



Ethical and Cultural Considerations in Substance Abuse Treatment for Hispanic and Latin American Clients

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Objectives

1. Understand ethical principles related to cultural competence
2. Identify cultural factors relevant to substance use disorder treatment
3. Explore ethical dilemmas and advocacy strategies



Why It Matters?

- Substance use impacts marginalized communities more heavily

- Cultural disconnects can harm treatment

- Ethics requires cultural competence

- Hispanic Immigrants and Latin American Indigenous clients face layered barriers

What is Ethics in Counseling?

1. Do no harm
2. Respect client dignity and autonomy
3. Promote fair and equitable access to care
4. Uphold honesty, confidentiality, and integrity
5. Practice within your scope of competence
6. Cultural competence is a core ethical responsibility — not optional



Cultural Competence = Ethical Competence

- **NASW NASW:**
“Provide services that are sensitive to clients’ cultures and differences.”
- **APA:**
“Psychologists must obtain training in cultural factors impacting behavior.”
- **LPC/BLADC:**
Require cultural responsiveness, ongoing training, and non-discrimination.

Oklahoma Ethics: LPC / LADC / Title 59



1.LPC RULES

Practice within your competence – this includes cultural knowledge

2.BLADC

Cultural diversity must be integrated into SUD counseling

3.Title 59

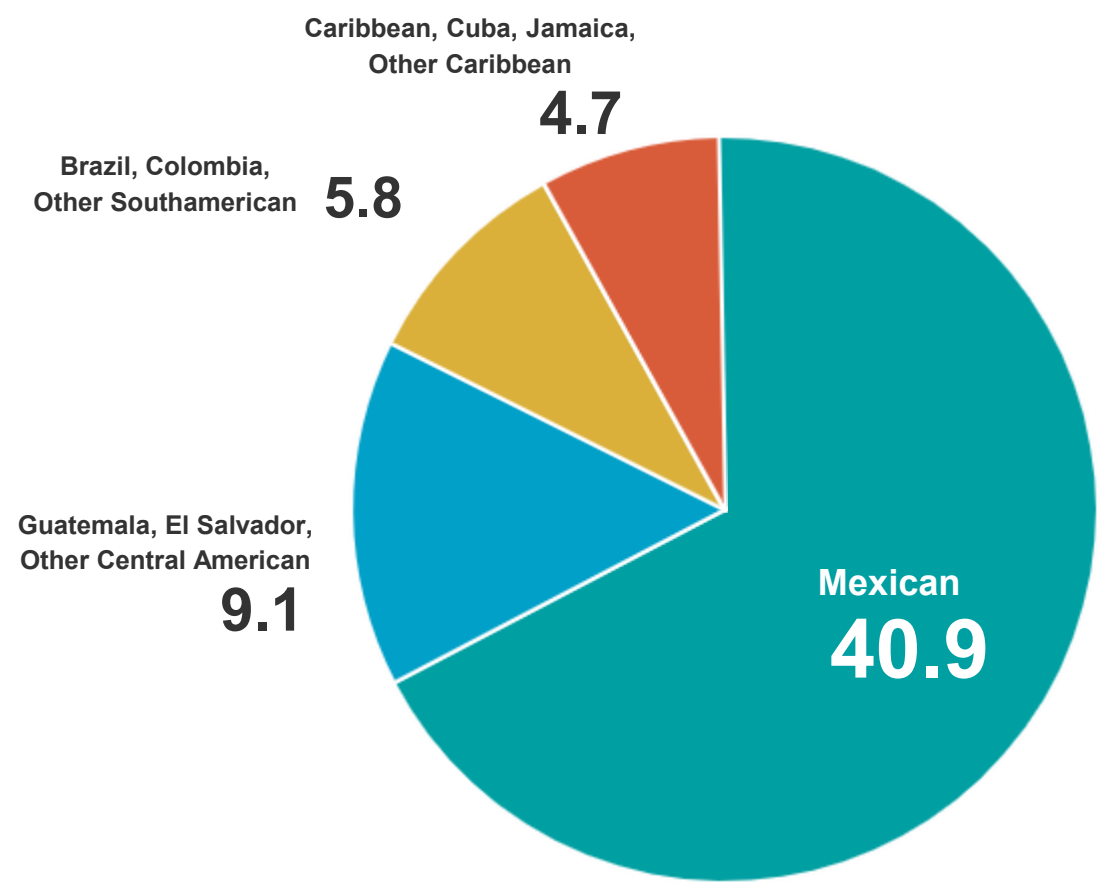
Services must be fair and nondiscriminatory

Boundaries of Competence

“Psychologists provide services... only within the boundaries of their competence... based on education, training, supervised experience, consultation, study, or professional experience.”

APA PRINCIPLE 2.01

Understanding the Communities We Serve in Oklahoma



58.1%
of those born outside the
USA and living in
Oklahoma, were born in
Latin America.
Migration Policy Institute
2023

These percentages are calculated based on the population of Oklahoma residents born in Latin America

Cultural and Linguistic Considerations

Based on the Majority Mexican and Central American Population in Oklahoma

- 1. Language Diversity:** Some clients speak Indigenous languages such as K'iche' and Mam, which are native to Guatemala and not mutually intelligible with Spanish.
- 2. Cultural Identification:** Many immigrants prefer identifiers like Hispanic, Latino/a, or their specific country of origin over the term "Latinx."
- 3. Consular Services:** The Mexican and Guatemalan consulates located in Oklahoma City provide essential services to their nationals, including documentation assistance and community outreach.



Culture Shapes Recovery

1

**Beliefs about
addiction and
healing**

2

**Family roles and
expectations**

3

**Language and
communication style**

4

**Views on authority,
therapy, and
disclosure**

Key Cultural Values in Hispanic Clients



Familismo

Importance of
family in decision-
making



Personalismo

Value placed on
warm, respectful
relationships



Respeto

Deference to
authority and
elders



Simpatía

Preference for
harmony, avoiding
confrontation

Cultural Factors in Addiction Treatment



1 Shame and stigma around substance use

2 Fear of legal or immigration consequences

3 Religious or spiritual beliefs about addiction

Indigenous Latin American Clients: Unique Considerations

May speak an Indigenous language, and speak some Spanish, but it is not their first language

Deep connection to traditional healing or spirituality pillar

Mistrust of Western systems due to past trauma

May not identify with “Latino” or “Hispanic” labels



Case Insight: When systems need flexibility

- Guatemalan Indigenous male charged with DUI while driving without a license
- Primary language: K'iche'; limited Spanish and English proficiency
- Oral communicator — unable to read or write in any language
- Interpreter fluent in K'iche' provided through Guatemalan consulate
- Oklahoma testing materials available only in English and poorly translated Spanish
- Interpreter could assist with spoken communication, but not with written test translation
- Marked “non-compliant,” but barriers—not resistance—shaped the outcome

Standard ADSAC assessments like the DRI-II are normed primarily on U.S.-born, English-speaking, high school-educated individuals, not on Indigenous or immigrant populations

Cultural Humility Over Cultural Mastery



**We can't
“know” every
culture**



**Stay open,
curious, and
collaborative**



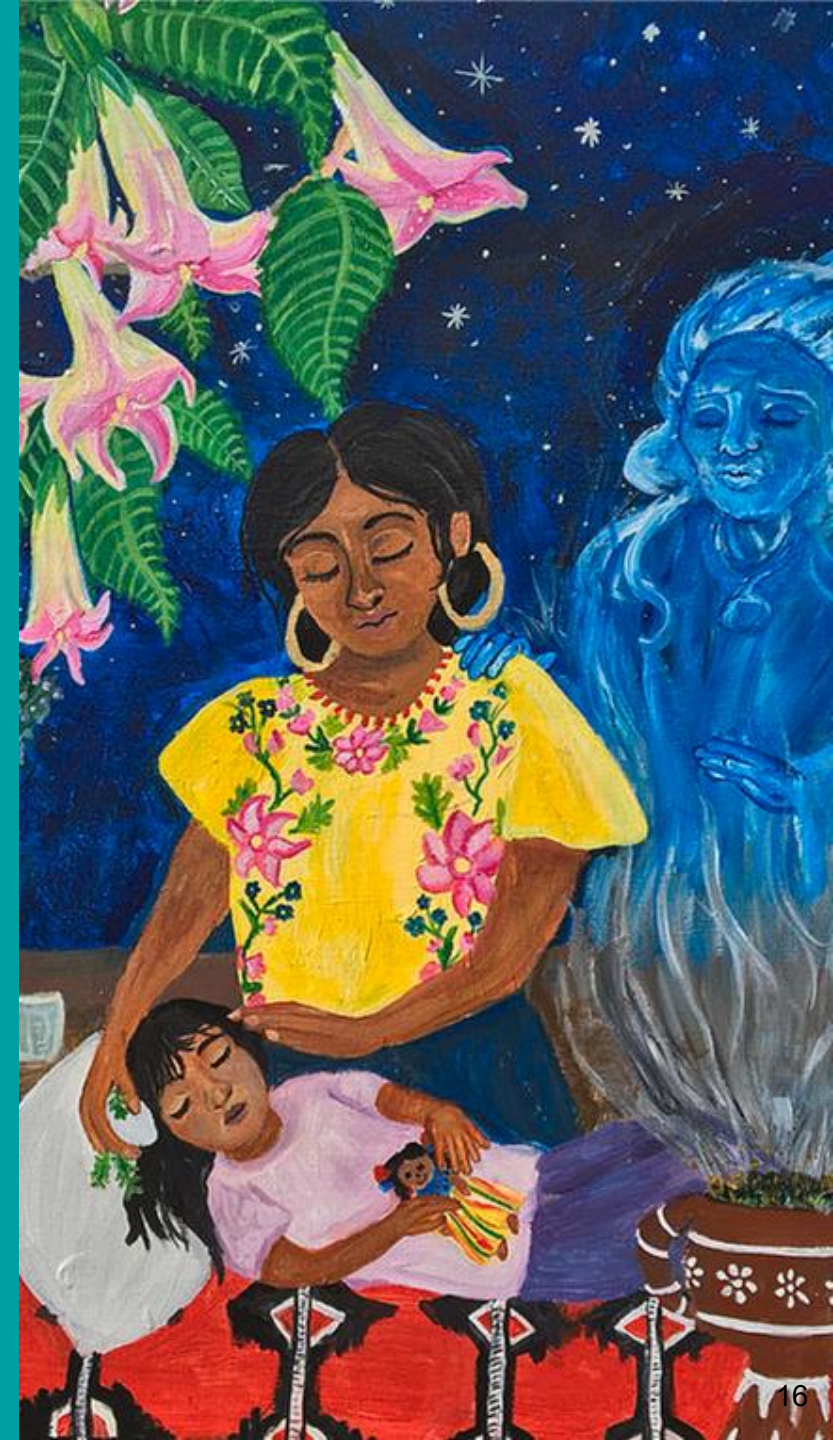
**Ask: “What
matters to this
client?”**



**Let them be
the expert on
their lived
experience**

Ethical Dilemmas in Cross-Cultural SUD Treatment

1. Conflicts between the client's worldview and evidence-based models
2. Language or literacy barriers affecting consent
3. Systemic limitations: “one-size-fits-all” programs
4. Providers practicing outside their cultural competence



Case Example:

Barriers to Treatment Access

Adult court-mandated
Hispanic client, El Paso-born

Learning disabilities, could not read the substance
abuse group materials

Limited English and
Spanish fluency

1. Could the client participate meaningfully?

2. What ethical adaptations were needed?

Case Example:

Shame, Spirituality, and Hidden Struggles

**Mexican woman
disclosed childhood
sexual abuse during
intake**

**Strong Catholic faith;
reported telling her priest
but not seeking therapy**

**Severe depression,
PTSD, and
substance use
issues**

**Deep fear of
husband finding out;
hesitant to accept
formal treatment**

Case Example:

Spiritual Commitments vs. Long-Term Recovery

**Many Hispanic clients
engage in juramentos
(religious vows to stop
drinking)**

**Juramentos can support
abstinence, but often without
relapse prevention skills**

**Clinical approaches and
spiritual practices can
complement each other**

Let's Reflect

1. Have you ever worked with a Hispanic, Latin American, or Indigenous client where culture, language, or expectations created a challenge?
2. How did you handle it, or what would you do differently today?
3. What support or tools could have helped you feel more prepared?



Ethics and Advocacy Go Together

1. Ethical practice requires action, not just awareness
2. Clients may face systemic exclusion
3. Advocacy includes:
 - ✓ Language access (interpreters, plain Spanish materials)
 - ✓ Flexible care models (adjusting for literacy and work schedules)
 - ✓ Challenging harmful policies (rigid rules that punish marginalized clients)



From Awareness to Action

1. Cultural competence = showing up with humility
2. Ethical care is grounded in accessibility and respect
3. Many foreign-born Hispanic clients in Oklahoma, particularly those from rural areas or Indigenous backgrounds, may have limited formal education or literacy



Advocacy in Everyday Practice

1. Simplify forms
2. Use oral-based tools
3. Be flexible around work demands
4. Refer to culturally aware providers



Case Adaptation Example

Client: 38-year-old woman from rural Mexico

Lost husband in a truck accident; developed fear of driving

Began drinking daily to cope, felt deep shame

Challenges: night shift, 6th-grade education

Adaptations:

- ✓ **Telehealth Sessions to reduce driving-related anxiety**
- ✓ **Oral-based interventions instead of written materials**
 - ✓ **Flexible scheduling**
 - ✓ **Include extended family into treatment**

What You Can Do Next

1. Ask how clients prefer to receive information
2. Review forms for simplicity, not just for translation
3. Learn about low-literacy adaptations
4. Build culturally competent referral networks
5. Partner with trusted local supports



THANK YOU

Key Takeaways



Cultural competence is an ethical obligation



Many Hispanic clients in Oklahoma may come from rural or low-literacy backgrounds, especially if foreign-born.



Not all Latin American clients speak Spanish



Shame, stigma, and systemic barriers must be addressed



Advocacy and flexibility are essential to ethical care

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