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# AFRICAN AMERICAN PERCEPTIONS AND EXPERIENCES ON PREVENTIVE FAMILY THERAPY AND HELP-SEEKING BEHAVIORS IN THE INLAND EMPIRE

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AFRICAN AMERICAN PERCEPTIONS AND EXPERIENCES ON PREVENTIVE  
FAMILY THERAPY AND HELP-SEEKING BEHAVIORS IN THE INLAND  
EMPIRE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Nathnael Estifanos  
Brandon Daniel Farmer

June 2018

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## ABSTRACT

This study seeks to understand the perceptions of African American parents on preventive family therapy and their help-seeking behaviors. Specifically, this study aims to identify the factors that influence African American families in engaging in preventive family therapy and the barriers to accessing treatment. The data was collected through two group interviews that consisted of a total of 11 African American parents residing in Riverside County and San Bernardino County. The findings indicate that: (a) African American parents sought therapy primarily for crisis; (b) Alternatives to therapy were viewed as being just as effective; (c) Barriers to treatment include institutional fear, lack of diversity, and stigmatization; and (d) African Americans held positive views of therapy and individuals who received treatment. These findings highlight the perceptions of an underserved community that is disproportionately represented in child welfare and provides practitioners with strategies to develop effective interventions.

Recommendations for future social work practice, policy, and research include continued community outreach and mental health awareness campaigns, partnership with faith-based organizations in developing youth mentoring programs, and the need for research centered on current and former African American child welfare clients.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

The motivation behind family therapy is to intervene in complex relational patterns and bring positive change for the entire family (Kaufman & Yoshioka, 2004). Family therapy is founded on the systems theory approach which suggests that a change in one part of the family system can formulate new behaviors in other areas of the system (Kaufman & Yoshioka, 2004). Family therapy and counseling is received by families who would benefit from mental health treatment such as depression, substance abuse, daily stress, communication problems, interpersonal conflict, or behavioral problems in children and adolescents (Barry & Panel 1999).

Family therapy can serve as a preventive measure against child maltreatment. Family therapy allows the family to learn communication techniques, how to manage stress, and effective discipline strategies. Attending family therapy is a help-seeking behavior that translates into reducing the likelihood of child maltreatment (Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova & Bonner, 2004). Help-seeking behavior is important because it displays family awareness of the issues and shows the family is being proactive in managing the interpersonal concerns. This allows for detrimental behavior to discontinue before maltreatment or abuse occurs and child welfare services gets involved.

African Americans are significantly less likely than Whites to seek out therapy for family problems (Scott, Munson, McMillen, & Snowden, 2007). Factors for this may include limited access to care, financial restrictions, mistrust of mental health professionals, and fear of stigma associated with counseling (Scott et al., 2007). African Americans are 10% more likely to report having significant psychological stress compared to non-Hispanic Whites (Substance Abuse and Mental Health Services Administration, 2013). Family stress is a primary variable reported in child maltreatment cases, suggesting that African American families may have heightened need for treatment to address this stress. Yet, when African Americans do seek therapy, the services they encounter are often not tailored to their needs and are less likely to prove helpful than those encountered by their White peers (Cooper-Patrick, Gallo, Powe, Steinwachs, Eaton, & Ford, 1999).

African Americans represent 13% of the population yet make up 30% of all reported child maltreatment cases (Racial Disproportionality and Disparity in Child Welfare, 2016). Factors that might contribute to this disparity are racism, low socio-economic status, and outdated discipline methods. In addition, a lower socio-economic status coincides with less education, opportunity, and more exposure to mandated professionals who may hold racial biases (Racial Disproportionality and Disparity in Child Welfare, 2016). Thus, it is important to study African Americans' beliefs about family therapy in order to better address

disparities in the child welfare system and to provide more effective and accessible therapeutic interventions.

### Purpose of the Study

This study explores African American perceptions on family therapy and by examining their perceptions on preventive family therapy and their help-seeking behaviors. The research question is, what factors influence African American families in engaging in preventative family therapy?

Nationally, disproportionality among African American children in the child welfare system is a pervasive issue. In addition to the disparity in maltreatment referrals, African American children account for 24% of all children in foster care (Racial Disproportionality and Disparity in Child Welfare, 2016). Only Native Americans have a higher overrepresentation nationally in the Child Welfare System. African Americans families experience the greatest disproportionality among all populations in Inland Empire child welfare services (Racial Disproportionality and Disparity in Child Welfare, 2016). Thus, in order to address this disparity, it is essential for child welfare practitioners to understand the perceptions of this specific population.

Currently, there is a lack of African American child welfare workers relative to the population being served (Racial Disproportionality and Disparity in Child Welfare, 2016). The lack of diversity within the profession, combined with the significant disparity in child maltreatment rates, demands that research be

conducted in order to obtain the in-group perceptions of the African American community and in response develop effective interventions.

This study used a qualitative research design. The study used focus groups with African Americans in Southern California to better understand their perceptions and experiences regarding therapy. Focus groups facilitate in-depth discussion and a variety of points of view on the topic at hand. These focus groups will provide opportunities for participants to elaborate on their feelings and allow researchers to gather firsthand experiences and perceptions of African Americans regarding help-seeking.

#### Significance of the Study for Social Work Practice

The need for this study in social work practice stems from the over-representation of African Americans in the child welfare system. Public child welfare agencies in Southern California may be better able to address barriers to therapy if they have a better understanding of African Americans' perceptions of therapy. This study may aid local child welfare agencies in understanding African American's views on preventive interventions as well as the barriers associated with their help-seeking behaviors. Findings from this study may be particularly beneficial to the Riverside County Children's Services Division, as they may assist in the development of effective awareness campaigns for early intervention and promote help-seeking behavior among the community.

Cultural understanding and diversity are fundamental values guiding social work practice. Understanding the variations in beliefs, attitudes, and perceptions

of a specific cultural or ethnic group is essential in developing effective policy and standards. Thus, it is critical for child welfare practitioners and organizations to gather insight from their consumers, and in response develop appropriate interventions to address those needs. The results of this study will contribute in further identifying culturally-specific beliefs and attitudes regarding preventative interventions within the African American community.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter two consists of a discussion of the relevant literature to this study. First, we discuss the role of family counseling and therapy in child welfare services. Second, we discuss the cultural differences in seeking out mental health services. We then examine previous literature regarding the overrepresentation of African Americans in child maltreatment cases. In addition, we explore the relationship between African Americans and therapy and examine the existing cultural barriers. Lastly, we discuss the theories which help guide the conceptualization of this population.

#### Family Counseling and Therapy

Often family counseling occurs after abuse has happened; however, it can be utilized as a preventative action before maltreatment occurs. The goal of family therapy is to help participants recognize abusive behavior and correct it. Successful outcomes cannot occur without transparency, admitting to abuse or the likelihood of maltreatment occurring (SAMSHA, 2013). Individuals may have a problem admitting they are at fault in the household's problems and blame outside influences or the child, for the maltreatment. This can limit individuals' help-seeking behaviors because admitting fault may be difficult.

Family therapy can make positive changes within the family by reducing the stress family members have. Family therapy also teaches the family coping mechanisms to deal with stressors. Fischer and Valley (2000) conducted a case study in which they tracked the perceived benefits of therapy by the recipients. They analyzed survey questionnaires from therapy clients who were over the age of 14 years and had just completed their second or later therapy session. They found client satisfaction was an important correlate of treatment outcome. Clients based satisfaction of treatment and outcomes based on their perceptions rather than professional judgment of success. In summary, the clients' perceptions of their treatment outcome held greater value than the perception of the therapist. A significant limitation to the study is that it relied on self-reports from clients, which can be skewed due to generalizing the entire experience rather than therapy directly.

### African Americans and Therapy

Awareness of culture and diversity is an essential component in providing appropriate mental health services. Practitioners must understand the unique perceptions and beliefs within the African American community in order to develop an effective therapeutic alliance. This is especially important to the social work field, as social workers account for a significant portion of mental health and substance abuse professionals (Gaston, Earl, Nisanci & Glomb, 2016).

Previous studies examining ethnic disparities in help-seeking behaviors found that African Americans are less likely to seek out professional mental

health services compared to other ethnic groups (Ayalon & Young, 2005). The researchers hypothesized that African Americans were less likely to use psychological or social services compared to Whites. Their study used a convenience sample, consisting of 70 African American and 66 White college students. Participants completed a self-report questionnaire that gauged the frequency of help-seeking behaviors, such as doctor visits, participating in therapy, and attending religious services. The researchers found that African Americans used mental health or social services less frequently and religious services more frequently when compared to Whites. The researchers concluded that although African Americans had higher levels of religious help-seeking behaviors than Whites, their mental health needs were not satisfied. They also identified clergy and religious services as gatekeepers to the African American community and suggest a targeted outreach effort may improve collaboration and use of mental health services within the group. The investigators acknowledged that the study did not control for participants' socioeconomic status, which may account for variation in the results. In addition, the use of a self-report questionnaire may lead to inaccurate or incomplete data, however it allowed the researchers to analyze responses more efficiently and from a broader range of individuals.

Similar findings regarding racial differences and likelihood to use services were found in a study conducted by Padgett, Patrick, Bums, and Schlesinger (1994). This study investigated the differences between ethnic groups in the use



of outpatient mental health services. The researchers found that African Americans used outpatient mental health services at lower rates than Whites and Hispanics, regardless of insured status. The study was conducted by analyzing claim data from an insurance company that serviced 1.2 million federal employees and their families. The criteria for the data sample consisted of a minimum of 5 years of enrollment and at least one outpatient mental health visit. The researchers also included data from approximately 5000 randomly-sampled enrollees from each ethnic group in order to examine the overall rate of mental health service use. The study controlled for geographic region, employment status, and level of insurance coverage among their sample size. However, the researchers acknowledge that the external validity of the results is limited due to requiring an active insurance policy in order to be included in the sample. Their research found that African Americans were less likely to use outpatient mental health treatment with similar insurance coverage than Whites. This study indicates that African Americans likely possess different cultural perspectives on mental health treatment.

#### Child Maltreatment in the African American Community

Child maltreatment in African American communities appears to be high due to large number of participants relative to other racial groups. Needell and colleagues (2003) found a significant disparity in reporting rates based on ethnicity, specifically among African American children. They found that for every 1,000 African American children, there were 110 maltreatment referrals. In

comparison, there were 46 referrals for every 1,000 Hispanic children and 44 referrals for every 1,000 White children. The study analyzed data from California's Child Welfare Services Case Management System, a statewide system used to track child maltreatment cases. The sample size consisted of 137,300 children who had at least one substantiated child maltreatment referral between January 1, 1999 and December 31, 2000. The sample was then sorted into three specific classifications: emergency response, family maintenance, and family reunification or permanent placement. In addition to ethnic differences, the researchers also examined the relationship between poverty and maltreatment rates within California. However, rather than using statewide or regional data regarding income level, the researchers narrowed the scope to residential zip codes, which further increased the accuracy of their data. Limits to the study include the inability to control for varying factors of severity of the maltreatment and each individuals' poverty level at the time of the maltreatment.

Previous studies examined variables that may contribute to the overrepresentation of African Americans in child maltreatment referrals, including poverty, racism and past maltreatment history. Putnam-Hornstein and colleagues (2013) studied racial differences that attributed to varying risk factors for involvement in child protective services (CPS). The study examined a cohort of children born in California in 2002 and compared risk factors to identify the relationship between socioeconomic and health indicators and involvement in CPS. The researchers found that African American children under the age of 5

were more than twice as likely than White children to experience maltreatment referrals, substantiations, and detention.

## Barriers to Receiving Therapy

### Access to Services

Historically, African Americans have had negative perceptions of mental health treatment or counseling related to themselves or family (Ward, Clark, & Heidrich, 2009). Ward and colleagues (2009) examined African American women's beliefs about mental illness, coping behaviors, and barriers to seeking out treatment. The researchers used purposive sampling procedure to recruit African American women from an unspecified Midwestern community. The study participants consisted of 15 African American women equally divided into three age groups: young, middle-aged, and elderly. The researchers used a semi-structured interview to gauge their beliefs around mental illness and perceived barriers to seeking out treatment. The results were consistent with previous findings in ethno-cultural differences regarding mental health. Participants associated mental illness with a lack of personal strength within the individual. Several participants also acknowledged a lack of awareness and denial within the Black community towards the existence of mental illness. Barriers to mental health treatment included poor quality of services, lack of appropriate medical insurance, and difficulty in obtaining treatment.

## Fear and Mistrust

These negative perceptions are a barrier to help-seeking within the African American community. A majority of previous research investigating help-seeking behavior focused on barriers to receiving treatment. One reason for the negative perception towards the field is a mistrust for the service providers due to historical discrimination the community has experienced. Trusting the service provider is a critical role in the outcomes of therapy. A lack of trust often leads to a discontinuation of voluntary services (Cooper-Patrick et al., 1999). Mishra, Lucksted, Gioia, Barnet and Baquet (2009) explored mental health/illness information and service delivery preferences among African American residents. Researchers conducted four focus groups among African American adults currently uninvolved with the mental health system. It was found that African Americans would like for their service provider to be highly regarded, famous, or mirror them in some way, (i.e., the same race or religion). The desired criteria limit African Americans' choices of service providers. The study is limited in that the data was gathered from one focus group and cannot be generalized to the population as a whole. However, this study took an approach different from most other research at the time and explored what would help African Americans seek treatment as well as their preference.

Throughout the presented literature on African American barriers to help-seeking, the most common themes are poverty, racism, discrimination, reliance on other coping mechanisms, and fear (Ward, Clark, & Heidrich, 2009). These

barriers limited African Americans in taking precautionary measures with family conflict which may explain some reasons for the high abuse rates among the community. Poverty is most commonly cited as the prominent reason for a lack of help-seeking behavior in regards to therapy. Poverty has a large effect on the way of living, African Americans living in poverty may not have suitable transportation and rely on public transportation to travel. The barrier of poverty includes other access challenges such as unreachable locations, transportation problems, lack of health insurance and low availability of services (Ward et al., 2009). Family counselling may be a low priority when money and time is limited. Families may feel that time is better served working, looking for employment or recreational activities. In regard to poverty social issues are a factor as well. There may be few opportunities to attend group counseling due social issues of limited access to culturally competent professionals (Ward et al., 2009).

Fear and mistrust within the African American community towards mental health services are closely related. As a result, there is a tendency for African Americans to keep family problems “in house” (Ward, 2009). Alvidrez (1999) compared women of African American and White descent and found African Americans, possessed stronger beliefs that family problems should not be discussed outside of the family. She had a total of 187 participants comprised of Latina, Black and White women each participant take a modified version of Stigma Tolerance Scale of the Fischer and Turner’s (1970) measure. She also asked participants about their family’s perceptions of them, if they sought

treatment from the same Fischer and Turner measure. This study further demonstrated ethnic variations and an unwillingness to appear different from cultural peers.

Besides the fear from appearing different than their peers, an institutional fear exists of professionals. It is reported that there is a fear of confidentiality among the population, as it is believed what is discussed in sessions may be used against them in court, particularly if the therapy is mandated by court (Ward, 2005). Lindsey and Marcell (2012) conducted research on the perceptions of young African American males to investigate help-seeking behaviors among the population for emotional problems. Twenty-seven black males were recruited from four community-based organizations and participated in four focus groups that gathered insight of help-seeking for mental health needs. The study revealed a fear of breach of confidentiality as a significant barrier to therapy. Participants stated that fear stems from past breaches of confidentiality from teachers or health care providers which resulted in the release of sensitive information or arrest of a family member. These past experiences help shape negative perceptions of therapy and create mistrust of the mental health care system.

Due to mistrust and other negative connotations with mental health, African Americans are often fearful of addressing mental health needs. Copeland and Snyder (2011) conducted a study that looked to explore factors in which African American women sought treatment for their children but not themselves.

The researchers performed in-depth interviews with participants and reported a major theme that developed for not seeking out treatment was fear of having their children taken away. The women in the study expressed that therapist may deem them as incapable of caregiving because of a state of depression or other mental health concerns. There was a distinct fear with any involvement with the CPS system and any individual that facilitates it. This mistrust creates an environment where African Americans may look to other coping methods rather than the help of professionals.

### Stigma

Stigma attached to receiving any type of therapy is present in the African American community and may speak to the disparity rates among the population (Mirsha et al., 2009). If a member of the African American community would like to receive services beyond the barriers of access, they must still overcome the barrier of stigmatization. Historically, the African American community place stereotype views of individuals involved in mental health settings. An early study by Silva de Crane and Spielberger (1981) surveyed 309 White, Hispanic, and Black college students on their perceptions towards patients suffering from a mental illness. It was found that Blacks and Hispanics were more likely than Whites to believe that individuals with mental illness were inferior and required aggressive treatment or containment. The researchers also found that Blacks were more likely than either group to believe that mental health patients should

have restrictions on common activities or practices, such as parenting, marriage, or the right to vote.

Silva de Crane and Spielberger's findings are further supported by a study conducted by Anglin, Link, and Phelan (2006) into the ethnic differences in attitudes towards individuals with a mental illness. The researchers used probability sampling to recruit 81 African American subjects and 590 White subjects to participate in a telephone interview. Each participant heard a vignette describing an individual with schizophrenia, then participated in a survey designed to gauge their perception of the individual's likelihood to commit a violent act, the influence of mental health on behavior, and consequences for their behavior. The researchers concluded that Blacks were more likely than Whites to believe that individuals with mental illness posed an increase threat to the safety of others, however they were less likely than Whites to believe that individuals should be blame or punished for their actions.

In addition to negative perceptions from peers, African Americans experience pressure from outside their community to conform with perceived norms. Ward et al. (2009) found that African American women listed a pressure from society and peers to be a "strong Black person" as the highest deterrent for receiving services. The pressure felt influenced the individuals to deal with the stress on their own to not be perceived as "weak". Individuals also reported feeling looked down upon by their African American peers as not being able to control their family.



## Theories Guiding Conceptualization

General Systems Theory guided the conceptualization of this research because of how each part of a family system can influence an individual's help-seeking behavior. Systems theory emphasizes the interaction among various systems, while General system theory is not as broad and focuses on the behavior of people and society by identifying interacting parts of system that react to one another (Zastrow & Kirst- Ashman, 1993). Individuals are involved in constant varying systems which can include; family, school, work, and church. Each component is reacting to each other and has varying degrees of effect.

General system theory is significant to this study because of the relationship between maltreatment, cultural perceptions of therapy, and the systemic barriers that influence help-seeking behaviors. Society and peer's reactions to the family receiving counseling and how others can alter their perception of themselves is an example of how general systems theory is a part of this study. Limited access to facilities or quality services can be part of the influence of help-seeking. The perceptions of the population will allow for the researcher to better understand how that system effects their help-seeking behavior.

Critical Race Theory (CRT) also guides this study because of the nature of historic, structural, and systematic racial issues in place regarding government agencies (law enforcement, housing agencies, education, health systems, etc.). Structural racism is a systemic and historically derived form of oppression that

cannot be eliminated by changing individual behavior or oppression (Freeman, Gwadz, Silverman, Kutnick, Leonard, Ritchie & Martinez, 2017). CRT questions how the law, which claims to be race neutral, serves to maintain the conditions of racial oppression rather than put a stop to it (Brainard, 2009). The theory was developed in reaction to the growing number of civil right cases in the 1960's which was originally Critical Legal Studies movement, where legal professional looked to bring awareness and develop new approaches to deal with institutional forms of racism.

There is mistrust of the health system and professionals from old experiments that treated African Americans as testing subjects; the Tuskegee experiment is an example of this notion. African Americans may perceive government agencies as co-conspirators in their mistreatment. Whether factual or not, these perceptions may lead African Americans to alternative coping mechanisms, such as the church, family, friends, neighbors, and coworkers (Matthews & Hughes, 2001).

A licensed clinical social worker or family therapist may try to manage racial biases; however, they may inadvertently contribute to the discrimination if they do not speak out or fail to address the ethnic and cultural context in which they work, as these institutions may have policies in place that contribute to mistrust from health care professionals such as the role of forced institutionalization. They may also have a lack of adequate resources, which

further widens the treatment gap among African American families (i.e. long wait times, lack of available professionals, lack of accepted insurance providers).

### Summary

This study examines the help seeking behavior of African Americans related to family therapy by gaging their perceptions on preventive family therapy and their help-seeking behaviors. The research question, what factors influence African American families in engaging in preventive family therapy? African Americans experience the highest disproportionately rate among Inland Empire child welfare services (Racial Disproportionality and Disparity in Child Welfare, 2016). Therefore, understanding African Americans' perceptions and experiences regarding preventive therapy may help child welfare agencies in further addressing the disproportionate representation of African American families in the child welfare system.

## CHAPTER THREE

### METHODS

#### Introduction

This section includes a comprehensive description of the research methods and procedures that will be administered during this study. This section discusses the design of the study, sampling methods, data collection and instruments, study procedures, and data analysis method.

#### Study Design

This study used a qualitative research design to further explore the research question: What factors influence African American families in engaging in preventive family therapy? The purpose of this study is to gain further understanding of African Americans' perceptions on preventive family therapy. Using a qualitative research design allowed researchers to delve into participants' thoughts, experiences, and beliefs about a given topic. The study used a focus group format to allow participants to elaborate on their feelings and allow researchers to gather participants' personal experiences regarding help seeking. As a result, the researchers obtained detailed narrative responses from participants. However, due to the relatively small sample size, the findings cannot be generalized to the African American community as a whole.

## Sampling

This study used convenience and snowball sampling methods. First, the researchers used convenience sampling by inviting individuals from their personal and professional networks to participate in the study. Second, the researchers used snowball sampling by encouraging invited individuals to refer others who may also be interested to participate in the study.

Inclusion criteria for the study was that each participant is an adult residing in San Bernardino or Riverside county and self-identified as Black or African American. The criteria were kept minimal in order to obtain a broad and diverse pool of study participants. The researchers anticipated a sample size of 15-20 participants, from a wide range of demographics, including age, gender, socioeconomic background, and religious or spiritual beliefs.

## Data Collection and Instruments

The data for this study was obtained through the use of focus groups with discussion led by an interview guide. The interview guide was created by the researchers to gain the perceptions and experiences of African Americans towards family therapy and help seeking behaviors. Participants were asked questions pertaining to the perceived efficacy of family therapy, past experiences and challenges with mental health services, and current help-seeking behaviors. The proposed questions were open-ended and designed to elicit narrative responses describing participants' experiences, beliefs, attitudes, and insights. Demographic information, including age, gender, household income, ethnicity,

level of education, and household composition was collected through a questionnaire.

### Procedures

First, we reviewed informed consent with each group participant. Second, we collected the informed consent form from each participant and verified that they were completed appropriately. Next, participants completed a demographic questionnaire detailing basic background information. The researchers then conducted each group using the interview guide to facilitate the discussion. The groups were audio taped as the researchers presented each question from the interview guide. At the conclusion of the group interview, participants were provided with a debriefing statement outlining the purpose of the study. A total two participants, one from each group, participated via phone.

### Protection of Human Subjects

The researchers explained confidentiality to participants prior to the start of each group interview. The researchers ensured that no personal identifying information was collected from participants. Digitally recorded audio files were stored on a password protected computer and deleted from the recording device. All data will be destroyed upon completion of the research study.

## Data Analysis

This study employed a thematic analysis technique. First, each group discussion was audio-recorded then transcribed verbatim by the researchers. Second, the researchers independently read each transcription and coded the data in line-by-line fashion, noting prominent experiences, phrases, topics of importance to participants, and response patterns. Third, the researchers met to discuss the codes and to identify areas of agreement and divergence. Codes were then further refined through adding, revising, or expanding categories. The researchers revisited transcripts and revised codes until they reached agreement. Lastly, the researchers grouped these codes into categories. Each category was compared for similarities and differences in order to identify any relationships in the data. The researchers noted all codes, the categories into which they were grouped, and their field notes on the focus group process using an analytical journal.

## Summary

The research method utilized in this research study was a qualitative research design and data was collected through focus groups. The purpose of this study is to identify the perceptions of Blacks and African Americans towards preventative family therapy, therefore the sole eligibility criteria is that participants were adults who self-identify as Black or African American. Participants for this study were recruited from the personal and professional networks of the researchers. The sample size consisted of 11 African American parents. The

interview consisted of questions relating to the perceptions of African Americans towards preventive family therapy and their help-seeking behaviors.

Demographic information of participants was collected through a brief questionnaire. Interviews were audio-recorded and transcribed by researchers.

The researchers analyzed the content of each group discussion for emerging themes related to participants' beliefs towards therapy, their experiences, and help-seeking behaviors.



## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter discusses the findings from the group interviews. Two group interviews were held, one in March 2018 and another in April 2018. A total of eleven African American parents participated in the group interview. Participants were asked to provide demographic information: age, gender, ethnicity, highest level of education, their total household income, their household size, and number of children in their household.

Participants ranged in age from twenty-seven to fifty-four years old. Five participants were female and six participants were male. All eleven participants identified themselves as African American or Black. One participant was a high school graduate, five participants reported some college education, two participants were college graduates, and three participants held graduate or professional degrees. Eight participants reported that they resided in Riverside County, and three participants reported that they resided in San Bernardino County. Four participants reported a total household income between \$20,000-49,999, another four participants reported between \$50,000-89,999, and three participants reported an income of \$90,000 or more. Participants household size ranged from two to six individuals and one to five children total.

## Results

Here we detail the perceptions of African American parents towards preventive family therapy. We used pseudonyms for each participant to protect their confidentiality. Four themes emerged from the data, consisting of perceptions of therapy, personal experiences with mental health services, barriers to treatment, and alternatives to formal therapy.

### Perceptions of Therapy

Generally, participants described therapy as useful and necessary. Participants viewed therapy in a positive light and agreed that it is an opportunity to discuss personal issues with a neutral third-party. A participant stated,

It does help if you can relate to the person and they can give you a different perspective. It can be beneficial if the individual can relate to their therapist and is a great opportunity for people to be able to vent their frustrations.

Another participant stated that they believed therapy can be helpful but was skeptical about its benefits. The participant stated that having an effective therapist or mental health practitioner was largely up to chance and did not believe that all therapists practiced with the client's best interest in mind. Several participants speaking from their personal experience viewed some therapists as incompetent. Derrick disclosed that his daughter was sexually abused and that the therapist advised them to not to address the abuse at the time, which offended some participants. Sharon explained, "(You should) be seeking a

different counselor because that counselor was out of their mind. You definitely can't say something that nonchalant in a situation that fragile." Sheila jumped in saying:

In my opinion, maybe there's not enough counselors out there that deal with situations like that. That's how you get answers like that... There needs to be counselors that have experience to certain traumas that can actually speak to an individual's issues... not every counselor may be equipped to deal with sexual abuse.

Participants also perceived the process of accessing mental health services as time consuming, specifically in finding an effective therapist. The participants speculated that the process was burdensome and required a great deal of searching to find an appropriate therapist.

However, several participants also held positive views of mental health services. Participants who shared this view were currently employed, or had an extensive background, in social services or a related field. For example, when participants were asked about a hypothetical situation where they had to address their child's physically or verbally aggressive behaviors, Rick stated:

I think I would go to therapy easily...working with kids that have those kinds of issues and what it can translate to... Seeing it first-hand, I think therapy has helped a lot of those kids so I would try to go first time that I see those behaviors.

Regarding the potential outcomes of therapy, another participant expressed, “I think we're [Mental Health Professionals] able to see the benefit of it, but we're also able to see what happens when the families wait too long.” Several participants stated that they could not envision themselves in a similar situation. Another participant stated that, “I don't know if I would take my child to therapy. I would need to see what actually occurred and make a decision at that time.”

Participants were also asked about their perceptions of individuals who attend therapy. Participants described these individuals as strong, insightful and brave for participating in therapy. The participants emphasized the individual's strength, specifically among African Americans, to overcome barriers and seek out help for their issues. Dolores stated, “They're brave and it's a big step to acknowledge that you need that extra support and that you can do it, especially within our community.” Rick also agreed, stating “I think it takes a lot like to recognize maybe I need help, maybe I need somebody to talk to.”

#### African American Parents' Personal Experiences with Counseling

Participants reported that they and members of their household have sought out therapy for grief counseling, marriage counseling, and concerns regarding their child's mental health. However, one participant stated that he has not attended therapy due to perceived racial biases, but he believed that African Americans should increase their use of therapy to address historical trauma stemming from oppression and discrimination. Tammy reported that she sought out preventive family therapy, while all others who did attend went for their own

personal mental health and crisis. Rick explained, “My sister she was offered to go to counseling after she found out her presumed father wasn’t her dad and was offered grief and loss counseling.” Dolores added:

My younger brother went through counseling when his dad was murdered when he was seven so my mom put him in counseling. The reason why I went to therapy was actually dealing with stuff with my husband so he wasn’t the person that I could talk to.

Only one participant, Tammy, specifically stated that she attended preventive family therapy. “I took my two children to therapy just to find out if there were any effects from me being a single parent and not having a father figure in the home.” Overall, utilizing preventive therapy was not a popular option among participants. Many participants only felt the need to attend therapy after personal issues or crises had already occurred. Despite participants having generally positive views regarding therapy, their efforts to attend were minimal and their opinions stemmed from other’s experiences rather than their own. As Derick explained:

I was actually invited to go I went the first time it was marital counseling. With my youngest daughter she was actually molested and we took her to therapy because, number one I’m a male, and number two you hear stories about molestation within the family and it not only traumatized child but traumatized the parent too because you feel like you did a bad job at parenting.

Other participants expressed that they had no personal experience with therapy, including among those within their family. John stated that he couldn't "recall any experiences of going to counseling or hearing anyone telling him to go to counseling." While Kristine reported that she was offered to attend therapy, however she decided not to go because,

I don't open up, I don't really open up to people because it don't matter what you say. Nobody cares how you feel...even at thirty-three right now, I'm still learning how to open up and communicate with people. So I don't trust too many people.

Satisfaction of services varied among participants who did attend. Derrick, who stated that he attended marital counseling and had his daughter attend individual counseling to address sexual abuse, reported that the quality of service in both instances was poor. Dolores felt she benefited from therapy sessions and hearing a different perspective outside her family was helpful.

There was a significant variation in the amount of time participants actively engaged in mental health services. Dolores reported that both she and her brother attended individual therapy for approximately six months and found the services to be helpful. Tammy stated that she took her children for family therapy, however they discontinued after the practitioner determined that it was for children with more severe behavioral issues.

## Barriers

Here we report the participants' barriers to seeking family therapy. The group found several barriers in seeking out and attending therapy and cited them as reasons for their lack of participation in family therapy. Some barriers that were identified included accessibility, time, lack of diversity in the field, stigma, pride, and mistrust.

Participants reported that pride and resiliency within the African American community empowers them to overcome difficult circumstances and was stated as a reason for why family therapy was unnecessary. Rick stated, "African Americans, we feel that we may be able to deal with our issues or suppress our own issues instead of needing someone else to help us do that." Sheila shared a similar sentiment, "I think it applies to black women as well, it's not just the black men... we think that we can do it all." Derick added:

I think that with therapy, black men like myself, we tend to think that we've bounced back because we've have been through so much stuff. So, it's a disadvantage for me to have to go to therapy and sit and listen to somebody tell me what they think is wrong with me when I know what is wrong with me. I believe we are so used to being so resilient from the societal side of things that we don't think we need it.

Another prominent barrier expressed from participants was the stigma attached to addressing mental health. Participants felt that the topic was taboo within the African American community and served as a significant deterrent to

seeking family therapy. Participants also reported that their religious faith influenced whether they would attend therapy. Regarding her experience seeking help outside of the church, Dolores stated,

Going to someone outside of the church is sometimes viewed as if you're not believing anymore. Like you've given up on that piece [faith], so now I'm going to go talk to a therapist about it and that creates this inner struggle with people... I think a lot of times there's this guilt or shame that kind of comes with that.

She also expressed that it caused significant tension among her family, stating, "Decisions that I made based off of conversations I had with my therapist, I got a lot of a lot of push back and a lot of shaming. It was hard, really. It was really, really hard."

Participants found professionals in the mental health field to not be relatable. A lack of diversity among therapist was seen as an additional barrier to seeking therapy. Participants expressed the need for more African American therapist in the field. Sheila noted:

I think that there are biases in therapy. If we're talking about the African American population, the white person can never understand really the things that a black person goes through and so that can create some challenges when it comes to therapy within the African American community.



Mistrust of professionals was also expressed as a barrier. Participants stated that they were hesitant to disclose personal information out of a fear of what the therapist would do with that information. Sharon expressed, “They [African Americans] don’t want the white man in they business.” John then asserted, “They’ll put you in jail.”

### Alternatives to Therapy

Participants identified several alternative interventions that they have used, or would use, in place of traditional therapy. Generally, participants reported that when they experience a serious family event or issue concerning their children they seek outside help from friends, family, and their church. Tammy stated that she “mostly consults with my mom, my siblings, and sometimes my daughter.” Dolores also shared that “they have different groups of people within the church and you build your own second family.” Similarly, Sheila stated “I’ve have had a spiritual counselor and I’ve talked to someone about my issues in a church setting.”

Other means to resolving family issues with children besides therapy were communicated. Participants felt they were equipped enough to address situations themselves, so there was a belief that therapy would not be needed. One participant stated that they utilized punishment, while another expressed that talking to the child directly could resolve the issue instead of a therapist. Derick noted,

Corporal punishment was basically the way you resolved issues with defiant kids or disrespectful situations with your children...she [wife] helped me to really understand the idea behind really just having simple conversations with your kids.

Besides social supports, other community resources were also identified. David reported that he attended a mentorship program for his son because of the positive effect it had on him as a child. Another participant, Sam, expressed that he did not address the issue with family and instead described an extensive self-care regimen consisting of yoga, meditation, and exercise to manage his emotions. Tammy sought help for her children by reaching out to a family friend to mentor her son and be his “big brother”.

Participants also reported that alternatives to traditional therapy did not always result in successful outcomes. Derrick stated that he had mixed results using the church for counseling, as one pastor simply lectured him and did not fully understand what he was experiencing. Ultimately, Derrick believed that the pastor could not relate to him or his situation. However, Derrick also stated that another pastor was much more attentive and empathic to his situation, which helped him through a crisis. Another participant, Kristine, believed that she could find the person to help address an issue without assistance from others. She stated, “I think if I found the right person to help me with whatever I’ve been going through, then it wouldn’t matter if it was traditional or not.”

Another reason for using alternatives to traditional therapy was that participants believed they regularly received informal counseling from individuals within their social circle. Generally, participants believed that therapy can be provided by anyone, and that a professional is no different than a close friend that one could confide in. A participant stated, "I think my therapy technically came from the dudes I was in the streets with. So to say I didn't get it would probably be a lie. I got therapy, I just didn't get it from a professional therapist." Sharon also recalled previous experiences where she sought out social supports:

Sometimes you'll probably have to go to church to get counseling, but it doesn't necessarily have to be a pastor... You know there's somebody out there that can help with that situation. I do the same with others around me so I don't feel like therapy necessarily comes from a therapist.

### Summary

Overall, the participants perceived therapy as beneficial, however they were skeptical about its benefits. Participants reported that they were more likely to utilize community resources and social supports, such as family, friends, mentors, or the church to address issues pertaining to themselves or their family rather than formal therapy. In addition, participants identified several barriers to accessing mental health services, including stigma, cultural attitudes, such as pride and resiliency, and an inability to relate to their therapist due to a lack of African American practitioners.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter Five provides a discussion of the findings from the focus groups conducted. This study utilized an open-ended interview guide to elicit first-hand accounts from African- American parents regarding preventive family therapy and their help-seeking behaviors. The presented data is compared to previous literature investigating the perceptions of mental health services among this population. Also discussed in this chapter are study limitations and recommendations for social work practice, policy, and future research.

#### Discussion

The first emerging theme was participants' positive views of the individuals who seek out therapy. African American parents described individuals who participate in therapy as strong, insightful, and brave for seeking services. This differed from an earlier study conducted by Silva de Crane and Spielberger (1981) which found that African Americans more than any other group were more likely to have negative views of mental health treatment. In addition, that study also found that African Americans were more likely to believe that individuals with mental illness should have restrictions on common activities or practices, such as parenting, marriage, or the right to vote. However, our research contradicted previous literature, as participants viewed individuals who seek out mental health

treatment in a positive light. Participants described the population as courageous, insightful and self-aware. This finding illustrates that there may be a growing awareness and understanding within the community of the perception of individuals and families who do seek out therapeutic intervention.

Participants who sought out therapy were overwhelmingly reactive rather than proactive. Excluding one participant who sought out preventive therapy, all other participants who did seek mental health services were in the midst of a crisis. This finding was comparable to past research of Ayalon and Young (2005) who found African Americans were less likely to seek out therapy compared to Whites. Our study results indicated the use of therapy was perceived as a last resort for challenges that they felt they were unequipped to handle. Stressful and traumatic life events, such as the death of a loved one, divorce, and sexual abuse were the primary motivators in seeking professional help. Our research indicated that child behavior was not a reason to seek therapy, as participants expressed that they can be addressed within the home. Participants reported that punishment and one-to-one conversations were seen as sufficient in dealing with a difficult child. This finding was consistent with previous studies that identified African Americans as a population that was reluctant to utilize mental health services (Padgett et al., 1994). Preventive therapy for a difficult child was deemed unnecessary among African American parents and viewed as a last option.

Consistent with previous research into help-seeking behavior of African Americans, our participants expressed a tendency to rely on relatives, friends, religious leaders, and social groups to address family problems rather than mental health professionals. (“African-American Community”, 2009). This is further supported by several participants who reported informal mentoring, such as a young adult relative, as a successful intervention for themselves and their children. In addition, participants reported that they often addressed family issues by seeking out advice from community elders or church clergy. These findings are consistent with previous literature that identified clergy and religious services as gatekeepers to the African American community (Ayalon & Young, 2005). Thus, there is a continued need for mental health agencies to recruit community members and collaborate with local religious organizations in order to improve service delivery to this specific population.

Participants identified several barriers that were consistent with previous literature. Fear and mistrust of mental health providers was found to be a common theme among study participants. Similar to previous studies, study participants were hesitant to discuss family problems with outsiders and preferred to keep problems “in house” (Ward, 2009; Alvidrez, 1999). In addition, participants also cited a fear of institutions and mental health professionals as a barrier to treatment. Specifically, the participants expressed a fear of the practitioner breaching confidentiality, which was consistent with findings by Ward (2005).

Another barrier to treatment that participants identified was the inability to relate to their practitioner on a cultural and personal level. Consistent with previous literature (Mishra, Lucksted, Gioia, Barnet, & Baquet, 2009), participants identified a lack of diversity among service providers and expressed a desire for more African American practitioners in the field. Therefore, it is essential for mental health organizations to improve diversity among practitioners and engage with the immediate community in addressing cultural humility through a variety of methods, such as outreach campaigns or community forums.

Lastly, stigmatization of mental health services among the African-American community was identified by participants as a significant barrier to seeking out help. Several participants expressed that the stigma was closely tied to their religious beliefs, as it was believed that seeking help from outside of the church community would be viewed by peers as a weakness and a lack of faith. These findings are consistent with previous literature that highlighted the pressure of conforming to religious and cultural norms (Ward et al., 2009).

### Limitations

The relatively small sample size combined with the background of participants was identified by the researchers as the primary limitations to this study. Participants were recruited from the personal and professional networks of the researchers, which affected the diversity of the groups. Approximately one-third of participants had a professional background in mental health, specifically working directly with at-risk youth and families. Thus, it can be assumed that

there was an implicit bias to present mental health services in a positive light. As a result, generalizability of the findings is limited and may not reflect the population as a whole. The researchers suggest future research use a purposive sampling method and limit participant recruitment to current or previous consumers of mental health services.

### Recommendations for Social Work Practice, Policy, and Research

#### Practice

This research can be used in social work practice to better understand the views that African Americans parents hold towards seeking out therapy. Specifically, high child maltreatment rates are present within the African American community, however preventive therapy has been shown to be an effective intervention. It is important to social work practice to continue improving community outreach efforts to address the disproportionate maltreatment rate among this population. Targeted outreach and educational campaigns may also help lessen negative connotations associated with mental health services in general. As noted in past research, African American churches appear to be the gateway to accessing mental health services in the community (Ayalon & Young, 2005). Outreach and partnership with religious organizations must continue to be developed in order to reduce stigma associated with mental health. In addition, social workers account for a significant portion of mental health professionals and are at the forefront of removing barriers to connect with an underserved population.



## Policy

As previously discussed, it is imperative for mental health organizations and public child welfare agencies to engage and collaborate with local African-American communities in developing effective interventions. Doing so would strengthen the relationship between consumer and provider, and ultimately increase the credibility of mental health services in general. Our research found that mentoring through church was particularly effective in addressing parenting and children's behavior. Thus, it is recommended that mental health organizations and public child welfare agencies continue to develop partnerships with faith-based organizations in establishing formal mentoring programs.

## Research

Future research would benefit from obtaining invaluable insight from African American child welfare clients on the outcomes of therapy, as this population has first-hand experience with child welfare and mandated family counseling. In addition, obtaining their views on the effectiveness of therapy will provide a better understanding of the outcomes from mandated intervention. It will also serve the field in gaining knowledge regarding outcomes, communication, and how coping skills differed after the completion of services. Their feedback will help practitioners improve service delivery, understand precursors to maltreatment, and develop preventive interventions.

## Conclusion

Overall, African American parents viewed mental health services as beneficial and characterized individuals who sought out help as courageous, insightful, and self-aware. A majority of participants expressed a belief that professional family therapy is a last resort, and instead utilized social and community resources to address family issues. These include informal mentoring for their children and consulting with relatives, friends, or religious leaders. Parents identified several barriers to accessing mental health services for their family, including a fear of the practitioner breaching confidentiality, a lack of diversity among mental health professionals, and stigmatization of mental health services among the African-American community. It is imperative for mental health organizations to engage and collaborate with local African American community and religious organizations in developing interventions relevant to the population, such as youth mentoring programs. Future research would benefit from obtaining the perspective of African American child welfare clients in order to better understand precursors to maltreatment and outcomes of current interventions.

APPENDIX A  
INFORMED CONSENT



California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 1/30/2018 VOID AFTER 1/29/2019  
IRB# SW 1812 CHAIR *Janice*

College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine the help-seeking behaviors of African-Americans and their experiences and perceptions regarding preventative family therapy. The study is being conducted by Brandon Farmer and Nathnael Estifanos, MSW students under the supervision of Dr. Deirdre Lanesskog in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

**PURPOSE:** This study will look to explore the help seeking behavior of African Americans and their experiences and perceptions towards family therapy and counseling.

**DESCRIPTION:** A group interview will be conducted where you will be asked questions regarding your experiences, beliefs, and challenges regarding family therapy and counseling.

**PARTICIPATION:** Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain confidential and will be attributed to pseudonyms. However, due to the nature of group interviews, disclosure of confidential information by participants cannot be guaranteed.

**DURATION:** It will take approximately 1- 1 ½ hours to complete the group interview.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-7222 (E-mail: dlanesskog@csusb.edu)

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2018. This is to certify that I have read the above and I am 18 years or older.

(Place an "X" mark here) \_\_\_\_\_ Date \_\_\_\_\_  
I agree to be audio recorded: \_\_\_\_\_ Yes \_\_\_\_\_ No

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX B  
GROUP INTERVIEW GUIDE

## Group Interview Guide

1) Have you or anybody in your family been offered counseling/ therapy, why did or didn't you attend?

2) If you ever attended therapy what was your experience like?

3) What is your opinions of people who receive therapy?

4) What do you believe are the possible outcomes to participating in therapy?

Prompt: What benefits are there to therapy? What are some of the disadvantages to seeking therapy?

5) Why don't African Americans go to therapy at a higher rate?

6) Have you experienced a traumatic event in your family? If so, how did you cope with what occurred? Do you feel you would have had the same or better results if you attended therapy? If you haven't experienced a traumatic event, how do you believe you would cope with one?

7) If you were having family problems a home involving your children what would it take for you to have the family attend therapy?

8) When you are need of help with serious family problems (such as abuse, rebellious behavior, defiance and aggressive behavior) who do you speak with?

9)What do you do when you are in need of help with a serious family problem (such as abuse, rebellious behavior, defiance and aggressive behavior)?

10) How often do you seek help for issues related to your family? When was the last time you sought out help in addressing an issue within your family?

11. What types of issues do you believe can be addressed through family therapy and why? What types of issues do you believe can't be addressed through family therapy and why?

12) What are some challenges you believe you would encounter in seeking out therapy? (Prompts: Transportation, work schedule, finding a good quality therapist or one that is the right "fit" for you, cost/insurance coverage, etc.)

13.) Are there other community resources or services that you have used, or would use, instead of traditional therapy? (Prompt: What are they and why?)

APPENDIX C  
DEMOGRAPHIC QUESTIONNAIRE



## Demographic Questionnaire

Please answer each question as accurately as possible by filling in the circle or writing in the space provided. The information you provide is completely voluntary and anonymous.

How old are you? \_\_\_\_\_

What is your gender?

- Male
- Female
- Other

What is your total household income?

- Less than \$10,000
- \$10,000-19,999
- \$20,000-49,999
- \$50,000-89,999
- \$90,000 or more

What is your ethnicity? (Please mark all that apply)

- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native American
- Pacific Islander
- Other \_\_\_\_\_

What is the highest level of education you have completed?

- 12<sup>th</sup> grade or less
- High school graduate or GED
- Some college
- College graduate (B.A. or B.S.)
- Graduate or professional degree

Total number of people in your household \_\_\_\_\_

Total number of children in your household \_\_\_\_\_

Developed by Nathnael Estifanos and Brandon D. Farmer

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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection: Brandon Farmer and Nathnael Estifanos
2. Data Entry and Analysis: Brandon Farmer and Nathnael Estifanos
3. Writing Report and Presentation of Findings:
  - a. Introduction and Literature: Brandon Farmer and Nathnael Estifanos
  - b. Methods: Brandon Farmer and Nathnael Estifanos
  - c. Results: Brandon Farmer and Nathnael Estifanos
  - d. Discussion: Brandon Farmer and Nathnael Estifanos
4. Participant Recruitment: Brandon Farmer
5. Formatting: Nathnael Estifanos