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WHAT CRUCIAL COMPONENTS SHOULD BE INTEGRATED INTO BEREAVEMENT PROGRAMS FOR THE LATINO POPULATION?

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WHAT CRUCIAL COMPONENTS SHOULD BE INTEGRATED INTO
BEREAVEMENT PROGRAMS FOR THE LATINO POPULATION?

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

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

by
Aida Blanco
June 2019

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Approved by:

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ABSTRACT

The purpose of the study is to provide an understanding of the emotional and cultural needs Latinos experience when grieving the loss of a loved one. Current research shows that the Latino community is less likely to seek mental health treatment including end of life and bereavement services. This study uses a qualitative approach examining participant's experiences during the bereaved phase focusing on emotional needs. The study reveals that Latinos experience emotional distress during bereavement and grief. It also identifies a scarcity of programs designed to meet the needs of the bereaved of Latino communities in the Inland Empire where this study takes place. The study explores different barriers that prevent Latinos from accessing and utilizing bereavement services among Latino communities, social work professionals, and organizations focusing on emotional and mental health. The study reveals that Latinos have a need for culturally sensitive programs to help them process feelings of grief and loss; language, values, and traditions are identified as main cultural characteristics including family and religion. The study identifies support groups, counseling, home visits, and phone calls as the top bereavement services needed in Latino communities as well as professionals who can understand their cultural needs.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

As the population ages, so do their emotional needs, including end of life services. Psychology Today (2018) defines bereavement as the process of grieving and letting go of a loved one who has died. The loss of a loved one can involve detrimental feelings and emotions such as shock, disbelief, guilt, psychological numbness, depression, loneliness, fatigue, or anxiety (Hooyman & Kiyak, 2011). These psychological and emotional symptoms can cause physical and emotional distress which can affect everyone regardless of race or culture. Unfortunately, the Latino community is less likely to seek mental health treatment; in 2010, only 6 percent of Latino patients nationwide used end of life services including bereavement support (Carrion & Bullock, 2012). Latinos face end of life matters unprepared with a lack of coping skills and support; this puts them at risk of developing serious conditions which can worsen and become disabling (NAMI, 2017).

Familismo is a cultural value that emphasizes warm, close, & supportive family relationships (Campos, Ullman, Aguilera, & Dunkel, 2014). There is an erroneous belief that because Latinos are very family oriented and take care and support each other, they do not require additional formal or informal support when facing grief (Arriaza, Martin, & Csikai, 2011). This fallacy may have

affected the availability and development of culturally enriched bereavement programs for Latinos. There are also cultural and sociological factors that affect utilization of available services such as educational barriers, language differences, limited knowledge of health care system, immigration and economic concerns (Fernandez, 2013). These factors not only affect utilization of current services, but generate a need for cultural awareness and understanding of the needs of Latinos in need of bereavement support.

Most bereavement programs available in the U.S. are currently being run through hospice service organizations (Arriaza et al., 2011). Their services include memorial services, literature mailings, follow up letters from hospice agencies, support group meetings, phone calls, and home visits to the bereaved. However, most of these services fail to address Latino culture, preventing Latinos from seeking services (Arriaza et al., 2011). In San Bernardino and Riverside counties where this study takes place, the only bereavement programs available are also being run through hospice organizations. There are agencies that provide support to family caregivers while caring for a loved one; however, once the patient expires, services are terminated leaving the bereaved with no additional support. The bereaved may seek bereavement services through hospice or funeral arrangements, but these programs may lack cultural components such as language or cultural awareness and understanding of the Latino culture and customs (Arriaza et al., 2011).

Purpose of the Study

Several studies have sought to understand the under-utilization of end of life services including hospice and palliative care, and other mental health programs by the Latino population (Carrion & Bullock, 2012; Montoya, 2015; Soto, 2016). However, limited research exists on the use of bereavement programs focused specifically on the Latino community (Arriaza et al., 2011). There is a substantial lack of knowledge in the utilization of bereavement services in general. This may be due to the fact that most bereavement services are being offered to the community through hospice organizations; yet, a very minimal percentage of Latinos utilize hospice services (Carrion & Bullock, 2012). Additionally, ethnicity has not been considered as a variable for studying bereavement programs in the United States (Carrion & Bullock, 2012).

Although there have been extensive studies on the various health and mental health needs of Latinos, little research has been done on the bereavement needs of this population. This study aims to provide an understanding of the emotional and cultural needs Latinos face when dealing with the loss of a loved one. Even though Latinos are the largest growing minority group in the United States, studies show a disparity with the use of end of life services when compared to other groups (Arriaza et al., 2011). This research study identifies the perceived barriers for Latinos accessing and utilizing bereavement services. Consequently, the results of the study identify crucial components for bereavement programs specifically for the Latino population.

The study used a qualitative research design that allowed the researcher to gather and to interpret participants' experiences to assess the needs of the bereaved and explore options for future bereavement programs. The qualitative design consisted of face-face or phone interviews with Latino caregivers who have lost a loved one within the past three years. The study consisted of an exploratory design to collect information on past experiences during the bereavement phase. The data source for the study was family caregivers who received assistance while caring for their loved one through a non-profit organization dedicated to supporting the needs and challenges of family caregivers. Some of the services received while caregiving were emotional support through educational classes, support groups, and individual counseling.

Significance of the Project for Social Work Practice

Social workers have very important roles in supporting the bereaved both with physical and emotional needs. According to the preamble of the National Association of Social Workers (NASW), "the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable and oppressed" (NASW, 2018).

Mental Health America (2017) has noted that social workers help clients in numerous ways through the grieving process by offering non-judgmental support and helping clients solve and manage problems related to everyday activities.

They further point out that social workers help clients understand grief as the grieving process and guide the person to set limits so that the grieving process can go well. Additionally, they help the bereaved by seeking additional resources if needed (Mental Health America, 2017). Social workers have indispensable roles in helping all communities; unfortunately, their services may not be as sought after or as effective when helping Latinos face grief due to the loss of a loved one. There is a scarcity of culturally designed bereavement programs specifically designed for the Latino population (Arriaza et al., 2011); therefore, Latino families and communities may be lacking support. On the other hand, social workers trying to help Latinos grieving a loss also face professional challenges including language barriers and culturally responsive practices in attempting to serve Latino clients (Carrion & Bullock, 2010).

The findings from this study inform social work practice on a micro and macro level. At the micro level, the study provides social workers with a better understanding of Latino culture and how it affects end of life and grieving processes. This will help professionals to better connect, communicate, and support clients during the process by incorporating crucial components into programs for the Latino community in different settings. At the macro level, the study highlights the need for professionals to recognize and to advocate for the development of culturally sensitive bereavement programs for Latinos. The study's research question is: "What cultural components should be integrated into bereavement programs for the Latino population?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

Understanding the barriers preventing Latinos from utilizing services is important for the development of culturally enhanced bereavement programs for various reasons. First, only six percent of Latino patients nationwide used end of life services in 2010 (Carrion & Bullock, 2010). Second, according to the Pew Research Center (2017), Latinos represent one of the nation's fastest growing ethnic groups in the United States; Hispanics accounted for 18% percent of the nation's total population in 2016, numbering over 57.5 million of the total population as compared to 51 million in 2010, being the second the largest racial or ethnic group behind whites. Third, bereavement services are vital to mental health. Facing the death of a loved one can be one of life's worst experiences and can cause major emotional crisis (Mental Health America, 2017).

This chapter offers a review of the limited research related to bereavement programs for Latinos in the U.S. The literature review covers different barriers perceived by Latinos accessing end of life services. The first barrier is helping professional's cultural awareness and understanding of Latino culture. The second barrier is language differences and the last barrier is Latino clients' limited health education and knowledge of the health care system. A description

of the most common cultural beliefs, values and cultural characteristics among Latinos is discussed.

Cultural Awareness

There are cultural and sociological clashes regarding Latinos seeking bereavement services. Some may believe that Latinos do not talk about end of life issues or that they take care of their own because of *familismo*, but the reality is that Latinos are experiencing emotional distress because of lack of support (Arriaza et al., 2011). The primary reason Latinos do not receive the proper support is due to lack of cultural awareness from service providers (Arriaza et al., 2011; Fernandez, 2013). According to Arriaza (2011), professionals need to take into consideration that culturally, Latinos are resilient and may not be aware they are experiencing grief, therefore they may not seek services. Additionally, they may rely on the family system for support when processing a loss, and therefore, it may appear that they isolate themselves when compared with mainstream culture (Houben, 2012).

Generally, Latinos experiencing grief expect professionals to be caring, empathetic, and respectful of their beliefs, many of which have to do with their religious and cultural traditions (Houben, 2012). They also expect health care providers to take into account the needs of other family members. The Latino community needs to feel valued and understood in order to develop trust in the counseling and social service systems (Arriaza et al., 2011; Fernandez, 2013).

The Latino population in the U.S. is a very diverse community coming from different countries including Cuba, Mexico, Puerto Rico, Central and South America. Latinos may share a common language and core values; however, they have different cultures, different religious practices, different stories, and different levels of acculturation (Houben, 2012). Professionals need to be able to assess cultural differences, be sensitive to the distinctions implied by the diversity of Latino clients, and have the ability to engage diverse Latino clients effectively (Arriaza et al., 2011, Carrion, & Bullock, 2012, & Houben, 2012). They need to be knowledgeable of the racial and ethnic background, culture and beliefs of all patients and families whom they serve (Arriaza et al., 2011, Carrion, & Bullock, 2012, & Houben, 2012). Before mental health practitioners can thoroughly help a grieving person, they must understand the client's worldview, taking into consideration the characteristics of the client's cultural heritage, social norms, religious beliefs, and ways of communicating (Houben, 2012).

Studies reveal the distinct need for culturally competent and culturally responsive practice as ethical and inclusive (Arriaza et al., 2011, & Carrion & Bullock, 2012). One qualitative study with hospice staff in Florida revealed that bereavement coordinators identified the need for understanding cultural issues and differences as common bereavement needs of Hispanics/Latinos (Arriaza et al., 2011). The study identified that the top three bereavement services needed for Latinos are language/culture concordant services, individual and group support, and homebased counseling. The study also revealed that bereavement

personnel had limited cultural competence and that bereavement agencies had inadequate funding for hiring or training qualified personnel (Arriaza et al., 2011). Professionals need to expand their knowledge and understanding on Latino culture and how their traditions and values influence the grieving process and quality of life (Houben, 2012). Additionally, professionals need to be aware of the type of losses Latinos experience by living in a foreign country. They also need to understand the role their values, belief system, traditions, and customs play in how they cope with losses (Houben, 2012). The way Latinos express emotions, is also a very important aspect to understand, but overall, the professional must truly try to understand the client's cultural needs (Houben, 2012).

Language

For Latinos and any other culture, the ability to communicate in their native language is essential and comforting especially when dealing with a loss. Language differences between clients and professionals can create differences, confusion, frustration, and missed understandings such as inappropriate diagnosis (Houben, 2012). Researchers identified language differences as the primary barrier to Latinos accessing any type of service (Arriaza et al., 2011, & Carrion & Bullock, 2012). A person is not able to communicate a need, if emotions cannot be expressed.

Arriaza and colleagues (2011) identified language and communication as the principal challenge amongst hospice professionals and clients. They also

reported that hospice organizations in Florida have limited Spanish speaking personnel due to funding limitations. They also identified that professionals frequently had to rely on other family members for assistance with translation (Arriaza et al., 2011, & Carrion & Bullock, 2012). Additionally, they identified that clients were being referred to religious organizations and community therapists or counselors for bereavement support due to the inability to assist (Arriaza et al., 2011, & Carrion & Bullock, 2012). Arriaza and colleagues (2011) indicated that Hispanics/Latinos are also in need of counseling services in their own language and is a high demand for language-specific grief education and written materials. A primary need for Spanish support groups, and culturally appropriate care in Spanish was also identified (Arriaza et al., 2011).

Carrion & Bullock (2012) found similar results, identifying language as the main barrier to attaining services. In their study, the authors used a case study approach which revealed that language barriers prevailed among hospice care providers, patients, and families at the hospital setting and during home visits. They identified an urgent need for bilingual clinical team members and translation services in hospice settings. The study found that the not having bilingual services affects the quality of care and creates additional health disparities for Latinos (Carrion & Bullock, 2012). Not being able to have positive client-professional communication can interfere with the development of a good therapeutic relationship (Houben, 2012).

Education

Culturally, Latinos are less likely than other groups to talk about mental health, let alone end of life issues (American Hospice, 2017). Latino families are known to take care of each other (familismo) and often choose not to make family matters public; therefore, they may be less inclined to seek services. The literature suggests that Latinos lack general knowledge about social services including hospice, bereavement services, and the health system (Carrion & Bullock, 2012; Montoya, 2015; Soto, 2016). Many are also reluctant to seek professional care due to economic or immigration concerns. The need for Latinos to be educated about preventive measures, health benefits, organizations, hospice, and other mental health services in the community is essential (Fernandez, 2013).

Additional research in this field of study found that professionals in the field struggle when talking to Latinos about hospice and other end of life services (Kreling, 2017). Professionals seem to realize that in Latino culture, the forthcoming death of a loved one is not a topic to be talked about and is normally avoided. One study coined this the “secrecy dilemma,” suggesting the need for professionals to address cultural differences regarding end of life care in order to remove the stigma that prevents clients from utilizing services (Kreling, 2017). Not only is there a lack of education and awareness within the Latino community, but professionals also need to expand their knowledge about the Latino needs (Houben, 2012).

Cultural Characteristics

The Latino culture is very diverse and has many cultural components to be considered in social work practice. Having an understanding of the culture, traditions, and beliefs is essential for professional growth and the development of culturally bereavement programs specifically for Latinos. Social workers also need to be familiar with the level of acculturation and assimilation to the U.S. culture from the client's perception (Houben, 2012). Some of the main characteristics that distinguish the Latino culture are family, religion, and traditions.

Family

A very important value and strength of the Latino culture is family unity or *familismo* (Huben, 2012). The Latino family system can extend to grandparents, uncles, cousins, or people not biologically related such as god parents. A strong family value is respect for their elders, protection, and support towards the wellbeing of all members (Carteret, 2011). Major decisions and behaviors are typically made by consulting with other members trying to decide collectively to please everyone (Carteret, 2011). Consequently, when a family member has a problem, it becomes a family matter that they may try to solve amongst themselves. This concept can prevent them from seeking outside support and utilizing services (Houben, 2012).

Traditionally, in most Latino families, it is the male who is head of household or the oldest male in the family who will have the last word on making

decisions (Houben, 2012). Nevertheless; women have very powerful roles in the family system too, being responsible for educating and instilling cultural values in the family. Culturally, Latinos are raised and educated to be strong and resilient; they learn about the struggles their ancestors overcame in their homeland and are motivated to keep family pride (Houben, 2012).

Religion

Religion plays a very important role in the Latino culture, especially related to death. Culturally, many Latinos have depended heavily on their religion and spirituality to make important decisions, offering a sense of hope as opposed to focusing on the loss (Houben, 2014). In the U.S., approximately 69% of Latinos identify as Catholic, 19% as Protestant, and 8% do not have a religious affiliation (Pew Research Center, 2014).

End of life funerals and burial rituals reflect the family's religion or spirituality and the regard for the family. For example, Catholics and Christians believe in afterlife and believe that they will see God face to after death and they will be judged for their deeds or wrongdoings. Catholics also have devotion for Virgin Mary and believe that she prays to God for them. Their faith allows them to see death as the will of God and therefore, it helps them to find comfort in their religious practices (Houben, 2014).

Traditions in Bereavement

Latino Families and communities often come together for support for one another, especially through difficult moments (Houben, 2012). The traditions and

rites from their home land are often preserved and become very significant when mourning (Houben, 2012). During and after funeral services, traditionally, the family gathers to remember and honor the deceased (Houben, 2012). Based on the deceased's character and personality, the family may honor them with music, food, flowers, candles, laughter, and tears which are all significant aspects of bereavement (Houben, 2012).. For the funeral and days that follow, the immediate family, including the widow, adult children, parents, or other elders may dress in black or dark colors (luto) also as a sign of sorrow and respect (Houben, 2012). Similarly, the days that follow the death, the family may refrain from listening to music, watching television or returning to normal activity (Houben, 2012). In some Latin cultures, Catholic families and friends gather for the Novena for nine days after the funeral to pray the rosary as an offering for the soul of the deceased (Houben, 2012). In addition, at the anniversaries of death, the family may offer a mass to remember, honor, and pray for the soul of the deceased (Houben, 2012). Some families also honor and remember their loved one by celebrating Day of the Death (Dia de Los Muertos). They may prepare special foods, set up an altar with pictures and decorate it with the person's favorite colors, flowers, or any other meaningful item of the departed.

Theories Guiding Conceptualization

The theories used to conceptualize the ideas on this study are systems theories including ecological systems and family systems. In the ecological

systems theory, the focus is to understand how people interact with their environment and understand that each subsystem impacts all other parts of the system (Walonick, 1993). This theory applies to the study because it helps to understand that the cultural needs of Latinos will help in the development of culturally sensitive programs. Understanding the cultural components necessary in bereavement programs will help to facilitate change and the development of programs. General systems theory describes how the family system affects the individual and family system as well. The theory helps understand that the functionality of each person influences family systems. This is important to understand because if one person receives the needed support, it will affect and benefit the whole family as a system.

Prior research on this topic was guided by the person-in-environment and systems dynamic theories, which identified the need for culturally sensitive bereavement programs. Scholars suggested that professionals use these findings to address the psychosocial needs of the Latino population (Arriaza et al., 2011).

Summary

This chapter identifies different barriers found in research for the under-utilization of bereavement services within the Latino community. In addition, this chapter describes cultural characteristics among Latinos important in social work practice and in the development of culturally bereavement programs for the

Latino population. Lastly, this chapter identifies the theories that helped to guide conceptualization on this study.

CHAPTER THREE

METHODS

Introduction

This chapter will describe the research methods used in the study aimed to explore barriers to the use of bereavement services among the Latino population in the U.S. This section will include the study design, measures for data collection and instruments, procedures followed, protection of human subjects, and will conclude with a data analysis.

Study Design

The purpose of the study is to identify barriers to and cultural components necessary for bereavement programs for Latinos living in the U.S. Due to limited research on bereavement services specifically on the Latino population in the U.S., qualitative research with an exploratory design was used for this study. This qualitative approach was constructed of participants' interpretations of their experience during the bereavement phase. The selection criteria included Latino caregivers who experienced bereavement through a loss within the past three years. The exploratory design consisted of face to-face or phone interviews involving an interview guide with open ended questions. The exploratory design assisted in identifying barriers to utilizing bereavement services. Participants were able to explore their personal experiences during the bereaved phase and

express their realities without any limitation allowing them to be the writer of their own story first hand. Participants' narration helped to explore and identify cultural components needed for programs in the community for Latinos experiencing grief.

A limitation to this exploratory study was that the data collected represented a very limited sample of Latinos residing in Riverside and San Bernardino counties; therefore, results may not reflect geographic differences in available services. In addition, the limited sample represented Latinos from certain countries of origin and religious groups; consequently, the results of the study may not generalize to all Latinos.

Sampling

A non-probability, purposive sampling method was utilized for the study. Participants met inclusion criteria which included being Latino, as well as monolingual, Spanish speaking and having faced grief through the loss a loved one within the past three years. The recruitment source for the study were Latino family caregivers living in the Inland Empire who received assistance through a caregiver resource agency for whom the researcher has worked for the past five years. Through her employment, she established a positive professional relationship with clients while they cared for a loved one; however, services were terminated at the end of the caregiving journey.

The researcher obtained authorization from the Executive Director of the caregiver resource agency to contact previous clients to participate in the study. The Director expressed concerns in the past by the limited availability of bereavement programs for the Latino community; therefore, authorization was granted upon request. The study was comprised of 12 participants, both male and female, and of different ages.

Data Collection and Instruments

The qualitative study was conducted in an interview setting either in person or by phone. A survey comprised of demographic information and an interview guide consisting of six questions (Appendix A) were completed. Demographic data included gender, age, marital status, number of years in the United States, highest level of education achieved, English language comfort level, and religious preference. The interview included six open ended questions with a focus on experiences and feelings during the bereaved phase. Some of the general topics on the interview guide were the significance and value of bereavement services tailored for the Latino population. The researcher attempted to identify cultural components needed for bereavement programs, in addition to identifying any barriers to utilizing available services.

Procedures

The researcher mailed a letter in both English and Spanish to each candidate with detailed information on the purpose and goal of the study. One week after the mailing, the researcher made contact by phone and arranged a meeting time; when not possible, a time was arranged to conduct the interview by phone.

During the interview, the researcher took time to re-connect and create rapport with participants. The researcher explained the informed consent form with detailed information on the study including purpose, procedures, and significance of participation. Confidentiality was also discussed and the researcher asked participants to date and sign with an X the informed consent form prior to initiating the survey. Authorization to be audio recorded was also obtained. A phone interview was conducted when the interview could not be held in person.

The interview process took about 30 to 60 minutes to answer all questions. After completing the consent forms, the researcher began the audio recording and the interrogative. The researcher read each question to the participant and allowed time to reflect on the question and answer. Each question is structured to explore on feelings and experiences during their bereaved phase and identify bereavement needs. The researcher was available to debrief and answer questions as they arose. All conversation with participants was done in Spanish.

Protection of Human Subjects

The researcher completed the certification in Human Subject Ethics Training in the Protection of Human Participants. She mailed a letter to each candidate explaining the purpose and ethical principles of the study. Participants' rights, confidentiality, benefits and potential risks of the research were also described in the initial letter. The interview meeting was conducted in the privacy of the participant's home; therefore, there were no privacy concerns. During the meeting, the researcher took time to review and process informed consent again including confidentiality, demographics, and consent forms to the interview and audio recording. Each participant was assigned an identification number next to the participants' first and last name initials to be used as the identifying information. The same number was used in the audio recording and followed when transferring the information onto a USB drive.

Data Analysis

The information collected through the completion of the survey and the questionnaire was analyzed with a thematic analysis following the Braun & Clarke 6 Phase Model of Thematic Analysis (Braun & Clarke, 2006). The first step the researcher took was to familiarize with the data collected. The recordings were done in Spanish, therefore, the researcher translated from Spanish to English word per word all of the information from the audio recordings while transcribing it onto a Microsoft Word document. Once transcribed, the

information was read as many times as necessary to have a deeper understanding of the content and note down initial ideas. The second step was to generate initial codes for interesting and meaningful features of the data in a systematic fashion. The third step was to search for collate codes and sort them by themes. The fourth step will be to review all of the themes deeper to make sure that all of the themes are meaningful and determine if any need to be modified or deleted. The fifth step was to define and name the themes identified for the purpose of providing a clear definition and understanding of each. The sixth and final step of this thematic analysis was to produce the report to a piece of writing that can be understood and that answers the question: what crucial components should be integrated into bereavement programs for the Latino population?

Summary

The qualitative research project is expected to provide insights to the needs of the Latino community experiencing grief. Responses to open ended questions regarding bereaved experiences will help identify cultural components needed specifically for the Latino community and will also aid in addressing barriers to utilizing current programs.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this study was to provide an understanding of the emotional and cultural needs Latinos face when encountering a loss of a loved one. This chapter describes the results obtained through interviews in this qualitative study. This chapter also includes a demographic description of participants in the study.

Demographics of Participants

The study was comprised of twelve Latino participants living in Riverside or San Bernardino Counties who experienced the loss of a loved one within the last three years. All participants received support through a caregiver resource center while caring for their loved one. Of the twelve participants, ten were female and two were male. Participants' ages ranged from 31 – 71+; two participants were under 50, seven were between 51 - 70, and three other were over 70 years of age. Most reported a basic educational level, except for one participant who has a college degree.

All twelve participants reported that they have lived in the U.S for more than 15 years; however, most do not feel comfortable with the English language, except for one. One participant reported that she does not feel comfortable at all,

two reported that they feel very little comfort, three stated somewhat comfortable, and four stated that they are comfortable speaking in English. One interviewee stated that she is very comfortable with speaking and understanding English; however, she prefers her native language when speaking about her feelings. All participants identified a religious belief; seven reported being of Catholic, three Christian, one Mormon, and one of Jehovah's Witness faith.

Presentation of Findings

The data collected in this qualitative study revealed the following five broad themes around participants' experiences through the bereavement phase: (a) losses/feelings experienced, (b) importance of their faith, (c) support received during the bereaved phase, (d) support groups and (e) services participants wished they had received.

Losses/Feelings Experienced

Every participant in the study stated that losing a loved one had been a very difficult and emotional experience whether the loss was sudden or predicted. Losing a loved one affects the bereaved in various physical, emotional, and psychological ways. Participants described loneliness, drastic emotional shifts, and emptiness. One participant shared her experience as one of the most solitary ones encountered in her life.

It was very hard. If I had ever thought that I had experienced desertedness, it was not until that time that I truly experienced it. I felt very

lonely, because even though she had Dementia, she and I still had each other, we had a relationship...we talked...she listened to me and I listened to her. Many times there weren't even words between us, yet, I knew my mother was there for me. (Respondent #1)

HARD. Some days I can smile at the glimpse of his picture, other days just a thought of him will make cry. I tell myself often that my brain and my heart don't know the same thing. My brain knows he passed, and my heart thinks it's a year and half since I've heard his voice, felt his callus hands, or seen his smile... when my head and heart meet in emotion (I miss him!) it's an avalanche of sadness and tears. Shock! I still go through every part grief, every single part. (Respondent #7)

The death of a loved involves different types of losses. Participants shared about losses experienced including loss of finances, companionship, relationships, security, social support, and loss of identity, among others. One respondent stated that after his wife's funeral services, everyone including his immediate family returned to their normal activities leaving him home alone with a feeling of abandonment, "since my wife's passing nobody has called to ask me how I am" (Respondent #5). Another participant stated that he had lost his identity as a husband and a family man for quite some time after his wife's passing, "although I tried to keep my act together, I could not help, but let it known that I was hurting too, and therefore, I could not be the support they

needed... I just tell myself that I am now a single father and my children still need me so I change my focus (Respondent #9).

One participant voiced the loss of social support from a social worker after her father's passing when her mother needed it most, "while my father received treatment at a dialysis clinic, my mother and I were in contact with a social worker who was very supportive of my mother's needs; however, when my dad passed away, she had no additional contact with us which would have been of great benefit for my mother" (Respondent #11). Unfortunately, due to funding or coverage limitations, services are often terminated when the relationship with the client or patient expires; this leaves the bereaved or other family members without support.

Three respondents shared that they experienced anticipatory grief well before their loved ones passed away, especially when they dealt with a long term incurable disease. They described the experience as intense as bereavement following the death of a loved one; they felt the loss of the person as if he or she was gone, except that physically the person was still present, but psychologically he or she was not the same person. One participant reported that she was relieved when her spouse expired knowing that his pain and agony had ended.

Honestly, we were ready to let him go. I lost my husband since his first stroke; he was never the same man after. Besides losing his physical abilities, my husband's personality was very affected, so he never returned to his normal state. My daughters and I went through a lot while

we all cared for him; we all saw his suffering for many years and that caused us all suffering too. I experienced grief since my husband fell sick. When he passed away, we were done processing our loss. (Respondent #3)

A participant shared that the grieving process was easier for her after helping her mother deal with a terminal disease for a lengthy amount of time, “I experienced many days of sadness, crying, and frustration ...I think the grief from her illness prepared me for her passing. After she passed, I cried very little knowing she was no longer suffering; I knew it was time for her to go” (Respondent #6).

Faith

Culturally, religion and spirituality play very important roles in the grieving process for Latinos. Religious beliefs and spiritual practices, in addition to the emotional and social support received allow the bereaved to find comfort during the most difficult moments. Nine out of twelve participants reported that their faith and the support through religious communities helped them find the strength to move forward during the bereavement phase.

One participant stated that the support he received through community church members was much appreciated and as meaningful as the support received through family members. Most participants expressed benefits from groups of people gathering in prayer for the deceased and the family immediately after the death and the days that followed. One participant stated that it helped

her feel the love in humanity and in God. Another participant stated that the community prayers were very powerful as they meant that they prayed to God to forgive the deceased sins, to welcome them into paradise and to comfort the family in grief.

I had to accept that she would no longer be here with us here on earth and that God had called her to be with him. With God's will I am able to keep going. I go to church and my sisters there pray for me and that helps me feel better. The ladies sometimes come and visit me when I'm feeling sad, and when they come we pray together and that helps me feel better and lift my spirit because sometimes I still feel down. (Respondent #4)

A different participant verbalized that by understanding the Latino culture, people would know that religion plays an important role, "...they would know that our rosary, novenas, and other rituals are important too" (Respondent #8). A respondent stated that religious practices and beliefs helped her find comfort and hope before and after her mother's death, "my church helped by bringing communion to my mother while she was alive. When she was at the very last phase, I called my church again and asked for a Priest to come and give confession and the anointment of the sick which is very meaningful sacrament for Catholics" (Respondent #2). Another participant comfortable stated "I am in peace, by faith and thanks to all of the prayers received, I know that my mother is at a better place than I am" (Respondent #10).

Support Received During the Bereaved Phase

One central theme that this study revealed was the importance of receiving support during the grieving period after losing a loved one. Values and traditions including family support and religion play an important role for Latinos, especially when experiencing grief. Traditionally, the bereaved wants to remain at home while grieving, relying on the support from others including family, friends, organizations, and other community members (Houben, 2012).

All twelve participants identified family as their main source of support followed by community church members. One respondent stated, “the only support I had was through my family. Also, I’ve always been active in my church; therefore, I had the support from the ladies there” (Respondent #10). Another participant shared that his children and grandchildren were concerned about him after his wife’s death as he did not want to leave his home; however, through constant monitoring and support he found the motivation to return to the senior center where he accustomed to go with his spouse.

Friendships were also identified as playing an important role for the bereaved. A participant stated that the only support she received when her husband died was through her friends as she did not have family in the US. To some people friendships are considered a type of family; people who are in someone’s life through good and bad times to celebrate with, cry with, confide in and count when in need. One participant described the support received as a confirmation of love.

My faith and the support of my family and friends helped me to remain strong the days that followed. Definitely emotional support is the most needed when we experience a death; in our culture we are used to being surrounded by lots of people; it's our way of showing love for each other. In this case it helped me see how loved my mother was. I appreciated very much when someone reached out to me to express concern and offer support and just asked how I was doing or asked if there is anything needed on my end. It also helped me feel better when I heard them tell me the good things I had done for her. (Respondent #2)

Two participants stated that they appreciated the support received from different organizations. One participant shared that receiving support from family and friends was priceless during her experience with grief; however, as soon as everyone returned to their normal activities she was left feeling lonely and had to rely on social services for support. "What helped me the most was an IHSS worker who became close to me and was involved with my needs and my activities. She helped me get out of my depressive state by taking me around shopping and to run errands with her" (Respondent #1).

One participant stated that she was offered bereavement counseling from a hospice agency after her mother's passing; however, she declined it at the time. Three months later, she continued to experience grief and received assistance through her medical insurance. The participant stated that although

the therapist spoke “broken” Spanish, she had benefitted from the service greatly.

Other participants shared about challenges experienced by the limited support encountered through this difficult phase mainly involving the lack of family involvement and organizational support. One participant verbalized that the family received no guidance or support after her brother’s sudden death. “We were lost all alone, and even though we have a large family, it seemed like people were afraid of approaching us to talk about our feelings, especially to my mother” (Respondent #8). Another participant stated that she dealt with her mother’s health ailments for many years with no support hoping that the family would come around; however, she was deceived once again by the lack of family involvement.

I was alone, just as when I cared for her, I did it all by myself. Although I have brothers and sisters, they were not around when she was alive as I wished they were, and it was no different when she died. They never helped me take care of her nor helped with finances, so when she died, there was no difference; had to make use of my and my husband’s savings for her burial. The truth is that I didn’t receive any help, only the mortuary people that told us how much it all would cost us to bury her, but no other people came, only my children came together to be with me, some friends, and other relatives. (Respondent #4)

Support Groups

Participants identified support for the bereaved as a beneficial tool to aid with the emotional stress presented while grieving. All participants had previous experience attending to monthly support group meetings for caregivers while providing care for their loved ones. Through their involvement, they established relationships with other members while sharing information and learning from others who faced similar challenges. The group meetings allowed them to gain a sense of empowerment and control by feeling less lonely, talk openly about their feelings without feeling judged, reduce distress and depression, and improve coping skills.

Six out of twelve participants stated that they wished a bereavement support group had been available while they experienced grief. "I think support groups for bereavement would be the most beneficial; this way the person is not only focused on her own feelings, but as a group they can share the grief" (Respondent #6). One participant stated that the support group she attended in the past gave her tools for self-care which she put to practice when in need. "I was able to understand that I matter too and that I should continue to take care of myself" (Respondent 3).

Participants also stated that the relationships established through support group meetings were very meaningful. "As human beings, we need to feel connected with other people. Support groups and other ways of gathering with people to receive emotional support are definitely needed in our community"

(Participant #2). One respondent defined the relationship established through support groups as family.

We learn that we are not alone; we learn to support each other. It's like a family, and we go through similar situations...there is a connection between us at least that has been my experienced with other groups. When one of our members lost a loved one that they dearly cared for, we all felt the loss and supported the friend, so I would definitely attend to receive the needed support and to support my peers. That would help us feel that we are not alone. We all have a story, being in a group would help us feel stronger and more supported. For instance, even though I knew my mom's time was close, attending to a caregiver's group helped me to find hope and purpose in life knowing that I would not be alone and that there were people that cared about me. I think a bereavement group would not be any different. (Respondent #1)

Another participant expressed concern for the bereaved lacking support stating that she knew how to manage her emotions thanks to the support received in the past through support groups; however, not many people in the Latino community know about the benefits of groups or how to access them. "A support group for the bereaved is very important because grief is complicated. Being able to share your feelings with people who can validate is empowering" (Respondent #7).

Participants also expressed the importance of having support group meetings and other events in their language. “I would definitely attend to a support group; it would have to be in my own language, with people that know and understand my culture” (Respondent #8). A participant stated that although she speaks and understands English as her second language, she would rather attend to events in Spanish as she feels more comfortable sharing her feelings in her own language.

I think I would have attended a bereavement support group if offered when in need and most likely my mother would also have enjoyed it if offered in Spanish. My mother would appreciate talking to other ladies who also lost their husband or other loved ones; they would speak the same language. (Respondent #11)

One participant identified support groups as a good way of connecting members with other services in the community. She stated that if the group is facilitated by a Spanish speaker, then most likely the topics shared will be more culturally sensitive and relatable to their needs including other services in the community.

Services Participants Wished They Had Received

While sharing about experiences during the bereavement phase, participants agreed that although limited at times, they all greatly appreciated the support received whether it was through family, friends, religious community, or a public service agency. A respondent verbalized that support was extremely

important for him; he stated that if his children had not been there when his wife died, he would have liked to have other people around him such as other relatives, friends, or neighbors.

Bereavement affects everyone in different ways; many may experience sadness, loneliness, hurt, or other symptoms of depression even during time after the loss which can make the adaptation process a difficult one. Participants shared about limitations experienced during their bereaved phase and also shared about programs or services they would have liked to have received during that time and the days that followed.

All participants shared that they felt fortunate to have received support from their families and communities when in most need through their grieving experience. When asked about other services received, three participants stated that they were not aware of any programs available for Spanish speakers in the community that could offer them support through their grieving experience. Being able to communicate in their own language is of priority for Latinos experiencing grief (Arriaza et al., 2011, & Carrion & Bullock, 2012). A participant stated that her mother would have appreciated talking to people other than her children about her feelings, but it would have to be in her own language because it would mean that people that could understand her and her beliefs. Another participant stated that it was hard to find services in her language from people that understand her culture and her religion. A third respondent stated that if programs were available to understand her needs and culture that she would

definitely have sought them, “it would be pointless to go to a group or any other event where we have nothing in common” (Respondent #8).

Eight out of twelve participants reported that they wished to have received assistance on a personal level in the home either through a worker or a therapist. A participant stated, “I felt very lonely the first Friday after her passing, I wished someone visited me to talk about how I was doing, but there was no one” (Respondent #1). Another respondent stated that she would have appreciated a counselor who can talk to families who are experiencing grief to visit her.

Families don’t go out into the community asking for help; many times it is a secret. We don’t want other to know what we are going through, but someone showing up to our door just to check in on you and make sure you are ok. Only to show that someone cares would be very meaningful. Someone to be there, to be able to guide you and to tell you that everything is going to be ok, perhaps tell you how to manage your emotions so that you don’t hurt yourself or others around you more than they are already hurting. Someone to offer support, to tell you how to go about on the days that follow the burial...how to carry yourself so that you don’t end up getting sick. In my case, I fell into a deep depression and so did my parents which ended up affecting my other siblings due to their neglect. (Respondent #8)

Another participant stated that not all people who come from other countries have family support in the U.S. and unfortunately, they are hard to

identify in the community. Some people tend to isolate themselves even more when experiencing a difficult situation, therefore, having a professional check up on them would be very asserted to see if they are neglecting themselves or if they are at any risk. A respondent explained the different services that would have been helpful during his experience with bereavement.

I would have welcomed different opportunities for my family to receive support after our loss; it would have been very helpful. Receiving assistance with needed resources like a warm meal, emotional support, counseling, home visits, or assistance with other needs to show that someone is concerned about the person is much needed. (Respondent #11)

One respondent admitted to feeling valued through the researcher's visit for the interview. He expressed that he would have appreciated a visit to his home when he lost his wife.

I would have liked having someone to speak to about my feelings and needs...a person who understands me, my culture, and what I am experiencing, then I could talk about how I feel because I would already know them and they'd know me. I think that would be good. (Respondent #4)

A different respondent verbalized a similar interest in home visits stating that having someone visit the bereaved could make a major difference in their life as it is difficult to identify people in need or at risk.

Having someone check up on us, like when I was taking care of my wife.

A worker would call me every now and then to check up on me, to ask if I was doing ok, to see if I had gone to my medical appointments, or to see if I needed other support. Since my wife passed, nobody has called me.

(Respondent #5)

CHAPTER FIVE

DISCUSSION

Introduction

This study aimed at identifying necessary components for bereavement programs for the Latino population living in the U.S. This chapter provides a discussion and an analysis of the results of the study regarding some of the emotional and cultural needs Latinos encounter when experiencing grief due to the loss of a loved one. This chapter will also present limitations involved in the completion of the study and will present recommendations for future social work practice and future research.

Discussion

Current research shows that Latinos do not use end of life services when compared to other ethnic groups (Arriaza et al., 2011). The purpose of this qualitative study was to identify the emotional and cultural needs Latinos experience while grieving a loss and identify any barriers to seeking support. The study examined participants' experiences during the bereaved phase focusing on emotional needs. The analysis of the qualitative interviews revealed five themes consisting of losses/feelings experienced, importance of their faith, support received during the bereaved phase, support groups, and services participants wished they had received during the bereaved phase.

The study's findings are consistent with the literature which reveals that Latinos experience emotional distress during bereavement and grief; however, there is a scarcity of culturally sensitive programs available to Latino communities (Arriaza et al., 2011 & Fernandez, 2013). Participants expressed that losing a loved one had been a difficult emotional experience and named emotional support as the primary need of the bereaved. According to participants, values and traditions including religion play an important role for Latinos, especially when experiencing grief. This is consistent with previous literature that reveals that some of the main characteristics that distinguish the Latino culture are family, religion, and traditions (Houben, 2012). Additionally, all twelve respondents identified family as the most important source of support followed by community church members which were also identified as family. Research revealed that a very important value and strength of the Latino culture is family unity or familismo (Huben, 2012). The Latino family system can extend to grandparents, uncles, cousins, or people not biologically related such as god parents (Carteret, 2011). Religion was another theme identified throughout the study. Participants' responses were consistent with research; they reported that the support received through community church members who gathered to pray for the deceased, the family, and the bereaved was priceless (Houben, 2012).

Previous research identified language/culture concordant services, individual and group support, and home base counseling as the top three bereavement services needed for Latinos (Arriaza et al., 2011). Participants'

responses aligned with previous research which suggests that receiving support in their own language was comforting for Latinos (Arriaza et al., 2011, & Carrion & Bullock, 2012). Support groups for the bereaved, counseling, home visits, and phone calls were also identified as top bereavement services, as well as professionals who could understand their needs.

Literature emphasized that because Latinos have different cultures, different religious practices, and different levels of acculturation, professionals need to be able to assess cultural differences before they can thoroughly help a grieving person (Arriaza et al., 2011, Carrion, & Bullock, 2012, & Houben, 2012). Interestingly, none of the respondents emphasized differences in regards to their needs among Latinos from different countries and cultural backgrounds. Furthermore, religion and spirituality were named of high importance and as coping mechanisms for the bereaved, yet, none made a distinction among different religions as the literature suggested. This could be due to the study being held in the Inland Empire where most Latinos are originally from Mexico and Central America with few cultural differences between them.

Limitations

There were a couple of limitations with the study. The first limitation was the small sample of participants in one relatively small geographic area; a larger sample would have been more representative of the needs of the population. Additionally, most respondents were originally from Mexico and Central America; therefore, results do not generalize the needs of all Latinos. Another limitation

was that all participants had received services from the same agency while caring for their loved one; perhaps reaching out to different agencies would have been more inclusive.

Also, most respondents had previous experience attending support groups while caregiving; therefore, they all identified support groups as a tool to help the bereaved. Having participants with no previous experience with groups may have helped to determine the broader needs of the bereaved, including those who have and have not had experience with these groups. Another limitation was that most participants were older adults; having participants from different age groups would have been more inclusive. Lastly, participants in the study were Spanish speaking only; therefore, they identified a need for programs delivered in their native language. Results do not generalize the needs of all Latinos; consulting with bilingual Latinos would allow a different perspective.

Recommendations for Social Work Practice and Research

Studies show that Latinos in the U.S. do not use end of life services when compared to other ethnic groups. This is of concern for the social work field because Latinos are facing end of life matters unprepared and therefore, at risk of developing psychological and emotional problems. This study provides insight for social workers in the mental health field to understand the needs of the Latino population when experiencing grief. At the micro level, the study provides social workers with a better understanding of the emotional needs of the bereaved.

This will help social workers to better connect, communicate, and support clients during is process by incorporating crucial components into programs for the Latino community in different settings. At the macro level, the study highlights the need for professionals to recognize and to advocate for the development of culturally sensitive bereavement programs designed specifically for Spanish speakers. The findings of this study may not be generalizable to all Latino populations in the U.S. due to a limited sample. Future research should take into consideration experiences from participants at different levels of acculturation representing different Latino countries.

Conclusion

The purpose of the study was to provide an understanding of the emotional and cultural needs Latinos encounter when grieving the loss of a loved one. The data collected through participant's experiences revealed that evidently there is a need for culturally sensitive programs designed for Spanish speakers experiencing emotional distress during bereavement and grief.

APPENDIX A
QUESTIONNAIRE

ENCUESTA/SURVEY
INFORMACION DEMOGRAFICA/DEMOGRAPHICS

1. Sexo

- Mujer**
- Hombre**
- Otro**

Gender

- Female**
- Male**
- Other (specify)**

2. Edad

- 18-30 años**
- 31-50 años**
- 51-70 años**
- 71 años o mas**

Age

- 18-30 years old**
- 31-50 years old**
- 51-70 years old**
- 71-80 years old or older**

3. Estado Civil

- Soltero, nunca casado**
- Casado o unión libre**
- Separado**
- Divorciado**
- Viudo**

Marital Status

- Single, never married**
- Married or domestic partnership**
- Separated**
- Divorced**
- Widowed**

4. Máximo Nivel de Estudio

- Ningún Estudio**
- Estudios Básicos**
- Estudio Universitario**

Highest Level of Education:

- No studies**
- High School or less**
- College Degree or more**

5. Número de años en EU

- 0-5 años**
- 6 -15 años**
- 16 – 25 años**
- 26 años o más**

Number of years in US

- 0-5 years**
- 6 -15 years**
- 16 – 25 years**
- 26 years or more**

6. Comodidad con el idioma inglés

- 1. No me siento nada cómodo**
- 2. Muy poco cómodo**
- 3. Algo cómodo**
- 4. Cómodo**
- 5. Muy cómodo**

Level of comfort with English language

- 1. I am not comfortable at all**
- 2. Very little**
- 3. Somewhat comfortable**
- 4. Comfortable**
- 5. Very comfortable**

7. Preferencia Religiosa

- Católico**
- Otro Cristiano**
- Protestante**
- No Practica**

Religious Preference

- Catholic**
- Other Christian**
- Protestant**
- Unaffiliated**

Interview Guide

1. Platíqueme un poco sobre su ser querido que falleció.

Tell me about your loved one who passed away.

2. ¿Cómo fue su experiencia de duelo para usted?

What was grief like for you?

3. ¿Recibió usted algún tipo de apoyo social o apoyo con servicios de duelo cuando perdió usted a su ser querido? Si la respuesta es sí, ¿qué servicio recibió y de qué organización? Si la respuesta es no, ¿por qué no? Por favor elabore.

Did you receive any type of social or bereavement support when you lost your loved one? If yes, what service was provided, from what organization? If not, why not? Please elaborate.

4 ¿Qué tipo de apoyo le hubiera gustado haber recibido cuando paso por su etapa de duelo por la pérdida de su ser querido? ¿Qué tan importante son los servicios de duelo para usted y porque?

What type of support would you like to have had received when you experienced grief for your loss? How important is bereavement support for you and why?

5. ¿En su experiencia, que programas serían importantes para la comunidad Latina que experimenta duelo?

In your personal experience, what would be important bereavement programs to offer the Latino community?

6. Si existiera un grupo de apoyo de duelo en español, ¿cree que lo utilizaría? ¿Qué le haría asistir? ¿Qué influiría en el que usted no asista?

If a bereavement support group for Spanish speakers was available, would you likely use it? What would make you likely to attend? What would make you unlikely to attend?

Interview Guide Created by Aida Blanco

APPENDIX B
INFORMED CONSENT



California State University, San Bernardino
 Social Work Institutional Review Board Sub-Committee
 APPROVED 5/14/2019 VOID AFTER 5/31/2019
 IRB# SW 18049 CHAIR [Signature]

College of Social and Behavioral Sciences
 School of Social Work

INFORMED CONSENT

The study in which you are asked to participate in will explore the emotional and cultural needs Latinos face when dealing with grief by the loss of a loved one. This study will be conducted by Aida Blanco, a Master of Social Work Student at California State University, San Bernardino, who will be under supervision of Dr. Deirdre Lanesskog. The study will be approved by the School of Social Work Sub-Committee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: The purpose of the study is to gain an understanding of the necessary components for bereavement programs for Latinos in the United States and to identify any barriers for the underutilization of services.

DESCRIPTION: Participants of this study will be asked to complete a few questions on their demographics and 6 questions related to their experiences during the bereavement phase.

PARTICIPATION: Participation in this study is completely voluntary. Participants have the right to refuse to take part on the study or discontinue participation at any time without consequences. Responses will be audio recorded.

CONFIDENTIALITY OR ANONYMITY: All responses and identity of participants will be kept confidential. Data will be gathered and used in group form.

DURATION: The interview should take between 30 to 60 minutes to complete.

RISKS: Some participants may feel uncomfortable answering questions related to the loss.

BENEFITS: There will be no direct benefits to participants. However, the information gathered can assist in the development of future programs for Latinos in the bereavement phase.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lanesskog at (909) 537- 3501 or via email deirdre.lanesskog@csusb.edu.

RESULTS: RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2019.

This is to certify that I read and understand the nature and purpose of the study. I am 18 years of age or older and I agree to collaborate in the study.

Please sign with an X: _____

Date: _____

I agree to be audio taped, Yes _____

No _____

909.537.5501

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College of Social and Behavioral Sciences
School of Social Work

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/14/2019 VOID AFTER 5/31/2019
IRB# SW 1209 CHAIR [Signature]

CONSENTIMIENTO INFORMADO

El estudio en el que se le pide que participe explorará las necesidades emocionales y culturales que enfrentan los latinos cuando se enfrentan al dolor de la pérdida de un ser querido. El estudio será conducido por Aida Blanco, una estudiante de Maestría en Trabajo Social de la Universidad Estatal de California de San Bernardino, quien estará bajo la supervisión de la Dra. Deirdre Lanesskog. El estudio será aprobado por el Subcomité de la Junta de Revisión Institucional de la Escuela de Trabajo Social de la Universidad Estatal de California, San Bernardino.

PROPÓSITO: El propósito del estudio es tener una comprensión sobre los componentes necesarios para programas de duelo para los latinos en los Estados Unidos y poder identificar cualquier barrera que prevenga el uso de los servicios.

DESCRIPCIÓN: Se le pedirá a los participantes que contesten algunas preguntas de información demográfica y un cuestionario que consta de 6 preguntas relacionadas con sus experiencias durante la fase de duelo.

PARTICIPACIÓN: La participación en este estudio es completamente voluntaria. Los participantes tienen derecho a negarse a participar o discontinuar su participación en cualquier momento sin consecuencias. Sus respuestas serán grabadas por audio.

CONFIDENCIALIDAD O ANONIMA: Todas las respuestas e identidad de los participantes se mantendrán confidenciales. Los datos se recopilarán y se usarán en forma grupal.

DURACIÓN: La entrevista tomara entre 30 y 60 minutos.

RIESGOS: Algunos participantes pueden sentir incomodidad al contestar preguntas referentes a su perdida.

BENEFICIOS: No habrá beneficios directos para los participantes. Sin embargo, la información recopilada puede ayudar en el desarrollo de programas futuros para latinos en la fase de duelo.

CONTACTO: Si tiene alguna pregunta sobre este estudio, no dude en ponerse en contacto con la Dr. Lanesskog al (909) 537-3501 o al correo electrónico deirdre.lanesskog@csusb.edu.

RESULTADOS: Los resultados de este estudio estarán disponibles en la base de datos por internet de la Universidad Estatal de California de San Bernardino después de julio del 2019 (<http://scholarworks.lib.csusb.edu/>)

Certifico que he leído y entiendo la naturaleza y el propósito del estudio. Tengo 18 años de edad o más y acepto participar en el estudio.

Por favor firme con una X: _____ Fecha: _____

Estoy de acuerdo en ser grabado por audio, Si _____ No _____

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