group anywhere... and that you're selected or chosen to... for that role, not necessarily for your expertise in whatever area but because you're representative of a group... .. Yeah, that's my understanding. I don't know that I've experienced too much of it personally. You know being here at University (Carmen mentioned the name of the institution she is working). I have four other Latinos psychologists and we're all multiculturalists here, you know who work with me, you know on this floor. We're always together doing everything together. And you know my American colleagues here, they call them Anglos here, the Anglos colleagues here all take Spanish classes. They're all working in multicultural issues doing multicultural research. They're writing. They're publishing. They're representing in the area; and so any one of them could be I suppose, the token... representative... (Laughing). I think that one of the hardest things for me... being a token...it is outside of my department but within the university in general because we have a policy on our campus that we should have representation of ethnic diversity and gender diversity on all the committees. We have a faculty of 150 people. About 30 of us are tenured. And of the Latinos there are about 24 Latinos, 25 Latinos and only 7 of them are tenured. And so you're spreading us out pretty thin if you're making us... you know... we have to do more work than our Anglo faculty because there needs to be ethnic representation on all the committees. So that's hard.

“And so we work hard to make sure that we hire and retain people. I go up for tenure this fall. One of my other colleagues, Latino colleagues here in psychology goes up for promotion next fall. The other one is on a permanent contract not on tenure track. And the other one is visiting professor and we’re doing our best to make sure that he gets a tenure track position next year. So we work hard you know to make sure that we get more. I mean how do you disagree with a policy like that? We want to make sure we get all representation except for who is being culturally taxed, not them, me. And frankly any one of my colleagues would be Latino enough, not even the Anglo, ones of my colleagues. I trust my colleagues. I don’t know about the rest of them and what they’re doing you know. But a lot of you know Anglo colleagues who are out there who I think are very good allies.”

Table 4.18 summarizes the themes that emerged.

Table 4.18

The meaning of tokenism

- Tokenism has to do with the minimal representation of someone in a group, who then become the definer of that group, for the majority group, and a token.
 - It is to place a person in a position to represent all of her/ his race, or gender.
 - Double tokenism means being a minority person and a woman.
 - Tokenism is an expression of disparity. It places members of ethnic groups in a position of having to work harder than others.
-

Discussion:

This focus of inquiry illustrates how the theoretical is personal. Being a token implies working harder than others, but also being politically taxed for representing a group. The irony is that although being a token can be taxing, stressful, and painful, it is a sign of progress. Becoming a token is not a unique phenomenon found in mental and social service delivery systems; it exists in most professional settings.

Being a token means that there were attempts to have representation of ethnic diverse groups and that the individual survived the disparity process. In the United States, Latina

and Latino psychologists succeed despite an educational system that is structured in the dynamic and dialectic forces that promote and maintain disparity. They are victims and survivors of disparity. Being a survivor means *to continue living (culturally) after or in spite of the experience*. The limited number of Latinas accessing psychology graduate programs and obtaining the license to practice automatically positions them as tokens (Williams and Kohout, 1999). The psychological price of double tokenism deserves more attention and requires further research.

4.19 Progress in the Field of Psychology.

Progress in psychology is the focus of inquiry of this narrative. It reports how participants' responded to the following question: "What progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts?" Given the extensive narratives that emerged, the discussion will emphasize aspects that relate to this study's topics and interests.

Participants' voices:

Amparo:

"I think things are moving slowly, but they're moving. The latest experience that I can sort of relate to is the journal that we launched. Anyway, I think things are moving, partly because they're more mainstream Americans having experience of being the other, some people are traveling. I mean this country is one of the few countries I know where most of the people of a certain age, haven't traveled outside of the country. You know, and I think that's so limited. So people are traveling more. People are getting exposed to cultural differences. Diversity is becoming more of in the scene. Even at the level of media. And that's, I know sounds superficial, but it's not. People react to those types of things. ... Things are changing; let me say that, I am very, very impressed with the younger

generation. I feel, and I'm going to go out on a limb, but this is my experience, I feel that younger people are less racist. People in my generation they're goners. I'm a baby boomer. People in their twenties, it's incredible. They have other issues, but the issue of cultural diversity is really, really different. There's a true attempt to see people as people. And a true issue of acknowledging race relations. It's completely different; it is just... I'm very excited about that. So, I have hope. I just gave up with psychology, with my peers. I just give up. I know that twenty years from now things are going to be very different because all those people are going to be dead. That's the only way things are going to change, because they are not changing; I've been doing this for twenty-five years, they do not change.... ."

"I see my colleagues, we go to the bathroom at meetings, during APA Meetings, "can you believe this... they're saying the same thing they were saying fifteen years ago, the same person." It's like no, the only way... they have to die and new people come in! Okay. I'm not saying I'm going to kill all them, but just know... no way people, you cannot teach old dog new tricks."

Amparo explained the meaning of "teaching old dog new tricks" in terms of given up power, a theme that also relates to disparity:

"What it means is, because... taking an antiracist position for this people, it means giving away their power. That's their basic issue. They're not going to do it!"

Amparo emphasized that individuals in positions of power know what to do to maintain it....

"Oh... some of them, many of them do. Many of them do. They just claim that they don't know it. They act like they don't know, but they know very, very well. Trust me on this one, Sonia! I've been in meetings that for some reason they forget that I am there. And see, I've found that fascinating. I've always wanted to be in the belly of the beast because that's the only way you can learn how they think; if you do not know how they think, how on earth are you going to be able to understand their processes. "

"And the other thing, and maybe because I'm older now, that I'm settling down with trying to understand that is almost superhuman to expect that people who have privilege to give it up and to understand. Yeah, it is, I mean, let's face it, this is not a religion you know, there are very few people on earth that are able to transcend that. They may understand it theoretically, but they're still holding on to their privilege. And there is a different mechanism. You don't understand it because it means that you have to reexamine who you are and make some changes, and change is painful, particularly if you have other reasons to keep the

status quo, and then if you examine that, you have to do something because you're a good human, I mean psychologists, you know, we tend to be good human beings. I mean basically, that's why we're in this field supposedly."

Norma:

"Number eight, what progress have I observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how effective have been the efforts? ...

"Really, quit a bit, I see many White allies for one thing, working in this area. I am part as a group; for example, we have conferences calls every two weeks. It is called Pipeline Project; there are four Divisions in psychology. They are Division: 9, 17, 27, and 43 that are working to increase the pipelines of ethnic minorities in psychology. This is just one of the many groups that are trying to make a difference. There are six of us in this project and only two of us are ethnic minorities the others are all White allies that are working very hard in their departments. We submitted a proposal to the American Psychology to have a series of four articles in there around these issues and so on. This is just one of many, projects that I see happening; when for 20 years ago there was nothing, practically nothing; few people here and then were aware that we needed to increase ethnic minority psychologists, but otherwise...

"I see within the American Psychological Association various attempts; now, some are token attempts. On other words, they are half hearted to increase representation; but, there is also a back-lash, you have a lot of people, who drop out of APA because they read in the Monitor that this project is being funded. They said I do not want my money to go; I do not want my membership money to go and fund that. So, there is a small percentage, I like to think that is a small percentage of White psychologists who do not like the field to go in that direction.

"Overall, it is a very, very slow, but I think is happening. Right now for example, the association is reviewing multicultural guidelines that used to be called competences, which address the behavior, skills, and attitudes necessary for provision of services, research, and training, in multicultural area; for APA to endorse that document will be a very, a very good step. There is a variety of efforts like that being made in organized psychology and across departments in this country. I think, but it is still slow, still slow."

Apolina:

"In APA *sacamos* [we put out] a racial profile resolution, ok. We have a resolution against violence in children and families. *Y ahora con esto también estamos trabajando con* [and now with this we are also working with] Police

Departments y [and] probably it is going to impact the courts. *So todo está... tiene que estar enredado, porque hay que ver que there is prejudicial behavior cuando llega a ser gente minoritaria.* [So, every thing is... have to be embroiled in because we have to see that there is prejudicial behavior when it comes to minority people] Why is there a preponderance of men of color in the prison system?"

"You know, so in all of this, psychology *puede tener un impacto pero hay que tener la voz de la gente también, que ve que cultura, idioma y... socio economic status...todo... weight negatively against many people que no tiene los recursos y por eso entonces they get in... the legal system kind of abuses esa gente porque no tienen derecho... bueno no es que no tienen derechos.... pero no tienen la representación, no tienen la voz.* [... ... psychology can have an impact, but we have to have also the voice of people who see that culture, language, and socio-economic status... all of that... weight negatively against many people who does not have the resources and because of that, then they get in and the legal system kind of abuses that people because they do not have rights...well it is not that they do not have rights...but they do not have representation...they do not have the voice] And so the system does not work on their behalf."

"I think there has been progress *realmente porque cuando yo estudie no se hablaban de cosas culturales* especially in my masters' program. [... ... because when I studied, cultural issues were not mentioned, really...] *En el programa del doctorado mas se empezó hablar y yo hice un estudio de emigrantes y me... como se dice... me reclutaron para venir a la escuela, porque el señor que fue mi... como se llama... my advisor... tuvo interés en el trabajo que estaba yo haciendo con emigrantes, entonces...* [During the doctorate program was when it began to be addressed more... and I did a study about immigrants and I was...How do you say it...I was recruited to come to school, because the person who was my.... how do you call it... my advisor....had an interest in the work I was doing with immigrants, then... ...] there was like an open mindedness."

"*Pero a cambiado, porque en ese entonces especialmente en las asociaciones profesionales si uno daba un programa con énfasis cultural, cross-cultural, casi nadie venia; y ahora estamos en otro tiempo, ya tenemos el Multi-cultural Summits. Ya tenemos conferencias de Latinos Psychology, Asian American Psychology etc.* [But it has changed because at that time, especially in professional associations if one had offered (done) a program with a cultural emphasis, almost nobody came and now we are in another epoch; that we have multicultural summits. We have now Latino psychology conferences...]

"*Y que en las asociaciones mayores donde yo pertenezco ACAN, APA hay un énfasis muy grande en las cosas culturales, la cosa étnica, la cosa racial.* [And that in the main association to which I belong ACAN, APA there is a very big

emphasis in cultural, ethnic and racial issues] So, I mean that there is a real movement. *Durante los últimos... diría yo... los últimos diez años... que se ha montado, se ha montado... yo creo.* [I would say that during the last ten years has come up, I believe] It is exciting... it is very exciting. Because, is like finally many people in the field had caught up to what is important, what I have always believed to be important.

“So I don’t feel like I am just jumping on something new, I am just feeling like I already have been a part of it from a long time, and I think all of this is affirming the needs of culturally diverse groups, *pero todo el mundo esta a la vez* [but every one is at the same time] excited but ... I think also... afraid... because *hay mucha gente que nunca ha prestado atención a las cosas culturales* ... [there are many people who never have given attention to cultural issues] So they are saying “oh my God, you know, what am I going to have to learn” and how am I going to do it, so that kind of ... I would not say fear, but for so many people is fear, that there are not going to be able to practice, because the population is changing so much and they are not prepared to practice with culturally different people. So, this is a very interesting time in the field... change...so you feel like you really if you are a psychologist many people feel like I really have to get with it.”

The researcher asked Apolina: “The efforts in the field, how affective have they been?”

Apolina:

“I think it is hard to measure the effectiveness, yet. I think there is many levels of measuring effectiveness, in terms of the focus on cultural diverse groups... you know... you have to look at how has curriculum changed to address cultural diverse groups. You have to look at how research methodology has changed, or has not changed. I mean, these are areas that we have to look at. I think we have to look at the use of *psychometric instruments* you know the tools, for testing, what are those tools, are they been responsive to linguistic and cultural differences... have they changed that way?

“So, I think effectiveness has to be looked at multiple levels, you know, are people culturally... diverse people... are people... minority people...I mean cultural and diverse are sort of a kind of a terms that is not always applicable, but are people of color using services more you know, in the 70s we use to write about the under-utilization of services. You know... has that changed? And are people percentage wise more mentally healthy from groups of color? You know... is there any data to show that... you know is there a lower incident of... I don’t know... of mental health, stress or mental health, I don’t know...I think there are just so many indicators to use to assess effectiveness that we just have to

come up with all of those indicators, I think there are a lot of things happening, but we have to often stop and look at... what is working and what is not working... what is being done and what is not being done. So I think we are really at the beginning.”

Cecilia:

“I have observed and witnessed huge splits in psychology. With some people taking very conservative positions and really believing that education is the place where it’s an ivory tower and you weed out people and you become elitist, and that is the role of education and the role of psychology. And then, there are psychologists and there is a place in the psychology for people who want to be of service and people who want to give psychology away and who want to cooperate and be collaborative and not elitist it, but the split in the field is there. And at some point, I think every psychologist feels like they have to take a side. Even in terms of identifying the needs the efforts of being too few or too tired, because we can’t do it all....

“I’m now working in the place where I think I’m ultimately going to make the best; I have a best chance of creating change. And I’m training and I’m teaching and in a professional school that doesn’t look at SAT scores to let people in, and doesn’t look at GPA, but looks at their desire and commitment to service. Their willingness and desire to work with underserved populations. And this kind of students, are the students who need my help. They are students who are first generation graduate students; No one else in their families have gone this far. There are Latinas and Latinos and more ethnic minorities than you’d ever see in mainstream schools. This is a professional psychology school and professional schools are a radical departure for the mainstream psychological education. They believe in a practitioner scholar model, and not the scientist practitioner, when the scientist is first and the practitioner is nothing. Which was how I was trained, to believe that people who cannot do science... practice, and I’m now teaching from a very, very different philosophical model that honors the beauty of service and still see the value of science.”

“So, for me, I believe my impact is going to be with the education system and in getting more people through the pipeline to have the credentials to fight the system, because we have to have a critical mass. There has to be more of us before we can do that effectively.”

Noemí:

“I would say, minimally effective. And I think or even moderately, between that I mean that in a scale of one to ten probably a three to four. I do think people think about it a lot more than ever once did. And there are a number of books about

them, about the issues. In terms of actual practice like once folks get out and they're seeing people in their office, I don't think it's as big an issue for clinicians, as it might have been during their training. You know. I think it's really easy to be one of those things that kind falls by the wayside."

... "I don't think that individual clinicians always take into account the issues of culture and values when they're working with people, privately. That would be my guess because I really don't know; I'm trying to think. I mean it's also hard to be able to make blanket statements when many of your friends are people who have awareness of cultural issues and so like certainly most of the people that I know take those kinds of things into account. But stories I've heard from about other practitioners in the field or a couple of chance encounters would make me say... that not everybody has that level of sophistication and/or interest in obtaining it."

Carmen:

"Well I mean I think that we are making progress. We're making considerable progress. We have more journals now that address cultural issues. We have more mainstream journals that are accepting articles that address cultural and diversity issues."

"...We have... you know... the American Psychological Association has you know had five or six you know members of the division presidents who are ethnic and racial minorities this year. I think we have... .. recently had... an Asian president you know.

"So I think that in many ways we're making quite a bit of progress in terms of the science, in terms of the practice, in terms of ...you know... our governness. But you know the governness itself, the counsel, the representative counsel to the APA, the last time they had an African American psychologist male there was Ken Clark in the 1950's. Uh-huh, they're all White right now. And so in some ways... you know... we are actually... .. we're making progress but we're not. But in other ways there's still so much more to do."

"I think that we will make more progress in the future when we get more faculty of color, who are tenured, who are raising the visibility of cultural and multicultural issues, who are doing the research enforcing the issue, we have more students in the pipeline. We have and that will necessarily change mental health services because we're the trainers, right. If we get more people in academic life who stays there, that get tenured... and stay there... then we can get more culturally competent trained professionals out there, who are working out there... and doing things out there. So and I think that our efforts have been fairly effective. I think we need, there's a lot more to do though, a lot more to do."

Adelita:

“I think that in the past ten years or since we’ve had that what Peterson calls that fourth floor in terms of multiculturalism I think that we’ve come a long way. I think when I think about like the different models that have been created and the research that has been generated in terms like ethnic identity, multi-cultural competencies, all these other areas that were long overdo, I think that we’ve made a lot of advancements. But I also think that we have a long ways to go as well. I think that we’ve begun to identify and to recognize these needs. But it’s all at the cerebral process. It’s all at the theoretical process.”

“I think now we need to be on, to move beyond that and actually set these things in place and in motion and to create the research, to create the programs to create all those things that we’ve been talking about. I think that’s something that we do now. I think some of the efforts have been effective. But I think that, like I said, we have a long ways to go.”

Maria:

“I don’t know. I have not seen it. You know I have not been in the field for the last two years but I don’t think it has changed that much.” “I don’t think that the field is trying to figure what is their culture, you know, less what the Latino culture needs are, I do not that it has changed at all. I think it’s all the same. I think that maybe they’re trying to do more things... and they sound good on paper to get more money in grants and stuff like that. But I don’t think there’s really, you know, really going to the depth of what people are doing or to get into the real needs of the Hispanic community.”

Table 4.19 summarizes the participant’s responses and themes that emerged.

Table 4.19

Progress in the field of psychology

- Things are moving slowly, but they are moving, partly because they’re more mainstream Americans having experience of being the other.
- Within the American Psychological Association there are various attempts; although some are token attempts.
- Many White allies are working in this area, i.e. Pipeline Project; there are 4 Divisions in psychology 9, 17, 27, and 43 that are working to increase the

pipelines of ethnic minorities in psychology. There are many groups that are trying to make a difference.

- Twenty years ago there was nothing practically; few people here and there were aware that we needed to increase ethnic minority psychologists.
 - Overall, it is a very, very slow, but it is happening. Right now for example, APA is reviewing multicultural guidelines that used to be called competences, which address the behavior, skills, and attitudes necessary for provision of services, research, and training, in multicultural areas; for APA to endorse that document will be a very good step. There is a variety of efforts like this being made in organized psychology and across departments in this country.
 - In the past when professional associations offered a program with a cultural emphasis, almost nobody came and now we are in another epoch; we have multicultural summits, Latino psychology conferences and so on.
 - There are many levels of measuring effectiveness, in terms of the focus on cultural diverse groups. A) We need to look at how has curriculum changed to address cultural diverse groups, how research methodology has changed, or has not changed. B) We have to look at the use of psychometric instruments, the tools, for testing, what are those tools, are they been responsive to linguistic and cultural differences... have they changed that way? C) Are people of color using services more? D) In the 70s we used to write about the under-utilization of services. Has that changed? And are people percentage wise more mentally healthy from groups of color? Is there any data to show that is there a lower incident of mental health, stress or mental health? We have to stop and look at what is working and what is not working what is being done and what is not being done. We are really at the beginning.
 - There are huge splits in psychology. One is a conservative, elitist position and the other assumes that psychology is to be given away and to serve people.
 - Progress are minimally effective, in a scale of one to ten probably a three to four.
 - People think about diversity a lot more than ever. And there are a number of books about the issues.
 - In the past ten years or since what Peterson calls that fourth floor in terms of multiculturalism, we have come a long way. There are different models that have been created. Research that has been generated in terms of ethnic identity, multicultural competencies, all these other areas that were long overdo, and in that sense we have made a lot of advancements. However, we have a long ways to go as well.
 - The progress is that we have begun to identify and to recognize needs. But it's all at the cerebral and theoretical process, now we need to move beyond that and actually set these things in place and in motion and to create the research, to create the programs to create all those things that we've been talking about.
 - The field is not trying to figure what is its own culture, less what the Latino culture needs are, maybe they're trying to do more thing and they sound good on paper to get more money in grants and stuff like that.
-

Discussion:

Examining the progress of the field is a research project in itself, and this inquiry deserves further exploration. Participants' historical perspective provided support for the view that cultural competence in mental health and multicultural education are historical products of the collective efforts of different forces in society that advocate for social justice and equality. However, after 28 years, the landmark statement made at the Vail conference of 1973 is not a reality in the field of psychology. The provision of professional services to persons of culturally diverse background by persons not competent in understanding and providing professional services to such groups continues. However, the general summary of this focus of inquiry is that there are changes in the field.

Progress can be observed by a fact; we are addressing issues. Nevertheless, this progress is slow. Mainstream psychology training has not changed enough. The alternative research methodologies needed to understand the impact of culture in mental functioning are not well accepted. Key psychometric instruments are not responsive to linguistic and cultural differences. People of color are not using services more.

The next narrative addresses possible strategies to improve Latino mental health services.

4.20 The Power to Make Changes in Latino Mental Health Service

Participants were asked: "If you had the power and the resources to make changes and improve Latino mental health service delivery systems, what you would do. Locally

and nationally, what would be your priorities and plans?” This narrative offers the voice of participants without interpretation. The analysis of the data indicated that documenting their perspectives was more relevant. The researcher’s reflections are offered to complement the discussion.

Participants’ voices:

Amparo:

“I think we were talking about getting into more a legislative activity and asking people to ask for, demand for services, getting more people trained which is hard to sale nowadays. Any type of thing that has to do with health delivery is very hard to sale to people who want to get trained in that.” ...“Again, this is, may sound to you like completely out of the left field, or what have you, but I think media is very powerful, and our people, everybody watches. Think about the power that Oprah has. So I think using media effectively could also be an avenue of informing and changing opinions and what have you.

Norma:

“If I had the power and the resources to make changes and improve Latino mental health service delivery systems, what would I do? Locally and nationally, what would be mine priorities and plans? Obviously, I will put more money into services delivery systems...” (Laughing). “I will also provide more money into funding research with Latino populations; I will put more money into training. You know, the APA minority fellowship program, for example, it is a drop in the bucket; but it is always getting, you know, threatened, to be cut; so, that is one of the things that I will do, probably, I will do, one of the major strategies.”

Apolina:

“If I were to do that locally, or in the state of (Southwest state), I think I would appoint commissioners of mental health, Latino mental health services, who would dedicate themselves to looking systematically at all the networks that are design to provide care, whether they are hospitals, managed care, you know social services... and look at what they are doing and where they are doing it... and again what is working and what is not working. So I would appoint someone just for that role to do that. I think nationally there has to be also a national agenda on Latino mental health... health and mental health issues. I will combine the two... health and mental heath issues. Because you cannot just cut one off I

mean there are consequences if your mental health... if your health is not good your mental health is affected and vice versa, right. ...

“So, I would begin... place priority in... not only in education and training but also I think in establishing more local... I don’t know...network of care...I guess...and having those networks of care be multi disciplinary. And also, have those networks of care... provide, I do not know... how I want to say it... Involved the people themselves in learning how to... I don’t know... how to deliver care one to another; I do not know... it could be an exiting way of empowering community on behalf of themselves. I mean I think, we can learn from people who are not “professionals” so we kind of look at who else can, who else can convey knowledge and so it can be a very creative way of addressing the disparity issue and the delivery of care.”

“So that’s how I would provide, that’s what I would do, have a, have a road map for the next, you know twenty years, because we know that that is were the trends are and you know if we don’t put some dedicated resources now, and we are already behind nationally and here in the state... So it is not going to get any better... if you don’t put some dedicated research to work.”

Cecilia:

“If I have the power to change service delivery system I would do it through education, so that if the administrators and nuestra gente [our people] will understand the needs of our people. And they’re the ones who have the power to allocate resources.”

“Locally and nationally, the priority would be to educate our kids. Then they can become the leaders and then they can change the systems, but without education it won’t happen.”

Noemí:

“I would try to train more.” ...“Oh, if I could what kind of changes would I make to improve Latino mental health service delivery? I would just do a lot more training. And I would really try to increase the number of Hispanics mental health services providers. So, I would really work to try to increase those numbers although I think people are trying to do that now. I mean you’d have to start in junior high and high school I think to be successful. And just I think a lot more training, a lot more even if it’s just, I mean just doing role playing, I mean that I think that there are more helpful way of learning. I guess in vivo and practical applications, not just theoretical. And I think sometimes and some of those people really learn the theory. But when you’re sitting with the other person across from you what does that mean in terms of the interaction and how do you

experience the interaction. So that's the kind of training I think is more helpful for clinicians and physicians and just understanding the whole notion of mental health and the difference in terms of mind/body connection versus the more biomedical sort of notions available. I just figure a lot more instruction. And I think in a user friendly way is how I would say it... in a more user friendly way. Because I think sometimes if you just lecture people will listen and they can take it in and it's not going to help."

"And also if you do it in a way that says this is how you're lacking and what you haven't been doing and what is wrong, in an angry way... it's really hard for people to understand. But if you can do it in a way that's practical and user friendly, I think it's a lot easier for people to understand integrate."

"I'm just thinking of, you know, I guess I would also really encourage Caucasian men or Anglo men and whatever you want to call them to study Spanish... I was thinking I hurt my foot and I was going to an Orthopedic surgeon whom I over heard having a whole conversation with a heavy accent but good Spanish, he was talking with a Spanish speaking client. A number of physicians here have a working knowledge of Spanish. So I think that just needs to be more of that."

Carmen:

"I'm the president of Latino mental health services?... And the money, yeah. Well I think that specifically for Latino mental health services you know this could be expanded to be other ethnic or racial group mental health services. But you know we need to have more academic training sites that train bilingual and bicultural psychologists and therapists. We need to have more attention and the training part because we have to start somewhere and it has to happen I think in our academic. I mean I'm an academician and that's what I think happens. Grass roots efforts aren't working that much you know because we've had people there for a long time now. It's been clamoring for... yeah... wait a minute... wait a minute... unless we get the people trained it's like there's not a whole lot that's going to be happening."

"So, I think we need more academic training sites for ethnic specific and language specific training. I think that it would be a very good idea if we could help other countries get regional accreditation for their universities. We're working with the University of Monterey right now to help them get their accreditation by training their faculty most of whom don't have a terminal degree in psychology so that they can become regionally accredited so our students can be trained over there too and their students can be trained over here too so more of a bilateral agreement and negotiation of training because the more exposure we have to Mexico, the more likely that the better we will get in training more students to be competent and the availability of services to populations in the southwest or

Latinos from the southwest and Mexico. But there are no reasons why we can't have other training programs... you know... elsewhere in other countries...

"And so I think that, if I was president or whatever I would, I might create an office within the Department of Education that would facilitate this."

"Well I think that I would, I would give money to extraordinary programs. I would say you are doing a great job. Here's a million dollars to do an even better job. Here's you know, this much, here's another grand. Let me give you some more money to do a different kind of job. Here's some research money. Here's some clinic money to help them develop their areas of expertise to find you know those special programs that are doing a great job and to reward them and to encourage other programs to do the same I think so."

Maria:

"Si tuviera el poder, yo daría bastante dinero a la gente que no puede pagar por los servicios... you know..." [If I have the power, I would give enough money to the people that cannot pay for services... .."].

"Y pues si hay dinero, se puede entrenar gente para que vaya a trabajar mas eficazmente con esta población. Si hay que traer gente, pues se trae, o sea..." [And thus, if there is money, people can be trained to work more effectively with this population. If there is the need to bring people, thus, we do it... I mean...]

Adelita:

"Well one of the things that I would do I think first of all is I would allocate large sums of money in special programs for students who are already in college at the undergraduate level and at the graduate level to ensure their academic success to give them and I know that there are several programs in place. But sometimes there are shortages of those monies that will allow students Latino students to not only excel in their coursework so they don't have to work 50 hours a week or what have you; but also... so that they could have the opportunities to work with the people in the community or professors and their research skills... to learn clinical skills to make them better equipped.

"And so I would channel a lot of money into making sure and also into recruiting Latino professors and Latina professors to changing the curriculum that is geared towards people who are often excluded, you know people of color, people who are disadvantaged, gay, lesbian, all those people because Latinos. We're not just Latinos. But we're people who have disabilities. We are people who are gendered beings. So I would make...I would extend, I would revised the curriculum. I would do those kinds of things."

“And then I would also make some changes like at APA, as well which oversees the psychologists and what have you and put more Latinos and Latinas into the governing boards. So that when they’re making decisions and policies that they be reflective and inclusive. So I would do those kinds of things. And I would also generate monies into creating major research programs so we can test certain types of therapies. We can test the efficacy of certain alternative therapies or what have you. And I would work towards holding those who... and you kind of see very minutely in terms of holding others accountable for their lack of competency in terms of whether it be multicultural or cultural or whatever but also raising the bar. And saying okay it’s not enough to say that you didn’t have that education. But now you want to get licenses, if you want to graduate, if you want to work period, you need to prove yourself first. So I would make those kinds of changes also. So I would have a field day.” (Laughing).

“I would do it at the national level because I think that that way I would ensure that it would trickle down instead of trying to make sure, instead of trying to work the opposite and trying to force things up. So I would work at the national level I think in terms of policies, in terms of funding, all those things and make sure that they’re in place. So I think that I would take a national approach.” Adelita added: “I think that the priority would be to ensure that those services are in place. You know if you have certain areas that you have large on-clays or large pockets of Latino citizens then there better be those services available.”

The researcher asked: Are you suggesting that one of the things then you will do is reinforce and document the needs of the population versus the number of resources? Is that what you were talking?”

Adelita:

“No, I guess if I had that kind of power my priority would be to ensure that those services are in place that those agencies are in place. And then I would also do, I think what’s important also is to do like a needs assessment because like I said earlier the psychological and the physical are interrelated, they’re not inseparable, you know. They’re interconnected and so I would make sure that other services were also available. For example if people are unemployed that can create stress. So we need to create jobs you know if people are, you know we know that they lack access to insurance and other agencies. When we look at barriers I would make sure that they have access to medical care, you know and other social services that they need... so I think I would try to be inclusive to make sure that all those services are in play.”

Table 4.20 summarizes participants' responses.

Table 4.20

To improve mental health services

- To use social power tools that influence people, i.e. getting into a legislative approach in which people ask and demand services, getting more people trained.
- To use the media to influence public opinion.
- To allocate more money into services delivery systems, funding research with Latino populations, and training (i.e. APA minority fellowship program).
- To appoint commissioners of Latino mental health services, who would dedicate themselves to looking systematically at all the networks that are designed to provide care, whether they are hospitals, managed care, social services... and look at what they are doing and where they are doing it... and again what is working and what is not working.
- Nationally there has to be also a national agenda on Latino health and mental health issues, the two combined.
- To place priority not only in education and training but also in establishing more local multidisciplinary network of care.
- To involve people in learning how to deliver care one to another; it could be an exiting way of empowering community on behalf of themselves. We can learn from people who are not "professionals" so we kind of look at who else can convey knowledge and so it can be a very creative way of addressing the disparity issue and the delivery of care.
- To have a road map for the next twenty years, because we know the demographic trends.
- Education for individuals who have the power to allocate resources.
- Locally and nationally, the priority would be to educate our Latino kids.
- To provide training to understand the field of mental health and to increase the number of providers.
- Increasing the number of non-Latino bilingual providers.
- To have more academic training sites that train bilingual and bicultural psychologists and therapists (sites for ethnic specific and language specific training).
- To help other countries get regional accreditation for their universities and create an office within the Department of Education that would facilitate this process.
- To give money to extraordinary programs.
- To fund the mental health services for people who can not pay them.
- To allocate large sums of money in special programs for students who are already in college at the undergraduate and graduate level to ensure their academic

success (currently, there are several programs in place). These programs will allow Latino students to not only excel in their coursework but they will facilitate that students don't have to work 50 hours a week. Program that give them opportunities to work with the people in their community or professors (to learn clinical and research skills).

- To channel a lot of money into making sure there is inclusion and also into recruiting Latino and Latina professors to change the curriculum that are geared towards people who are often excluded (i.e. people of color, people who are disadvantaged, gay, lesbian, because we are not just Latinos, but people with disabilities. We are gendered beings).
 - Leadership changes in organizations like APA, which oversees psychologists and put more Latinos and Latinas into governing boards (thus, decisions and policies would be reflective and inclusive).
 - To generate monies into creating major research programs to test certain types of therapies and the efficacy of certain alternative therapies
 - Holding providers accountable for their lack of cultural competency.
 - To have a national approach in terms of policies and funding and the priority would be to ensure that services are in place.
 - It is also important to do assessment of other needs and look at barriers, making sure that there is access to medical care and other social services needed because if our conceptualization is holistic then our service provision would be holistic.
-

Discussion:

This focus of inquiry emphasizes participants' political perspectives: to address disparity in Latino mental health services requires *a national plan of action and legislative efforts to demand services* for 35 million Latinos (counted by the U. S Census Bureau 2000). The power to make changes in Latino mental health services rest on concientization processes. Concientization is a general term used in the literature for furthering the social ethics of psychology. It refers to the process whereby people attain an insightful awareness of the socioeconomic, political, and cultural circumstances that affect their lives, as well as of their potential capacity to transform that social reality (Freire 1971; Prilleltensky, 1994). This political perspective requires remembering that

“Power and liberty are of course never given; they are demanded, taken and assumed. For if and when *given*, they are best conditional, often superficial, and readily *taken away*” (Bulhan, 1985, p. 276) [Italics added]

Training psychologists to serve Latinos, implementing leadership changes, having a road map for the next twenty years (because we know the demographic trends), and using social power tools are the main strategies described by participants.

Current official unofficial statistics of demographic profiles in each U. S. regions should be considered when planning and implementing changes to decrease the disparity in Latino mental health services. In the appendix, (A.3) the reader will find a narrative of inquiries and solutions that emerged as part of the conclusions and contributions of this study to improve mental health services. Increasing the number of non-Latino bilingual providers is vital, as well as educating individuals who have the power to allocate resources.

Finally, in addition to allocation of funds for education and training, two important strategies were mentioned: 1) To have more academic training sites that train bilingual and bicultural psychologists and therapists (sites for ethnic specific and language specific training) and 2) To help other countries get regional accreditation for their universities and create an office within the Department of Education that would facilitate this process. 3) Current human resources (culturally competent mental health providers) need to be maximized by providing them with opportunities to train trainers and providers in the front lines of helping professions (health care, mental health and education).

4.21 The Experience of Being a Participant

Latinas' narratives of experience are presented as part of the discussion of the results of this study. The last interview question was designed to provide closure and include their voices. The researcher asked: what has been your experience as a participant of this study? Table 4.21 documents the meaning of experience and examples of the researcher's interpretation of theoretical, personal, and political meanings.

Participant's voices:

Amparo:

"I think that you know, in one sense, I'm trying— after I turned fifty, I tried to say, okay, my time is.... and I have so many personal loses. It's been terrible, terrible.... the last two, three years have been really, really exhausting. And so I am very careful about my time. I used to be sort of like free for all... type, and so I'm very, very careful about my time. Which I think is good. I think it's very good...Uhm, in terms of this, like I'm in a dissertation committee of some students, but I try to sort things out... like have a sense of where the person is at. If I'm... if my contribution is not going to be different from somebody else's, so you may be better off seeing so and so, doing so and so. My sense for you since I've met you is that you had the formation; you had a more social political perspective. That you and I spoke a similar language. And I saw that it would make a difference, I knew this was going to make a difference. So, I decided to participate, unfortunately when we're trying to negotiate, I was going through all this traveling back and forth, and having some concerns because I don't know your program, and I don't know how your program was using you... unbeknown to you... So, that's why I wanted to ask you all the questions... because I see many, many of us being manipulated by the system... Because we don't have, I mean, we are in a powerless position; you want to get your degree. You're a captive audience."

Norma:

"What has been mine experience as a participant of this study? Well, it has been very enjoyable. I enjoyed talking with you about these issues. They are very important issues to me, obviously to you, and I am just very pleased that you are doing work in these areas. Yeah! It has been interesting to me because it has been a different experience than others, you have been willing to interact and react. You know, many interviewers when conducting research maintain that sort

of blank, flake look in their face... (Laughing). You have been much more interacting... (Laughing).”

Apolina:

“Well.... it has been a time to reflect. And to... I think what’s been really... very valuable is to try to think specifically about Latinos and talk about impressions... it is... sometimes it has been hard for me to talk in term of facts because I do not feel like I live and breath delivery of care systems for Latinos. But I have been more around them, rather than in the middle of them. But, still as a consumer, and I think, as a Latina... who really cares about what is... and what is not happening.... It has been really valuable to talk about this because it remains me of how much work has to be done. And it remains me of the advocacy that has to occur by professionals like myself in this area. And, I know I can do at lot of things well, and yet as I come here... and to this part of the country and even talking about your... responding to your questions, I think it is reinforcing what I have said I want to do here what it is really to put un *enfoque en la población Latina, Mexicana aquí*. [... a focus in the Latino/ Mexican population, here] Using you know, education as a mean of doing that *pero ha ver si los cambios, que se pueden empezar hacer o seguir haciendo*. [...but to see whether changes can start or can continue happening] *Tenemos mucho que hacer* [we have too much to do] *En cierta forma* [in certain ways]... it gets very overwhelming because, *la población va creciendo en una manera tan...* [the population is growing in a way so] unbelievable. And then you read studies that talk about that when more acculturation the more dysfunctional (laughing)... depending on your social status and your educational level. So, those are some of the greatest challenges, and I think that we are going to be playing catch up for decades to come and that is very disheartening..... or how you would say, practice] Research is a practice, too, but I think is very subjective and I think there are people who believe that only good research is numbers and I think that are also people who believe that are times when numbers aren’t important. But I don’t think you can begin to discover unless you explore issues and... that’s only through a qualitative approach... So, I have a strong believe in qualitative methodology. So, if I contributed to yours research... have been accepted... (Laughing)... and to the importance of qualitative research, I would be very happy about that, I don’t think we can inquire about these things without dialogue.”

Cecilia:

“So... For me, you know, I think about what I’ve said so far and I think wow! It’s been an honor to reflect on this with you, and to say things that I said before that I feel very passionately about. You know, I have some hope that my words will

have a greater impact that's just between you and I." ... "There is so much need and we get so tired!

Noemí:

"I guess I just never think about, or I never thought about issues related to mental health services access, as an expression of disparity. ... I mean I haven't ever used that concept. I just say there are just not enough Spanish-speaking psychologists here to refer them to."

"It was interesting... It was really thought provoking because it is something that I haven't stopped to think about in a while and so that was nice and you were very well organized, so that helped a lot."

Carmen:

"Oh, it's been very comfortable. I mean... I like you Sonia. It's been very comfortable and relaxing and you know; it's been a good experience. I made a mental note to myself to explore cultural psychology. But it's been a lovely experience. Thank you."

The *personal-cultural* meaning of the experience emerged as a theme when the researcher asked Maria: "*Cómo fue la experiencia, cómo te sentiste como participante y tener a short notice?*" [How was the experience, how did you feel as a participant, and having a short notice?]

Maria:

"Ah, no... Mientras fuera en la hora esa que te di... a mi no me... lo único fue que te di my nap time, eso fue todo." (Laughing). [Ah, no ... as long it was during the time I gave you... for me...the only thing was that I gave you my nap time, that was all] ... "Tú que darto my naptime. Que eso es muy valioso para mí porque... Eso no está dentro de esta cultura..." [I have to give you my naptime... That is very valuable for me... because... That is not part of this culture...]

Adelita:

"You know it's very different because I've always been on the other side. So it's very different." (Laughing). Furthermore, she explained: "I guess this is my first time in being interviewed as a professor, as a psychologist. It's always been in training, like the student in training. So it's very different but very exciting you know. It's very exciting to be part of cutting edge research and research that is

going to contribute a lot to our field. It's very exciting to be a part of that process."

Table 4.21 documents the meaning of experience

Table 4.21

Participants' descriptions of the experience (being study's subjects)

- A sharing of time, language, values, and political awareness of the power built in systems, including concientizacion of the meaning imposed by contexts and manipulation of political (academic) agendas (thus, the political meaning of the experience emerged).
- The interactive reciprocity of qualitative research (making enjoyable and real; the experience of human encounters in research processes surfaced, as a theoretical view).
- The subjectivity of discovery (research) and the role of dialogue in qualitative research (the access to meaning and process, a reflective posture that in this study facilitated participant's awareness of the magnitude of efforts and professional advocacy needed, a theoretical view).
- Hoping that her (our) words will have a greater impact (more than that's just between you and I) and the statement that "there is so much need and we get so tired" (thus, the affective-experiential meaning of the process, a political and personal view).
- A thought provoking experience, making the connection between limited resources (access to service) and disparity in Latino mental health services (the developmental process of awareness through interactions, a theoretical view).
- An invitation to explore cultural psychology (thus, accessing the theoretical).
- The personal experience of giving.
- The personal meaning of changing status in psychology (student-professional) and the excitement of being part of process that may contribute to psychology field (the theoretical and political meaning converging).

Discussion:

Participants' statements honored the intent of this research; the interview was a context for discovering the personal, cultural, theoretical, and political meanings of exploring disparity in Latino mental health services. Participants' descriptions of the

meaning of the research experience provide closure to meaningful and powerful encounters.

To explore disparity from a qualitative posture takes time, and participants of this study took time from their busy professional and personal lives to collaborate in this project.

This study was honored: by Maria's generosity, by Leticia's commitment to contribute to Latino psychology, by Norma's clarity when describing racism, problems with academia, and progress in the field, by Noemi's discovery of new meanings and rich narrative of psychological testing of Latinos, by Carmen's narrative of academic life and desire to explore further cultural psychology, by Apolina's commitment to cultural competence, by Cecilia's solidarity and sincere affect when exploring disparity, and by Amparo's political vision.

4.22 The Researcher's Experience

The description of the researcher's experience addresses first the meaning of each encounter. The experience can be explored in the transcripts of each interview (in Appendix II). The descriptions are followed by a discussion of the overall research process.

4.22a Amparo: The Voice of Solidarity!

The general meaning of the experience of interviewing Amparo's interview is political, thus, personal and theoretical. This experience is summarized with the statement of what was learned: *Somos la raza cósmica!* [We (Latinos) are the cosmic

race]. This statement captures the two central meanings of the term Latino, inclusion and solidarity. The term cosmic race refers to the mixture of historical processes, worldviews, races, and ethnic diversity.

In Amparo's narrative a *personal meaning* emerged, *sharing the common experiences of individuals who grew up in Latin American countries*. In the context of this research this meant an encounter with someone who grew up loving Julio Cortazar, especially his book *Rayuela*. Amparo stated:

“Oh... *Rayuela* my favorite! Oh... gosh!Yeah, all those stories I read growing up. I mean, you know, Garcia Marquez, I think *One Hundred Years of Solitude*” should be read by everybody.”

Additionally, from Amparo's narrative emerged the experience of encountering a *psychologist who knew the literature of Latino American female writers*. Amparo stated:

“And I love Isabel Allende!¹¹

Amparo's narrative became the symbol of the fieldwork process, experiencing participants' solidarity with this study. A political and theoretical meaning clearly surfaced here: *the experience of solidarity, as facilitator of liberation, emerges through mediated activity (interaction) and concientizacion*.

¹¹ Isabel Allende's books have been translated to English (*i.e. La casa de los espiritus, Eva Luna; El plan infinito; De amor y de Sombras; Paula; Afrodita; and Hija de la fortuna* published by Plaza & Janes). Julio Cortazar's book, *Rayuela* was first published in 1963, in Buenos Aires; the 1974 edition was used for reference in this study, published by *editorial Sudamericana*.

4.22b Norma: The Voice of Validation and Integration!

The general meaning of the experience of interviewing Norma was: validation and integration: *Recordando el pasado, reconociendo el presente y trabajando para el futuro!* [Remembering the past, acknowledging the present, and working for the future]

Norma's narrative is a voice of validation and integration because she provided information about how the field of psychology is working for the future, while acknowledging the present and remembering the past.

Norma's narrative included a description of the *meanings of the experience of private practice* and she stated:

“Ten years ago, it was when I decided to go full time private practice and I discovered that I love it. I have always worried. My mentor had said that private practice was the less prestigious thing to do, others had said that it was a bourgeoisie job because you do not really work in the trenches, and so on. What I have found is that I have been able to work with a full range of people. I have a pure large percentage of ethnic minorities, primarily Latinas, clients. I have a sliding scale fee for those who are in that particular category of clientele. I stay on managed care panels in order to see those clients: otherwise, they will not have services from a Latina, if they so chose. In addition to that, I have been able to stay active in various leadership activities in the profession, in the American Psychological Association,(South West stated) Psychological Association, and so on. I feel that I am providing services in that ways, as well; I also continue to write. That is my answer to question number one. Do you have a question?”

At the above point the researcher stated: -“No, I do not have more questions but I am curious about what you love about private practices.” And Norma replied: -

“A couple of things, one is what isn't. I never realized, I consider myself a team player, and that I do well in organizations, and I do; but I did not realize the stress of the bureaucracy. When I left the University, I felt so free and unencumbered. Managed care is a pain and it is a hassle but nothing compared to the bureaucracy that I have been living with, all my life. So that felt, freed up. Plus, doing therapy is actually the easiest thing, I do. I come here, I love this office, I go into an alter state practically with clients. It feels very easy, 98 % of the time. Now

and then, there are some difficult clients and situations that come up, that are stressful; but most of the time, it feels like I am having fun (Laughing). My work is other things.” Norma laughed again...and added: “My work is writing and that is hard (laughing). ... That is what I want and the fact is that I love it (referring to private practice). It is good money. Plus, it feels that I making a difference in people’s life.”

Norma’s collaboration acquired a personal meaning: experiencing in the encounter two important Latino values, *familiarismo and personalismo*. These values generate two distinct cultural pattern of how to relate to others. Norma’s sincerity, collaboration, solidarity, support, and especially her respectful ways of interacting with this researcher, honored her reputation. I hope to have captured in the transcript of Norma’s interview the fieldwork experience, the encounter with a gigantic scholar and an extraordinary human being.

4.22c Apolina: The Voice of Relief!

The general meaning of the encounter with Apolina was: *Todavía somos Latinas!*

[We are still Latinas!]

Apolina’s self-descriptions of professional background validate this study’s view that *bilingual cultural competence is a process that requires patience and arduous work*.

Apolina used her bilingualism to narrate her story. The *meaning of being a professional Latina psychologist* emerged when Apolina stated:

“Professionally, también diría yo que soy una líder en organizaciones profesionales, también he sido, he tomado puestos de liderazgo, cómo voluntaria en non-profits, in organizaciones dedicados a servicios humanos o dedicados a causas de justicia social. Y también a causas Latinas. Profesionalismo de los latinos, so... Todo eso considero yo parte de mi professional life. No solamente lo que me pagan.” (Laughing) [Professionally, I would also say, that I am a leader in professional organizations, I also have been, I have had leadership positions, as a volunteer in organizations dedicated to human services or

dedicated to social justice causes, and also to Latina causes. Professionalism of Latinos, all of that, thus, I consider being part of my professional life. No only what I get paid]

Apolina explained the meaning of “*not only what I get paid.*” She stated:

... .. “*Yo creo que, para mi siendo profesional es mas que la identidad de el puesto que tienes o cómo te conocen por que eres, profesora aquí, or eres sicóloga allá. Creo que mi identidad profesional es más amplia.*” [I believe that being professional is more than the identity of the position that you have, or more than what you are known by because you are a professor here, or a psychologists there, I believe that the professional identity is broader] *Creo que cuando me meto en posiciones de liderazgo, en asociaciones profesionales, o en los servicios voluntarios, o lo que sea, que para mi hay dos o tres cosas.*” [I believe that when I am in leadership positions, in professional associations, or in voluntary services, or what ever it is, for me, there are two or three things]

“*Primero va la identidad Latina que es esos contextos puedo yo demostrar que una persona Latina se puede meter en esas cosas y hacerlo bien y como un role model, pero también darles el mensaje, que este es el mundo donde no es simplemente de gente blanca, que gente Latinas también tiene la capacidad de ser lideres y por eso yo creo muchas veces me he metido en esas cosas.*” [First, it comes the Latina identity, that in those contexts I can demonstrate that a Latina person can get into those things and do it well, as a role model, but also to give them the message, that in this world, that is not simply White people, that Latinas people also have the capacity to be leaders, and because of that I believe many times I have get into those things]

“*Además tengo la identidad profesional que llevo con eso.* [Additional, I have the professional Latina identity that I bring with it] So it is not just, the Latina showing up to do something. *Una Latina que es sicóloga, es profesora, es lo que soy... en mi vida profesional, con las diplomas y todo eso.* [A Latina who is a psychologists, a professor, it is what I am in my professional life, with the degrees and all of that]

Apolina’s narrative *documents the changes in psychology private practice* (in the last two decades) when stating:

“So, It was the time in the 80s, *cuando uno podia fácilmente montar una practica privada y mi especialización, era trabajar con mujeres.*” [... ..When one could easily go into private practice and my specialization was to work with women] I actually started with a women psychological center. *Y de alli entonces continué*

con mi enfoque, mujeres. [And from there, then, I continued with my focus, women] So, I had a regular pipeline... *trabajando con mujeres profesionales mas que nada y con eso también...* [... Working with professional women more than anything else and with that also...]

Apolina's narrative illustrated *the process when cultural consideration began to be introduced in organizations and work places:*

“Pero a la vez tenía otras ideas y empecé esta posición que era empezar mi consulta y tenía yo mis ideas propias de que se podían llevar a los lugares de empleo. Ideas psicológicas para promover ideas ahí en el trabajo, mas que nada tenía siempre las ideas de cómo empujar las ideas de cultura, racismo, sexismo y como hacerlo en el trabajo. [But, at the same time, I had other ideas and took this stand that it was to begin the consultation and I had my own ideas about how they could be brought into the work place. Psychological theories to promote ideas in the work place, more than anything I always have theories about how to promote ideas about culture, racism, sexism and how to do it in work place] *Y así empezó la idea, pero después de eso empecé hacer otras cosas más amplias, y con esto he tenido que poner... como se dice.... asumir muchos diferentes roles, de administrador, marketer, presenter, negotiator.* [Therefore, the idea emerged, but after that I began to do broader things and with this... I have had to put... How do you say it... To assume many different roles of] *I have had to take a lot of roles as with your own business. Y... también supervisar a otra gente. So, ha sido un role muy... que me ha, he crecido mucho.* [And... also to supervise other people. So, it has been a role very.... that has given me... I have grown a lot] ... *So, I feel like my world really opened up when I did that. It is not a narrow academic World.”*

A personal meaning emerged from interviewing Apolina: she became the voice of relief, when the researcher experienced that *despite socialization processes imposed by academic dominant culture, the solidarity, familiarismo, generosity, and hospitality of Latino culture have survived!* It was a relief to experience that it is possible to interact in academia with psychologists who are still Latinas! In the encounter, the words of Cesar Chávez were present: *Si se puede!*

4.22d Cecilia: The Voice of Sisterhood!

The general meaning of Cecilia's interview is summarized with the statement: *No estamos solas!* [We are not alone] Cecilia's interview had an intuitive affective tone. *The encounter became a sharing of ideas and feelings and the theoretical, the personal, and the political develop into a conversation about the shared experience of the meaning of disparity in Latino mental health services.*

"My husband is Latino only in the broad essence; he is Latin from Italy; (Laughing)... He's Italian. His mother is full Italian. His father was German, native of America, a serviceman who met his mother in Italy. And it was painful for my family... for me... to have to go outside of the culture to marry, and yet that's what it took for me to be able to make it through school. It was to find a man who would be loving and supportive and understanding and who would be an equal partner, and now we have been together... it has been twenty years. So it's been a long time of making it work... but not without struggle..."

"So, I have tears of acknowledgement of the struggle and of the gratitude that we've made it through the struggle. ...That's part of it. The struggle is not just about me. It never has been."

"And, I'm just grateful that I didn't have to witness and do it all alone. That there was some sense of understanding and support and commitment to try to make some changes and do something different that now that I teach and now that I mentor, I try very hard to do it in a way that's far better than what was done to me. I have the same attitude about clinical service. My goal was to give only the best because that's what our people deserve.

...."The problem is that it's exhausting and the burden is a very heavy burden. So the problem is trying to find the right balance to be able to keep going."

Cecilia made it clear: "*We are not alone!*" I returned to California with a feeling of strength that came from having witnessed the love, care, and *psychological health of the concept of family and friendship*, central values of the Latino culture. My hope is that by reading the transcript of Cecilia's interview, the reader accesses the meaning of these statements.

4.22e Noemí: The Voice from the Front Line

The general meaning of Noemí's interview is summarized with the statement: *Es la voz desde las trincheras!* [It is the voice from the trenchers] Not having anticipated Noemí's contributions, her voice became an unexpected gift, which complemented the other narratives. Her narrative illustrates how *psychologists may cope with Latino community's needs and the challenges of adapting the psychological instruments and tools to serve Latinos.*

Noemí's voice comes from the perspective of actually working in a Latino community, working with schools, correctional, and social services agencies. Her transcript will be of particular interest to psychologists who do psychological evaluations and testing with Latino populations. Additionally, one of Noemí's unique contributions was that her narrative included an area that is often ignored in mental health practices, the cultural impact of religion on the psychology of Latinos.

Like other participants, Noemí was generous with her time. Noemí's contribution to this study is the testimony of the generosity and commitment required to serve a community of color.

4.22f Carmen: The voice of Tomorrow!

The general meaning of Carmen's narrative is summarized with the statement: *Tenemos esperanza!* [We have hope] Carmen is one of the youngest Latinas of this study, yet she is already recognized as an important voice in the field of psychology. In this study, she became the voice of tomorrow. For example, Carmen's narrative

described the meaning of professional interests that emerged in the context of doing (after completing training):

“And one of the things that I’ve discovered along the way after my training was my passion for multiculturalism and my passion for gender issues and ethics. And those are passions that I’ve developed after my training; I developed them while I’ve been in the job. And those I can be very, very committed too. You know you look at the books on my... you know... I’ve got a lot of books that reflect my interests here... .. in ethnic and in gender... and multiculturalism... and that’s the research that I do. And that’s why I... those are the classes that I teach. That’s one of the reasons why... .. we have a really strong multicultural program and why I’m here... .. why I stay here is because of that. That part I like... And I love... I actually really enjoy teaching too.

In Carmen’s narrative, tenure in academia emerged as an experience related to disparity in mental health services:

“So here we have most of the people tenure faculty are White Americans, most of them are male and most of them are probably going to be on tenure review committees. And then we have a generation gap between the tenured faculty, White men in general and the new faculty who are interested in something different or researching something different and when it comes time for their review, they’re being told that they’re not publishing in the right journals, that their areas of study are not social justice causes, that they’re not true science, not true science of study. And when they don’t get promoted or tenured... they’re invited to leave. And they can’t get a multicultural program going on in their programs because they don’t have senior faculty members directing those programs or teaching those classes. And so we have a system that uses junior faculty to teach the none-critical courses in the program, the non-core courses in the program because nobody values multiculturalism and gender issues as core to the study in the field of psychology. And so it’s not surprising to me that therefore we don’t have enough competently trained professionals in the delivery of multicultural and multilingual services, to... anybody. And like I described earlier, those people who are, did it after their training. I didn’t have any one requirement to have a multicultural class or a cultural origins class... in my doctoral program. I have learned how to do that since.”

In Carmen’s self-description of professional experience a narrative of research interests and retraining emerged:

“Well... I mentioned that I... you know... I tend to research almost exclusively ethnic; racial... .. issues of gender and ethics. And that’s my research. My publications also are about that. And I have...I have been a collaborator on research projects in other countries... in Guatemala for example. I’ve sat in on the very first meetings for psychological associations for other countries. I’ve talked to professional organizations in other countries about ethical issues in the United States and how that might be different than the way that they might think about ethics for themselves and their countries. Professional background, you know I do... I have done my share of quantitative research. But I’m trying to retrain and do focus on more qualitative research. And I’ve supervised a number of dissertations on qualitative research too... so that’s helping out in my own training... my own retraining in that area.”

Carmen’s narrative has political meanings. Her narrative of experience brings hope for the future training of psychologists. With many more voices like Carmen, the face and fate of academic institutions have a possibility to change.

4.22g Maria: The voice of Acculturalization Processes!

In Maria’s interview the dominant perspective is personal, which is summarized with the statement: *Somos emigrants!* [We are immigrant!]. This statement captures a central meaning in the term Latino, *the role of immigration in the ethnic identity formation* for this segment of the U. S. population. Maria’s interview illustrates the thought process of an educated Spanish-speaking individual communicating in English, as a second language. Maria shared a different perspective. The narrative of the psychologist who completed training in her country of origin and in her narrative *the meaning of the immigrant experience and struggle of starting over emerged*. This narrative has a personal tone. She described:

“So, about my education, I was a psychologist in Venezuela. Then, I came back to the United States and I had to start my degree. So, I was a chemical dependency counselor. And then, I went to school to be a psychologist and...I became a psychologist in the United States; I got my doctorate degree... actually in 1998. Then, I worked. And then, I had a baby, and I stay home. So, I’m

having the other one now... so, I am home. About my professional choices, what I was doing as a professional? I was working mainly with the Hispanic people, the Hispanic community in the(Midwest state). That's what I was doing and it was mostly adults. Let's see. And the reason that I wanted to work with the Hispanic people was because I wanted to... First, I know the culture, and I have the language, and thus, I have the skills to work with them. And I think... I know that they were not being served... they are not being served!

Maria is the voice in this research that reminds us of *the struggle of the people that do not get counted, individuals living in this country and making a valuable contribution to society, yet experiencing the oppression of being Latino immigrants!*

4.22h Adelita: The Voice of People!

The general meaning of Adelita's interview is political and it is summarized with the statement: *Chicanas/Latinas combatientes, somos el futuro!* [Chicanas/Latinas combatants we are the future!] In Adelita's narrative the meaning of *having a long way to go and so much work to do* emerged. During Adelita's interview the researcher asked: "You are a professor now?" Adelita answered: -Yes, uh-huh. (Laughing)... Yes I am." And when the researcher asked: "Why do you laugh?" Adelita responded:

"Why do I laugh? Because when I, I guess when I look at the field and I see what needs to be done, it's like... oh...(Laughing)...It's like we have a long way to go and so much work to do. And I just taught class so I'm thinking of all those things in our class discussions. Yeah, that's why I giggled."

When the researcher asked Adelita: "And what influenced your decision to have in academic position?" She responded:

"Well that was part of my laughter too, I think when I was in my graduate program I never saw myself as an academic or pursuing an academic track because I always thought that I wanted to work in the community and do other things; And so my decision to go into academia was a recent one, actually, maybe

only in the year, maybe a year and a half or so. So for me to be here was not part of the plan.” (Laughing).

Adelita’s narrative describes the Latino’s pain, struggle, hope, and resilience. She is bright and educated, qualities often socially and statistically denied to Latinos. Her narrative brings that *Latino sentiment of pride and honor*. Adelita’s interview points out the strengths of *Latino people as a vital labor force of society*. Coming from a migrant farmer background, Adelita became *the voice of migrant workers* in this study, perhaps one the most, neglected, exploited, and oppressed groups in United States society. Adelita is the testimony of the Latino potential for academic excellence, thus in this study she became the voice of the people, the struggle of the future!

4.22i The Research’s Process

The personal experience of this study is described as a process where feminist and liberation theories, social action research, Latino psychology, cultural competence, and cultural psychology became intertwined. Cultural psychology’s qualitative methodology facilitated the process. The meaning of *permanent efforts* re-emerged. The experience was a re-encounter with differential power in educational cultural environments; a learning process of prioritizing and letting go.

The report of the research process turned into an ongoing evaluation of what was essential to maintain in the qualitative methodological posture and the meanings of this study. Although all research approaches provide empowering information to implement changes, in exploring disparity through the lenses of cultural psychology, qualitative methodology had an advantage. The heart was not left behind, feelings were explored,

and self examination helped to uncover the truths of the experience. The qualitative emergent design facilitated the sufficient humility to embrace new discoveries and directions. Changes require a permanent effort and a global vision. They cannot be sustained in isolation (Trotsky, 1930). The study attempted to bridge theory and experience and became a theoretical, personal, and political developmental process. The experience was built on a quest, that of becoming a cultural psychologist. The result became greater, the identity of an ethno-political psychologist emerged.

Searching for the collaboration of the most powerful voices in Latino psychology was a rewarding experience, an opportunity for discovery, solidarity, and validation. La *brújula* [the compass] of this study was the documentation of Latinas's voices exploring disparity. The hope was to increase and facilitate a process of social *concientizacion*.

*Usamos tus códigos, incluimos el poema
Trazamos el mapa que describe nuestra realidad.
Las cadenas aprietan mas no silencian las voces que claman
Libertad e igualdad.*

Disparity exists; it is tracing the map and the chains coding our poems of reality
Silence is broken, voices emerged questioning
In what side of the fence we are
We are demanding
Liberty and equality.

Chapter 5: Contributions and Conclusions

5.1 Mapping the Discussion of Contributions and Conclusions

Chapter 5 integrates the findings, the researcher's experience, participants' voices, additional literature reviews, and includes questions and reflections that emerged in the process of identifying its contributions. What are the theoretical, personal, and political conclusions of this study? The sections will address the responses to questions, while reporting strengths, limitations, and applications, simultaneously.

5.2 Questions and Reflections

This section addresses questions. Why should exploring disparity also mean to address racism? Why this study emphasized ethnic identity definitions? Why was feminism associated with the consolidation of the term Latino in this study?

The experience of disparity in the interface between mental health services and Latino culture is examined from several themes documented in participant's narratives and this study's interest in ethnic identity definitions.

5.2a Why should exploring disparity also mean to address racism?

The results suggested that exploring disparity in Latino mental health services cannot be separated from reflections about the social meaning of racism, class segregation, acculturation processes, and immigration. It is often the experience of immigrants that they are perceived and treated as racial minorities once in the United States. Economic pressure is but one of the causes of immigration, in addition, "Some of

us are political refugees, fleeing death squads and imprisonment; others came fleeing revolution and the loss of wealth. Finally, some have landed here very tired of war. And in all cases, our children had no choice in the matter” (Moraga, 1995, p. 214).[Sic] Regardless of the reason, educational, economic, personal or political, Latinos bring especial issues for the delivery of social and mental health services. The conclusion here is that part of providing effective Latino mental health services, requires knowing about acculturation process, ethnic and racial identity issues, acknowledging what is presently going on in Latin America, and understanding the role of the United States government in supporting the oppressive regimes that generate such high immigration rates. Amparo’s voice illustrates why exploring disparity in Latino mental health services cannot be separated from reflections about the social meaning of racism, class segregation, acculturation processes, and immigration:

...“I was able to grow up in a very nurturing environment where racism was not a predominate aspect of my life, but in Puerto Rico, racism doesn’t mean that you don’t have a brain. I mean... if you’re black, it means you’re ugly, but it doesn’t mean that you’re dumb. While here in the United States, if you’re a person of color, not only you’re ugly, you’re a bad person, but also you’re dumb as hell on top of that. So, I grew up knowing that I had a brain, and that you know I could do whatever I wanted to do because I had a brain. So, I see people who have could have been me many, many times, either in my practice or my community work, and it’s really very painful and pathetic to see what happens to people of color in the United States.”

... -“And because my parents saw that they had made the American dream... I mean... they came here, they worked their backs off, went back to the island, bought a farm, but for some reason they just couldn’t stay there, so they came back to the United States and I stayed in Puerto Rico with my maternal grandparents which was a huge blessing because... Fortunately or unfortunately I didn’t grow up as an ethnic minority in the United States.”

“You’re born in a class and you die in that class. So that’s one of the good things I like about being here because this compares to other places in the world. Here

you have more class mobility. And here I am doctor, whatever, while in Puerto Rico, I would just be another N-- type of thing.... However, having said that, if you all of a sudden have a lot of money in Latin America, then, you know, or if you go back with a lot of fame, or whatever, then you stop being black, or you stop being, you know, you become, it's a color blindness type of thing. But, we don't have to get into that because that has to do with another part of the world."

"So, yes, there's disparity and there's a lot of, I can speculate a lot of reasons why that's so, and I think people are still trying to keep the line that divides Mexico and United States quite firm by continuing to oppress Latinos. I think we're still a threat because many of us use to own this land. And it's ancestral collective unconsciousness fear, fear of you know, that they came here, they decimated Native Americans, they're afraid that something's going to come back at them. The same thing with the Mexicans, what else can I tell you about it... So it's fear of the other because it becomes a survivor issue and trying to preserve what power they took away from whoever own or was living here, because the Native Americans did not own, they feel they were allowed to live here, which is completely differently world view, but that's another story."

5.2b Why this study emphasized ethnic identity definitions?

The terms Hispanic, Mexican American, Latino, Chicano, Spanish people are often used as related words conveying the same information; however, each term has a political history, a theoretical context, and personal meaning. The discussion of this issue brings awareness of the subtle variations in the within diversity of Latinos and an understanding of Latino plurality. Participants mentioned that that they reject the term Hispanic. The origin and social function of the term illustrates a history, and without considering this history we cannot understand the psychology of a group. Nova (1998) traced the origin of the word as derived from España, Spain, the country that initiated the conquest of the New World. The literature documents that many Latino scholars reject this association with Spain (Garcia, 1998). Numerous people who trace their descendents to Mexico or Latin America prefer the terms Chicano or Latino instead of Hispanic because these words do not trace or honor a connection to Spain and the Spanish

conquerors (Garcia, 1997). The term Hispanic was coined by the US Census bureau and it is used to attempt to homogenize and simplify classification of this very diverse population. In Cháves' (1984) words:

“Anglos, in order to alleviate their guilt for dispossessing the Chicano, stressed the Spanish part of us and perpetrated the myth of the Spanish Southwest. We have accepted the fiction that we are Hispanics that is Spanish, in order to accommodate ourselves to the dominant culture and its abhorrence of Indians” (p. 88). [Sic].

Though participants did not mention the term, *La Raza* [“the race.”] is also sometimes used. It was implied in Amparo’s statement: “Latinos are the cosmic race.” Here the point is that although the study’s results did not address the discussion of this concept, the meaning of the cosmic race is relevant to Latino cultural competence.

5.2c Why was feminism associated with the term Latino and what theme was absent?

Why was feminism associated with the consolidation of the term Latino in this study? Noemi’s voice became my own: “I guess because in a lot of the literature I’ve read a lot of the women’s literature by Hispanic women use the term Latino versus Chicano or Hispanic.”

Currently, in psychology, many scholars use a combined term Chicano/Latino. However, the original term was Chicano and Padilla (1984) explains: “Chicano psychology began as a reaction to the stereotypes arrived at by majority group psychologists who failed to appreciate the richness of Chicano culture and the binding sociopsychological consequences of being bicultural; that is, having a Chicano orientation on the one hand and an American orientation in the other” (p. 2).

In the results what observed patterns related to Latino ethnic identity in certain places in the U.S. emerged as an absent theme? American born citizens—who are Latinos—sometimes refer to themselves as Mexicans, especially in Chicago, or as Puerto Rican when they live in New York, and as Cuban when born in Miami. Participants did not address this pattern directly, though Amparo's narrative illustrates the point. In Latino's self-descriptions, there is a tendency to emphasize one's ancestry's roots, by indicating that one might be born in the U.S., (as an individual) but still given priority to the family's (collective). The collective as a source of ones self perception is retained and regardless of acculturation processes the tendency to deemphasize individualism is maintained as a value.

The conclusion is that in culturally competent services it is important to address clearly why, when, and how American-born-citizens refer to themselves as Mexicans, Puerto Rican, or Cuban, and psychological implications for service delivery. To work effectively with Latinos includes an understanding of how political and historical processes and movements have influenced the ethnic perception (identity) of the self.

5.3 The theoretical

In this section, the experience and the description of the theoretical process in which the meaning of the conclusions emerged is emphasized. Is it a generalization to state that disparity exists? How is the reader going to determine that the results of this study are reliable and valid? To answer these questions, the researcher returned to reviewing the literature.

The methods of general psychology emphasize universal qualities but as Boesch (1991) indicated: "our ways of formulating problems and our methods for finding answers may lead to underestimating differences" (p. 16). This study postulated that disparity is a reality; it used a qualitative cultural psychology approach to document underestimated differences in the gap of mental health services and the qualitative and quantitative data presented supports that statement. Participants voiced their understanding of the meaning of disparity indicating that it does not only exist, but is a reality affecting 35.3 million Latinos. Even the Department of Health and Human Services (1999) reported that finding mental health treatment from Spanish-speaking providers is likely to be a problem for many Spanish speaking Latinos. To state that disparity exists, it is not to generalize; it is to describe a reality. Additional research will document new perspectives but the validity of this research is the recognizable experience of the phenomena under study.

Before one determines why a phenomenon exists, one needs to describe what it is. Are disparity and discrimination interchangeable terms? Are they process, events, or behaviors? The researcher concluded that to understand disparity in Latino mental health services one must first consider the social concept of minority. In *Label me human*, Kallen (1989) defined the concept of minority as referring to any social category within a society that is set apart and defined by the majority to perceive the members of a group as being incompetent, inferior, abnormal, or dangerous. The social categorization of "minority" is done because of presumed physical, cultural, and/or behavioral differences from majority norms. Through systematic discrimination, the assigned status subjects

minority group members, to some degree of oppression, neglect, and/or diminution (Kallen, 1989; Comas Díaz 1994; Hurtado, 1996). The oppression is manifested in covert or obvious denial of political and universal human rights. The neglect can take the form of actions that deprive individuals of their economic and educational opportunities, and social benefits, as in the denial of access to culturally competent mental health services. The systematic diminution generated by social categories is revealed in subtle and open behaviors that take away the individual's human dignity and social rights like the request to avoid and suppress one's cultural expression. In essence, being in a minority group means to be placed in a socially subordinated, disadvantaged, and stigmatized position within the society.

Discrimination is an event, an oppressive behavior and social categorizations, personal assumptions, and beliefs mediate the oppressive behavior. As an event, discrimination generates a process in which individuals are swindled of their humanity, dignity, and right to pursue happiness and prosperity. Discrimination is the social behavior that denies free access to social wealth, including adequate health care (mental and physical), education, employment, housing, political representation, professional identification, justice in the legal system, material possessions, and so on.

As a consequence of discriminatory behaviors, individuals not only lose access to social wealth; these behaviors also impact their identity, self-image, self-esteem, confidence, and self-respect. The individual's overall psychological development and functioning is negatively affected. Feeling discriminated against is the perception of being treated unfairly; this discrimination means feeling singled out, oppressed, abused,

humiliated, victimized, devalued, disregarded, unappreciated, ignored, neglected, and so on. Discrimination has become a social habit, a pattern, and it is a social norm.

Although they are related, disparity is more than discrimination; it is the gap in the distribution of wealth, a social pattern of inequality that is created by systematic discrimination (behaviors) and through the use of social categorizations (ideology). From exploring disparity in Latino mental health services, it is obvious that disparity is a social structure, which is economically driven and ideologically maintained.

Manifestations of disparity are racism, ethnic discrimination, sexism, ageism, and so on (in essence, these manifestations are social artifacts of oppression). Therefore, at a very basic level, disparity is driven by the economic interests of the dominant social class, an unfair distribution of social wealth that is maintained by social institutions (including religious, scientific, political, legal, and academic structures) and by the ideology that protects those interests. Psychology is one of those social institutions (Prilleltensky, 1994).

Disparity is not just or simply driven by the dominant group's fear of losing power and control. Disparity is a social tertiary artifact that the dominant class uses to maintain control and power. As a third level artifact, disparity is relatively autonomous and colors the way we see the actual world, it is a socially accepted reality. According to Ponterotto and Pedersen's (1993), "The face of racism has changed. Overt racism is on decline, but newer forms of racism continue to thrive--and may be on the increase" (p. 17). In their discussion of Pettigrew's (1981) research findings, Ponterotto and Pedersen (1993) concluded that 75% of the United States White population promotes the status quo

to some degree, which is racial inequality. Promoting the status quo supports disparity. Racism is a human rights violation that is pervasive throughout North American society (Comas-Díaz, 2000, Office of Civic Rights, 2000). To be involved with processes that seek to eliminate or reduce disparity is to participate in a process of liberation and *concientizacion*. This study is based on the assumption that psychological theories and practices are simultaneously constituted by, and formative of the cultural and social order (Prilleltensky, 1994). A psychology that addresses disparity in mental health becomes a psychology of liberation and its social goal is not to maintain behavior and social structures through prediction and control, but to use scientific theories and methods to facilitate collective and individual processes of freedom. In this sense the social goals of psychology can be congruent with a psychology of liberation.

A theoretical concern of this research was to uncover the meaning of cultural psychology and cultural competence. Are they the same? Moreover, does becoming a cultural psychologist mean to give up the self-professional identity of being a Latina psychologist or a culturally competent mental health provider? What will it mean to become a cultural psychologist? Cultural psychology and cultural competence are dynamically related but they are not the same. Becoming a cultural psychologist does not mean to give up one's professional identity. These two conclusions emerged from the analysis of the data collected, the participant narratives, the literature review, as well as the qualitative indwelling and reflective posture assumed here. Finally, from a theoretical perspective, this study was an invitation to continue exploring the meaning and consequences of imposing dominant worldviews. As Dana (1993) stated:

“The best hope for amelioration of the many large community, societal, and planetary problems lies in an appreciation and acceptance of all persons. Such an understanding implies that we need to learn more about our culturally imposed constructions of reality and the impact of this Eurocentric world view on research, training, assessment/interventions, technology, and ethical considerations” (p. ix).

5.4 The personal

The identification of the challenges, strengths, and this study’s limitations implies a theoretical and methodological examination. This examination is presented from a personal perspective. The first challenge was to negotiate the meaning of the personal in an academic context. The inclusion of the subjective, as the personal, is a philosophical and methodological posture toward knowledge. In qualitative research, the inclusion of the personal does not signal that the results and conclusions of the research are not valid or reliable. The subjective is tacit knowledge that becomes explicit when described. From these reflections, a conclusion emerged. The personal is valid and reliable when turned into objective data that can be examined by others.

A primary strength of this qualitative research is the documentation and description of the meanings of disparity in Latino mental health services, through voices of Latina psychologists and that of the researcher. Each participant provided an individual view of Latino mental health services; the grouping strategies of this study facilitated that these individual perspectives become a collective narrative that prepares the grounds for additional research. Participants described the experience of being Latinas, their understanding of disparity and definitions of important concepts relating to the central theme, such as the meaning of disparity, Latino ethnic identity, cultural competence, and so on. The participant’s descriptions are not generalizations; they are

the diverse individual narratives that emerged when exploring disparity. Each psychologist's narrative has a unique perspective and provides an opportunity to explore independently multiple themes of Latino psychology. Moreover, this study explored several fields: Latino/Chicano psychology, cultural psychology and related disciplines such as ethnopsychology, cross-cultural, and multicultural psychology. The theoretical contribution is the researcher's personal narrative which may have open new paths of inquiry for others.

Disparity was conceptualized as a social illness whose symptoms are racism, sexism, prejudice, social inequality, and injustice. This study does not address the question of what comes first, disparity or racism, sexism or social injustice, because as social phenomenon, they have a dynamic and dialectic relationship. This study does not attempt to summarize all theoretical developments related to the study of disparity. Accordingly, although the elements that consolidate disparity are mentioned and implied, the relationship between gender and power, ethnicity and identity, or race and social discrimination were not explored in depth. The literature review focused only on exploring the meaning of disparity as it relates to Latino culture and cultural psychology.

In the evaluation of strengths and limitations of this study, there are other considerations. The literature review on feminism was limited. Feminist theories were accessed to determine the compatibility of those theories with cultural psychology and to examine how the theoretical tools of these two fields would contribute to understanding disparity as a social phenomenon. The literature review focused on Latina feminist scholarship because the researcher anticipated that by the virtue of the participant's

gender, feminist narratives would emerge. Feminist positions and liberation psychology postures can be appreciated in the narrative. These postures contribute to our understanding of disparity. They advocate for social change to address the existing gap in services to multicultural populations.

Discussions about sexism were avoided during the research and data analysis processes, intentionally. The reasons are simple: to explore disparity is to question the status quo of power. What is true socially is also true in academia. The context of this study influenced the depth in which some issues were explored. However, participants' transcripts balanced the study's limitations and constrains.

The sample of this study included only Latina psychologists. The researcher acknowledges that this might be a limitation because by excluding male perspectives the range of Latino experiences presented by the study was incomplete. However, this danger is balanced by the hope that female voices have the potential for making a unique contribution to psychology and that future avenues of inquiry might include other Latinos. This research started with an intentional position. Participant's' voices should not be edited, abbreviated, and renarrativized (Plummer, 2000), so it was necessary to limit their number. Determining a reasonable number of participants became a challenge. Numbers are a theme in disparity, because through them power is manipulated. This research did not escape social reality.

The process of uncovering the meanings of disparity and the contribution of cultural psychology to Latino mental health services is likely to evoke emotional and theoretical reactivity (in readers and study participants) even from individuals interested

in diversity and culture. Here, the term reactivity means defensiveness, confusion, resistance, rejection, and negativism. This reactivity was anticipated because there is confusion in the field about the meaning of cultural psychology and its theoretical lens. Furthermore, liberation psychology and feminist theories postulating the theoretical and personal as being also political are not widely known in traditional psychology. The benefit of this study is that its reactivity may facilitate examining the status quo of traditional psychology and our participation, as psychologists, in the social-structural process that maintains disparity.

5.5 The political

When doing qualitative research the personal and political will always emerge. The work of Gilligan, Brown, and Rogers, (1990); Espín, (1994, 1999); Maykut and Morehouse (1994); Kvale (1996); Freedman and Combs (1996); Edwards (1997); Denzin and Lincoln (1998); and Plummer (2000), are examples of how the literature discusses and presents the personal and the political as vital aspects of the qualitative research process. To do qualitative research is to examine the experience and meaning of political realities. To exam the morals and politics of psychology is to consider the implicit ethics of psychology, and the moral consequences of the discipline for acceptance and transformation of power relations in society (Prilleltensky, 1994). The emphasis was on the actual ways through which psychology performs it role of conformity promoter of disparity.

Traditionally in the field of psychology, personal and political meanings have been devalued and even perceived as being irrelevant to theoretical (scientific) inquiries. The central argument is that the personal and political are sources of subjective experiences. However, this research was about describing meaning, experience, and process. In other words, it is the objective narrative of the subjective experience. Consequently, this study not only touches and evokes feelings, it also challenges worldviews. When a study evokes feelings as much as theoretical reactions, it becomes an interactive process. Therefore, the researcher positioned the reader as a potential participant.

To complete this research process required the use of dominant-Eurocentric style of reporting. This document was reviewed constantly to eliminate the expression of affect, including the use of words and expressions that are not part of dominant academic culture. One may argue that academic standardized writing styles (APA) have the purpose of unify scientific language. However, this study sought a political narrative of the subjective experience. This created more than a language problem, for it was imperative that feelings and political views be conveyed. It is hoped that the present document has accomplished this without sacrificing clarity of expression. When generating knowledge, psychology as a scientific field rejects the description of the personal and political. Is the personal suppressed to avoid awareness of pain? From these reflections, it was concluded that awareness facilitates knowledge, and knowledge facilitates action and change.

As Comas-Diaz (2000) stated, “similar to other survivors of torture, people of color need to learn to reject the feelings of inferiority instilled in them by political

oppression” (p. 1322). Through experience, the researcher learned that oppression is reproduced in academic institutions and must certainly contribute to the scarcity of Latino and minority graduates. Latina psychologists have observed and experienced disparity in Latino mental health services and academia. They explained the roots of disparity in mental health services to Latino populations from a variety of perspectives; however racism as a socio-political reality was the predominant view.

This study documented the journey of a Latina student and psychology practitioner, who returned to school and learned that to serve culturally diverse groups adequately requires social, political, academic, and theoretical changes. Major paradigm shifts in psychological practices are needed. Until the field accepts that cultural activity is the source of human psychological and social processes, significant changes are unlikely. Latina participants and this researcher note progress toward the elimination of disparity within the field of psychology, but believe it is at an early stage.

Finally, the researcher offers a political, personal, and theoretical reflection. The emergent research design of this qualitative study was vital to survive the process of conducting and reporting the results of this research. The ongoing and simultaneous processes of data collection and analysis allowed the discovery of the meaning of using an ethnopolitical approach. Systematic political changes in the field of psychology are required to eradicate disparity in Latino mental health services. Psychologists of all colors and background need to work on creating an antiracist field. Disparity in Latino mental health service needs to be identified for what it is: an ethical violation.

The researcher studied disparity in Latino mental health services as part of an identity quest, that of becoming a cultural psychologist. This journey facilitated the conceptualization of a more complex professional identity: in addition to becoming a Latina cultural psychologist, an *ethnopolitical psychologist* emerged. Comas-Díaz's (2000) description provided the meaning of that statement:

“Addressing the effects of political repression, ethnopsychologists bear witness, listen to testimony, facilitate identity reformulations, and promote political change. Bearing witness aims at change by refusing to succumb to the pressure to revise or to repress experience, by embracing conflict rather than conformity, and by enduring anger and pain rather than submitting to oppression” (p. 1321).

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*Mirando al mar descubri lo similar
La investigación se convierte en la narrativa que documenta
En este caso injusticia en los servicios de salud mental
Es historia que solo se puede describir
Es como el mar que brevemente se puede tocar
Sin embargo nuestras voces serán el testimonio
Como las olas del mar
La realidad que no se puede negar
Aunque el sordo y el ciego
Se niegan a ver y escuchar
La trayectoria de este estudio
No se puede ignorar
Aunque como el mar
Solamente brevemente se puedo tocar
Gracias por ser las voces solidarias y combatientes
Gracias por ayudarme a describir nuestra realidad.*

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Appendix I

A1 Why is Cultural Competence Relevant to Latino Populations?

What are the consequences of disparity in Latino mental health services? What could be the social impact of culturally competent mental health providers in the life of Latinos?

Here, these topics are grounded in the analysis of everyday events in Latino psychological practices using protective social service practices as an example and focusing on the researcher's narrative of experience relating to Latino children and their families. Although differences across the nation exist, most Human and Social Service Departments include in their program a social goal, protecting of children and vulnerable adults from additional maltreatment. The Children Defense Fund Fact Sheet (2000) indicated a record of 547,000 children in foster care as of March 31, 1999—a 35 percent increase from 1990. Sixty percent of the children in foster care are children of color; 43 percent are black, 15 percent are Latino, and the remainders of those children are American Indian/Alaska native (1 percent) and Asian Pacific Islander (1 percent). Infants and young children are entering foster care in greater numbers than any other age group and remaining in care longer than older children

In general, Child Protective Service is a specialized form of government intervention geared to protect children from neglect, abuse, or exploitation; its focus is the rehabilitation of the family and treatment of the motivating factors. Although, protective services are rooted in the social work profession they require interdisciplinary

efforts and knowledge from different helping professions and fields (i.e. health, psychology, education, and so on). These services also include a basic understanding of the law and the skilful use of the court system, since the intervention (government intrusion in family matters) affects the rights of involved parents, children, and the society at large.

In their discussion of *too early, too late, too much or too little*, Goldstein, Freud, & Solnit (1979) concluded that neither law, nor medicine, nor science has magical powers, and that there is not societal consensus about what is best or even good for all children. These authors pointed out the tension between the fear of encouraging the state to violate a family's integrity before intervention is justified and the fear of inhibiting the state until it may be too late to protect the child whose well being is threatened. This tension seems more dramatic for Latino families (and other culturally diverse populations) because the resources for culturally competent investigations and treatment are limited, and the quality and quantity of services reflect social disparity.

When examining childrearing and child protective services in Latino culture, the social meaning of reasonable suspicion and the fact that mandated reporters often do not match the culture and ethnicity of the child become relevant. The thesis here is that knowledge of the child's cultural background is a requirement to arrive at the perception that maltreatment has occurred, as a reasonable person from the child's same ethnic and cultural group would conclude. Community agencies and Human and Social Services Departments across the country will acknowledge this requirement as the ideal but object

to mandatory guidelines because of the reality that there are limited bilingual/bicultural resources among their specialized staff.

Reporting physical or sexual maltreatment of a child usually involves starting a police investigation and filing a report, often followed by a medical exam of the child. Usually, the family is notified immediately and voluntary authorization to investigate is requested, however the child can be placed temporarily in shelter since police officers have legal power to place the child in a 72 hour hold. The social worker collects the information but the police officer evaluates the evidences for placement. It is obvious that this procedure suffers radically if the family members are not comfortable with English and come from a culture where police intervention may mean something else entirely. Where there is believed to be physical injury, the reports of how the child's injury occurred are compared with physical evidence. Unfortunately, there are cases when children cannot express themselves and explain or report their injuries. In cases of allegations of physical abuse, Latino parents tend to be charged with "malicious punishment of a child." Latino families tend to suffer more than benefit from social and protective services because of the lack of culturally competent interventions (Carbonell, 2000). Once abuse is substantiated (in social work's terms this means to have gathered enough evidence to prove legally that government intrusion is needed) the assessment and rehabilitation of Latino families or treatment of victim of maltreatment are less satisfactory than the interventions and resources that are available to members of the dominant culture.

Although maltreatment of children and vulnerable adults is a social illness (or phenomenon) that does not respect culture, race, or ethnicity, each culture has its own ways of regulating and interpreting neglectful and abusive behaviors. Laws in most states make the delivery of culturally competent mental health services mandatory, (i.e. in Minnesota Statutes, “Adult Mental Health Act” and “Children’s Mental Health Act.”) However, across the United States the mechanisms to make agencies and government accountable for delivery of services that respond to the cultural needs of all populations are lacking because the legislative acts do not have provisions to penalize agencies for the lack of compliance with the law. The disparity in social, mental health services and legal institutions toward Latino families needing rehabilitation is often manifested as acceptance of the inadequacy of the services that this population receives. The social acceptance is an act of omission, the neglect of a society.

The first task of Protective Services is to evaluate trauma. Trauma can be the consequence of a single incident or a pattern of maltreatment: sexual, physical, or emotional. Injuries as the result of physical punishments or acts of discipline are also considered abuse. When Latino families are not socialized with these social definitions of injury, they may feel violated in their parental rights. They discover that the discipline methods that were used with them in the past --and that they are now using with their children-- have serious legal consequences in the United States. The situation is more complicated when parents are recent immigrants or refugees of violence (victims of torture) or political persecution in their country of origin bringing challenging

traumatizing experiences of political violence that affect their acculturation process and family functioning.

Facing the painful process of immigration (social isolation, separation from loved ones, discrimination, racism, loss of language to mediate social interactions and daily functioning, and so on), new immigrants face many fears including the oppression of a new system of social rules and values. For Latinos immigrants, this means learning about government intrusion in family matters. This experience is rarely part of their repertory of past cultural practices. Frequently, children from immigrant parents learn the U. S.'s social norms and values faster than their parents. Often, they disregard the authority of the adults by threatening to report physical punishment if discipline and cultural norms are reinforced. Parenting Latino adolescents may be even harder. While parents from dominant culture have an understanding of the child's experience (in terms of social expectations or behavioral norms for children and adolescents), Latino parents often do not. They need information, guidance, and support, which are not available to them (the exception is the few existing programs geared to address the needs of these families).

The date government intrusion begins is well known to all parties involved, but the date the intervention ends is unknown. When the County Human and Social Services agency has bilingual social workers the process for Latino families seems easier. However, the treatment of the victim of maltreatment and services to rehabilitate the family becomes a challenge. Data collected in this study suggest that nationwide there are few programs and mental health providers (psychologists, psychiatrist, and social workers) who can offer culturally competent services (see narrative A3).

When it is deemed necessary to place a child in foster care, if the family has an adequate support system, placement of the child with a relative emerges in the first 90 days of government intervention. In the case of Latino children some states acknowledge the cultural system of *compadrazgo* (Godparents) as alternatives who are not biological relatives. However, when a Latino child is in foster care, relatives cannot always provide substitute care for various reasons: a past history of government intervention (due to maltreatment of children), a present history of chemical dependency, past/current problems with the law, or insufficient (lack of) understanding of the child's needs for protection.

The Children Defense Fund Fact Sheet (2000) indicated that in 1998, 35 states increased their adoptions of foster children over a baseline number established in the Adoption and Safe Families Act (ASFA); 12 of these states increased their adoptions by at least 50 percent. The dramatic increase in adoption figures is due to changes in child protection Law (nationwide) that had shortened the time given to family rehabilitation. These laws attempted to consider the best interest of the child. However, our experiences as mental health providers suggest that given the severity, complexity, and number of barriers that Latino parents face in terms of understanding the legal system, government intrusion, and social expectations, their chances of having the child return to their care is very small. In addition to cultural differences, the families face the existing disparity in Latino mental health services. Through the last two decades, this researcher observed that in most cases the county agency and the court were willing to cover the cost for private services, but there were not mental health providers to provide treatment.

As a consequence of Permanency Laws, the requests for evaluations of parenting skills of parents involved in parental rights termination proceedings increased. From the researcher's tacit knowledge, it is estimated that in 90% of the cases the results of the assessment supported the County's recommendation for termination of parental rights. However, in almost 99 % of the cases, Latino families did not have access to adequate mental health services. The recommendation to terminate parental right might have been professionally accurate according to psychology and social work standards of practice. Nevertheless, as a cultural psychologist, one must wonder if the recommendation was correct. A recommendation to terminate parental rights might be questionable when it helps to maintain the existent disparity that Latino children and their families face in protective services, including the illusion that it is a democratic and fair process. The bottom line is that psychologists are hired to render to the court an opinion about the parents' psychological readiness to assume care of the child and whether or not rehabilitation had occurred, and in 99% of the cases the services provided were insufficient or culturally incompetent. Social workers know that there are insufficient numbers of programs or private practitioners available to serve the parents. Service for children seems less difficult because they learn English in school and access the mental health services based on the worldviews of the dominant culture, but that does not mean their need for culturally competent providers are less.

Examining the services that Latinos receive in the health care, educational, and legal systems is to find social injustice, in services, unmet social needs of approximately 35 million individuals, and the need for cultural competence.

A2 Cultural psychology theories: Additional discussion

Cultural psychology is not a new field and Shweder (1990) described it as a story of cycle return.⁷ Cultural psychology synthesizes and combines *virtues* of other disciplines while seeking to disencumber itself from their *vices* (Shweder, 1990; Cole 1996). “The virtue of general psychology is its concern with the organized nature of mental life” and “its vice is its conception of the mental as a central processing mechanism-abstract, interior (transcendent), universal, fixed, and content free” (Shweder, 1990, p. 60). Thus, cultural psychology is a historical product in which disciplines and schools of thought searching for uncovering the flaws and limitations of our understanding of human behavior and psychological and social processes converge.

Michael Cole’s (1996) book “*Cultural psychology: A once and future discipline*” is perhaps the most recent and comprehensive description of cultural psychology, which he postulated as the second, neglected psychology. The origin of this second psychology is traced to Wundt. Cole (1996) described that “Wundt conceived of psychology as necessarily constituted of two parts, each based on a distinctive layer of human consciousness and each following its own laws using its own methodology”(p. 7). The first psychology analyzes mental phenomena as constructions built out of sensations, ideas, associations, reflexes, or sensory schemes (Cole, 1996). The second psychology

⁷ “A discipline is emerging called cultural psychology. It is not general psychology. It is not cross-cultural psychology. It is not psychological anthropology. It is not ethnopsychology. It is cultural psychology. And its time may have arrived, once again” (Shweder, 1990, p. 41).

describes higher mental phenomena as formed by culture or as entities given form by the language, myths, and social practices in which the individual lives (Cole, 1996). The task assigned to cultural psychology is “to understand how culture enters into psychological process” (Cole, 1996, p. 7).

Michael Cole’s conceptualizations of cultural psychology emerged from questioning the research approaches of experimental psychology. His first encounter with the ideas of the cultural-historical school came when he was a postdoctoral fellow studying with Alexander Luria in Moscow (in 1966). This experience not only brought him in contact with the principles of the Russian cultural historical school, but it forced him to review the history of psychology. Cole’s (1996) concept of cultural historical psychology combines the ideas of thinkers of many national traditions, but it is commonly associated with the Russian scholars Alexei Leontiev, Alexander Luria, and Lev Vygotsky. Cole explained:

“It was in terms of their ideas that I came to formulate a cultural psychology.... The resultant approach, which I have taken to calling cultural-historical activity theory, provides one productive way to overcome the dichotomy of Wundt’s two psychologies while incorporating culture in mind” (pp. 104-105).

The central thesis of the Russian cultural-historical school is that the structure and development of human psychological process emerges through culturally mediated, historically developing, practical activities. Cole (1996) defined cultural practices as: “activities for which there are normative expectations for repeated or customary actions” Within cultural practices all objects are social objects- they are socially constituted” (p. 188).

According to Cole, cultural-historical psychology has four principles. The first is *mediation through artifacts*. This principle emphasizes that “man differs from animals in that he can make and use tools” (p. 108). Tools not only radically change man’s conditions of existence. They change man and his/her psychic condition. Thus, the second principle emerges, *the emphasis on historical development*. According to this principle, culture is understood as “history in the present,” the complete collection of artifacts gathered by the social group through its historical experience (Cole, 1996). “In addition to using and making tools, human beings arrange for the rediscovery of the already created tools in each succeeding generation. Becoming a cultural being and arranging for others to become cultural beings are intimately linked parts of a single process called enculturation” (Cole, 1996, p. 109). A universal practice such as acquisition and use of language is the simplest way to illustrate the principle of culture as a historical development. The next principle is *practical activity*. This principle emphasizes that the understanding of human psychological functions must emerge from observing humans’ every day activities. Cole (1996) mentioned that this premise adopted from Hegel by way of Marx is a core epistemological postulate. Furthermore, Marx claimed that only through this approach is that “the duality of materialism versus idealism could be superseded, because it is in activity that people experience the ideal/material residue of the activity of prior generations” (p. 110). The last principle addresses *the social origin of human thought process*. Cole (1996) explained this principle as “Vygotsky’s General Law of Cultural Development.” This law means that

the essence, including the dynamics of origin and change, of all cultural behaviors (artifacts in Cole's terminology) is social.

The literature review identified several cultural psychology themes. A theme in cultural psychology implies theories that contain ideas, concepts, premises, or epistemological principles within a cultural historical psychology theoretical framework. The first theme to mention, as it relates to the theory of historical development, is Vygotsky's concept of a proximal zone of development. In the after word to *Mind in society*, John-Steiner & Soubberman (1978) indicated that Vygotsky defined proximal zone of development as "...the distance between the [child's] actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (p. 131). Vygotsky's concept of zone of proximal development is a fundamental paradigm found in practices following or containing principles of cultural psychology.

A second theme is Shweder's discussion about intentional worlds. This literature review focuses on the relevance of this theme, from the perspective of searching for the epistemological consistency of cultural psychology principles and premises. Shweder, (1990) indicated that cultural psychology recognizes our human existential uncertainty (the search for meaning) and our intentional conception of constituted worlds. In Shweder's words, the principle of existential uncertainty means to assert "that human beings, starting at birth (and perhaps earlier), are highly motivated to seize meanings and resources out of a sociocultural environment that has been arranged to provide them with

meanings and resources to seize and to use” (p. 41-42). Shweder (1990) defined a sociocultural environment as an intentional world. He stated that it is an intentional world because “its existence is real, factual, and forceful, but only so long as there exists a community of persons whose beliefs, desires, emotions, purposes, and other mental representations are directed at, and thereby influenced by, it” (p. 42). Moreover, Shweder (1990) emphasized two basic ideas of cultural psychology. The first idea is that no sociocultural environment exists or has identity independently of the way human beings capture meanings and resources. The second is that the processes of seizing and using meanings and resources generate and transform the subjectivity and mental life of every human being. The premise that human experience and action are shaped by intentional states is also emphasized by other scholars, e.g., Bruner (1990); Wertsch (1991, 1995); Feldman (1994); Lucariello, (1995).

Cultural psychology, as the study of intentional worlds, becomes the study of personal functioning in particular intentional worlds. In addition, cultural psychology is “the study of the interpersonal maintenance of any intentional world. It is the investigation of those psycho-somatic-socio-cultural and, inevitably, divergent realities in which subject and object cannot be separated and kept apart because they are so interdependent as to need each other to be” (Shweder, 1990, p. 44). Consequently, there is no culture without human beings or human beings without a culture. As a final point, because intentional worlds contain artifacts of our own design, in essence, they are human artifactual worlds (Shweder, 1990). To understand the basic principles of a cultural-historical psychology implies the ability to grasp the difference in meaning given

in social science to the concept of artifacts. In a general sense, an artifact is a word that means a material object. In Anthropology, the study of the material culture (objects) is sometimes referred to as the study of artifacts and tools (Cole, 1996). However, in cultural psychology, the term has a more complex connotation and the meaning is embedded in Dewey, Hegel, and Marx's ideas. Cole (1996) explained: "...an artifact is an aspect of the material world that has been modified over the history of its incorporation into goal directed human action. By virtue of the changes wrought in the process of their creation and use, artifacts are simultaneously ideal (conceptual) and material. They are ideal in that their material form has been shaped by their participation in the interactions of which they were previously part and which they mediate in the present" (p. 117). Wartofsky (1973) described artifacts as an "objectification of human needs and intentions *already* invested with cognitive and affective content" (p. 204). Wartofsky's framework proposed three types of artifacts: primary, secondary, and tertiary. Primary artifacts are matter, concrete objects transformed by prior human activity, and directly used in production. Secondary artifacts include the representation of primary artifacts and the modes of actions that use them. The third level of artifacts is relatively autonomous and they color the way we see the actual world. In cultural psychology, artifacts combine the properties of tools and symbols.

Given that artifacts combine the properties of tools and symbols, the anthropological and psychological conception of symbols is one of the fundamental themes in cultural psychology. Referring to symbols, Boesch (1990) asked: "Why is it that the symbolism of action seems to be of particular importance for cultural psychology? It is true that

psychologists - excepting psychoanalysts - write little on symbols, but then, neither do they write much on culture” (p. 80). Boesch (1990) also pointed out that the modern mainstream psychologist tends to be interested in man only in terms of being a cognitive animal and in symbols as signs. Finally, he reminds us that anthropologists, our closest relatives, are not afraid of the term.

Another fundamental theme of cultural psychology is that it does not take for granted, as general psychology does, that the fundamentals of the mental life are *fixed, universal, abstract, and interior* (Bruner, 1966; Shweder, 1990; Cole, 1996). Cultural psychology argues that mental life is not an internal mechanistic process undergoing progressive-linear development. The argument emphasizing that mental life cannot remain fixed and universal across intentional worlds is an alternative to understand and evaluate psychological functions and personality. Shweder (1990) explained: “...the power of a particular stimulus to evoke a particularizing response is not independent of the way a person or people get particularly involved with it psychologically—classify it, reason about it, tell stories about it, appropriate it to their purposes—and that is what genuine personality differences are about” (p. 46- 47). Cultural psychology provides the context for the genuine study of differences (Shweder, 1990). A discussion of the dominant methodological approaches in psychology is found in cultural psychology theories (Ratner, 1997, 2000).

A3 Narrative of Additional Inquiries and Solutions

This study has described the social neglect of Latinos' mental health needs. As a field, psychology is not documenting the magnitude of the gap between what is available to members of the dominant culture and what is available to culturally diverse populations. Is the failure to document the mental health resources accessed by Latinos an evidence of this neglect? How much culturally competent mental health service is available to Latino populations? Does psychology, as a field, need to implement a national plan of action to address the needs of the Latino population? Can this effort be done without government intervention? Who has the responsibility to address the gap of services?

Disparity in Latino mental health is a social problem affecting the lives of 35,305,818 million (Source: U.S. Census Bureau, Census 2000). In terms of the availability of Latino mental health services, the U.S. Department of Human Services (1999) indicated in "Mental Health: A Report of the Surgeon General-Executive Summary" that in 1990,

"...about 40% of Hispanics did not speak English at all or did not speak it well. While the percentage of Spanish-speaking mental health professionals is not known, only about 1% of licensed psychologists who are also members of the American Psychological Association identified themselves as Hispanic. Moreover, there are only 29 Hispanic mental health professionals for every 100,000 Hispanics in the United States, compared to 173 non-Hispanic White providers per 100,000" (p. 2).

Research accomplished in this study indicated that quantitative information about how many psychologists in each state can provide culturally and linguistically competent services to Latinos was not available. Initial estimates were obtained by researching the

national and state ethnic demographic characteristics of the profession by contacting the American Psychological Association and requesting information about demographic characteristics of its membership. Including Associates, Members, and Fellows, the APA membership status in 1999 was a total of 86, 969 and 2.2 % were listed as Hispanics (Source: Table 1 Demographic Characteristics of APA Members and Membership Status: 1999, 1999 APA Directory Survey; Compiled by APA Research Office). This initial estimate was to be checked against information requested from each state. Information about cultural competence was not requested because this requires more sophisticated analysis by licensing boards, and it was anticipated that this data would be unavailable.⁸

This assumption was validated, e.g.:

“Ethnicity, as well as many other characteristics of human diversity, cannot be legally collected by the board. You might want to check with the CA Psychological Association (www.calpsychlink.org) or the American Psychological Association (www.apa.org) as they may have some survey-based demographics on the profession.” [Sic].

The above response was representative of the majority of the licensing boards. Information about the number of Latino psychologists, or if licensees use other languages in addition to English in their work, is not available.

Is the argument that not reporting ethnicity, as well as many other characteristics of human diversity, (which cannot be legally collected by the boards), an example of how disparity is ignored? As psychologists, we have to list our competences for licensure

⁸ Each State Licensing Board in the United States received the following request: “I am doing a survey about the number of psychologists licensed in each state. Can you provide this information for your state? I also want to know if you keep statistics about how many of those psychologists are Latinos. How many licensed psychologists are bilingual? Thanks for your help.”

requirements. We provide information about treatment modality (i.e. individual, couple, and family, group), the type of services (i.e. outpatient-inpatient), areas of specialization, (i.e. forensic, clinical, psychological testing, and so on) and any special populations we serve. Collecting documentation about a psychologist's cultural competence with diverse population would not be unethical or illegal. It will require establishing the parameter in which psychologists would identify and report the degree of their competence, including their training and experience.

National standards for cultural competence have been evolving during the last 15 years. Many states already have legislative initiatives that mandate agencies using public funds to implement cultural competence plans (Kramer, 1995; Carbonell, 2000, Dana 2001).

From June 21 to September 13, 2001, the researcher obtained 29 responses from State Licensing Psychology Boards; only 4 of them indicated the number of Latino Licensed Psychologists (see appendix 4.12). Considering the percentage of the state Latino population and the current number of Licensed Psychologists in each state, how many Latino culturally competent psychologists are needed to address the disparity in mental health services?

This section offers *a population percentage comparative model* to address disparity. This model uses the premise that to decrease disparity, the percentage of Latino population needs to be reflected in the percentage of psychologists who have the potential to address the mental health needs of that population. This model can be used to address the disparity in mental health services of other culturally diverse groups. The

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information that this comparative model provides can be used as a starting point to set state and national goals. However, this information must be matched with a governmental effort (state and federal) to improve access to mental health services for the total population.

A number obtained from comparing the percentage of the population and the number of psychologists of the state would allow each state licensing board to advocate and lobby for special federal and state funds to train a determined number of culturally competent psychologists for each ethnic and minority group. Each state could seek and secure educational funds to promote the field of psychology by offering scholarships to those with an interest in ethically treating members of non-dominant cultural groups.

Study participants provided qualitative information regarding the cost of education; however, additional quantitative information is needed to determine the amount of federal and state funds required for a national project addressing disparity in mental health services. The most currently available information has been summarized by the APA Research Office. The National Science Foundation, April 28, 2000, report indicated that psychology Ph.D. recipients were more likely to incur debt, and incurred a higher level of debt, than Ph.D recipients in other social science and education fields.

Initial planning for reducing disparity in Latino mental health services requires considering the population percentages and developing a plan of action to reduce the gap in services they can access. How many Latino culturally competent psychologists are needed to ethically treat our Latino population? How best can we reach this number?

The following example illustrates the application of the comparative model and Table A3.A summarizes the information used in the discussion. Instructions to read this table are: the columns identify: 1) the state; 2) the state's total Latino population; 3) the percentage of the state's total population that are Latinos; 4) the reported number of state licensed psychologists (LP#); 5) the reported number of Latino Psychologists (LLP#), and 6) the estimate of Latino psychologists required to proportionately serve the existing Latino population of that state (when using a population percentage comparative model). Additional information obtained from the 29 states is found in the end of this section in Table A3.B.

Table A3.A Discussion Summary of Licensing Boards' information

State	Latino Total	Latino % of total	LP #* by state	Latino LP by state	#L. LP needed
Alabama	75,830	1.7	LP 700	Unknown	12
California	10,966,556	32	LP 15,000	Unknown	4,800
Montana	18,081	2.0	LP 217	Unknown	4
Nebraska	36,969	2.3	LP 317	Unknown	7
New York	2,867,583	15.1	LP 14,000	Unknown	2114
South Dakota	10,903	1.4	LP 159	2	3
Texas	6,669,666	32.0	LP 3,378	Unknown	1,081

Sources: State licensing Board and U.S. Census Bureau, Census 2000 Summary File 1.

For more information see www.census.gov/prod/cen2000/doc/sf1.pdf.

Although the model is simple, some psychology state boards will face a big task, while for others the challenge will be small. For example, Alabama reported having 700 licensed Psychologists, with 1.7 percent of the total state population Latino (75,830). Therefore, if the percentage of Latino population is reflected in the state total number of Licensed Psychologists, Alabama will need to plan for a minimum of 12 culturally competent psychologists (700 psychologists are providing services for the total Alabama population, and 1.7 percent of those 700 would need to be Latino culturally competent which gives 11.9).

This model assumes that planning to recruit 12 psychologists to serve the Latino population in Alabama means that the goal is focused only on reducing, not eliminating disparity in the field. This estimate does not consider the Latino population growth rate or geographic distribution.

The information collected also suggests that the California Psychology Board and the state of California will face the greatest challenge, followed by New York and Texas. According to the U.S. Census Bureau information, 32 percent of California's total population is Latino. Therefore, since the California Psychology Board reported having approximately 15,000 Licensed Psychologist, approximately 4,800 Latino Licensed psychologists would be needed to address the gap in the service. Again, this estimate does not take into account how many of those 15,000 psychologists may already be culturally competent providers because that information is not currently available. The states of South Dakota, Montana, Vermont, and Nebraska will have a less difficult task to meet the population percentage.

The state of Texas has a Latino population of 6,669,666, and if there were 1,081 culturally competent psychologists serving the population, there would be one psychologist for 6,169 Latino residents. This proposed formula represents only a starting point. It is likely that if funds to train culturally competent psychologists are made available, academic institutions will increase their recruitment efforts by offering scholarships for training in cultural psychology and will be forced to increase the investment in research and programs that promote cultural competence. In addition to providing ethical services to members of diverse communities, culturally competent psychologists will also be better trained to serve members of the dominant culture.

Scholarship eligibility will need to have specific considerations but should not be determined by recipient's race or ethnicity but by commitment to specialize in an area of cultural competence. However, in view of historical discrimination in access to professional education, it is suggested that additional scholarships be allocated for Latino students to increase their representation in the field. Furthermore, training programs designed to serve Latino populations in the United States will need minimum requirements. For example, a general psychology curriculum focusing on Latino/Chicano psychology should include courses on applied social science such as sociological, anthropological, and linguistic studies of Latinos, courses on Latino America history and literature, and advanced training in intercultural communication and simultaneous translation. Currently, Texas has the only psychology program in the United States that is geared to train Latinos. Adaptations can be used to address the needs of other cultural and ethnic groups.

To meet the mental health needs of a state's total population and decrease the gap in services for culturally diverse groups, each state can analyze the demographic profile of its population and plan accordingly. The population percentage comparative model is not a solution to disparity, only one step that will address the unmet needs of 25 percent of the current United States' culturally diverse population. In the future, Latinos alone will be a 25 percent of the population. U.S. Census projections indicate that by 2050, "the number of Latinos will increase to 97 million; this number will constitute nearly one-fourth of the U.S. population. Projections for the proportion of Hispanic youth are even higher. It is predicted that nearly one-third of those under 19 years of age will be Hispanic by 2050" (Spencer & Hollmann, 1998. Source: Department of Human services. Mental Health: A Report of the Surgeon General-Executive Summary, Mental Health: Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, p. 129).

The information provided by State Licensing Boards indicates that social neglect exists when out of 29 State Licensing Board responding to the study's survey 25, did not have information regarding how many Licensed Psychologists are Latinos. The points here are: the mental health needs of Latinos must be addressed nationally, organized psychology must be part of processes addressing Latino's needs, and as a population Latinos must ask and demand the implementation of a national plan addressing disparity in mental health services.

Table A3.B summarizes the information provided by 29 State Licensing Boards.

Table A3.B Summary of Licensing Boards information

State	Latino	Latino	LP #	Latino LP	#L. LP
	Total	% of total	by state	by state	needed
Alabama	75,830	1.7	LP 700	Unknown	12
Alaska	25,852	4.1	LP 133	Unknown	6
Arizona	1,295,617	25.3	LP 1,088	Unknown	275
California	10,966,556	32	LP 15,000	Unknown	4,800
Colorado	735,601	17.1	LP 1,976	Unknown	338
Georgia	435,227	5.3	LP 1,666	Unknown	89
Idaho	101,690	7.9	LP 256	Unknown	21
Indiana	214,536	3.5	LP 1,636	Unknown	57
Kansas	188,252	7.0	LP 625	Unknown	44
Kentucky	59,939	1.5	LP 733	Unknown	10
Louisiana	107,738	2.4	LP 530	Unknown	12
Massachusetts	428,729	6.8	LP 5,119	Unknown	348
Missouri	118,522	2.1	LP 1,839	Unknown	39
Montana	18,081	2.0	LP 217	Unknown	4
Nebraska	36,969	2.3	LP 317	Unknown	7
New Mexico	765,386	42.1	LP 548	Unknown	230
New York	2,867,583	15.1	LP 14,000	Unknown	2114
North Carolina	378,963	4.7	LP 1,939	Unknown	91
Ohio	217,123	1.9	LP 3780	49	72
Oregon	275,314	8.0	LP 1073	Unknown	85
Rhode Island	90,820	8.7	LP 576	Unknown	51
South Carolina	95,076	2.4	LP 548	2	14
South Dakota	10,903	1.4	LP 159	2	3
Tennessee	123,838	2.2	LP 1,255	Unknown	28
Texas	6,669,666	32.0	LP 3,378	Unknown	1,081
Vermont	5,504	0.9	LP 565	Unknown	6
Virginia	329,540	4.7	LP 2,095	Unknown	99
Washington	441,509	7.5	LP 1,560	Unknown	117
Wisconsin	192,921	3.6	LP 1,147	1	43

Again, in Table A3.B the sources used are: State Licensing Board and U.S. Census Bureau, Census 2000 Summary File 1. To conclude, the proposed starting points to address disparity are simple; however, the commitment to address disparity is a complex process that requires social changes.

A4 Attachments:

Attachment A: Questionnaire

The following questionnaire is the tool that guided the conversations with participants and a copy was provided during the interview.

1. Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position.
2. Please define the meanings of the following terms, Latino, disparity, and cultural psychology.
3. Please explain the difference or relationship of cultural competence and cultural psychology and comment in the meaning of being or becoming a cultural psychologist.
4. What ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual's life.
5. Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health

- providers with population percentages and provide possible explanations for the figures.
6. Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology.
 7. What coping skills or strategies did you use to complete your education and training as a psychologist and what is the meaning of the term tokenism?
 8. What progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts?
 9. What do you think I should keep in mind and consider when exploring disparity in Latino mental health services? (Please address here, what else would you do, if you were in my place).
 10. If you had the power and the resources to make changes and improve Latino mental health service delivery systems, what would you do? Locally and nationally, what would be your priorities and plans?
 11. When considering disparity issues, please comment on the quality of mental health services and the access that Managed Care organizations provide to Latinos populations.
 12. Finally, what has been your experience as a participant of this study?

Attachment B: Demographic survey

The following survey is the tool used to collect demographic information.

Dear participants,

The following questions will be used to summarize demographic information. The data will be reported collectively and your name will not be identified or associated with your narrative. Furthermore, please remember that you can refuse to answer these questions and still be a participant.

Please provide the following information:

- 1) The name I want you to use to identify my narrative is _____
(i.e. Victoria, Soledad, Juana, etc.).
- 2) I was born in _____ (i.e. Mexico, Colombia, etc.).
- 3) Please provide your age or a range _____ (i.e. Late 30s, 40s, 50s, 60s, and 70s)
- 3) I grew up in _____ (i.e. Colombia, Mexico, Texas, etc.).
- 4) I define my ethnic identity as _____
(i.e., Columbian, Chicana, Latina, etc.).
- 5) My educational psychology background is in _____
(i.e. developmental, experimental, clinical, educational, or community psychology).
- 6) My professional identity is _____
(i.e. clinical psychologists, forensic, etc.)
- 6) I began graduate school in _____ and I finished in _____

- 7) I obtained financial support from _____
(i.e. employment, parent, savings, spouse, partner, student loans, scholarship, grants, bank loan, etc.).
- 8) I estimate the cost of my education to become a psychologist in a total of _____
(Please include tuition and living expenses).
- 9) My student loan debt when I finished graduate school was _____
- 10) After graduation, I obtained my license in _____ years.
- 11) After graduation, I began to earn _____ (Please use hourly rates).
- 12) Please estimate your present hourly fee (or pay rate) _____
- 13) I define my professional practices as _____
(i.e. clinical, research, academia, forensic, educational, etc).
- 14) Including pre-doctoral work as a mental health provider, my number of years of experience is _____ (i.e. estimate number of years).

Basic areas of inquiry

As mentioned in chapter 3, the 12 interview questions were grouped in five basic areas of inquiry.

Table A4 summarizes the basic grouping.

Table A4**Grouping focus of inquiry**

- Which interview question would facilitate the presentation of participants' voices? An example is question # 1: Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative position.
- Which focus of inquiry capture the meaning of disparity? Examples are questions # 4 and 5: what ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual's life. Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures.
- Which focus of inquiry contributes to identify additional unexpected information? Example is question # 9: What do you think I should keep in mind and consider when exploring disparity in Latino mental health services? (Please address here, what else would you do, if you were in my place.
- Which interview question describes the progress of psychology? Example is question # 8: What progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts?
- Which interview question contributes to identify steps to improve Latino mental health services? Example is question # 10: If you had the power and the resources to make changes and improve Latino mental health service delivery systems, what would you do? Locally and nationally, what would be your priorities and plans?

A5 Mapping Methodological Decisions

A5a The Process of Transcribing the Interviews

This section describes the process of transcribing the interviews and decisions. Two tape recorders were used in nine interviews (and three in the last one). The first step was to determine how to protect the tapes from damage due to rewinding. The second was to determine how to protect the tapes from damage due to rewinding. The second was to explore the cost of professional services, which ranged from \$15 to \$60 dollars per hour. Some charged by typed words 10 to 15 cents, others by page. The least expensive was \$ 4 dollars per page. The third step was to considerer the use a voice recognition computer program. To protect the cassette tapes from breaking, the taped interview were converted into a computer file. The tapes were played into the computer's sound card and then converted it into a computer file format called wav. Next, the *wav file* was converted into what is called an *MP3 format file*. IBM Via Voice (2001) and Dragon Naturally Speaking version 3.01 (1998) voice recognition software program were tried but they failed. Playing the tape in the C Drive of the computer had advantages, although it is a slow process. The tape can be listened to at different speeds and when participants used sentences in Spanish, the researcher verified accuracy and observed grammar and speech patterns. However, in the end, a professional agency was hired to transcribe the first draft of the interviews. Professional typists used an average of 10 to 15 hours for each transcript. Several typists worked on this project. The accuracy of transcribed interviewed ranged between 50 to 70 percent (e.g., Cecilia's interview was transcribed at 16 pages and the document was missing approximately 9 pages. Each transcribed

interview required an investment of 30 to 40 additional hours (with the exception of Apolina's interview, which exceeded 90 hours).

A5.b Methodological Decisions

After the interviewing process ended, the researcher confronted methodological decisions. One was the inclusion of descriptive details. To honor the generosity of this study's participants and to give merit to their contributions, the researcher decided to make the transcripts as accurate as possible, including a description of details that she perceived as being meaningful. The decision to narrate each encounter had an effect on the process of transcribing the interviews, the activity became laborious, tedious, and time consuming. However, in addition to creating a context for additional discoveries, these transcripts will have training value. The next decision was to determine the location of the transcripts. The appendix of a document is the location to relegate important but complementary or optional information. How could the voices of participants, the heart of this study, be placed as if they were an optional reading?

Several questions guided the presentation of each participant's narrative. How did the participant respond to the demographic survey statements? How did the recruitment process of this participant occur? Why was this participant identified as a voice? Was the relevance of this participant's potential narrative established and validated by others participants? Finally, what meanings emerged from the encounter that symbolized the experience and the process?

The presentation of the transcripts also involved several decisions related to style and format: how to signal to the reader who was talking, the translation of words and

sentences, and the inclusion of pauses and omissions. To convey the meanings of this research, a format was needed. APA style indicates that three ellipsis points (...) should be used within a sentence to indicate the omission of material. In the transcripts they are used to indicate pauses within a sentence. The rationale for this change came from experiences and observations. First, the researcher faced the difficult of transcribing sentences that needed to have translation of words in the middle. Second, it was realized that by using the three ellipsis points as a pause, the participant's hesitations, thought processes, and reorganization of ideas could be documented and thus, observed.

APA style dictates also the use of four points to indicate any omissions between two sentences. In the transcript, a different format was used. It is a double pause (... ...) identified as a "two-three-ellipsis-points." In the transcripts, a narrative will report all omissions and deletions. Brackets ([]) signal translations and parentheses (.) additions, clarifications, or explanations needed to improve reading comprehension.

Scholars and academic readers will have the tendency to interpret the three ellipsis points (...) as an indication that communication was deleted or omitted, and it was realized that knowing the rules and adapting them to new contexts are parts of the processes of learning to work with a culturally diverse population. Acceptance of the extra work is part of the effort to grasp the meaning of shifting positions when individual's circumstances or contexts demand or require that change. Quotations marks ("") are used to indicate the source. In the transcripts, participants are identified by their name as voice 1, and the researcher as voice 2.

How to handle grammar corrections was another consideration. The transcripts preserved the original expressions in Spanish without editing. The intent was to illustrate the complexity of being bilingual and the challenge that psychologists face when providing culturally competent linguistic services. Italics are used to indicate the participant's voice and the use of Spanish. The change of font style, from regular to italic, signals linguistic mixing and thus, the reader can appreciate the contexts in which the switching emerged as well as the patterns. Some observations and details that caught the researcher's attention were included in footnotes. The design of this format has a purpose, to join participants in their efforts to retain and honor their linguistic heritage, while providing simultaneously the context to discover the complexity and meanings of delivering cultural competent mental health service (direct client service).

By and large, the transcripts of statements in English have few edits, except when used to facilitate reading and to avoid repetition, some connecting expressions (such as i.e. "so, that, and.") are omitted. The decisions about when to delete transitional expressions that frequently emerge in oral communication were difficult. One reason was the desire to preserve the original verbatim, and the second was to avoid the danger of interpreting or disregarding their meanings. To eliminate repeated expressions signaling pauses and transitions is not complicated. However, decisions about when to conserve or eliminate the expression "you know," are harder. The researcher realized that the expression "you know" can indicate a pause, a search for connecting thoughts, or the presence of unspoken additional meanings. Determining the meaning became an interpretation. Sometimes, the researcher felt that it was signaling a mutual

understanding or that an experience was shared and the expression was conveying an assumption. Others times, it was a meaningless “you know,” a transition from one idea to another. In other contexts, the expression was experienced as a request for validation or reassurance. For example, during the first transcript that was completed (the interview with Norma), the researcher made the decision to keep most of the expressions “you know.” The participant’s “you know” statement was interpreted as an indication of awareness (i.e. that the researcher knew the meaning of the described experience). In that sense, Norma’s expressions were a validation given to the researcher. However, as the process advanced and the researcher became submerged in the task of transcribing, she realized that in some contexts, the expression “you know” was a request by the participant asking indirectly for validation. The expression was omitted only when once stated, it was repeated immediately. In that case it was interpreted as implying the desire to go on with the discussion. The expression blab, blah, blah... was deleted when the participant requested. It was replaced with etc, etc.

When the participant switched back and forth between languages, the transcribing became slow and difficult and this process will be reflected in the reading (two interviews used Spanish). During the data analysis process it was realized that the transcripts reflect the researcher’s current level of skills in terms of translating Spanish to English. Therefore, the process of determining how to approach the translations involved several considerations and decisions. Although considered, back translations procedures were not implemented. Participants had an opportunity to provide corrections and the translations are a sample of the meanings that the researcher grasped from the

communication. Participants are the best judges of the accuracy of the interpretations made. The accuracy of translations is estimated in a range of 70 to 90 percent. The researcher's mistakes and omission were also viewed as an opportunity to observe patterns. The last consideration is that back translations procedures are used to determine the reliability and validity of measures. Measuring is not the intent of this research.

A6 Fieldwork: Additional Information

A6.1 Amparo's encounter

Amparo's interview took place on July 5, 2001, in the Eastern United States, in Amparo's office, and lasted 122 minutes. The researcher gave Amparo the instruction for tape recording; she read and signed the consent forms, and quickly filled out the demographic information survey. Amparo provided the following demographic information:

"The name I want you to use to identify my narrative is Amparo. I was born in Chicago. My age or range is 50s. I grew up in Puerto Rico and the USA. I define my ethnic identity as Latina. My educational psychology background is in clinical psychology. My professional identity is clinical psychologist. I began graduate school in 1976 and I finished in 1979. I obtained financial support from employment and NIMH grants. I cannot estimate the cost of my education to become a psychologist. My student loan debt when I finished graduate school was zero! After graduation, I obtained my license in two years. I define my professional practices as a scholar and clinical psychologist. Including pre-doctoral work, as a mental health provider, I have 28 years of experience." Amparo did not feel comfortable disclosing how much she earned after graduation, or her present hourly fee. Her reasons were not explored.

Through a colleague and mutual friend, the researcher learned about Amparo. The first point of reference was that our backgrounds in psychology were similar. When the final focus of this study emerged, getting an interview with Amparo was a priority

because she is the most radical, well-known, and respected voice in the field of Latino psychology, and her voice in this research became essential. In February 2001, when the researcher contacted Amparo, a previous and brief encounter was used as reference, and this time she was asked to be a participant. Amparo expressed a desire to collaborate and provided the names of two Latinas who became participants in this study.

A6.2 Norma's encounter:

Norma's interview took place in a Southwest state, on March 31, 2001, in her office, and lasted 64 minutes. The encounter took place an early morning of a sunny Saturday. The outside setting was colorful and warm with flowers and old trees; it felt magical, peaceful, and welcoming. This was the sentiment that accompanied the researcher throughout the interview. Norma was wearing informal exercise clothing and the researcher felt treated with that sense of *familiarismo* and *personalismo* that characterize the interaction of Latinos when trust is being established. I gave Norma the instruction for tape recording; she read and signed the consent forms, and quickly filled out the demographic information survey. Norma provided the following demographic information.

"The name I want you to use to identify my narrative is Norma. I was born in Texas, U.S.A. My age range is 50s. I grew up in San Marcos, Texas. I define my ethnic identity as Chicana/Latina. My educational psychology background is in counseling psychology. My professional identity is independent practitioner. I began graduate school in 1974 and I finished in 1978 and after graduation, I obtained my license in two years. I obtained financial support from employment (Teaching Assistant, and Tutoring), and APA Minority Fellowship program. I estimate the cost of my education to become a psychologist in a total of \$ 50,000. My student loan debt when I finished graduate school was none. After graduation, I began to earn \$10 per hour. My present hourly fee is \$100. I define my professional practices as clinical, forensic, and research. Including pre-doctoral work as a mental health provider, my estimated experience is 26 years."

Norma's name came up in the review of the Chicano psychology literature and she was on the "ideal list of participants." However, colleagues and friends indicated that she was "too busy and that the likelihood of obtaining her participation was minimal." The researcher approached Norma at the Latino 2000 Conference in San Antonio, Texas, and requested her collaboration as a participant. Norma is one of the most powerful and important voices in Latino psychology, and 7 out of 8 participants suggested her name. Approximately 10 e-mails were exchanged.

A6.3 Apolina's encounter

Although initially scheduled in Apolina's office, the interview took place in her home. The interview date was March 14, 2001, in a Southwest state and lasted 152 minutes. I gave Apolina the instruction for tape recording; she read and signed the consent forms, and filled out the demographic information survey. Apolina provided the following demographic information:

"The name I want you to use to identify my narrative is Apolina. I was born in the U.S. My age range is 50s. I grew up in Ohio. I define my ethnic identity as Mexican American. My doctoral educational background is Counseling/Developmental psychology. My professional identity is counseling psychologist. I began graduate school in 1971 and I finished in 1978. I obtained financial support from employment and spouse. I estimate the cost of my education to become a psychologist in a total of \$ 25,000 (Tuition). My student loan debt when I finished graduate school was zero. After graduation, I obtained my license in 3 years. After graduation, I began to earn \$ 13,500 annually. I define my professional practices as academia. Including pre-doctoral work my experience as a mental health provider is 25 years." (Apolina did not disclose information about her present hourly fee).

I met Apolina in the Latino 2000 Conference, while presenting a paper (in that presentation Apolina intervened and mentioned that APA was developing new guidelines for cultural competence). Apolina obviously understood well the implications of using

translations during assessment processes and her knowledge regarding APA guidelines and her understanding of language issues were intriguing for me. After I finished my presentation, Apolina came to talk. When asked to be a participant, Apolina stated: “sure.” and extended her business card. Later, Latina psychologists, who learned about this study, indicated that she was an important voice (6 out of 8 participants suggested her name). I contacted Apolina in early February. She suggested names for additional potential participants in her state and collaborated to coordinate the interviews in the same trip. We exchanged approximately 8-to-10 e-mails.

A6.4 Cecilia’s encounter

Cecilia’s interview took place on March 15, 2001, Southwest, in Cecilia’s home, and lasted 92 minutes. The researcher gave Cecilia the instruction for tape recording; she read and signed the consent forms. She filled out the demographic information survey at the end of the interview. Cecilia provided the following demographic information:

“The name I want you to use to identify my narrative is Cecilia. I was born in the U.S.A.-S. W. My age range is 40s. I grew up in the USA-S. W. I define my ethnic identity as Latina. My educational psychology background is in clinical psychology. My professional identity is clinical psychologist. I began graduate school in 1981 and I finished in 1991 and after graduation, I obtained my license in two years. I obtained financial support from employment, spouse, and scholarship grants. I estimate the cost of my education to become a psychologist in a total of \$ 100,000. My student loan debt when I finished graduate school was \$10,000, and after graduation, I began to earn \$13.50. I estimate my present hourly salary as \$40 (hourly). I define my professional practices as academia. Including pre-doctoral work as a mental health provider, my number of years of experience is 22 years.”

I met Cecilia during the Latino 2000 conference in San Antonio. The first impression formed about Cecilia was in essence a feeling of embracing energy which means, experiencing her capacity for solidarity and sisterhood. The recruitment of

Cecilia was without words, as if we did not need to talk or give explanations. Before the request was expressed completely, she responded: “I will be honored” and extended her business card. The encounter was brief and powerful. I contacted Cecilia on February 2001. Approximately 8 e-mails were exchanged (and 5 out of 8 participants suggested her name as a potential participant).

A6.5 Noemí’s encounter

Noemí’s interview took place on March 29, 2001, in a South Western state, in Noemí’s office, and lasted 105 minutes. Noemí received the instructions for tape recording; she read and signed the consent forms. Noemí filled out the demographic information survey at the end of the interview and provided the following information:

“The name I want you to use to identify my narrative is Noemí. I was born in San Antonio. My age is 41-year-old. I grew up in Texas. I define my ethnic identity as Hispanic. My educational psychology background is in Counseling Psychology. My professional identity is licensed psychologist. I began graduate school in 1988 and I finished in 1996. I obtained financial support from employment, parent, spouse, partner, student loans, scholarship, and grants. I cannot give an estimate the cost of my education to become a psychologist because I do not recall this information. After graduation, I obtained my license in one year. After graduation, I began to earn \$30,000 annually. My present hourly fee is \$110. I define my professional practices as clinical. Including pre-doctoral work as a mental health provider, I have 20 years of experience.”

The recruitment of Noemí occurred in the middle of March 2001. Carmen, one of the participants living in the same state, made the referral and facilitated the contact. I knew only that Noemí was in private practice and that she and Carmen had been friends since graduate school. Noemí was receptive, and one week later, when she received the materials, she confirmed her participation. We communicated 4 times.

A6.6 Carmen's encounter

Carmen's interview took place on March 30, 2001, South West of United States, in Carmen's office (and lasted 97 minutes). She received the instructions for tape recording. Carmen read and signed the consent forms. She filled out the demographic survey and provided the following information:

"The name I want you to use to identify my narrative is Carmen. I was born in California. My age is in the middle 30s. I grew up internationally. I define my ethnic identity as Latina-Mexican American. My educational psychology background is in counseling psychology. My professional identity is counseling psychologist and academic trainer. I began graduate school in 1986 and finished in 1994. I obtained financial support from employment, student loans, and scholarships. I estimate the cost of my education to become a psychologist in a total of \$80,000. My student loan debt when I finished graduate school was 20,000. After graduation, I obtained my license in one year. After graduation my annual salary \$ 34,000.00 (9 months, thus, approximately \$24 per hour) and presently it is \$ 50,000 (9 months, thus approximately, 35 per hour). I define my professional practices as a scholar and as academia. Including pre-doctoral work, as a mental health provider, I have 17 years of experience."

I learned about Carmen through a colleague and mutual friend, who indicated that there was a Latino program in the Southwest. She was contacted about this project prior to the Latino 2000 Conference, in San Antonio. I wrote to Carmen and asked her to be a participant. She responded: "I will be honored." In San Antonio, Carmen seemed more cautious and although her recruitment occurred fast, the coordination of the date was experienced as a slow and ambivalent process. Approximately 10 e-mails were exchanged. Carmen was on the ideal list of participants. Five out of eight participants gave Carmen's name as one of the most important feminist voices in the field. Having researched programs in the U.S. that offered training geared to Latinos, I shared that opinion. Carmen made a unique contribution to this study. I anticipated a narrative

about academic life and training. The interview took place in her office and I was able to appreciate Carmen's work environment and her books.

A6.7 Maria's encounter

Maria's interview took place on April 19, 2001, Midwest of United States, at her home, and lasted 121 minutes. I gave her the instructions for tape recording; she read and signed the consent forms. Maria filled out the demographic survey at the end of the interview and provided the following information:

"The name I want you to use to identify my narrative is Maria. I was born in Ithaca, NY. USA. My age is in the range of the late 30s. I grew up in Maracaibo, Venezuela. I define my ethnic identity as Venezuelan. My educational psychology background is in clinical psychology. My professional identity is clinical psychologist. I began graduate school in 1993 and I finished in 1998. I obtained financial support from spouse and students loans. I estimate the cost of my education to become a psychologist in a total of \$60,000 (this estimate is for tuition, thus, it does not include living expenses). My student loan debt when I finished graduate school was \$40,000. After graduation, I have not obtained my license. After graduation, I began to earn \$17 (seventeen dollars per hour). I cannot estimate my present hourly fee because I am not working. I define my professional practices as N/A. Including pre-doctoral work as a mental health provider, I have 11 years of experience."

Maria was the easiest participant to recruit. I made one phone call, explained the project, and requested an interview. The appointment was set for two days later.

A6.8 Adelita's encounter

Adelita's interview took place on March 22, 2001, in a Western United States, at her office, and lasted 106 minutes. I gave her the instructions for tape recording; she read and signed the consent forms. Adelita filled out the demographic survey at the beginning of the interview and provided the following information:

“The name I want you to use to identify my narrative is Adelita. I was born in California. I am 37 years old. I grew up in South California. I define my ethnic identity as Chicana. My educational psychology background is in counseling psychology. My professional identity is counseling psychologist. I began graduate school in 1993 and I finished in 2000. I obtained financial support from employment, scholarships and students loans. I estimate the cost of my education to become a psychologist in a total of \$50,000 (tuition). My student loan debt when I finished graduate school was \$ 15,000. I have not obtained my license yet. After graduation I began to earn \$40,000 annually. I define my professional practices as clinical, research, and academia. Including pre-doctoral work as a mental health provider, I have 9 years of experience.”

Adelita was a random selection, since the researcher’s agenda was to include a narrative from the West. I learned about Adelita through a colleague and friend who provided e-mail addresses for psychology departments in the West. A list of eight powerful voices in the Western United State emerged. The first contact with Adelita was on March 9, 2001 by e-mail. She responded immediately, and by March 15, 2001 the interview time was set up. Approximately 5 e-mails were exchanged. Three Latina psychologists in the Western United State suggested Adelita’s voice. Adelita was described as one of the newer voices of the field. She is the youngest participant, the last one to graduate, yet she is a clear and powerful voice in this study.

The next document, Appendix II, contains the transcripts of interviews, the voices of each participant without interpretations. The transcripts reflect the tone and quality of the interactions, as well as the researcher’s participant observer position. Given the length of this manuscript, the research team did not provide corrections. Appendix II documents the researcher’s biases, mistakes, and study agendas and it is offered unedited for its potential use in training.

Appendix II: Participant's transcripts

1.1T Mapping the transcripts

In this study, a format for the transcripts emerged and it has two purposes. To illustrate the acceptance of extra work, i.e. shifting positions when individual's circumstances demand or require a change. The other is to suggest the complexity of cultural competence. The format allows the identification of the researcher's skills, including her mistakes. Understanding the interviews is entering in the contexts in which the results were built. The meanings of these transcripts are not fixed but negotiated, multiplied, and voiced by participants and researcher; they are a contextualized and participatory construction of reality. The readers, as participant observers, will be interacting with the study's narratives, co-constructing meanings when reacting and reflecting.

The format is simple. Three periods signal pauses, hesitations, and transitions (...). A narrative will report all omissions and deletions with a double set of periods (...). It will also indicate when the interaction was not recorded or if a participant requested that parts be deleted. Brackets ([]) signal translations and parentheses (.) additions, clarifications, or explanations needed to improve reading comprehension. Quotations marks ("") are used to indicate the source. Participants are identified as voice 1, and the researcher as voice 2. The transcripts preserved the original expressions in Spanish without editing. When a participant switches to Spanish, italics are used. In translated texts, a double pause also signals that the expression in English was omitted.

1.2T Amparo's interview

Voice 2:

"Today is July 5, 2001, and the first thing that I'm going to ask you is what name would you like to use?"

Voice 1: Amparo

"I already gave you my name."

Voice 2:

"Amparo?"

Voice 2:

"Very nice."

Voice 1: Amparo

"I know."

Voice 2:

"So, do you want to talk a little a bit, I need one second. We need to get all the tape recorders at the same time. This is the one that you will keep with you."

Voice 1: Amparo

"Okay, do you want me to hold to it?"

Voice 2:

"Yeah, as close as you can, like you were going to dictate."

Voice 1: Amparo

"So where's the mike here? Oh, this is the mike?"

"Okay great."

Voice 2:

“Now we are going to have it in dictation, let’s see, yes it’s in dictation.”

Voice 1: Amparo

“Got it!”

Voice 2:

“And then I’m going to have this as lecture. Okay this tape recorder is going to be as class lecture and at a different speed. Okay, so first I really thank and appreciate you take the time to do this. Oh, before we start, I need you to read the consent.”

Voice 1: Amparo

“Uhum, uhUm.”

Voice 2:

“Here is one.”

Voice 1: Amparo

“Okay, so you want my real signature, not my fake-name one?” (Laughing).

Voice 2:

“Yes.”

Voice 1: Amparo

“Ok.”

Voice 2:

“And that is the record that I would I have that you did consent. Actually, there was something that I did not ask. This is the information that you need to read.”

Voice 1: Amparo

“Oh, yeah, I think I read this yesterday.”

Voice 1: Amparo

“Did you send me; maybe I read an older version of this?”

Voice 2:

“Yes. You read an older version of the introduction...but these are the forms... from the IRB that was approved.”

Voice 1: Amparo

“So you are going to be send me, like I mean I don’t need any thing specific, but, I like a copy of it and any condensed whatever your are going to do with it. You’re going to publish it...”

Voice 2:

“Yes, this is what I am hoping to do.”

Voice 1: Amparo

“Okay, tell me, tell me... tell me.”

Voice 2:

“I will first do the transcript, as soon as I get it done; I will send it to you. If you see anything there that you do not like or that you want to be deleted because it would recognize you or because you sound like an idiot and ...”

Voice 1: Amparo

“Which it happens a lot! ...”

Voice 2:

“Then, you can erase it. But you will only have ten days to do that.”

Voice 1: Amparo

“Now I’m going to be away, what ten days, okay the 15th, I’m going to be away the 20th for a whole week, and I’m going to be out of the country...”

So...”

Voice 2:

“And you don’t have access to the mail?”

Voice 1: Amparo

“No. No. So how are we going to do this?”

Voice 2:

“This will be in your hands in a week.”

Voice 1: Amparo

“In a week?”

Voice 2:

“Yes. It will be in your hands in a week. And as soon as you get it, you can give your consent to continue, or you can say no. If you read that document (referring to the copy of the proposal) and said: Oh no, this is too off base for me, then, you can also decline. I do not expect that that will happen.”

Voice 1: Amparo

“Well those are sound instructions what you’ve given me. Is there anything different about this procedure that I need to know?”

Voice 2:

“No. No. There is nothing; nothing different.”

Voice 1: Amparo

“Now the tapes you’re not going to be using the tapes in a class or any because people may not recognize my name as Amparo, but they will recognize my voice... or you know... .. How many people do you have, ten or six?”

Voice 2:

“I have ten people including you, two of them became a pilot, and so I have eight interviews. I’m going to provide to you a whole transcript of the interview.

Because that is how it was set up, it is a narrative; it's so unique to have each participant answering in a different way."

"...So thank you very much... for being a participant."

Voice 1: Amparo

"Okay! Can I also go back and forth to some of these questions?"

Voice 2:

"It is all yours."

Voice 1: Amparo

"Okay. Okay...I need you to keep me informed of time because I want to make sure we dedicate enough time to each question and some of these questions I'm going to have to ask you what you mean by fill in the blank. Okay, is there anything else?"

Voice 2:

"The other thing is I am going to have a conversation with you."

Voice 1: Amparo

"Okay, so this is a dialogue."

Voice 2:

"In that sense, this is quite different but you can move as fast as you want, and you can get thorough as you want.

"You can switch language but... then let's be kind to me." (Laughing).

Voice 1: Amparo

"Well, it would be more realistic, no?"

Voice 2:

"If at any point you want to know what is behind any question..."

Voice 1: Amparo

“Uhum! I’ll ask you. Okay do you want me to read the first question, or just follow it?”

Voice 2:

“Just follow it. That is the guideline.”

Voice 1: Amparo

“Okay my ethnic background is... I am Puerto Rican. Born in Chicago, Illinois of migrant, poor, poor, poor Puerto Rican parents who came to the United States... really because they needed to eat, and they couldn’t do that in Puerto Rico, I mean. Figuratively, it is very hard... it was very hard and the government was pushing the answer to unemployment by just going to United States. That became actually very... also, my father is Black, Black Puerto Rican, and that’s a big influence in my life, because in Puerto Rico I’m considered black and I grew up being Black.”

“So, so, lets get back to Chicago even though I was born in Chicago, Illinois, my father was... my parents were working two jobs, sometimes three jobs in order to make ends meet and one of the jobs my mother had was as a nurse in the University of Illinois Hospital. The reason why this is important in terms of my personal academic and professional position is because I was born with a cleft palate, and back in Puerto Rico I would not be able to be talking with you the way I’m talking right now. So, what had happened is that University of Illinois had an experimental procedure which they, I was their experiment, which was a success, a complete success, and my parents were able to “afford it” because it was, you know, that was a free service to the community. So my first experience with science was a very, science and public interest, was very, very positive; so, very interested in issues of disabilities, very interested in issues of gender, very interested in issues of class, extremely interested in issues of race and ethnicity from the out set.

“At age six... “I traveled back to the island” -in quotation...and with my parents and my brother, I have a brother who is four years younger than I. And because my parents saw that they had made the American dream, they came here, they worked their backs off, went back to the island, bought a farm, but for some reason they just couldn’t stay there, so they came back to the United States and I stayed in Puerto Rico with my maternal grandparents which was a huge blessing because... Fortunately or unfortunately I didn’t grow up as an ethnic minority in the United States. Okay? So, now...”

Voice 2:

“Tell me why you say fortunately or unfortunately I didn’t grow up in the United States as a minority. What would have happened if you had?”

Voice 1: Amparo

“Well fortunately, I would have been dealing with all type of issues. I would have had a different experience. I will have a different prospective of what it’s like to be a person of color in the United States. Unfortunately, I missed that perspective. Fortunately, I feel like I have a different perspective, yet it’s a bridged perspective. Because I don’t consider myself “like an island Puerto Rican” even though I am by all means... You know... I have to study Don Quijote, I mean like you know, everybody does in Latin America, and you know how it is like to grow up in Latin America which is great because you just have the Europeans, the Latin American, and the United States perspective, all at once. Fortunately for the obvious reason I already told you what I were to have access to things that I would not be able to have access in Puerto Rico have I been born there. Fortunately growing up in Puerto Rico because I was able to grow up in a very nurturing environment where racism was not a predominate aspect of my life, but in Puerto Rico, racism doesn’t mean that you don’t have a brain. I mean if you’re black, it means you’re ugly, but it doesn’t mean that you’re dumb. While here in the United States, if you’re a person of color, no only you’re ugly, you’re a bad person, but you’re dumb as hell on top of that. So, I grew up knowing that I had a brain, and that you know I could do whatever I wanted to do because I had a brain. So, I see people who have could have been me many, many times, either in my practice or my community work, and it’s really very painful and pathetic to see what happens to people of color in the United States. Does that answer your question?”

Voice 2:

“Definitely, that makes a lot of sense and that it is what I am saying. I often tell people when I do training and presentations; I can be here doing this because I was not raised and born in the United States.”

Voice 1: Amparo

“Uhum!”

Voice 2:

“Because it would be very likely that this culture would have killed... my Latino soul like I see happening to many people.”

Voice 1: Amparo

“Yeah; I do have colleagues who have been born and raised here, and they’re quite esteemed colleagues. I think they’re brilliant. I think they are, you know, doing wonderful work, and I don’t want to speak for them, I know for me, I have a... so many different dimensions because you know I was trans-located number one, and because I grew up in a culture, in very formative years, six to twenty-three, basically. Those are very formative years. I grew up in a Latin American culture that was really nurturing in so many different aspects of myself, of my soul that I don’t think I would have had that here.”

“And in fact, my parents always said to me, “We want to make sure that you guys didn’t grow up here so you didn’t have go through what you know... what they were going... and they were going through as adults... not even as a child. So, I think we’re on the same page, except that I do see a different type of resilience in people who are born and raised here, that I personally don’t have. I mean I have another type of resilience, but there’s a different type of resilience that I admire on what you call you Puerto Ricans, or African Americans, or Chicanos, Mexican Americans, that anyway, we can go all over the place with that one.”

“Let me see, anything else you want on that question, I mean in a way, those early experiences of being different, I couldn’t speak well until I was eighteen, so that in a way forced me to become a listener, which I think is one of the reasons I like doing therapy or being a practitioner. Being the other all over the place, because in Puerto Rico, not only I was different because of my speech problems, but I was different because I was black, and I was poor, and you know the whole rigmarole; As many Latin America countries is very elitist, and that’s very painful to deal with. So, I’m very, very sensitive to class issues here. And, the beauty of that is that I, in my private practice, I see people who have extremely high positions, extremely powerful people. And I also see people, who are very, very poor, domestic maids, which I of course I see with a sliding fee scale. So, I just love being able to travel the wide... gamut of class, because Puerto Rico, as in all the Latin America countries, is a class system. You’re born in a class and you die in that class. So that’s one of the good things I like about being here because this compares to other places in the world. Here you have more class mobility. And here I am doctor, whatever, while in Puerto Rico, I would just be another N-- type of thing. So, anyway, I don’t know if you’re interested in listening to this?” (Laughing).

Voice 2:

“Yes, I am interested in anything. Every perspective is new.”

Voice 1: Amparo

“However, having said that, if you all of a sudden have a lot of money in Latin America, then, you know, or if you go back with a lot of fame, or whatever, then you stop being black, or you stop being, you know, you become, it’s a color blindness type of thing. But, we don’t have to get into that because that has to do with another part of the world. So, you want me to move to the second, define terms Latino, disparity and cultural psychology.”

“I just finished writing an article about Latino identity, and basically what I say is... I don’t want to repeat the whole article... but it’s basically that Hispanic is a term that it was given by the government, and it’s an imperialistic term. All these terms are going to be contextualized, and they’re going to be changing according to the history.”

“Latino is more in vogue right now because it’s trying to acknowledge the pre-Columbian influences, reclaiming the indigenous’ perspective, which you know, many times in Latin America, the racism, it’s not even racism, it’s genocide in Latin America. Of eliminating the Indians and eliminating the African, and you know, that type of thing.”

“So, the Latino is a little bit more inclusive and also embracing our Brazilian brothers and sisters who are not Hispanics. The other thing I wrote in the article is that there’s a movement of having us call Americanos because we are from the Americas, and it’s a big movement right now, and I just feel, and that comes from Jose Vasconcelos, *La Raza Cosmica*, which is basically the concept of integrating the Indigenous, the Africans, and the White Europeans into the Cosmic Race, the synchronism, *el mestizaje*. [The mixing of races] you know that type of thing. So, I’m very excited about that.

“Disparity, I’m not sure being taken out of context, what disparity means. I think disparity is one of those words that are very much contextualized. What is a disparity? Disparity is going to be defined very differently in Puerto Rico, as in Chicago, as in Washington, DC; I don’t think there is some... I mean it depends who’s defining what and whom, and what are the circumstances that are leading to that assessment.

Narrative: (... ..)

Amparo addressed current understanding of cultural psychology and her views were what this research has been trying to document. Unfortunately, in the corrections this discussion was deleted. She returned to her narrative.

Voice 1: Amparo

“I also am very much, very much interested in international issues, and again, that’s going back to your initial question, why fortunate?

“Fortunate, that I didn’t spend my six to twenty-three formative years in the states, it is very fortunate because I grew up outside of United States where international issues are a given. We’re so isolated here... we just think we’re the center of the universe, that we miss the whole point.”

Voice 2:

“The context in which I’m asking about cultural psychology, it is because I went to school, and you know how the identity of the professional will change according to the emphasis...”

Voice 1: Amparo

“Absolutely!

Voice 2:

“So... I’m supposed to be in a program guided by cultural psychology. So I wanted to know what the meaning of becoming a cultural psychologist was. Especially, what were the socio-political values embedded in those theories; because I believe that those political values have an impact in the type of practice...”

Voice 1: Amparo

“Absolutely!

Voice 2:

“And in the type of analysis that we do is tied up with understanding society then we will have, kind of human beings. How we perceive human beings and nature. I found a great deal of confusion about cultural psychology and its meanings, and that is why that question was included. I am trying to figure out what will be the type of contribution that cultural psychology will make to Latino psychology, but first, trying to figure out what it is, and after three years of studying cultural psychology, I’m just beginning to have an idea of how to articulate it. It is going to be... for me, it was my way of giving meaning to my process...”

Voice 1: Amparo

“Sure!

Voice 2:

“Will I stop being a Latino psychologist, what it is, where is this going to take me.”

Narrative: (... ...)

Again, the discussion that followed my comments was deleted.

Voice 1: Amparo

“I can see why somebody at your stage is going to gravitate towards that because compared to what we have, that looks great! Basically, and it does, you know, it does provide a different perspective. My criticism is more epistemological, it’s more philosophical, it’s more how do you use that because you’re in a way we are accommodating to the system by labeling something. But, you know, that’s my personal and political perspective, and maybe I can afford that because I’m in a different state, if I would have been on your stage, I would be doing basically the same thing you’re doing because yeah! ...

“Because I remember when I was at your stage, I was, even though I’m trained dynamically and cognitive behaviorally, I was very drawn to cognitive behavior approaches because they deconstruct a lot of power lines.”

Voice 2:

“The thing is that I am... in a quite interesting stage... but that is because I already have studied psychology, I studied psychology in my country... “

Voice 1: Amparo

“So you have already the background.”

Voice 2:

“I was trained in Colombia in the early 70s and here I have a master. As I had mentioned before, I have already eleven years in private practice in Minnesota and when I came to this program. So it is a different journey.”

Voice 1: Amparo

“Got you!

Voice 2:

“It is quite a different journey. One of the points I make is people go to school and they don’t know how they are going to be brain washed. In terms of”...

Voice 1: Amparo

“Oh, yes!”

Voice 2:

“In terms of the world views in which they are landing, in which they are being trained and then... I’m very excited about what I am finding about cultural psychology, but I am also defining my own perception of what is cultural psychology and how it is going to be at the service of multicultural communities, it’s going to be part of the oppression, or it’s going to be part of liberation processes.”

Voice 1: Amparo

“I hear you. What I think you’re bringing up an issue I did not address about why I’ve been fortunate to grow up in Puerto Rico, because Puerto Rico is an American colony. The issues of oppression and liberation are at the forefront, and that living through all those experiences have, of course, sensitized me. I mean I was reading Freire, I was reading Fanon, I was, you know, emerged in that literature way, way back, way, way back... But the most important thing is that I did develop a critical consciousness, for better or for worse, you know, I use it. I see it. That’s when I analyze any type of power line, I have a reflective attitude, I have a critical consciousness about it, and then I redefine it for what it means to me; and the work that I do. And I don’t find that particular approach reinforced here. As you said, people get brainwashed and they don’t even know because we’re supposed to be here, the country of liberty, freedom, but there’s so much freedom that people don’t know how subliminally they are being trained to think in a particular way. So, any way, ...

Voice 2:

“Fantastic!”...

Voice 1: Amparo

“Moving on...Ethical violations in the delivery, oh, you want something else on number three?”

Voice 2:

“Yes, what are your definitions of cultural competence?”

Voice 1: Amparo

“Oh yeah, I am sorry I skipped that one; Yep!”

Voice 2:

“Tell me a little bit about those terms.”

How will you answer that question about the difference of relationships and cultural psychology?... because that is another area of confusion that I found....”

Voice 1: Amparo

“Well see, I don’t know what you mean by cultural psychology, and that’s part of the problem, and I have a very strong position... so I don’t want to comment on that, because whatever I say is not going to be, you know like, let’s say somebody who has a program in cultural psychology cannot hear what I’m saying, and I’m not talking about their particular program, I’m talking about my view of cultural psychology. I can tell you a little bit more about cultural competence and psychology in general?”

Voice 2:

“Yes, please.”

Voice 1: Amparo

“While I think cultural competence is a brand new concept and we’re being forced to deal with it, not because we want to, but because we have to. This is just like any political process, people who’ve been victimized by psychology, like most of us, have been questioning, you know the assumptions, the world view, and the oppression by psychology, so the whole concept of cultural competence is in a way dialectical reaction to that oppression. In some aspects it’s just an accommodating position so we can all feel good about doing what we have done, and continue to

do what we have done on the way. My position is a little bit more radical. I think in twenty-five years I've been observing the so-called cultural competence concept. They have moved from... we should pay attention to it sort of like giving a lip service to making it inspirational, APA accreditation criteria. Oh, yeah, it would be nice to be cultural competent, and that means to have one student who is culturally different; a program can be accredited just by that. I've been fighting for years to put some bones, some meat, some whatever into these cultural inclusion criteria with the APA but they don't want to do anything at this point. It's a development issue, of course. We just need a critical mass. We need more and more people saying this is not acceptable. We need to become culturally competent. As you may know, in Massachusetts, there is now a requirement for licensure that you show some training in cultural issues. How that is defined, I don't know, but at least it is getting to the point that yeah we have to have some culture knowledge. I think culture competence is an ongoing process."

"In some aspects, medicine is ahead of us because they're making it a requirement. In fact, even though I'm in full-time private practice, I'm a clinical professor at a School of Medicine, Department of Psychiatry. What I do there is I teach residents cultural competence and cultural aspects of mental health, and I'm not saying that psychiatrists are more receptive than psychology, but the difference is that in psychiatry, people see patients."

"Psychology people don't see patients or clients sometimes. You know what I mean? What it means is that in psychology it's a science and it's a profession, you can have the luxury of seeing certain type of people; people who fit criteria; people who look like you; people look like the way you would like to look, who knows what. While in medicine and psychiatry, in training, you have to see people, real people. So what that means is that they may have a negative reaction to cultural competence, but their techniques don't work to keep African Americans in treatment or Latinos or Asians, or they never see a Native American, then they're going to say well we're doing something wrong here because we need to do the service. In psychology what we'd say is, "Oh well, these are clients that don't want to come to our free services of the clinic, and they blame the victim type of deal. Am I making sense what I'm saying?"

Voice 2:

"You are making more than sense."

Voice 1: Amparo

"Okay, so again that's one of the reasons I teach, and remember, it is volunteering in psychiatry and not in psychology, and I don't want to sound like I'm anti-

psychology, I am so proud to be a psychologist, I'm just delighted to be a psychologist. Clinical psychologist, I think it gives off a wonderful position to at least try to integrate science, art, and healing abilities, all into one. I think it's just wonderful that we have that. Now that huge diversity is also our major limitation because we have people that we are all psychologists, but we don't see the world the same way and we don't talk to each other, we don't even speak the same language..."

"So, I can keep on going until tomorrow on that one. No, seriously, I am very, very proud to be-a psychologist. And it was a conscious choice and I made that choice when I was six; Conscious choice!"

Voice 1: Amparo

"Okay, ethical violations in the delivery of mental health services to Latino... You identify an expression of disparity."

"You know, I'm going to take a very rigid view here. Mental health or psychology is just an arm of society. We reflect the societal beliefs. So, if there's a disparity in society against Latino's you're going to see it in every single space. We are part of the system whether we like it or not. And yes, there is disparity in the mental health, delivery to Latinos because there is disparity in the way our society treats us. And I just say our society because right now we are the biggest ethnic minority group, so we're part of the system at some level. We reinforce that as well. Our silence becomes part of that."

"So, yes, there's disparity and there's a lot of, I can speculate a lot of reasons why that's so, and I think people are still trying to keep the line that divides Mexico and United States quite firm by continuing to oppress Latinos. I think we're still a threat because many of us use to own this land. And it's ancestral collective unconsciousness fear, fear of you know, that they came here, they decimated Native Americans, they're afraid that something's going to come back at them. You know, the same thing with the Mexicans, where else can I tell you about it. So it's fear of the other because it becomes a survivor issue and trying to preserve what power they took away from whoever own or was living here, because the Native Americans did not own, they feel they were allowed to live here, which is completely differently world view, but that's another story."

"Disparity, I think has to do with "dog eats dog." A lot of people came here as immigrants. They have feelings about that. They came here escaping oppression. They internalized the oppression, of generations. So any time, at some level we're not going to remind them of them because we're so different, but we do remind them of themselves, so they try to erase their history, their traumatic history by

oppressing us. So we don't eat with them, we work for them, we don't marry them, you know we don't socialize with them; we don't. Things are changing; let me say that, I am very, very impressed with the younger generation. I feel, and I'm going to go out on a limb, but this is my experience, I feel that younger people are less racist. People in my generation they're goners. I'm a baby boomer. People in their twenties, it's incredible. They have other issues, but the issue of cultural diversity is really, really different. There's a true attempt to see people as people. And a true issue of acknowledging race relations. It's completely different; it is just... I'm very excited about that. So, I have hope. I just gave up with psychology of my peers. I just give up. I know that twenty years from now things are going to be very different because all those people are going to be dead. That's the only way things are going to change, because they are not changing; I've been doing this for twenty-five years, they do not change."

Narrative:

Amparo had lowered her voice as if whispering a confidence and continued:

"I see my colleagues, we go to the bathroom at meetings, during APA Meetings, "can you believe this... they're saying the same thing they were saying fifteen years ago, the same person." It's like no, the only way... they have to die and new people come in!"

"Okay. I'm not saying I'm going to kill all them, but just know... no way people, you cannot teach old dogs, new tricks."

Voice 2:

"You were saying...?"

Voice 1: Amparo

"You cannot teach old dogs new tricks." (Laughing)

Voice 2:

"Okay, okay, yes... I understand."

Voice 1: Amparo

"What it means is, become... taking an antiracist position for this people, it means giving away their power. That's their basic issue. They're not going to do it!"

Voice 2:

“And it is a power that they probably don’t understand consciously, how they arrive to it and how they maintain it.”

Voice 1: Amparo

“Exactly. Oh... some of them, many of them do. Many of them do. They just claim that they don’t know it. They act like they don’t know, but they know very, very well. Trust me on this one, Sonia! I’ve been in meetings that for some reason they forget that I am there. And see, I’ve found that fascinating. I’ve always wanted to be *in the belly of the beast* because that’s the only way you can learn how they think; if you do not know how they think, how on earth are you going to be able to understand their processes. And the other thing, and maybe because I’m older now, that I’m settling down with, trying to understand that is almost superhuman to expect that people who have privilege to give it up and to understand. Yeah, it is, I mean, let’s face it, this is not a religion you know, there are very few people on earth that are able to transcend that. They may understand it theoretically, but they’re still holding on to their privilege. And there is a different mechanism. You don’t understand it because it means that you have to reexamine who you are and make some changes, and change is painful, particularly if you have other reasons to keep the status quo, and then if you examine that, you have to do something because you’re a good human, I mean psychologists, you know, we tend to be good human beings. I mean basically, that’s why we’re in this field supposedly.”

“Okay, so... estimated percentage of Latino’s cases that benefit from having...results. I think everything is influx right now. I think things are changing as much as, again the critical mass concept, if we have more and more people who are in positions of power. Even if you are socialized, because we all are socialized into a different worldview, just by being different, I think that particularly if you look different, I think that really it’s hard to homogenize people. And I’m not saying that just because you’re a Latino you’re going to change things because many people internalize oppression. But you know, I think that’s a journey that each one of us has to take. The critical mass concept I think is very, very important.”

“Am I making sense? Do you want me...to ”

Voice 2:

“No. You are making sense. When you read my paper, you will figure out how much sense you are making for me. But, let me orient you a little bit in this

question. I am very concerned because I have observed ethical violations in the field, constantly. So I want to know if you have seen them. And what will be the ethical violations that are more commonly seen by you; in your history and your practice, seeing people.”

“I want to bring attention to people that there are things that become different standards when the service it is for Latinos. For example, that it is okay not to *have soundproof offices, at the community health service for Latinos, because we are poor... because they are poor; although, that is an ethical violation of the client’s privacy.*”

Voice 1: Amparo

“Oh yeah, absolutely... yeah!

Voice 2:

“That is the type of thing that I am trying to document. Am I the only one who is concern about this or see this?”

Voice 1: Amparo

“Oh, of course not, of course not. I mean I think it’s not only for Latinos, this is for... particularly for people who don’t have power in society, and what it is, it is an attempt of the system to just put a band-aid approach to the problem by giving money to communities or community clinics that they don’t give them enough training, enough resources, so they’re going to do a poor job. So then, yes, a Latino client who will go to a clinic that is not holding up his or her confidentiality, they’re not going to go back, or if they go, they’re just going to be with their body there and that’s it. See I see it more as a systematic issue. I think it perpetrates itself. In the public sector, again this is a gross problem, in fact, I will say that it’s more than an ethical violation; I think it’s a human rights violation, it borders on that, and I have an article, I talk about that.”

“There is a person, Melba Vasquez who has been doing a lot of work, specifically on ethical issues and ethical violations of powerless people and particularly Latinos. I mean I can sit down and stay with you... and tell you all kinds of ethical violations. So yes, I think of all kinds. Even stuff that you and I would not even think of, they’re ethical violations. It also happens in private practice, believe it or not. I’ve seen people who have been either seeing, well it goes the whole gamut, either I see them individually, or I see them as couples, and then another therapist is seeing them individually or as a couple, or they are seeing their child in child therapy. And, many of these ethical violations stem from, lets say, what comes to

mind is a recent case of mine, a woman from Central America, been here many, many years, speaks English with an accent. She's not white, so by looking at her, you know that she's the other, and she was describing a situation where the therapist of her son, who was just telling all this stuff and it was clear to me what was going on. To remind you that this is a Latina who has a very high position. She pays the therapist's bills. This is not a hound type of client; she's a yavis client. Okay, you know what a hound is?"

Voice 2:

"No, I don't.

Voice 1: Amparo

"Hound is humble, old, unattractive, nonverbal, and dumb, hound."

"Yavis is young, attractive, verbal, intelligent and successful."

"So, this woman was a yavis client. The only thing is that she was Latina. So the therapist was basically over-reacting to her because her interpersonal style was a little bit too histrionic for her. Okay, this is what she told me over the phone, the therapist. I said what do you mean by histrionic? Well, you know she uses her hands. She gets excited when she talks about her husband's affair. Yes. I said, well how will you feel if your husband would be having an affair? Oh, you know... that's irrelevant here! I said, "No I don't think that's irrelevant at all. You're talking about your imposing your worldview on the way this client reacts to a situation. The way you will react may be very different, good for you, but the way she reacts is not historic. It's culturally consistent. And you are pathologizing her because of that... Of course I never got very far with that therapist again, but this is the type of ethical violations that are not blatant, it's just that my patient was smart enough to pick it up and bring it, she felt safe, she had a safety place to come here and talk to me, otherwise, that's a gross ethical violation. And it happens all the time."

"When I was seeking for a therapist, way, way, way back, when I was still in training, it was my internship, no actually I was already out of internship, I was in a faculty position, I made a point of not seeing anyone who had a psychoanalytic or psychodynamic orientation. Mind you I was being trained in that perspective. Why? Because I was crystal clear that at that era, this is now in the late 70's, at that time, that theoretic orientation was not interested in culture, was pathologizing anything that was deviant from what they define as normal. And I felt that they were not only going to do me disservice, they were going to make me think that I was bad for being myself. So, I was lucky, I good a Jungian analyst,

who was not too far out, you know, because analysts have a big range. So, the guy was not out there. He was somewhat in the middle, and I was able to work out with that person. So, anyway, I'm sure we all have stories like this."

Voice 2:

"Before we end this question, tell me something about, I am very concern about translation, when a psychological assessments that have been done, to make important decision of the individual's life, both psychiatric and psychology, used translation. I would like you to comment a bit on that."

Voice 1: Amparo

"Yeah, okay. This is a necessary evil because you know there are people who don't speak English, and not only Latinos were talking about. Now there have been a lot of articles written on this perspective and there is a model of how to do this and that is to have an interpreter who is also somebody trained in mental health. It doesn't have to be a Ph.D. or M.D. Somebody who is trained in mental health and trained in cross-cultural communication; if you don't have somebody like that, you're just adding more to the problem, I mean it's not going to be effective, or ethical, I mean you're just getting a picture that is not real. So, I mean that's, and there also some articles on that, particularly with Southeast Asian refugees and making sure that they have trained interpreters. Like, Frank Acosta has written a lot on that. Well, anyway. So, the person has to be trained, both in cross cultural communication and in mental health, because issues of confidentiality, idioms, cultural idioms of distress, and issues of cultural..."

Voice 2:

"If those requirements are not met what do you think about this particular issue, in terms of what is ethical and legal?"

Voice 1: Amparo

"I think you have to be put it down in a very clear way; you have to highlight the fact that you used... that an interpreter was used that was not trained in mental health. And therefore, this is just offering a glimpse; it's not as effective as if we were doing it with somebody who speaks the language where the culture is the same, etc."

"I mean they think basically, that by using interpreters is just —a make up for another sin, because you can have somebody who speaks perfect English lets say a person of color, who's been assessed by these tools and the experience is not

culturally congruent with those tools. So you're doing a disservice. I said that because we don't have the metaphor of the language. We don't see it... as a disservice, but it's the same thing. It's an imposition of a worldview to interpret and dictate mayor decisions in somebody's life. I have a big problem with that, and I've done enough testing in my life...so, anyway..."

"And we're not going to find any solution here because in the English only movement is the one that's behind all of this."

Voice 2:

"In the English only movement?"

Voice 1: Amparo

"We are not finding any solution to the problem of using interpreters in testing, because what's behind of this is the English only movement. We all have to learn English, so they're not going to spend time or energy to examine the ethical violations of testing somebody in another language. Or, making testing more congruent, I mean as a country we have been doing this since Ellis Island. Ellis Island, they had psychological test to weed out people of color. They were weeding out people who were dark. And you were given test, but in a language the people don't understand, but I mean, it was used as a political maneuver."

"This is all a political move. So what I'm saying is what's behind this is the general belief that we have all to speak English and we all have to behave in a certain way. So anything that challenges that, you're not going to go anywhere..."

"I'm a making more sense now?"

"Are things getting clear?"

Voice 2:

"You are clear, Oh no, you're making a lot of sense. You are making a lot of sense, but what this is becoming to be for me is that this is so unfair that they do not see the consequence, when it is so clear in my mind that it's unethical and it's illegal and it's a human rights violation."

Voice 1: Amparo

"Exactly. Exactly."

Voice 2:

“That I know probably, my knowledge of the literature in that area is not that big. I am glad to hear of these issues, and learn that there is more than I know. Uhm... but it has been like a lonely journey.”

Voice 1: Amparo

“Well actually, the APA, you may be familiar with the APA guidelines of treating culturally and linguistically diverse people, and they talk about that specifically, but they are problems that have put out guidance about how to use interpreters, how to make it. You know, the San Francisco Hospital had inpatient units that were basically for some Asian, Latinos; Ricardo Muñoz used to be the head of that. You know, this has been going on, I’m just stepping out and telling and you that my interpretation is a social political one. We’re basically, what they’re saying we don’t diversity, we don’t want pluralism, we don’t want Quebec, instead they should be saying we want Switzerland, we want, places where they speak several languages... but no, we don’t want Quebec here, so that’s why they don’t care.”

“Okay, should be move to number five?”

Voice 2:

“Yes.”

Voice 1: Amparo

“Oh, this is tough for me.”

“Very, very hard, because this has to do with the quality of mental health services and resources to the Latino community in my area. Let me tell you why this is tough for me. Because, and you may have to, I don’t know how we’re going to say this because this is really a confidentiality issue. I see a lot of mental health professionals as clients. So I hear the stories. And the stories are that the same thing you’re saying, ethical violations in the delivery of services to Latinos because charts are left out there. They talk to the management in the clinic or in the community. They are so overwhelmed they don’t do anything. You know, it’s like, its’ almost like you are being set up to fail. It’s like the bilingual program in this country, that from the beginning, we are set up to fail. So what we do is then we blame, you know, the issue, and we don’t blame that this is just an agenda, a political agenda. And the political agenda is we’re just going to give services to this community because politically we have to, but we are not giving them services. So, you have people like you and I who work in those clinics who are... it becomes a spiritual dilemma. How can I be part of this? Even though you know

that your services are needed. That you know that you're touching one and you're touching a hundred, because when you touch one Latino, you touch a hundred. That's the beauty of this work. So, it's a spiritual dilemma. Really, it's very painful for me to hear it."

Voice 2:

"I recently worked in a community mental health center, in day treatment, and what I have discovered... I have been in private practice for many years... so going back to nonprofit was a shock to my system."

"What I witnessed, I call it a social crime. Clients come in and they are given a placebo because they are told they are receiving this treatment when they are really receiving some social recreation. Similar probably to what we would call in psychiatry practices "milieu therapy."

Voice 1: Amparo

"Exactly."

Voice 2:

"That the reinforcement of rules of telling people for example, please you should not eat that or do such and such. That is no understanding why you are ill or why you are so angry or what is going on. So I think that I can relate."

Voice 1: Amparo

"Absolutely, we're talking about the same thing. One of the things I did because I was immersed in this situation... when I first, when I moved back to the states, as I told you I came with a masters and I developed a program, a mental health program, and there were forces, this was in a small town in Connecticut, there were forces for me to do that, and basically because I had a psychology of liberation perspective. What I did is I went into the community. I worked into the schools. I organized communities. I worked into empowerment issues and increasing concientizacion [consciousness] so people could make a more informed decision... and they didn't know what I was doing because, of course, nobody knew at that point what psychology of liberation was, so I was with my staff, we were running high. I mean it was programs in school to enhance self-esteem with the kids. I mean basically like teaching them about Latino culture and being proud of whom... they are, because they are being taught you know that you're bad. Anyway, so, but..."

Voice 2:

“Can you tell me how many psychologists are in this area? That you know, that are licensed, how many are Latinos?”

Voice 1: Amparo

“Well here, this is very artificial place. Meaning, this is not representative of places. They’re an abundance of Latino psychologists here with license.”

Voice 2:

“You think it is?”

Voice 1: Amparo

“Oh yes, oh yes. This place is full of Latino mental health professionals. They are... all people from Latin America, from South America particularly who are here doing private practice and doing work. So there are many, many services available. People pick and choose. A lot of Argentines, a lot of Brazilians, Spaniards, there’s a lot of, but remember this is a very different area. Because you have a lot of... the embassy, you have a lot of international agencies. You have, there’s a lot of people here.”

Voice 2:

“Okay.”

Voice 1: Amparo

“So that’s not a problem in this particular area.”

“Now if you’re poor and you cannot afford a private practitioner than you have to go to those places that you and I were talking earlier, you know public sectors and that’s where all these problems come up.”...

“Comment on the question...well we’ve been doing that all a long haven’t we?”(Laughing).

Voice 2:

“Uhm.”

Voice 1: Amparo

“I think psychology, or at least certain parts of psychology are becoming more open to this issue of unrepresentative needs. Partly because it is a response to the political pressure that demands action, the vocal minorities. But there’s also, let’s say the feminist perspective, that talks about empowerment and self-reflection, and change, and the personal is political and you know maybe 15-20 years ago he was more you know, feminist among woman, now some of these things have become somewhat mainstream so people are speaking that language now. I’m not talking about again, people who are very well established, I am talking about people who are coming through and sort of junior now and they’re less reactive to that language. They need to be very reactive to feminism, but that is another story. But I think some of the concepts of feminism have been getting into psychology, and that area I think social psychology and you know... the whole study of racism with physiological responses.”

“I think there’s just very good change. So, I’m very happy with that. It’s slow, but at least it’s changing. And also, for instance, psychology of liberation that you know it’s a Latin America phenomenon. It’s now... people are into it. So I think there is just to discover other type of indigenous perspective. I think that’s good. And there are some coalitions that are being formed right now. There’s more of an international perspective. I mean like we have two divisions, the division of international psychology, peace and conflict; and all this social issues, a lot of this groups have some solidarity with each other, and so there’s some issues that are being pushed by several groups as opposed to just one group. I think since then, it has been improving significantly.”

“Now what coping skills or strategies do you use to complete you education...”

“Again Sonia, this is very contextualized because when I talk to people about this, because students like to know well what do you do that would help, which is great, I say, well I can tell you my story, but you have to remember that was my story at that era, I was a woman, this and this and that, you may have to sort of get the essence and change. One incidence, very, very specific, when I went for my Ph.D.; I was clear that I wanted to go to a program first and for that they would pay for me, because I did not have money and I was coming from Puerto Rico, at that point, still there was socialized education. So if you have a good grade, you don’t pay, and it’s like \$5 per credit or something, anyway I had all kinds of fellowships, remember if you’re poor, and if you’re black, but if you’re intelligent it would help you, so I was luck. And, so I didn’t have to get any loans. I worked, you know, but I got all fellowships. So my mindset is, “I’m going to pay for an education, no, this is the government, should educate me.” You know I should not pay for it. This is a right. I have a right to be educated!”

“You know... if I’m a good student, why not. Well people who are educated shouldn’t be wasting money on them. So I came with this pet theory and I said I’m not going to go to any school that is going to tell me I that I have to pay them. And, number two, I need to have a group of minorities to speak with, I know what’s going to happen, I’m going to get destroyed. If I’m the Lone Ranger, I’m going to get destroyed. It doesn’t matter how bright I think I am, they’re going to kill me. Because they made their rules, they say your behavior is inappropriate, so I knew all that stuff. So, okay...

“So, I got accepted in several programs, and all the programs wanted me to pay. I said you don’t want me to come to your program. So, I was very luck that the University of... .. gave me a fellowship and had a critical mass of minority students, which I met when I went to the interviews. Not only minorities but also it had a Latino component. So what did I do, I went there and because I had, you know, like you... I went back to school after being a psychologist, I was delivering clinical services, let’s put it that way. So I organized the Latino students in the department (... ..)

“First of all I developed a group of Latinos and all this was luck, okay, because I would have wanted to do XYZ, but if the land was not fertile, I would not be able to do nothing. I found an African American professor, who knew some Spanish and he was brave enough to supervise us doing therapy in Spanish. Okay? He had to fight a lot in the department. But see again, this is a department that I knew it was progressive. So, I got this Latina student, who --then everybody was saying “Oh my God,”-- because she was being shown to everyone because she was the best student in the whole department. She came out of the ethnic closet because she wanted to be supervised in working with Latinos. She was smart enough to know that that’s an invaluable training. And I’m happy to say she has done so much in her career. She’s a big name in the field. It was wonderful. Anyway, but the other Latinos, we got together and we developed a critical team. And, not only were we delivering services to students who were Latinos at the university, we were doing community work, and on top of that, that became our surrogate family. So, we were checking reality. “Oh, you remember so and so--what I heard-- no that guy is no way...” you need that. You need that support. You need to strategize. I mean this all came from a psychology of liberation perspective. That was survival. That’s why I was able to do my Ph.D. just like this (snapped fingers) boom, boom.”

“People say, “Oh it took you two years, how is that possible?” because I didn’t have to spend energy fighting; because, I had my group... We were checking reality. We were strategizing. We were learning from each other’s experiences. We were feeling good about ourselves because we were delivering a service. And

we knew that we were good, and our clients were improving. That's how I was able to do what I did. Otherwise, who knows, I may have not finished my Ph.D. Okay? So...

Voice 2:

"Thank you."

Voice 1: Amparo

"Coping skills, well you know, I knew how to, when to keep my mouth shut. You cannot fight all the battles. That I learned in Puerto Rico a long time ago. Another thing I tell students is that you need mentors and you cannot wait for people to mentor you, you have to pick up your mentors. Okay. So, besides this professor, I remember there was a woman there who, people said... well she's okay... but I sense something different in her and I didn't know what it was. So, I took a course with her and then I found out what it was. She had been living part of her life in Canada, even though she was an American. I said okay (snapped fingers) so this woman knows what it's like to be different. She knows what it's like to be in a different cultural, in a different country. The point is, I identify people who have certain traits... Nobody is going to be like you, and many of these people, I mean I would never dream that they would see themselves in me. But I try to identify in them some experience that could open up the door just to entertain the possibility that things could be different; I got mentored by gays, by lesbians, you know people who are different. You just have to, that's why I believe so much in solidarity. And that's a problem I have with our issues, Latinos, African Americans. We tend to buy the system Cubans vs. Puerto Ricans; Mexican Americans and Puerto Ricans against South Americans; African Americans against Asians Americans. That's what they want us to do. See this is the type of thing that we're talking in our Latino world and this is the type of thing I'm trying to do in my work at a professional level with organizations. Some people are quite open to it. Others are too much in pain that they think their pain is the only pain."

"So, you know, you just have to pick your battles. You know who is workable, and it's not that they're not going to change, see sometimes you are in a developmental stage, in a political developmental stage, in an ethnic racial identity developmental stage, in an immigration cultural stage, who knows; in a spiritual stage. Why fight it. Come back later on. Five years. They may be in a completely different stage, and that has happened to me so many times. I've seen people that I have asked them to vote with us let's say in APA, they don't want to deal with it. And some of my colleagues say "Oh so and so is this," well he is like

that now, and I don't know how he is going to be tomorrow. So you go back. Pick your battles."

"The other thing I did, I chose theoretical areas that were reacting against the mainstream. At that point, community and cognitive behaviorism were reacting against dynamic. So I said I'm jumping on this wagon. Because this is the same thing I'm doing. And at least if I can translate this and this is similar to what you're doing when, otherwise I would not be able to do my dissertation. If you don't have a common language, no matter, who you are, you can have Jesus Christ, Ali, whoever, Buddha, next to you, and they're not going to mean anything. You are not going to have anybody powerful behind you; if you don't communicate with them... it's nothing. So, and because of linguistic problems, I have always been very interested in psycholinguistics. I did a lot of work, study... in fact; I wanted to study in Canada, at McGill, because they have a wonderful psycholinguistic program. That was one of my passions, but anyway, that's another story. So, coping skills, I think I gave you enough. Do you need more?"

Voice 2:

"No. That's fine."

Voice 1: Amparo

"Okay good; progress you observed and witnessed in the field of psychology in terms of identifying needs. I think we have somewhat addressed that."

"I think things are moving slowly, but they're moving. The latest experience that I can sort of relate to is the journal that we launched. Anyway, I think things are moving, partly because they're more mainstream Americans having experience of being the other, some people are traveling. I mean this country is one of the few countries I know where most of the people of a certain age, haven't traveled outside of the country. You know, and I think that's so limited. So people are traveling more. People are getting exposed to cultural differences. Diversity is becoming more of in scene. Even at the level of media. And that's, I know sounds superficial, but it's not. People react to those types of things."

"Uhm... what else. Oh, something very important, and I always mention this, and that is the literature of color. And I'm not talking about academic literature; I'm talking about the real literature. In the literature of color is just fantastic. I mean, our literature Latinos, whether it's Latinos from here, or from Latin America, African Americans, Indian writers, Native American, Indians from India, I mean, fiction, essays, you know, is full of the experiences of people of cultural diversity. Psychology had been so behind. So, that because people is becoming more

immersed in that, particularly people who are more progressive. People who just want to know life in its full magnitude... That, I remember when I was growing up; you were reading the same old dead, White men, which are fabulous... I mean I love dead, White men. I want to know the literature. I mean it's important for me to know that, but gosh, that's not the only literature by all means. I grew up loving Julio Cortazar.

"I mean... (Laughing)."

Voice 2:

Rayuela! (laughing)...

Voice 1: Amparo

"Oh... Rayuela my favorite! Oh... gosh! Yeah, all those stories I read growing up. I mean, you know, Garcia Marquez, I think "One Hundred Years of Solitude" should be read by everybody."

Voice 2:

"Yes."

Voice 1: Amparo

"Anyway... but we can continue on that one."

Voice 2:

"Isabel Allende!"

Voice 1: Amparo

"And I love Isabel Allende. Ah! Ah! Ah!"

Voice 2:

"Have you read all the books of Isabel Allende? I have the last two waiting for me ... until I finish this project?"

Voice 1: Amparo

"The last two? I read most of them."

Voice 2:

“Thank you.”

Voice 1: Amparo

“Wait, wait, I already read most of them. The last one I read was Paula, of course, which just broke my heart. And I have *Retrato en Sepia*, (... ..) I have that one, I just... I love it. It just makes me feel happy that I’m alive.

“You know, I am alive... And I feel like people who don’t have access to that... It’s like, oh... I feel sorry for you!

Voice 1: Amparo

“Problems you’ve observed. Okay, we talked about that. What do you think I should keep in mind in considering disparity and Latino mental health?”

Voice 2:

“I already asked you about the progress in the field, so now here, we are closing the interview a little bit.”

Voice 1: Amparo

“Yeah, I’m already at question nine. Did I miss something?”

Voice 2:

“No. Wait, you didn’t talk about tokenism but that is okay. That is actually a term maybe coined by you”

Voice 1: Amparo

“Oh, tokenism. Yes, uhm, ... wait it is not, it’s been used by organizational psychologists, just it’s hasn’t been used in our context. But, yeah, I mean of course, we are all tokens, and you just have to be aware when your position is a token one and what you can do to affect change, and what you cannot do.”

“By the way, something I wanted to mention to you, which is maybe completely irrelevant, but I do want to mention anyway, it is about the community clinics, there are some services that I’ve found, not all of them, but I have found particularly this area that are extremely competent.... very, very good. And these

are services directed to victims of sexual assault. Now, part of the issues is that they have a feminist perspective, which means you have to be checking yourself out all the time, and... I know... we're running out of time too."

Voice 2:

"Uhm."

Voice 1: Amparo

"And uhm, so there's a commitment to evaluate yourself and your services or what have you. But also, it has an issue that crosses, I mean, it bonds woman, even though the particular experience of the woman of color, of Latina is very different, because it's expressed differently, in its process and in its terms. But there are some commonalties there that I think that helped for that success. And I'm not saying, I mean I'm trying to convey to you that I'm seeing a particular type of service delivery. Consistently, they tend to be more professional and more effective than..."

Voice 2:

"Others?"

Voice 1: Amparo

"And this may be my own experience."

Voice 2:

"No, but thank you because that is a perspective that I need to emphasize in my dissertation, or in the findings of this study."

"So, I mean that by calling the attention of the system existing problems, it does not mean that we cannot be proud of progress. Or that we cannot mention all those areas in which we are doing good things."

Voice 1: Amparo

"Exactly, exactly..."

"I think one of the issues may be that there is more advocacy. That is the voice, because it's a voice that can be echoed in different colors and different accents. Just pushing the issue of solidarity and how we tend to be too silent, or we just

explode when something, you know, when Miss Columbia is insulted on TV, and then everybody jumps and then everything, and then he apologizes, and he gives some money, I don't know to what he gave... David Letterman, you know the story, of course you do, you are Colombian. You know, and then we stop and we think, and we cannot do that, we have to have a consistent advocacy and solidarity, and today, you know, it's our issue and tomorrows it's somebody else's issue and we have to be there for them, you know. So, that's an issue that I think it has to do with why these services are more successful, again, this is relatively speaking. The other thing that I have observed is that many of the services promote empowerment as opposed to dependency. Many poor clinics, okay is like you said, and the milieu therapy it's a drop in center, and that's it. And it's used as a social situation and they don't care for you to become liberated, but this another perspective... they say, this happened to you, you're a victim, you're becoming a survivor and now you are going to thrive and transcend this. So we have a developmental process as part of the premises of treatment. And the other thing that I have observed, that is very good, is that it's time limited. It's not for ever... the identity issue is for a time limited... As a victim, I mean. Okay, so let's get back here."

Voice 2:

"So, I want you just to place yourself in the position that you were going to explore disparity in Latino mental health service and what would you do if you were in my place? This is my way of putting you to work. If you would explore disparity in Latino mental health, what else of what I have already outlined...?"

Voice 1: Amparo

"Well, I don't know what you have done. I think what we need to do is to put it at a more centralized level. I think there is a movement to understand racial disparity in health to begin with, and in health services. Like some countries, in Scandinavia, they have psychologists as part of the government heading... I mean agencies to try to bring a psychological analysis to what's going on in health and what have you, I think we need people who can bring a cultural analysis from a psychological perspective on these issues. Basically what I'm saying is, unless we take a centralized, meaning using the system position, this is always going to be a symptom of something else. And I don't mean, I think, I think it's very important that our APA has been placing psychologists in fellowships in the White House so they become public policy experts. I think we need more of that."

Voice 2:

"I was looking at the fellowship as a possibility after I finish."

Voice 1: Amparo

“Absolutely; I think that’s an area that we really, really need.”

Voice 2:

“That is why I came back to school. Financially, it did not make sense. After I finish, an insurance company will pay \$10 more.”

Voice 1: Amparo

“So, you were working with a doctorate....or you’re working with a masters?”

Voice 2:

“Uhm. I was grandfathered in from my master, here. I met all the requirements of the Ph.D... I am talking about the early 80’s when they would still license a master level psychologist if you had similar backgrounds. So I did the whole enchilada that the Ph.D. has to do to obtain the license. But I didn’t have the doctor...”

Voice 1: Amparo

“The degree... Uhm!

Voice 2:

“Which had become a problem, not in Minnesota... working in Minnesota, it’s not a problem there, it’s a problem nationally. And I didn’t know how to write. So... and I was beginning to be part of the process of the state, policymaking processes...I had an appointment the State Mental Health Advisory Council, I needed to learn to write and to be more sophisticated in my presentation of issues. And that is why I went back to school. I used to dictate all my psychological reports... Going back to school... It has been a tremendous education in terms of revisiting issues.”

Voice 1: Amparo

“Oh yes! So..”

Voice 2:

“What happened is that I became a work alcoholic, I was helping others, but it was like so much needed to be done, I needed to be part of a national process and for

that I needed the degree. I mean I was so busy because in the state I was the only psychologist in private practice working with Spanish speaking individuals. I never could do an open house for my clinic during that time. I needed a sabbatical I was so overwhelmed, so overwhelmed with the work. I didn't have time... Every year there was so much money I was losing just because I didn't have time to do the billing. You can imagine it was difficult to take that time...

Voice 1: Amparo

“Oh my gosh!

Voice 2:

“You will have somebody, you see... Social Security would call you, a social worker saying, you know, if we don't get a the psychological assessment for this homeless person services cannot be accessed... we don't know how, or when, or what we'll pay, ...would you please... well, you make room for those cases in a full schedule. And then when the big money comes, when the big case comes, you have to take it.”

Voice 1: Amparo

“Exactly then...!

Voice 2:

“But you already have a commitment to these people; you cannot drop them for money. So it comes overwhelming, I was becoming at least a workaholic, who was seen forty clients a week without counting evaluations. So, and also I was saying, wait... I cannot save everyone...”

Voice 1: Amparo

“Uhm...”

Voice 2:

“I need to figure out what is happening nationally. I need to find a better way to... I call it a way to maximize my resources. I need to be more effective and...”

Voice 1: Amparo

“Absolutely!”

Voice 2:

“That is why I went back to school.”

Voice 1: Amparo

“Because it’s limiting, I mean it’s great to work people one on one, but if you really want to reach and make more changes at another level, you need to do the writing, and let me just, for the sake of the tape, tell you, and by the way, if you can erase the name of the university, because I just figured that I could be identified very easily. So, the thing I wanted to say about the university, why the university was so great for me, because it was different working with a master ... the experience told me how powerless I was, because I was not a doctor. I mean that I always wanted to do my Ph.D. I came here because at that point, they didn’t have a Ph.D. in Puerto Rico... so... but, it was really very, very painful because not only I was a minority woman then, I had a master degree. So it was like three, four strikes against me. I said, well, you know, I need the degree. This is it, did I have any doubt that my patients need me to be a doctor, no... I need the degree. So that was very empowering of course, but the other thing was that I learned how to do research and I learned how to write. I mean, as you can relate, writing in Spanish it’s so different from writing, first of all in English, and secondly, psychological writing is just, I mean, it’s like you have to learn three different languages, and it took me... time... and still... it was so painful. Because when I came here, I didn’t know English... (Laugh). And on top of that, I was working with the Latino community, so I didn’t have to learn English. So, it was very, very, and it’s still painful, I am doing much better. It was, and you know if you can write, you have a sword, basically.”

Voice 2:

“In Minnesota, one of the things that I did was, I reached a point in which I said to people, if you are going to be bothering me because I am not a doctor, I don’t want the case because I will not tolerate those things in cross examination. I was doing a lot of forensic work. So, you need to get me appointed by the court because I’m not going to waste my time in that type of discussions.”

Voice 1: Amparo

“You have power there!

Voice 2:

“Given up that power, it was not easy.”

Voice 1: Amparo

“Oh, it must have been a shock for you.” (Laughing).

Voice 2:

“Oh, I had been unbelievable, unbelievable. I have recovered part of myself through this process and I have not kept my mouth shut, and I am going to graduate! I’m close to be the first graduate of the program. If not the first one, I’m going to be the first, supposedly the first Latina, who go out with the cultural psychology...”

Voice 1: Amparo

“Degree!

Voice 2:

“And probably, we will be first cultural psychologists in the country...”

Voice 1: Amparo

“That is incredible!”

Voice 2:

“So, I have spent three years trying to figure out what is this going to mean. What is going to happen to me? I am okay with what I became, one because I was able to find liberation theory which is part of my background in Latin America...our training as psychologists in the late 69s and early 70s included an intense theoretical and political debate...the other reason I am ok is because I was able to find a cultural psychology that reviews exactly the socio-political values that support disparity. So that, I also found that there were three different schools in cultural psychology. and this should be out of the tape.”

Voice 1: Amparo

“Okay. You want me to turn it off?”

Voice 2:

“No, no, no...because it becomes difficult later to reconstruct the context.

Narrative: (... ...)

Although the tape was not turn off, in this transcript I deleted a couple of sentences in which I described ways in which I perceived that I have empowered others even from my student powerless position. That story describes internal politics and opinions that I considered irrelevant. What is relevant to mention here is that we can affect the system when we have an accurate environmental reading of the dynamics and that even from a powerless position we can promote change.

Voice 1: Amparo

“This is excellent. This is great. You see... this is what I mean by being a position to empower other people. Yeah, but that’s, you’re describing the type of experiences that many of us have to do...”

Voice 2:

“Sometimes, it is behind the scenes.

Voice 1; Amparo

“Exactly! ...Because otherwise, things are not going to happen... And you know, and the beauty of this Sonia, and I know you’re finding it out, is that you’re doing to others because you’re basically enhancing the field by making changes that other people are going to benefit from. I mean, I personally, and I hate to admit this, because it’s really, it’s painful...”

“I am to a point, that when I write, I honestly don’t expect my peers to like it, because I know younger clinicians and younger scholars, particularly scholars are the one who had say okay I know what you’re talking about, because we are so in to our own reality, you know the whole issue of privilege, because in a way we are in a privileged situation.”

Voice 2:

“We are. I was part of an elitist group. I discovered how elitist I was. How I had accessed part of the social status. And I was blessed with three years of pain and tears and confusion, in which I needed to figure out what was happening to me. I reached a point that when doing a presentation...in school, and before I was able to do eight hours of training with my silly accent...”

Voice 1: Amparo

“It’s not silly.”

Voice 2:

“Then I go to class and I could not talk. What was happening in that classroom?”

Voice 1: Amparo

“Oh my gosh!

Voice 2:

“What was happening in that classroom is that I could read in the faces...the rejection... and I start realizing the difference between walking in a room where people treat and see you as the expert, rather than walking in the room where people see you as an idiot; and how that has an impact in performance. And here, I am a person who had been empowering others, and it was...”

Voice 1: Amparo

“Uh, Uh, and you were, and are already empowered, and think about that experience when you already have your identity solid.

Voice 2:

“Exactly,”

Voice 1: Amparo

“Imagine those kids. Ah, it is sad!”

Narrative: (... ..)

I deleted this part of the conversation because we began to talk about people we know in the field. What is relevant here is that we were speaking about the purpose of writing to empower others. And Amparo added:

Voice 1: Amparo

“That’s a type of writing that we need to do because that’s what’s going to affect change. You need to learn the language because these are the decision-making. I mean, social workers and lawyers, that’s great, but you know if you don’t have the decision at the top, whatever the top is, and then it’s going to trickle down, it’s...”

“I’ve been there; I know what you’re talking about. It doesn’t make a difference. It becomes more therapeutic type of thing. Which is great, we all share it, but it doesn’t affect change.”

Voice 2:

“Yeah, I am delighted with this... discussion ...you can imagine; but I have to keep my promise and not take in too much time, so, lets go through the last three questions.”

Voice 1: Amparo

“I think we discussed the number ten, resources, no?...”

“And changes to improve Latino; I think we were talking about getting into more a legislative and asking people to ask for, demand for services, getting more people trained which is hard to sell nowadays. Any type of thing that has to do with health delivery is very hard to sale to people who want to get trained in that. Again, this is, may sound to you like completely out of the left field, or what have you, but I think media is very powerful, and our people, everybody watches. Think about the power that Oprah has. So I think using media effectively could also be an avenue of informing and changing opinions and what have you. I’m not sure what; do you need something else in that?”

Voice 2:

“No, actually that is a good contribution because you already had said about the importance of being in position to which people are making policies, have the power to make change or implement change, and now you are talking about something that we all, we don’t pay too much attention, and it is the power of communication and media. That is how we also... opinions get manipulated and feelings... perceptions also. This is one of the ways they are culturally and socially co-constructed.”

Voice 1: Amparo

“Absolutely, absolutely; and so, we need to address because we also as a Latinos maybe.... we are internalizing a lot of stuff. So we need to get access to that... Considering disparity issues, comment on the quality of mental health services access. You know that equation I cannot... answer because I don’t work with managed care.”

“So, but I do know from, what I hear from my colleagues, the few colleagues that do work as that, it’s not good. It’s not good. Uhm, the service through managed

care are not culturally consistent, you know, it's not good. But again, I don't have any direct experiences... "What is your experience as a participant in this study? I don't know what are you asking?"

Voice 2:

"Well, yeah, how was for you, the experience of being here with me and being haunted by me? ... (Laughing)... with so many e-mails, begging you to do this."

Voice 1: Amparo

"I think that you know, in one sense, I'm trying— after I turned fifty, I tried to say, okay, my time is.... and I have so many personal loses. It's been terrible, terrible.... the last two, three years have been really, really exhausting. And so I am very careful about my time. I used to be sort of like free for all... type, and so I'm very, very careful about my time. Which I think is good. I think it's very good."...

"Uhm, in terms of this, like I'm in a dissertation committee of some students, but I try to sort things out... like have a sense of where the person is at. If I'm... if my contribution is not going to be different from somebody else's, so you may be better off seeing so and so, doing so and so. My sense for you since I've met you is that you had the formation; you had a more social political perspective. That you and I spoke a similar language. And I saw that it would make a difference, I knew this was going to make a difference."

"So, I decided to participate, unfortunately when we're trying to negotiate, I was going through all this traveling back and forth, and having some concerns because I don't know your program, and I don't know how your program was using you... unbeknown to you..."

Voice 2:

"Ok."

Voice 1: Amparo

"So, that's why I wanted to ask you all the questions... because I see many, many of us being manipulated by the system..."

"Because we don't have, I mean, we are in a powerless position; you want to get your degree. You're a captive audience."

Voice 2:

“The only concession that I had done in terms of this dissertation, had been that I didn’t want to study feminist theories... I am very glad I did... So, I started by saying to my potential chairperson... hey, I am from Latin America, I do not have a feminist position, I do not call myself like that. We are united in this, oppression is oppression, the same that when I do not do colors, I don’t do sex...I mean gender... So, in a sense, to be successful...in my proposal approval I was forced through this process...”

Voice 1: Amparo

“In this process or during...”

Voice 2:

“I mean... forced in a sense, that in this process of doing this dissertation I have to access the literature of feminists.”

“So, that is the only *concesión* [concession] that I had done; which, I am so blessed by, because it was there, where I was able to figure out how to make or access a cultural psychology that worked for me; and then, I realized how feminist I had been.”... (Laughing).

Voice 1: Amparo

“Exactly; yeah, exactly!”

Voice 2:

“I just didn’t know... how feminist I had been. So, in the last letter I wrote to my chair, she is not longer my chair, I wrote to her a letter saying I very grateful that through my interactions with you, I lost the fear of the term feminist. I discovered how much I am, and now I have new tools, I speak the language of the academia with unified language.”

Voice 1: Amparo

“So I didn’t even notice, so when I was talking about feminist, your bowels must have been going boom, boom, boom, because, that is a natural ally, and again, you know, I’m not saying that I’m not critical of feminism, I even wrote an article about white feminism and women of color, but it’s the closest thing, that you can at least learn the language, and there are values that aren’t shared, but that’s.”

Voice 2:

“I am finishing this process with dignity. That has been my call...

Voice 1: Amparo

“That is excellent!

Voice 2:

“It took me one extra year because I...but I.”

Voice 1: Amparo

“That’s right because you and I met, when was it?”

Voice 2:

“In December of 1999. Yeah because in 1998, I started the program... .”

Narrative: (... ..).

We tried to figure out the date when we met and we talked about how my decision to change my dissertation affected the process for few more minutes, but there was the pressure of time. I left the encounter feeling that the effort and extra work to obtain this interview had paid off. Amparo last statement was... “I hope this is the beginning of a friendship...” And I left having a feeling... this encounter was a personal, political, and theoretical validation and an acquired responsibility. I hope one day to honor the meaning of being friend through my work in the Latino psychology. Amparo took the time to examine this transcript carefully and made several corrections of grammar, to improve readability. I learned that solidarity is something that one can feel or experience and can be a wish or trick in one’s minds; however, the evidence of its presence or real existence is not in the saying but in the doing.

1.3T Norma's interview

Voice 1: Norma

“Attachment A, the following questionnaire is the tool that will guide the conversations with participants and a copy will be provided during the interview. Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position.”

“This is along story. Ok, I decided to do undergraduate school as a result of just encouragement from various people and a couple of friends and I decided to go to school. Neither of my parents have college degrees. So, it was not necessarily an expectation; but they were political activists. They were trying to enhance opportunities for Latinos to go to school. I went to undergraduate school in my hometown south of... .. I went to summer school, just to give it a try. I did very well. I have an English teacher who told me that I made one of the few ‘As’ she have ever given in English composition, and so I proceeded to major in English and in political science as a minor. I got a secondary teaching certification and I taught in school for a couple of years.”

“I started working in a Master in counseling to become a school counselor and my professors encouraged me to go to the doctoral program. Therefore, I applied to the University of Texas only... and I thought... if I got in... fine, if not... I will keep teaching. I got in... and decided to go and get a PhD... in Counseling Psychology. Fortunately, my mentor was also a professor in my Master program; I worked for her during my undergraduate and she said that it was going to be a good match, professionally... and it was.”

“I first became a university counseling center psychologist. I did my practicum in various places and settings but I did my internship at a counseling center. So, my first job was in an APA accredited counseling center. I went and worked there four years and I also had an academic appointment. I did that for four years and I came back and took a job at the University Counseling Mental Health Center.”

“I worked in the University Counseling Center Psychology for thirteen years. During those thirteen years, I did quite of bit of programming for ethnic minority students and faculty; I did some surveys, research, and I did some work in that area, as well as, with women issues. During that time, I also wrote. I got involved in professional ethics, and in teaching and supervision. I was a Training Director in both Counseling Centers. Then, I started to get a little restlessness and either needed to go and become a director of a counseling center or go into full time

practice; I was also trying to decide. I also have been encouraged to apply to full time academic positions, but I did not think that this was the direction I wanted to go. At the time, my father had become very ill and died. I did not want to move out of the state, which I will have to do to become a director of a counseling center. I decided to try private practice for a while.”

“However, I always have had a part time practice, always. The whole thirteen years, when I was at the counseling center, I did a little bit of private practice. So, I decided to go full time. Ten years ago, it was when I decided to go full time private practice and I discovered that I love it. I have always worried. My mentor had said that private practice was the less prestigious thing to do; others had said that it was a bourgeoisie job because you do not really work in the trenches, and so on. What I have found is that I have been able to work with a full range of people. I have a pure large percentage of ethnic minorities, primarily Latinas, clients. I have a sliding scale fee for those who are in that particular category of clientele. I stay on managed care panels in order to see those clients: otherwise, they will not have services from a Latina, if they so chose. In addition to that, I have been able to stay active in various leadership activities in the profession, in the American Psychological Association, Psychological Association; and so on. I feel that I am providing services in that ways, as well; I also continue to write. That is my answer to question number one.”

“Do you have a question?”

Voice 2:

“No, I do not have more questions but I am curious about what you love about private practices.”

Voice 1: Norma

“A couple of things, one is what isn’t. I never realized, I consider myself a team player, and that I do well in organizations, and I do; but I did not realize the stress of the bureaucracy. When I left the University, I felt so free and unencumbered.”

“Managed care is a pain and it is a hassle but nothing compared to the bureaucracy that I have been living with, all my life. So that felt, freed up. Plus, doing therapy is actually the easiest thing, I do. I come here, I love this office, I go into an alter state practically with clients. It feels very easy, 98 % of the time. Now and then, there are some difficult clients and situations that come up, that are stressful; but most of the time, it feels like I am having fun (Laughing).

“My work is other things.” (Norma laughed again...and added). “My work is writing and that is hard; (Norma laugh).

Voice 2:

“Huh-uh.”

Voice 1: Norma

“That is what I want and the fact is that I love it (referring to private practice). It is good money. Plus, it feels that I making a difference in people’s life.”

Narrative: (... ..)

I shared some views about making a difference in people’s life relates to one’s own ability to work with clients and the responsibility that one assumes. In summary, my comments indicated sharing her perspective of how fun and freeing can be to work in private practice with clients. Norma responded with a lot of –“Huh-uh.” After my comments, she continued as follows:

Voice 1: Norma

“Please define the meaning of the following terms, Latino. To me, the Latino term represent both the Spanish and indigenous heritage that people have in their background. It incorporates, not only Cuban, Mexican American, Puerto Rican, but South and Centro Hispanics. Hispanics is the term that the government gave us; it tends to identify only our European background; so I do not prefer it.”

“I prefer either Latina or Latino, or more specifically, Chicana; it is sore of the term that my Mexican American identity more specifically refers to.”

“Disparity is a term that means differences, usually in hierarchical kind of a way, differences, and an unequal way; that is what this term means to me.”

Voice 1: Norma

“Please explain the difference or relationship of cultural competence and cultural psychology and comment in the meaning of being or becoming a cultural psychologist. Well, cultural psychology has to do with the study of culture and the influence of culture in people. Cultural psychology really examines the unique attitudes, behaviors, viewings, ways of communicating; all aspects that might be unique to a particular group of people, where there is an identity to that group of people.”

Narrative: (... ...)

A this point of the interview, I shared some views about cultural psychology. Norma followed the comments again with reassuring –“Huh-uh.” Norma read aloud the again the question, which explores the relationship and difference between cultural competence and cultural psychology.

Voice 1: Norma

“Cultural competence in psychology has to do with the ability of the psychologist to understand beyond their own cultural encapsulation; to understand the various meanings and nuances of a person’s cultural differences than their. I think it is an ongoing process, for all of us, to become culturally competent with the people with whom we work. I think one of the first step is to become aware of our own cultures and how other aspects get transmitted, maintained, changed, and to be able to assess for any given individuals what their cultural influences are and their constructive and destructives ways and every thing between.”

Voice 2:

“Huh-uh.”

Voice 1: Norma

“Ok, number four, what ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity?”

“Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual’s life.

Voice 1: Norma

“Woo!”

Voice 2:

“I know, it is a long one, but I just put together all related questions to avoid repetition.”

Voice 1: Norma

“Huh-uh; OK. One of the things that I think a lot of people do that is relevant to one of the issues that first surfaced in the literature; it is the over-pathologizing of Latinos and Latinas because people do not understand the cultural differences. For example, Latinos have a very close net to their families and communities. I used to have colleagues who would describe their Latino clients (college students) as having trouble individuating because they still have to go home every weekend to see their families, or something like that; pathologizing them, when actually, it is a cultural values to cherish and spend time with families. That is one of the ethical violations, no knowing the cultural values, and over-pathologizing, as a consequence.”

“I think the whole issue of language, the use of translation, I think is important to make sure that one understands the client language or if translators are used that an informed consent is provided to clients. A lot of people use relatives as translators and that is questionable, because you know, it is a violation of privacy, at least. Various issues come up in that regard, sore of, at an individual basis. Translators need to be trained too because they do not understand some of the nuances of psychology or the assessment processes might not be interpreted correctly.”

“I know less about government social services systems, but I certainly could see how not having access to accurate information during assessment process could result again either on over-pathologizing or underestimating needs.”

Narrative: (... ..)

At this point, I asked Norma to expand on her experience in forensic work. Norma followed my comments with reassuring gestures and several —“Huh-uh.”

Voice 1: Norma

“Personally, I do not do competence evaluations; the kind of forensic work I do is assessing the effects of sexual harassment, employment discrimination, and therapist-client-sex, that sort of stuff in civil proceedings. I do not get involved in criminal cases, but I can image.”

“Again, the issues involved are important. The translator is a very key person, who has to be very professionally trained. It has to be somebody who not only knows the language, but who understands the heaviness of the responsibility, has to be committed to his/her own ethical responsibility in translating accurately, without biases, and so on.”

Narrative: (... ..)

At this point of the interview, I shared with Norma my concerns and views regarding conducting mental status examinations with the help of translators. Specifically, referring to those aspects of the evaluation that are subjected to clinical training, knowledge, experience, and skill, such as the description of the quality of the client's psychological processes; mood, affect, thought processes, cognitive functioning, and so on. I stated: "My observations emerging from practical experience suggest that the use of translators in mental status examinations and psychological testing is unethical and should be illegal. When considering what a mental status examination is, common sense indicates that the likelihood of obtaining the mental status of the translator rather than the client is very high. Vital information is lost in the process of translating. The translator needs clinical skills to evaluate the use of language including assessment of quality and quantity of speech or descriptions of rate, tone, association and fluency."

Voice 1: Norma

"Huh-uh"

Voice 2:

"Common signs of thought disorders cannot be properly identified through translation, unless the translator has the skill to evaluate psychological functions and processes and thus is able to convey this information. For example, the translator needs to clearly identify and describe if the client present pressured speech, blocking, flight of ideas, loosening of associations, tangentiality, circumstantiality, neologism, clanging, and perseveration.

"Neologisms in particular, or new words invented are difficult to identify because the interactions with a second language create changes in the individual's speech patterns. The translator and the evaluator need to distinguish between a neologism and the linguistic process of second language acquisition. The linguistic changes occur even if there is no fluency in the second language.

Voice 1: Norma

"Huh-uh, exactly."

Voice 2:

"In addition, certain Hispanic groups use words differently, and the translator needs to be able to identify the context in which the words are used.

Voice 1: Norma

“Here is when the use of master trained therapists can be very helpful, for Spanish speaking clients. Clinician, who might not have the credentials to do forensic evaluations, might be helpful. I do not know if you did that at the master level.”

Voice 2:

“I do have the credentials to conduct independent forensic evaluations in private practice in Minnesota but my license does not have reciprocity in other states. Since, I was grandfather into the field as a master psychologist; and because I met all clinical (supervised practice, and internships) and academic requirements, without holding the degree, I was able to present the national written and state oral exams in the late 1980’s.”

“It is not like an associate or being licensed as a counselor, in Minnesota people understand the meaning of being a licensed psychologist and having a private practice without being a PhD, outside of the Minnesota people filter this information through the lenses of their own experience according to the rules of the particular psychology state board they are affiliated. Most states now require the completion of a doctoral program, as a requirement needed prior to take the national exam, even in Minnesota. However, in Minnesota, I have the same privileges and responsibilities than PhDs psychologists have; thus, it was my desire to work at a national level what motivated me to seek further education, as well other factors. Again, here what is important is that I want to discover if Latinas psychologists share the same concerns, and if the disparities in mental health services that I have witnessed are isolated events.”

Voice 1: Norma

“Huh-uh.”

Voice 2:

“The truth is that I believe that these issues need to be addressed at a national level, thus, the intent is to increase awareness about their existence and advocate for changes. I do not know if you want to add any more to our discussion.”

Voice: 1: Norma

“No, I think that is clear, let’s go to number five. Please comment on the quality of mental health services and the resources available to the Latino community in

your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures.”

“Well, it is an underserved population in (Southwest city). I am trying to remember the percentage of Latinos in this city. I think it is about a third of the population. We probably have about a little more than half dozen of Spanish speaking therapists in town, (or Latino-Latina therapists in town), which is very low.”

“There are a couple of community centers; Child and Family Guidance still provide psychotherapy and they usually have Spanish-speaking therapists. (named local agency) It is a group of private practitioners that provide pro-bonus services to people in the community who cannot afford them and charges a small fee, using a sliding scale fee. They also have a number of students, who are always doing practicum there and inevitable there are some Spanish-speaking trainees, but it is very minimal community services.”

“The Mental Health Retardation Community Center here in (Southwest state) has cut back and back and cut back over the last ten years, so what they really offer is medical services, psychiatric medical services. They do not even offer, they do not even try to provide psychotherapy anymore. I do not know how to provide explanations for the figures, except that I think that is not only about psychologists, but I do not know about other professions, Social Worker, LPCs. Here in this State, we have Licensed Professional Counselors. In the over half dozen, I am including Social Workers, and LPCs in private practice. We have about eight (8).”

“I think; there are more who work in agencies.”

Voice 2:

“If I understand correctly, we have a geographic area, (southwest state and city) where probably an estimated 33 percent of the population is Latina or Mexican-American and to serve the mental health needs of that population we have less than 20...”

Voice 1: Norma

“Oh yes, less than 20. Huh-uh.”

Voice 2:

“Less than 20 mental health providers, who are culturally competent to provide services for Latino population...”

Voice 1: Norma

“Yes! We have less than 20 Latinos providing culturally competent services.”

Voice 2:

“This question is born from my experiences in Minnesota where 2 percent of the total population is Latino, Hispanic, according to the 1990 Census.”

Voice 1: Norma

“Huh-uh.”

Voice 2:

“I did a survey in 1998 and I found that a combined number of less than 10 psychiatrists and psychologists were bilingual, thus, able to provide services in Spanish in the whole state.”

Voice 1: Norma

“Huh-uh.”

Voice 2:

“The Psychology, Social Work or Psychiatric Boards were not even keeping statistics then. When I went to California, I was expecting...”

Voice 1: Norma

“A... better proportion?”

Voice 2

“Yes, a better proportion and I am finding that, it might be a national problem.

Voice 1: Norma

“Oh yes, absolutely! Oh, absolutely! There is a pipeline problem that we still have. Even though psychology is the most popular mayor across the country ...”

Voice 2:

“Interesting..!”

Voice 1: Norma

“It is, we have fewer and fewer ethnic minorities students in general, no only Latinos, choosing that (referring to psychology) because various ethnic minorities who are able to go to college are choosing careers and professions that make them more money” (Laughing). Especially, when they go to graduate school, yes; so there is a pipeline problem all the way through and that might be part of the trouble recruiting ethnic minority’s students. Those who are able will go into other professions they do because they are more lucrative....”

Voice 2:

“At this point my experience suggests a question, who can afford to go for graduate school?”

Voice 1:

“That is the other thing, who can afford to step out and stop working in order to go to graduate school.”

Voice 2:

“Let us go to the next questions because it is a good point to make the transition.”

Voice 1: Norma

“Yes, that will be all; let us move to question number six. Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology.

“This is a big issue, the American Psychological Association is trying to do some work in this area. There is a project that former APA president Dick Suinn actually chaired few years ago, called CEMRRAT, it is a commission on ethnic minority recruitment and retention, it was like a five year study that lead to identification of some of the problems and evaluated issues and concerns all the way through the pipeline. I think that only 12 percent all psychologists are ethnic minorities and only half of those are members of the American Psychological Association.”

“The American psychological association is engaged in a variety of projects, for example, every year there is a Dick Suinn achievement award that goes to doctoral programs in psychology that meet some criteria that have expanded the curriculum in multiculturalism, that have certain percentage of ethnic minority’s students and

ethnic minority faculty, and so on. So there is a variety of efforts being made, this is one example of outcome, trying to get ethnic minority psychologists involved in state leadership conferences. There is money that is being devoted to trying to do this. So it is like, psychology, organized professional psychology has to make all kind of efforts in many, many, many different ways to try to increase the percentage of ethnic minorities and part of that is trying to make it less racist, you know, because institutional racism exists in every institution in this country, including psychology; trying to make it more attractive to ethnic minorities which is difficult to do.”

“Also training, there is no way to have enough Latinos to provide services to Latino populations, so we will have to be training our White counterparts, I think that is one of the major efforts that is being made in departments across the country. Different States Boards are changing their licensing requirements to ensure that there is a cultural dimension of competence, Massachusetts has done it, and few other states are working to do that. Making sure that every one becomes culturally competent is another way to meet Latino mental health needs, no that we will have enough Latino psychologists, there is no way, or even social workers, or counselors.”

Voice 1: Norma

“Number seven, what coping skills or strategies did you use to complete your education and training as a psychologist and what is the meaning of the term tokenism? (Laughing)

“Ok.” I do not have doubts that one of the most important coping skills has to do with bonding and connecting with other ethnic minority students in the program and of course, in the university. That is a source of support. I think about my friend Ana G, with who I was trained. She and I went to graduate school together at the exact same, period of time, and we were like sisters at the time. We were like sisters and we see each other now like two times in a year, even though we live in the same city.” (Laughing). You know, that is because life took us in different directions in the regular basis; that is one of the ways, you survive.

“It is very, very, helpful to have an APA minority fellowship. Ana and I, both received one and we were in one the first cohorts, we were the first ones to receive it, and they gave out 20 that first year. No every one is aware that APA has a minority fellowship program. It provided a source of support, as well as a sore of constructive pressure, one I had that award I felt like I could not quit, even though I felt like at times, because it will be a failure to the program, so I felt that sore of responsibility; and also my hometown community was very supportive. So, I felt a whole lot of support, even though I was living in a different city, there were family

members and friends and so on... always asking how are you doing? What do you need and so on..."

Voice 2:

"What were the circumstances or factors that made you to contemplate sometimes quitting?"

Voice 1:

"Oh, the very first semester, the very first test I got back, I made an F on the test. I just was devastated and I thought, I do not belong here, I do not fit, they made a mistake." (Laughing)...

"I quickly figured out what the professor needed and preceded to make A and Bs in the tests, and after that I got a B in the course. You know, but there were experiences like that, various experiences."

"Also I got a divorce, from my first marriage, during that time, and that was very difficult, very stressful. I do not think that really contribute to my thinking about quitting; but I remember wondering, because one of my grandmothers said: "*es la educación.*" [It is the education]. (laughing) You know, she blamed it in the education. Fortunately, my grandfather said, "*no, no, no es eso.*" [No, no, it is not that] But I wondered! I wondered if I was I doing the right thing... It was a whole lot of questioning because no one in the family had got a college degree, much less a graduate degree. Although my mother got a college degree, while I was in graduate school. Yes, I was very proud of her. Those were some of the strategies."

Voice 2:

"This question about the coping strategies to complete graduate school emerged from my own experiences, which by in large have been very painful, so I do want to discover what helped others Latinas and document information that will empower students journey in graduate school, in essence is to understand some coping strategies survivors of academic disparity."

Voice 1: Norma

"I remember two other incidents. I remember being told that Ana and I were both Ginny-pigs in being accepted into the program, because our G. R. E (Graduate Record Examination), they were not as high as the others. The average G. R. E. was 1,275, mine was barely over a 1,000. You know, I remember telling the head

of the department, (or the head of the section and she named the person), how bad I felt that my G. R. E score was not higher. He just smiled and he said; I did a research project over several years, looking at the relationship between the highest G. R. E. scores and the ability to complete the program; and he said there is an inverse relationship, the brightest students do not finish. (Laughing... Norma stated). "He was very kind to tell me that... (Laughing) But that was a struggle for a while."

"Having a couple of students angry at me when I got the APA minority fellowship, they felt, they literally said, that if they have been allowed to compete, their scores were better, and they will have got it. They were talking about their G. R. E. scores. So, envy at the affirmative actions aspect of this scholarship. Probably, it was my very presence in the program."

"Other things, slight racist sort of reactions, like, I remember one of my professors. I walked in, he was one of my advisors, I walk in after walking way across campus in the middle of the summer, and I was sweaty, all raw, and I am sure I smelled that way and I walked into his office, and he got up and opened the window. You know, I felt the shame and embarrassment. There were incidents like that, you know, that came up, that were just very painful, and I remember thinking about it; and now, in my life if something like that happen I will talk about; but, I was too ashamed at the time, and I kept it privately. What I did, they way I coped with that was, that first I felt so hurt and ashamed, but then angry. What I did with the anger was to decide to do well; it was sore of a healthy fuel for me to do well. Finish, complete, and show everybody; like to prove it; so, that was like a healthy redirection of my pain."

Voice 1: Norma

"I will like more coffee, will you want something, hot water, or tea?"

Narrative:

After a short break, we continued and Norma started saying...

Voice 1: Norma

"Question number 8, wait! I did not finish; what is the meaning of tokenism.

Voice 1: Norma

"Tokenism has to do with the minimal representation of someone in a group, who then become the definer of that group, for the majority group, and a token."

“A lot of people assume that if they have one or two people that they have therefore representation from that group, when actually what they have is a token; it is a sort of a gesture of representation, no genuine representation. And I have been a token many times.”

Narrative

At this point, Norma and I laugh together, loud and hard; with that sense of complicity that comes when one understands and shares really the meaning of what just had been stated. After few seconds, she continued elaborating in her narrative.

Voice 1: Norma

“Number eight, what progress have I observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how effective have been the efforts?”

“Really, quit a bit, I see many White allies for one thing, working in this area. I am part as a group; for example, we have conferences calls every two weeks. It is called Pipeline Project; there are four Divisions in psychology. They are Division: 9, 17, 27, and 43 that are working to increase the pipelines of ethnic minorities in psychology. This is just one of the many groups that are trying to make a different. There are six of us in this project and only two of us are ethnic minorities the others are all White allies that are working very hard in their departments. We submitted a proposal to the American Psychology to have a series of four articles in there around this issue and so on. This is just one of many, projects that I see happening; when for 20 years ago there was nothing, practically nothing; few people here and then were aware that we needed to increase ethnic minority psychologists, but otherwise... I see within the American Psychological Association various attempts; now, some are token attempts. On other words, they are half hearted to increase representation; but, there is also a back clash, you have a lot of people, who drop out of APA because they read in the Monitor that this project is being funded. They said I do not want my money to go; I do not want my membership money to go and fund that. So, there is a small percentage, I like to think that is a small percentage of White psychologists who do not like the field to go in that direction. Overall, it is a very, very slow, but I think is happening. Right now for example, the association is reviewing multicultural guidelines that used to be called competences, which address the behavior, skills, and attitudes necessary for provision of services, research, and training, in multicultural area; for APA to endorse that document will be a very, a very good step. There is a variety of efforts like that being made in organized psychology and across departments in this country. I think, but it is still slow, still slow.”

Voice 1: Norma

“Number 9, what do I think you should keep in mind and consider when exploring disparity in Latino mental health services?”

Narrative:

Norma took a big breath sight and added: “Ok... (Laughing)...She stated:

“Every thing!

Voice 2:

“Of course! Remember if you were in my place what will you keep in mind when exploring disparity in Latino mental health services.”

Voice 1: Norma

“In addition to, I mean, first of all, the definition of competency in providing Latino services is important and that is out in the literature. Understanding the cultural aspects, making sure language is understood. It is very difficult. It is not impossible; but it is difficult for White psychologists to understand the nuances of the Latino culture. You know, I get it, right away. It is not that White psychologists will not be able to help a Latino. It is that just they do not get it in the same way. That in some ways is not different from my working with a mother who is struggling with being a parent and I never been a parent. I never have children, you know, I am the oldest of seven kids and I have a stepdaughter, but it is not he same than having your own kid, so I have to try harder to understand that. I think that working hard to get competency in service delivery is very important, as well as research and training. I am trying to think how broadly to respond to this.

Voice 2:

“So far I have been exploring disparity in Latino mental health services in terms of inequality in access, quality of services and quantity of resources available. Thus, if you were in my place, what else will you consider, what else needs to be addressed.”

Voice 1:

“Well, I think the racisms involved in all the institutions, the discrimination and the prejudices. I have a client here the other day who works some a translator in the court system, and she was in tears about the unfairness of some of the judges, you

know. She sees day in and day out the treatment of Spanish speaking people who are in front of the court. She can see the racism and she feels powerless to be able to affect any things, her role is being a translator.

“So, I think that racism probably exist in all settings, you know, the biases, the unawareness, I think we have moved for the most part from blatant discrimination to subtle discrimination; when sometimes perpetrators, themselves, are not conscious of what they are doing and it is very insidious and very difficult to see. You know, in the forensic area is where it is the most dangerous, I think, in many ways. Determinations, you know... like you were saying a while ago, in the determinations for Social Security benefits, workers compensation, social services, and so on. The disparities are incredible. So, you know... it is hard to talk about disparity in Latino mental health services without looking at the whole picture.

“You, know... I was talking to someone the other day: and this is really getting a little bit out of rack. But here in (Southwest state), someone from the Department of human services was talking about how the controller in the state, a republican, cut and cut, and cut the state budget to make it appear as if there was a surplus; to help Jorge Bush to get elected president.”

“So, the Department of Human Services, which first of all this state has a very poor record of providing human services, we are 46 or 47 in the country; and there is now a backlog, that department is 20 millions dollars bellow their budget. There is 2 years backlog of disable and poor people, who do not get services that is that department along; that is evil, in my opinion. I think that happen every where when there are people, I hope you are not... Excuse me, if you are Republican, but I am talking about people like George Bush, who has no idea, no idea of the impact of these polices and their maneuvers.”

Voice 2:

“I think I understand what you are talking about because one of my concerns while going through the CHB program, which is guided by cultural psychology theory and principles; it was my search to understand the implicit socio-political values and implications for the praxis in cultural psychology. Thus, policies changes and maneuvers express political values, an appreciation of human life; and we must exam them and determine, if in essence, we share those values. Thus, I see all practice as being political.”

Voice 1: Norma

“It is political, absolutely, right. I is political, we can not leave politics out of it.”

Voice 2:

“In this sense your comment is well taken because I believe theory and social policies affect people’s lives, and thus, they reflect our political values, regarding human life and distribution of wealth. I am interested in a psychology that facilitates processes of liberation rather than endorsing or being part of a psychology that directly and indirectly participate in processes of oppression”

Voice 1: Norma

“Exactly, exactly!; so, I think that this is an issue to keep in mind when exploring disparity.

Voice 2:

“So, this brings us to the next question (we laugh as Norma read).

Voice 1: Norma

“If I had the power and the resources to make changes and improve Latino mental health service delivery systems, what would I do? Locally and nationally, what would be mine priorities and plans?”

“Obviously, I will put more money into services delivery systems...” (Laughing).

Voice 1:

“I will also provide more money into funding research with Latino populations; I will put more money into training.” You know, the APA minority fellowship program, for example, it is a drop in the bucket; but it is always getting, you know, threatened, to be cut; so, that is one of the things that I will do, probably, I will do, one of the major strategies.”

“Number eleven, when considering disparity issues, please comment on the quality of mental health services and the access that Managed Care organizations provide to Latinos populations.” Laughing...

Voice 1: Norma

“Well, first of all, I think Latino populations have very, very few choices. Many, I think there is literature that says that a very large numbers of Latinos prefer seeing cultural therapists, not all, but a pure large percentage but do not necessarily have access. And that is unfortunate.”

“Managed care organization do not necessarily prioritize having Latino providers on their panel. They do not really care; they do not seem to prioritize that in my experience. At less, you know that they are required to offer or make that happen. An employer has to negotiate that and they are not always aware of that.”

“I think managed care, you know, I have a major concern with managed care organizations being intrusive in the content of therapy. You Know, utilization reviews require a whole lot of information that I think it is unnecessary for them to have and then that can feel offensive to all clients but also to Latino populations.”

“I think the fact that socio economically, a large percentage of Latinos are in working class provisions means that they either don’t have, that either their plans do not provide for mental health services or theirs HMOs many called up for services. I am in a prefer providers panel but now I am in a HMO, that is a very small group of people. So they have even less access. Many chose those clients because they pay less, so there is socio-economic status issues involved on the quality of mental health care. They have fewer numbers of sessions or bigger co-pays or bigger deductions, it means they do not seek services.

Voice 2:

“I am very worried with the quality of mental health services to Latinos that I have been witnessing in the field, as much as the quantity of resources available. I found that people without economical resources do not have access to health care as middle class and educated people do.”

Voice 1: Norma:

“Huh-uh.”

Voice 2:

“I am very worried also because I found a great deal of misrepresentation of services and confusion regarding the different kinds and level of interventions. This is an issue that is not recognized openly, although we all know about it. The unfairness is that clients cannot differentiate or evaluate the type of services that is being provided such as psycho-educational classes for parenting, domestic issues, chemical dependency vs. formal psychological treatment, I mean therapy. Legal and social service systems tend to penalize clients when they have failed in their rehabilitation efforts although access to adequate services was not facilitated. My experience is that oftentimes community agencies advertise services that they are not able to provide. There is not enough quality control in mental health care

public funded services. I think that it is a social crime to give clients a placebo when they believe it is treatment.”

Voice 1: Norma:

“Huh-uh; right, right!

Voice 2:

“I become a very painful process to watch, especially when it involves Latinos parents losing their children. Their parental rights are terminated and as a provider evaluating the case, one knows that those parents did not have a chance for rehabilitation because adequate services were not provided.”

Voice 1: Norma:

“Huh-uh, exactly!” Norma took a big breath, sighing and with sadness in her voice repeated: exactly, yeah!”

Voice 2:

“So, this brings us to the last question.”

Voice 1: Norma:

“What has been your experience as a participant of this study?

“Well, it has been very enjoyable. I enjoyed talking with you about these issues. They are very important issues to me, obviously to you, and I am just very pleased that you are doing work in these areas. Yeah! It has been interesting to me because it has been a different experience than others, you have been willing to interact and react. You know, many interviewers when conducting research maintain that sort of blank, flake look in their face... (Laughing). You have been much more interacting... (Laughing).”

Voice 2:

“What I can share with you is that during theses interviews I have been telling to myself, you are doing a qualitative study. This is a conversation. This is a human encounter ...”

Voice 2:

“While I did a pilot study first... ”

Voice 1: Norma:

“Huh-uh.”

Voice 2:

“I was exploring the emerging identity of cultural psychologists, discussing disparity issues surfaced as my central theme... ”

Voice 1: Norma:

“Huh-uh... Right!”

Narrative: (... ..)

This conversation was deleted because I shared briefly my experience when assuming a qualitative posture and shared the meanings of having a conversation as the tool that allows the participants’ narratives to emerge. Few —“Huh-uhs.” Norma said:

“Right!” Very good, so...”

Voice 2:

“Well, this is it, we made on time. As I predicted to you, it was possible to finish in less time!

Voice 1: Norma:

“This is it!”

Voice 2:

“This is it!“ Thank you very much!”

Narrative: Norma’s interview was scheduled for the previous day and in the last minute had to be rescheduled. Norma was generous, kind, and understanding; and since she had to reorganize her activities for that morning, the encounter focused on the prepared questions and the goal was to cover them in an hour.

1.4T Apolina's interview

Voice 2:

“Today is March 14, 2001. This is my first interview in (Southwest state). Please start by saying the name you want to use.”

Voice 1: Apolina

“I think the name, I am going to use for this is Apolina...”

Voice 2:

“Apolina?” “Why Apolina?”

Voice 1: Apolina

“*Porque es, un nombre de una Diosa Griega.*” [Since, it is the name of a Greek Goddess] (We laugh together...) *También es parte del nombre de mi papá...* So, *por eso me fascina el nombre y la palabra.*” [It is also the name of my father... So, because of this, I am fascinated by the name and the word]

Voice 2:

“*Muy bien.*” [Very well] You can be very self-directed...I will pause you in areas in which I feel I can get new insights or make discoveries.”

Voice 1: Apolina

“Right, so, do you want this in English or Spanish, or bilingual? *¿Que prefieres?*” [What is your preference?]

Voice 2:

“I want you to be free.

“I had made some predictions, about what was going to happen in terms of the linguistic context and switching them, I described my hunches in the proposal.”

Voice 1: Apolina

“Ok, so...”

Voice 2:

“*Lo que sea.*” [What ever, it is]

Voice 1: Apolina

“*Como sea...*” [Whatever, it is]

Voice 2:

“I will stop you, if I do not understand or if I need clarification.”

Voice 1: Apolina

“Ok, *listo, con la primera pregunta.* [Ok, ready with the first question] *Quiero hablar en los dos idiomas.*” [I want to speak in the two languages] Because it depend of the context, you describe the ethnic background as Mexican American or a person of American decent, or if *hablo en español, siempre digo que soy mejicana.*” [If I speak in Spanish, then I always say that I am Mexican] *Y así termina la... el comentario.*” [and in this way... the comment ends] *Entonces, soy first generation, por una parte y second generation por otra parte, porque mi papá nació en Méjico y mi mama nació aquí en los estados Unidos, pero también es de descendencia mejicana, los dos lados.* [Then, I am first generation, in one side and second generation in the other, because my father was born in Mexico and my mother here, but she is also Mexican decedent, both sides]

Narrative:

The phone was ringing again and I asked her if she wanted to answer, she stated “No”... and I continued. So first and second Mexican generation. I got distracted with the phone.”

Voice 1: Apolina

“First generation, *según lo que, yo digo...* *Como* first generation. [... ... according to what I say... as first generation] *Yo nací aquí.* [I was born here]

“First generation, *por parte de mi papá que era emigrante de Méjico y second generation por parte de mi madre que nació aquí en los Estados Unidos, pero de descendencia Mejicana.* [First generation from my father’s side, who emigrated from Mexico, and second generation from my mother’s side, who was born here in the United States, but she is of Mexican descendant.]

Voice 2:

“Por los dos lados, su mamá y su papá.” [From both parts, your mother and father]

Voice 1: Apolina

“Sí.” [Yes]

Voice 1: Apolina

“En términos de mi educación, tengo un doctorado en Education, un ED. pero lo que me dice la diploma es counseling psychologist y tengo una maestría en counseling también, y mi undergraduate degree es en español y journalism, los dos.” [In terms of my education, I have a Doctorate Degree in Education, an ED, but the certificate states, counseling psychologist, and I have a Master in counseling, too. Besides, my undergraduate degree is in Spanish and journalism]

Narrative:

Telephone ringing again

Voice 1: Apolina

“Voy a parar y ver que es eso porque es raro que me llamen dos veces.” [I am going to stop, to see what it is, since it is rare being called two times]

Voice 1: Apolina

“Nadie, probablemente telemarketing.” [Nobody, probably... ..] I will not answer or stop any more.”

Voice 2:

“-Probably, está es la hora que llaman.” [This is the hour they call]

Voice 1: Apolina

“Por lo regular no estoy en casa a esta hora.” [Usually, I am not home at this time] Ok, let see... education and professional background. Ok, *bueno, está cosa de educational background, a ver cómo lo voy a explicar. Tengo varias experiencias profesionales o lo que, yo creo, van a categorizar como professional.* [Ok, well, this thing about educational background, let see, how I going to explain

it. I have various professional experiences, what I believe would be categorized as professional].

“He sido una maestra de escuela pública, y de escuela superior.” [I have been a public school teacher and in graduate school] *He sido una consejera en la escuela superior.”* [I have been a counselor in graduate school]. *Además he sido una profesora en la universidad, graduate school, completamente, nunca he enseñado at undergraduates.* [In addition, I have been a professor in the university, only; I never have taught to undergraduate]

“Y además he sido una... Como se dice... Una consultante, una dueña de... una entrepreneur. [Besides, I have been one, how to say it... a consultant, an owner, an entrepreneur] *Porque he llevado una consulta de... Como se dice, una consultante de organizaciones... por mas que quince años.”* [Because I have a consultation of... how do you say? A consultant to organization, for more than fifteen years]

“También metido en todo eso, he tenido un private práctica y eso, bueno, cuando saque la licencia de sicóloga... tuve la oportunidad de hacer eso y entonces, puse eso, monte está practica, para tener el dinero, para entonces pagar la consulta para antes que llegara a un punto de tener un éxito, o un negocio firme. I had a private practice *que me daba un salario porque había salido de la universidad y tenía que trabajar.”* [Also, in all of that, I have had a private practice, and well, when I obtained the license as a psychologist, I had the opportunity to do that. Then, I began in private practice to have the money to pay for the consultation before I had reached a point of being successful in, or in a solid business. I had a private practice that gave myself a salary because I have left the university and I needed to work]

“Professionally, también diría yo que soy una líder en organizaciones profesionales, también he sido, he tomado puestos de liderazgo, cómo voluntaria en non-profits, in organizaciones dedicados a servicios humanos o dedicados a causas de justicia social. Y también a causas Latinas. Profesionalismo de los latinos, so... Todo eso considero yo parte de mi professional life. No solamente lo que me pagan.” (Laughing) [Professionally, I would also say, that I am a leader in professional organizations, I also have been, I have had leadership positions, as a volunteer in organizations dedicated to human services or to social justice causes, and also to Latina causes. Professionalism of Latinos, all of that, thus, I consider being part of my professional life. No only what I get paid]

Voice 1: Apolina

“Anda...Ok [Come in!]

Narrative:

I have given a non-verbal clue of wanting to talk and Apolina invited me to interrupt. Therefore, in this context, the expression “*anda*” [walk] is interpreted as “ask me” and translated as “come in.”

Voice 2:

“You said that your professional life it is not only *lo que me pagan*. [No only what I get paid] *Cuéntame un poco más*. [Tell me a little more] So, I do not make interpretations.”

Voice 1: Apolina

“*Yo creo que, para mi siendo profesional es mas que la identidad de el puesto que tienes o cómo te conocen por que eres, profesora aquí, or eres sicóloga allá. Creo que mi identidad profesional es más amplia.*” [I believe that being professional is more than the identity of the position that you have, or more than what you are known by because you are a professor here, or a psychologists there, I believe that the professional identity is broader]

“*Creo que cuando me meto en posiciones de liderazgo, en asociaciones profesionales, o en los servicios voluntarios, o lo que sea, que para mi hay dos o tres cosas.*” [I believe that when I am in leadership positions, in professional associations, in voluntary services, or what ever it is, for me, there are two or three things]

“*Primero va la identidad Latina que es esos contextos puedo yo demostrar que una persona Latina se puede meter en esas cosas y hacerlo bien y como un role model, pero también darles el mensaje, que este es el mundo donde no es simplemente de gente blanca, que gente Latinas también tiene la capacidad de ser lideres y por eso yo creo muchas veces me he metido en esas cosas.*” [First, it comes with the Latina identity, that in those contexts I can demonstrate that a Latina person can get into those things and do it well, as a role model, but also to give them the message, that in this world, that is not simply White people, that Latinas people also have the capacity to be leaders, and because of that I believe many times I have gotten into those things]

“*Además tengo la identidad profesional que llevo con eso.* [Additional, I have the professional Latina identity that I bring with it] So it is not just, the Latina showing up to do something. *Una Latina que es sicóloga, es profesora, es lo que soy... en mi vida profesional, con los diplomas y todo eso.* [A Latina who is a

psychologists, a professor, it is what I am in my professional life, with the degrees and all of that]

Voice 1: Apolina

“Bueno, la otra parte de está pregunta, que me ha influido, en the choice of client direct services or in academic, or in administration management position.” [Well, the other part of this question, what has influenced me in... ..]

“Bueno mas que nada voy a comentar acerca de lo académico y la otra parte de administrative management position, aunque he hecho todo, (laughing), he hecho los tres roles... (Laughing). [Well, more than anything, I am going to comment about the academic, and the other part of administrative management position. Although, I have functioned in all, the three roles]

“Para [for] client direct service, era mas que nada cuando me meti en eso, cómo te dije antes... [... ..“It was more than anything, when I got into that, as I have said to you before”...]; because I was transitioning from the university to the private sector. Tenia mi licencia y podía practicar. [I had my license and I could practice] Y yo tenia la experiencia [And, I had the experience] of being a clinician. So, it was in the 80s, cuando uno podía fácilmente montar una practica privada y mi especialización, era trabajar con mujeres.” [... ..When one could easily go into private practice and my specialization was to work with women]

“I actually started with a women psychological center. Y de allí entonces continué con mi enfoque, mujeres.” [And from there, I continued with my focus, women]

“So, I had a regular pipeline... trabajando con mujeres profesionales mas que nada y con eso también... [... Working with professional women more than anything else and with that also...] ¿“Cómo se dice clients en términos de servicios?”

“Lo que me gusto también era que estaba trabajando con mujeres y haciendo mas que just one-to-one-therapy. [How one says clients in terms of services? I also liked that I was working with women doing more than just one-to-one-therapy]

“I was doing group work...and... I was doing presentations in women seminars. So, me dio un... [it gave me a] forum more, amplio, para trabajar con mujeres. [... .. ample, to work with women]

“Y después también trabaje con hombres, pero eso para mi era mas importante.” [And later, I also worked with men, but for me that was more important] (Here, Apolina is referring to her work with women as being more important).

“Y la mayoría eran gente... mujeres blancas, aunque trabaje también con unas Latinas, y gente de minoritarias. Mujeres minoritarias. Ser académica era lo mas lo importante para mi, siempre ha sido, yo creo, que siempre quería ser una teacher.” [And the majority were people... white women, although, I worked also with some Latinas and minorities people; minority women. To be an academic was the most important, it always was, I believe that I always wanted to be a teacher.]

“Y luego cuando fui a la universidad, tuve por primera vez un profesor latino, que era cubano y cuando lo conocí al él, y lo vi, que profesional, él era, dije,... [And later when I went to the university, I had for the first time a Latino professor, who was Cuban, and when I knew him, and I saw how professional he was, I said...] *I would like to be an university professor, así se metió la idea y camine hacia delante.* [therefore, this idea got into me and I walked forward it]

“Por eso cuando saque el doctorado lo mas natural era empezar a enseñar en la universidad, yo creo que hay un prestigio con ese role, además me gusta enseñar, me gusta la interacción con los estudiantes.” [Because of this, when I obtained the doctorate, the most natural was to start teaching in the university, I believe that there is a prestige with that role, beside I like to teach, I like the interaction with the students]

“Y ahora he tenido también la suerte de trabajar con graduate students, only. So... hay una ventaja con gente que quiere estar allí y está más abierta a lo que quieres decir. So... me ha siempre fascinado...” [And now, I have also the luck of working with graduate students, only. So... there is an advantage with people who want to be there and are more open to what you want to say, so it always has fascinated me]... *Aunque me sali de eso, siempre seguí como una adjunct enseñando un curso aquí y allá y más recién, hace dos... bueno, el año pasado, regrese a ser una profesora full time.* [Although I went out of that, I always continued as an adjunct, teaching a course here and there and more recent, it was two... well, last year, I returned to be a professor full time]

“Pero a la vez tenía otras ideas y empecé esta posición que era empezar mi consulta y tenía yo mis ideas propias de que se podían llevar a los lugares de empleo. Ideas psicológicas para promover ideas ahí en el trabajo, mas que nada tenía siempre las ideas de cómo empujar las ideas de cultura, racismo, sexismo y como hacerlo en el trabajo. [But, at the same time, I had other ideas and took the stand that it was to begin the consultation and I had my own ideas about how they could be brought into the work place. Psychological theories to promote ideas in the work place, more than anything I always had theories about how to promote ideas about culture, racism, sexism and how to do it in work place]

“Y así empezó la idea, pero después de eso empecé hacer otras cosas más amplias, y con esto he tenido que poner... como se dice... asumir muchos diferentes roles, de administrador, marketer, presenter, negotiator. [Therefore, the idea emerged, but after that I began to do broader things and with this... I have had to put... How do you say it... To assume many different roles of]

“I have had to take a lot of roles as with your own business. Y... también supervisar a otra gente. So, ha sido un role muy... que me ha dado, he crecido mucho. [And... to supervise other people, also. So, it has been a role very... that has given me... I have grown a lot]

“Por tomar eso, y también he conocido un montón de gente... un montón de gente in the private sector and in the non-profit sector. In taking that role, I also have met a lot of people... a lot of people in the.... ..] So, I feel like my world really opened up when I did that. It is not a narrow academic world.”

Voice 2:

“How long, have you... I think the real world is more fun than academia. It is a privilege.”

Voice 1: Apolina

“Yeah, it is a privilege.”

Voice 2:

“It is a privilege to be doing, think about in think when doing, I mean what we learn from doing. But, I wanted to ask you how long have you been a cultural competence consultant?”

Voice 1: Apolina

“Since 1985.”

Voice 2:

“1985?”

Voice 1: Apolina

“Yeah, since 1985, yeah... —¿diecisiete años mas o menos, verdad?” [Seventeen years more or less, right?]

Voice 2:

“How long have you been?”

“Since 1985, you have been working with cultural issues?”

Voice 1: Apolina

“Hum. Well, for a long time, *antes de eso, antes de eso...* [Before that, before that...]

“*Pero cuando me meti a la consulta también era para llevar eso de University to the work world.*” [Because when I got into consultation, it was to bring those things of the university to]

“*Por que siempre en graduate school and when I was teaching todo tenía mucho enfocado en las cosas culturales, yeah.*” [Because always in graduate school and when I was teaching every thing had a focus in cultural issues, yeah]

Voice 2:

“I do not know if you want to say anything else. This is a good point to continue.”

Voice 1: Apolina

“No, this is it.”

“Define the following terms...Ok, it is just a funny word Latino, Latina, you know.”

“*Siempre lo veo como refiriéndose a gente de descendencia... donde la gente habla español, mas lo que tienen en común que hablan español y es un broader term.* [I always see it as referring to people who have having decent from Spanish speaking people, that what they have most in common is that they speak Spanish and it is a broader term]

“Disparity *lo veo como un gap, entre gente, entre servicios...*[I see it as a gap between people, between services...] that something is missing.”

“And... when I think of culture psychology, I think of psychology...I think all psychology is cultural, but people don't talk about it. They talk about psychology almost... if though it is existing... in a very neutral way.”

“So, psychology is culture bound because of how it has been written and whose models are used, and whose theories are used. So, psychology if you use that kind of definition is already a cultural entity. But when I think of cultural psychology, I really think about it as psychology that is defined by, you know, the cultural context in which people live and that takes into account the different socio-cultural identities that people have. So, that is the kind of a reflection of multiple experiences, much broader. Much more comprehensive than sort of what I think, in a way has been taught as almost as, it is not that it is a one-dimensional approach, but it hasn’t taken into consideration some of we talk, some of what I just mentioned. You know, different cultural environment, and context, and history and because if you talk about culture you have to talk about history, you have to talk about language. And some of those have been missing in most of how we taught psychology.”

“Let’s see the difference or relationship of cultural competence and cultural psychology. Well, I think there are, there is a kind of difference in relationship. I mean, when I think of cultural competence. I think of a process of development, on going development.”

“Nunca se puede, uno nunca puede decir... [Never it can be... one never can say...] That I am cultural competent... Yo creo que siempre es un proceso de aprender...” [I believe that it is always a learning process...] I think that... *También de que...* [Also that] cultural competence, cannot occur if we did not operate from a some sore of revised definition of psychology. *Y si vamos a usar estos términos cultural psychology creo que hay que hacer una conexión entre cultural competence and cultural psychology.* [And if we are going to use those terms, cultural psychology, I believe that a connection between cultural competence and cultural psychology needs to be made]

“Otra vez cultural competence tiene una base más amplia de los que hemos enseñado en accredited programs in psychology. [Again, cultural competence has a broader base than what we have taught in... ...]

“Que tiene que ver, por ejemplo... [That has to do with, for example...] “If we are looking at the biological basis of behavior que not everyone’s biological base of behavior is necessarily the same. You have to look at the environment in which someone grew up. You have to look at the influences, the diet.”

“I mean, *hay unas cosas que van a tener una...* [there are things that would have]... *que van a hacer una diferencia* [that would make a difference] in the biological basis. People can have individual differences *y el enfoque* [and the focus]; I am just talking about individual differences, as a domain within psychology, already speaks to a cultural bias.”

“Because *la mayoría de las culturas son* collectivistic, and the individualistic, *aunque entre esos siempre hay...* you know, the.. *La danza de individual and collective. Pero veo esas cosas como dominando la enseñanza.* [because, the majority of the cultures are collectivistic and the individualistic, although between them there are always... you know the dance of individualism and collectivism. But I see these things as dominating the training (teaching)].

“So, you are not going to become culturally competent if you are only going to base your learning and your practice in those domains that are culture bound.”

Voice 2:

“I am particularly interested in these two definitions because one of my arguments is that cultural competence is not the same than cultural psychology... that you can become culturally competent from different perspectives in psychology and not necessarily from the perspectives of cultural psychology. I have been using here cultural psychology as the term that it has been given to a new discipline in psychology, which I am proposing... and that so far I have not found support in the literature, I mean somebody who has been written saying... that this is a school of thought. Now, it has happened to me that I think I have discovered something or that I have an original idea and later I found that it has been discussed in the literature, so I am saying what, I am proposing at this stage of my thinking, that I need to understand if cultural psychology is a school of thought. As a school of thought... what will mean is that it would differentiate the type of analysis and it will have paradigms and premises guiding the study of psychological phenomena as we do with different schools of thoughts that we find in psychology, when you have behavioral, humanistic approaches, when you have psychoanalysis, and that the differences from them is that it will have culture at the center.

“But a behavioral therapist can become culturally competent without being a cultural psychologist. A therapist can become cultural competent, just, by the virtue of knowing the language or by having access to the culture through socialization and experiences, and in a sense and in some ways he is doing cultural psychology, but he is not basing his analysis of the behavior in the same paradigms. It will be like saying ok, for example, can we treat a phobia with one technique or another technique? How you will do treatment will be different according to the school of thought and that is why I am very interested from the participants’...”

Voice 1: Apolina

“See, what I have... of course... it is a very...*Para mi* cultural competence *tiene... ya tiene varios* knowledge and it got a lot of models.” [For me cultural competence already has several...]

“I mean, I work in models of cultural competence, so, for me it is a body of knowledge that you know...according to our model is awareness, knowledge, and skills working together. Now, can simply knowing the language make someone culturally competent? I disagree. Can living in Mexico make someone culturally competent? I disagree, ok. Can living in a low socio economic neighborhood make someone culturally competent? *Creo que no!*. [I believe, no!]. *Hay mas que la experiencia...* [There is more than the experience] and this is where cultural competence, *para mí, es más complejo*. [For me, it is more complex]. *Porque según lo que hemos tratado de empezar a desarrollar son... bueno...* [Because, according to what we have tried to begin to develop... are... well] different premises, like you are saying, different models that contribute to becoming culturally competent. *Si son* identity models, *si son, por ejemplo*. [Whether they are identity models, if they are for example]. *Con gente Latina, aunque uno...* [With Latino people, even though one...] Even though, I am Mexican-American it doesn't make me culturally competent. *Gente siempre*, you know, *yo me acuerdo...* [People always ... I remember]... Can you do this lecture about Mexico? I said... I have to go and study, first.”

“*Yo creo que...* [I believe that]... There is knowledge that you have to acquire, there is practical experience, and there is your own personal self-awareness about your biases and about your assumptions about yourself and culture. I mean, how do you look at your own culture? How do you look at your own ethnicity?”

“So, *creo que también uno de los problemas con esto es que la palabra cultura tiene tantas formas de ser...* [I believe also that one of the problems with this is that the word culture have many ways of being...] defined, and... so it means that depending on your orientation you are going to... I think... define culture, differently. *Y por eso digo yo...* [And because of this, I say...] for me cultural competence... How does cultural psychology relate to... there must be a relationship but I think is going to depend on how cultural psychology is defined and...”

Voice 2:

“Yes, yes, yes. One of my struggles is that, I came from the background of being a practitioner who was forced historically. I mean by the historical period, to become culturally competent. When I started working with Latinos, I went back to school two weeks later and said: “you lied to me!” “You said that I could do everything that I knew how to do all kind of things. I cannot talk to my people. Those people do not talk like me. I speak like Colombians, they speak Mexican, even different than the Mexican I had met in the past... and they were my clients. I discover the schooling has given me tools to think, just information... My clients trained me...”

Voice 1: Apolína

“Sí”[yes]

Voice 2:

“So, I go back to school to study cultural psychology and the first thing I hear it is that 'it is not the same'... as cultural competence.”

Voice 1: Apolína

“Yeah.”

Voice 2

“So, I have been in this quest of understanding, what it is the meaning of becoming a cultural psychologist, and the whole process.

“So, tell me what it would mean for you, with the understanding that you have about what cultural psychology is... What it would mean for you to become a cultural psychologist?”

Voice 1: Apolína

“Well, again for me becoming a cultural psychologist means having culture being at the core of how you think, how you approach... teaching, how you approach research... how you approach assessment.... And all kinds of practice, you know clinical practice... that... you don't do just based on a theory.... that you recognize that the theory is cultured bound, so that you need to look at if this theory is going to apply *con esta persona o esta otra persona o en este contexto con este problema*... [With this person or this other person or in this context with this problem] I mean that to me is part of the analysis of being a cultural psychologist.”

“So, it is a lens to do your work. So, you think very holistically... *y hay que pensar también en las*...[and it should be there also a thinking about the...]... I guess, in looking at... of course... the cultural experience of who ever you are encountering, meaning that even all your graduate students have a different quote... “Cultural experience.” So, when they are coming to the field of psychology, they bring a particular cultural lens and how do you incorporate that into the training... that will... I think, help this development of becoming “culturally centered,” if you want to put it that way... Culturally centered psychologists; I don't know if that is what you are looking for. (Laughing).

Voice 2:

“It is in part... what I am looking for, but ... what is bringing me into this, it is the problem with the experience... It is the view that what is happening here, it is the same thing that happen in the field. It is the difference between the ones that do it and the ones who think about it.”

“And by listing to you, I said oh God, this is more simply that I have been... in my academic intellectual trip... looking back, I see that I have all this anxiety about what it means to become a cultural psychologist and when you narrow it down you find that it is more simple than it sounds”

Voice 1: Apolina

“That is right (laughing)... I think sometimes, *para mi*, [for me] as we were talking, *usando* [using] culture centered, it is easier for me to use than a cultural psychologists...a culture centered psychologist.” (Apolina was referring to the difference between using the terms cultural psychologists and culture center psychologist)

Voice 2:

“Yes, probably because what I am trying to talk about is a new field, something that is not well recognized in traditional psychology that is building... to become something more specific and so....

Narrative:

I introduced the next question: “This is a very long question and What I found when I was doing this before is that the questions had become repetitive so I guess I tried a different way.”

Voice 1: Apolina

“Well, I think there are many, ethical violations in the delivery of mental health services to Latinos. I think that the first thing, there are several things that come to mind. One is the fact that most clinicians have no idea of what a Latino is. We know that the percentage, slightest percentage of providers are White and that they come out of training programs like us that have not focused on culture or specific ethnic groups, and so forth. Right there you’ve got an ethical violation, a person who is really practicing out of their domain of knowledge.”

“I think the second thing is that if you think of language, and you know that there are many *trampas* [traps] that occur because language is not the language of the client.”

“So, everything from a simple... *de pedir permiso para firmar una forma, de usar un test, cosas así, que yo creo que no son...que no están presentadas en una manera que* it is an informed consent then becomes an ethical violation. [So everything from a simple authorization to sign a form, to use a test, things akin to that... I believe that they are not... that they are not presented in a way that it is....]

“*Y también si usan gente para hacer una traducción, interpretes que no son profesionales* that’s an ethical violation to me. [And also if people are used to do a translation, interpreters that are not professionals] So, I am looking at a number of ways that this affects Latinos and, therefore, the disparity is that *que la persona que viene pidiendo un servicio o una ayuda, no se la van a dar en la forma... probablemente no va a adquirir lo que quiere.* [... ..The disparity is that the person who comes requesting service or help... it would not be given in the way... probably is not going to receive what (he /she) wants”]

“*Porque como sicólogos o consejeros estamos socializados a dar tal servicio o reaccionar en tal forma que es muy almost scripted es una performa* you know... and *si trabajas en un servicio social* or for managed care *tienes tu protocol que tienes que seguir que para la gente Latina... y voy a decirlo en genera... que dicen que somos muy relationship oriented.* [“Because as psychologists or counselors we are socialized to provide services or to react in such form that it is almost very scripted, it is a performance, you know and if you work in social services or for managed care, you have a protocol to follow which for Latino people... and I am going to say it in general... that is being said... that we are very relationship oriented....]. You know you are violating the relationship right away.... *que vas a sacar datos...* [...that you are going to collect data...]. ... facts... so, you know in a way that it is not genuine.

“And, again genuine is some of the things we train people... to be unconditional positive, regards, and all of that... I mean it doesn’t happen when you behave that way. So, is that an ethical violation? Well not specifically, but it is not practicing good psychology.... Or ...I think... culturally sensitive psychology. (Laughing). When I think of the percentage of Latino places that benefit from having a culturally competent assessment.... *Hay!*...[Oh...]. ... I think...”

Voice 2:

“Can I interrupt you for just a minute... because I am very interested in this estimate since I have one; of course, I don’t have hard data, but fortunately I am

not interested in that. I am interested on subjective experiences and their meanings, so... if you look back what would you say?"

Voice 1: Apolina

"I would say... I mean, again... this is just an estimate and... just thinking about... where I am now... where have been. I said is 10 percent and... that would be probably very generous."

Voice 2:

"Ok!"

Voice 1:

"*Y lo digo por las razones que dije antes... que...* [and I say this because of the reasons I mentioned before... that...]. the providers... that typically are not providers who are culturally competent. *No tienen que ser Latinos para ser...* [they do not have to be Latinos to be...] culturally competent...*pero...* [...but...] they are not culturally competent. And, I think it is a very small percentage... very low percentage rather."

Voice 2:

"I agree with you, I happen to believe that in my experience, a generous estimate would be 5 percent."

Voice 1: Apolina

"Yeah!"

Voice 2:

"I think that we can turn it around and said that individuals of the dominant culture would have 90 percent of their psychological assessments and the important decisions made about their lives are cultural competence, although the assessment might not indicate competence in psychology, I mean practitioners' competence but that it is another issue."

"But my estimated is also based in the fact that there are people who practice very good psychology, that when I turned myself over to them for services, they have done lousy assessments."

Voice 1: Apolina

“*Sí, sí, sí, sí con otra gente de misma, de la misma raza.*” [“Yes, yes, it is with other people of the same race”] They are just poor psychologists, period. Yeah.”

Voice 2:

“I am not sure they are able to do assessments when cultural competence is part of that assessment... Although we are going to leave it at that”

“Translation, I would like you to... that is a big issue for me... because of my experience... and I (will nor would) would tell you a little more when we come to that.”

Voice 1: Apolina

“What percentage of cases.... And share my thoughts about the issue translations.”

Voice 2:

“Yes, Yeah!

Voice 1: Apolina

“You know, I have a hard time with the use of translation in psychological and psychiatric evaluations because I have no confidence that the terminology is the same. I also think that the meaning, again, the meaning that I ascribed to my condition has to be understood in the cultural context. *Por ejemplo, con ataque de nervios*, [for example with a nervous attack]; This is a simple example... *que mucha gente que no conoce... a lo que, lo que son ataque de nervios.* [... ... That many people do not know... what are nervous attacks]

“We have a lot of... examples, *que* [that] immediately would medicate someone in away that it would create sometimes negative consequence, very negative consequence, *para esa gente* [for that persons] because they see this *ataque como* [attack as] a break from reality and do not understand the cultural meaning, *de un ataque* [of an attack]. So, in that case to make a psychiatric evaluation based on a translation which did not fell well *para la persona, el cliente va a salir peor que mejor.*” [... ... to the person, the client will leave worse rather than better]

“*Bueno yo creo que... otra vez... que si hay un translation o hay un interpreter. - “Si hay una persona trabajando con un psicólogo, pero esta persona esta entrenada en una forma que sabe lo que esta haciendo en mental health... [Well, I believe that... again... that if there is a translation or there is an interpreter. If*

there is a person working with a psychologists, and this person is trained to know what (he/she) is doing in mental health.]... or has some understanding, it might not be at the psychology level, perhaps some mental health preparation *conoce el idioma, la cultura, el contexto* [knows the language, the culture, the context].

Voice 2:

“Humm!

Voice 1: Apolina

“You know, you can probably use that person *como se dice* [as one would say as] a cultural broker.

Voice 2:

“Ok!...”

Voice 1: Apolina

“Pero creo que de todas formas estas usando evaluaciones que no han sido validadas en la cultura en general, digamos aqui Latinos. Es dificil. [However, I believe that anyway you are using evaluations that have not been validated in the culture, in general, let’s say here, Latinos. It is difficult.]

“I mean, there are some many things about being a Latino if you were socialized culturally as Latino *en terminos* [in terms] of ... how do you look at health, how do you look at religion and health, your spirituality and health *y si uno no pregunta acerca de esas cosas*, [and if one does not ask about these things] and you just make a diagnosis based on observable behavior *te falta mucha cosa*, [you would miss many things] I think.”

Voice 2:

“Yes, I have... see ...In my encounters with the legal system; my experience with the legal system has brought me to take very strong positions.”

“And I am very interested in finding out if the most educated and experienced Latino psychologists feel as strong as I feel that this should be considered an ethical violation and thus, it should not be allowed, and if this is the case we are going to put the system under a lot of pressure because... specially in the legal system...”

Voice 1: Apolina

“Yeah!”

Voice 2:

“Most of the... I would say 90 percent of the evaluations have been conducted with translators and those evaluations are used to determine central issues...”

Voice 1: Apolina

“Sure, well competency!”

Voice 2:

“For example to stand trial but this is...”

Voice 1:

“Right, competency that is just one example and so *estoy de acuerdo contigo que las decisiones que se usan... las decisiones que se hacen... están basadas en datos que no son...* [I am in agreement with you that the decisions used... the decisions that have been... They are based on data that are not...] that are culturally biased.”

“*Y hay tanto problema por que también tenemos tan poca gente en el sistema que puede facilitar estos cambios, pero tenemos que de todas formas salir, esto es aquí ahora donde hay que trabajar con las asociaciones profesionales.*” [and there are many problems because we have few people in the system who can facilitate these changes, however we have to go out anyway, here is where we have to work with professional associations]

“In APA *sacamos* [we put out] a racial profile resolution, ok. We have a resolution against violence in children and families. *Y ahora con esto también estamos trabajando con* [and now with this we are also working with] Police Departments *y* [and] probably it is going to impact the courts. So *todo está... tiene que estar enredado, porque hay que ver que* there is prejudicial behavior *cuando llega a ser gente minoritaria.* [So, every thing is... has to be embroiled in because we have seen that there is prejudicial behavior when it comes to minority people] Why is there a preponderance of men of color in the prison system?”

“You know, so in all of this, psychology *puede tener un impacto pero hay que tener la voz de la gente también, que ve que cultura, idioma y... socio economic status...todo...* weight negatively against many people *que no tiene los recursos y*

por eso entonces they get in... the legal system kind of abuses esa gente porque no tienen derecho... bueno no es que no tienen derechos... pero no tienen la representación, no tienen la voz. [... .. psychology can have an impact, but we have to have also the voice of people who see that culture, language, and socio-economic status... all of that... weight negatively against many people who do not have the resources and because of that then they get in. The legal system kind of abuses those people because they do not have rights...well it is not that they do not have rights...but they do not have representation...they do not have the voice] And so the system does not work on their behalf.”

Voice 2:

“Yeah! I agree that part of the process is to educate, that some people will receive the information and become allies, that it is my experience.

“Ok. This is pretty close to what we were talking about, but we are on question number five.”

Voice 1: Apolina

“Bueno lo que veo yo y llevo muy poco tiempo aqui pero comparatively speaking...” [Well, what I see and I have been here comparatively speaking a short time]

Narrative

Please observe that the literal translation of *my poco tiempo* is “a short time,” or “little time” and both interpretations are correct. Moreover, the word *pero* [but] was omitted because in the interpretation of the context it was implied as a transition that was not needed in the translation.

Voice 2:

“Where were you before?”

Voice 1:

“In Boston, pero yo creo en ambos lugares el problema es lo mismo. Aunque aquí obtenía expectativas más altas porque es el lugar que es. So, lo que veo, por lo que me han dicho...”

[In Boston but I believe that in both places the problem is the same. Although, here I have higher expectations because of the place I am now, what it is. So, what I see and for what I have been told...]

Voice 2:

“Tell me a little bit more about your expectations being higher, I am getting excited!”

Voice 1: Apolina

“Bueno, que aquí la población no es que sea la mayoría todavía había llegado a ser Latino aquí pero esta llegando a ser Latino.” [Well, here the majority of the population is not Latino yet, but it will be]

Voice 2:

“What is the percentage of Latinos?”

Voice 1: Apolina

“Yo creo forty percent.” [I believe forty percent]

Voice 2:

“Forty percent in...?”

Voice 1: Apolina

“... .. (Southwest state).”

Voice 2:

In (southwest state)?

Voice 1: Apolina

“Y dicen que va a llegar a ser cincuenta en como diez años, unos diez años, quince años.” [And it has been estimated that in ten-fifteen years it will be fifty]

“Pero ya hay ciudades aquí donde el porcentaje es mas Latino Mexicano que Blanco. Hay escuelas, hay barrios, neighborhoods donde el porcentaje de la gente es Mexicano. So, ya se ve.” [However, there are cities here where the

percentage is more Latino-Mexican than White. There are schools, neighborhoods where the percentage of Mexican people is higher. So, you already see it]

Voice 2:

“I found in San Diego areas in the North where the population is 70 to 80 percent Latino and there is not one single mental health program for Latinos that is linguistically appropriate or culturally competent. How are we going to say that we are serving Latinos?”

Voice 1: Apolina

“Lo que he visto... y no tengo un buen conocimiento todavía porque estoy recién llegada... pero han siempre mencionado como cuatro agencias en particular dedicadas a servicios a Latinos. Pero como esta es una área también, bien amplia, geographically, es decir lo que estas diciendo tu también que el acceso a esos lugares va ha ser limitado. [What I have observed...and I do not have a lot of knowledge, yet, because I came recently....but four agencies dedicated to serve Latino are frequently mentioned. However this is a broad area, geographically, I mean as you are saying, that access to those places is limited]

“Y que van haber lugares donde no se puede llegar [there would be places without access] So percentage wise this is just by... a quick look around... percentage of providers... number of mental health providers... I can't imagine... I really don't know what the numbers would be. Certainly, Latino providers are very, very few. Very few, compared to the overall population. I do not know. If it is 1 to 1000 percentages... it could be something as big a gap as it is that. It's a huge gap. Based on what I have told and lo que he visto también. [... ... What I have observed, also]. So...”

Voice 2:

“You can see where I am going with this project. We need numbers. The new Census is going to give us numbers and we need to force the issue of counting the numbers of mental health providers and compare them against the population and requiring that efforts be made that plans be made so that in ten to twenty years the gap can be reduced but it has to be a national effort”

Voice 1: Apolina

“Yes, it has to be a national effort. *También lo que veo yo es que como dije antes es un system problem. [As I said before, what I see is a system problem] Porque no podemos...* [because we cannot]...well there are two or three things, like I said

before *creo que providers no tienen que ser Latinos* [I believe that providers do not have to be Latinos] to be culturally competent and work with Latinos. So that is one thing, they have to have education and training.

“*Tienen que enfocarse en* [they have to focus on] cultural competence.

“*Numero dos, hay que hacer un esfuerzo grandisimo para atraer a gente Latina* [Number two, there has to be a huge effort to attract Latino people] to become health providers. *Y sin eso también nos perjudicamos.* [And without that we are all affected]

“I mean we have to have pipelines, starting in Junior High, High School, Undergraduate, *para empezar... a como se dice...* [... to begin... how do you say...] market... being a mental health clinician *y los beneficios* [and the benefits].

“So, *esto es también es donde hay que trabajar...* [this is also where we have to work]... *con el gobierno hay que trabajar...* [with the government, we have to work...] with like professional associations to promote the careers. Promote careers in mental health as viable careers.

“*Y que hay que entrar a los sistemas aquí escolares de la you know... High schools and school systems y también trabajar con estas mismas agencias para ver como tienen ellos acceso a la gente.* [and (we have to) enter the educational systems... and work also with agencies to see how they have access to people]

“There is got to be a number of direct or indirect ways to market the mental health profession as a viable profession, *carrera* [career].”

“So, you know you can’t close the gap unless you work in multiple arenas *y también que haya dinero* [and also that there is money].

“*Esta es una cosa que tengo que hacer aquí es montar un programa que o varios programas para tratar de atraer a la gente latina a la profesión. Sigo yo con la cultural competence piece en medio de la escuela graduate school. Pero también hay que llevar eso afuera. Gente* [people] who doesn’t need to come to graduate school *pero quiere a la vez ... saber como trabajar con gente Latina.*[... .. but who also wants to know how to work with Latino people] So, there is got to be different approaches to close the gap in terms of the ethical and culturally effective delivery of services. Ok.” (Laughing). *¿Dónde estamos?* [Where are we?]

Voice 2:

“You are preaching to the choir you know?” (Laughing)

Voice 1: Apolina

“Why don’t stop for a minute, because, I have to...”

Voice 2:

“We’re in question number six.”

Voice 1: Apolina

“Six?...”

Voice 2:

“We can go fast,”

Voice 1: Apolina

“Ok, educational socio economic conditions, contributing to the social neglect of Latino mental health needs. *Bueno yo creo que hay ciertas cosas aqui.*” [Well, I believe that there are certain things here] *El enfoque en Latinos* [the focus on Latinos] in education has never been the priority... *numero uno*, [number one] whether it is public education, higher education, it has not been the priority.

“Socioeconomic conditions, *yo creo que Latinos se han...* [I believe that Latinos have been]... the view of Latinos has been from a deficit model, so there is even an assumption that if you are Latino, you’re poor.

“So, there is without a qualm kind of benign neglect to hostile neglect, and so the systems of care *hasta recién no han puesto importancia en el Latino* [... .. until recently have not placed importance in the Latino].

“*Y eso son... yo creo que por razones de racismo mas que nada* [and those are... I believe it is for reasons of racism, more than any thing else]. *Y no viendo a la persona Latino mas que como una..* Almost like a... *un obrero o una persona que tiene que... struggle... y no nos han visto con poder y corazón e importancia.* [And viewing the Latino person more like...almost like a...as working class or a person who has to struggle... and we have not been viewed as having power, heart, and importance]

“So the structure, it is not in place. So, *cuando hablamos de* [when we talk about] healthcare system... when you talk about school systems, and legal systems, structures are not in place to deliver services... Or even have access to services. I

mean they are two different things. Particularly if you are talking about mental health and I don't think psychology has been proactive as a profession. And you know we are teaching a counseling Latinos course *aquí en la universidad* [here in the university] the first time that it has been taught, I mean this *es una vergüenza* [... .. is a shame]. I don't know how many other schools in the southwest or California *enseñan un curso en particular acerca de Latinos pero me imagino que hay pocos o nada* [teach a particular course about Latinos, but I imagine that there are few or none].”

Voice 2:

“My understanding is that there are very few.”

Voice 1: Apolina

“Yeah...”

Voice 2:

“And that in 1999 for the first time, for example the California School of professional psychology designed a class on psychology of ethnicity, for Latinos and other groups.”

Voice 1: Apolina

“*Pero enfocaba en Latinos en particular....*” [But focused on Latinos in particular...”

Voice 2:

“Yes, one class, but this is not the only class. The problem now it is that this second class was limited to the history of Mexico, the history of culture in terms of general psychology and it was an elective for other programs. But, I think that if we do research, we will found that it is in the last... and I am being generous... in the last four to five years that we can see some interest in psychology program in looking at the psychology of specific ethnic groups, like African American psychology... Asian American psychology... But you are saying that here recently too in the University of the state of... .. Ok, my question to you is how long... one year... two years?”

Voice 1: Apolina

“*Este es mi Segundo año.*” [This is my second year]

Voice 2:

“*Segundo?* [second] year. It is very interesting.”

Voice 1: Apolina

“What coping skills or strategies did you use to complete your education and training ...Coping skills and strategies... *Bueno lo que tuve que hacer yo para especialmente completar el doctorado es que cuando yo me meto en... mira que bonito esta...* [Well, what I had to do, especially to complete the doctorate is that when I enter in... Look how beautiful it is...]

Narrative:

Apolina was pointing to the sky (el atardecer). [the evenfall] and continued

“*Cuando yo me pongo una meta me quedo muy enfocada y siempre... bueno creci sabiendo bien... que a la gente Mexicana siempre se veia como gente que no podia cumplir* educationally.” [When I have a goal I stay very focused and always...well, I grew up knowing well... that Mexican people were always viewed as people who would not accomplish educationally].

“So I had that message, *y para mí entonces siempre ha sido necesario e importante que yo cumpliera lo que empezara.* [... ... and for me then it has been always important and necessary to complete what I had been started] So that has been sort of my own drive my own internal drive being... knowing... being Mexican. That was sort of my drive. So, if you can call that as a coping skill as a motivator that... *que veia esto como una necesidad.* [... ...that I was seeing this as a necessity]

“*Pero también tenia uno o dos amigos como recursos... pero más que eso, nada.* [But I also have one or two friends as resources (meaning support)...however, besides that, there was nothing]

“I think it was really just determination. It was at lot of determination, and I didn't want to embarrass anybody or disappoint anybody or look bad *especialmente siendo Latina* [especially being Latina]. So I don't know I guess it was almost like a negative reinforcement. It was on one hand negative, *lo queria...*[I wanted it] but... I don't know that I just stayed with the goal.”

Voice 2:

“I have a question. Was the experience painful? ”

Voice 1: Apolina

“No!

Voice 2

“What year did you...”

Voice 1: Apolina

“I graduated in 78.”

Voice 2:

“78”...

Voice 1: Apolina

“You know, when I was... all my education... I have been... typically the only Latina, so that is not unusual for me, I mean it was not unusual at that time... as an undergraduate, as a master’s student, and then going to my doctoral program.

“*Ahi conocí a otros Latinos*, but they were in other doctoral programs, not my program, counseling psychology. *Después vinieron otros a* [Later others came to] counseling psychology. But I was the only one in my class *que era Latina* [who was Latina].

“So... you know... you always had to deal in a white world and that teaches you what to do educationally.... So it was not painful from an ethnic racial point of view, I mean I did not have any overt discrimination, or you know... I was with a group of people; we all were struggling to get a doctorate.”

“But I was very aware of whom I was, in the mix of all of that and I was aware that there were.... And I do not want to say that anyone had a low expectation that I was not going to make it... But I also knew that they were... since I was the only Latina... I had to make it. So it was not painful in that... from that point of view... being in the program. I think that I had a lot of resources, while... I was a High school counselor, I was in a known entity and they were supporting me in doing what I was doing, as a doctoral student”

Voice 2:

“Did you have... at lot of resources?”

Voice 1: Apolína

“In terms of people...people *apoyándome*...[supporting me]”

Voice 2:

“People...”

Voice 1: Apolína

“People *apoyándome*,” [supporting me]... It was valued... what I was doing was valued where I worked. And that is important.”

Voice 2:

“Ok. So I am probably assuming and I wish to be corrected... that you did your doctorate while you were working.”

Voice 1: Apolína

“I maintain my position, “

Voice 2:

“And you maintain your position and...”

Voice 1: Apolína

“I maintain ...

Voice 2:

“You retained your normal...what I want to say is...your normal support systems.”

Voice 1: Apolína

“Yeah, I did. It was not family... it was not family support system, it was work support systems... you know... a couple of friends, I was married at the time, but... that was it... I did not have the family around me.”

“I took off one semester to finish writing my dissertation, but throughout that time, I worked and went to school.”

Voice 2:

“And the demographic information questionnaire will ask you more about that time...but ... Let’s see do you...finish... For you, what is the meaning of the term tokenism”

Voice 1: Apolina

“Tokenism?”

*“Bueno es poner a una persona en una posición de representar a toda su raza o todo su gender o lo que sea”... [Well, it is to place a person in a position to represent all of her/ his race, gender or what ever it is] That to me is tokenism; I mean I know I experienced it; *siempre me ha pasado*. [It has always happen to me] It did not seem... when I was on my doctorate program... I did not think about tokenism as I did when I went out... after I graduated.”*

Voice 2:

“Explain to me... I think I understand... why... it wasn’t. But what happened in the... I call it... the real world, the”...

Voice 1: Apolina

“Bueno, dos cosas pasaron tuve yo la oportunidad de ser la jefa (laughing)... del departamento en la escuela donde estaba yo como consejera y se lo dieron a una persona blanca. [Well two things happened, I had the opportunity to be the director of the department in the school where I was as a counselor and the position was given to a White person]

“Y lo que me di cuenta era.. que fue un acto de racismo... y que aunque la gente que me estaba apoyando... queria que yo lo adquiriera por razones sanas... y que tenia yo... los credentials y todo eso... el sistema no estaba listo para eso.” [and what I realized was... that it was an act of racism... and that although the people who were supporting me... wanted me to get it for healthy reasons... and that I had the credentials and all of that... the system was not ready for this] In a way, I mean you can say that some people may have treated my candidacy as tokenism, even just... but I think some people were sincerely interested also in breaking the system and saying you know, she’s got the credentials, she is Latina. She got the credentials but they wanted to change the system and I guess, I agreed to go along with it and I didn’t realize I was somehow getting used. But it was not, I knew... I did not think about it as a malevolent act, these people were much more conscious.”

Voice 2:

“Malevolent... you mean malicious

Voice 1: Apolina

“Yeah...*“Pero después cuando empecé a salir a posiciones académicos me di cuenta de cómo la gente te veía... como una mujer y una minoritaria.* [But later when I began to go to academic positions I realized how people were seeing you...as a woman and as minority] That it is a double tokenism.”

“And even though they did not want to hire you based on those premises *siempre salía en la discusión, que te querían emplear por que tenías lo que tenías.* [... ...It came out always in the discussion that they wanted to hire you because what you have (here Apolina is referring to be a double token)]

“*Pero me di cuenta mas entonces* [but then I realized more] when I was... started teaching more about how tokenism was really working, and how it was affecting other people, much more than me. *Pero también tenía... veía como alguna gente... no todo el mundo me veía a veces como que me habían empleado por razones de ser mujer y minoritaria y so...* [But I was having also ... I was seeing how some people... not everyone... sometimes they were seeing me as being hired for the reasons of being a woman and a minority] So...they weren't sure what I knew. But to be honest with you, *era muy poca gente, muy, muy poca gente.*” [... ...it was few people, very, very few.]

Voice 2:

“Yes...but ...”

Voice 1: Apolina

“But Tokenism is alive and well.”

Voice 2:

“Yes!

Voice 1: Apolina

“I mean and I know when I have been used as a token and I used it to my advantage... not to my advantage *eso es cuando yo saco mas que nada... y siendo una Latina que es educada...* [that is what I obtain more than anything else... and

for being a Latina who is educated] that I used it as a way of... you know... showcasing.”

Voice 2:

“I could tell you stories about that I am thinking... in particular about how to deal with tokenism at this moment. Basically, it is that we need to empower people so they do not get paralyzed... Because it is ugly... and it is real and it hurts, but there is another side

Voice 1: Apolina

“Yeah!...

Voice 2:

“That it can be exploited to improve awareness and to improve conditions of people so... But we will talk about that in another time.”

Voice 1: Apolina

“Ok.

Voice 2:

“Ok... you will have... 1978, you have twenty three years, we are really talking about an average of twenty five to 30 years that you have been in the field of psychology. So tell me about the progress that you have observed and witnessed, this may be exciting for you... when you look back and...

Voice 1: Apolina

“I think there has been progress *realmente porque cuando yo estudie no se hablaban de cosas culturales* especially in my masters’ program. [... ... because when I studied, cultural issues were not mentioned, really...] *En el programa del doctorado mas se empezó hablar y yo hice un estudio de emigrantes y me... como se dice... me reclutaron para venir a la escuela, porque el señor que fue mi... como se llama... my advisor... tuvo interés en el trabajo que estaba yo haciendo con emigrantes, entonces...* [During the doctorate program was when it began to be address more... and I did a study about immigrants and I was...How do you say it...I was recruited to come to school, because the person who was my... how do you call it... my advisor...had an interest in the work I was doing with immigrants, then...] there was like an open mindedness.”

“Pero a cambiado porque en ese entonces especialmente en las asociaciones profesionales si uno daba un programa con énfasis cultural, cross-cultural casi nadie venia; y ahora estamos en otro tiempo, ya tenemos el Multi-cultural Summits. Ya tenemos conferencias de Latinos Psychology, Asian American Psychology etc. [But it has changed because at that time, especially in professional associations if one had offered (done) a program with a cultural emphasis, almost nobody came and now we are in another epoch; that we have multicultural summits. That we have now Latino psychology conferences... ..]”

“Y que en las asociaciones mayores donde yo pertenezco ACAN, APA hay un énfasis muy grande en las cosas culturas, la cosa étnica, la cosa de racial. [And that in the main association to which I belong ACAN, APA there is a very big emphasis in the cultural, ethnic and racial issues] So, I mean that’s a real movement.

“Durante los últimos... diría yo... los últimos diez años... que se ha montado, se ha montado... yo creo. [I would say that during the last ten years (insert it) has come up, I believe] It is exciting... it is very exciting. Because, is like finally many people in the field had caught up to what is important, what I have always believed to be important. So I don’t feel like I am just jumping on something new, I am just feeling like I already have been a part of it from a long time, and I think all of this is affirming the needs of culturally diverse groups, pero todo el mundo esta a la vez [but every one is at the same time] excited but ...I think also... afraid... because hay mucha gente que nunca ha prestado atención a las cosas culturales ... [there are people who have never given attention to cultural issues] “So they are saying “oh my God, you know, what am I going to have to learn” and how am I going to do it, so that kind of ... I would not say fear, but for so many people is fear, that there are not going to be able to practice, because the population is changing so much and they are not prepared to practice with culturally different people.”

“So, this is a very interesting time in the field... change... so you feel like you really if you are a psychologist many people feel like I really have to get with it.

Voice 2:

“Ok... What do you think I should keep in mind in considering when exploring disparity?...Before we get going into that one”

Voice 1: Apolina

“Ok.”

Voice 2:

“The efforts in the field, how effective have been?”

Voice 1: Apolina

“I think it is hard to measure the effectiveness, yet.”

“I think there is many levels of measuring effectiveness, in terms of the focus on cultural diverse groups... you know... you have to look at how has curriculum changed to address cultural diverse groups. You have to look at how research methodology has changed, or has not changed. I mean, these are areas that we have to look at. I think we have to look at the use of psychometric instruments you know the tools, for testing, what are those tools, are they been responsive to linguistic and cultural differences... have they changed that way? So, I think effectiveness has to be looked at multiple levels, you know, are people culturally... diverse people... are people... minority people... I mean cultural and diverse are sort of a kind of a terms that is not always applicable, but are people of color using services more you know, in the 70s we use to write about the under-utilization of services. You know... has that changed? And are people percentage wise more mentally healthy from groups of color? You know... is there any data to show that... you know is there a lower incident of... I don't know... of mental health, stress or mental health, I don't know... I think there are just so many indicators to use to assess effectiveness that we just have to come up with all of those indicators, I think there are at lot of things happening, but we have to often stop and look at... what is working and what is not working... what is being done and what is not being done. So I think we are really at the beginning.”

Voice 2:

“Hum... and... that is still exciting...”

Voice 1: Apolina

“Oh, yes, it is. Yeah”

Voice 2:

“Without saying...that we don't have a long way to go... Ok! I feel so proud of my next questions, because... (laughing)

“So, well what would you want to do if you were in my place? And you would have been studying disparity.”

Voice 1: Apolina

“I think you have to look at, I think you have be very, very logical here,”

Voice 2:

“Very what?”

Voice 1: Apolina

“Logical... And identify the areas where disparity... how do I want to put it... Look at the contributing factors to disparity, ok, we know disparity exists, so we have to say, why does it exists? Ok, so this is where you go back to who is being prepared to be a provider? What is the curriculum like? What are the practicum and supervision experiences like? What kind of research are we involving our students in? Ok and that if is research that helps us to understand the population so that we then can provide more relevant services and address the disparity that way. Are we able to address disparity by providing services in different communities where they don't exist? You know, what are the services that exists and what are we doing to improve the existence of those services so I think what you have to do is to work backwards, I think assume that disparity exists, ok, and then say what are the contributing factors of disparity, and where are they... in terms of addressing those disparities. So it is almost as putting a road map, you know... working backwards. And I think on the other side of... disparity is in the middle so you work backwards until you say where are the contributing factors of disparity, here in the middle. And then what are the consequences of the disparity on the other side. So the consequences are you know, perhaps more drop out of schools, or more people, it could be disparity leads to... *como se dice*... [How do you say it] more dysfunctional family behavior... are more people being... their children taken away from them, and becoming part of child protective services? I mean those are, I think, all the consequences of disparity, because you don't have interventions that are culturally appropriate or available.”

Voice 2:

“Alright, I adore that answer. It gave me a lot of material. So, now the next one, if you have the power and the resources to make change, and improve Latino mental service what would you do?”

Voice 1: Apolina

“If I were to do that locally, or in the state of (Southwest state); I think I would appoint commissioners of mental health, Latino mental health services, who

would dedicate themselves to looking systematically at all the networks that are design to provide care, whether they are hospitals, managed care, you know social services... and look at what they are doing and where they are doing it... and again what is working and what is not working. So I would appoint someone just for that role to do that.

“I think nationally there has to be also a national agenda on Latino mental health... health and mental health issues. I will combine the two... health and mental health issues. Because you cannot just cut one off I mean there are consequences if your mental health... if your health is not good your mental health is affected and vice versa, right. So, I would begin... place priority in... not only in education and training but also I think in establishing more local... I don't know...network of care...I guess...and having those networks of care be multi disciplinary. And also, have those networks of care... provide, I do not know... how do... I want to say it... Involved the people themselves in learning how to... I don't know... how to deliver care one to another; I do not know... it could be an exiting way of empowering community on behalf of themselves. I mean I think, we can learn from people who are not “professionals” so we kind of look at who else can, who else can convey knowledge and so it can be a very creative way of addressing the disparity issue and the delivery of care. So that's how I would provide, that's what I would do, have a, have a road map for the next, you know twenty years, because we know that that is were the trends are and you know if we don't put some dedicated resources now, and we are already behind nationally and here in the state... So it is not going to get any better... if you don't put some dedicated research to work.”

Voice 2:

“Excellent, wait, one more question that is intellectual and the other is from heart. When considering disparity issues, please comment on the quality of mental health services and the access that Managed Care organizations provide to Latinos populations.”

Voice 1: Apolina

“The quality of mental health services and the access of managed care organization provides to the Latino population. Well, I think, it is... how do I want to put it... just the little bit I know about managed care organizations. First of all you have to have insurance. In order to be part of managed care system. (Laughing). So, that's why is larger; it is a national priority issue... a state priority issue. You are not even going to be at the door of managed care if you don't have insurance.”

“In terms of the quality, I think managed care organizations are struggling with this because; they are really in business for business reasons. And I think they look at cultural competence as something that can be accomplished in half a day or a day. So, where on one hand, my impression here is in (name of state), that seem so far is that people are interested in serving the Latino population. They are certainly, have not gotten too far along in... as far as... providing Latino centered training to their providers, and looking at ways that Latino’s could enter the system of managed care that would be more culturally responsive. You see, because what happens here is that I don’t have to tell you, is... Latinos depends on your level of acculturation... depends on your language proficiency and your socio economics status, or professional, or you know... or working status... As to... how people, even if who have insurance... are able to use the system. So, again insurance it is not guarantee... anything... if you don’t know how to enter bureaucratic system and you have to fill all these foolish forms and.... they are all in English and or even if they are translated... you wonder why they are asking me all these questions. You know, I came here for some help and you get the barrier, it is the protocol or... so I think the protocols are really a burden to... all people, but I think they become even more of a burden to people who are not socialized into these formal systems of care.”

Voice 2:

“Excellent! You see part of the reason I do not have additional questions or do probing is because...I understand.... I am also getting... it is a lot of validation and ...”

Voice 1: Apolina

“Well your themes start to come together, yeah ... And some of your premises start to get supported.”

Voice 2:

“So, I don’t have too many probing questions because...”

Voice 1: Apolina

“Good that is good (laughing)”

Voice 2:

“And when you read the proposal, you will see...”

Voice 1: Apolina

“Oh yeah... The proposal...”

Voice 2:

-“You will see where all these things are going. But the questions should have given you an idea of why I chose them and what I am interested on ...”

-“So tell me how has been the experience of being a participant in this study.”

Voice 1: Apolina

“This has been interesting, well... interesting it is a silly word...”

Voice 2:

“Interesting is a word used by psychologists when they are gaining time to figure out what they are going to say... (Laughing)

Voice 1: Apolina

“To reflect on what you want to say, absolutely, I know you are right! Well... it has been a time to reflect. And to... I think what’s been really... very valuable is to try to think specifically about Latinos and talk about impressions... it is... sometimes it has been hard for me to talk in term of facts because I do not feel like I live and breath delivery of care systems for Latinos. But I have been more around them, rather than in the middle of them. But, still as a consumer, and I think, as a Latina... who really cares about what is... and what is not happening... It has been really valuable to talk about this because it remains me of how much work has to be done. And it remains me of the advocacy that has to occur by professionals like myself in this area. And, I know I can do at lot of things well, and yet as I come here... and to this part of the country and even talking about your... responding to your questions, I think it is reinforcing what I have said I want to do here what it is really to put *un enfoque en la población Latina, Mexicana aquí*. [... .. a focus in the Latino/ Mexican population, here] Using you know, education as a mean of doing that *pero ha ver si los cambios, que se pueden empezar hacer o seguir haciendo*. [... ..but to see whether changes can start or can continue happening] *Tenemos mucho que hacer*. [we have too much to do] *En cierta forma* [in certain ways]... it gets very overwhelming because, *la población va creciendo en una manera tan...* [the population is growing in a way so] unbelievable. And then you read studies that talk about that when more acculturation the more dysfunctional (laughing)... depending on your social status and your educational level. So, those are some of the greatest challenges, and I

think that we are going to be playing catch up for decades to come and that is very disheartening...”

Voice 2:

“I know what you are saying; the demographic changes are going to bring opportunities because what is happening in this country will force the issue of bridging the gap between races and economic resources...”

Voice 1: Apolina

“I think they are going to be attempts to that ... to bridge the gap, as you said.”

Voice 2:

“How does have been to be a subject in this research. You are the first one who has not been very concerned about my method.”(Laughing together)

Voice 1: Apolina

“You know, I think research... it is a very subjective... field or *como se dice, practica*. [... ... or how you would say, practice] Research is a practice, too, but I think is very subjective and I think there are people who believe that only good research is numbers and I think that are also people who believe that are times when numbers aren't important. But I don't think you can begin to discover unless you explore issues and... that's only through a qualitative approach. So, I have a strong believe in qualitative methodology. So, if I contributed to yours research... have been accepted... (Laughing)... and to the importance of qualitative research, I would be very happy about that, I don't think we can inquire about these things without dialogue.”

Voice 2:

“As I was listening, I remember that how I see this... It is the initial documentation that will be opening the door for more extensive documentation and I think them, the numbers will be important. The end!”

Narrative: Apolina became a voice representing Latino values: familiarismo, generosity, and hospitality. The Spanish and English switching was difficult, but merits the effort, cultural competence can be observed and the transcript can be used in teaching.

1.5T Cecilia's interview

Voice 2:

"Today is March 15, 2001, I am in(Southwest city)..."

"This is the second interview in this state. We will begin with your name."

Voice 1: Cecilia

"Do you want my real name?"

Voice 2:

"Not... your real name, the one that will be between us, your identity for this study; we'll be the only ones who will know for sure who you are."

Voice 1: Cecilia

"Well then, it would be Cecilia R. O."

Voice 2:

"Cecilia?"

Voice 1: Cecilia

"Right."

Narrative: (... ..)

We have an exchange in which Cecilia spelled the name and indicating it was the name of a relative. And she state:

"I don't want to go too far astray. I want to be able to remember and recognize myself, so I use my.... ..' name. Okay."

Voice 2:

"One of the things that I found during the interviews is that I don't need to do too much probing."

“What I will do is... I will take notes and ask you to clarify, or expand, and in the end we’ll do a demographic questionnaire. In case we do not have time today, we can do it another day...”

Voice 1: Cecilia

“Sure. I am Latina. I have a Ph.D. in Clinical Psychology. I have worked in everything from community mental health centers... to... I worked for prevention research centers. I’ve worked in schools. I’ve worked in different positions in higher education at the university settings, and I have done a lot of direct service supervision. I’ve been in academia and I’ve been in administration. So I’ve done all of that.”

Voice 1: Cecilia

“For me the term Latina means that I am united with all those from Latin America, Spanish speaking countries.... Portuguese speaking countries...Brazil, all of South America, Central America, North America, Dominican Republic, and Puerto Rico. Latina, I think encompasses my sisters everywhere. So I choose to use the word Latino, although in my earlier years I called myself Chicana because I am a Mexican descent, but born in the United States. Chicana was too narrow for me and so I have chosen to call myself Latina. The meaning of the Disparity...”

Voice 2:

“Tell me more...what do you mean... that Chicana was too narrow for you.

Voice 1: Cecilia

“Chicana is often interpreted as... with a radical political bent, and often the term was not understood by my sisters from other places. They didn’t know what Chicana meant. It was such a narrow definition. They never even heard the word. Where as if I identified as Latina, they knew immediately what I was saying.”

“So, it was a change in self, you know, identity in terms of ethnic identity in order to bridge more and see myself in solidarity with my sisters and brothers beyond national borders.”

Voice 2:

“I am having a physical reaction... ..

“Okay... having said that... Let me ask you when did you...? I mean... I have in interest in identifying the time period in which the Latino term emerged.”

Voice 1: Cecilia

“For me, it was in the 1980’s.”

Voice 2:

“In the 1980’s?”

Voice 1: Cecilia

“Yeah, in the 1980’s. In the 70’s and maybe early 80’s, I referred to myself as Chicana, but by late 80’s, by 86, 87, 88 and definitely through the 90’s, I have always referred to myself as Latina.”

Voice 2:

“Yes! Definitely, the 1990s...okay. All right!”

Voice 1: Cecilia

“The meaning of cultural psychology, I don’t know a lot about cultural psychology, my thought is that it is the study of the self within the cultural context. And so I believe it will be a new branch of psychology that will shed important light on the different contexts in which we find ourselves...both in terms of health, as well as illness. I think that I am excited about learning more about it... I mean, about what cultural psychology is.”

“Disparity. Disparity for me is very close to the English word despair, which means... to almost lose hope with such sadness, because disparity means a huge difference in the resources that are accessed by people of color in general vs. the dominant cultural. When I think of disparity I think of ... (big sigh...) colonization and oppression and historical factors that have led to a world that have haves (background noise... sorry that’s the washing machine...Laughing) ... and have not; People who have access and people who don’t. And so disparity is about that reality.”

“Cultural Competency... It is something that often has to be learned by many psychologists. Some of us are more skilled in it because we’ve had to be bicultural in order to survive the educational system. So, we come knowing a lot about cultural competence by virtue of our lives. But cultural competency it is something that people from the dominant cultural have to learn, and it has to do with being able to step outside their own beliefs, their own biases, their own values, and to be able to walk, I say in the moccasins of another person and to

view his/her world... to have the worldview of someone who may be very different; And to have the ability of to be empathic and caring... and helpful; from the perspectives of the person you are helping. Cultural competency means having to modify theories and techniques and interventions that were designed traditionally for white Western European people. And to try to find what pieces of that work will still fit when modified, to be helpful for our people. So, cultural competence is a number of skills. Many, many, many skills to have to be learned over a lifetime in order to relate to people from every culture because even within the Latino culture there are many within group differences, and to be competent with Chicana is one thing, and to be culturally competent with some one from Chiapas may be very different, so it's recognizing all of the things that make us similar and things that make us different, and not minimizing and not over-pathologizing, but truly trying to grasp the world view of the person you are working with. There are ethical violations that occur in the delivery of mental health services."

Voice 2:

"Before we go into that let me ask you a little more about the difference between cultural psychology and cultural competence. The relationship between them is what I am after."

Voice 1: Cecilia

"OK... My guess is that cultural psychology will be again to help us define more accurately what cultural competency is... So, with cultural psychology, my hope is that we will start to identify the precise skills needed for a precise cultural groups and subgroups. So, I see the relationship being a pretty direct relationship, an important relationship. That's my hope at least."

Voice 2:

"For me this relationship is important because I am beginning to perceive... Actually, I am exploring if cultural psychology as an emerging field that can become a school of thought." And cultural competence the application of those paradigms, that actually may assist us to reach cultural competence in more consistent ways. So, the other part I am struggling to understand better is the relationship of cultural competence with ethnopsychology as the study of the psychology of ethnic groups, I mean the study of our human diversity. I see cultural competence as the application that would emerge from ethnopsychology, from this study some of my conceptualizations have changed... Before I thought it was not possible to have a guiding framework and each cultural group was defining cultural competence... Yeah!... As you can see... in this study, I am interest in theory."

Voice 1: Cecilia

“That’s good.”

Voice 2:

“So, it was in this context that I wanted to have a conversation, let’s go to the next one.”

Voice 1: Cecilia

“Some of my greatest sorrow has been about the lack of appropriate services for Latinos in our community. Ethical violations are violations that are not often perceived by the dominant culture because the idea is that people are doing the best that they can. To minimize the good intention, but the reality is that we do not have enough Spanish-speaking therapists. We do not have center for helping people. We do not have enough money to be able to utilize home help, sending therapists to the home rather than expecting people to come us. We do not have enough prevention happening in the schools. And the ethical violation is that, again, based on economics and somewhat on... ignorance. There is a lot of ignorance on the importance of language. So the people will say, “well the kids speak English; they can sort of translate for their parents that will be good enough. In the process, they are harming the children. That’s an ethical violation, to put a child in a dual role relationship. I have seen that happening. I have seen people get substandard care because they are not understood. I’ve seen assessments being done that have created more harm than good for people. Largely because the assessment techniques, the tests in themselves are biased, in a way they were unreliable. They were not accurate given the cultural context for the individual. So, there are ethical violations that occur daily. I think it’s very sad that we are not training more Spanish-speaking counselors and therapists; they are not making it through the educational system. There is something really wrong about that.

Voice 1: Cecilia

“Please estimate the percentage of Latino cases that benefit... Oh my gosh!... If everything were in place, the benefits would be tremendous. And the percentage of success would be much higher than it is right now.”

Voice 2:

“The question then... it is more about... given your experience, think about the Latino population, and estimate for me, how many of those cases benefit from a cultural intervention, have had the benefit, meaning when they were assessed,

when the assessment took place, how many have had the benefit of a culturally competent assessment.”

Voice 1: Cecilia

“What percentage of the cases has had that?”

Voice 2:

“Yes.”

Voice 1: Cecilia

“A very small percentage because there aren’t enough culturally competent counselors and psychologists, and even psychometricians actually doing the work.”

Voice 2:

“So what would you say that, if you have a hundred Latinos that are being assessed this year in the courts or in school systems, how many of those cases you estimate based in your experience that will have the benefit of a culturally competent assessment. I only want experience. We do not have hard data...”

Voice 1: Cecilia

“Right!”

Voice 2:

“Part of this attempt is to bring the doubt long enough... repeated... so that there are some attempts to figure out if the estimates that we are making today are real.”

Voice 1: Cecilia

“What I have seen in my experience is that that percentage is getting higher. But it probably started at less than 1%. And now, it’s no more than 10% being good.”

Voice 2:

“Ok, it is quite interesting!

“That has been the estimate...!

Voice 1: Cecilia:

“Is it that really right?”

Voice 2:

“Very much, I started with a five percent... and people have given me that estimate”

Voice 1: Cecilia

“This is based on my experience, and it’s limited to the Southwest. You know, I’ve practiced primarily in (Southern state)... so it’s a limited experience, but it’s interesting that it’s becoming something that may generalize to other places as well.”

Voice 2:

”Well I want to find out about the similarities of experiences. The sample is small; I mean the number of participants from different states that I will be able to interview is very small... given the context of the study. But I want to set the stage, so that in the future more in depth research is done...”

Voice 1: Cecilia

“Sure!”

Voice 2:

“So, that is the perspective from which that question came from. Now, there is another part here, in that question...Share your thoughts about the use of translation in psychiatric and psychological evaluations”

Voice 1: Cecilia

“The main problem has been using translators who are family members, and the people do it out of convenience. Or they take the secretary from up front who’s bilingual. And they say come in translate for this family for me. And the secretary has no background in psychology and testing, in evaluation, and diagnosis. And therefore, how she translates will have a huge impact on the outcome, and yet she’s making translations that are not informed by education.

“Family members are making translations that are not objective. Clearly they have a stake in what happens and in their relationship with an individual, and so the

translations that are done out of convenience are not good translations. It will often result in inaccurate psychiatric and psychological evaluations.”

Voice 2:

“In some states, more... specifically the one that I know, that I am familiar with because I lived in and practice for many years. That is Minnesota.”

“In the early 1990s, we were able to establish the need for professional translation. Even in those circumstances where an agency... or contexts... when the professional translator is brought into the examining room and this can be in jail to assist a psychiatrist, in a case that attempts to determine competence to stand trial and assist counsel in the defense, or a reference study for juvenile court to certify an adolescent as an adult. I am talking about those cases in which what ever happen there will have a direct impact in that individual’s life, what are your thoughts about the use of translators?”

Voice 1: Cecilia

“The problem that I have is that just by virtue of having a third person in the room, the dynamic will change. And it is harder to get to the essence of what’s going on with someone if you cannot understand the nuances of the communication. And a translator can be excellent, but there will still be chances for miscommunications and opportunities that are lost because the subtleties and nuances of language are not understood or not translated well or maybe not even conveyed because of the presence of a third person who would not know he’s not trusted. And who may increase the anxiety of the person who is being evaluated. But clearly, it’s better to have some actual translation rather than nothing. So that if you look at a continuum about what is ideal. What is ideal is to have Spanish-speaking evaluators. That’s what is ideal. In lieu of that, to have translation is better. And it’s far better than providing no services at all. But I think that it is a mistake to think that translation alone will cure the problem.”

Voice 2:

“I have a view... that may be radical... I think that the use of translation in psychological and psychiatric evaluations should be declared unethical and illegal when decision will be made based on the information that is being provided. I believe that the changes are high that we will obtain the mental status of the translator rather than the client. The translator needs to have information about the culture, psychological knowledge, and clinical skills in order to translate. That is what we do, as bilingual psychologists; we translated and write report presenting our client to the dominant culture. We cannot convey every thing, but we know

what information is needed and expected. I am very puzzled about this, and possible my radical position comes from witnessing so much in the field, over and over, evaluations that kept a mentally ill defendant in jail without treatment or without access to service, education or benefits because the psychiatric and psychological evaluations done with translations yielded inadequate information, and every one involved is invested in proving that they were right, so this is my context and why I am interested in knowing more.”

Voice 1: Cecilia

“You recognize that I see the troubles. But I also know that if there’s no translation then people don’t get resources. So it’s a double edge sword. It’s difficult either way. On one hand translation is far from perfect, but often people can only act as resources by virtue of having a translator who makes their needs known. So I have to acknowledge that, you know, of some level, I’ve seen some good, but sure have seen some abuse. And that does stay with you as a person.”

Voice 2:

“Yeah, and I am also referring to a specific type of cases, I mean when the life of the individual is in stake. We can say in general, that always it is not a mistake, but we are talking about for example, an adolescent who is going to be certified as an adult, I mean cases like that.

Voice 1: Cecilia

“The next question is very hard from me to know exactly...”

“But I would, I would predict that the quality of mental health services for everyone in the State of (southwestern state) is not good; and that the resources available particularly for Latinos... it is appalling. There is nothing that...

Voice 2:

“What is that word that you used?”

Voice 1: Cecilia

“Appalling, it means... to be appall is too be offended... it is defensive because there is so much need and so little that’s actually geared to meeting the needs. People try, but often there is very little, very late. So you are talking about programs for people who’ve already been in the jail system, who are leaving jail,

who are on probation, who are caught with dirty urinalysis, and then they are finally sent to substance abuse counseling. And in the counseling, all kinds of things come out. And you recognize that if this teenager had had some mental health help at age 8 rather than 15, the whole like course could have been changed. But in the State of (Southwestern state) there's very little done in terms of prevention and early family intervention and a lot of money is expend in jails and in attempts of rehabilitation that are really much too little, much too late. So if I had to give percentages...

“WOW!... It will be hard for me to do. I will say that what is interesting is that you know Latinos do not access mental health services until things are very, very bad generally, and often not in their own. So, that accessing services is often a last resort. They've tried everything else. Often still don't find what they're looking for because they don't find enough therapists that are culturally competent, and the biggest problem is money. They don't have the money or insurance to pay for mental health services. The number of providers is inadequate for the entire population, but incredibly so for Latinos. There's just not enough. There's not enough money, not enough people, not enough done early enough.

Voice 2:

“What will you say it is the percentage of Latinos in this area?”

Voice 1: Cecilia

“About... 12 percent?”

Voice 2:

Oh, only 12 %?

Voice 1: Cecilia

“Yes. It goes all the way up to 30% depending on where you are; it depends on how we define area. But in terms of state population, if we go to the state, Latinos are about 30 to 40 percent of the population; which is a large percentage. Yeah.”

Voice 2:

“And considering the mental health resources of the state, what percentage will be geared to meet the needs of 3040 percent of the population?”

Voice 1: Cecilia

“Very small. Gosh, I am guessing... But specifically to attend to the needs of Latinos may be 5%... maybe...very small!.. Especially, if we’re talking about bilingual culturally competent providers... very small...

“And it relates to your... this next question here because it relates to the fact that 60% of our kids drop out of high school. With 60% drop out rates in high school, who’s going to college? And if you don’t go to college you can’t go to graduate school. If you don’t go to graduate school, you can’t get a master’s degree in counseling, you can’t become a psychologist, and only with those credentials can you have the jobs that make you a service provider in many of our mental health agencies. Paraprofessionals are sometimes utilized, but then they don’t education to help their own people as much as their hearts want to help, so we have again... that big disparity between the needs and the resources. There is the neglect that does happen and the role of psychology ideally would be to bridge that gap, to make that a smaller gap between those who need services and those who get services. But right now it’s huge. It’s a huge gap, and the field is divided. Only Latinos who are more acculturated, who speak English, who have insurance, who are somewhat educated really can access the mental health system to any degree. It’s cumbersome, it’s bureaucratic, it’s cold, impersonal and it burns out good people very fast.”

Voice 1: Cecilia

“What did I use to complete my education? (Laughing hard and spontaneously, continued). Well, a lot of prayer. A lot of persistence, a lot of stubbornness, and I have a lot of support. I was lucky; I had some friends who were banging their heads against the same walls, so I wasn’t alone. And I had a supportive husband and family.”

“I was brought up bilingually and bi-culturally that was a huge help. But, It was also very... very hard to have people in my own class say to me “you’re only in graduate school because you are Latina; “You only got here because you’re the token, you will not make it!” That was very hard. There was racism in graduate school. And though there were a lot of subtle messages that were given to me that I didn’t belong, that I would never fit in, that I might as well get out now; I think their expectations for me were very low. I don’t think people thought I would make it. By in large...”

Voice 2:

“When you say people, you are referring to peers or faculty?”

Voice 1: Cecilia

“Both, faculty and peers; the peers that I had that were supportive were also ethnic minority. There was no other Latina. But there was an African American woman, and she and I became very good friends. There were two Latinos, one in my program and another in counseling psych on the other side of campus, but we somehow found each other. And we became like family. We encouraged each other and helped each other and that was very, very important in making it through. But, I watched so many tragedies. When I entered graduate school, there were four Latinos who were in the entire program. Two of them dropped out within twenty-four months of me entering. Two of us made it; one Latino and one Latina. And we were the only two that made it, and I think we’re still the only two that have made it in the last fifteen years.

Voice 2:

“The last fifteen years, wow!

Voice 1: Cecilia

“Fifteen years in clinical psychology....

“There’s more now... that are coming up now... but ...there are very, very, few... very few.

Voice 2:

“So... family helped you.”

Voice 1: Cecilia

“They prayed for me. They’d come and visit me from (Southern State)... which was good... Very, very good. Even if they don’t understand exactly what I was doing and why I was doing it, they gave me their blessing and that helped a lot. It helped a lot to have a husband who understood what I was doing and never stopped me, only encouraged me. He is with the children now, so that we can do this. He’s always like that... He’s always like that.”

“He is an exceptional man; I wouldn’t have made it through without him. I know that.”

Narrative:

At this point Cecilia’s voice broke and her tears came.

Voice 2:

“What came into your mind, what was painful?”

Voice 1: Cecilia

“Actually they are tears of gratitude. And yet there’s pain too in a way, because I had to marry outside of the culture to find what I needed. My husband is Latino only in the broad essence; he is Latin from Italy; (Laughing)... He’s Italian. His mother is full Italian. His father was German, native of America, a serviceman who met his mother in Italy. And it was painful for my family... for me... to have to go outside of the culture to marry, and yet that’s what it took for me to be able to make it through school. It was to find a man who would be loving and supportive and understanding and who would be an equal partner, and now we have been together... it has been twenty years. So it’s been a long time of making it work... but not without struggle... So, I have tears of acknowledgement of the struggle and of the gratitude that we’ve made it through the struggle.”

Voice 2:

“Why do you think it is such a big struggle? Because I will tell you that when followed my dream of empowering my voice, I found pain, I just found first my tears, and the tears of my people. The pain was such, that there was time I was saying: “wait; I am not just crying for me, understand that, I know that I will make it, I just cry also from them, those who would not be able to survive who cannot take it, who will not make it because it is too much.”

Voice 1: Cecilia

“That’s part of it. The struggle is not just about me. It never has been. And, I’m just grateful that I didn’t have to witness and do it all alone. That there was some sense of understanding and support and commitment to try to make some changes and do something different that now that I teach and now that I mentor, I try very hard to do it in a way that’s far better than what was done to me. I have the same attitude about clinical service. My goal was to give only the best because that’s what our people deserve.”

“The problem is that it’s exhausting and the burden is a very heavy burden. So the problem is trying to find the right balance to be able to keep going.”

“I have observed and witnessed huge splits in psychology. With some people taking very conservative positions and really believing that education is the place

where it's an ivory tower and you weed out people, and you become elitist, and that is the role of education and the role of psychology."

"And then, there are psychologists and there is a place in the psychology for people who want to be of service and people who want to give psychology away and who want to cooperate and be collaborative and not elitist it, but the split in the field is there. And at some point, I think every psychologist feels like they have to take a side. Even in terms of identifying the needs the efforts of being too few or too tired, because we can't do it all. I'm now working in the place where I think I'm ultimately going to make the best; I have a best chance of creating change."

"And I'm training and I'm teaching and in a professional school that doesn't look at SAT scores to let people in, and doesn't look at GPA, but looks at their desire and commitment to service. Their willingness and desire to work with underserved populations."

"And this kind of students, are the students who need my help. They are students who are first generation graduate students; No one else in their families have gone this far. There are Latinas and Latinos and more ethnic minorities than you'd ever see in mainstream schools."

"This is a professional psychology school and professional schools are a radical departure for the mainstream psychological education. They believe in a practitioner scholar model, and not the scientist practitioner, when the scientist is first and the practitioner is nothing. Which was how I was trained, to believe that people who cannot do science... practice, and I'm now teaching from a very, very different philosophical model that honors the beauty of service and still see the value of science."

"So, for me, I believe my impact is going to be with the education system and in getting more people through the pipeline to have the credentials to fight the system, because we have to have a critical mass. There has to be more of us before we can do that effectively."

Voice 1: Cecilia

"If I have the power to change service delivery system; I would do it through education, so that if the administrators and nuestra gente [our people] will understand the needs of our people. And they're the ones who have the power to allocate resources."

“Locally and nationally, the priority would be to educate our kids. Then they can become the leaders and then they can change the systems, but without education it won’t happen.”

Voice 1: Cecilia

“Managed care have only made it that much harder for Latinos to access the kind of service they need.”

“As we need to be educating our people to be politically active, to be politically aware, to get their credentials to deal with the system on it’s own terms, knowing that as we learn the rules of the game, and we start to master game, the rules will change.”

Narrative:

Again, Cecilia transitioned to the last question: Finally, what has been your experience as a participant of this study?

Voice 1: Cecilia

“So... For me, you know, I think about what I’ve said so far and I think wow! It’s been an honor to reflect on this with you, and to say things that I said before that I feel very passionately about. You know, I have some hope that my words will have a greater impact that’s just between you and I. ...

Narrative:

Her voice broke down again and through her tears... Cecilia added...

Voice 1: Cecilia

“There is so much need and we get so tired.”...(Laughing and crying!)

Narrative: (... ..)

This was a powerful moment in which we both had tears, which was broken with that resilience, that characterizes people of color, when acknowledging pain without shame then going back ...perhaps wounded... but still firm...

Voice 2:

“But we have also faith in change...”

Voice 1: Cecilia

“Yeah!”

Voice 2:

“And this is the end! I do not want even to record this part because I do not want more tears, I want to bring out in this study something more than our pain, I want the hope, the solidarity, and cooperation that will bring change in our field. This study has been designed to give meaning to my experience in graduate school and with the generosity of participants it is happening, because the strength of the Latina voices that we have in the field will be heard as a unified front!”

Narrative: (... ..)

Although, I turned one of the tape recorders off and honoring the decision of that moment I will not transcribe the last three minutes of the interview, however I will share the last words echoing the meaning of this narrative as Cecilia stated:

“You are not alone, you need to know that!”

1.6T Noemi’s interview

Voice 2:

“Today is March 29th, I am with Dr... ..”

“What name will you use? The first thing that I need to ask you; is how would you like to be identified in this study? Please make up a name.”

Voice 1: Noemi

“Do I have to make up a name?”

Voice 2:

“Yes, you can think about that. But, first, let’s put this in your lap, we will use two tape recorders and of course! You know what this means. I am very paranoid about losing the narrative.” (Laughing together)

Voice 1: Noemí

“Okay.”

Voice 2:

“So basically I want to have a conversation that is going to be guided by a questionnaire. You just will go through the questions and answer them. I found that I am doing very little probing because of the way I organized the questions. But remember, this is a reciprocal interaction and we will have a conversation.”

Voice 1: Noemí

“Sure.”

Voice 2:

“I have also a survey for demographic information.”

Voice 1: Noemí

“Okay.”

Voice 2:

“As I mentioned to you, I am not interested in personal information. But, I do need to report certain things. And we will do this demographic survey at the end.”

Voice 1: Noemí

“Okay.”

Voice 2:

“Okay. So the first question here is about the name, I will use to identify your narrative, for example, it can be Victoria, Juana; it will not be your real name.” . . .¹

¹ I am referring to the following question: Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position.

Voice 1: Noemí

“Is not my real name?”

Voice 2:

“Yes, I do not need your real name, because the information is going to be confidential and private in the sense of identifying the narrative.”

Voice 1: Noemí

“Okay, the name is Noemí.”

Voice 2:

“Okay, Noemí. Is there any meaning connected with that name?”

Voice 1: Noemí.

“No, I just like it.”

Voice 2:

“You like it that is okay. So, now, you just read, and follow the questionnaire and thus, we can start. But, first, do you have any questions at this point?”

Narrative:

A this point, Noemí observed that I was trying to get comfortable and stated:

Voice 1: Noemí

“Huhuh. Yeah, if you put the pillows behind, yeah, it’s more comfortable that way.”

Voice 2:

“Thanks, you can start any time.”

Voice 1: Noemí

“Okay, you want me to answer these questions for you?”

Voice 2:

“Uhhuh. Yes, more as a narrative.”

“Tell me a story as you answer the questions. That first question is a description of your background.²

Voice 1: Noemi

“Okay, I was born in San Antonio, Texas. Both of my parents were also born in San Antonio, Texas.”

“And my grandparents, grandmothers were born in San Antonio, Texas. And my grandfathers were born in Mexico.”

“I am Presbyterian, which is an important part of my identity, which sort of distinguishes me from the greater majority of the Hispanic population in (Southwest city). I have a Bachelor’s Degree from Austin College, which is a Presbyterian School, a Master’s from Trinity University, which is also a Presbyterian affiliated school, and a PhD from... .. in Counseling Psychology.”

“I’ve worked since my Master’s... since I finished my Master’s Degree or since I began my Master’s degree, thus, it’s about 20 years in clinical practice. And I worked between my Master’s and my PhD program. I worked in a lot of forensic settings. I worked at probation. I worked at the jail system. I still work at the jail...I have worked for almost 20 years for Child Protective Service doing abuse work, in the school districts doing testing; and a variety of other things that I can’t think about right now.” (Laugh and continued)

“Comment on factors influencing your choice of client direct service... I just really enjoy working with people. I really like working with kids... I find adult psychotherapy fascinating and really interesting and intriguing. But working with children is just so fun and stimulating. And so I enjoy doing both of them. But I had, I really enjoy the connection that I have with the clients. I did some work doing teaching, adjunct teaching. And when I got my degree, when I began my private practice, it just became harder and harder to figure out how to do that. I’m interested in going back a little bit to do some more teaching. Does that feel like that answers that first question?”

² I am referring to the following question: Please define the meanings of the following terms, Latino, disparity, and cultural psychology.

Voice 2

“Yes, that is excellent.
“Let’s move to the next one.”³

Voice 1: Noemi

“Okay. Latino, I would say that Latino, my association with that is anybody who is of Latin descent in any way, on the one hand. On the other hand I also relate it as a term that really is much more popular I think in California than it is in (Southwest state) for the Hispanic population. It’s not as widely used here, I think, not in(Southwest city)... Disparity would be an inequality or a difference between two things, it is the way... I would say, an inequality, I guess that is how I would define it ...and cultural psychology; I guess I would define as...”

Voice 2:

“I am very interested in those definitions. They are part of my study. I am in a program that is guided by cultural psychology principles. But tell me what comes to your mind and I will tell you a little more.”

Voice 1: Noemi

“Okay, I guess I have a couple thoughts. One is... my first thought is that it is psychology as it relates to various cultural groups and the impact of cultural elements and values on a person’s development... psychological development. The other thought that comes to me is that it would be the studies of various cultures in a more anthropological kind of way. So that was my hesitation.”

Voice 2:

“You see I have similar thoughts which were part of my initial understanding of cultural psychology. Although, I see it as an emerging field and in my dissertation I have postulated that it could become a school of thought, of course, a school of thought that will guide practice, such as psychoanalysis, such as behavioral theories. I make the differentiation between cross-cultural and ethnopsychology

³ I was referring to the following question: Please explain the difference or relationship of cultural competence and cultural psychology and comment in the meaning of being or becoming a cultural psychologist.

that according to Padilla's definition is the study of ethnicity, the psychology of ethnicity...And then I wanted to understand the difference between multicultural and cross-cultural psychology, so I am very interested in reaching conceptual precision. In my dissertation, I want to make a point that cultural psychology could be more than a subdiscipline, it has the potential to become one of the school of thoughts in general psychology, like we have now...different schools. So that is why I am interested in definitions.

Voice 1: Noemí

"Okay."

Voice 2:

"Does that make sense?"

Voice 1: Noemí

"Yes. Thank you."

Voice 2:

"And like you will see in the next question, let me tell you a little bit about me. One of the reasons that I went back to school was to regain conceptual precision. So..."

Voice 1: Noemí

"To regain what?"

Voice 2:

"Conceptual precision".

Voice 1: Noemí

"Okay."

Voice 2:

"You see that as practitioners we forget how to speak conceptually because we are dealing with real people. And we do not lecture or debate theoretically with them. So, that is what relates to my interest in the next question. According to your

understanding is cultural competence different or the same as cultural psychology?”

Voice 1: Noemi

“Yeah, since I don’t know what cultural psychology is...”

Voice 2:

“Yeah, you might not have the same definitions that I have, but what’s cultural competence for you? That’s one... you’ll know.”

Voice 1: Noemi

“Yeah. I think cultural competence in my understanding is the ability to have an understanding of the impact of one’s culture in the development; and when you work with people to recognize that that is always present. And that doesn’t necessarily mean that you have to know all of the values of that person’s culture. But you have to be willing to entertain that those values impact not only the person’s development, but the relationship that you have with them in the therapeutic setting and to be able to address those as you go.”

Voice 2:

“Okay. Let us continue, keep going.”

Voice 1: Noemi

“I guess I just really don’t know, given your understanding of cultural psychology, or I don’t know what your understanding of cultural psychology is so I don’t know then what the meaning would be of becoming a cultural psychologist.”

Voice 2:

“I have a narrative about that. I was a practitioner pretty much as many years as you. And I went to this program that is guided by cultural psychology theories and many questions emerged. So one of my questions was what did it mean to become a cultural psychologist? Will I stop being clinician? Will I stop being a Latino psychologist? So that is why, I included those questions. This research evolved from that type of inquiry since it started when I did a school project that explored the identity of cultural psychologists. However, they are very few psychologists who assume this professional identity. Even the psychologists who write about cultural psychology they do not call themselves cultural psychologist.

But there is a program that is training graduate students to become cultural psychologists. So..."

Voice 1: Noemi

"And what is the focus of that training?"

Voice 2:

"Cultural psychology."

Voice 1: Noemi

"Right but what is cultural psychology?"

Voice 2:

"Oh... it is like I mentioned to you... it is an emergent school of thought in psychology...Or that is the way I view it, as theories that have the potential to become a school of thought, in which, the principles used to study psychological are a little different, it's a shift of paradigms in the way we work..."

Voice 1: Noemi

"But a shift to what?"

Voice 2:

"As cultural psychologists, in the study of psychological phenomena we will not use as a point of departure the premise that people have fixed universal traits. Culture is not conceptualized as a variable that can be isolated as it has been in general psychology. Culture is viewed as being in the mind, co-constructed by the interaction and the context... As a cultural psychology student I learned to view culture as a historical product. Psychological phenomena are viewed as social processes, including cognition, memory, and emotions. We will put culture in the center of human nature, as history that is in constant change due to human activity, and the dialectic and dynamic interaction of human action in context. Cultural psychology uses a developmental-historical perspective in the analysis. I'm sorry, I do not mean to lecture. I am very passionate about these theories."

Voice 1: Noemi

"That's okay. I mean I'm interested in knowing."

Voice 2:

“When you read the dissertation you will find more meaning to my statements.”

Voice 1: Noemi

“Okay but tell me more.

Voice 2:

“I see also the history of cultural psychology as the history of general psychology.” The difference between general psychology and cultural psychology is the place and role we give to culture in the explanation of psychological processes. We neglect culture by using predominantly the paradigms of a stimulus response, since they reduce culture to variables; by using this paradigm we’re not taking into account the context in which the behavior is occurring. Stimulus-response paradigms have dominated psychology and these paradigms provide limited understanding of human diversity. A diversity that emerges through different mediated interactions of individuals with the environment at different places and time.”...

“Now we are going to enter into what is really this interview about... And it is to understand disparity on Latino mental health.”

Voice 1: Noemi

“Okay.”

Voice 2:

“Cultural psychology is the guiding framework used to explore disparity, the central theme of this research... but, I’m interested in knowing... what ethical violations in the delivery of mental health service to Latino do you identify, as an expression of disparity?. I am looking for a narrative.”

Voice 1: Noemi

“I do a lot of testing. And thus, a lot of psychological evaluation and so I think that’s where I see some difficulties, not just in the fact that there aren’t measures available for the Mexican American population that we work with primarily here because that’s primarily the group in (Southwest state’s city) now. That’s not the whole Hispanic population of (Southwest state’s city). But so much

of the testing that is requested is for poor Hispanic Mexican-American kids who may themselves be limited in their fluency in English or who have family members who are limited.”

“And so even some of the measures that included norms from a Mexican population is not going to be necessarily the same as it will for a Mexican American family or child. And so that’s one issue is just not having the availability of measures that you feel like that you can feel reasonably sure that the normative group included the population that you’re working with. The other is watching clinicians in the community and in an attempt to offer services for these clients translate... or have translators who are non-psychologists translating the measures and questions... it is unethical because it’s not standardized first of all. But it’s just so hard to know if the translations are the same across time. And so that would be for me the biggest issue that I see in terms of disparity or the lack of... There’s, well, there are fewer psychologist in town who speak Spanish.”⁴

Voice 2:

“There are few?”

Voice 1: Noemí

“There are very few. There is a growing number, when I started 20 years ago there may have been five people in (name of the City). And I was a Master’s level person then. There may have been five psychologists. But of those five, probably only three spoke Spanish. And now there’s, there are more, but just because they have Spanish surnames doesn’t mean they speak Spanish. And so really that’s one of the issues that difficult is having somebody who can understand the language. But it goes beyond that. It’s not just an issue of language although that certainly makes it easier. It’s an issue of understanding the nuances of the culture.”

⁴ In a non-standardized administration means, the test is used as a context to gather information and form a clinical impression, rather than with the purpose of obtaining a score. Clinicians working with Latino usually adapt their testing skills to meet the needs of the client and to obtain the information required to answer the central questions of the assessment.

Voice 2:

“This is a very complex question and... I want to explore your response more”.

Voice 1: Noemí

“Okay.”

Voice 2:

“Because, what I did was, after my first pilot interviews, I noted repetition; therefore, I put all of the similar questions together. So let us continue, tell me in your experience what percentage of Latino cases will benefit from having a cultural competent assessment? Let’s say that... choose any setting. For example I made an estimate for Minnesota in Child Protection Services of a 100 Latinos families; maybe this number will have had the benefits of having a cultural competence.”

Voice 1: Noemí

“Well I think all clients would benefit....100-percent!”

Voice 2:

“Yes, I agree they all have to benefit. What I am wondering is the percentage of cases that would have had the benefits of a cultural competent assessment.”

Voice 1: Noemí

“Oh, I wouldn’t even know. Here in(Southwest state’s city), actually here in(Southwest state’s city) I would say that the number might be growing to 50%. Sometimes in a given population it might be as much as 75%. That’s what I would say.”

Voice 2:

“So, you would think that, so 50%, you mention that the...”

Voice 1: Noemí

“There, right, there aren’t a lot of people here. But those that are in positions like training institutions for example I’m thinking of because we have the medical school here. So we have some trainers who are trained to work with, who are competent to work with Hispanics. And they would be the supervisors for those

clinicians working with them. Thinking in terms of Child Protective Services and part of what has helped people become more culturally competent is their years of experience of working with these clients and the interaction they've had with others. Now we don't have necessarily people who are totally bilingual or even totally bicultural. But there are several people who work on the Child Protective Service contract around the city who because they worked in that context for so long have come to learn and appreciate cultural issues. So it's, they didn't start out that way would be my guess. But they've kind of picked it up as they've gone along... I'm trying to think of, this is the other reason I would say maybe 50% and that's because if they don't have the people available, they refer them to people like me. So I have contracts with a number of agencies like school districts, like parochial school districts, like the jail, like child protective services because they don't have somebody on staff. So they contract out with somebody who does have those abilities. So that's why I would say people are receiving it, certainly not all of what is needed. But there are people receiving those services."

Voice 2:

"Okay. So, in this city, you will say that 50% of the Latino people who access mental health receive culturally competent services?"

Voice 1: Noemi

"Right."

Voice 2:

"You would think that 50% of the Latino populations that access mental health services receive cultural competent services. Did I understand you correctly?"

Voice 1: Noemi

"Uhhuh." (Nonverbal behavior, indicated agreement).

Voice 2:

"Although... there are very few practitioners?" That is very good! But... tell me what is the estimate of the Latino population in (Southwest state' city)?"

Voice 1: Noemi

"52%."

Voice 2:

“52%. And 50% of the mental health providers are culturally competent?”

Voice 1: Noemí

“No, I wouldn’t think so. But I think that a lot of the clients get directed to those who are... I’m thinking particularly of those who are Spanish speaking. Because I’ve worked in a number of those settings, those clients in particular get routed to those practitioners who have those skills.”

Voice 2:

“Then, I’m amazed.

Voice 1: Noemí

“I’m sorry?”

Voice 2:

“I’m amazed... impressed!

Voice 1: Noemí

“Are you? It’s certainly. It’s not near what it should be. I don’t think.”

Voice 2:

“What I’m finding and why I am amazed is that every place else I find it is traditionally 5-10%. So the estimate is...”

Voice 1: Noemí

“Well it may be high. But I would say at least 40%.”

Voice 2:

“No, no, no, I don’t want you to change your response, I want to understand it.”

Voice 1: Noemí

“No, no, no, you know! I would say it would be between 40 and 50%. I just really think that those clients often get routed. And this is just from my experience in those 20 years, because they come to me, because I see pain patients who have been sent by the pain specialist who only speaks with, who only works with English speaking clients. I do work for the school district and they send me their bilingual kids. We have kids who travel from 2 1/2 hours away because there isn’t anybody, who can provide that service so they come to me 2 1/2 hours away. So that’s why I’m saying it’s not because there’s that many of us. But the ones that work that have those abilities do get routed, those clients in particular around the language issue and around immigrants, like people who come from Mexico. And it’s not just the lower class, the low economic class folks but sometimes when they’re immigrants who come to the higher social status, they also will get referred to us because there are issues that come with you know being an immigrant.”

Voice 2:

“Yeah. I think that you talked a little bit already in this part about translation in psychological and psychiatric evaluations. I am interested in knowing your opinion and thoughts about using translation in psychiatric and psychological evaluations when government, legal, and social service systems will use the information to make decisions, important decisions that will affect the individual’s life? So...”

Voice 1: Noemi

“Yeah, I know what you’re saying. Sure, you’re talking about Social Security Disability assessments and those kinds of things, placement in special education, and those kinds of issues.”

Voice 2:

“And I’m talking about, exactly; exactly about that, like termination of parental rights in Juvenile court. I am talking about individuals who need evaluations to determine if they’re competence to assist counsel or stand trial. I am talking about reference studies in Juvenile court to determine if an adolescent is going to be in trial as an adult and....”

Voice 1: Noemi

“Si...” [Yes] I do all those evaluations.”

“And I think it would be very difficult to really, to get all the information you need through a translator. Certainly if you have a translator who has some knowledge of psychological issues, that would be better. But it’s hard. It would be hard.

And you have to use all those disclaimers, you know that this is not standardized and that sort of thing. I think the nuance is what gets lost. I think the majority, a good psychologist would probably be able to get 75-80% of the information they need even through a translator. But it's that remaining 20% that is probably going to be lost in the translation. It's not going to give them the whole flavor of the person. Not to mention the difference in dynamics of working through the translator."

Voice 2:

"What do you think about mental status evaluations done with translators?"

Voice 1: Noemi

"I think those would be hard to do to really get a good feel for the person.

Voice 2:

"Why? What elements of the mental status evaluations would you question...?"

Voice 1: Noemi

"Well again I think working through a translator changes the dynamic. And I think a lot of us who do mental status evaluations depend on kind of our internal norms of how we interact with a person and kind of our assessment of their behavior and their affective presentation, that sort of thing... It might increase their anxiety. It might increase an individual's anxiety and kind of... although I'm really thinking that if they're in there having a mental status evaluation; they're already going to be anxious about it so that I don't know that that's so valid. I mean I think it can be done.

"Again I think it may be harder to illicit some of the information like when you ask people about mental health history, here there's a lot of colloquialisms here in... (Southwest state's city) and so it's, it would be different if you asked them if you've ever suffered from mental illness. Well if you ask them about *ataques de nervios*, or if *alguien padece de nervios en su familia*. [Nervous problem or if somebody in the family suffers from a nervous condition]. That's something that a translator might not do. They might just say *alguien en su familia tiene enfermedad mental*. [They might just say; does anybody in your family have a mental illness?]. Most people will say no. So that sort of colloquialism of some of the folks in this area might be lost.

Voice 2:

“I have a more radical position in terms of translation, probably because I have witnessed so much abuse and problems due to translation. And I, I had this strong belief that it is very likely to obtain the mental status of the translator rather than the client, unless the translator is knowledgeable of the culture, trained in psychology, and can describe many aspects of mental status examination such the individuals’ language fluency, affect and can differentiate nuances in thought patterns. We have to remember within group diversity for Latinos, so the Puerto Rican would not speak the same way that somebody from Peru or somebody from Mexico. There is a difference between a Cuban and other Latinos. A Cuban might appear more agitated that he really is... so a translator would have to be culturally competent in terms of understanding the within group difference as much as being able to understand the elements of the mental status assessment. So that is the background of that question. I am amazed you’re not that radical and that is good for the purpose of this research.”

Narrative:

Noemí took a deep breath, sighed, and responded:

Voice 1: Noemí

“I guess because I’ve worked with a lot of folks here in (Southwest state’s city). And they are not; there are some people who are just totally out to lunch in terms of their knowledge of this information. But many of the people who actually do the evaluations that I have seen have some level of awareness of this and have really made efforts to avoid some of the major issues. And I’m not saying no, and I mean I can tell you stories of the people who haven’t done that. But at this point I know enough of as I said the clinicians who work the jail and do some of that work, who work with the school district and do that work and that sort of thing.”

Voice 2:

“How much do they use translation? Or how spread is the use of translators for psychological services?”

Voice 1: Noemí

“You know what, I have seen, I just... I just read a report, just this client that I saw before me that she told me it was translated. And it wasn’t in the report that it was translated. And only one other time and that was recent that was in the last

six months did I see on a report that it was translated. It's highly unusual. And I was really surprised by it was highly unusual around here, highly unusual."

Voice 2:

"So, most of the time the individuals who do the assessment are bilingual?"

Voice 1: Noemí

"They get referred to people who are bilingual."

Voice 2:

"Okay. Since 50% of the population is Hispanic, thus, it must be a large mental health Latino provider population who are bilingual."

Voice 1: Noemí

"Providers?"

Voice 2:

"Providers."

Voice 1: Noemí

"No, there's not such a large group of Spanish only clients.

Voice 2:

"Okay. Okay, so..."

Voice 1: Noemí

"Most people here, most of the Spanish population is bilingual.

Voice 2:

"They are bilingual. So they are fluent in both languages?"

Voice 1: Noemí

"Wait...Or not fluent in either language, which happens a lot."

Voice 2:

“Explain that to me.”

Voice 1: Noemi

“They have, I see this a lot, with kids. Kids who already have learning disabilities and expressive language problems don’t speak well in English but they don’t speak well in Spanish either. And when they mix the two it’s just, I mean they actually use both languages to communicate in a mixture. But they couldn’t if you said to them, “Speak only in English,” they couldn’t do it or speak only in Spanish they couldn’t do it. Their choice of vocabulary is elementary. ...

“They’re not sophisticated in their grammar and their syntax. And so but those are folks that have learning disabilities. And that’s apart... Those are the kind of kids for whom a bilingual evaluator would be important because you want to rule out that it’s a language issue.”

“And... I have... I did some testing for the school district last year. And it was a youngster who had some expressive language problems. And when we saw her profile one of the other diagnosticians that was there when I was there to give the feedback said well that’s a profile you would expect of a bilingual child. And I was able to say...that it was a different issue because I had asked if they have done a standardized administration... I had asked the questions in English and then repeated them in Spanish. And the child was not able, it didn’t make any difference, it wasn’t a language issue. It was a disability issue.”

Voice 2:

“What testing batteries do you use?” Tell me what you use usually with your Spanish-speaking clients. I am really curious.”

Voice 1: Noemi

“It depends. It depends.”

“Well it depends on the kind of testing... for the school district... I have the *Bateria Woodcock Johnson*. I use the Wechsler. And again I do a non-standardized administration. I will, I will often times give it and ask questions, repeat the questions to them in Spanish if they can’t answer them in English and see if there’s any difference and if they’re able to provide an answer. And the only... if there’s a real discrepancy, the only verbal measure that I don’t use at that

time would be the vocabulary. I do a prorated score because vocabulary is just so language based... the others have more conceptual or information base.”

Voice 2:

“And the test you prorate is the Wechsle?”

Voice 1: Noemi

“Right. And I use, I do a lot of emotional and personality testing... So I do Key Math Bit... I do the WRAT... I do the Rorschach test, TAT, Sentence Completion, BDI, The Reynolds... I do CTT .. and the Card Sorting Test.”

Narrative:

Noemi was referring to the following test: WRAT = Wide Range Achievement Test; CAD = Classroom Observation Code; BDI = Battelle Developmental Inventory; TAT = Thematic Apperception Test; BDI = Beck Depression Inventory; WCST = Wisconsin Card Sorting Test; CTT = Color Trails Test; CRDS = Reynolds Child Depression Scale.

Voice 2:

“Of those measures... Which ones are translated to Spanish and used Latinos as the normative group?”

Voice 1: Noemi

“The Bateria [Battery] Woodcock Johnson.

Voice 2:

“Okay, you may be referring to *Bateria Woodcock Psycho-educativa en Español*, published... I think in 1982 by Teaching Resources, Alien, Texas.. But what else?”

Voice 1: Noemi

“Yes, ..That’s it.

“If I’m working with an adult, I use the E. I. W A, which is the Wechsler in Spanish.”

Voice 2:

“Wechsler in Spanish... So, what do you use, the version used in Spain or the version in Mexico?”⁵

Voice 1: Noemí

“From Mexico... It’s the, I think there’s only one. I don’t know but it’s...I don’t remember... but it’s like maybe 60’s because it’s the original. It’s the Wechsler.”

Voice 2:

“The original... Okay, do you...”

Voice 1: Noemí

“There isn’t a second one yet that I know of.

Voice 2:

“Yeah, there is not yet, a new version... at least not... to the best of my knowledge.

⁵ The Wechsler is often adapted in Latino American countries by local institutions. In the U. S. when evaluating the cognitive skills of Latinos the administration of the E W I A, the Wechsler Spanish version for adults must be used with caution because the norms are out of date (published initially in 1947, and later in 1955, 1964, and 1968). The 1968 standardization used a sample of 1,127 subjects (adult Puerto Rican population, 1965). The test results often are incongruent with clinical observations (especially in cases where the individual has above average cognitive resources or mental retardation). There is a version of the Wechsler for children standardized in Spain, and with the exception of few items, the test results are more reliable, WISC, *Escala de Inteligencia de Wechsler para Niños, adaptación española, 11 edition, 1989* (Carbonell, 2000).

Do you know in Mexico... what do they use? I look for them in Colombia, Mexico, Spain and other Latino American countries... long time ago... like 10 years ago and I found some local norms that only included some subtest of the Wechsler.

Voice 1: Noemí

“I don’t know. That’s actually been something that I’ve been interested in finding out because I had started getting more clients needing testing... like adults intellectual testing. For the children, the modified battery and using the *Bateria* at least can give us information about what they’re learning now and what, where deficits may be so that they can do well in the school setting.”

Voice 2:

“Do you use? Better, let me ask...what test for intellectual assessment do you use?”

Voice 1: Noemí

“TONI...The Raven’s Progressive Matrices. I did that just yesterday. The Raven...”

Voice 2:

“Huhuh. The Raven... I have not used that test very often. However, it was often included in the list of test for Social security Disability Determination Services. There are other tests that were included.

Voice 1: Noemí

“It’s been years. But I’ve used the Leiter.”

Narrative:

Noemí was referring to the Leiter International Performance Scale (LIPS), which was often requested by government agencies as part of the testing battery used to assess non-verbal cognitive skills (through the late 70s to early 90s). It was considered a culturally fair test. The LIPS is not longer used maybe because the time needed for administration and scoring is not cost effective (other tests take less time).

Voice 2:

“Do you have experience with the Tony I or the Tony II?”

Voice 1: Noemí

“I’ve used both.”

Voice 2:

“You’ve used both....”

Voice 1: Noemí

“I mean I used to use Toni I and now I use the Toni II.”

Voice 2:

“I like that test, Toni II... I trust it, it is simple, easy to administer, fast, and gives you information to map the assessment although only in terms of nonverbal intelligence.”

Voice 1: Noemí

“Yeah, it also tends to overestimate I think.”

Voice 2:

“Okay. But if I remember well in the normative group 7% were Hispanics and we are talking about 1981 to 1989...So... I think that it was better than other tests.”

Voice 1: Noemí

“Yeah, you know the Peabody in Spanish? That gives us an idea of receptive language in Spanish.”

Voice 2:

“I have not used it, but I’m fascinated because in private practice...”

Voice 1: Noemí

“You have to only come here. Evaluations...they are coming out of my ears because there aren’t that many people who speak Spanish and who have... I mean that’s one of my areas of specialty.”

Voice 2:

“No, what I mean is that I do not find often a psychologist who does testing in Spanish and who can talk like you are. This is a nice experience for me and you are making a good contribution to my study.”

Voice 1: Noemí

“Oh, okay...”

Voice 2:

“So, that is why I am so excited with what you are telling me. This is a narrative that I wanted to explore...”

Voice 1: Noemí

“Yeah.”

Voice 2:

“I mean in Minnesota I was isolated, and for long time, I was the only Latina psychologist in private practice doing testing.”

Voice 1: Noemí

“Well... sure.... I think in some ways... (Southwest state's city) is different because there is such a large population of Hispanics, even though the efforts to really train and have more folks available aren't where it should be, the providers. I think long ago there is parts of the city and of the systems that have began to recognize the problem and do have people trained or at least have identified people to whom they can turn if they need those services but it's because there's 52% of the population here. And so you would figure for 52% of the population, we would have tons of psychologists, Hispanic psychologists. I would guess there are less than 100. I would guess there's less than, there may be 50, 60 in ... (Southwest state's city).”

Voice 2:

“So, you would say Latino psychologist or psychologist who speak Spanish and are bilingual and bicultural, who can work with any Hispanic, Latino, Mexican-American client... You estimate that they are approximately 50.”

Voice 1: Noemí

“Psychologists?”

Voice 2:

“Psychologist... So, here, there are approximately 50 psychologists for 52% of the population?”

Voice 1: Noemí

“Yeah, and that’s a high estimate I think. I think there’s a lot more LPC’s.”

Voice 2:

“LPC’s, what is that?”

Voice 1: Noemí

“Licensed...”

Voice 2:

“Counselors? Master level?”

Voice 1: Noemí

“It’s a big fight in this state these days, yes, but licensed professional counselors. It’s a relatively recent like within the last five years a designation. And there’s a lot of MSW’s, Masters of Social Work. So at those levels there are more providers, more Spanish-speaking providers.”

Voice 2:

“The licensed counselor, do they have the same privilege and responsibilities as a PhD psychologist?”

Voice 1: Noemí

“The only thing they cannot do... they can administer objective measures.... But...they cannot administer projective measures. That’s the only difference. And

so they can do MMPI's.⁶ They can do any educational testing. They can't do Rorschach and I'm not sure if they can do TAT's and drawings."

Voice 2:

"Can they do testing? That is very interesting."

Voice 1: Noemi

"Yeah, that was a big fight given by the psychological lobby here."

Voice 2:

"So, in what direction did psychologist lobby, to allow Master level psychologists and counselors to do it or not do it?"

Voice 1: Noemi

"To not do it, because you know psychological associates have to remain under supervision. And so what ended up happening is and that was psychology's way of maintaining supervision and direction and sort of quality of care. A lot of Master's level psychologists then went to get their LPC's and can now function doing essentially what psychologists with the exception of the Rorschach and TAT. And so many private practitioners don't do testing anyway that it's kind of a moot point."

Voice 2:

"Many practitioners, don't do testing?"

Voice 1: Noemi

"They don't like it. I mean they know how. Well if they came out of the medical school training here, they know how. They just prefer not to. They prefer to do therapy."

⁶ Noemi is referring to the MMPI, Minnesota Multiphasic Personality Inventory, the most frequently used and researched test with Latinos (Geisinger, 1992).

Voice 2:

“Do you have any insight about this?”

Voice 1: Noemí

“Because it requires a report because it’s more time consuming and because the reimbursement from insurances is often not what they would like to see; and so there are a lot of people who have practices who do only psychology, I mean do only therapy.”

Voice 2:

“Only therapy...”

Voice 1: Noemí

“And that’s another reason that those of us who do testing end up getting so many referrals because there are few of us who do testing on that, at that scale. I mean people may do one a month, one every two, or three months. And some people really do none.”

Voice 2:

“Very interesting! I mean that is interesting because really here what I am learning is how much some of the rules and regulations can change from state to state.”

Voice 1: Noemí

“Yeah, I did my internship in, at (Southwest city) and when I got there... I had been doing a lot of educational testing here under supervision; but when I got there we couldn’t do it because they had a school psychologist position that was a licensed position and it was required that they be the ones to administer the measures. Now since I’ve gotten back here there is now a licensed school psychologist specialist in school psychologists here that in the school district you must have an LP now to do that.”

Voice 2:

“Okay. So licensed counselors, master licensed counselors can open a private practice. ...And they can do limited testing.”

Voice 1: Noemí

“LPC’s. It’s not so limited if you think about all the educational and objective measures. The only thing, they can’t do are projective measures and I know a number of psychologists who don’t do projective measures. They don’t do the Rorschach. They’ll do the TAT. But so what’s the difference between then and a LPC essentially.”

Voice 2:

“Well this brings us to the next question in terms of quantity and quality of mental health services in this area, in others words the resources that are available to Latinos. I think that we recovered but I would like to see if we can go back to this topic and get more.”

Voice 1: Noemí

“I don’t think there are many psychologist in(Southwest state’s city) even if they speak Spanish who are aware of issues of class within the culture. And in... .. (Southwest state’s City), that’s a real issue I think because so many of the immigrants from Mexico came from a lower economic class. But it’s a very working class, group of folks...”

“But I mean they’re very, the family structure feels very different than the lower SES (socioeconomic status) of native born Mexican Americans. And I’m not sure that people always recognize the difference... And so that level of awareness is sometimes missing. And in (Southwest state’s City) the function and the role of the Catholic Church and knowledge of that, it is paramount. I worked last year as the clinical director for the Catholic Counseling Center here. And saw couples and just, the rules of the church and how that impacts the life of these families is pretty significant. I think you really have to have an awareness of that.”

Voice 2:

“That has been interesting. You are the first one with that insight to that problem, the fact that religion is neglected...”

Voice 1: Noemí

“Well particularly, well... my frame of reference is the Mexican American and the Mexican population here, although, I’ve worked with Latin Americans, and South Americans and Puerto Ricans here, some Cubans, but by in large 80%, 85% of the folks I work are of Mexican descent, or are just here from Mexico.”

Voice 2:

“Huhuh.

Voice 1: Noemí

“And the Catholic Church in Mexico is very, very strong, and very strong here. And issues of ... you know the gender role definitions... extremely pronounced as a tradition... really reinforces, the traditionally family model. And it’s difficult then for, it was quite a challenge working with those families because it’s just...

“On the other hand, I have to say I’ve never seen more families, in which they had both parents come for therapy appointments, as I did when I was working there, because the families are... I would say a larger proportion of the families stay intact. Those that were going to... Catholic Counseling Center, mom and dad would both come with the kids... Whereas my experience in working with a lot of the lower SES clients here it’s primarily only mom who comes... or who is ever available.”

Voice 2:

“Now... “So, that is interesting because...it’s mainly then woman... who are taking care of the children?”

Voice 1: Noemí

“Oh yeah.”

Voice 2:

“Why do you think that there is such a small number of providers? You said probably that there are two levels of psychologists. And I’m an interested on Master level of psychologists. But, really my research is about PhD Psychologists.”

Voice 1: Noemí

“I would guess there are a lot more Master level folks who are bilingual. I think part of it is just, I mean, how to say this without sounding elitists but there’s, it just requires a lot more rigorous training and financial means to acquire this level of education and the support of the family, to get that much education.”

“And I really, I guess I don’t have any real idea about that... except that I know those are things that are necessary and it’s a... you know it’s hypothesis. That’s not something that’s provided for some of the Hispanic young people here. But I would say that for those people who do, do well in school, who do go on to college, the issue of a more lucrative kind of profession I think always looms large. You know if you’re good in school you could go on to be a doctor as opposed to a psychologist. You can go on to be... get into business. And I just don’t think that sometimes people see psychology as a way to make much money one.

“And two, I don’t... that it’s necessarily a field that’s valued as much in the culture or by the culture... I mean people don’t quite know what a psychologist is.”

Voice 2:

“Yeah... You said lucrative... Tell me more about that.”

Voice 1: Noemi

“Well I think that people who do well and who are able to do well in school, sort of the top folks in terms of scholastic or academic ability, I think might look to the harder sciences or business rather than to psychology or sociology.”

Voice 2:

“What if they do look at psychology?”

Voice 1: Noemi

“What do you mean?”

Voice 2:

“Well, in terms of lucrative career, why would it be better to go into business than in psychology?”

Voice 1: Noemi

“Well, I think that... I think if you were in... say a hard science... You could make more money than you would if you were in psychology”

Voice 2:

“What kind of salaries are we talking about?”

Voice 1: Noemi

“I don’t know. I don’t know... “I mean I guess I’m talking about a perception, a perception.”

Voice 2:

“In the mental health field in (Southwest state)’s city), what is the average salary?”

Voice 1: Noemi

“For Master’s level person it would be \$24,000 to \$28,000 I think.”

Voice 2:

“And for PhD psychologists?”

Voice 1: Noemi

“38-42. ...”⁷

Voice 2:

“Okay. This is good information....”

Voice 1: Noemi

“Actually 32-42 maybe at an agency... at an agency, 32-42... I would say.”

Voice 2:

“32-42 in an agency that is nonprofit?”

Voice 1: Noemi

“Right.”

⁷ Here, we are talking about average annually salaries per year, in terms of thousands.

Voice 2:

“And what is the average, I mean earning potential for a psychologist in private practice?”

Voice 1: Noemi

“Easily \$100,000 I would think.”

Voice 2:

“Easily?”

Voice 1: Noemi

“That’s working fulltime with a really tight schedule, I mean... I think.”

Voice 2:

“Yeah, but if you are working for a nonprofit organization or government agency ... it would be between 32 and 42?”

Voice 1: Noemi

“To start with, the medical school you might, although the medical school now may be starting people at 45. It’s just; there might be some other agencies that might start you at 50. But those are few and far between. The state hospital... I think starts people at 50 if they have some level of experience.”

Voice 2:

“What is the average fee, what is the range of hourly fees in...”

Voice 1: Noemi

“In private practice for psychologist?...”

“In private practice for psychologist it is \$ 100 to 125

Voice 2:

“\$100 to 125, that is for the...”

Voice 1: Noemi

“Per hour.”

Voice 2:

“And Master level counselors, what is...”

Voice 1: Noemi

“Well, that really depends. I mean some people may charge \$70.00. And there are some LPC’s who charge \$100.00.”

Voice 2:

“And what is the rate of reimbursement of government funded programs like I don’t know how they call them here maybe, Medical, Medicare, Medical Assistance?”

Voice 1: Noemi

“Medicaid is \$120.00 for the initial evaluation, which is, well it’s the billable rate. It’s whatever the clinicians’ bills for their initial session. They’ll pay that. And after that it is \$62.50 for individual therapy and it is \$75.80 for family.”

Voice 2:

“That’s very interesting when you compare states. That is very similar to Minnesota. But it’s very different from California.”

Voice 1: Noemi

“California is less or more?”

Voice 2:

“I understand it is less. I think that the last time I checked, I’m not sure exactly about the amount now, but my understanding is that it is around \$40-30. I was worried about this...It will be difficult to serve Latinos...but I can be wrong...”

Voice 1: Noemi

“Oh, my gosh.”

Voice 2:

“Yeah. Yeah. “I am talking about people who need services. We need to lobby there... We need to lobby for changes in California. Because, otherwise what happened is that...”

Voice 1: Noemí

“Nobody wants to see those clients.” (Laughing) That’s happened along the border here too.”

Voice 2:

“What do you mean along the border?”

Voice 1: Noemí

“Along the border between (Southwest state) and Mexico.

“I think some of the Medicaid patients are not being seeing; there was an article in the paper recently about that.”

Voice 2:

“Because?”

Voice 1: Noemí

“Of the reimbursement rate, so much lower than what they could get from other insurances.”

Voice 2:

“Well we are going to go back and here. Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology. I am really interested in knowing, what is your opinion about the meanings of the social neglect of Latino mental health services?”

Voice 1: Noemí

“Well I think it was...”

Voice 2:

“An the role of psychology in that neglect.”

Voice 1: Noemi

“I think it was really the whole melting pot notion, the whole assimilation model that really believed that if they were here they should be working to be like us. And if they working to be like us then we could use whatever methods we had to treat and assess them that were working for us because they were trying to be good Americans.

“And it was a slow resistance and realization. Well, it was a resistance and it was a slow realization for the fact that that wasn’t actually happening, that it wasn’t, everybody wasn’t assimilating. And that those who weren’t assimilating, were having difficulties that needed to be looked at through a different lens, perhaps. And that the models that we had weren’t necessarily wrong but weren’t adequate enough, weren’t large enough to encompass what needed to be included in them.”

“So I think that overall American mentality was a big one. And I psychology by virtue of the fact that it came from that kind of mentality also neglected the notion that people might have different issues or different needs in terms of mental health. They might even understand mental health in different ways. I mean that, that whole concept, kind of blew them out of the water. I think anthropology was there much more before we were in terms of their understanding of that.”

Voice 2:

“Tell me more... How will education and social economic structures come to contribute to the fact that Latino mental health needs have been neglected, historically?”

Voice 1: Noemi

“Well I think the medical school, for example in the medical schools, the lack of a real understanding of what diversity means and a real understanding of the needs to learn, to go below the surface, in terms of understanding clients from different cultures, not just Latino, but all culture. There’s a diversity workshop here tomorrow that just I think signals the superficiality of the understanding of the people in this area still have. It is really kind of a mixed, a mixed place, (Southwest state)’s city). I mean I think a lot of institutions have found bilingual providers because they’ve had to because there are such a huge number of clients needing that service. On the other hand there’s such poor training around diversity

and around cultural competence. It's kind of an interesting mix. And I just in that regard I don't think that they're, and they're not further along than much of the United States, I would say. Or we are not here in (Southwest state)'s city)"

Voice 2:

"You know... What do you mean poor training on cultural competence and diversity?"

Voice 1: Noemí

"Well first of all there's not enough of it. And the way the medical school residence for people who come through the internships here get one hour. They have a seminar. And in their year of training, one hour is devoted to African Americans. One hour is devoted to Latin American, like their hourly seminar, one hour to Lesbians and Gays. One hour to, so it's just, that's just not a whole lot of training in that area."

Voice 2:

"So, they have one hour added to the curriculum dedicated to..."

Voice 1: Noemí

"No, they have regular seminars."

Voice 2:

"Oh... a regular seminar... what do you mean for regular seminars?"

Voice 1: Noemí

"And one of those seminars in the year is on Hispanics. One of the seminars in the year is about African Americans, one Asian Americans, one Gay and Lesbian issues, one is about people with disability. So one hour in the year is devoted to that."

Voice 2:

"So, the understanding of Latino culture will be provided in one hour in the year... and the training in diversity mean that they just come to the seminar?"

Voice 1: Noemí

“Uhhuh, right. From the official training, now some of the supervisors may have some information. But truthfully the medical center training, and I talk about that because that’s the largest training program we have here in town in terms of training residence because that’s where people come and do internships, but it’s probably ... sophisticated in terms of their information and their knowledge in that area. And a lot of white Anglo males run that program.”

Voice 2:

“And they are being trained to be medical doctors?”

Voice 1: Noemí

“Psychologists.”

Voice 2:

“It’s not the medical school students doing internships there.”

Voice 1: Noemí

“In the Department of Psychiatry... There are psychology interns although they call them residents because there are also psychiatric residents. And it’s an effort to not differentiate.”

Voice 2:

“Very good. How are we doing with time?”

Voice 1: Noemí

“What time is it? I don’t have a watch. What time is it?”

Voice 2:

“It is 4:50.”

Voice 1: Noemí

“It is Okay.”

Narrative:

Noemi look at the next question. That asked about coping skills or strategies used to complete her education and training as a psychologist and the meaning of the term tokenism and she added

Voice 1: Noemi

“I’m trying to remember.... I’m trying to think because...I think it was different at different times in my career. It was different for my Bachelor’s Degree and my Master’s Degree and my PhD. I think again being Presbyterian is a big deal because there are all the people of color in the Presbyterian denomination equal 5%. I think we may have moved up to 7% of the entire denomination. So being a minority has always been an issue or has been, yeah, it has been kind of part my identity... both in all circles. And my family was very involved at the church at the local and national level. And so I’ve had a lot of experiences and been able to do a lot of things... because the church insists on representation... equal representation. And so there are not a lot of Hispanics to choose from. So I was able to do a lot of things that I might not of otherwise have been able to do. It was just kind of an interesting awareness I think. I just think part of the time I was kind of in denial of like what a big deal it was when I went to college; for example, 1200 students and maybe 150 of them were nonwhite and that included our IS, you know... our international students. So that was you know; there weren’t very many of us.”

Voice 2:

“1,200 or 12,000?”

Voice 1: Noemi

“1200. It was a small liberal arts college and so in the very black and white town of east (Southwest state), (Southwest state and city). So I think it was a building awareness there although I would say that at the time, in high school and in college I would say that there was, it didn’t always, it sometimes felt like the lack of acceptance. I think it was easy to translate, the lack of kind of acceptance into the larger group as something wrong with me, as opposed to something that was an issue of race or ethnicity.”

Voice 2:

“I found very interesting that statement, “something is wrong with me.” Tell me more. Elaborate a little more.”

Voice 1: Noemí

“Well I think that the issue of sort of being everybody’s body or everybody’s friend. I mean I was able to do that in high school and in college. But people form cliques and when there’s not enough of you to form a clique then your expectation is you will belong to one of the other cliques and when you don’t, there’s, there is a sense. Like it didn’t occur to me then that it might be because of my ethnicity. It just felt like it must have been something about me that wasn’t working right. And so I’m not sure there was a coping strategy there. It was just kind of a defense... you just keep going. And master’s level here when I came back I knew that I had gotten in because they needed Hispanic students because I didn’t even finish my application.

“I graduated in May. I had gone to inquire about the program. And at the end of June the director of the clinical program said we’ve got your letter of interest and we want to accept you but we can’t unless you send us the rest of your application. Now I am guessing that they would not have done that for anybody else here in (Southwest state’s city). And it’s because they needed students of color.”

Voice 2:

“Your statement suggests that we are moving to the next question, tokenism and what is the meaning of being a token for you?”

Voice 1: Noemí

“I’ve never heard that phrase actually. I’ve heard of being a token but tokenism?”

Voice 2:

“Well, tell me what about being a token.”

Voice 1: Noemí

“Well I think it’s being selected on, in this case because of race, race and gender. And I think, I guess there, there are very few times and I’m trying to remember if any in graduate school where I ever felt like I shouldn’t have been accepted or that I didn’t have the ability.”

Voice 2:

“Did anybody make you feel that way or ...”

Voice 1: Noemí

“Actually, No! I don’t ever remember that in my master’s level because I did well. I was a good student. I mean I wasn’t a good student in the sense of studying. I was a good student in the sense that I was able to keep up with my classmates and to make good grades. So that wasn’t ever an issue I don’t think.”

Voice 2:

“How long did it take you to get your Master’s?”

Voice 1: Noemí

“Well I did my coursework in the two years that I was supposed to. And then it took me another year to finish my Master’s thesis. But I was working during that year. I had gone to work.”

Voice 2:

“And to do your PhD?”

Voice 1: Noemí

“It took me five years to do my course work and another three years before I finished my dissertation.”

Voice 2:

“So it took you a total of eight years?”

Voice 1: Noemí

“I think so. I went in ’87 and I graduated in ’96.”

Voice 2:

“1987? And you graduated in 1996. So 9 years.”

Voice 1: Noemí

“Huhuh.... Probably so because a year of that was internship; tree of those, once I got out of internship because I went, I did most of my coursework in four years. We have the longest program in the country. And they wouldn’t accept any of my

coursework for my Master's program, except for two testing classes. So I had to take all of my courses over again. And I did most of that in four years. And then... .. I just know I was working my ass off. I was taking 18 hours one semester and I was working there in (Southwest state's city) and working here. So I took a lot of classes. There were just a lot required. And I drove from to (Southwest state's cities). I lived in (Southwest state's city) and I went to school in (Southwest state's city). And that's you get tired of that after a while driving back and forth. So the last year, I only took like three hours one semester and six hours another semester, but I taught up there. I had just separated from my first husband. And so I just sort of took it easy and I taught and worked... so I could have money to go in internship... And I went on internship in '91. Came back in '92; and didn't work on my dissertation at all until 1995."

Voice 2:

"What happened?"

Voice 1: Noemí

"I started working. I worked as a Master's level person at a clinic, a child guidance clinic. I got married again and bought a house and just didn't feel like it."

Voice 2:

"Okay. So what was harder?... was the Doctorate program harder than the Master's?"

Voice 1: Noemí

"No, actually I think it was easier. I didn't have trouble in school. I liked it. We were very few. And one of the, I would say the coping strategies at (name of University) which has a history of being pretty racist is that we had a minority support in our educational psychology department and I was also one of those students. And there were just a handful of us. And we were in a number of programs. And there were maybe 10 of us in that minority support group. And so that was one of the things that it was helpful to us."

Voice 2:

"So there was a support group. Did you form the support group or did you...?"

Voice 1: Noemí

“Yeah, we met like every Monday at lunch or every Tuesday at lunch, something like that.”

Voice 2:

“*And how many were you?*”

Voice 1: Noemí

“Maybe ten, I mean because this was across a number of years. And we would just go and visit. We had happy hours. We would go and we had a faculty advisor and it was maybe a core group. Every year it changed. But there was a core group of maybe six. And sometimes there were as many as twelve that would go.”

Voice 2:

“Oh fantastic; did you have faculty support?”

Voice 1: Noemí

“We had two different faculty advisors at different times.”

Voice 2:

“That were supporting ...”

Voice 1: Noemí

“One was an African American professor and the other one was a Hispanic professor.”

Voice 2:

“And, oh, okay... So that was one of the strategies used that helped. Can you think about anything else when you look back about what made you?”

Voice 1: Noemí

“I think it was also really helpful to study about the issues, like about cultural issues, and about feminist issues. And so just studying about it, and kind of... and an increased self-awareness and an increased awareness of systems around these issues, I think was also really helpful.”

“You know, I think that there has been an increased awareness in the overall field of psychology. But I think it’s been greeted within different groups in a variety of ways. I’m psycho-dynamically trained and so a lot of my colleagues are pretty traditional. And that’s not the first thing they think about (laughing). Issues of culture; whereas folks who are trained, say in more social constructionist, that sort of model, would be more opened I think to that, to the whole notion of cultural issues, because it’s part of the person’s story.”

Voice 2:

“Where you trained in a psychodynamic model, did you say? Is that common?”

Voice 1: Noemi

“Here, it was common. That’s what the medical school’s primary model is. And some of my professors at my Master’s program were more affiliated with it. So at Trinity the professors were pretty psychodynamic in their orientation, object relations, that sort of thing.”

Voice 2:

“I just read a in the airplane, actually in my trip here, I was reading a statement made by one of the most well known Latino psychologists who indicated that insight psychotherapy does not work well with Latinos. What is your opinion of that?”

Narrative:

I was referring to a statement that Paniagua made in his 1994 book, *Assessing and treating culturally diverse clients: A practical approach*.

Voice 1: Noemi

“Well I would guess that it would depend on what the goals are and what kind of therapy that you’re thinking of. I think that that was, for a long time, I really think that was the belief that there wasn’t that level of sophistication in clients and that therefore, you would have to focus on just concrete behavioral models. And I just don’t think that, that’s true across the board.”

Voice 1: Noemi

“I mean I don’t think you can make that blanket statement about any cultural group.”

Voice 2:

“Well, now we are talking about the progress in the field, how effective has been those efforts in your opinion? Let us transition to the next question. What progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts?”

Voice 1: Noemi

“I would say, minimally effective. And I think or even moderately, between that I mean that in a scale probably a three to four. I do think people think about it a lot more than ever once did. And there are a number of books about them, about the issues. In terms of actual practice like once folks get out and they’re seeing people in their office, I don’t think it’s as big an issue for clinicians, as it might have been during their training. You know. I think it’s really easy to be one of those things that kind falls by the wayside.”

Voice 2:

“Tell me more about that.”

Voice 1: Noemi

“I don’t think that individual clinicians always take into account the issues of culture and values when they’re working with people, privately. That would be my guess because I really don’t know; I’m trying to think. I mean it’s also hard to be able to make blanket statements when many of your friends are people who have awareness of cultural issues and so like certainly most of the people that I know take those kinds of things into account. But stories I’ve heard from about other practitioners in the field or a couple of chance encounters would make me say that not everybody has that level of sophistication and/or interest in obtaining it.”

Voice 2:

“When I am exploring disparity in Latino mental, what should I keep in mind? In other words, if you were in my place, what else would you do?”

What else would you ask? What else would you explore?”

Voice 1: Noemi

“For me the issue of class is a big one.”... .. Because I think in terms of understanding social roles and how a therapist might see people or be treated and understand people I think it’s important. And I have sort of my example that I give often is I work a lot with lower class immigrants from Mexico, the workers, labors, very polite, very articulate, very Spanish speaking, very respectful and very respectful of position, very aware of hierarchy. And so, for them, I’m always usted, [you] and I’m always *doctora* [Doctor].

“I also have seen clients who are from upper class Mexican families who have apartments or homes here that they keep for when the family is on vacation or when they come and bring the kids shopping. And one of those kids that I was testing when I came in, just automatically called me *tu* [informal you] ⁸

... “And for me that was just so symbolic of the difference, that here, this 10 year old saw himself as a peer with me. Whereas my next client who might be a 60 years old person, who really was much more aware of the hierarchy, and to me, that is a class issue. That’s the way class impacts those interpersonal relationships. And at least in Mexico that structure is still very prominent.”

Voice 2:

“So...In understanding Latino culture we need to pay close attention to the issue of social class...”

Voice 1: Noemi

“I think so.”

⁸ In Spanish language and culture, the use of *usted* [you] is the respectful norm to address the second person. It is a form of acknowledging differential power or authority. *Tu*, [also you] is less formal and implies the perception of equality (used to address peers and friends). However, the use of *usted* in some context is also a form of conveying emotional distancing and to differentiate the appropriate use is a social skill. The use of these two simple words *Tu and usted* have implication in treatment and assessment.

Voice 2:

“Okay. In understanding the disparity in Latino mental health service, what would you pay more close attention; I wonder if something comes to your mind than I have not caught yet, today. If you were me... and you were doing this...”

Voice 1: Noemi

“Oh, Right, I’m thinking.

Voice 2:

“This is my way of addressing the next question. What do you think I should keep n mind and consider when exploring disparity in Latino mental health services? Please address here, what else would you do, if you were in my place.”

Voice 1: Noemi

“Huhuh. Summary and recommendations for future study, recommendation for future analysis.”

Voice 2:

“Huh?”

Voice 1: Noemi

“It’s that last section in the dissertation; recommendations for future study. Right?”

Voice 2:

“Not necessarily, it’s also...”

Voice 1: Noemi

“Right... In terms of disparity... I’m trying to think. Well, I guess something that we’ve talked a little bit about is just different geographical issue in the United States. (Southwest state) is not all like (Southwest city) in terms of the delivery of services. Austin I would say is much worse. Dallas is probably equally so and some of the smaller cities. Huston, I don’t know. El Paso, I bet in some ways may be similar to (Southwest city). And it’s because we, just large

numbers of Hispanic people living in the city force institutions to find ways to provide services for them.”

Voice 2:

“Okay.”

Voice 1: Noemi

“Now that’s not always going to be mental health services are not always going to be provided by licensed psychologist. That’s the other side of it is we do have a lot of master’s level people. I would say there’s a lot more bilingual doctors and psychiatrist than there are psychologists.”

Voice 2:

“How come?”

Voice 1: Noemi

“I don’t know. Again, I don’t know if that’s kind of a class issue, if a lot of the folks who end up going to school would rather be doctors than psychologist. But there are... I mean there’s a large association of Mexican American physicians here in (Southwest state’s city). There aren’t enough of us psychologists to create a group.”

Voice 2:

“Why, there are not enough of Spanish-speaking psychologists... or Mexican Americans?”

Voice 1: Noemi

“Well the American, the Association of Mexican American Physicians has like hundreds of members... Now you’re talking about different disciplines. You’re talking about you know... internal medicine, and cardiology, and psychiatry, and pediatric and anything. But there’s a lot more of them. Now... a lot of them are immigrants. There is a number of Cuban doctors here. There are a number of Puerto Rican doctors here. There is a number of Mexican from Mexico doctors... Panamanian doctors; so that’s, even though it is called the Association for Mexican American Physicians, it’s really kind of the Association for Hispanic Physicians.”

Voice 2:

“And is that, what is it about, medicine too, that allows to take what training in this way?”

Voice 1: Noemi

“No, they train here. Yeah, and so that, it’s a lot easier for people here to find a Spanish speaking physician than it would be a Spanish speaking psychologist.

“Like when I went into private practice I didn’t send out PR... If I were to send out announcements and say that I do Spanish speaking, that I provide bilingual services and evaluations I would be flooded. I couldn’t handle the response.”

Voice 2:

“Okay, if you have the resources, let’s go to the next questions, if you had the power and the resources to make changes and improve Latino mental health service delivery systems, what would you do? Locally and nationally, what would be your priorities and plans?”

Voice 1: Noemi

“I would try to train more.”

Voice 2:

“If you could make changes...?”

Voice 1: Noemi

“Oh, if I could what kind of changes would I make to improve Latino mental health service delivery? I would just do a lot more training. And I would really try to increase the number of Hispanics mental health services providers. So, I would really work to try to increase those numbers although I think people are trying to do that now. I mean you’d have to start in junior high and high school I think to be successful. And just I think a lot more training, a lot more even if it’s just, I mean just doing role playing, I mean that I think that there are more helpful way of learning. I guess in vivo and practical applications, not just theoretical. And I think sometimes and some of those people really learn the theory. But when you’re sitting with the other person across from you what does that mean in terms of the interaction and how do you experience the interaction. So that’s the kind of training I think is more helpful for clinicians and physicians and just understanding the whole notion of mental health and the difference in terms of mind/body

connection versus the more biomedical sort of notions available. I just figure a lot more instruction. And I think in a user friendly way is how I would say it... in a more user friendly way. Because I think sometimes if you just lecture people will listen and they can take it in and it's not going to help. And also if you do it in a way that says this is how you're lacking and what you haven't been doing and what is wrong, in an angry way... it's really hard for people to understand. But if you can do it in a way that's practical and user friendly, I think it's a lot easier for people to understand integrate."

Voice 2:

"Can you think of any thing else that you will do if you had the power and the resources to make changes and improve Latino mental health service delivery systems?"

Voice 1: Noemi

"I'm just thinking of, you know, I guess I would also really encourage Caucasian men or Anglo men and whatever you want to call them to study Spanish. I was thinking I hurt my foot and I was going to an Orthopedic surgeon whom I over heard having a whole conversation with a heavy accent, but good Spanish, he was talking with a Spanish speaking client. A number of physicians here have a working knowledge of Spanish. So I think that just needs to be more of that."

Voice 2:

"I'm going to ask you to think for a moment and give me an estimate. According to your experience what would be the number of individuals that live in this area who are bilingual and the percentage of those that only speak Spanish and the percentage of those who only speak English? I know this is a hard one."

Voice 1: Noemi

"I would say that there are about maybe 20% of (Southwest state's city)'s population that is only Spanish speaking... I would say that there is probably 45% that is only English speaking. Maybe the remaining 35% that is bilingual."

Voice 2:

"Okay, 20, 45, and 35."

Voice 1: Noemi

"That would be a rough guess."

Voice 2:

“35 and 20...That would bring it to 55% that needs bilingual or bicultural mental health services.”

Voice 1: Noemi

“There is a lot of Anglos in (Southwest state’s city) who speak Spanish, a lot of non-Hispanic folks that don’t speak Spanish and there are a lot of Hispanic folks that don’t speak Spanish.”

Voice 2:

“Oh, okay. I understand what you mean. I didn’t ask you before about your use of the term Hispanics, I noticed some people prefer other terms.”

Voice 1: Noemi

“I think, yeah, it depends on the group. Usually I use Hispanic. A lot of times I use Chicano and if I’m trying just to explain what my actual experiences would be Mexican American. It really depends on the...”

Voice 2:

“What differences do you make among those terms?”

Voice 1: Noemi

“I think Hispanic is.. I experience it as just a much more generic kind of demographic kind of term. And Chicano has a little bit more of a focus on kind of the social activist part of me.”

Voice 2:

“Social activist part?”

Voice 1: Noemi

“Or kind of more radical involvement in social issues; Mexican American... I think I just used it as kind of a definition to identify our heritage. I mean, when I grew up my mom would tell us that we were Americans of Mexican descendants. She was more assimilated; it was really during that part of the assimilation effort. So Mexican American was a term in this era that was quite used and quite familiar to

me although I don't use that one often. I use Latino sometimes. I guess if I'm talking to other feminists who are Latinos who are just sort of..."

Voice 2:

"Just with feminists, why?"

Voice 1: Noemi

"Why what?"

Voice 2:

"Why feminists?"

Voice 1: Noemi

"Why feminist? You mean why feminism associated with Latino? I guess because in a lot of the literature I've read a lot of the women's literature by Hispanic women use the term Latino versus Chicano or Hispanic. That's my association with it.

Voice 2:

"Let me ask you when did you, I did began to use the term Latino because I think that my experience it is very similar... I am interested to see if there are historical contexts for the changes of terms, I mean when one of those terms became more predominant or emerged... if you want to describe this also."

Voice 1: Noemi

"Well Hispanic has become much more predominant in my experience here. Why the switch? I think government papers used Hispanics and that was how in the past you have to identify yourself. ... (Southwest state's city), although it is a predominantly Hispanic community, it is also a very parochial and traditional community. And so there's not been a lot of room for radical Chicano. That was I think an association that people had for those brown folks from California, for the longest time. I think it's taking on a little bit of a different meaning in terms of being associated with Mexican Americans who have some social conscience now. I mean that's my experience of it. And that would be the context in which I use it now? Really, Latina is always something that I've read in academia and that I've heard again through women writers like there's a Latina literature conference here in July. So that's where I usually hear the term."

Voice 2:

“Well this is interesting because I have traced the change in terms... similarly. Let us move to the next question. When considering disparity issues, please comment on the quality of mental health services and the access that Managed Care organizations provide to Latinos populations.

Voice 1: Noemi

“I don’t know about that. In my case, I chose not to get on many panels when I went into practice. Why? Because I’m not good with paperwork.; they require a lot. I mean yeah, they require a lot of forms and that sort of thing, the reviews of utilization, and so on. And I was lucky enough because I do testing, so I was offered a number of contracts and because I could be assured of that income, I thought I could afford to let my client base build for people who could pay or who would be willing to go out of network and I decided to take Medicaid clients. Here, I mean that I take Medicaid clients partly because there are so few providers in (Southwest state’s city) that I feel a little responsibility to continue to provide services for people who can’t afford other services. And so, so I just, because I do so much Medicaid work I do feel like I’m under managed care.”

Voice 2:

“What is your understanding of managed care organizations?”

Voice 1: Noemi

“You know I don’t know... I guess I would have to say that I’ve never thought about it in those terms because I think managed care screws a lot of people and I don’t think it makes a difference what color you are. “They’re just...it isn’t always client friendly.”

Voice 2:

“Tell me about Latinos accessing mental health services through manage care organizations.”

Voice 1: Noemi

“Well in terms of being able to get access to providers that you want or need or and having the providers being able to provide the kind of service that they feel is necessary, it is a problem. Also there are problems due to the limited numbers of visits, that sort of thing; visits are limited to eight or clients are only able to go to

certain providers. Now I have had limited experience, I did get on one panel and that was because my client called her insurance company and said you don't have any Latinos on your panel and I feel like I need to see a Hispanic woman. And so they allowed me to join the panel. So in that case they were open. And it's an area of specialty what I offer. And if I were to put down when I apply that I'm Spanish speaking there would actually be an area of specialty that might allow me to get on the panel easier than somebody else that's not bilingual."

Voice 2:

"What is the payment or reimbursement rate, do you know?"

Voice 1: Noemi

"It really depends..." It really depends on the program because one of... I would say like anywhere between \$70 and 80 dollars if you're in network.

Voice 2:

"If you're in a network they pay for sessions, Ok... What is the frequency to see a client and the number of sessions that they give you and..."

Voice 1: Noemi

"Well it depends. If you're charging \$110 an hour, \$80, it is \$30.00 less so that is an issue. It depends... And if a client is only given few sessions, if you're doing individual long term therapy with somebody and they have only given 20 visits, which is the case for some of my clients, then that's an issue. That's less than six months. And that's not enough."

Voice 2:

"Can you tell me anything else about how your experience regarding disparity in Latino mental health services or problems due to difficulties accessing services?"

Voice 1: Noemi

"I don't think there's anything else to say about disparity. I think it's an interesting topic... I mean I look here, locally, just because there are people like the client that just left, who needs to go to someone who speaks Spanish and all the psychologist that I know are so established in their practices that they're not taking people or they have such a long waiting list, so it's something that I come up against, often."

“I guess I just never think about, or I never thought about issue related to mental health services access, as an expression of disparity.”

Voice 2:

“You don’t think...”

Voice 1: Noemi

“I mean I haven’t ever used that concept. I just say there are just not enough Spanish-speaking psychologists here to refer them to.”

Voice 2:

“OK, it was nice to have an opportunity to explore these issues with you. So, let me go to the final question. What has been your experience as a participant of this study?”

Voice 1: Noemi

“It was interesting... It was really thought provoking because it something that I haven’t stopped to think about in a while and so that was nice and you were very well organized, so that helped a lot.”

Voice 2:

“Thank you very much. I was able to discover and validate information and perceptions. We are going to stop the interview now. Thank you very much. Let me stop the tape here and if you have few more minutes, we will share off the record your contributions to this study. You have been generous with your time. I got information about coping with the demands of the community’s needs and the process of adapting the psychological instruments and tools to serve Latinos. I am very grateful!

1.7T Carmen's interview

Voice 2:

“..... we are going to have a conversation guided by questions. Please...
You keep this tape recorder as if you were going to dictate. And you just follow
your own narrative.”

Voice 1: Carmen

“That's fine. Okay.”

Voice 2:

“And as I told you I will be doing a little prompting.”

Voice 1: Carmen

“Okay.”

Voice 2:

“And my experience is that I don't need to do too much guiding, because the
interview is designed in a way that you'll be able to build a narrative. I will only
ask for clarification of something that's caught my attention and if I want you to
explore a little more. So let's get started.”

Voice 1: Carmen

“Okay. Now I was just looking at, noticing the time... And your next appointment
is about 3 o'clock?”

“Okay. You're going to need to leave here no later than 1:15 or so.”

Voice 2:

“Yes. And we will use an hour and a half.”

Voice 1: Carmen

“Okay. That will be plenty of time.”

Voice 2:

“So we’ll work at your own pace. You have 12 questions.”

Voice 1: Carmen

“Okay. All right. Let’s see. Please describe my ethnic education and professional *backgrounds and comment on the factors that influence my choice of client direct service delivery or academic or administrative management position.*

“My ethnic background, I describe myself as a Latina. And the reason that I do that is because my father was in the US Navy when I was a little girl... throughout my whole childhood; and we lived when he was away at ships... we lived in different places. We lived in Mexico. We lived in California. I was born in California. We lived in California. We lived in Mexico with family while he was away and my mother was going to school. We moved to Venezuela. We were living in Venezuela for a while too and we lived in Puerto Rico and New Orleans, Louisiana... when I was a younger adolescent... and then Spain after that.

‘And so... I’d call myself a Latina because I feel like I have had exposures to different Latino cultures during my formative years and I identified with them; and when I went to work in California... after not having lived there for such a long time. I went to work in California and there... it is Chicano... right! And you know unless they are Latinos... the Chicanos say: “Hey if your parents were ancestors of Mexico, how come you’re denying your heritage?” And you know... the Chicanos would point their fingers at me and tell me that I have to be Chicano. And I’m saying: “look at my experience.” And you know... it was very different over there. Over here (implying, Southwest city) they have much more tolerance for that. But over here.. they call themselves Hispanics too.”

“Let’s see, about my heritage... my ethnic and racial heritage... My father’s family is from Mexico. He’s a citizen of the United States. My mother’s family has been in Texas up to the 1600’s and they’ve been in Texas. However, parts of my mother’s family... there’s... her mother has Italian, she’s ½ Italian or was. And her father, there’s stories about him being part Portuguese. But I haven’t found it, yet. I do genealogical work. I haven’t found it, yet. My father’s family is from Mexico, his father was Spanish-German, and his mother was from Germany. And his father was from Spain. And they immigrated to And my grandfather married my grandmother, who was Mestiza. So my father is a product of them; anything else ... about my ethnic heritage?”

Voice 2:

“No. Probably but I would like you to elaborate a little more, since you mentioned Hispanic, Latino, and Chicanos. You didn’t say Mexican-American.”

Voice 1: Carmen

“Oh, Mexican-American, yeah... I mean I’ll call myself *Mejicana* [Mexican] too.”

Voice 2:

“Can you briefly describe for me the meanings of those words that you use?”

Voice 1: Carmen

“Of those things? Well I think that...”

Voice 2:

“And I will tell you later why. I want a description of those meanings.”

Voice 1: Carmen

“Sure. Well for me the, I tend to prefer a Pan-Ethnic label. I think the research supports that women tend to prefer Pan-Ethnic labels. And the Pan-Ethnic label that I identify with most is Latino. Right? As opposed to Mexican-American or Chicano or Mexican.”

Voice 2:

“What did you say, Pan...?”

Voice 1: Carmen

“Ethnic. Uhuh.”

Voice 2:

“Pan-ethnic label... What do you mean?”

Voice 1: Carmen

“One that incorporates the groups, the different groups. One that transcends the whole group and describes the whole group. I guess in the United States one of

those words can be... it can be Hispanic... right? But I've never really heard it, or thought of myself as being Hispanic because of where I was raised... other people in other countries, don't call themselves Hispanos, not necessarily. They call themselves from their country of origin. You know they're *Puerto Riqueños* or *Colombianos* or *Mejicanos*, [Puerto Rican, Columbian, Mexican] you know. So they don't use the word Hispanic.

"And here, in the United States, we use the word Hispanic because now it's a pretty common word. But it was a word of course that was created by government agencies to make it more convenient for them to understand or to label us or to group us."

"So I tend to prefer a Pan-Ethnic label; although my ethnic identity is probably more closely in line to Mexican American or Mexico. That's probably the most closely I identified."

Voice 2:

"The point I make in my proposal is that those labels have different meanings. So if you want elaborate in the Chicano meaning versus the other meanings."

Voice 1: Carmen

"Well I think that the word Chicano is an ethnic identity label that's preferred by certain geographical group, you know a certain region of the population in California... I think especially they prefer using the word Chicano. Chicano, if I understand this correctly, Chicano is an identity that originated as a movement. And it was a college-educated movement. And so it was college students, college-based, university based movement. And people who were Chicanos were members of that movement. And that's my understanding of that, of the word Chicano."

"When, I remember my thesis was on Chicanas, you know and the title said.. Chicana in there. And when I showed it to my Dad he goes: "You're not Chicana! You're Mejicana! You're not Chicana! Chicana... what's Chicana? All of a sudden now you're Chicana. You go to college and now you're Chicana. (Laughing)... What happened... to change who you are?"

"And it hadn't occurred to me. I just thought that was the correct term for us. I was naïve in that way. And I thought... well... you know... isn't this and he is coming from here, you know... there's a whole different meaning here. You know... and there are Latinos living in other parts of the southwest... who identify themselves... differently. They don't use the words Chicano. So they're not

Mexican Americans. They call themselves Spanish Americans or something else. So...okay.”

Voice 2:

“Thank you. And...”

Voice 1: Carmen

“My educational background. I’m a high school dropout. I took a GED. I studied music for 12 years. And I was pretty intense for quite a while in pursuing a music degree, a music career. When I lived in Spain I worked in the Conservatory, went to school in the Conservatory, one of the Conservatories in Madrid. I lived in the dormitories there, and I had a scholarship there. And I was pretty intense on pursuing that. And then, you know, I started wanting to branch out and go to college. And so I went to college. I went to(name of the city) to college and studied music there and psychology and physics. I like physics a lot. And I spent two years as an undergraduate. I graduated in two years.”

“When I graduated from college I was 20 years old and I remember telling one of my professors in psychology that I was interested in perhaps pursuing a graduate program in psychology. And he literally patted me on the head and he told me that he didn’t believe in educating pre-menopausal Hispanic women because all we do is use our uterus. Our education would be wasted. And so... I’ll let that go (she was referring to the phone ringing).

“So... I thought okay... let me talk to somebody else. And so I talked to somebody else and they said: “Well you’re so young. You don’t have enough experience. You need to get more... get some research experience!”

“So... the first opportunity I had for research was on the other side of the world, in Guam. And so... I hopped on a plane and I went to Guam and I lived there for six months to get some research experience... (Laughing)

“I was doing field studies there. And so I got experience and did some research... and I came back to Texas. And I thought well... maybe psychology isn’t really what I want. But I was still interested in it... enough that I worked in a state hospital... in a mental hospital... in a psychiatric hospital for a while... just to see what it was like. And I would take a class here or there and I had a friend who was interested in law school and so I thought... well... maybe law school is what I’m interested in. And thus... I took the LSAT and I applied to law schools. And I got accepted to every law school that I applied to. And I was... well... then I

thought... well... maybe... I will become a lawyer. And then I thought well... maybe not!"

"So then I took the GRE and I thought... well.... once I have the GRE then... I can apply to other programs. And I took the GRE. I did pretty okay on that. And then, and then just as an after thought, one week... I just thought... well... maybe I would apply to the psychology program. They can always say no. The counseling psychology program, maybe... I'll just apply. And I'll see what it's like. And I wasn't really all that committed. I was still working in the psychiatric hospital. But it wasn't all that... I don't know that I had a passion for it. I really didn't understand the field necessarily. And I was still performing... and still singing and stuff and doing music."

"And so I got an application and I applied and I submitted the application. I sat on my... you know... on my couch for a long time and I completed the application. I turned it in. And it was after the deadline. And I thought... well... let's see it's meant to be. And they called me... the graduate dean called me. And said: "Okay, it's after the deadline, but...we're going to accept you. We're going to admit you." And that's when I thought... okay... now I'm going to study psychology for a while."

"And I was in my second year and I thought maybe... (laughing) I don't want this. You know... I never really felt a tremendous passion for the study of the field... no.. at that time. And so I thought... well... maybe... I'll join another doctoral program. So I applied to other doctoral programs in different fields... in sociology and anthropology. And you know... I get accepted but I just never really felt like doing them, and along the way I kept doing my course and I kept passing the course, doing research and doing well. And you know... I'm thinking... You know... I'm getting really good feedback... Maybe this is what I'm meant to be doing!"

"But I decided to take a couple years off. I finished my coursework. I took a couple of years off and I took a couple of fellowships in Washington D.C., one with the US Congress and then the other one with the American Psychological Association. And then... in the process of doing my fellowships that's when I started really feeling more committed to the field... because I was able to see what else I could be doing with my degree. You know it doesn't have to be direct service. It doesn't have to be research. I met psychologist working in the government. I met psychologist working in policy. I met psychologists working in governments and the Association. And I thought... "This degree can really give me some options." And that's what I've always wanted is to have something with options."

“So I came back fairly invigorated and... you know... I did an internship and loved it. I did it in California. And I loved the internship. And I loved what I was doing. I loved the multicultural parts of it. I stayed there for another year after my internship and I worked at the counseling center where I did my internship. I enjoyed it very, very much. But... I still had that dissertation to do. And so... I moved back here... to ... (Southwest city) so I could be closer to my committee and finish the dissertation. “I got this academic appointment, the first one that I applied to. And I’ve been here ever since. I told my boss when I moved here that I’d be here for two years that I want to complete my dissertation and get licensed. And in the process I’ll help them get APA accredited. And did all those things in two years; and it’s been six more years after that and I’ve stayed on. And one of the things that I’ve discovered about the career and about my path is that... you know... I took this kind of nontraditional approach... I suppose... to my education. I was doing... I would go other places or do things because they were interesting to me or easy to me. But it just wasn’t all... there was not... you know... I hear people talking about: “I always knew I wanted to become a psychologist.” No... I always knew I wanted to become an opera singer. I always knew that I wanted to win the lotto. I always knew that I wanted to write. I never knew that I wanted it and it was never really there... you know.. I have a sister who started purchasing medical books when she was 11 and she’s a cardiologist now and she’s 30. And you know and it’s like... you know... I have another sister who’s a chemist and you know she discovered a passion for chemistry ... when she was in college.”

“I... on the other hand, you know, have various passions, various interests. And one of the things that I’ve discovered along the way after my training was my passion for multiculturalism and my passion for gender issues and ethics. And those are passions that I’ve developed after my training; I developed them while I’ve been in the job. And those I can be very, very committed too. You know you look at the books on my... you know... I’ve got a lot of books that reflect my interests here... you know... in ethnic and in gender... and multiculturalism... and that’s the research that I do. And that’s why I... those are the classes that I teach. That’s one of the reasons why... you know... we have a really strong multicultural program and why I’m here... you know... why I stay here is because of that. That part I like... And I love... I actually really enjoy teaching too. I discovered that during my training I was never a TA (teaching assistant)). I never taught anybody. And I thought... you know... I was afraid... you know... to do it. But you know... I thought I’d do it. And you know... there was a pretty sharp learning curve at the beginning. It was pretty straight up for a while. But I, I really enjoy it and my students like it. And I think that I’m a good professor. And so I like that too. But let me be honest in that... there’s... you know... often, often, maybe once a week I wonder... what am I going to do next? What’s around the corner for me? What’s next year for me? I don’t know. I don’t know if I’m going to...

If I go up for tenure this fall...and so you know... it looks pretty promising that I can get it. And then what?"

Voice 2:

"Tell me, what is the meaning of going for tenure?"

Voice 1: Carmen

"Tenure for me? It is also... it means flexibility for me. Receiving tenure for me means that I can negotiate a tenure position somewhere else. It means that... I can take a leave of absence from here indefinitely and then come back whenever I wanted to... if I wanted to... and my place would be here... It means... maybe not having to work so hard... you know... because I've been working too hard to get tenure."

Voice 2:

"As an academic... does it have another meaning?"

Voice 1: Carmen

"Yes! Tenure faculty has a lot of meaning and it carries a lot of weight."

Voice 2:

"Explain a little bit to me..."

Voice 1: Carmen

"You can't get fired unless you violate... you know... some moral codes. At the university you can't get... you can't be told what to research or how to study it... so you have really true academic freedom. You can make controversial... you know... to publish controversial opinions in papers... You can offend the president of the university by telling her that she's not doing something right or you know... insisting that they... you know... that we hire an affirmative action officer. We don't have one at this university, you know... or an equal opportunities officer. We don't have one at this university."

Voice 2:

"So it really means job security and freedom of expression."

Voice 1: Carmen

“Job security, freedom of expression, and flexibility.”

Voice 2:

“Flexibility... more free... scholar flexibility?”

Voice 1: Carmen

“Scholarly flexibility but also geographic flexibility. If I wanted to move, if I wanted to take my girl with me and move to Washington State, I can... you know if they have a position available... I might be able to negotiate... my application might be, under certain circumstances, it might be more highly valued because I’m a tenured faculty member. And I might be able to negotiate a tenure position as opposed to somebody starting off. You know... they might not have a budget for somebody at my level. But you know... they might need to get an assistant professor and an associate professor. But it just gives me more options and more flexibility. And I can go back to it. If I decide to leave academic life, I can do something else. I can do practice. I can do consulting. I can do catering, whatever I want. And I can come back... to me.... that’s what tenure means.”

Voice 2:

“Fantastic! That is a narrative that was missing in my research. So thank you. Now we talk a little bit about...”

Voice 1: Carmen

“My professional background?”

Voice 2:

“Yes, yes.”

Voice 1: Carmen

“Do you want to talk about what I research or my publications or...?”

Voice 2:

“Yes, both!

Voice 1: Carmen

“Well... I mentioned that I... you know... I tend to research almost exclusively ethnic, racial... you know... issues of gender and ethics. And that’s my research. My publications also are about that. And I have...I have been a collaborator on research projects in other countries... in Guatemala for example.”

“I’ve sat in on the very first meetings for psychological associations for other countries. I’ve talked to professional organizations in other countries about ethical issues in the United States and how that might be different than the way that they might think about ethics for themselves and their countries.”

“Professional background, you know I do... I have done my share of quantitative research. But I’m trying to retrain and do focus on more qualitative research. And I’ve supervised a number of dissertations on qualitative research too... so that’s helping out in my own training... my own retraining in that area.”

Voice 2:

“You say it well, it is a retraining. Okay. Let’s move on, is there anything else that you would like to add? The next question is really brief so that we know what points of reference we have. So what it means for you the terms Latino, disparity, and cultural psychology.”

Voice 1: Carmen

“Well Latino, we’ve already defined Latino, right?”

Voice 2:

“Yes.”

Voice 1: Carmen

“Okay. Disparity... disparity to me means unequal access, unequal services, unequal or unavailable services, training, salaries, and you know... whatever it is we’re talking about... disparity to me means unequal, or difference, or different than... and also maybe unavailable...”

“And cultural psychology... well it’s interesting that you use the word cultural as opposed to maybe or something different like multicultural or ethnic or racial or you know that kind of thing.”

“But cultural is actually fairly broad term to me. And it can mean almost anything. It can mean geographic differences within a certain culture like we were talking about the Chicanos in California, the Spanish Americans and the southwest New Mexico, the Hispanics here, the Mexicans down, you know that kind of thing. It can be geographic differences. It can be intercultural differences. It is one of my recent interests you know... we’re always... a lot of our research tends to compare us to White Americans and I think that we need to be comparing ourselves to others within our group and more intra, or our cultural and ethnic variations.”

Voice 2:

“Yeah, you’re referring to the within diversity.”

Voice 1: Carmen

“That’s exactly right, yeah.”

Voice 2:

“Okay.”

Voice 1: Carmen

“Culture can also be sexual orientation, could also be socioeconomic, could also be gender, you know.”

Voice 2:

“When I am talking here about cultural psychology I am really asking you if you have had access to cultural psychology as a new discipline in the field.”

Voice 1: Carmen

“That I have access to?”

Voice 2:

“To some of the key theorists, Michael Cole, Ratner, Shweder... I am currently in a program that is guided by cultural psychology theories. The easy way to explain this is to mention that... you know... that most psychology programs have a specific school of thought guiding their training. So you can go through a program that is psychoanalytic or psycho-dynamically centered or you can go to

program where the faculty has predominantly behavioral, humanistic, views or to a program focusing on experimental psychology. Well at this point I wonder if cultural psychology will become like the other schools of thought. And I am finding that in the United States there are only few programs that guide their curriculum through cultural psychology, one in Boston, and the other in Chicago. In California, San Diego, the program is called Cultural and Human Behavior. And it's very new, approximately 5 years. They have not graduated anybody, yet. So that is what I am referring to with the term cultural psychology, a guiding framework in training."

Voice 1: Carmen

"Well how do you define culture then or cultural psychology?"

Voice 2:

"Culture or cultural psychology? Your friend also got into this. You will find several definitions in the proposal and you will get more information there than here... in this discussion. I will say that it's part of general psychology. It's the psychology that unifies mind and culture. It is the specific study of human nature and psychological phenomena when culture is kept in the center of the analysis. It's a set of paradigms, which at the same time, implies shifts on traditional psychological paradigms.... .."

Voice 1: Carmen

"I understand. You're talking about it as a different discipline, not a study of it within a discipline.... .. So you're talking about it's, like it would be like the equivalent to social psychology... So here you have social psychology studying and interactions between people, I mean groups and individuals. And cultural psychology would be something like next to that."

Voice 2:

"Yes... Close to that..."

Voice 1: Carmen

"Yes, I understand."

Voice 2:

"It would be different than social psychology, because it retains the paradigms..."

Voice 1: Carmen

“Yes, I understand. I understand, okay. So I really haven’t had, I really haven’t had that exposure.”

Voice 2:

“Yes... and that is part of my curiosity... of what is the status of cultural psychology in general. And you were saying to me how we could have done this in the phone and I was saying to myself yeah... how sad I never thought about doing these interviews in the phone. But, if we have done that, then I never really would have an opportunity to see your books, your office, the environment in which your story takes place.” (Laughing)

Voice 1: Carmen

“I could have also told you.” Laughing)

Voice 2:

“No, it’s not the same. It’s not the same experience to be told than to discover, than to do. I was so happy yesterday when I found a book for the first time in the United States. I mean that I found a copy of a book in the office of another participant. It was just unbelievable. A book that nobody, so far, not even in the library where I am, I have found it. So those are the experiences that you want as a cultural psychology, the discovery that comes from doing and I would have missed that.... Cultural activity that shapes my mind... So... Latino definition is done, we should move through the next one.”

Voice 1: Carmen

“Okay.”

Voice 2:

“And here what I really want is your definition of cultural competence.”⁹

⁹ Here we are beginning to address the following question: Please explain the difference or relationship of cultural competence and cultural psychology and comment in the meaning of being or becoming a cultural psychologist.

Voice 1: Carmen

“In psychotherapy or in research, in what?”

Voice 2:

“Just, tell me about what is your understanding of cultural competence and...”

Voice 1: Carmen

“Well you just changed the definition of cultural psychology so I’m not sure. I mean my definition of cultural competence is going to be very difference of what you might be looking for.”

Voice 2:

“It doesn’t matter. It doesn’t matter.”

Voice 1: Carmen

“Okay. All right. Well... I mean I think that I agree with... you know... the other people who have written and discussed cultural competence as being basically an awareness, knowledge and skill component. That awareness that there are differences between cultures and within cultural groups... that there are certain knowledge basis that are important to have when you’re working with diversity...either as a researcher, as a clinician, as an academician, as a... whatever... as an administrator, whatever position we take in the field of psychology, that we... that there are certain knowledge bases that we must have in order to be effective in the intervention... in order to be effective consultants or researchers or whatever it is that we’re going to choose to do. And that we also need to have certain skills that are credible within those communities that can be effective in those communities as well. So that would be my big... my basic generic definition of what cultural competence is... to be able to do that... within the community that you’re serving.”

Voice 2:

“Let me tell you a little bit about the origin of this question. In my journey as a student I’ve become very concerned about the meaning of becoming cultural competent and trying to figure out if becoming a cultural psychologist was the same or what was the difference... And the other part was... well... I have been a cultural competent psychologist. I have been a Hispanic psychologist. I have been a bilingual psychotherapist, a Spanish-speaking provider. What would it mean to

become a cultural psychologist? So that is where... from that type of inquiry is that... this question was formed.”

“And I want to figure out more meanings by listening to... by having the collaboration of my participants when they... it doesn’t matter where or what you are because you will validate a path of inquiry or you will help me to go in another direction... either way. So whatever description you make it is a contribution, but tell me more about your...work... you said that you teach in cultural... multicultural...”

Voice 1: Carmen

“I teach Latino psychology and I teach family processes across cultures.”

Voice 2:

“And you teach that under the perspectives of ethnopsychology?”

Voice 1: Carmen

“Under what psychology?”

Voice 2:

“Ethnopsychology.”

Voice 1: Carmen

“Well I’m not sure. What are you talking about? I’m talking about this is a psychology program, a counseling psychology program. And I teach it... within the field of counseling psychology.”

Voice 2:

“Counseling psychology, okay, and you said that your identity is counseling psychologist.”

Voice 1: Carmen

“That’s correct. That was my training, it was in counseling psychology. I’ve developed a specialization in multicultural psychology or multiculturalism in gender issues or in feminist psychology. So I’ve often defined myself as a

multicultural feminist or a feminist multiculturalism. But I'm a counseling psychologist, you know."

Voice 2:

"What is the meaning of multicultural psychology? Because one of the questions that I ask myself and the student is why do we need cultural psychology? when we *already have multicultural and cross-cultural and ethnopsychology?*"

Voice 1: Carmen

"Yeah, but you're talking about something different. You're talking the way that you define cultural psychology is different than the way that we are defining it within the field of counseling psychology. You're talking about it from more of a social science. And we're talking about it from more of a psychological concept of intrapsychic, intern-psychic relations. And the way that we, and we look at multicultural psychology we look at psychology to better affect our interventions or interactions with our populations, the populations which we serve, whether it's as a professor or as a researcher or as a clinician or whatever else we choose to do. And so your definition of cultural psychology as a distinct discipline is different than that I'm normal, that I'm aware of then the way that I practice."

Voice 2:

"And what would be a definition for you of multicultural psychology?"

Voice 1: Carmen

"Well the definition that I operate under is that it's a study of the influences of ethnicity and race and culture and gender and economics and all those other types of things that impact our identity that impact our beliefs and our values and our attitudes towards ourselves, towards our people, towards others that they are influenced by the history and the politics of our cultures of origin or our countries of origin that they are influenced by immigration and the acculturation patterns and the experiences of the culture stress or discrimination or oppression. And that all of these things play whether consciously or unconsciously play into how people interact with others in their daily lives, the values that they transmit to their children or up to their parents. And that it's organic. It's constantly evolving and changing because of it and it's unique. And that there may be general, general cultural beliefs or attitudes or organizing principals that let us know why we are Latino; we are Latino because of certain things; food or you know music, religion, and other types of language, other types of things; but that they're also because of all these other experiences of uniqueness within. How a family defines themselves

can be very different than how the culture might view itself or the people within it might view themselves. And yet it's all contained within it. We are all that."

Voice 2:

"Very good. Thank you. Thank you. The next question I don't know how, if you want to ask me, a context would be fine. But this have several of the questions, they go together."

Narrative:

The question that we will be exploring here is: What ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual's life.

Voice 1: Carmen

"Well my first thought at looking at the first question what ethical violations in the delivery of mental health services to Latinos do I identify as an expression of disparity. Well I think of several things. One is in the fact that there aren't enough bilingual competent expert, bilingually trained psychotherapists to work with in the populations. That the training, if people are going to get training here in the United States they're more likely their more likely to get it in English. And it's hard to translate our academic knowledge in learning from one language to an applied language working with the client."

Voice 2:

"Okay."

Voice 1: Carmen

"So that's one of the biggest disparities that I see. And what ends up happening because of that is that people will then look to codified and non-codified rules and guidelines about how to be confident and not ethical in working with the population, or not unethical. And so what they'll do is they might hire a translator or they might get the janitor to do translation or they might use substandard professionals or paraprofessionals... not substandard... but paraprofessionals. Or they might use clinicians who might be receptively more fluent in their

understanding of a different language than they are expressively fluent. And so they can understand the language that's being communicated by the client but they are not going to be able to respond appropriately. And those things are... even though they might be doing their best... are examples of disparity in treatment and the delivery of services... the competent and ethical delivery of services to the Latino population.”

“The fact that we are now the largest ethnic minority group here in the United States and we still have... you know... very few translated instruments into Spanish, one (referring to number 1, since Carmen was listing her arguments). And two... that sometimes the verbatim translations lose the meaning because the metaphor of the symbols... that the symbolism that's represented in the instruments is not relevant to the Latino culture and or people. And three, that the norming that they might do on a test, for example the MMPI which is known to Mexico City... you know it's the population to Mexico, the Mexicanos in Mexico City are different from the rest of us. You know they're very different. They're more European than they are *Mestizos*.”¹⁰ So what does that mean about its representation of the rest of the population that they might be studying? You know, so there are disparities in the assessments of Latinos. But sometimes we have to be careful or... always we have to be careful with the bilingual population that we don't mistakenly assume that the language ability is an indication of what's going on intellectually and psychologically. And we are not training people well enough to do, to make those distinctions. And so often times I fear that people's intelligence and their psychology, or their pathology, or non-pathology is being

¹⁰ The MMPI is perhaps the most controversial test used in the United States, but also the most researched in Latin America (Mexico, Argentina, Chile, Nicaragua, Puerto Rico, recently in Venezuela and Colombia). Butcher and colleagues are presently developing norms for the Spanish versions of the MMPI-2/MMPI-A and an interpretative manual; (The reader can find more information in Butcher, J. N (Ed.). (1996). *International Adaptations of the MMPI-2: Research and clinical applications*. Minneapolis, MN: University of Minnesota press). Carmen is making a good point because the urban-educated-middle class Mexican immigrants from Mexico City present different profiles than *los campesinos* [peasants], individuals coming from rural areas.

corrupted because of the person's assessment, the person's inability to understand that it's a language issue not an intelligence or a psychopathology issue, often times. And that's a disparity that I see.

"You know... we're here in right now (the double pause is used to signal that the name of city was deleted). And there are 300 psychologists in (Southwest city) and only 11 of them offer services bilingually and you interviewed one person yesterday."

Voice 2:

"What...! 300 psychologists?"

Voice 1: Carmen

"In 1996 we did a study of the 300 psychologists in (Southwest city). We called all of them. And we asked them if they offer services bilingually, them personally. Only 11 in 1996 said that they offered services bilingually and nobody was trained to do it, not one of them. But they all got... they all got continuing education afterwards. You know when they realized that they were having to do this... they were being asked to translate instruments orally. They were being asked to deliver services because their employers wanted them to speak to the Spanish speaking population... when they didn't get trained to do that or to supervise somebody but they didn't get to do that in training."

Voice 2:

"I'm excited with your description... So... 11 in (Southwest city) in 1996."

Voice 1: Carmen

"In 1996. And that's why we started the program out of 300. And(Southwest city) is 60% Latino."

Voice 2:

"60% Latino?"

Voice 1: Carmen

"60% Latino. And we know that most of them speak Spanish, they are either bilingually or monolinguals. There's a large percentage of the population in (Texas's city) that never learned English. *Las abuelitas, los abuelos, las tias, los*

tios [The grandmothers, the grandfathers, the uncles, the aunts...] you know, they never learned English. You can live your whole life in (Southwest's city) and never speak English. You don't have to, here."

Voice 2:

"So 60% of the population in (Southwest's city) is Latino and we have 300 psychologists and only 11 of those psychologists are..."

Voice 1: Carmen

"Right. Offer bilingual services."

Voice 2:

"Offer bilingual services."

Voice 1: Carmen

"And they didn't get it in their training, their traditional training; they each have consulted with other professionals about how to do treatment in Spanish. They've attended seminars and workshops. They've consulted with professionals in other countries about this. They... you know... they seek out opportunities to learn and grow in those areas. But it wasn't part of their formal training so."

Voice 2:

"So based on that information give me an estimate of the percentage of Latino cases that when they get assessed they have the benefit of having the assessment done by a culturally competent provider."

Voice 1: Carmen

"I'm not an expert in assessment. I don't even know how many people get assessed."

Voice 2:

"Okay."

Voice 1: Carmen

“I can’t really say. But one of the things that I do know is that in the state of Texas it is legal for... in a death penalty case... for a psychologist to say that the history of ethnic minorities or racial minorities... in this state is that if they’ve committed one violent crime... they’ll commit another one. And that’s a bias in the legal system. And that’s not legal in other states. And it’s being challenged in the Supreme Court... you know... that based on other cases for them... you know... to make an assessment about an individual in terms of death penalty. No... Texas is very backwards that way.

“I don’t know how many people are being assessed. I don’t know how many of them are being assessed competently. I wouldn’t say that, I would venture to say that probably bilingual or monolingual Spanish speakers aren’t being assessed appropriately. But that would just be my from my judgment, you know my opinion, my guess estimate you know about what’s happening.”

Voice 2:

“Well the...”

Voice 1: Carmen

“.... .. (Here Carmen mentioned the name of another participant)...she is the better person because she does that in the prison system... She does it... you know, she is working with children and their families and stuff like... that so she would be better.”

Voice 2:

“If we have 11 psychologists who are bilingual who can provide potentially mental health services for 60% of this state population.”

Voice 1: Carmen

“No, the city population.”

Voice 2:

“Oh, the city population. The city population... I see... okay.”

Voice 1: Carmen

“The city population of (Southwest’s city). Yeah, well but you know those are just licensed psychologists though. I’m not talking about the licensed social workers. I’m not talking about the licensed professional counselors or the marriage and family therapists, which there are many of those. They’re not out, none of them are getting trained in doing... you know bilingual services; don’t get me wrong. But there are other professionals that are out there. And we just surveyed these 300 psychologists. We did not survey the social workers, the licensed profession counselors or the marriage and family therapists. Okay so this is just representative of one group.”

Voice 2:

“Yes. And that is the group, it is psychology...”

Voice 1: Carmen

“But in (Southwest state) psychologists and licensed LPA’s, licensed psychological associates are both qualified to do testing and so are school psychologists. They’re all master level specialists in school psychology are all offering assessments in testing. So again, I can’t really give you an educated or expert judgment about that. My sense is they’re being underserved.”

Voice 2:

“Okay, very good.... yeah. You already shared some of your thoughts about using translation in psychologists and psychiatric evaluations. Would you... I wonder if you want to reemphasize the need to understand the translation process that is going to be used, I mean that translation for a psychological evaluation that is providing information that later will be used to make decisions about an individual’s life.”

Voice 1: Carmen

“Of course, of course... it will inform about the treatment that they’re going to get, about their educational futures, about everything. That’s why we do psychological evaluations or intellectual evaluations.”

Voice 2:

“What are your thoughts about using translators?”

Voice 1: Carmen

“Well if you can get them that’s great. But not all translators are the same. You can’t use a bilingual translator to do psychotherapy. You know you can’t use them to do you know psychological translations. They may not know the terms... you know. You need to have... they need to be expert translators who can communicate verbally and nonverbally and equally well, expertly well in English and in Spanish both for English/Spanish bilinguals, who are also well enough trained in our field to be able to understand the kinds of questions that we’re asking and to communicate that effectively to a client, so that psychological terms, processes in psychology you know when we discuss things, those things, that person needs to not only to be a language expert but also an expert in the translation of psychology words and terms, and meanings, and usages.”

Voice 2:

“What is your opinion about conducting a mental status examination with the help of the translator?”

Voice 1: Carmen

“Well I mean, look we’ve already established that... you know... there aren’t enough competent trained bilingual...you know... professionals out there or expertly trained bilingual professionals out there. And so the next step is to get... you know... are they using their own expert or a non-competent person or who do you use a translator? You know... I don’t know... I think that the best situation is to train a bunch of bilingual psychologists.”

“Okay... that’s the best situation.... to be an expert in both languages. The next step is to use...it is to start training more bilingual, you know more translators in psychology. And you know... and then... you know... to do ... I guess the next level down from there would be to get non-expert people in psychology to do that. You know I don’t do those kinds of assessments. That’s totally not my field. But I would suppose that any kind of intervention that would...any kind of psychological intervention with a Spanish dominant speaker being performed by a non Spanish dominant speaker or at least a non-expert Spanish speaker who is trained in psychology... it would have problems, that there would be inherent problems in the judgments that are made... inherent concerns.”

“And I think that there are some professionals out there who can be very good about, about writing it up... you know... writing up the interpretation...it is like... caution should be made or I had help in interpreting the results because this... the diagnostician is not trained expertly enough to or whatever... wheatear... you

know to do or not to make diagnostic judgments. And I think there are professionals out there who are concerned enough to know what the limits of their competence are. But I don't know."

Voice 2:

"That question was born by the fact that I had witnessed a lot of problems in the legal system... in different types of cases... in workers' compensation... in family court cases... reference juvenile studies, and in criminal cases where the evaluation arrived to me after three or four different evaluations and I needed to understand why the evaluators made mistakes, as well as the client. And because all those years... I have... I came to the conclusion that when you do psychological assessment or psychiatric evaluations with the help of an interpreter and you are doing a mental status, it's very likely to get the mental status of the person doing the translation, unless that individual have, like you mentioned... enough knowledge in psychology and will be able to translate and describe all the things that are based on clinical observations such as a the quality of thought process, the affect, the fluency of the language... knowledge of those clinical verbal and nonverbal clues; and unless the translator knows the implications and the nuances of even just a couple of single words that a client can say and that would trigger a different meaning and implications for the assessments. If he doesn't know half of the information, then he cannot transmit it. So that is the context in which that question was born. The next question you have already much answered it."

Narrative:

Here we are referring to: Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures.

Voice 1: Carmen

"Right, sure I did, yep. I may have talked a little bit about this one too, I mean commenting on the economic conditions or structures contributing to the social neglect of Latino mental health needs and on the role of psychology."

"Well you know one thing that we didn't talk about is that I think that if we look at the higher education across the United States and we looked at the tenured faculty across the United States, 90% of them are going to be White and most of them are going to be male. That is a fact. When you ask about those conditions that contribute to the neglect of Latino mental health needs, we need to put that into a context of who's training our mental health providers, right, okay."

“Then when we look at the tenure review process and the promotion review process we discover that most universities consider earliest most research universities consider multicultural, consider gender issues, consider ethnic specific issues or racial issues as really nice social justice causes but not serious disciplines for serious study. Okay? Now you have new generations of psychologists coming out of training programs who have been more exposed to these issues. We have many more ethnic and racial minority and women psychologists graduating. In the pipelines right now, APAGS has about 500 ethnic and racial minority students who are members of APAGS.¹¹ And that’s a lot. Not all of them are going to go into psychology or into academic life. But of those few that do, many of them may choose to become experts in multiculturalism or gender issues or both or ethnic specific or racial specific areas of study.”

“So here we have most of the people tenure faculty are White Americans, most of them are male and most of them are probably going to be on tenure review committees. And then we have a generation gap between the tenured faculty, White men in general and the new faculty who are interested in something different or researching something different and when it comes time for their review, they’re being told that they’re not publishing in the right journals, that their areas of study are not social justice causes, that they’re not true science, not true science of study. And when they don’t get promoted or tenured... they’re invited to leave. “And they can’t get a multicultural program going on in their programs because they don’t have senior faculty members directing those programs or teaching those classes. And so we have a system that uses junior faculty to teach the none-critical courses in the program, the non-core courses in the program because nobody values multiculturalism and gender issues as core to the study in the field of psychology.”

“And so it’s not surprising to me that therefore we don’t have enough competently trained professionals in the delivery of multicultural and multilingual services, to... anybody.”

“And like I described earlier, those people who are, did it after their training. I didn’t have any one requirement to have a multicultural class or a cultural origins class... in my doctoral program. I have learned how to do that since.”

Voice 2:

“When I finish my training in psychology in this country and when I graduated from the master’s program, they said to me okay Sonia, you are ready now to

¹¹ APAGS stands for American Psychological Association Graduate Students.

conduct psychological evaluations, you can work in all those areas of applied psychology. Don't worry. You don't need the doctorate degree given the experience you have here. You can be grandfathered to do private practice and obtain the license. You really don't need to go for more education. You are ready. Two weeks later I went back and said to them "you lied to me." I cannot work with my people. I don't understand them. They don't speak my Spanish. This is what you have been talking about, I said: "I have to transfer now all my knowledge into something different and I don't have anybody to talk about the differences or what is being presented. I had the advantage that I was trained in my country in psychology and that I even have some experience in teaching and clinical work prior to when I arrived here (US), but even though... So, what happened is that my clients were the ones who ended educating me. I am bicultural and a culturally competent provider but by practice, not by training."

Voice 1: Carmen

"Not by training, right."

Voice 2:

"And the journey that I am now is to figure out the ways of closing the gaps between practice and the theory... and I have given myself... I call it... a sabbatical from practice to understand the scholar world that has an impact in mental health.... So that is my story."

Voice 1: Carmen

"It's a good story."

Voice 2:

"But I want also to understand why my journey in the process of becoming a cultural psychologist has been very difficult and painful. So that is why my next question is trying to get some information about what has empowered Latinos in psychology program... So, they were able to complete their education and training. What coping skills or strategies did you use to complete your education and training as a psychologist and what is the meaning of the term tokenism?"

Voice 1: Carmen

"Well I probably did what came natural to me to complete my training. I relied on other people for support and help. I fell back on my family. I fell back on my

friends. I you know, the program in which I was, the students were fairly independent after the second year or so we often wouldn't have classes together. It would be all separated and you know even though I was able to develop very close friendships with them, it was different. And so I probably, I used the support systems that I had as a coping skill and strategy to get myself through the program. I used... you know... my partner helped me a lot... with my dissertation in terms of helping me to analyze my data, in terms of helping me to change it... I finished my dissertation... I started my dissertation under the old APA style manual and finished under the new one... so everything had to be reformatted. And he helped me there... you know... he always asked me every day, "So how are you doing on this? What progress did you make today?" And my family would ask me that too. And so... you know... and my friends and I had very good advisors. But they were very, very busy. And they wouldn't work harder than I was working. And you know... how that is... you know."

Voice 2:

"What do you mean they were very busy?"

Voice 1: Carmen

"It took me quite a while to get somebody to agree to chair my dissertation."

Voice 2:

"How long?"

Voice 1: Carmen

"Well it took me a while. I mean it's hard for me to remember. It's been almost ten years now. But I would say you know I had to do a lot of cajoling to get the person that I wanted. And then I had to agree, then I had to have two co-chairs so that they could split the responsibility because they were both overwhelmed."

Voice 2:

"Yeah. It's very interesting that you mentioned that. I had a very similar experience. to get a chair."

Voice 1: Carmen

"Yeah, it took me a while. Not a year, but it took, I had to do a quite a bit of cajoling and promises that I'd be working fairly independently and I wouldn't be,

you know needed to tax them too much... You know.... And I got myself you know... a very lovely committee who was willing to help me on different parts of it and that kind of thing so. So that's what I did in my program to get through."

Voice 2:

"And what is the meaning of the term tokenism?"

Voice 1: Carmen

"In general? I think that it means being the solitary representative of a group anywhere... and that you're selected or chosen to... for that role, not necessarily for your expertise in whatever area but because you're a representative of a group..." In general... that's what it is... I..."

Voice 2:

"Your understanding."

Voice 1: Carmen

"Yeah, that's my understanding. I don't know that I've experienced too much of it personally. You know being here at University (Carmen mentioned the name of the institution she is working). I have four other Latinos psychologists and we're all multiculturalists here, you know who work with me, you know on this floor. We're always together doing everything together. And you know my American colleagues here, they call them Anglos here, the Anglos colleagues here all take Spanish classes. They're all working in multicultural issues doing multicultural research. They're writing. They're publishing. They're representing in the area. And so any one of them could be I suppose the token... representative." (Laughing).

"I think that one of the hardest things for me... being a token... it is outside of my department but within the university in general because we have a policy on our campus that we should have representation of ethnic diversity and gender diversity on all the committees. We have a faculty of 150 people. About 30 of us are tenured. And of the Latinos there are about 24 Latinos, 25 Latinos and only 7 of them are tenured. And so you're spreading us out pretty thin if you're making us... you know... we are having to do more work than our Anglo faculty because there needs to be ethnic representation on all the committees. So that's hard. And so we work hard to make sure that we hire and retain people. I go up for tenure this fall. One of my other colleagues, Latino colleagues here in psychology goes up for promotion next fall. The other one is on a permanent contract not on tenure

track. And the other one is visiting professor and we're doing our best to make sure that he gets a tenure track position next year. So we work hard you know to make sure that we get more. I mean how do you disagree with a policy like that? We want to make sure we get all representation except for who is being culturally taxed, not them, me."

"And frankly any one of my colleagues would be Latino enough, not even the Anglo, ones of my colleagues. I trust my colleagues. I don't know about the rest of them and what they're doing you know. But a lot of you know Anglo colleagues who are out there who I think are very good allies."

Voice 2:

"You know when I was struggling with the name of your narrative... and when I was coming to your office... I was thinking what would be the name of your narrative. And for what we talked... I think it will be the Voice of Tomorrow."

Voice 1: Carmen

"Oh really?"

Voice 2:

"Yeah. And I was between that and *la esperanza* [the hope] because you are describing a unique situation."

Voice 1: Carmen

"Well it is unique. And I don't know if it's going to be, if it's anywhere else, you know. I have no idea."

Voice 2:

"Yeah, so far to my knowledge I would be glad if I will be proven wrong. That means that there is more hope and it is closer and that brings us to the next question."

Voice 1: Carmen

"Our graduate dean who is the former chair of this department is the one who started the bilingual program and she's a White woman from the Midwest. She knows Spanish, she can write Spanish more beautifully than I can. And she learned it later in life. She was in her 40's when she started learning Spanish."

“Okay, and so I think that multiculturalists come in all colors. And that’s why I tell my students that, a lot of my Anglo students, my White students have a hard time thinking that they have a culture. And I say, “You do.” And they say, “No, we don’t.” And I say, “No... trust me... you do... because I’m on the outside looking in and you do.” (Laughing). You know but it’s hard for them dynamically because they haven’t really had to think about it because they’ve been in the majority so long. And so but I think that they’re all becoming multiculturalists so.”

Voice 2:

“So that will bring us nicely to the next question...”

“What progress have you observed and witnessed in the terms of psychology, I mean in terms of identifying the needs for the cultural diverse group and how effective have been the efforts?”

Voice 1: Carmen

“Well I mean I think that we are making progress. We’re making considerable progress. We have more journals now that address cultural issues. We have more mainstream journals that are accepting articles that address cultural and diversity issues. We have... you know... the American Psychological Association has you know had five or six you know members of the division presidents who are ethnic and racial minorities this year. I think we have... .. recently had... an Asian president you know. So I think that in many ways we’re making quite a bit of progress in terms of the science, in terms of the practice, in terms of ...you know... our governess.”

“But you know the governess itself, the counsel, the representative counsel to the APA, the last time they had an African American psychologist male there was Ken Clark in the 1950’s. Uhhuh, they’re all White right now. And so in some ways... you know... we are actually... you know... we’re making progress but we’re not. But in other ways there’s still so much more to do. I think that we will make more progress in the future when we get more faculty of color, who are tenured, who are raising the visibility of cultural and multicultural issues, who are doing the research enforcing the issue, we have more students in the pipeline. We have and that will necessarily change mental health services because we’re the trainers, right. If we get more people, in academic life... who get tenured... and stay there... then we can get more culturally competent trained professionals out there, who are working out there... and doing things out there. So and I think that our efforts have been fairly effective. I think we need, there’s a lot more to do though, a lot more to do.”

Voice 2:

“The next question is a clever one... I think... (Laughing). It will cover whatever I have not covered. So if you were in my place, what else would you do? What else... I wanted to address here what do you think that I should keep in mind and consider when exploring disparity in Latino mental health service and mean things that I have not included?”

Voice 1: Carmen

“Well I mean the questions that you’ve asked have been you know fairly broad and you can bring in anything you want into them. You know I would probably want to make sure that when you’re communicating to others what they need to be keeping in mind are language issues in particular and also diversity issues within Latinos and Latino psychology that we have within group diversity which is more different than our between group differences... in terms of our values, our beliefs, our political histories, our, you know... our country’s histories. We come from Communist countries. We come from all races. We come from blending of races. We got the Asians happening on the west coast. We got the... you know... Asian Latinos, tons of Asian Latinos. We got the... you know... African Caribbean Latinos... We’ve got mestizaje happening. We have Europeans happening. We have all this other diversity within our group and also we have major class differences....”

“And sometimes the differences between the classes is greater than the differences between any other culture or within any other culture or group or whatever, gender even.”

Voice 2:

“Yeah, so in the study of disparity in Latino mental health services... Did I understand you correctly... it’s important to explore and understand that within group diversity?”

Voice 1: Carmen

“Absolutely.”

Voice 2:

“And the complexity of other factors such as economics, such as the ethnic mixture and...”

Voice 1: Carmen

“Sexual orientation.”

Voice 2:

“Sexual orientation, all of the diversity of everything.”

Voice 1: Carmen

“Everything, everything. Right that’s important.”

Voice 2:

“That will affect the delivery of mental health services.”

Voice 1: Carmen

“Yes, but the overriding thing is language. It’s language.”

Voice 2:

“All right. My next question is fun too. If you had the powers and the resources to make changes and improve Latino mental health service delivery systems, what would you do? Locally and nationally, what would you...what would be your priorities and plans? I want you to dream that you’re the president. (Laughing).”

Voice 1: Carmen

“I’m the president of Latino mental health services?”

Voice 2:

“And you have every thing... all the power and resources, you just can do...”

Voice 1: Carmen

“And the money, yeah. Well I think that specifically for Latino mental health services you know this could be expanded to be other ethnic or racial group mental health services. But you know we need to have more academic training sites that train bilingual and bicultural psychologists and therapists.”

“We need to have more attention and the training part because we have to start somewhere and it has to happen I think in our academic. I mean I’m an academician and that’s what I think happens. Grass roots efforts isn’t working that much you know because we’ve had people there for a long time now. It’s been clamoring for... yeah... wait a minute... wait a minute... unless we get the people trained it’s like there’s not a whole lot that’s going to be happening.”

“So... I think we need more academic training sites for ethnic specific and language specific training.”

“I think that it would be a very good idea if we could help other countries get regional accreditation for their universities. We’re working with the University of Monterey right now to help them get their accreditation by training their faculty most of whom don’t have a terminal degree in psychology so that they can become regionally accredited so our students can be trained over there too and their students can be trained over here too so more of a bilateral agreement and negotiation of training because the more exposure we have to Mexico, the more likely that the better we will get in training more students to be competent and the availability of services to populations in the southwest or Latinos from the southwest and Mexico. But there’s no reasons why we can’t have other training programs... you know... elsewhere in other countries... And so I think that, if I was president or whatever I would, I might create an office within the Department of Education that would facilitate this.”

Voice 2:

“What else would you do? Does anything come to your mind? Because remember you have the power and the resources and you can make changes and use different resources... under your...”

Voice 1: Carmen

“Well I think that I would, I would give money to extraordinary programs. I would say you are doing a great job. Here’s a million dollars to do an even better job. Here’s you know, this much, here’s another grand. Let me give you some more money to do a different kind of job. Here’s some research money. Here’s some clinic money to help them develop their areas of expertise to find you know those special programs that are doing a great job and to reward them and to encourage other programs to do the same I think so.”

Voice 2:

“Is anything, so your priority would be education...”

Voice 1: Carmen

“Training.”

Voice 2:

“Training. Okay... Anything else?”

Voice 1: Carmen

“I mean not anything... but something that it is unique... I don’t think so.” (Here Carmen is referring to my question weather there was something else... that she will give priority).

Voice 2:

“Okay. The next question is really based in a social phenomenon that had affected... well it is not a phenomenon. Has managed care organization changed our ways of delivering mental health services in the last 15 years? the quality of mental services in term of access.”

Voice 1: Carmen

“Well actually I think that most Latinos in the United States, most Latino immigrants to the United States do not have access to quality mental health benefits because they’re of course within group differences... because people are coming over... because they are professionals all ready and they can afford whatever they want or they can negotiate benefits packages or whatever; but in the lot, in the main... I think a large majority of our population are lower SES, under-skilled laborers who don’t have access to quality mental health services through their benefits packages if they have benefits packages.”

“They have HMO’s that may prescribe three sessions to ten sessions in a given year for any given problem. And they might not have providers in their panel or experts on their panel who can deliver appropriate services to them. A lot of the HMO and P.P.O panels are closed to even people who are bilingual. They won’t open up... the privileges... for referrals have to be within the network of providers. Now that not withstanding, there are a number of community organizations and clinics and services that offer good quality services, professional services for a sliding fee or for free.”

“At our community counseling our average fee is about \$20 a session. We go up to \$90. And we’ll go down to a \$1.50 every session or every week. Or my lowest

one has been \$1.50 and some of it's free frankly. And we have bilingual therapy that's offered there, monolingual Spanish speaking therapy that's offered at our clinic. And if somebody can pay \$1... you know... we'll take it. And we're not the only ones who do community counseling services and there's a community clinic. And then there's a (name of organization). And then there's the (name of local organization)... And then there's.... (name of local organization). And then there's the And so then there's lots of other places that are out there that offer sliding fee services for mental health. But managed care, well many of these clinics don't take third party payers except if it's Medicare. And so some of them are on Medicare. You know some of them accept Medicare. But I think managed care is neither managed or care. It's neither well managed or caring." (Laughing)

Voice 2:

"I think that is true. It is. Okay, thank you. Thank you. We have arrived to the last question in which I am asking you to reflect on how has been the experience for you as a participant."

Voice 1: Carmen

"Oh, it's been very comfortable. I mean, I like you Sonia. It's been very comfortable and relaxing and you know; it's been a good experience. I made a mental note to myself to explore cultural psychology. But it's been a lovely experience. Thank you."

Voice 2:

"Is there anything else that you want to mention?"

Voice 1: Carmen

"Not right now."

Voice 2:

"Okay. So we will end it here. Gracias!"

1.8T Maria's interview

Voice 2:

“Today is April 19, 2001. And I am with a participant from ... (Midwest).
 “... you have read the questionnaire and please follow your own narrative. I will interrupt very little, only in those areas in which I think that I want to go a little deeper. I have found that most participants take between an hour and an hour and a half in the interview. And just, follow your own pace.”¹²

Voice 1: Maria

“Okay. About my background...”

“I was born in Ithaca, New York. And I was raised in Venezuela. So, I consider myself Venezuelan. And I was there for 25 years of my life.”

“So, about my education, I was a psychologist in Venezuela. Then, I came back to the United States and I had to start my degree. I was a chemical dependency counselor. And then, I went to school to be a psychologist and...”

“I became a psychologist in the United States; I got my doctorate degree... actually in 1998. Then, I worked. And then, I had a baby, and I stay home. So, I'm having the other one now... so, I am home.”

“About my professional choices, what I was doing as a professional? I was working mainly with the Hispanic people, the Hispanic community in the ... (Midwest state). That's what I was doing and it was mostly adults.

“Let's see. And the reason that I wanted to work with the Hispanic people was because I wanted to... First, I know the culture, and I have the language, and thus, I have the skills to work with them. And I think... I know that they were not being served... they are not being served!

¹² Narrative Maria began to address the following question: Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position.

“So, those were a lot of the reasons I wanted to go there, I mean serve that population.”

Voice 2:

“What do you mean that they have not been served?”

Voice 1: Maria

“Well, mainly there are not psychologists to provide any services for them. Many times, they (referring to psychologists) couldn’t speak the clients’ language or... .. understand their culture or where they were coming from because... you know... some people who do not belong to the culture, they do know the language or maybe try to speak the language... But, I think it’s horrible when as a client you have to do therapy in those conditions or when you are having an evaluation done or anything related to the clinical field or psychology without the cultural understanding. ... And because I was a psychologist in Venezuela and that’s what I really wanted to do, I mean that’s what I wanted to do with my life. So that’s why I said... well ‘I’m going to serve this population because it’s being underserved. And that’s what I want to do.’ So, I’m going to go there.”¹³

Voice 2:

“Tell me about the Latino population in (Northwestern state)”

¹³ From Maria’s reasons and statements a reflection emerged. In the last decade serving Latino became an acceptable professional career planning for psychologists. In the early 1980s, Latino psychologists encountered two messages: a) prestige and professional acceptance would come from serving members of the majority culture or from establishing areas of expertise that were of interest to the dominant culture; b) Latinos present greater severity of clinical conditions, including issues related to socio-economic status, educational levels, and so on. Thus, to think in a private practice geared toward Latinos/Hispanics was discouraged because “it was to work harder and mainly with public-welfare cases” and “being isolated professionally.”

Voice 1: Maria

“In general?... Okay, most of the Hispanic population has been growing and... growing. You know I’ve been in (Name of Midwest state), for eleven years. When I first came here there were hardly people. I mean there were no people (Maria is referring to Latinos).”

“There was one news paper. There was not... even nothing on the radio. I mean I think maybe there was a market. It now has increased a lot. You know now we have different things, even here, that I live in the suburbs. I mean we have a Mexican grocery store.”

Voice 2:

“What?”

Voice 1: Maria

“Yeah... you know... (We start laughing)... So, you would not see that... I mean it has been here for a year. You would have never seen that before.”

“And then, and even in the cities, you know, you can see they have now more stores. People have been working to have their own... .. their own businesses. You know... Hispanics have buildings. They have a bunch of stuff going on. So you can see the number has increased. But most people (referring to Latinos/Hispanics) don’t have a professional level here. Most of them are uneducated or if they had an education they had it back home. And here... it’s not working. they cannot use it. It’s not useful for them. it’s because it’s really hard to go back to school because... of the language, because... of everything, you know... their educational level is not as high, but...you know this... So, the Hispanic population has increased. And they come from everywhere. I mean... it used to be a lot of Mexicans before. Now we have people from Puerto Rico. We have Cubans. We have people from Salvador. I mean... we have people from everywhere now. You know, mainly it is Mexican still. But... and many years ago it used to be migrants... farmer workers. You know, just because they were coming to work on the fields and stuff. Now most of the people come because it’s better living because they find work here, because it’s an important job or because it’s better for the kids, you know... for their education. So That is what has been in terms of the population, we have more Hispanic population.”

Voice 2:

“Do you know the percentage?”

Voice 1: Maria

“No. I don’t know the percentage but I know it’s high. But I don’t know. I don’t know. Actually I think it’s going to become the highest with all the immigrants now. You know, more than Asians but I don’t know what’s...”

Voice 2:

“In (State name)?”

Voice 1: Maria

“In(State name), yeah.”

Voice 2:

“The largest minority?”

Voice 1: Maria

“It’s going to be now. They’re thinking, the next census, 2000; they think is going to be the largest one, more than Asians so.”¹⁴

Voice 2:

“Okay. That will be interesting. I need to check the new census statistics.”

Voice 1: Maria

“Down here like in the County, I mean they’re asking for counselors... in, and everywhere. They’re asking for people who speak Spanish, counselors, social workers, anything, just to help in the school because they don’t know what to do. The social services, I mean, the problem is everywhere. It is not only in the metropolitan area; it used to be only a’ problem. And it’s not any more. They just are in all the suburbs. They (referring to Latinos) are everywhere.”

¹⁴ During the 1990s this Midwest state experienced a dramatic increase of Asian population and the existing mental health resources for this group were even less available.

Voice 2:

“Let’s see, is there anything else about your background that you want to mention?”

Voice 1: Maria

“Let’s see. And I also had a management position. I was a supervisor for a year and a half... when I was working as a chemical dependency counselor, then I was managing one floor there. And then, let’s see what else? No, I think that’s it; yeah.”

Voice 2:

“This next question is asking you to define the meaning of some terms. Just tell me what those terms mean to you or what do you make up of them.”

Voice 1: Maria

“Latino I think it’s, it’s a very debated term. But, I mean, for me, it’s all the Hispanic people, you know, depending where they come or where they’re from if they speak Spanish and they have lived in the culture, for me are Latino. You know, so...”

Voice 2:

“Why do you say it’s debated?”

Voice 1: Maria

“Because people go no, no... we are not Latinos. We’re Hispanic or we’re Mexicans. Or no, we’re Columbians or we’re Venezuelan. And I think, you know, it’s all. In the end, we all come to the same place. You know, it doesn’t matter what. You know it’s just I think, Latinos is the term for everybody. So, I use Latino myself. But I know there are people who don’t like to be called Latino because they think it’s only Latin America people. You know...”

“So and then, disparity, supposedly this mean, you know... not being the same or equal for everybody.”

“And then, cultural psychology means that... you know, that psychologist who studies different aspects of the culture, you know... of the people or the backgrounds of the people; the difference between cultural competence, same word.”

Voice 2:

“You smiled. Tell me why.”

Voice 1: Maria

“Why? (Laughing)... Because cultural competence, it’s well, because I think it’s, it’s when you try to... it’s just funny... I think in a sort of a way... when you talk about cultural competence... It’s just like it doesn’t exist. It’s like; you know... people look at you as... ‘What are you talking about? ‘Isn’t just, everybody’s the same? ... or we don’t need that!’ You know... it’s just a power struggle with the system.”

“So, it just reminded me of that... you know... I think cultural competence is very important. It’s not only... like I said before, not only knowing the language or speaking Spanish or whatever language. But I also think it is knowing the cultural, and then... at least for me, because I came from Venezuela and I had a lot to learn from other cultures. Not because I was from Venezuela and I spoke Spanish does that mean that... oh... I know everything about the Latino culture... because I didn’t... and I still learn everyday. You know... but I have to find out, I have to learn a lot about how other people’s culture and how they’re raised differently; and even though we have similarities because we do have a lot of similarities. But still, you know... it’s different. And even sometimes talking to people from other different cultures it’s like... you know... what do you mean by that? ... I don’t know what you’re saying...”

“So, I think you have, I think you have to be prepared to provide services for people who are from a different culture. And, and cultural psychology can, I think it’s more general than the cultural competence. I think the cultural competence is more specific to each background or each ethnic. You know, I think cultural psychology would be more like more general things that you have to take considerations or working with these specific group of people or... and cultural competence is more personal I think.”

Voice 2:

“How interesting; would you say then that cultural competence is more applied and cultural psychology would be more the framework?”

Voice 1: Maria

“Uhhuh. Yeah, I think it’s more... Yeah. I think it’s more, there’s more like the theoretical framework. And I do think so. And I think cultural competence is more like you know... how you provide services and I think it’s more individual.

“And then the meaning of being...”

Voice 2:

“The meaning of becoming a cultural psychologist; well let me back up you a little bit so that if you are not familiar with these concepts we can have a conversation as an exchange. When I went back to school, I entered a program that was guided by cultural psychology principles; I mean epistemological principles and theories. And the first thing that I found was a strong and confusing statement; cultural competence is not the same thing as cultural psychology. In this statement was implied the meaning... you will become through this training a cultural psychologist. So I started this journey by saying to myself well what it will mean to become a cultural psychologist, how that would be different from what I have been doing, how that will be consistent with clinical work or how can that be transferred to clinical work.

“And I’m, I learned to see cultural psychology as, *una escuela de pensamiento* [a school of thought] as much as when we will talk about behavioral theories and psychoanalysis or humanistic approaches that for me they are specific ways to understand human behavior and to research or to apply theory. So, since I see cultural psychology that way...that is why I had that question what it will mean to become a cultural psychologist? But not everybody is familiar with the meanings I gave to the term because...”

Voice 1: Maria

“For me becoming a cultural psychologist I think it would be like your identity, as a psychologist. You know, it would be like, if you have or you go to study cultural psychology and then you have your identity or as a psychologists working in let’s say Latino with the Latino/Hispanic culture. Then that’s what it would be for me becoming a cultural psychologist because it would be my identity after providing services, you know, how I do provide them. How do I relate it? How do I understand where they’re coming from? But you know; it’s how to work with them? But I think it, everybody has their own way of doing that and becoming that because you know... they all can...you know... we can all come from the same framework...But it doesn’t mean that we apply all the same way or that we do it the same way because we’re...”

“Si [yes]... for me, it would be more like an identity after being a psychologist.”

Voice 2:

“Okay. It’s a very long question the next one.”

Voice 1: Maria

“Uhhuh. So the first part would be ethical violations... Well let’s go with the first part here then.”

Voice 2:

“It is a very open question.”

Voice 1: Maria

“Ethical violations, well I think that the use of translation is unethical...you know we must be able to communicate with the person that we are talking to, the client. I mean there’s a lot here, there’s a lot of... I mean it’s so common here. Kids go and translate for parents for example. You know... so they’re, they go through a psychological and they don’t know why they’re going for an evaluation. The kid is being evaluated and he’ll translate. You know... sometimes the kid is translating and how is that managed? You know... how ...who is using what information for what?”

“You know so I think that it’s not good, or if even they’re using an interpreter... the interpreter may not be familiar with terms or with the background of the people. I mean I think the people should be able to express... that is part of the process... I mean even if you have an interpreter, there are people who cannot express themselves. I don’t think it’s the same... if you are talking in their language or you are not. I mean... if I have to talk... not now but many years ago... I have to speak in English about my feelings; well you know... that would be summarized in like one sentence. I would not be able to do it because I didn’t know how to do it. And you know because...you remember”

Voice 2:

“Even when you were fluent in English, did it make a difference?”

Voice 1: Maria

“Yeah. I worked in English. I was able... you know, I have friends in English. I had every thing done... you know... most of my stuff and activities were in English...everything... I could communicate very well in English. But I could not, when I was very mad or very sad I could not say things. I could not express them. And I don’t think an interpreter would be able to translate because there are so many words that you say when you’re speaking Spanish, you know... How can they make sense of that, or put a value to really what I am saying? I mean it’s impossible. And I would get blocked. I mean... it was like I was blocked when I

had to express my feelings in English. I could not do it, you know. So and I don't think that's my case only. I think that happens... you know... very often, especially if you're... you know.... living in a different culture, a new culture."

"You know you can just do it... and for me... it was awful... now I can communicate in English. And even though sometimes when I'm very angry... whatever comes... comes first in Spanish... Because it's like... or when I'm under stress you know... you don't have to be only sad or depressed... but when I'm under stress... sometimes what comes first is in Spanish. So how can you put people under more stress... people who are being served... who come to see you because they are under stress or because they are depressed or they're trying to get used to this culture or they're trying to figure out what they're doing in this place.... and then you're going to... on top of that, you need them to put them to speak in English or to have some other stranger there to listen to what you're saying. I mean how, how can you provide services like that? I mean how can you put somebody in that situation?

"And why if you were here... and you speak English... you are told... 'oh well then you can go to somebody who speaks English'... and I don't think that's right either. I mean I think you have a right to express your feelings and if you feel comfortable doing it in English, then...do it! But if you want to receive service in Spanish I mean you should be able to do it! So... you make the situation worse, more stressful for the person even if you can do it in English. Then it's very stressful. If you have a stranger or a strange person there that you have to tell them about what you feel and the other person has to translate and what you supposedly what you're feeling or trying to say, I mean you're putting the person through more stuff than what they need. I mean why? There's no reason to do that. You're doing more damage I think. And it's more reason not to go for services. If you're adding more stress than what you need, you know it's like ...'oh it's more difficult.' It's hard already to go see a psychologist in our culture. And then... you have to go through the other stuff too. Well, then you will just not go... and nobody receives the services. And then you become underserved, which is very common in our culture."

Voice 2:

"So you call it an ethical violation. What things have you observed in the field when providing service, what concerns you, makes you worry, makes you to wish that things are different?"

Voice 1: Maria

"People are getting the wrong diagnosis you know. That happens all the time so how can you provide treatment when you started with the wrong diagnosis? Or

how can people become eligible for services. Or people would not be eligible for service because they know how to say good afternoon and my name is Fulano, and I would like to see a psychologist. And then oh... He speaks English or she speaks English and then that's a way of, you know, you don't need to provide service in Spanish. Or a generalization that people have about the culture."

"You know like we all... I remember once I was going to a doctor. And I needed somebody who, I just came to the United States... to ... (Midwest state). Well you can say I just came to the United States, because before I was in Miami, where I never needed to speak English. So ... (Midwest state) was the first cultural shock that I ever had. And I needed a doctor... who speaks Spanish, a general doctor. And I said, "I need a doctor who speaks Spanish." And they said, "Oh, Spanish, okay. Garcia, ... we got a Garcia here." But when I went there the guy was a Vietnamese. We could not communicate at all... (Laughing). I mean between his accent and mine, I said, "You know, I said: this is not working." ... it's not working. We can't do this. ... because he's Garcia, they assumed that the guy was Hispanic. I don't think they ever even saw his face,.... So it's like people don't think, even in the field... people don't think. Even take... the time, but you know, the field it's not sensitive too, ... the things that the clients can go through...."

"I mean, I remember when I was in the field for chemical dependency... there was somebody who was... ready to have the grandkids taking away. They were going to take the kids away and they said to her: 'You need to go to an evaluation.' She went to the evaluation, to see a counselor, who said that she was an alcoholic... because she forgets things... She leaves the lights on... and the doors open when it was very cold and so, the counselor came up with all these symptoms, even blackouts... and they were going through that for a long time. When I finally talked to this older woman she was first feeling very bad because she love her grandkids and it was like... how are you going to take the kids, *mis nietos*, [my grandchildren] from me? You know, 'how can you do this to me?' Well, the woman had a new doctor. And the doctor could not understand her. And they were giving her the wrong medication for... she had high blood pressure and all those things with the thyroids and other things..."

"So she was being medicated."

Voice 2:

"Under-medicated or overmedicated?"

Voice 1: Maria

"Overmedicated, they thought it was chemical dependency. You know, she was not able to tell the doctor that she was not receiving the right medication, the right

doses. All that time... she was on the wrong medication... she was seen as an alcoholic. And the only thing she needed was somebody.... somebody who could talk to her about real problems... which were medical problems. But it became to a whole situation, where the woman was very... stressed. And they wanted to take these kids away, and one of the kids was one year old, so, she wondered where were they were going to go. And the kids were crying... you know how. They were not able to explain what the whole situation was. And that went on for six or seven months, when there was no need for six or seven months. I mean this could be fixed just if she had opportunity just to express herself in the first time that she came and then do a follow-up two weeks after... for medication. And there was no need for... to get child protection involved. I mean it's just...crazy... you lose so much time. And I think about the damage... mentally is worse and worse. Other people needed therapy; they need to be served, but not this one."

Voice 2:

"Did I understand you right? This woman was an alcoholic or was not."

Voice 1: Maria

"No. She was referred because the symptoms ...she have to be!... definitely... an alcoholic. That's how they were seeing her. So, they just needed from me a paper that confirmed that she was an alcoholic."

Voice 2:

"And then they send it to you?"

Voice 1: Maria

"Yeah, so when I saw her I said ...'I'm not giving you a paper that says that you are an alcoholic.' This woman had no problem. She was not even at risk! You know they were finding some bottle of beers in her house, which was her son who was leaving few, you know, one or three beers. But, the other symptoms were all related to the medication. I said I think what she needs is to go and see a doctor. They said, but we need to take the kids. The kids are at risk. I said, "No. The ones that are at risk are you guys... you are at risk right now, not the mom, not the grandma, not the kids. You guys are at risk because you're not providing the service that you need to provide."

"So she was referred to a doctor. And you know, one who knew Spanish and it got resolved. But in the meantime you know... yes the kid maybe was not getting the care, you know... the attention from the grandma because she was sleeping all

the time and she was tired... you know... because the medication was not working for her. But that could have, all that could have been avoided. You know, there was no need for that.”

Voice 2:

“Is that a common event what you are talking to me or is that a more... is it a rare or a frequent situation?”

Voice 1: Maria

“I think it’s more frequent. I think... people just don’t know. And they assume. First, they wait until their last resources. I mean they don’t... I don’t see the system here, the mental health services here try to... okay we have this problem with this client. Let’s resolve it... no. They just, they try to resolve it themselves. And I’m saying you know whatever, we’re going to call it White, you know... they’re White people or the White system. They want to resolve it themselves. Then, when they cannot figure it out, I think, they go... ‘Oh well!’ you know... ‘There’s somebody that maybe will be able to help us here. Let’s go get them... or let’s call them and try to resolve it.’ And I think in the meantime, you waste a lot of energy. And then they want you to do it right away... of course. You know, it needed to be done yesterday... But I think you know the misdiagnosis... I think happens a lot, you know... with kids too. I mean then I think also when they’re kids... when we’re in the month of May or we’re in April and the school year’s going to end. The kids are all over. Then they decided that kids need help... right now! You know, ‘okay, let’s go to get help, let’s give them an evaluation, let’s do this!’ The kid is going to drop school or is already lost in the system or maybe... it will be good... if we refer them outside of our system.”

“And then... the problem with medical insurance... I think it just gets worse because you’re not in the system. You’re not there, and if you provide for them... I mean if you become a provider... then they give you... you know... two sessions or four sessions... Two sessions to do an evaluation and recommendations...and then, you have to beg for maybe two more sessions to do treatment because... it used to be ten... Now they...changed it... it’s cut out by two and two... depending with what system you are working with, which company you are working for. So at the moment that you finish with the two sessions then you cannot say to the client... well don’t come any more... I cannot see you anymore because you know we don’t know if we’re going to get paid here for the next sessions. And it’s just a joke. It’s the person that’s being misunderstood. I mean I think if somebody comes to see you because they have problems and then you’re adding more junk to what they have, you know... deal with the system, you know... figure it out. I mean you know a lot of times I have clients and I done myself too... I have to receive services and I had to say that I

don't speak English. I just tell them... I don't know. I just fake that... I just say... I don't understand. No, no, I insist... I need services in Spanish and they have given me a number, an authorization number on the phone because they don't know what to do with me... .. they just give it to me. So, then, I am approved, but it is a lot of stress. And there's no need for that. I mean I don't think there's a need for people to add more junk than what you already have."

"And then if you are providing services to these clients, to the Hispanic community, then the work that you have as a therapist, as a psychologist... trying to get these clients authorized, doing advocacy... I mean... it's just a whole different world. It's just all the things that you have to go through just to get approved some sessions or to get to a point... to make things happen, so the client can see you. At least get paid for some of your services because you know there are sometimes that you don't even get paid because the clients don't have the money and you cannot just tell them go home and we'll see you later. You know you can't do that... When they get in the hospital, when clients are admitted in the hospital, maybe they'll see if services were needed. I mean you can't put somebody through that either."

"So I think as a professional you get stuck with a lot of stuff that I don't think other psychologists have to deal with them. I think they do need to deal with the, you know with all the stuff with the insurance and those things."

"But I think that we, the ones that work with the Hispanic community or any you know other minority community has to go through more because those in the system try to get them for themselves and provide their own services. And I don't think they see it that they're you know they're not providing the right thing."

Voice 2:

"Did I understand you correctly? So in top of being very hard for everybody... to be a direct, independent, service provider... It is difficult for everyone regardless of race, but when you are serving a minority group, so specifically when you are serving Latinos or Hispanics, we have the added stress of having to do additional work for the client?"

Voice 1: Maria

"Yeah."

Voice 2:

"And the additional work is in terms of you..."

Voice 1: Maria

“You know, calling insurance... getting them approved, getting the paperwork done. And not only that you have to... when they think that maybe they need some information... it is ‘oh...come here... they have to... like make sense of where their money goes, then they want you to go to there and go to their meetings... provide some information about the Hispanic culture and convince them that they really need to do this, you know...when...” (Laughing) And then they want you to just fill out some papers, like... ‘oh they really got this education...training’ which I don’t think they really care, although, a lot of people do care. You know... but it’s... You also have to educate them and do all this stuff on top of what you really want to do... to help these people, the community.”

Voice 2:

“How many Latino psychologists? ... I am just going to wait for that question... Okay is there anything else about providing services that concerns you?”

Voice 1: Maria

“Well I mean if you have a cultural competent assessment then you can have... I mean... you’re starting with the right feet. It’s like you can start with the right diagnosis and then you can provide treatment. You know... we can do it and it will be much easier... I already talked about the translation. I think it’s...I don’t think it’s not only what you lose but what you have put the person through with it.”

Voice 2:

“That is a very good point that I have not considered. So, that is a new insight. I have been focusing on demonstrating that a mental status assessment through the help of interpreter is not accurate. And that likely we get the mental status of the translator. But, you are emphasizing how the individual feels.”

Voice 1: Maria

“It’s all misinterpreted. I mean not now but I remember when I, you know when I had my circle of friends and I started meeting the family that I have here now. I mean... they were always saying, well... ‘Look she’s upset! She’s upset!’ I said... ‘No, I’m not upset. I just speak fast, you know.’ I said: ‘I’m not upset. I’m not talking like you, I don’t say good afternoon like you at the same rate and pace.’ This is the way I speak. It doesn’t mean that I’m upset... I’m not hyper. No, no, please understand that’s who and how I am! I’m not upset when I

... speak with my hands. That's how I do it! I'm not trying to offend people or pointing to people and that's not rude. That's just how I am. That's how I speak to people. I'm not trying to put people down because I point at them or things; I mean... it is just small things that just really get completely misinterpreted. You know, it's like what are they talking about? ... so how can they do a mental status of or use an interpreter to explain what I'm really thinking or what I'm saying if they don't even know how is my culture or where I'm coming from, to do it? So I think it's just... it's very different. But it's also not right for me to do this with an interpreter if it's a legal matter... it is worse. I mean you have to go through a translator... too! ... you're not even having the right, to be heard in your own language... to express yourself and to be able to talk to somebody. I don't think it's fair. I don't think it's fair because I don't see the people from here having to go through that. I don't. They just go in to receive the services however they receive it. But they don't add that one to them."

Voice 2:

"So that brings us to the next question. Talk about the quality of mental health service and the resources available to Latino communities in your area. Compare the numbers of mental health providers with the population percentages and provide possible explanations for the figures."

Voice 1: Maria

"Well I think the quality is bad. And I think that the quality of mental health services is very bad here. First is because we don't have the professionals to do it. So we have people, social workers providing psychological services because I mean there's hardly any psychologist here. And the ones that are here they are going to school or so... they're like doing temporary things, like you. Nobody's doing ... having a practice. They're doing an internship. People come here and they go."

Voice 2:

"So how many licensed psychologists are in the state of ... do you know?"

Voice 1: Maria

"I don't know. I really don't know but maybe there are like, I'm making it up. But maybe five and I think that would be high. I don't know that there's anybody here licensed psychology and that they're competent too... you know because one thing is... I don't know."

Narrative (... ..)

This part of the conversation is deleted because we were exchanging information about providers and we were naming them, including agencies.

Voice 2:

“And that is the biggest mental health agency in (Midwest state) serving Latinos.”

Voice 1: Maria

“Yeah, that’s it. That’s it. And then you have people who are going to school but don’t have a license. So I don’t know what’s, I know they have new people there. But most of them are students. And I think they’re...”

Voice 2:

“Social workers?”

Voice 1: Maria

“Yes, social workers. There are no psychologists.”

Voice 2:

“There are no psychologists.”

Voice 1: Maria

“Not that I know. I don’t know...now...”

Voice 2:

“How long have you been in (Midwest area) eleven years?”

Voice 1: Maria

“Eleven years.”

Voice 2:

“And you have worked in a mental health related areas for the last...”

Voice 1: Maria

“Let’s see...I worked since I got here until through school so it was like, it was like seven or six years, I did more, it is more like seven years yeah. But if we count school it is 11.”

Voice 2:

“How many psychiatrists do you know who speak the Spanish?”

Voice 1: Maria

“I think there are two. And I think there are, there’s one in (Midwest city)... I think there are two in... .. (another Midwest city). I think one is Cuban and the other one I don’t know where he’s from.”

Narrative: (... ..)

This part of the conversation was deleted also because we were talking about providers.... Maria continued: ...

“but I know they have one who is not Dr. he works like... .. in the crisis unit... like when you have a crisis and you call, and you go to the hospital. It’s not like the emergency. But it’s for crisis unit for mental health. ... so, they can go in and it’s in County too. There’s somebody there who speaks Spanish who is a psychiatrist.”

And I can’t remember his name. It’s a man. They’re both men, which I remember being an issue for my client, I mean... being able to talk to them because they were men and she cannot tell them what was really... .. like I had a woman who was depressed and she keep telling him that she was depressed. But what she really wanted was out of her marriage. And she could not tell this guy that. So she said, “I cannot tell him that I just don’t like my husband anymore. How can I say that? I cannot tell him that. I can tell you. I cannot tell him. He’s a man. He will not understand where I’m coming from. You know I’ve been married for 23 years and now I decided don’t want to deal with him anybody. I want somebody... I deserve something better. And I’m dating somebody else. You know I’m being unfaithful.” I mean, it was just so she just kept making up stories so she could get her medication because she will never tell the doctor the real reason why she was depressed because she wanted out of the marriage. She wanted to start her life with this guy that she met at work. I mean but she could not tell him.”

“So we only have male psychiatrists here.”

Voice 2:

“I think that there was or there is a psychiatrist who has been in and out and I meant for in and out in terms of periods of time when she practice and periods of times when she doesn’t. And it is a psychologist. I’m sorry... .. there is a female psychiatrist... .. Her name is if I am not wrong, or if my memory is not failing. She was from Argentina I think.”

Voice 1: Maria

“And there’s another one who she’s in and out, also. But she’s, she speaks Spanish and she’s from Greece.”

Voice 2:

“Yes.”

Voice 1: Maria

“And I can’t remember her name either. She went to school with my sister-in-law. And I know she’s practicing, when I was practicing she was practicing because I got some clients from her. But she travels a lot. She’s, you know she spends a lot of time in Greece. And then she comes back. So she’s not like somebody who’s always here. She works a few months out of the year. That’s what she does. But we really don’t have people here to help. And even if we count there are five... You know... okay... no even... What five?”

Voice 2:

“How many are direct service providers? I don’t know... I know another psychologist who provides direct service. But she does not specialize in Latinos or Hispanics although sees Spanish speaking individuals, occasionally. She works mainly in private practice with middle class clients and I think in her practice she gives emphasis to issues related to the Jewish culture.”

Voice 1: Maria

“Oh, okay. And still, but still we do not know, and if they are more, it is only going to be one or two who are not working with Latinos.”

Voice 2:

“I know. She does not work directly with Latinos. And I think she’s from Nicaragua, so she speaks Spanish.”

Voice 1: Maria

“But we have a big number of people who needs the service and they’re not receiving it. Even if we have five, five ... it is not enough...”

Voice 2:

“I think we have five... If we count males too...”

Voice 1: Maria

“But even if we did have five you know five psychologists that would not be enough for the number of people that need help.”

Voice 2:

“At this moment I know three, well yeah ... there is coming to five. You are right... but none in private practice doing... evaluations... Well... were you doing psychological assessments?”

Voice 1: Maria

“Uhhuh. I was doing psychological assessments.”

Voice 2:

“You were? Okay, was in the last three years?”

Voice 1: Maria

“I did until 1999, until two years.”

Voice 2:

“Okay two years ago.”

Voice 1: Maria

“Yeah.”

Voice 2:

“And you were working then where?”

Voice 1: Maria

“... ..” (Name of the agency)

Voice 2:

“At Oh... you worked at” (Name of the agency)

Voice 1: Maria

“Yeah I worked at” (Name of the agency)

Voice 2:

“Oh yes. Oh yes. I do remember it... (Laughing) And (name of a second institution) is the other agency; do they have any psychologists working for them?”

Voice 1: Maria

“They don’t.”

Voice 2:

“They don’t. But, don’t they advertise the service?”

Voice 1: Maria

“I don’t know. I know that when I was working they were advertising providing the service. I don’t know what they’re doing now. I mean they were taking clients. I know... it was more like they were saying they were providing services. But when, your clients would go there, there was nobody to do it. You know it’s like... ‘oh no!... we’re getting somebody. We’re going to get somebody, we are going to get somebody’ ... and... they got in a waiting list.”

“So I don’t know if they were trying to get... and that’s me talking. But I don’t know if they were trying to get like a waiting list of all these people that need service so they could get approved for their grants, then to hire somebody although they were not sure that they will get them. But I know that for example I think there are two people in their staff who have work permits.... they are providing them with the visa.¹⁵ So, that they come and work for them, so that is... when they are done with school. But they have to stay there

¹⁵ Maria is referring to immigration papers.

and they cannot work with anybody else. So at least the people who want to stay here...they can provide mental health services. But they're still you know... going to school or they're not done with training."

Voice 2:

"And these are social workers or they are psychologists?"

Voice 1: Maria

"Social workers... because they think that social workers can do the same; So... and it's cheaper and I don't know... if you don't have the training, it sound the same."

Voice 2:

"Yeah. It's amazing that in 20 years have not changed."

Voice 1: Maria

"Oh no... I don't think there are changes; I think if I would go back in a while I think it would be the same."

Voice 2:

"It's just amazing, how unbelievable. You know that I worked in my first job in the (name of the city), I was in (name of the agency)...it is now close to 20 years..."

Voice 1: Maria

"We all pay that price." (Laughing)

Voice 2:

"Well, yes... (Laughing). Okay, let's move on."

Narrative:

Maria addressed the second part of the following question: Please comment on the quality of mental health services and the resources available to the Latino community in your area. Compare the number of mental health providers with population percentages and provide possible explanations for the figures

Voice 1: Maria

“Yes, okay. Explanations...I don’t know. I don’t think that people want to stay here. I think a lot of people come here to study and they go. But I don’t know why they... I mean these are people who are coming from outside. I mean I don’t think everybody does what I did. I mean you know I had to start over from zero to become a psychologist here. And I’m not even a psychologist yet because I still have to take the board test. So I don’t think it’s an easy thing to do. Even when I was going to do, the night before I started school having a scholarship that they were going to give me through the U to become a social worker and they were going to pay everything for me if I spoke Spanish. And I told my husband I’m going to do this. And my husband says, “Wait a minute. Why do you want to do that?” You know because I was applying to go back to school. And I said, “Because they’re paying everything and I don’t have to pay, you know and then I don’t have to pay for school and it will be much easier and it’s shorter.” And he said: “But, okay well, what about what you want to be, what about your reasons to be a psychologist? I mean what is all this other stuff?” It was like well, yeah, but they’re going to pay for all this stuff and I should go for that. And he said, “Well I think you need to think about that one, because you’re going to get stuck being a social worker for the rest ... (Laughing). He said: “I mean if that’s what you want to do... But, I don’t think that because you don’t have the same facility to be in psychology. You don’t have to do that. And I don’t think you need to start all over, I know the other people are just trying to get through. I mean you don’t have time to go back to school and you know get everything done. I don’t even know...how... a psychologist that has come here from... like my friend Arlene, she’s from Panama. She went back to California. And said what the heck, I’m leaving this cold. Forget it. I’m leaving. I’m not staying here. And they just move on. You know they’re not going to live here in the because of the cold, they don’t have a need for it so I don’t know.”....

“I do not know this one, what’s the education, what do you mean?”

Voice 2:

“Comment on the education and socio-economical conditions or structures contributing to the social neglect of Latino mental health needs and on the role of psychology.”

Voice 1: Maria

“Do you mean why, how does the ... okay the educational ... I don’t know, I went through school for five years and I think maybe I had one class about minorities, which was a laugh of a class. I mean it was a joke the whole class. So I don’t think that during your... I don’t think during the years of school you really get it,

you're in a different world. It's not really what's going on. The Latino community and the problems of the collective community... they're not going on into these things. You know some people may want to study psychology and Hispanic. You know... like it was interesting, or they say..."I want to practice my Spanish from high school" or stuff like that you know. But I think unless you have somebody there active... you know... like I was there... and then I have my friend from Panama there in class too... we said hey... how this applies to this, you know. Because I remember going to a family therapy class and I said; "How in the heck am I going to do when I have somebody who's Hispanic married to an American? How do you deal with that stuff, you know? I want you to tell me the real stuff. I don't want you to tell me what the book says. What do you do when you have this situation, when these things happen? I mean what do you know?" I mean it's like we were always bringing stuff from our framework, like what we are thinking, which is a different perspective from where the majority of the class was coming from. You know and the same... it's like oh... "We never think about this stuff and ... they are very careful putting things like in their cases or in the tests, things like... this is a Hispanic guy, 33 years old, when they're describing a case or something or this is an African American. So you think that they're really getting everybody there. But they really are not."

"You know, I don't think that through the years of school we ever had... I mean I think that what they got, I think that's because we brought things in. But I don't think because the school did really provide us with that information. So I don't think that there is a real educational aspect that comes from the school ... I think that people need more. And I think people, say... oh yeah, but I don't think they really get to what is really going on, what's really happening... when you're doing psychology or practicing psychology in this other world that is not included really... the world where you're practicing. In the school it's a different thing."

"And I don't know if that is part of what you're asking there. But if you don't get that in school, how can they, if the people who are graduating or getting their degree and they don't have really a knowledge of what's going on there, how can they... you know... provide services... do anything to contribute or to improve this? They can't because they don't have knowledge. So that is a way of neglecting more the community. But I don't know if that's what you're really asking there. And the social conditions I think the thing is that people don't have the information or they don't have the education, to understand how to get help. I mean it's so different because where we're coming from... in our culture... you can ask if you go to the psychologist. But you may have people that you can talk too, people that can help you... going through your problems and resolve them. But when you come here... you're so isolated because people are just isolated here. We're in a culture where there is not... the tendency is not to be like together or in community. Everybody's trying to survive. So people are more by themselves. So how can they reach the services? How can they talk to other

people about what's going on with them? You know so the mental health needs gets more, they're not taken in consideration. I mean they cannot help themselves, you know as a community because they're all everybody in their own. Or so they don't have the educational and they don't have the... and they don't have the insurances to pay for it."

Voice 2:

"Okay."

Voice 1: Maria

"And they don't have the information or how to get to the services or the money to pay for the services as what they go and if they have a place to go anyway because there's people not providing the services anyway. I mean we don't have the psychologists to provide the services. But I mean in case they wanted to do that it would not help. You know, they don't have a way to get this information you know. And then we have this taboo; you don't go to see psychologists. And you don't go and reach for help because you don't know you are just hanging there."

Voice 2:

"The next question, I am really trying to figure out what have helped people to obtain their degrees and to finish school."

Voice 1: Maria

"Well... (Laughing)...Will! What do you do? I mean you have to survive! I mean I survived!

"I think you need to survive, now I am talking as a student, when you don't know how to write well and you don't have like... when you were going to school in there you have to do these test... first oral test. If you have to do tests... forget about that. You don't know how."

"But... writing is even more difficult. And if you have forty minutes or an hour to do it, you know, it gets more complicated because you cannot do it in an hour. You know it takes me more, I remember once they had to have a test for two hours. And I told doctor... (name of professor) do you know what? It takes me... I'm very good at doing these MMPIs... because, I am, and you can see all my reports. Do you know how many hours it takes me to do that... and how many hours it takes me to write that report? I'm not going to be able to do that final. And I'm going... I'm going to fail. And I'm very worried because you're

measuring me by time here. You know well that I can't do this. And then they will give me extra time and my first year of school... it was awful. I mean I could not write... I could listen to the class and I could understand but I could not take notes because I was not able to do both. I understand the class and if I have a question I could ask. But I could not write. You know and most of the time there wasn't a book. It was very different or most of the teachers don't tell you exactly what's in the book. They talk to you about something else and they give you the book so you read something else. I'll come home crying all the time. It was like I didn't know what to do. I said: I'm not going to be able to make this because I can't do it. So I did find a way for myself, I had to take my classes and I'd come home and I'd transcribed all my classes, each class. I have to ask people to give me notes you know if I didn't have time to do it. I have to put all the extra hours... I go to class and then I have to come home and sit down and write down and go backwards and so I'd understand what he said. And go look in the dictionary, to know what this and that mean? You know it was just awful."

"So then I figure out that I could make it but that I needed to take an extra year because I could not take the whole amount of classes. So then that's what I end up doing so... I could finally graduate. You know but for the first year I was taping each one of my classes. Then, you know what it takes a student to do a report, it would take me hours, just hours trying because... you know... my husband would read my reports and he would just tell me and... He said... you're writing in Spanish. You're putting the words in English. But this is Spanish grammar, you know. So you know, I have to learn, I have to pay people to help me to do the big papers and to teach me how to write up stuff because I don't have skills...no a clue and it was not easy... and then you have to write at the level of the doctoral degree too, which is more... you know... higher. So, it was very tough. I mean it was... because you know... it took a while and I cried a lot. I mean it was just like what the heck am I doing here. Why am I doing this again? And then feeling like you know in my country I went to school and it was hard. I mean... I'm not going to say it wasn't hard but you feel like you can do it. It's not so here, even though I think the education was different and it was much better there and there is a difference... that process is a different thing. You know but here it's just ready to kill you."

Voice 2:

"It was ready to kill you?"

Voice 1: Maria

"It was because everything was like one more thing you have to go...you know... to jump... to like *un obstáculo* [like an obstacle] you have to go through. It's just like; everything was just like... 'Oh God... how I am going to do that!' And

classes and that's because it's me... I can go up and say I don't understand what you're doing or what are you saying? or what do you mean by that. But if I didn't have that personality I don't know what else I would have done. Or maybe I just had to stop, I mean I became like that because I had to. I mean it's just like... it was like I cannot stop myself from saying 'what the heck are you talking about? What do you mean by that? What is this'...you know... all these terms that I don't what they were saying or what they mean or phrases that are... popular here. That I was not familiar with, not only the clinical terms you know... those you learn. You look in the book and stuff. But when things are regular you know... daily things that people talk about or expressions of people... you see is like what does that mean? What do you mean by that? You know it's like I don't understand what you're saying..."

"So I would, you know I always felt like it was always something. It was like oh my god, another thing that I have to do. So I'm very glad I did it. I'm very proud of myself too that I did it. But I don't know if I would have been able to make it without the support... I have not only the support from my spouse and my family but also my friends. I had a very good group in school, a study group, so they were very helpful. But I don't think it is common... it's not like the norm here, because in school everybody is going in their own way. People are working. They're very busy, you know..."

"But, I happened to find a good study group that helped, we helped each other, but it was also like... I was like disabled, like I have to put double work with everything."

"You know...well, everything was like three times more than what others were doing. So... and I'm very glad that they had the system that you do some of the work at home... the test at home, the papers... at home... because that was very helpful for me... because then I could spend all day if I wanted. And it was not that I wanted... but that I needed it, then I really needed it. And other people, it would just take them less, not much. So, I took more years. It was not only that, you know... you have to go through the internships or the rotations and all that... and that becomes more complicated, because then you have this Hispanic mind working with all those White minds and it's not easy because we don't agree in what we're all doing in how we should do things and... so it was it was stressful. And I'm the student. I'm not the professor; you know... the doctor... or the person with the doctoral degree. So it was complicated."

Voice 2:

"How do you compare your experience, in Venezuela with your doctoral experience in (Midwest state)?"

Voice 1: Maria

“I think in Venezuela it was more... I think it was a much better education. I think there was more, you know here it seems like it is more books. You need to learn all these books, all the texts, all the things, and all the little stuff.”

“And in Venezuela it was more practical. Okay, you start seeing clients after the first year. You get more supervision. I mean I think that as training... I think it was much better there. Even though at that time, psychologists were not as popular as they are now, and there was not a big amount of people going through the system as they have now over there. But, I think it was a more complete experience. And I think, it was harder; I mean if I take the language out. I mean if I had the same education here. I mean if I have the same education just in the same language you know I think the one that I had there was much harder then the one that I had here.”

Voice 2:

“Harder... in what sense?”

Voice 1: Maria

“Oh, in the works that we have to do and the practice with the patients that we have to see, the work, the reports, the study... what we had to read. It was more... more complete... I think. You know it was more, they had more... more perspectives in there.”

Voice 2:

“One thing that had caught my attention at a graduate level is the difference between conformity in thinking in graduate school here, versus the permission that as students we have to exercise critical thinking. Was that something that you saw or something you can comment on?”

Voice 1: Maria

“No, really... because I don't know what you mean.”

Voice 2:

“I get the impression that we survive in Latin America education differently, we survive more by our ability to question and to debate and this is the most relevant aspect of training... in addition to complete the assigned school work.”

Voice 1: Maria

“Yes, but the debate was available. I mean you can debate there. You can’t debate too much here because then you become the problem. I think I went to school... (Laughing). I was in school for five years. And I think I went to see the dean six times, you know the dean, not the school counselor... to complain and you know, I was arguing about this and that... you know. And people would tell me sometimes even professors would tell me... “You can do that because you are... You can get away with that because you’re Hispanic. But if you were from here you can’t do that.”

Voice 2:

“And what did they mean?”

Voice 1: Maria

“Because I am Hispanic then they will give me like special treatment because then they will get in trouble if they don’t hear me. You know but they will not get in trouble if they don’t hear somebody who is from this culture because they’re supposedly...you know it’s like... You’re like this goal that they have in the school... It’s a number... they can have thirty students in one class but one Hispanic. So that’s the one that counts, right now, for their numbers, now they need an Asian guy and they need African American people. So they have all these little few minorities that they have to have for numbers. So they don’t want us unhappy there. You know and especially if they’re going through the APA approval and all that junk. You know they want us there. They want our opinion. You know... they want to keep us happy. You know... so and I don’t remember any of my friends going to school and talk to the dean about anything.”

Voice 2:

“What were the reasons you had to be talking to the Dean?”

Voice 1: Maria

“I was not satisfied with the classes. I was not satisfied with what they were doing. I think they were... we were having classes... you know... we have teachers who will go there and read the book. I said...I could read the book at home. You now... I said I’m not coming; do I need to come here? Actually, they count attendance if I don’t come, then I lose points. And I said, “Well, why should I come here if this person is reading to me the book?” I can read the same book at home and I don’t need to come here. And maybe I don’t even have to pay. You know... we could just come for the test. I mean... I said... ‘I don’t

think I'm learning.' You know... and then they changed the entire curriculum. And they make us do more classes; things that we've already seen, and forcing us to see them again. It was like... this is a waste; we already did this. You're charging more money for that... And other people would complain but just go with the flow you know. And it's like..."

Voice 2:

"Why did they go with the flow?"

Voice 1: Maria

"I mean they'd complain in the halls... like between classes. But nobody would go and do something. You know nobody goes and say what they are thinking or complain about it or... you know in Venezuela... (Laughing)... If we have a problem in the school... school stops... because the students may wait... and that's it. And they have to listen to us. You know and I'm not saying that I'm as I'm in favor of that.¹⁶ I mean... but I think people should have the right to be heard. I don't think we should have accepted what was going on. I don't think we should be silent; we're paying there. I think we should. And I don't think I was *complaining for silly things or that I didn't have followers*. I did have people who would follow me. I would have people who'd tell me: 'you're right and we don't like it. But we don't do that. I mean... you are on your own.' I remember one class we were... it was about family therapy... (Laughing). And I had this professor saying, "how she remembered when she had her first orgasm... it was when she was riding a horse, when she was... I don't know how old." And I got up and I said, "I appreciate you sharing with us. But I'm here to learn about family therapy. So what are we going to do here? Because, I really don't care about how you had your first orgasm. I really don't care about that." So, how is this related to what we're doing here? And then people were saying... 'You do not do that! Although, I knew that everybody was thinking the same... and then she just looked at me... and then... she went back to what she needed to do. So, do not think that... I don't understand. I mean I'm not there for... to listen to people to talk to me about anything, you know we're there to learn. And if I don't see quality, I complained. So... I was always complaining... You know... no always... but if I felt like I had the right... And I didn't think they ever gave me that right. They would say, "Well but you know... you're complaining a lot." But I still feel good that I went to complain because I felt like I have to. But I think that's part of how the people are here and... I do not understand... they're paying... Sometimes I was taking classes that I felt were like for undergraduate

¹⁶ Here Maria is referring to students' movements and strikes.

school, not even for graduate school. So why are we doing this? “Well... because that’s how it is.’ Who said that? I mean, who said that?”

“And it’s just like when I have to... I remember I had to take this test to enter school. And I can’t remember the name of the test. I went to the library. It’s a test that everybody takes here. And at that time, my English was very bad. And even writing and they were counting time and I went to the library. And I looked through the examples... so I can practice. And I looked at that... and it was like... that is... ..¹⁷. I’m not doing this. This is just completely stupid. And I called the school and I said, “I’m not doing this. So if you don’t want me in this school, fine. But I think this is not fair. You know you already have my telephone numbers, which I think is important to have. But why do you want me to have this test? You know I’m married. I don’t speak English that well; I mean... it is not my first language. And I’m going to fail that test and I’m not going to get a good grade. And I don’t think it’s fair for me. ‘So you guys discuss if you want me there or not but I am not doing it!’... And of course, I never had to take the test.”

Voice 2:

“What test are you talking about, the Graduate Record Examination?”

Voice 1: Maria

“I can’t remember which one it was. I’m so glad I did not take it. I can’t remember the name but I said, “I’m not taking it.” It’s like I looked at that thing, and it was like... I’m not even spending time doing this. How is this related to what I have to do? And it was because I didn’t go to high school here.”

“I didn’t go to school here and they wanted that junk. I don’t know what the name of it was. And I said, “You got my grades from Venezuela. You got my stuff. It’s all translated. That’s all you need. And if it doesn’t work, you know.... thank you very much. But I’m not doing it.”

“And then so people would say... you know other students say... that sometimes they thought they spoiled me more.... like I get away with things because I’m a minority. I’d say, “No, I don’t get away with things because I’m a minority. It’s just because it’s not fair.” Why should I do it? “But you live in America, they said.” “That’s right, I live in America. But I didn’t grow up here. And this is not my first time going to school... I don’t even know how to write.” Because I didn’t know how to write, I had to always be asking for help to people to help me

¹⁷ Maria used a common expression in English abbreviated as BS

to write things. So yeah, it's different. That's about my coping skills I guess... (Laughing)."

Narrative:

Maria read the question: what progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts? And she responded:

Voice 1: Maria

"I don't know. I have not seen it. You know I have not been in the field for the last two years but I don't think it has changed that much."

Voice 2:

"Tell me more what you mean because that is very interesting. Your perception is interesting since it is quite different."

Voice 1: Maria

"I don't think that the field is trying to figure what is their culture, you know, less what the Latino culture needs are, I do not that it has changed at all. I think it's all the same. I think that maybe they're trying to do more things... and they sound good on paper to get more money in grants and stuff like that. But I don't think there's really, you know, really going to the depth of what people are doing or to get into the real needs of the Hispanic community."

Voice 2:

"What do you mean they aren't?"

Voice 1: Maria

"Well they need the money. They need programs, they need things to say that they're doing, they need to tell people or foundations that have given money away and they need to provide numbers. They need to say: 'well now we need to hire more Hispanics. We need to do more for women. This is where the money is going to go!.' Okay... well we'll get you there (referring to funding sources). You know... but I don't think it gets more services. That's more about the agencies and stuff. I think there is more about what people's real needs are. How are they receiving services, what are they really needing? I don't think that's the important thing in the field. And I don't think that has changed... "And I think because if they would have tried... things will be different... I don't think they

tried to do anything ...to provide the services or to get more competent people here to provide the services. Or I think that they do not do thing to stimulate people to do it. I just don't think that has changed. I think it is the same. I don't think, they do want to hear about it... but they also don't want to hear about it. They want you to go here... Come...talk to us and tell us about it. But at the same time when you close the door...or whatever... they said that it was very interesting and... that it was really good... But... we don't, we still can't do anything or we're not going to do anything... And I think it's all the levels. It's at the court and legal level. It's in the medical level. I mean, you know, it is the same in the hospitals. People go there, thinking they are going to receive treatment and that psychologists will meet their needs and they're not, because I think they're not being treated. I don't think they're really taking care of that. I don't think they care about people's needs. And I think... maybe... I'm very negative but I think it's not going to be too much of a change."¹⁸

Voice 2:

“So you have not seen any changes or effective changes or progress?”

Voice 1: Maria

“Huhuh. But I said too that I've been out of the field for two years so I don't know... I am a simple practitioner...”

Voice 2:

“You have been out of the field.”

Voice 1: Maria

“For two years so I don't know. But I don't think it has changed that much. And people and the real people who has the needs, I don't think they have ... you know like... how do you say that... like... when a guy goes in and gets some help and get people together to meet their psychological needs, maybe it's more important to put buildings to put all the stores, the Latino stores. And then because we need the money to survive, but I don't know if people are really seeing where the psychological problems are... do you know what I mean? Unless they're really into knowing that or they are really affected by them. Then they will go and reach for help.”

¹⁸ This paragraph reflects the influence of Spanish on Maria's communication (i.e. the use of prepositions such as in, on, at, the, a, and so on).

“So they will not come here from the community either, from the Hispanic community won’t come here because they need to survive. And I don’t think the people who are providing the services on the other level care about it. So I think it’s this sort of thing. And I think there must be one and another person who really cares about it. But it’s against the whole thing. And I think after a while it’s very easy just to give up and say okay, whatever. You know... the fight with the system. Fight for everything for providing services. And I think it’s very easy for people who are, the psychologists who are providing mental health services in our area for minority groups because it is very easy to burn out too. And I think that’s one of the reasons I always have made very clear... that I will not work full time because I think I’ll burn out because you have to fight like for everything, for all of your clients, you know... work with your clients and do all that stuff, but also the other...the system that you have to deal with... that we already talked about. That is a way to be burned out. I think you can do just, you can easily say you know... forget about it. It’s okay. It’s another one. And I tend to see that a lot when I was working. It’s like okay... it’s another one. It’s okay you know. Or people said “oh no, it is because you’re just new. You’re out of school. You know you’ll get used to it...” For me it is like... I don’t know if I want ever get used to it. I really don’t think so.”

Voice 2:

“What were they asking you to get used to?”

Voice 1: Maria

“Of seeing things like... you know... like people will not get the right services or fighting through the system or a person who was going from system to system to system to find out and they finally got to you. You know it’s like that’s an everyday thing. You know...the message is don’t fight... it is like... don’t waste energy.”

Voice 2:

“Inadequate service and incompetent service are events of everyday life that is what I am hearing... did I understand you correctly?”

Voice 1: Maria

“Yeah that they happen all the time. So it’s just like...”

Voice 2:

“Get used to it.”

Voice 1: Maria

“Yeah, don’t worry... I mean. It is like don’t spend your energy fighting for it or you know. Just survive. And I...”

Voice 2:

“What did they mean when they say survive?”

Voice 1: Maria

“Just come here and do your job and do what you need to do. You know and just don’t fight for any thing. You know don’t, don’t worry about that stuff because it will happen all the time. It just happens. And yes, I am a survivor... but.”

Voice 2:

“What happens to people? What is the price that you pay when you just don’t worry?”

Voice 1: Maria

“Oh my God... I don’t think you provide good services. How could you provide good services like that? I mean if you’re like in the just go with the flow and it’s like oh whatever happens, happens. And you don’t fight for the right services of your clients. I mean the ones that are affected are the clients. People are getting paid to provide supposedly services. So, what’s the problem? You know so I always used to hear that ... and they always said... oh... we really need you here. We really miss you...that it is because I’m a fighter. But I just don’t agree. But maybe I’m not there forty or fifty hours a week, you know putting my butt off and fighting with the same thing over and over all the time. But and it gets, it probably gets to a point where you think like... okay, leave it... like that. Just go with it. And that’s why I always think that you do that half time to keep your sanity because... it’s a big fight.”

Voice 2:

“Did you find the same after your graduate, that it was still a fight?”

Voice 1: Maria

“Uhhuh. I think it’s a fight. It is a fight. You know to explain why the reasons or you’re coming from for this client why these things are better for them and then when you’re finally seeing the client and what can you do for the client because

there's not too much support around here. I mean there are no groups that the clients can go. I mean it's only individual work we do with them. But outside sometimes if you don't have a family support ... because the structure has changed for them. Everything has changed. You know they're living out in this society. They don't find support; they don't figure out things right away, they have to... it takes a long time to figure out yourself again, you know living in a *different community*. So how many sessions, five, or six, I don't think so... because you know it takes a long time. And I don't think people, if they, I don't think the system understands that how long can it take you to really feel good about this culture.¹⁹

Voice 2:

“An argument that will be made is that those restrictions and limitations are for everyone.”

Voice 1: Maria

“Well yeah but not everyone is from here. And the people that have been here all their life, they don't change cultures. They didn't change cultures. They didn't have to go from one place to another one. They didn't have to find themselves again. You know you've been like that for thirty years, forty years, how many people come here when they're sixty, they're fifty.”

“I mean I have one of my clients who came here; I mean she was born here. But she was raised in Mexico. And then one day her son was dying here. She had never gone out of Mexico for anything. And she lived in a little tiny border city or town. And she had to go to Mexico City to get her Visa, to come here. Her son is dying. They call her. She had to come. And they say okay you go out. But you are out of Mexico. You can't come back.”

“I'm talking about a 65-year old woman who had to come here, no English, I mean nothing, no nothing. She doesn't belong, and you're an American. You don't belong to Mexico anymore. They figured out that she was born here in California. And she had to move here. She could not go to Mexico for anything only for visits. She had to go visit there. She had eleven kids there, the grandkids, everything and their life.”

¹⁹ Maria is referring to the number of sessions that medical insurance plans allocate for treatment of psychological conditions, when there is the added factor of acculturation process.

“And in one minute not even that she wanted to come here, what I’m talking about is that you know she thought she would be living here better and she thought it would be better life for opportunity for her. Oh...No... We’re talking about somebody who was obligated to be here because so she could see her son this time or she stays in Mexico. And she had to come. And she could not go back and live anymore there. So now she’s here, and she was married over 50 years.”

“Yeah... she was married over 50 years. And she was alone, her grandkids were there, I mean she had no support system and just her son who works and you know he recovered. He was working and we’d talk about the weather, which she was not used to... and how that affected her moods and everything. And it’s like she had to find herself again. And that happens to all of us who move here. People who have been here, yeah, they have to find themselves. But they have, they don’t have to fight through you know many of the things that we do fight. You know discrimination and you know...”

Voice 2:

“Discrimination?”

Voice 1: Maria

“Discrimination.... and I have light colored skin. Can you imagine if I had a darker color? I don’t know what would happen to me. But with the light skin I still went through discrimination. And I’m talking about, you know my husband is from here and we went to a store together, and he went to a cashier and paid with the checkbook. And it was fine, and then I went to the other cashier because I wanted something that I bought... so I wanted to pay. And they asked me for my social security. And I said, “Why do you need my social security for?” “Oh because we need it for this...” I said: “For what? Am I asking for a job here?” They said... You need a social security. Well just to confirm the computer is telling me...that you need it.”

“I said: you know, here’s your stuff. I’m not coming here any more.” And I was so angry that I left, and my husband said let’s talk to... He wanted to talk to the manager. I said, “I’m leaving. I’m not buying here anymore. This is...” You know that was many years ago. That was like five or six years ago. But you know and I considered myself that I always talk English good. And as my social security you know what’s up with this. I mean what do you need a social security. You need my ID maybe. You know, to verify the information. But the social security you don’t need it for anything. That’s completely irrelevant here.”

“So you know I think it’s always... it’s always happening. Something happens. You know, people hear your accent... They ignore you. They serve the other person. I said...Hey... I’m here. I was here first. You like it or not. You don’t like my accent, too bad. You need to serve me too.”

“You know so it’s like you have to be more assertive... I think we all have to do more. And if I feel like... that I’m not... you know the clients that I used to serve, I said when they have all of this problems and they have to blast through this other stuff and find a job and get... you know and if they have illegal status... “And you know if they’re illegal then that’s another issue...”

“I mean I was very lucky because I was born here. I mean that’s lucky. That’s another way to say it because I was very lucky, very lucky. Because I don’t have the other problems that I... you know... I don’t have to worry that they’re going to come here and get my kids. I don’t have to be worried that immigration is going to come in any minute and get me out of the house or get me out of my job.”

“I mean all the other things that people do have to worry about and live with... every day. So I think we have a different reality, you know... it’s just completely different... other needs and it’s a different... completely different structure, completely. I mean they don’t stop me, I mean the police.”

“The police stopped me one day and that was eleven years ago. When I was getting out of ... (Midwest city) West Site. We went there to visit. We just have got here. They told us it was not a safe place... and why we were there... and whom we went to see. The police stopped us. My sister in law is from Cuba, she has white skin and she’s blonde. And she was a doctor at the U so she had to get her ID, we didn’t have our wallets. We just went there for a ride. And then they stopped us. The only thing she had was a robe in the car you know from her work in the hospital because she just leaves it in the car. And her ID was there. So you know, she said... I’m sorry I don’t have anything with me. This is what I have. So... “Oh, you’re a doctor!”... The police said...And they said, “What are you guys doing here?” We said... “Well, we just came here to see what’s going on because we’ve never been in the Hispanic community here and we wanted to check it out.” And the police told us that it was a very, very dangerous place to be. And it was 10 o’clock in the morning. And that we were not supposed to be there by ourselves you know because that was a very dangerous place. And my sister-in-law had a suburban, one of those trucks. And the police said: “we don’t drive those trucks there because we can get hurt or they will be stolen.”

“When I was going to work... at my first job... It was at the West Side I had to fight with my brother because my brother would not let me work there because he thought that I was going to get hurt because that was not... you know... that was

not safe. I said, “For God’s sake. I’m not going to be there at 12 o’clock at night.” I asked: who said that’s not safe? My brother responded: ‘People said that’s not a safe place to be. That’s very dangerous, a lot of crime, that it’s very bad, it’s all drugs.’ I said... Who is saying all this? Where did this generalization come from? You know... and I did go to work there. And I worked there for four years. And it never happened anything, to my car, or me, nothing. And it was a brand new car. Nothing happened. I never had a problem... So... but the police told us that we could not go there.”

Narrative:

This part was deleted because it contains irrelevant details.

Voice 2:

“Okay. Is there anything else that you want to?”²⁰

Voice 1: Maria

“I think we already talked about this. But I do think that we do have other issues that nobody talks about.”

Voice 2:

“What issues?”

Voice 1: Maria

“You know like what it means being illegal, like you know, people... like most people don’t have money. So, they just want to survive. They want to make the money for today and this issue is not considered. I think that when you’re providing mental health services you also have to do more, okay it’s like you’re doing other stuff. Okay well you need, if you need *leche* [milk]... then you go over there... and if you need this for your kids there’s the store. So you’re also providing this source of support that I think that you need to provide. And it’s not only working with the issues that the client had at that time because maybe the main issues that they have at that moment... they overcome it, you know it will

²⁰ Narrative: Maria transition to the next question... What do you think I should keep in mind and consider when exploring disparity in Latino mental health services? (Please address here, what else would you do, if you were in my place).

come up... what it really is. You know maybe they're very anxious or very depressed or you know they're... how do you said that the word...? Ok, like... Posttraumatic Stress Disorder... you know it will come out. But the first thing they want from you right now it's like... we want help... with this... what I'm going to do with this immediate thing that I need right now. You know and I think that the way we think... it is just... it is different. I think that you have to be in the frame of mind and keep remember... just where they're coming from. But I don't think it's easier. And then if you're here after psychology you can get also get supervision. How do you get supervision? How do you get somebody to help you with you to discuss your case? Where are you going to go?"

Voice 2:

"So supervision and professional peer support..."

Voice 1: Maria

"Is difficult... You don't have it. You don't have it here. You have to educate them. You know, you always have to be educating people. It's just like a double work you know. You have to remind them where you're coming from. Where they're coming from is very different. Where you're clients are... where they are at... you know. And sometimes there are things that you cannot say. I mean... is the person illegal? Well why are we serving them? We do not suppose to... you know... Well, we are serving them... because they need help. They're part of this gray area or it is the grand covering...up... you know."

Voice 2:

"What did you estimate, I have an interesting experience... with this issue, I mean... When I was working in ... (Midwest state) I estimated that 40-50%... well let's say it different... what would be your estimate of the number of people who are illegal in ... (Midwest state)? Would you take a wild guess?"

Voice 1: Maria

"I think it is way more than 40."

Voice 2:

"Tell me."

Voice 1: Maria

“I think that’s like 60%. It’s a high number, Sonia. And even though every day is getting harder. But I don’t think it’s 40. Well maybe many years ago. But not, I mean and I still work with them because I work, I don’t work providing psychology service. You know... I don’t work for mental health services. But I do work with my husband. You know he’s in real estate. You know and I serve the Hispanic community who speak Spanish, well I’ve always done it. I’ve done it for 10 years with him. But it’s a way of keeping me in touch with my people you know where I come from.”

“So... you don’t have no idea, I mean how many people have double identities or I mean the numbers are... because we see them all the time with the credit reports. I mean it’s just unbelievable how many you get there. It’s just, you know how many people I know that have double identities? (Laughing).

“I never discuss this... how can I be there for somebody...? Who is going to receive mental health services...? I mean... someone who doesn’t even know who he is? I mean I have a guy who has two names, two last names and he was being himself, his son, and his brother... and even you know having trouble... like at the bank... and... people like that get asked... ‘But didn’t... she... came with your brother last week... and he said... Yes, she’s dating me too! (Laughing).

“You know and this woman is like telling me... you know it is like... I am being their *puta* [prostitute] in the bank and everywhere... as if I’m dating both of them. It’s like you know... it’s just crazy! And can you imagine for those kids growing up in this type of confusion?”

“You know and sometimes I have people who come... you know that we sold them a house many years ago and they say they were referred by Pedro (Paul). I said: What do you mean... Pedro? They said... Pedro referred me. And I say... but who is Pedro? I don’t know who Pedro is. They said... Well he’s married to Fulana.²¹ And then I said... Oh that’s Jose! And sometimes you don’t want to even pull out information because you really don’t know who is the person. You know and people come to you and they trust you. And they come to you and say... “I don’t have paper... Asking... how can I buy a house? How can I do this? You know... we want to make it here. We want to... you know... many, many.”

²¹ Fulana and Fulano have similar meaning to the expression in English of an anonymous name like Jane or John Dove.

Voice 2:

“Many, many?”

Voice 1: Maria

“And then you know you have to... you know like and it’s another system...

“You know there are rules for Hispanic people who want to buy a house. There are different laws for Hispanic people. These rules are not allowed for white people. And so they’re like Oh! The Hispanic people take advantage like buying a house... Hispanic people now, not many years ago but now it’s okay they don’t have a bank account because they finally had to accept after all these years that Hispanic people don’t trust the bank. They don’t put money in the bank. We keep it at home. We keep it under the bed or whatever. So now it’s okay. But if you’re White and have a bank account, they will ask you where the heck you got that money from, where the heck did you get \$6,000? Where are they? You know what did you do with it?”

“Hispanic people can walk out and say I don’t have an account, I just open it to buy the house and I’m not going to use it later because I don’t care about it. But they don’t ask you where you got \$6,000 because you just... because you’re Hispanic. So now you can do that. Asian people can do that too.

“So, it’s all...different... you know, if everybody’s gets a hold of your names. I mean people are confused with names. You have two last names. You have two names and I mean that is what you know. And if you got here... people come here and they change your name. You know I was(stated her own name) I became(mentioned the name assigned) Then I became(a different name assigned) for a long time. And then sometimes I’m ... (a new name) now and sometimes I’m (Maria mentioned her own name).

“I don’t care... you know. But it’s, for a while it bothered me. People didn’t call me by my real name. I said what the heck you know. So... and now I don’t care anymore.”

“It’s like... you know... I know who I am. I don’t need...to be... I mean I don’t need people to tell me. You know... like who I am! I don’t have to prove to people or test people and I don’t. That’s the way I am...” But I mean as soon as you come here they change your name. I mean you have to fight to have your right name. Like I said, your same name you have all your life when you were growing up. And that’s part of who you are too. I mean it’s just little things like that... I don’t see my husband fighting over his name or anything. It’s always

been his name and that's it and... everything. He's never had anybody change his name. Nobody spells it wrong. You know?"

Voice 2:

"So you estimate that the percentage is very high... of the illegal immigrants?"

Voice 1: Maria

"Yeah."

Voice 2:

"So if that is the case, if the Census 2000 would say that in (Midwest state) Latinos are now 2-3 % of the population..."

Voice 1: Maria

"The U.S. Census is not working... (Laughing). It does not work. The Hispanic people are not going to go write about it ... no Census... first...you know that they're not going to put that information there. And if you're illegal, you're not going to put it there at all. Why would you do that?"

Voice 2:

"So let's say that I have not read the new Census information for (Midwest state) yet."

Voice 1: Maria

"No, me neither."

Voice 2:

"But pretty soon I will do it. By the time I finish the transcripts I should have the review of the census. The last time I checked data from (Midwest state) was not ready yet. But in the census for 1990, the estimate was between 1 and 2% Latinos. And for years we've heard that there was 100,000 Latinos. For 20 years I heard say that (Midwest state) has 100,000 Latinos. Let's say then the census we'll say that it's 150,000 people now. How much more will you estimate it will be...?"

Voice 1: Maria

“I think it’s higher. I think it’s higher. I don’t know in (Midwest state). But I think it’s, I don’t think people are telling the whole truth. People who are illegal are not coming out to fill out forms. Plus we don’t believe in paperwork. You don’t have time to do paperwork either. Maybe if they pay them to do the paperwork maybe... that will be an incentive you know for them to do it. But I don’t, you know even if they tried to go home-by-home... like they did... who is going to provide that information? You know you’re not going to just say yeah, I’m illegal. You’re not going to take that risk. You don’t do it. They ask you for a number, you give a number. But why would you they don’t see no benefits for that. They don’t have, I mean people don’t have time for doing that.”

Voice 2:

“So in your opinion the numbers of illegal is very high?”

Voice 1: Maria

“I think it’s high. I think they’re high here. They’re high. It was a, I mean people have numbers. It doesn’t mean they’re...”

Voice 2:

“Legal.”

Voice 1: Maria

“Exactly. And I have a lot of people who have a number and they pass certain reports and they’re not reported according to immigration the number it’s okay. But they still are illegal and they still live with that fear that they’re going to be deported any minute. And you know what happens, you know if I get deported what happens with the house? What happens with my kids? You know... that happens all the time.”

Voice 2:

“That is something in mental health that is very quiet. We don’t talk about the impact of this in psychology.”

Voice 1: Maria

“Nope... A lot of people don’t talk because they don’t trust. And you know you can get sometimes the women to talk about it. But they don’t even dare to let

their husband will find out that you were talking about that. But you do have clients who come and talk about how was it for them you know coming here illegal if they have to, you know if they got raped if they didn't get raped. I mean how was it coming back and forth? You know how many times did you have to cross the river or people you know I have clients you know have fear for the water because they you know when the river made sounds... they almost died. And they had to do it many times. So they finally crossed the river and then they came here. You know they don't even, they can't even go over the bridge or..."

Voice 2:

"You say in your history when you look back in the eleven years or the years you have provided services you have been in touch with people as a psychologist, as an intern, as a chemical dependency counselor, and at whatever capacity you have been in touch with people. Out of ten, how many will you think... will have problems with immigration, an estimate of course?"²²

Voice 1: Maria

"I think maybe eight. I think a lot of people have problems you know they're waiting to see the permit. Even if they're legal, they're waiting to see if they're going to get a permit for next year so they can do plans. What are you going to do... what's going to happen to you. The kids are all living in the same situation. And if you don't have legal papers then... it gets worse. Or if you have to marry someone to give you the papers or you know... you have to figure a way of doing it. Or people who have them, I mean, there's always something about immigration and their status. And that's a fight also because you know people get the wrong attorneys or they steal their money. I mean if you want to go to Centro Legal, whatever non-private agency the waiting list is for seven months just for them to maybe hear your case. Seven months is a long time... you know. So it's like somebody was just telling me that the other day when he called to make an appointment."

Voice 2:

"And they said to wait seven months?"

Voice 1: Maria

"To be put on the waiting list, just on the list. And then I think I was thinking that when you become or when you're working with the Hispanic culture you also provide all kind of services you know... I was thinking this the other day. My

²² The question is out of every 10 individuals how many were illegal?

husband said that one of the biggest things that he finds when he is working with the Hispanic community... you know because he is like an information center, since he has been working with the community for ten years you know as a realtor.” It is that people call and really trust him you know because you get referrals from others. And later you find out things... and I think what happens you know... as a psychologist...how you end up working with all these issues you know... they call you for all these other questions and for all these other things... you need to decide if should help them with... you know.”

Voice 2:

“You have become a center for information.”²³

Voice 1: Maria

“Yeah... And it’s because you’re the only person that they can talk to. You know because there’s no other way they can get help you know.”

Voice 2:

“That is a very interesting point that you are making too. That people don’t understand unless that they have served the community. They do not understand that the needs are so overwhelming. I often wonder if it make sense to talk about the trauma between mom and dad or the kids when their light and water services were going to be shut off or when they did not have any thing to eat for a couple of days...”

Voice 1: Maria

“The other stuff has to get resolved and then you can do the other work. You can.”

Voice 2:

“Over the years I had heard a statement. The statement is that as Latino psychologists we confuse social work with psychology. And I’m...”

Voice 1: Maria

“But see at (name of a social services agency that provides mental health services)... that was something that was very good. And I have to say that... I

²³ Becoming a center of information is a characteristic of the Latino culture.

can do my work; my clinical work with the clients because I can refer to them for all the other needs to get ready. You know they get their house payment. How can they do this? That's the social worker. This is her name. You get an appointment. You know and I can work with the social worker. But I don't have to deal with that in the session. You know I can deal up all the stress and how it is for the family and all that. But I don't need to sit down and make phone calls for them and do that and you know figure it out for them."

Voice 2:

"Okay. You need to stop; your baby is up from her nap. You have three questions."

Voice 1: Maria

"I need to get my daughter... I need to work that out."

Voice 2:

"Oh yes, no problem."

Voice 1: Maria

"I am back, *podemos continuar*. [We can continue]."

Voice 2:

"*Pon el micrófono lo mas cerca que pueda grabar tu voz*. [Get the mike closer to record your voice]

Yo creo que ya estábamos acabando, bueno trata de responder esas tres últimas preguntas lo más rápido posible, no tienes que elaborar demasiado. Básicamente, si tuvieras el poder para hacer cambios, quiero que me hagas un comentario acerca de que harías." [I believe we are finishing, try to respond the last three questions as fast as possible, you do not have to elaborate too much. Basically, if you have the power to make changes, I want you to comment about what you would do].

Voice 1: Maria

"*Si tuviera el poder, yo daría bastante dinero a la gente que no puede pagar por los servicios... you know...*" [If I have the power, I would give enough money to the people that cannot pay for services... ...] *Y pues si hay dinero, se puede*

entrenar gente para que vaya a trabajar mas eficazmente con esta población. Si hay que traer gente, pues se trae, o sea...” [And thus, if there is money, people can be trained to work more effectively with this population. If there is the need to bring people, thus, we do it.... I mean...]

Voice 2:

“Que quieres decir con traer gente?” [What do you mean by bringing people”]

Voice 1: Maria

“Pues si hay que traerla de otro países o de otros lugares... .. Buscar la forma...”
[Well, if we have to bring people from other countries or other places.... .. to find a way....]

“Espera, estamos hablando en Español...” [Wait... we are talking in Spanish... ”]

Voice 2:

“Bueno esta bien, puedes hablar en cualquiera de los dos idiomas.” [Well, it is fine; you can talk in either language]

Voice 1: Maria

“Ah! ... pero si se podia hacer..” [Ah...but it can be done...]²⁴

“Bueno... traer gente de otros lugares puede ser de Miami, Chicago, de la Florida, de lugares donde haya gente que hable los dos idiomas, y que pueda proveer los servicios... you know. Yo no sé que tantos vamos a tener aqui.”
[Well... to bring people from other places, it can be from Miami, Chicago, Florida, places where there are people that speak the two languages and that can provide the services, you know. I do not know how many we are going to have here]

²⁴ Narrative; Maria is referring to talking in either language. The work of transcribing was triple when participants used Spanish. Reflecting in this experience, it is observed that even after giving participants the freedom to choose the language; one is still influencing the structure. This is a subtle example of the important of considering differential power in the interviewing process.

“OH sea, cuanto realmente es verdad, como vamos a asumir lo esta aqui... lo que hay... es lo que hay... y los que vienen... se van. OH sea que hay que venderlo de alguna manera... como producto para que la gente este aqui. [I mean, how much is possible, how are we going to assume what is here... what we have.. it is what we have... and the ones who come... they leave. Thus, it has to be sold in a way, as a product for the people to stay”].

“Ya de eso hemos hablado de la calidad de servicios mentales... y del acceso a managed care... eso es un desastre, pues eso hay que... no hay acceso... porque tienes que estar inventando o diciendo que no hablas el idioma o haciendo alguna trampa. Porque yo no creo que ellos sean muy abiertos a que uno salga de alli, del sistema de ellos, y no hay quien provea los servicios dentro del mismo sistema de ellos, personas que estén calificados para hacerlo. No creo que estén haciéndolo.” [We have already talked about the quality of mental health services... and the access to manage care.... that is a disaster....so there it has to... there is no access.... because you have to make up things or say that you do not speak the language, or do some cheating. Because they are not too open to let one go out of their system and there is no one who can provide the services inside of their system, individuals who are qualified to do it]

“En mi experiencia pues... bueno creo que hay algo aqui, que tengo que estar... recordando y es que te estoy hablando a ti, dándote información que tu conoces... pero la gente no sabe de lo que estamos hablando porque no saben de donde vengo, a lo que yo me refiero, o entienden de lo que yo estoy hablando. Es más difícil en ese sentido, me cuesta porque debería ser mas especifica. [In my experience, thus... well, I believe that there is something here, that I have to be remembering and it is that I am speaking with you, giving you information that you have... But people who do not know about what we are talking, they do not know where I cam coming from, what I am referring to... or they do not understand what I am saying. It is more difficult in that sense; it is harder, because I should be more specific]

Voice 2:

“En que estabas pensando.... [In what were you thinking?]... Que quisieras ser mas especifica? [That you want to be more specific]

Voice 1: Maria

“Si hay otras cosas que estaba pensando.... you know...” [There are other things that I was thinking... ..]

“Hay otras cosas en que son diferentes para nosotros, como los roles, las reglas en las casas... los roles... que el femenino y el masculino... todas esas cosas que

yo creo que también son importantes... que afectan la dinámica familiar, las relaciones... Cuando uno quiere mantener su cultura o como no mantenerla. Que es esa parte de la identidad... pero eso ya lo hablamos. [There are things that are different for us, like the roles, the rules in the houses... the masculine and feminine roles, all those things... that I believe are also important... that affect the family dynamics and the relationships... When one wants to maintain the culture or how not to do it. That it is that part of the self-identity... but we already talked about this].

Voice 2:

“Vamos a dejar esta...” [Let’s leave this...]

Voice 1: Maria

“Ok, hemos llegado al final que...” [Ok, we have arrived to the end...]

Voice 2:

“Cómo fue la experiencia, cómo te sentiste como participante y tener a short notice?” [How was the experience, how did you feel as a participant, and having a short notice?]

Voice 1: Maria

“Ah, no... Mientras fuera en la hora esa que te di... a mi no me... lo único fue que te di my nap time, eso fue todo.” (Laughing). [Ah, no ... as long it was during the time I gave you.... for me....the only thing was that I gave you my nap time that was all]

Voice 2:

“Cómo?” [What did you say?]

Voice 1: Maria

“Tubo que darte my naptime. Que eso es muy valioso para mi porque...” [I have to give you That it is very valuable for me... because...]

Voice 2:

“Porque yo se muy bien...lo que significa...” [Because, I know very well what is its meaning...] (Laughing)

“Y te lo agradezco muchísimo, mucho más en tu estado...” [I am very grateful... more in your condition...] ²⁵

Voice 1: Maria

“Eso no esta dentro de esta cultura...” [That is not part of this culture...]

Voice 2:

“Te refieres a nap time, as la siesta.” [You are referring to nap time, as la siesta]

Voice 1: Maria

“La siesta mía.” [My naptime]

Voice 2:

“La siesta es necesaria en tu embarazo, estarás bien cansada.” [The naptime is necessary during the pregnancy, you must be very tired]

Voice 1: Maria

“Ahora me voy a desquitar...” [Now I am going to compensate myself for the loss]

Narrative:

We ended the interview by establishing an agreement about how much information I was going to disclose about her and exchanging ideas about why we have used mainly English during our encounter. The encounter with Maria was powerful; it symbolized loyalty to our Latino culture in the struggle of acculturation, i.e. being an immigrants dealing with language barriers and different world views. Maria narrated the researcher's own story,

²⁵ Narrative: *La siesta* is a social custom in many Latin American countries. When possible, people go home during the lunch hour and take a nap before returning to work. *La jornada continua* [an ongoing labor shift without interruption] is often implemented in the big cities and factories, and it mean that there is a short break for lunch. In many cities, most banks and stores close two hours to give people time to go home.

1.9T Adelita's interview

Voice 2:

"In one moment we will begin the interview with this participant. She is going to have at this moment the questionnaire demographics survey and sign the forms accepting being a participant and audio taping this interview."

Narrative:

I explained further: the reason why I'm asking about salaries is because I want to get some insight about the cost of education. Then I think it's related to the shortage of resources in the field... You can chose the language in which you want to talk and then, and you will follow this narrative at your own pace when answering. Those are big questions."

Voice 1: Adelita

"Okay."

Voice 2:

"Then what we need is... that you hold this (tape recorder) in your hand... when you are talking. And I have two tape recorders... just in case."

Voice 1: Adelita

"Oh, okay."

Voice 2:

"So that will be like dictating."

Voice 1: Adelita

"Okay. So you're not going to prompt me. You just want me to answer them?"

Voice 2:

"Yes. I will have a conversation with you and while I have a conversation with you I will be taking notes. This is called a student's paranoia or a researcher's paranoia."

Voice 1: Adelita

“No, I understand.” (Laughing).

Voice 2:

“In addition to have the questions, forgive me I’m going to pay attention to the recording and be very close to the mike so that my voice also gets into it... .. Let me ask you what name did you choose?”

Voice 1: Adelita

“Adelita.”

Voice 2:

“Adelita okay.”

Voice 1: Adelita

“It is in honor of the Adelitas of Mexico.”

Voice 2:

“Tell me more.”

Voice 1: Adelita

“When I was in my Master’s program I had a Chicano professor, actually my first Chicano professor. He said that I used to remind him of... the Adelitas... and that I was born in the wrong generation...” (Laughing)

Voice 2:

“My association is with the song...Adelita... (There is a popular song that mentions Adelita as the symbol of love during the Mexican revolution)

Voice 1: Adelita

“The song... no.

“He was more like... because he said my personality is very aggressive at times. And so I should have been with Pancho Villa and all the Zapatistas so.”

Voice 2:

“Fantastic. Okay... so the name also had a meaning.”

Voice 1: Adelita

“Oh definitely... most definitely!”

Voice 2:

“Would you elaborate a little bit on the meaning?”

Voice 1: Adelita

“Well my understanding of the Adelitas, they were in recognition I think it was either Pancho Villa or Zapata’s partner, girlfriend or whomever... I think her name was Adela. And I think the women that work with her or that were part of the revolution were called the Adelitas. And so that’s what I’m making reference to.”

Voice 2:

“Thank you. Thank you. You can just follow up.”

Voice 1: Adelita

“Okay, well let’s see.”²⁶

“Well in terms of my ethnic background I am Chicana. I was born and raised in Southern California. I was born in Imperial Valley, which is a very rich agrarian area where you have a lot of migrant workers and people working the fields. And so I have this real strong affinity for people who are farm workers. Many of my memories kind of go back to those times even in terms of working in the grape, the vineyards... one year when I was five, and when I was in the fifth grade. And I remember that always stayed with me. And throughout the years I just recalled seeing my mother dressed to go to the field. You know how she’d have her *pañito*

²⁶ Adelita began the address the following question: Please describe your ethnic, educational, and professional backgrounds and comment on the factors that influenced your choice of client direct service delivery, or an academic, and administrative (management) position.

[piece of cloth or fabric adopted for some specified use] on her face and just the whole attire. And so for me... my self identification has a lot to do with my mom and also my sister from whom I learned at a very young age the difference between Hispanic and Chicana and so that kind of stayed and resonated with me.”

Voice 2:

“What is the difference between Hispanic and Chicana?”

Voice 1: Adelita

“Well whenever you look at the way a person identifies well you know we’re talking about ethnic identity and so for me the difference between Chicana and Hispanic is very large. For me when I read of Hispanic it’s more in terms of the government designation in terms of the census. So for me Hispanic is such a generic term. It really does not describe or encompass who we are as Latinos. And so for me there’s a large difference. And also there’s a political difference. And so for me I just make that clear distinction. And I also hate the term Hispanic because there’s really no such country as Hispania or whatever. So that’s my own conceptualization.”

Voice 2:

“I... when you read my proposal you will find that I am very interested in the term Chicano. What is the meaning of that term for you?”

Voice 1: Adelita

“Well for me it means many things. And so when I think of, you know because there’s also some differences in terms of the way people spell Chicano. You know... Chicano with an X, which is more recently or a Chicano with a Chi, so there’s like all, I mean that is a dissertation in and of itself. But for me Chicano or Chicana has to do with my heritage, my ethnic heritage that goes back to Mexico and Alzan and my indigenous roots.”

Voice 1: Adelita

“And also in terms of the movement of the 60’s that really pushed a lot of these issues to the forefront... And so those are my own associations.”

Voice 2:

“Thank you. Thank you.”

Voice 1: Adelita

“Let’s see. In terms of my educational background, well I recently earned my PHD in Counseling Psychology this August (Adelita was referring to 2000).”

“And so I have a Bachelor’s degree in, gosh what is it, public administration. And I have a Master’s in counseling and a PHD in Counseling Psych.

“Professional background... I think in terms of my own professional background I think a lot of it when I think of my own experience or the factors that influenced me in terms of being a service provider, a lot of that stems from... actually many things. But one of the things that comes to mind is when I when I was in my late teens I started working with my church. And so my church is predominantly Mexicano. So I started working a lot with the youth there. And one of the things that became clear is that teenagers or young adults have a lot of different struggles, whatever they might be whether they might be issues of wanting to seek independence. Or you know, there’s just a lot of stuff going on.”

“And one of the things I quickly discovered is that I didn’t have the clinical training or the background to work with these young adults and adolescents in the way that I desired. And so when I began to look for people who could help them, there weren’t a lot. There weren’t any other than the priest and the nun. But I knew, I mean it was real clear that you know they weren’t prepared and didn’t have the training to work with teenagers. (Laughing).”

“And so I think that really influenced me not only to change my major because my major was at the time public administration and then I graduated. But I knew that working behind a cubby hole or working in an office was not going to be sufficient for me. So that was a peril moment in my life in which I elected to go into counseling...”

“And so I took a year off and had a lot of experience in terms of service provision and what have you. And so that influenced me to go to (university) State and I think all those things combined really influenced my choice. And it felt right. You know it didn’t feel incongruent as it did when I was studying public administration.”

Voice 2:

“You are a professor now?”

Voice 1: Adelita

“Yes, uhhuh. (Laughing)... Yes I am.”

Voice 2:

“Why do you laugh?”

Voice 1: Adelita

“Why do I laugh? Because when I, I guess when I look at the field and I see what needs to be done, it’s like... oh...(Laughing)... It’s like we have a long way to go and so much work to do. And I just taught class so I’m thinking of all those things in our class discussions. Yeah, that’s why I giggled.”

Voice 2:

“And what influenced your decision to have an academic position?”

Voice 1: Adelita

“Well that was part of my laughter too, I think when I was in my graduate program I never saw myself as an academic or pursuing an academic track because I always thought that I wanted to work in the community and do other things; And so my decision to go into academia was a recent one actually, maybe only in the year, maybe a year and a half or so. So for me to be here was not part of the plan.” (Laughing).

Voice 2:

“Okay, that is very good. Okay.”

Voice 1: Adelita

“Let me make sure that I answered your question number one. Well, I think I did.”

Voice 2:

“You did very well.”

Voice 1: Adelita

“Okay. Let’s see. Adelita began the address the following question: Please define the meanings of the following terms, Latino, disparity, and cultural psychology.

“The following terms Latino... well I think that there are different meanings of the term Latino. I think a lot of, I think when I think of the term in terms of Latino I think a lot of it had to do in terms of the backlash of not liking the term Hispanic. I think when the term Latino has to do with including areas such as Latin America and what have you. Although we don't speak Latin, but I think, that's what I think of. And I think also the term Latino is much more inclusive of people, that it can include people from the Caribbean and other places as well.”

“When I think of the term disparity I think of just that of not having equity. And so you have this large disparity of people who have resources and those who do not have resources.

“And when I think of the term cultural psychology I think of our field of psychology that specifically focuses on cultural or ethnic factors like Latino psychology, Chicano psychology and those types of ethno-psychologies is there is such a term.”

Voice 2:

“Yes, there is such a term.”

Voice 1: Adelita

“Let me see, the difference of cultural competence. Okay.

“The relationship between cultural competence and cultural psychology I guess I'm thinking of like being a new trend in terms of multicultural psychology and multicultural competencies. So I guess I see those as synonymous.”

“But when I think about cultural competence I think about how there are numerous factors that people need to be aware of... that are relevant to... no only culture, but gender, sexual orientation, and all those other social categories. And in order to be culturally competent you have to be aware of those factors and how they influence the work that we do; how they influence our diagnosis, our work... so there's vast continuum.”

“And so people can... a person can be knowledgeable in terms of cultural psychology. But to be culturally competent is very different because you have certain criteria. You have certain standards. And so you know I think of the three competencies for multicultural competence, the knowledge, awareness, and skills. And so I think all those three factors are critical in order to be culturally competent. And so I think beyond that you also have to be aware of the relationships and how all those factors come into play and how they affect our daily lives as cultural beings.”

“The meaning of being a cultural psychologist... hum”

Voice 2:

“Let me, that is a weird question maybe you need a reference?”

Voice 1: Adelita

“Yeah.”

Voice 2:

“Okay. I am in a program that is guided by cultural psychology.”

Voice 1: Adelita

“Okay.”

Voice 2:

“So cultural psychology... I have been in this journey saying to myself, I started by saying why do we need cultural psychology when we have ethnopsychology, we have multicultural psychology, and we have cross-cultural psychology? What would be the meaning of becoming a cultural psychologist since I have been a clinical psychologist? So that is why that question is there.”

Voice 1: Adelita

“Okay.”

Voice 2:

“To see if my participants contribute to new discoveries about the meaning.”

Voice 1: Adelita

“Well I’m not sure that I can contribute to the meaning since I guess... this is the first time that I’ve really seen such a term in terms of, I mean I’m sure that I have. But this is the first time that I’ve really had a focus on such a term.”

Voice 2:

“Okay.”

Voice 1: Adelita

“So I guess I’m still processing in my head...”

“But I think when I think of the term cultural psychologist I think of just that of a psychologist who really focuses on the impact and meaning, the context of culture, and how it applies to one’s role as a psychologist and how they’re interconnected. So I guess for me that cultural psychology would mean that among other things, but I guess that’s my initial conceptualization of that term or meaning.”

Voice 2:

“The other purpose of that question is that I am... in my dissertation... I am... I suppose this should be in exchange... I mean a conversation... “It’s not an exam. (Laughing)...”

Voice 1: Adelita

“Hum!”

Voice 2:

“But so let me share with you... that I am, I am aware that when I am asking you about cultural psychology it is as if I asked you for a school of thought. So it is like saying tell me about what is the meaning of being a psychoanalyst... Do you understand what I mean?”

Voice 1: Adelita

“Yes.”

Voice 2:

“I found that most psychologist probably would have an understanding of how to differentiate the different schools of thought that intervene in our practice... but it specifically what cultural psychology is, it is not well-known and is very confusing with cultural competence and multicultural competence and... that is one of the points that I am making... about the relevance and the need to have more clarity about what is cultural psychology.”

Voice 1: Adelita

“Okay, that makes sense.”

Voice 2:

“That makes sense? Okay.”

Voice 1: Adelita

“Okay, let’s see. Ethical violations...”²⁷

“Well... I think that there are many violations when we look at ethics and we look at service delivery. But I think it begins when we look at ethical violations... I think it begins before we actually have people in the field. I think it begins in our training, in our clinical and our academic training. I think that when we look at our coursework, I think that it’s very Euro centric, that most programs, most clinical counseling or other programs are very traditional, that you know, future psychologists are being trained in very traditional models, very mainstream models that tend to blame the victim, really have a minimal understanding of the role of social forces, have minimal understanding of what it means to be a cultural being, a gendered being, and all those things. So I guess for me those ethical violations begin then and I think that they continue once we’re actually in the field.”

“You know it makes common sense if you think about it in terms of when we’re in our internships or our pre-doctoral internships or other *practica* [practicum] that our supervisors tend to be Caucasians or people who are not aware of the nuances of being a Latino, Latina or Chicana, whomever, that we have supervisors who are not aware of the impact of being gender beings or cultural beings or ethnic persons or all these things that you know there’s only one mindset. And so therefore everyone has to follow in that kind of mindset. And anyone who deviates from that is considered deviant.”

²⁷ Here Adelita was addressing the following question. What ethical violations in the delivery of mental health services to Latinos do you identify as an expression of disparity? Please estimate the percentage of Latino cases that benefit from having a culturally competent assessment and share your thoughts about the use of translation in psychological and psychiatric evaluations, when educational, legal, and government social service systems will use the information generated to make important decisions that will affect the individual’s life.

“So I guess a lot of that has to do with my own personal experience in terms of just of being in class or working with supervisors and always commenting that you know these models don’t apply. These theories don’t apply. The training does not apply for people who are in the Barrios (neighborhoods) or people who are indigenous or people who are not mainstream, middleclass, white individuals. So I think it begins there in the classroom in the ivory tower. And then it perpetuates itself into these institutions or these places that serve other individuals because we’re not trained, we don’t have the training. We don’t have the background. We don’t have the experience. We don’t have all those competencies that we need so therefore how can we, delivery culturally competent services... you know?”

“So I guess the ethical violations begin there and only continue because those same factors begin to amplify. They begin to escalate. And so numerous times have I seen, you know when my colleagues have been working with Latino clients or people who are different from them how immediately they begin to blame the victim. They begin to blame the clients and not themselves. They lack the ability to look at themselves and to see okay well what am I contributing to this? What am I doing and you see the ethical violations when they lack the capacity to become introspective and to really acknowledge some of their own shortcomings.”

“And the violations continue when they have no desire to improve the training, to improve their own wellbeing in terms of understanding people who are different. You know where they just don’t see that kind of training that they need. So I think the violations are everywhere. One of my major concerns is also the lack of these institutions that serve indigenous people or indigenous populations. You know they’re very limited because they tend to serve others. Does that make sense?”

Voice 2:

“What do you mean when you say they tend to serve others?”

Voice 1: Adelita

“Because there are, I think, I think there are many factors that I’m thinking of. I’m thinking like a lot of the mental health agencies, I think they’re so limited to begin with. But when you look at the number of agencies that serve special populations are even more limited or scarce.”

“So I guess that’s what I’m thinking of. When you look at the number of multicultural or ethnic psychologists or therapists are even fewer you know so a lot of the ethical violations pertain to a lack of recruitment in terms of recruiting talented Latinos or Latinas or talented African Americans, talented individuals

who come from disenfranchised groups. You know and then so the cycle just continues; so that if you're not recruiting these people... you don't have them as service providers."

Voice 2:

"So did I understand you correctly are you suggesting that the number... The limited number of service providers is an ethical violation?"

Voice 1: Adelita

"Oh definitely!"

Voice 2:

"Okay."

Voice 1: Adelita

"Because you know APA has the guidelines for serving ethnic linguistic and culturally diverse individuals. I mean the guidelines are very specific in terms of the ethics. So you can take any, any area and see how it applies to mental health services. You know if they're not recruiting Latino students, how can they expect to have them in these agencies where we need them? So I clearly see that as an ethical violation. And so a lot of, another violation is the lack of desire to do so... you know. And it's not like there aren't any competent Latinos out there. There are numerous."

Voice 2:

"The question, the estimate of the percentage of Latinos cases that benefit from having a cultural competent assessment, how do you understand that question first?"

Voice 1: Adelita

"I would say 100%. I mean if you're looking at cultural, you know."

Voice 2:

"Would then benefit Latinos cases that had had the benefit; so let's say in an agency there are 100 cases, let's say. In a court system with your experience or in a child protective agency in your experience or in your experience... in general of 100 cases, how many of those cases that were all Latinos... would have benefited

from... your estimate of number that would have had access to a mental health provider... that is culturally, that is trained or able to provide culturally competent services that speak the language, that understand the culture, that have followed the model or the skill, awareness of skill, and knowledge? What would be your estimate?"

Voice 1: Adelita

"Well I would say if you have 100 cases and if all these cases, all these clients are working with individuals who are culturally competent."

Voice 2:

"Okay, you would have 100%."

Voice 1: Adelita

"Yes."

Voice 2:

"But in your, in case that..."

Voice 1: Adelita

"You mean in actual reality?" (Laughing).

Voice 2:

"The actual reality... So that when you look back in your history and your knowledge, I am not asking you for science. I am asking you for your gut feeling for your experience; go back to an agency or a moment in your history or your training."

Voice 1: Adelita

"I would say that typically for every 100 clients you have I'd say one Latino or Latinas psychologist or therapist. Usually you tend to have at least one Latino or Latina on staff."

"And in terms of people who are bilingual, it's different because in California you have more persons who tend to be bilingual or familiar with Latinos. But I'd say like if you go to other places like Utah or Michigan, it is even more... sparse."

Voice 2:

“It’s more... sparse, Okay. How did you, what is your background in mental health?”

Voice 1: Adelita

“Counseling psychology.”

Voice 2:

“Counseling psychology; have you worked with agencies?”

Voice 1: Adelita

“Yes.”

Voice 2:

“And... what kind of agency?”

Voice 1: Adelita

“I worked at a it was called the Hispanic Family Center in which they worked with Latino adolescence who were at risk. But that agency was very different in that it was a research project that was specifically geared towards Latino families.”

Voice 2:

“Okay. So in that case... the percentage of clients receiving cultural competence service was... very high?”

Voice 1: Adelita

“Very high.”

Voice 2:

“Besides that experience...”

Voice 1: Adelita

“I also worked for Cal-Works. And so...”

Voice 2:

“I don’t know what that is.”

Voice 1: Adelita

“Cal-Works is the program that is welfare.”

Voice 2:

“Okay. Different states use different words... I wanted to make sure I understand... it is welfare program...”

Voice 1: Adelita

“And so since that was in Imperial Valley and Imperial Valley is predominantly Latino, once again that experience was very different. But I’ve worked at the counseling center, say for example at UT Austin. And we, our typical caseload it was maybe... I’d say 35 clients and of the staff of say 30 psychologists and social workers, and psychiatrists, there were only two of us.”

Voice 2:

“Okay. So if you consider that experience and you said in the predominant population serving, that agency... was serving was Latinos.”

Voice 1: Adelita

“You mean in (Southern state)?”

Voice 2:

“Is that the experience that you were referring to?”

Voice 1: Adelita

“Uhhuh. No. I would say well now we’re talking about other issues also because when you look at counseling centers or other centers or in institutions that are not geared towards Latinos, you’re working with another issue in terms of you know when word gets around that there’s a person there on staff that say for example speaks Spanish or is Latino then it’s different. Then you have greater access. So it’s very different in most counseling centers, you have very small percentages of Latino clients. And usually it takes something like that you know to get a Latino student in or else to have someone bring that student in. So it’s very different.

But say for example in Michigan when I worked in the counseling center there, I was the only Latina on staff and I was a student. And the number of Latina clients that we saw was also very small.”

Voice 2:

“Okay. I will tell you where this question was born, where it originated. I work in Minnesota. And in my experience when I look back I will say that over 100 cases that... I only specific percentage of Latinos will have access to a cultural competent.”

Voice 1: Adelita

“Uhhuh, very small.”

Voice 2:

“Okay. So that is the percentage that I want you to guess.”

Voice 1: Adelita

“Oh, okay. I was looking at it very differently. I would say of 100 cases, I would say 510%.”

Voice 2:

“Okay, thank you very much.” (Laughing together) That is the estimate that I have and I think is very generous. But I am going around the country finding the same percentage.”

Voice 1: Adelita

“Okay.”

Voice 2:

“Okay? So I am, at the same question, tell me what you understand ... so that I hear your thoughts about translations... this is a very complex question; because I just grouped all the things that would be related to ethics.”

Voice 1: Adelita

“Okay. So what is it that you want me to answer?” (Laughing)

Voice 2:

“Well tell me, what are your thoughts about the use of translation in psychological and psychiatric evaluation?”

Voice 1: Adelita

“Okay. I have mixed feelings. Because if we’re looking, you know if we’re looking at research things you’re dealing psychometric properties of the test. If we’re looking at translations in terms of paperwork or having someone physically present that’s also very different. I think that...”

Voice 2:

“Let’s see. Let’s back up.”

Voice 1: Adelita

“Okay.”

Voice 2:

“We are in a clinic. Oh better...we are just in criminal court, there is a case... There is no psychiatrist or staff who speaks Spanish. They bring a translator. What are your thoughts about the result so we are assuming that psychiatric evaluation will have an impact in the life of that individual? Another scenario, we have a school evaluation for placement of the child and they are doing a psychological evaluation. They are doing an assessment with the help of a translator. What are your thoughts about?”

Voice 1: Adelita

“About those scenarios?”

Voice 2:

“Yes. Especially when the information generated by the evaluation will be used to make important decisions that will affect the individual’s life.”

Voice 1: Adelita

“I know that it’s a reality and it’s a very scary reality because I would question the validity of the translation for many reasons. I think for one thing a lot gets lost in translation. There are certain terms or words or nuances that are difficult to

translate from Spanish to English. For one thing and I think that a lot of it has to do also with the translator. If the translator, say for example is simply your secretary that speaks Spanish but has no familiarity with the psychological concepts that you're dealing with, a lot can get lost. A lot can get distorted. Also when you have a third person present, that also impacts the quality of the information that you receive because it's intrusive to have a third person, especially if that person is a stranger. So I have real strong reactions to that."

"And also I recognize that affect is in your first language. So if you are expressing your thoughts or whatever that information is and it's being translated into another language, a lot gets distorted and taken out of context as well. So for me there's a lot of distortion in numerous areas. And so the fact that you have all these distortions that will impact a person's well being or their future... it is scary because it's inaccurate in many ways. And especially like when you look at testing in terms of the schools you know. We know... for a fact that these tests are not valid because they were norms on white populations. And even those that have been translated, when you're taking European or mainstream concepts and traditions, a lot of them don't apply."

"And so even when you look at the use of Spanish, you know, there are many variations when you look at the Spanish that *Mejicanos* [Mexicans] speak and you look at the Spanish that *Puerto Iqueños* [Puerto Ricans] speak. They're very different. So I think you need to recognize those things as well..."

"So when I think about all those translations and the impact that they have in terms of social services or legal system, I think it only amplifies the need to have more Latinos in those areas, to have other individuals who have the training and competency and not to solely assume that because something is translated it's accurate because often times the research shows that it's not."

Voice 2:

"Okay. That is a very relevant issue for me because I do believe that in psychological assessments and psychiatric evaluations when we use translators for mental the start of examination, it's very likely that we obtain the mental status of the translator unless that the translator is capable of evaluating the client. And in that case, it's just a mental health provider who is informing non-Spanish speaking psychiatrists or psychologists of his/her observations and findings."

Voice 1: Adelita

"Exactly, and also you know if you're looking at mental status issues or psychological issues, we also have numerous culturally bound syndromes that you know are very applicable and things that we don't think twice about because we

know the culture. We know the context. But when others are aware of them you know they freak out and you know so you have all kinds of pathology.”

Voice 2:

“Think about an example. Just you were laughing and smiling.”

Voice 1: Adelita

“Well I mean because I think about like my own mother and the way that she expresses her own distress. It’s always in her body aches, *que me duele esto* [that this hurts me] you know.”

“And so like I think about a time when she was depressed she couldn’t articulate that she was depressed but she tend to discuss her physical symptoms. And so she would talk about how her head hurt and how she couldn’t sleep and all these things. And so I think about you know how we express our distress is also very relevant.”

Voice 2:

“Just recently I did an assessment in another state. And I have some... one of my findings was that the client may benefit from medication. And I sent her... I made the recommendation of a psychiatric evaluation. Well she wouldn’t describe to the doctor her problem and stated that the only problem she had was that she forgets things. And I was looking for an antipsychotic (laughing together) to improve her thinking... And the report came back saying there is not enough report of symptoms. And really what it was...it was the provider’s lack of cultural competence. Since the psychological assessment had already documented the need for medication but the results of my report and testing were not even considered or at least mentioned.... Of course a translator was used...that is when and why, I think we need a national campaign... for us, as psychologists and us as Latinos, to declare illegal and unethical the use of translation in evaluations and assessments that are directly related to obtaining information to make decisions that affect the lives of the individual. This was a court case requesting an opinion about termination of parental rights... and I do not like medication, but there is a place and time when they need to be tried... The client lost her opportunity to see if her functioning would be improved....It is unfair...”

Voice 1: Adelita

“Oh definitely.”

Voice 2:

“If you go to the clinic and you just want information or you want to let somebody know about your problem and you use a translator, I see that as a very relevant service. Okay. How are you doing with time?”

Voice 1: Adelita

“I’m fine.”

Voice 2:

“Okay, it is very good.”

Voice 1: Adelita

“Okay, let’s see the quality of mental health services and resources. (Big sigh) I think that’s a difficult question in that living in Los Angeles you have, you have larger numbers of people who are bilingual. But I think in terms of the quality I would say that that’s questionable and also the resources also because it seems like I said earlier the resources are very scarce, very limited. Okay. (Laughing)”

Voice 2:

“Tell me more about the quality, what are your observations from your experience?”

Voice 1: Adelita

“I would say that my experience in terms of mental health services, in terms of the quality... I’ll kind of reiterate what I said earlier. Unless this is a service agency that is designed to specifically serve Latino clients, the quality is very poor... for many reasons. Many of those reasons being that often times mental health agencies don’t have the staff that they need... beginning with the clinical staff in terms of say for example simply the receptionist, a person who books the appointments, you know. Usually people have questions, right? And so if your receptionist does not speak Spanish, that’s a problem. And so it begins there and then kind of filters down... also into other areas in terms of like to providers. If your therapists and your psychologists... what I’ve seen are typically not Latinos or usually people who are monolingual, and so you have very poor services. And so I think that contributes to the high attrition rates which would make sense, you know if people, and I think also there’s an assumption in terms of what counseling is or psychotherapy, which is very European, very Eurocentric. You know it’s counterproductive to the culture...”

“You know there’s an assumption that people are going to open up immediately and if they’re not, they’re being defiant, you know, etcetera... [etc.]... which it is really not true; but often times, Latino clients are not acclimated to that kind of settings. You know they don’t know what counseling is about. (Laugh) And also there is a large stigma.”

“And so I think that many of the assumptions are that you know, Latinos... the clients have to come to the agency and actually it’s the other way around. I think the agencies need to reach out to the community. So I think that impacts the quality of the services. And I also think that one of the reasons these mental health services are so poor is that there is a lack of collaboration with other agencies that would be beneficial, you know like it would be beneficial to have an agency that provides mental health services but also an agency that provides medical services. And another agency that provides other types of social services. I think having them all in one building would allow for larger quality of life and better quality of services so that you can have that collaboration. You know because I think that often times the psychological impacts the physical and vice versa. And so I think that it’s crucial that you have that kind of collaboration. I also think that the resources that are available in the Latino community here are very scarce, very limited as well. And so I think that they’re all interconnected.”

Voice 2:

“Okay; the numbers of mental health providers, please compare them with the population percentage.”

Voice 1: Adelita

“In terms of like a ratio?” (Laughing).

Voice 2:

“Yes.”

Voice 1: Adelita

“Well let me see. It would, okay, well this, being that this is LA and we have a high percentage of Latino clients, I would say that perhaps for every 5,000 I would say for every 5,000 clients I’d say there’s maybe one Latino or Latina psychologist or therapist.”

Voice 2:

“And for the other populations, what would be the ratio?”

Voice 1: Adelita

“Like when you look at African American and well if you’re white and if you’re European, hey that’s no problems.”

Voice 2:

“So what would be the ratio for them?”

Voice 1: Adelita

“Maybe one in ten if that or even smaller, one in five... No, I say one in one. There’s if you look in the white, in the yellow pages there are tons of individuals who offer psychological services that are European or Anglo or Caucasian. But when you further scrutinize these names I think that you’re lucky if you find one or two Latinos.”

Voice 2:

“Okay. My, that question is based on the fact that for example we can have a population of a hundred thousand. Actually this is real, in Minnesota the Latino population corresponds to 2% of the whole state. They have been estimated for the last ten years or twenty years in 100,000 Latinos. Really it’s close to 150 or 200,000. When you look at the numbers of psychiatrists and psychologists, put it together in the whole state... bilingual, we have...”

Voice 1: Adelita

“One percent...? I’m not surprised!”

Voice 2:

“Ten, I think it less than one percent.”

Voice 1: Adelita

“Oh ...ten.”

Voice 2:

“Yeah... In 1998 I did a survey about all these resources and when I added them together, they did not reach 10, I mean the combined number of psychiatrists and psychologists.”

Voice 1: Adelita

“I believe that.”

Voice 2:

“So, I am interested now.... to find more. There is a good excuse for Minnesota. There is only 2% of the population. Okay...I have been very interested in finding how different it is when the percentage of population is higher.”

Voice 1: Adelita

“Well you know in the “Counseling Psychologists”, there was a special issue on Chicano/Chicana psychology. And one of the contributors or one of the reviewers was Melba Vasquez. And one of the things that she said is that in Austin that there, that she and her Latino colleagues or Latina colleagues are so inundated because there are so few. And because there are so few of them they have a high caseload. And so they burn out. So you know even in Austin where you have a large population of Latinos, it still, there’s this large disparity in terms of the number of individuals who are able to provide those services. So I think, I think all and on all it still kind of amplifies the fact that there is this large disparity. Let’s see. The educational conditions...²⁸

“I think when you look at persons who are interested in mental health; it has to be a certain type of individuals. You know I think it has to be a person who is altruistic, a person who has an affinity with their own ethnic heritage. I think there are a number of factors that contribute to the educational conditions. I think for example when you look at the persons who are interested in cultural psychology or multicultural psychology or ethnic psychology, I think that you see some common trends. I think all of those are related. But when you look at the educational conditions I think that education is no different from other institutions of learning or any bureaucracy in that they’re very, they’re very alienating towards people of color.”

“And they’re very alienating in terms of Latino students because there’s this large incongruence. You know the whole model of education is very European. It’s very middle class. And it’s not, it’s not welcoming of people who are, don’t fit

²⁸ Adelita is addressing now the following question: Please comment on the educational and social-economic conditions (or structures) contributing to the social neglect of Latino mental health needs, and on the role of psychology.

that kind of mold. So, I think that because you have those assumptions in education, you're not training people to be compassionate. You know you're not, because if anything what's valued is competition. You know I think if you think of what's valued as a certain type of thinking, you know this kind of philosophical and so when it comes to things like community service you know they're not valued."

"So I think when you look at the educational system and the conditions that are in play in terms of the structures, they're incongruent with what you need in cultural psychology because that kind of field calls for collaboration. It calls for different types of thinking, different types of working with people. It's all so different. And I think that that contributes to the neglect of the mental health needs of Latinos. You know even if you go back to that whole recruitment process when you look at curriculum, when you look at training, all those factors play in and I think when you look at the social economic... a person has to have some kind of resource to go to school because it's very costly. And so that person has to be aware of resources that might be available."

"And so now you're looking at other factors in terms of like where that person went to school. What kind of training did they have? What kind of opportunities? Do they have mentors? Do they have people who will help them in the educational process to kind of get in? So I think all those factors are all interrelated. And when you look at any of those macrostructures, they're all designed to keep us out, to keep us in the margin. And they're all created to further oppress people and provide privileges for those who are already privileged."

"So I think when we look at the role of psychology, psychology is no different. I think we're even worse because when we look at our paradigms, when we look at the research that has been conducted, it's also very... main-stream... It's also very exclusive. You know it is very elite and, it does not value other types of knowing, other types of research, other types of conceptualization, other paradigms."

"So you have these bipolarizations being created. You know when that whole thing of psychology being a soft science, you know so you have to have these experiments and they have to have all these other things that are really... that don't provide you with the means and the mechanisms to look at culture, that don't allow you to look at social forces. You know when you look at qualitative research, you know... as we know, qualitative research is not valued in psychology. But when you look at, when you're trying to take an inductive approach, you need qualitative research. You know you need feminist research because you want the informant to be or the participant to be the expert and not the other way around."

“You want your data to come from those experiences versus with quantitative research, you’re pretty much... you know... you have everything already established. And you’re just trying to prove it in one-way or another. So I think that we need major paradigm shifts in psychology. We need these major paradigm shifts in our educational system. And we need major shifts in our political system as well. You know where the underrepresented are being served, where they have a voice. So I think they’re all interconnected. So that’s unfortunate when we look at our field of psychology because it has also perpetuated these disparities and these atrocities.”

Voice 2:

“How have perpetuated it? Tell me a little bit about perpetuating it.”

Voice 1: Adelita

“Well, (laughing)... I think when you look at like educational psychology and this whole notion of intelligence, that’s one classic example how you have the psychologists using these standardized tests that were created in Europe and then translated. But they still have these European or Eurocentric ways of you know conceptualizing intelligence; or having this assumption that there’s only one type of intelligence. Well Gardner says that there are 12... There are different types of intelligence. But yet these tests only tap into one form or perhaps two forms.”

“And so here you have these monolingual children being tested and all of a sudden they’re being tracked into these classes where they don’t belong. You know all of a sudden they’re being labeled as unintelligent and all these other things. And so that carries on you know into their lives, not just in school; but also in terms of their employment and other choices that they make. And so I think that’s and then worse yet you have laws that were created where you have policies that were adapted from intelligence tests... you know when you look... And so even like our educational system you know you see that as well when you look at GRE scores or SAT scores. You know like all of a sudden they carry all this weight. But we know that they have minimal predictive validity and all these other things. And now finally educators are catching on and they’re recognizing that they’re not valid tests. I think that’s just one classic example...”

“So yeah, I love psychology. But I also find myself experiencing these clashes, these cultural clashes and these heartache also... you know I think more than anything.”

Voice 2:

“Why? Tell me why.”

Voice 1: Adelita

“Because I don’t think sometimes psychologists recognize the power that they have and the power of the decisions that they make...”

“You know you can spend some time, you can spend one or two hours with the person and yet the decisions that you make or what you put in paper will affect that person for the rest of their life or for a large portion of their life. And I think that we often fail to recognize the impact that we have.”

Voice 2:

“Very good... Very good...It is very helpful what I am hearing.”

Narrative:

Adelita transitioned to the next question: What coping skills or strategies did you use to complete your education and training as a psychologist and what is the meaning of the term tokenism?

Voice 1: Adelita

“Coping strategies, tokenism, oh my gosh!...”

“Okay. I think one of the things that helped me in terms of my own coping strategy was the fact that I have a sister who is also a psychologist. And I think she was very influential in terms of my own development, my own identity. For example, I remember she went to USB in (California City) and so she went to school at a very radical time. And so I remember her coming and talking about the great boycott. You know and she was always having these radical ideas. And I remember learning from her, you know the term Chicana and how we had to be proud of our heritage and how it was important to be proud of whom we were, although we live in the Barrio.”

“And so I think that provided me with a solid foundation and also my parents are very supportive of all of us in that they allowed us to be who we wanted to be. They didn’t put restrictions although there was some sexism in terms of my brothers had more privileges. But when it came to us like they never told us that we couldn’t go to college or we couldn’t do anything. So I think that that helped me also.”

“And so whenever I found myself being very taxed out or exhausted or stressed or whatever I would call my sister and just talk to her. And she was very supportive. And she’d say, “Yeah, I went through that. I know what you mean.” And so

sometimes I would have to fly home from wherever I lived just to be with my family and to feel nourished and supported. You know and so they would always remind me you know we believe in you and we believe that you know what you're doing is important. So they would give me support also."

"My friends also were very supportive; although, they often didn't understand my experience."

Voice 2:

"What was your experience?"

Voice 1: Adelita

"A very negative one... if anything."

Voice 2:

"Tell me more."

Voice 1: Adelita

"I think I was very, when I was a master's student, I think I was very fortunate in that like I said Miguel was my advisor and so he helped me a lot you know in terms of my development, in terms of learning the ropes, learning the system and all those things. But when I went on for my doctorate program in ... (Midwest state) there was no Miguel. And so here I was in a small cohort of six people. I was the only Latina. And so it was very difficult because my classmates, the first day of class we all got together and we went out for lunch. And during that lunch they all tried to size everyone up. And what I mean by that is they all tried to say okay, you are probably an affirmative action... excuse me applicant and blah, blah, blah. And they were talking about me. And I'm like whoa."

"And that was very painful because I remember telling them no. I got called the same day. I was one of the first to be accepted. And it was a white, male colleague who was angry with me because he said that he was an alternate. And so basically what he was telling me was that I had taken his place because I was an affirmative action applicant. And I'm like, no, that's not true. I'm here by my own merits just like you are. And so that continued on and on and on and on. And so it was a very painful experience. It was very isolating, very alienating. And also living in the Midwest was also very different for me because all of the sudden I was clearly different from everyone you know like black hair, my quote and unquote accent whatever that meant and my whole experienced. The fact that I loved my family and talked about them all the time and talked about my nana

and so people didn't know what to make of me you know. So that was very difficult.

“And so what I had to do was really to reach out to my community and then reach out to other people at school. And if anything we formed a Latino student group. So there was some positive outcome. And so we would come together and kind of share our struggles and just support one another.”

Voice 2:

“What were the struggles that as a Latina student you had that other graduate students did not have? What were these struggles?”

Voice 1: Adelita

“Well, I think the first thing is that there was an assumption that... the whole notion of tokenism, you know. I could have gone into; I could have earned my master's in Harvard. It wouldn't have matter because to them I was just a poor person. I was this “ethnic minority”. I did not go to private school. My family, you know my family, my parents are from working class backgrounds... So all of those factors, you know I didn't speak like them you know. My ways of being were different. Just everything just kind of put me like in this outsider position. And so I felt myself, I felt I always had to prove myself. And so I remember early on when we would have our assignments returned and everyone would always assume that I wrote the worst paper when in fact sometimes I was a better writer than them and so they would get upset, so, all these notions and assumptions of inferiority.”

Voice 2:

“Okay. So did you, did you must do a doctorate in an environment that was constantly saying to you that you were inferior... Did I catch you right?”

Voice 1: Adelita

“Hum... That was, yes, that was it. So what I did actually because that environment was not conducive. It was not healthy. Yes I grew stronger as an individual. And it was my first time also seeking therapy, you know. And so the help was an experience, which was also helpful, and my therapist was actually a psychoanalyst. White... and so when I would talk about, I would say things like you know I know I'm a brown person. And he couldn't see that. And so it was hard for him to understand what I meant by that. And he's like, “But you're white.” And I'd say, “No, but inside I'm brown.” (Laughing)

Voice 2:

“That’s so beautiful (Name of the participant... Adelita)... I use the same description. I use the same term. My skin might be white but I am brown. My heart is very brown.”....

Voice 1: Adelita

“Yeah, exactly.”

Voice 2:

“But you say unhealthy, an unhealthy environment; what made the environment of that school unhealthy?”

Voice 1: Adelita

“Well all those factors. The fact that I mean it was, it’s a given that most graduate programs but particularly doctorate programs when you’re at these Ivy League Schools are extremely competitive...”

“And so they create a hostile environment where you have students working against each other, not collaborating; where you have students hiding resources. Where you have students fighting amongst each other, for very scarce resources like the teaching positions or scholarships or other things; that was... that was difficult because I come from a large family. And we all know that we all have to work together and pull together... And so my experience as a student has always been to work with other students. And so here I was in an environment that did not embrace any of those things that did not even embrace my experience. And so and then you also have faculty members that did not look like me, did not value what I had to offer. And so there was a lot of conflict with them as well that I had with them because they were teaching these very white European types of therapies or theories or anything and so I would challenge them.”

Voice 2:

“You would... What?”

Voice 1: Adelita

“Challenge them... And so I would get into arguments with them and so they labeled me as a troublemaker you know... And it was interesting because another student could speak their mind and they would value that. That person was being assertive. And then I spoke my mind and I was categorized as being aggressive or hostile.”

Voice 2:

“Were you respected intellectually?”

Voice 1: Adelita

“Not initially. I think I had to prove myself. And it wasn’t until like... when I was very productive in graduate school... like I presented at several conferences and I also published. And so that helped to give me some kind of credence... But it took a lot... it took a lot of work...”

Voice 2:

“It took a lot of work to be respected intellectually...”

Voice 1: Adelita

“Yes.”

Voice 2:

“If I got you right what helped you, it was the support of the community and the support of friends and family.”

Voice 1: Adelita

“Yes.”

Voice 2:

“How community?”

Voice 1: Adelita

“Well the community meaning that it was my school community outside of my department and when we would come together as Latino graduate students but also working in the community and like everything I did was purposely designed to help the Latino community.”

“So for example I created several programs that were for like Latino adolescence. And so I tried to apply what I was learning to real life and so I directed it to the community. And so for me that was very rewarding that although I couldn’t, I didn’t receive the support or the services that I needed that I wasn’t going to let that prevent me from doing the same for people who needed it. And so I grew

from that also... And I was able to meet a lot of other caring individuals from various backgrounds... And so that had to... kind of... fill the void that I had in terms of school.”

Voice 2:

“Yeah, something similar happened to me... And actually that is one of the things that connecting the student of colors... to put it in that way... To place the graduate student... students of color with their community... it is probably... one of the strategies that facilitates and makes the journey less painful.”

Voice 1: Adelita

“And I know that it’s a common experience you know. I think that there are other men and women who chronicled have had those same experiences. But I think the irony of all of this is that... recently I’d say about three weeks ago my advisor nominated me for a very competitive program. And so I won the award you know. And so it’s a very prestigious award. And for me it’s kind of like... oh... you see. (Laughing) So it was very affirming. It was like okay finally... but you know. So it’s kind of ironic like poetic justice in many ways... So... yeah!”

Voice 2:

“Tell me a little bit about the award.”

Voice 1: Adelita

“It’s an award called... the Award of Academic Excellence. And so I competed, I mean it was a very competitive program or whatever they want to call it where they want to recognize these “scholars.” And so to beat out many others was just very validating... I guess. But for me it’s like okay. It’s like after the fact I could have used the words like that or that kind of recognition my first year or my second. But okay, it’s all right, better late than never. (Laughing). So now I’m receiving all these emails from my professors and my colleagues. And so I’m like oh, okay! But I’m at such a different place you know.”

Voice 2:

“You were not there when I needed you the most.”

Voice 1: Adelita

“Yeah, uhuh. And I’m also at a different place in terms of my own process, in terms of... like when I talk about all these things they’re not painful anymore

because I worked through them. I use them in the work that I do in my own students, just recognizing that experiences. And trying also to teach them some of the ropes like... you know... teaching them to be better writers; teaching them to be not afraid to speak their mind, teaching them to be better presenters. And so I'm using once again all those experiences and skills and trying to pass them on."

Narrative:

Adelita transitioned to the next question.²⁹

"Progress... I think that in the past ten years or since we've had that what Peterson calls that fourth floor in terms of multiculturalism I think that we've come a long way. I think when I think about like the different models that have been created and the research that has been generated in terms like ethnic identity, multicultural competencies, all these other areas that were long overdo, I think that we've made a lot of advancements. But I also think that we have a long ways to go as well. I think that we've begun to identify and to recognize these needs. But it's all at the cerebral process. It's all at the theoretical process. I think now we need to be on, to move beyond that and actually set these things in place and in motion and to create the research, to create the programs to create all those things that we've been talking about. I think that's something that we do now. I think some of the efforts have been effective. But I think that, like I said, we have a long ways to go."

Narrative:

Adelita began to deal with the next question: "Exploring disparity..."

Voice 2:

"Basically I want to know what would you do if you were in my place and you were exploring disparity in Latino mental health services...what else...?"

Voice 1: Adelita

"I think the fact that you have a dissertation that is geared towards exploring this disparity will do a lot. You know because we value documentation and we value data. And so now you have the data, which is really cool, pardon my slang. And

²⁹ What progress have you observed and witnessed in the field of psychology in terms of identifying the needs of culturally diverse groups and how affective have been the efforts?

I think the fact that you recognize the disparity and the fact that your sentiments are being echoed by others in the field where you know how there's value in numbers. Well we're a small number of groups of people but I think never the less our voices are still powerful and articulate, which also gives you even more voice and credibility and credence."

"And I think, I think that also goes back to my previous comment in that now you have the ammunition to say okay other people are also recognizing this disparity. Now it's time to do something. Now it's time to put all these experiences into place and to create social change to create these programs at multiple levels beginning at the educational where we say okay we need to generate some money and make sure that we have students in place and to keep them along the pipeline. And to put all those resources into play that we look at our educational system; that we elect officials that are sensitive to our needs at multiple levels that we think of other areas as well. And that we also think of ways to remove the stigma from mental health services whether it be working with *curanderos and curanderas* [Folk healer knowledgeable about massage and medicinal herbs] or other people whoever we need to and that that can be recognized and that that can be valued as well... you know... and that we have these community efforts and outreach efforts as well. But I think those, you're already aware of those things, you know. So I feel like I'm preaching to the choir."

Voice 2:

"Okay. Well I just wanted to see if you were in my place what would keep in mind? What would you do? What else would you consider? You see I am coming through the point that even I was bright and knowledgeable two heads always are more powerful. So what I am inviting you to tell me... if you were in my place... how would you address the issue of disparity beyond to what you so far have seen?"

Voice 1: Adelita

"You mean beyond publishing your study?"

Voice 2:

"No... I mean... that is the goal... but beyond the information that I get out of this... I mean if you were in my place"

Voice 1: Adelita

“Well I think that any time you have any crucial information that you pass it on. And you know one of those areas might be publishing your dissertation. One of those ways might be speaking in conferences which you’re doing already and I think also passing on that information to people who are in those key positions like the people who serve on boards or people, the executives... and passing on this information and say, “look, this is my dissertation. These are my findings. These are things that you need to be aware of... you know.” And also holding them accountable you know to these disparities. Holding them accountable to simply saying well they aren’t out there. For example one of the things that there’s a Tri-City is doing is that they’re trying to recruit bilingual graduate students to work there. And as an incentive they’re paying for their tuition and books to have them work there. I think that, programs like that you know are very effective. And so those are the kinds of things that I would keep in mind.”

Voice 2:

“Okay. So... to see if I got you what you would keep in mind when exploring disparity it is the alternative to... or possible ways to start reducing disparity setting the bases what I would specifically recommend. Actually that comes, that seems to be the next question. I love that question. Pretty much the same to you, what would you, what would you do if you had the power and the resources to make changes... let’s say?”

Voice 1: Adelita

“Well one of the things that I would do I think first of all is I would allocate large sums of money in special programs for students who are already in college at the undergraduate level and at the graduate level to ensure their academic success to give them and I know that there are several programs in place. But sometimes there are shortages of those monies that will allow students Latino students to not only excel in their coursework so they don’t have to work 50 hours a week or what have you; but also so that they could have the opportunities to work with the people in the community or professors and their research skills... to learn clinical skills to make them better equipped. And so I would channel a lot of money into making sure and also into recruiting Latino professors and Latina professors to changing the curriculum that is geared towards people who are often excluded, you know people of color, people who are disadvantaged, gay, lesbian, all those people because Latinos. We’re not just Latinos. But we’re people who have disabilities. We are people who are gendered beings. So, I would make, I would extend, I would revised the curriculum. I would do those kinds of things.”

“And then I would also make some changes like at APA, as well which oversees the psychologists and what have you and put more Latinos and Latinas in governing boards. So that when they’re making decisions and policies that they are reflective and inclusive. So I would do those kinds of things. And I would also generate monies into creating major research programs so we can test certain types of therapies. We can test the efficacy of certain alternative therapies or what have you. And I would work towards holding those who... and you kind of see very minutely in terms of holding others accountable for their lack of competency in terms of whether it be multicultural or cultural or whatever but also raising the bar. And saying okay it’s not enough to say that you didn’t have that education. But now you want to get licenses, if you want to graduate, if you want to work period, you need to prove yourself first. So I would make those kinds of changes also. So I would have a field day.” (Laughing)

Voice 2:

“You would have a field day.”

Voice 1: Adelita

“Uhhuh.”

Voice 2:

“Okay what would be your priority number one? And I am inviting you to think locally and nationally. See... I just nominated you as the president. (Laughing) Okay I want you to govern the Latino mental health service delivery system?”

Voice 1: Adelita

“I would do it at the national level because I think that that way I would ensure that it would trickle down instead of trying to make sure, instead of trying to work the opposite and trying to force things up. So I would work at the national level I think in terms of policies, in terms of funding, all those things and make sure that they’re in place. So I think that I would take a national approach.”

Voice 2:

“What would be the priority in mental health?”

Voice 1: Adelita

“I think that the priority would be to ensure that those services are in place. You know if you have certain areas that you have large en-claves or large pockets of Latino citizens then there better be those services available.”

Voice 2:

“So our priority will be I don’t know you said that or I’m making it up. But let’s explore it together.”

“Are you suggesting that one of the things then you will do is reinforce and document the needs of the population versus the number of resources? Is that what you were talking? That is what you said? I want to understand.”

Voice 1: Adelita

“No, I guess if I had that kind of power my priority would be to ensure that those services are in place that those agencies are in place.”

“And then I would also do, I think what’s important also is to do like a needs assessment because like I said earlier the psychological and the physical are interrelated, they are inseparable, you know. They’re interconnected and so I would make sure that other services were also available.

“For example if people are unemployed that can create stress. So we need to create jobs... if people are, you know... we know that they lack access to insurance and other agencies. When we look at barriers I would make sure that they have access to medical care, you know and other social services that they need... so I think I would try to be inclusive to make sure that all those services are in play.”

Voice 2:

“Yeah, you are really talking about working with a global vision and a more integrative and more holistic approach to service...”

Voice 1: Adelita

“Well I think if our conceptualization is holistic then why wouldn’t our service provision be holistic?” (Laughing).

Voice 2:

“Yes, yes. Well, we have two more questions...”

“I want to be, I want to be respectful of your time because I was a few minutes late, it was a long trip because traffic was bad... how are we doing in terms of time?”

Voice 1: Adelita

“ Fine...

Let’s see.³⁰ Well, I think when we look a mental health services in terms of managed care I think the disparity is even more amplified because you’re working with agencies that are profit driven. The resources are even more... scarce because the dollar dictates the service. And I think even when you look at access to services the disparity is even more amplified because most Latinos don’t have health insurance. So how could they even have access to managed care organizations? So you’re excluding a large percentage of that population. So I guess you know once again when you actually have access or your foot in the door I think the quality also diminishes because it’s driven by the dollar.”

“And so if you have a limited number of services, you know, sometimes you’re dealing with issues that entail more than twelve or ten sessions. Sometimes it just takes five sessions to establish rapport or to understand what therapy is about you know so... yeah.”

Voice 2:

“That question comes from my experience then I don’t know if it echoes yours. And my experience is that to serve Latinos is very difficult. The resources are very scarce few.”

Voice 1: Adelita

“Yes.”

Voice 2:

“But when we go into managed care, it is worse. When services are being provided through a managed care organization it is worse. I will take two to three

³⁰ Adelita transitioned to the next question: When considering disparity issues, please comment on the quality of mental health services and the access that Managed Care organizations provide to Latinos populations.

hours to get an intake for an Anglo client while for a Latino client I may need five or six to complete the same process because what I have to do with the Latino client is quite different and I have to even train the Latino client to access the services and sometimes even to fill their forms. And so I was wondering if that is something you encounter?"

Voice 1: Adelita

"Oh definitely!... and like I said, it deals with that access to the services and then the few that are there, they fall through the cracks. And so the quality also diminishes. You know if your mission is not to serve your client but to earn, to maximize your profit, then a lot get lost. You know and often times what you see is that the quality of the services is also sacrificed if anything. It comes with that price. And so also when you look at managed care you have a select few of service providers. You know not everyone is accepted on these managed care panels. And so you have other issues, particularly when you look at people who are approving services. You know usually they are not people who are trained in psychology or have some kind of mental health understanding. So it's very scary."

Voice 2:

"That is interesting that comment because it is my experience too. So we had that right, is there anything that you would like to add?"

Voice 1: Adelita

"No, I think I've rambled on." (Laughing)

Voice 2:

"Really, no, you didn't. But tell me, how was for you the experience of being a participant?"

Voice 1: Adelita

"You know it's very different because I've always been on the other side.

"So it's very different." (Laughing).

Voice 2:

"Tell me more. Tell me more."

Voice 1: Adelita

“I guess this is my first time in being interviewed as a professor, as a psychologist. It’s always been the in training, like the student in training. So it’s very different but very exciting you know. It’s very exciting to be part of cutting edge research and research that is going to contribute a lot to our field. It’s very exciting to be a part of that process.”

Voice 2:

“Thank you. You see you just addressed something that was really important for me. It was born without too much awareness of the impact... and one it is the fact that psychologists often are not participants. So recruitment was different and hard, but it has been rewarding. Thanks again and this is the end.”

Narrative:

Adelita’s narrative was the last transcript, her passion, sincerity, honesty, insight, and laughter facilitated my progress through the task. To conclude, participants provided the strength for completing this research process, when thinking about quitting, their voices, solidarity, and cooperation were remembered.