MENTAL HEALTH THERAPISTS' VIEWS ON THE CHALLENGES LATINOS FACE TO CONTINUE SERVICES

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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
Elizabeth Casas-Valdovinos
Jessica Gutierrez
June 2020
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Approved by:

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ABSTRACT

The purpose of this study was to investigate the factors leading Latinos to withdraw from mental health services through the perspective of mental health therapists. This study employed a qualitative design and data were collected from face-to-face and phone interviews with 10 therapists from Riverside and San Bernardino County. The results of this study identified that Latino client’s low levels of mental health literacy contributed to a higher level of mental health stigma that led to premature withdrawal from services. The study also found that language barrier and job-related issues were major challenges Latino families faced in their continuation of mental health services. This study suggested the need for culturally competent trainings for clinicians to reduce dropout rates among Latino families. The findings of the study also recommended that mental health services should be more accessible to Latino clients by offering them after hours or weekend services at more mental health agencies. It is hoped that this study could raise awareness on the challenges Latino families face to complete treatment, and can assist agencies in implementing new strategies that will assist Latinos in completing mental health treatment.
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CHAPTER ONE

PROBLEM FORMULATION

Problem Formulation

The Latino population is the fastest-growing racial/ethnic minority group in the United States (Villatoro, Morales, Mays, 2014). According to the U.S. Census (2011), the Latino population increased by 43% from 2000 to 2010. By 2050, Latinos will make up approximately 25% of the nation’s population. However, only one in 11 Latinos with mental health disorders seek treatment (Department of Health and Human Services, 2001). As reported by the National Latino and Asian American Study, 60% of Latinos meet diagnostic criteria for mood, anxiety, or substance use disorder throughout their lifetime. Despite the high incidence of mental health disorders among Latinos, participation in treatment is very minimal. There have been past studies that research barriers that impact Latinos’ underutilization of mental health services; however, there is minimal research on the factors that impact mental health service dropout among the Latino community. Latinos who successfully navigate barriers to seek treatment are found to drop out before they meet their goals. Through the perspective of mental health therapists, this study hopes to research factors that lead Latinos to withdraw from services.

Previous studies have shown that ethnic minorities benefit significantly less from treatment than European Americans. Blanco et al. (2007) reported that African Americans and Latinos attended fewer sessions, were more likely to
discontinue medication prematurely, and were more likely to remain symptomatic over time compared to European Americans. Consequently, Latinos are more likely to have poorer mental health. This raises concerns for mental health professionals and agencies that assist Latinos because Latinos are staying untreated. The Latino population is increasing and, naturally, mental health problems will increase within the community. Mental health professionals need to understand how to engage Latinos in their treatment to better assist them. By understanding their struggles, we can learn to effectively build rapport and help them reach their treatment goals.

In 2004, California passed the Mental Health Services Act (MHSA), which increased funding in the California Department of Mental Health. This allowed current county programs to increase their services and personnel and new county programs to open up. This act puts a 1% tax on personal income above one million, resulting in approximately $15 million in funding since it was established (Mental Health Services Oversight and Accountability Commission, 2019). This has generated the possibility for low-income families to seek help when facing challenges with family members who suffer from trauma, abuse, or a severe mental health condition. MHSE has made a greater impact on the Latino population since county programs are often utilized by low-income families. However, Latino families are still not completing treatment.
Purpose of the Study

The purpose of this study was to investigate the factors that lead Latinos to withdraw from mental health services through the perspective of mental health therapists. In this study, data was collected from mental health practitioners specifically on their Latino clients. The Latino clients under discussion must have been currently receiving mental health services and hesitant with the continuation of services or did not follow through with treatment and stopped going to therapy. One purpose of this study was to investigate agency problems such as not having enough Spanish speaking therapists. This study also aimed to investigate the needs of Latino clients such as transportation to get to his or her therapy session and to gain knowledge about mental health in the Latino communities. Also, other issues that need to be addressed are the therapist engaging his or her client appropriately, cultural competency, economics, satisfaction with services, not feeling comfortable to share in front of others in the case of group therapy, and avoiding treatment because symptoms are triggered during treatment. For example, a client with Posttraumatic Stress Disorder does not want to continue therapy because he or she gets flashbacks during sessions.

To effectively understand the barriers that Latino clients face in completing treatment, the study used a qualitative design with face-to-face interviews. Standardized open-ended interviews were conducted in order to maximize the comparability of responses and decrease interviewer bias. Investigators utilized
availability sampling to interview a total of 10 Licensed Clinical Social Workers (LCSW) and Licensed Marriage and Family Therapists (LMFT) from Riverside and San Bernardino County. The therapists must have worked with Latinos in a clinical setting for a minimum of two years. A qualitative approach was used due to this being a new topic. There is very limited information about reasons why Latino clients drop out of treatment and interviews will give the readers a more in-depth understanding through the clinician’s perspective.

Significance of the Project for Social Work

The findings of the study will potentially contribute to policy. Changes in policies and procedures within mental health agencies may occur through the findings of this study such as providing services via phone instead of on-site for those Latinos that dropout because of transportation. The findings of the study will contribute to existing policies that Latinos benefit from such as the Affordable Care Act (ACA). The findings of the study can contribute to policies that protect Latino families at the U.S borders that suffer from mental health issues due to family separations and other factors. Many Latinos do not seek mental health services because they fear deportation, being separated from their families, and that their mental illness will negatively affect their immigration status. The findings of the study can potentially contribute to changing immigration policies affecting Latino families and their mental health. This study can also contribute to policies such as the Mental Health Services Act (MHSA) that fund projects such
as the California Reducing Disparities Project (CRDP) that reduce mental health disparities among Latinos in California (Aguilar-Gaxiola et al., 2012).

The results of the study will potentially contribute to social work practice. Studying the challenges Latinos face in the continuation of mental health services will allow mental health professionals to gain knowledge on this problem and utilize it to better assist the needs of this population such as providing them with additional case management services within mental health agencies. Understanding dropouts among Latinos in mental health can help mental health professionals predict when a Latino is at risk of dropping out of treatment. Also, understanding this problem further will allow mental health professionals to develop early dropout prevention methods that may be applied to any ethnic group. The knowledge gained from this study will help mental health professionals become better prepared in assisting Latino clients in overcoming these challenges they face in the continuation of services. Understanding this problem will help mental health professionals improve their treatment techniques when working specifically with Latinos. For example, mental health professionals may change the way they speak to Latinos or the way they deliver information to this population.

The findings of this study may change social work practice in ways that biases may be addressed through this study; clinical social workers and other therapists might become more aware of Latinos dropping out of treatment. The findings of this study may change the way clinical social workers or other
therapists think about Latinos and may improve the quality of service provided to the Latino community. Clinical social workers and other therapists will gain further cultural competence. Partnership with other agencies or improvements in current partnerships might come to light with the findings of this study. The goal is to investigate, what are mental health therapists’ perspectives on the challenges Latinos face to complete mental health treatment?

There are limited studies on the reason for Latinos dropping out of mental health treatment. Therefore, the findings of the study will potentially contribute to social work research. The findings of the study will add more knowledge to this issue.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will explore research regarding barriers that prevent Latinos from completing their mental health treatment. The subsections that will be utilized to understand the Latino culture and barriers are theories guiding conceptualization, Latinos and use of alternative forms of mental health services, barriers affecting mental health service utilization, and solutions to increase retention rate.

Theories Guiding Conceptualization

Ecological systems theory will guide the conceptualization of this study. “The ecosystems perspective (Bronfenbrenner) serves as a useful framework in contextualizing of the factors that influence Latino utilization of mental health services” (as cited in Bledsoe, 2008, p. 159). The ecosystem theory focuses on the quality and context of an individual's environment. This theory contains four components: microsystem, mesosystem, exosystem, and macrosystem. Systems in a person’s environment such as family, peers, work, cultural beliefs, government organizations, and neighborhoods may impact a person’s access to mental health services. The ecosystem theory will help mental health professionals to understand the different systems of an individual, identify barriers, and improve treatment services.
The theory of human motivation can also be used to help understand Latinos’ early dropout in mental health treatment. The theory of human motivation states that an individual is motivated through fulfilling their basic needs such as physiological, safety, love and belonging, esteem, and self-actualization. An individual that has not fulfilled their physiological needs will not feel motivated to fulfill their safety needs. If a Latino client is struggling to pay their rent or provide food to their family, the last thing on their mind is seeking mental health services and they will focus on meeting their physiological needs first. Mental health professionals will be able to determine existential basic needs that are not being met through conversations with patients. This will allow therapists to know where there are gaps in their needs, and where the patient is at. This information will be used to appropriately determine which intervention and resources will be provided. Henwood, Derejko, Couture, and Padgett (2015) conducted their study on homeless adults with a serious mental illness. The researchers found that for an individual to recover and obtain self-actualization their basic needs must first be met.

Latinos and Use of Alternative Forms of Mental Health Services

Although the majority of Latinos are still not seeking mental health services, Latinos do have other forms of coping with their mental health. It is very common for Latinos to use faith, spirituality, natural medicine or home remedies to deal with their symptoms. Data suggests that 7-44% of Latinos may have consulted a folk practitioner in the last year (U.S. Department of Health and Human Services,
As reported by Guendelman and Wagner (2000), Latinos were more likely to seek help from religious organizations than in clinical settings. Villatoro, Morales & May (2014) found a significant percentage of utilization of informal or religious services to treat mental health conditions. Sixty-one percent of Latinos in Villatoro, Morales & May (2014) study reported seeking help from religious leaders or advisors for mental health concerns. Religion and faith are strong cultural values within the Latino community; therefore, engaging Latinos in culturally sensitive interventions will increase the likelihood of Latino clients completing treatment.

In addition to relying on faith-based and alternative healing practices, Latino culture values family unity (familismo). Latinos are more likely to utilize their social networks for coping strategies. Understanding Latino cultural factors may increase the engagement of Latino’s in completing their treatment. As reported by Villatoro, Morales & Mays (2014), familismo places a strong emphasis on a person’s identification and attachment to nuclear and extended family members. Three key concepts of familismo are a commitment to providing emotional and material support to family members, relying on family members for support, and family members serving as role models (Villatoro, Morales & Mays, 2014). Family plays an important social and emotional role for Latinos; hence, involving family members in the therapeutic process will increase the likelihood of them completing treatment. According to Rastogi, Massey-Hasting & Wieling (2012), culture and family influence the Latino family’s effort to seek mental
health services. Utilizing the Latino culture’s strengths is a key component for increasing treatment completion.

Barriers Affecting Mental Health Service Utilization

It is important to understand the barriers that prevent Latinos from receiving mental health services to find ways to engage them during treatment. Chang and Biegel (2017) investigated predisposing, enabling and need factors that affect the use and drop out of mental health services among Latinos. The study consisted of 788 Latinos utilizing mental health services during a 12-month period. This study was a non-experimental cross-sectional study with a stratified probability sample.

Chang and Biegel (2017) found a significant relationship between having health insurance and utilizing mental health services. According to Chang and Biegel (2017), Latinos with health insurance are 3.91 times more likely to utilize mental health services. On the contrary, those without health insurance are more likely to discontinue services. Latinos with health insurance are 0.32 times less likely to drop out than Latinos without insurance (Chang & Biegel, 2017). Additionally, the study found family cohesion to be significant for the dropout rate and those with family support are 0.91 times less likely to withdraw from treatment. There is very limited literature on this correlation, but this finding highlights the importance of social support in the continuation of services.

Although the findings were rich, the study had several limitations. The study combined various ethnic groups into a broad Latino population and did not take
into consideration cultural differences between all subgroups (Chang & Biegel, 2017). Additionally, the study did not define mental health services and did not take into consideration that every mental health service type may have different factors for utilization (Chang & Biegel, 2017).

Barrio, Palinkas, Yamada, Fuentes, Criado, Garcia & Jeste (2008) conducted a qualitative study to assess the needs for mental health services among Latinos in San Diego. They recruited clients, family members, and service providers to ask for their perceived reasons why Latino’s mental health needs are not being met. The study consisted of 74 participants using a purposive sampling strategy to obtain a representative view from all three stakeholders. Barrio et al. (2008) found that cultural barriers have a significant relationship with Latino clients dropping out of services. According to Barrio et al. (2008), language barriers, limited education, illiteracy and/or legal status affects the client’s access, availability, and acceptability of services. Also, the researchers found that financial stress and/or transportation affected the client’s continuation of services (Barrio et al., 2008). This study is important because it helps mental health professionals understand that action must be taken at multi-levels (micro, mezzo, and macro) to better meet Latino needs. Some of the limitations of this study were the generalizability and the lack of a formal measure of the acculturation level of participants (Barrio et al., 2008). Also, the majority of the participants were Mexicans, which is not representative of the whole Latino population.
Wells, Lagomasino, Palinkas, Green, and Gonzalez (2013) examined barriers and factors that ease access to treatment among low-income Latinos experiencing depression and that utilized the emergency department (ED) for care. The participants for this study were 24 men and women that had utilized the ED and had terminated treatment for depression. The researchers interviewed the participants via phone. The researchers found that patients were not ready to seek mental health services, and they expressed negativity about depression medication. The patients reported the following as barriers to treatment: transportation, medication cost, work hours, immigration status, and negative interactions with the providers. Also, the patients reported the following as facilitators to treatment: services via phone, and nice providers. A limitation of this study was that the participants interviewed were required to recall 4 months to 3 years back (Wells et al., 2013).

Not only does health insurance, social support and cultural barriers affect Latino’s underutilization of mental health services, but also their acculturation and immigration status. Shattell, Hamilton, Starr, Jenkins & Hinderliter (2008) identified factors that affect Latino’s access and use of mental health services at various levels (individual, organizational and community) in Greensboro, North Carolina. Shattell et al. (2008) used a purposeful sampling design to recruit their participants. The sample size consisted of 12 mental health professionals who worked with the Latino population. The 12 mental health professionals served as a focus group and were interviewed about their perceived barriers that affect
access and utilization of mental health services among Latinos (Shattell, Hamilton, Starr, Jenkins & Hinderliter, 2008).

Shattell et al. (2008) consulted mental health professionals and found that, from the practitioner’s perspective, acculturation and immigration were two strong factors for Latino client’s to not seek services or to discontinue services. Their immigration status impacted the relationship with the community for reasons such as being afraid of being deported. This impeded them from leaving their homes. Also, due to their status, they were misinformed about the resources available to them. Mental health professionals also reported language barriers. Many times, agencies do not have bilingual therapists, which makes it harder to build rapport with a client. Also, agencies do not provide educational materials in Spanish, which disengages Latinos from attending treatment since they are not well-informed about the details of their treatment. Some of the studies’ limitations are generalizability (Shattell, Hamilton, Starr, Jenkins & Hinderliter, 2008). The sample size was small, which is not representative. These findings are important because it reminds social workers and agencies to be mindful about the client’s legal status and to remind clients that their status does not impede them from receiving services. It’s important to maintain communication with the clients to better assist them with their needs.

Kapke and Gerdes (2016) reviewed factors from various studies that interfere with Latino families’ participation in their child’s mental health treatment. The purpose of this literature review is to understand and improve participation
within Latino families in youth mental health services. Kapke and Gerdes (2016) reviewed this problem further because Latinos are less likely to complete and engage in treatment. Also, the researchers were interested in this problem because there are few studies specifically on Latinos regarding factors contributing to their participation in mental health services. Kapke and Gerdes (2016) found that culture, community, mental health system, family, parent/caregiver, and child/adolescent factors such as discrimination, stigma, poverty, community violence, transportation, childcare, insurance status, poor therapeutic relationship, lack of cultural competence among therapist, lack of communication among family members, and lack of parenting skills contribute to the lack of Latino families participating in youth mental health services (Kapke & Gerdes, 2016).

Kazdin, Holland, and Crowley (1997) investigated the relationship between barriers and treatment dropout among families. In this study, the participants were 242 children with behavioral problems and their families. The clinicians were also participants of this study. The parents, children, and clinicians were assessed through questionnaires and interviews. At the beginning of treatment, parents were assessed for demographic information, parent history, family dynamics, parenting style, child’s symptoms, and stressors. At the end of treatment, parents were assessed for barriers. In addition, clinicians’ perspectives on barriers among these families were measured as well. The researchers found that there was a relationship between barriers and treatment
dropout. A limitation of this study was generalizability since this study was conducted only on children with externalizing behavior problems from one clinic. Another limitation of this study, biases through the evaluations of the parents and clinicians (Kazdin, Holland, & Crowley, 1997).

Ruiz, Aguirre, and Mitschke (2013) investigated factors that helped non-U.S.-born Latinos to seek mental health services. Data was collected for 10 weeks at a non-profit clinic in Texas that provided physical and mental health services. The participants were 65 Latinos, 72.3% were born in Mexico, 12.3% in Honduras, 1.5% in El Salvador, 13.8% did not disclose, 18 years or older, and were currently seeking mental health services at the clinic. The researchers utilized a questionnaire they developed and the Bidimensional Acculturation Scale for Hispanics (BAS). The researchers asked the participants to identify barriers such as if family support contributes to their ability to seek services, and what the clinic did to motivate them to seek services. The researcher found that acculturation was not a factor that influences seeking mental health services. However, understanding mental health issues have a great impact on seeking mental health services. In this study, barriers reported were, not knowing what a mental health issue is and not knowing where to seek mental health services. A limitation of this study was generalizability as the sample size is not representative of the population, and the participants were not randomly selected (Ruiz, Aguirre, & Mitschke, 2013).
Schapiro, Gutierrez, Blackshaw, and Chen (2018) reported that there has been an increase in unaccompanied immigrant youth (UIY) in the United States. Therefore, the researchers are interested in studying the needs of UIY including health and mental health needs. The participants in this study were 62 immigrant high school students. The students were sampled from an English Learner class. Schapiro et al. (2018) concluded that immigrant youths’ needs are not being met. The researchers found that many of these UIY experienced traumas, were separated from their families, lacked family support and health care needs. Limitations of this study were absences, changing schools, confidentiality, and language barriers (Schapiro, Gutierrez, Blackshaw, & Chen, 2018).

Solutions to Increasing Retention Rate

In addition to discussing barriers, it is also crucial to explore solutions to increase retention rates. Polo, Alegria and Sirkin (2012) described how a community strategy, The Right Questionnaire Project (RQP), can improve attendance and retention in mental health services among the Latino community. Polo, Alegria and Sirkin (2012) used a quasi-experimental design. This article highlights the importance of educating and empowering clients to retain them in services. The study consisted of two clinics, one served as the control group. Clinic number one consisted of 141 participants who were trained and empowered by care managers to ask questions during their treatment. The researchers found that those who were empowered and trained to ask questions were three times more likely to continue services. Also, those that were trained
and empowered were 29% more likely to attend their appointments (Polo, Alegria, & Sirkin, 20). This study showed that empowering clients and educating them about the therapeutic process made a significant difference in the client’s engagement. Mental health professionals should spend more time educating clients about the therapeutic process before starting services.

Rastogi, Hastings, and Wielding (2012) conducted a qualitative study that investigated perceived barriers and recommendations to improve mental health services among the Latino community in the Midwest. Rastogi, Hastings and Wieling (2012) interviewed 18 participants who self-identified as Latinos, via focus groups, who reported that more awareness about mental health conditions may improve the utilization of mental health services. The participants stated that the Latino community needs to be more educated about what it means to have a mental health condition. They suggested for agencies to host educational groups in schools or churches to educate them about therapy and mental health conditions. Also, participants stated that provider characteristics are really important to continue services, such as having a clinician who speaks the same language, who encourages them, and who understands their struggles. Although this study’s findings support other research, the small sample size affects the generalizability of the results and the type of data that was gathered (Rastogi, Hastings & Wieling, 2012).
Summary

This study explored the challenges Latinos face in the continuation of mental health services from a mental health therapists’ perspective. Ecological systems theory and the theory of human motivation guided the conceptualization of this study. Many factors influence Latino’s continuation of services such as access to health insurance, family cohesion, social support, language barriers, legal status, financial stress, and transportation. This study attempted to add the mental health professions’ perception to the literature, to improve services and assist Latinos in their continuation of services.
CHAPTER THREE

METHODS

Introduction

This chapter will provide information on how this study was done. The sections of this chapter include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of the study was to investigate the challenges that Latino clients face in their continuation of mental health services through the perspective of therapists. In this study, open-ended questions were used to identify challenges and barriers. In this study, the investigators used a qualitative design to collect the data. Individual, face-to-face and phone interviews with 10 therapists were conducted at Riverside and San Bernardino County.

An advantage of a qualitative design is that it allowed the investigators to collect subjective data with great detail, as this design allowed the investigators to ask follow-up questions for clarification. This design was more effective in allowing the therapists to express what they think are some of the challenges Latino clients face in their continuation of mental health services. Also, in using this design the therapists were allowed to share their knowledge and experiences in the mental health field, specifically working with Latino clients.
A significant limitation of a qualitative design is the personal biases of the therapists as they provided their own opinions. Also, subjective data can lead to inaccurate information. In a qualitative design, a limited number of participants were interviewed; therefore, the data collected from this study will not be representative of all therapists. In a qualitative design, detailed information is gathered; therefore, it can be time-consuming although the sample size is small. Also, in the data analysis, it can be time-consuming to identify the key points. Data from a qualitative design can be difficult to replicate as the therapist’s perspectives are unique.

Sampling

The study used availability sampling to recruit participants. The investigators recruited 10 therapists from Riverside and San Bernardino County. The sampling criteria included being LCSW or LMFT, having at least two years of experience in the mental health field, and having experience working with Latino clients. Specifically, participants had to have worked with Latino clients that dropped out of treatment early or completed treatment but missed many sessions. This sample was chosen for this study because therapists have worked directly with Latino clients and can provide valuable information regarding the challenges and barriers Latinos face in their continuation of services.
Data Collection and Instruments

Data was collected with the use of face-to-face and phone interviews with the participants. An interview guide was used and consisted of 17 questions. Demographic questions were asked such as age, gender, ethnicity, the language spoken, license type, and years of experience in the field. Participants were also asked years of experience working with Latino clients, experience working with Latino clients that dropped out of treatment, views for why Latino clients dropout of treatment, follow-up and engagement strategies, and future interventions that can be used to prevent premature dropouts, specifically with Latino clients. The demographic questions were closed-ended, and the interview questions were open-ended. The participants were asked to elaborate on their responses to obtain details on the research topic. Also, the investigators asked follow-up questions for clarification as needed. The interview guide was created by the investigators and the questions were created to answer the research question. For example, what did you notice were challenges that Latino’s faced to continue services? An advantage of the interview guide is that it creates flexibility in the responses. A disadvantage may be the validity of the instrument.

Procedures

Investigators requested permission from the clinics in Riverside and San Bernardino County to interview five LCSWs or LMFTs from each clinic. Once permission was granted, practitioners who met the criteria previously mentioned were recruited. The investigators of the study contacted clinicians via e-mail or in
person inviting them to participate in the study along with the description of the study, requirements to participate, and a copy of the informed consent. Upon agreement, purpose and logistics of the study were further explained and face-to-face and phone interviews were scheduled. On the day of the meeting, a copy of the informed consent was provided, and purpose and logistics of the study were reviewed. Interviewers were scheduled between January and February 2020 and took place at their respective sites during business hours, 8:00 a.m. - 5:30 p.m. The interviews took approximately 10 to 40 minutes to complete and were administered by the investigators. Upon completion, clinicians were provided with advisor’s contact information, were conferred a Starbucks gift card, and thanked for their participation.

Protection of Human Subjects

Appropriate measures were taken to protect all of the participants' confidentiality and anonymity. Participants’ names or personal information were not documented. All participants were assigned a letter that correspond with demographics collected from each participant. Participants were provided with a copy of the informed consent, which describes any risks and benefits of the study. Participants were informed of the purpose of the study, who is conducting the study, name of faculty supervising the study, IRB approval, and confidentiality. Moreover, investigators informed participants about the study being voluntary, and that they may request the interview to be stopped at any time. If a participant wished to stop the interview at any time, the investigators
asked for the participant’s permission to utilize gathered information. In addition, participants were informed that they do not need to answer all the questions. Participants were given the option to skip any questions they wish to not answer. Investigators answered any questions regarding the study before asking the participant to sign the informed consent.

Additionally, investigators asked participants for permission to audio record the interview. Interviews were recorded in a cellular device or digital recorder and were password protected. Once interviews were transcribed all audio records were deleted. Before signing consent to be audio taped, investigators answered any questions. Participants were provided with a debriefing statement at the end of the interview.

Once data was gathered, participants were provided with an ID number to prevent identification. Data was stored in a password protected computer and information was only accessible to the investigators. Once the study was completed, information was destroyed by deleting audio records and transcriptions.

Data Analysis

This study utilized a qualitative analysis approach due to data being gathered through face-to-face or phone interviews. During the interview, investigators utilized a journal to record notes about what transpired in the interviews. Additionally, the journal was utilized to record all the data analysis, plan and techniques, and related issues. The data gathered from the interviews
were transcribed verbatim from the audio records. Once the data was transcribed, a coding method was adopted to organize the data. Investigators identified similarities and differences in the gathered information and formulated themes and patterns based on the information gathered. Upon identifying categories, codes were assigned to each category. Major categories or themes emerged from the data were identified. In order to ensure consistency, triangulation was used. Investigators individually coded and then compared the results to ensure consistency. This study used descriptive statistics including frequency distribution, measures of central tendency and measures of variability.

Summary

Chapter three outlined the methodology that was used in this study. This study utilized a qualitative design and gathered it's participants by utilizing availability sampling. Participants were interviewed face-to-face or through phone interviews by both investigators who used an interview guide. Data was recorded and transcribed verbatim. In addition, these chapters outlined the procedures and the appropriate measures that were taken to protect the participants' safety, confidentiality and anonymity. Lastly, data analysis for this study was discussed.
CHAPTER FOUR
RESULTS

Introduction

In this chapter, the demographics and characteristics representing the mental health clinicians interviewed in this study will be presented. In addition to demographics, major findings regarding challenges Latinos face to complete mental health treatment from a therapist perspective will be presented.

Presentation of the Findings

Demographics

The sample population included 10 mental health clinicians who completed the interview. Of this sample, two men (20%) and eight women (80%) were interviewed. The participants were of a diverse ethnic population, which included one Asian (10%), two Caucasians (20%), six Hispanic/Latino (60%), and one half Native American and half Caucasian (10%).

The median age of participants was 43.6 years old. The youngest participant was 30 years old, and the oldest participant was 62 years old. The study included 5 participants between the ages of 30-39, 2 participants between the ages of 40-49 years of age, 2 participants between the ages of 50-59, and a 62-year-old participant.

When asked if they were bilingual, 40% reported that they were not bilingual and 60% reported being bilingual. Of the six participants that were
bilingual, 5 participants stated that they were bilingual in English and Spanish and 1 participant reported being bilingual in English and Vietnamese. The five participants who reported being bilingual in English and Spanish were asked for their level of fluency, with 6 participants reporting high fluency and 4 participants stating medium fluency.

The majority of the participants (60%) were Licensed Clinical Social Workers (LCSW) and 40% were Licensed Marriage and Family Therapist (LMFT). In terms of the years of experience as a therapist, seven participants (70%) reported working more than 10 years as a therapist and three participants (30%) reported working less than 10 years as a therapist. In regards to the years of experience they have been working with Latino clients, six participants (60%) reported working more than 10 years with Latino clients. Four participants (40%) reported working less than 10 years with Latino clients.

With respect to the use of an interpreter with their Latino clients, 70% reported that they used an interpreter in their therapy sessions with Latino clients, while (30%) indicated they did not. One participant said, “I only use an interpreter because it is required” (Participant E, personal communication, February 2020). Another participant said, “I only use an interpreter if no bilingual clinician is available” (Participant T, personal communication, February 2020).

The participants were asked if they have experience working with Latino clients that did not complete their treatment, and all ten participants said yes.
**Number of Sessions and Follow-Up**

When the participants were asked how many sessions they saw the Latino clients before they dropped out, their responses varied. More than half of the participants (60%) said they did not see the client for more than five sessions. One participant said, “Two to three sessions” (Participant D, personal communication, February 2020). Another participant said, “Probably an assessment and one follow up session” (Participant S, personal communication, February 2020). Two participants (20%) said that some clients did not return after the assessment. Three participants (30%) said they saw the participants more than five sessions but no more than 10 sessions.

The participants were asked 1) whether they followed up with clients that stopped attending services, 2) if so, how, and 3) what did the clients report to them as their reason for not returning. The majority of the participants (80%) said they follow up via phone. If the client did not answer the phone call, the therapist would leave the client a voicemail and mailed out a letter.

The reasons for why clients did not return to treatment varied. Six participants (60%) said the client had job related issues. For example, one participant said, “I’ve heard other people just say, I can’t work it out with my work schedule” (Participant T, personal communication, February 2020). Another participant said, “Now the parent has a job so they can’t bring their child to therapy” (Participant Q, personal communication, February 2020). Four
participants (40%) said the client had transportation issues. Another four participants (40%) said the client reported they were no longer interested in mental health services. One participant said the client felt disconnected from the therapist because there was always an interpreter in the room.

**Engaging Latinos**

The participants were asked how they engage Latino clients, and their responses varied including asking about client’s personal life, speaking Spanish, and sharing similar experiences. The majority of the participants (60%) said they ask the client about their personal life. For example, one participant said, “Asking them where they’re from, about their families, how many kids they have, and how long they’ve been in the country” (Participant A, personal communication, February 2020). Three participants (30%) said they talk to the client in their preferred language. For example, one participant said, “I talk Spanish more” (Participant U, personal communication, February 2020). Three participants (30%) said they try to relate to the client by sharing similar experiences.

**Disengagement**

When the participants were asked when they noticed the disengagement from their Latino clients that dropped out from treatment, their responses varied. Two participants (20%) said early into treatment when the parents didn’t see a quick progress in their child’s behavior. Two participants (20%) said when the client stopped coming to sessions and didn’t reschedule. Three participants (30%) said when the client shared other stressors in their life. For example, one
participant said, “They also start disengaging when there are other stressors like immigration paperwork stuff” (Participant U, personal communication, February 2020). The therapist will use a translator when they do not speak the client’s language. One participant said, “You kind of figure out that they don’t want a translator or that you’re not Hispanic, so they don’t feel comfortable with you” (Participant Q, personal communication, February 2020).

**Challenges Latinos Face to Continue Services**

Participants were asked about their observation on challenges Latinos face to continue services and what they did to address these challenges. Most participants (60%) reported that transportation appeared to be the number one obstacle for clients to continue with treatment. One participant reported, “there is often only one car, so whoever is working has the car, and the client needs to take the bus which may take them an hour to get to therapy, and that gets old” (Participant Q, personal communication, February 2020). Similarly, another participant reported, “most of the time, moms are stay at home moms, and husbands use the car to work, so moms don’t have transportation” (Participant T, personal communication, February 2020). Upon asking the participants what they did to address transportation issues, 60% of the participants reported that they offered some sort of transportation assistance, such as utilizing IEHP transportation services, offering staff to drive them from and to the clinic, and offering field based services to address the challenge. One participant stated, “nowadays, we can utilize IEHP transportation services that can pick people up,
which is a huge help. In the old days, we used to give people bus passes, but that only helped with the cost, and not the time” (Participant Q, personal communication, February 2020). Another participant reported, “I’ve had my office assistants provide transportation. . . I’ve used our parent partners who are bilingual and bi-cultural. . .” (Participant T, personal communication, February 2020).

Another challenge identified by participants was language barrier. 50% of participants identified language as a perceived challenge for the completion of services. Participants reported having few Spanish speaking therapists and limited groups offered in Spanish with limited locations. A clinician shared the following:

There are limited resources for patients who are primarily Spanish speaking. The agencies where I’ve worked at might have had a few therapists who spoke Spanish, but they weren’t able to follow-up with groups that might be more helpful because we wouldn’t offer any, or they would be limited” (Participant D, personal communication, February 2020).

Another participant reported non-English speaking patients “had to use the interpreter language line, and from what I’ve heard from the clients who have been reassigned to me, it was not a good experience because it was impersonal” (Participant B, personal communication, February 2020). When participants were asked what they did to address this issue, the majority of the participants (60%) reported that they speak Spanish, so they utilized their Spanish skills during
treatment. A participant reported, “there is gratitude for having someone speak your language” (Participant Q, personal communication, February 2020).

A third major challenge perceived by participants was mental health stigma. Forty percent of the participants reported that mental health stigma was the cause of Latinos not completing treatment. Participants reported that families were not informed what mental health services are, feared that their neighbors would recognize them, did not want to discuss mental health as their problem, or thought that mental health services are only for crazy people. One participant reported, “sometimes the family is against therapy, and they think only crazy people go to therapy, so they might be a little discouraged” (Participant A, personal communication, February 2020). Another participant reported the following:

A lot has to do with stigma, accessing services in their community, especially if it’s a closer knit or smaller community where if they were to go to the clinic, they fear that their neighbors or the people in their community will recognize them going to the mental health clinic” (Participant B, personal communication, February 2020).

Participants were asked how they addressed mental health stigma, and 50% of the participants who identified mental health stigma as a challenge reported that they provided psychoeducation during treatment and 25% of the participants also indicated to have outreached to the community to reduce stigma. One participant shared one of her practices was to “talk about it and
address it in therapy and normalize it and validate it. I was also involved with a program that was contracted with community-based organizations, and I would do presentations to the prospective patients. So, people who were interested from the community would get more information” (Participant B, personal communication, February 2020). Another participant stated, “when people don’t know what the process is, it can be hard to want to keep your kid coming if you don’t really know what’s happening” (Participant R, personal communication, February 2020).

**Similarities and Differences Between Hispanics and Non-Hispanics in Treatment**

Participants were asked to list similarities and differences they noticed when working with Hispanics and Non-Hispanics who dropped out of treatment before meeting their goal. Thirty percent of the participants responded “I don’t know” when asked about similarities. Thirty percent of the participants shared that being misinformed due to mental health stigma was a prominent reason for dropping out across different ethnicities. One participant responded, “a common theme that I’ve experienced over the past 11 years is that people have wanted help, but they feel embarrassed. . . I think that’s a similarity across a lot of different ethnicities, they feel like there’s still a stigma attached to receiving mental health services (Participant D, personal communication, February 2020). Another participant reported, “families who are mandated by the court to seek services, like CPS cases, and they’re like, ‘why am I here?’” (Participant S, personal communication, February 2020).
Another 30% of participants reported precipitating factors as similarities across all ethnicities. One participant reported precipitating factors as similarities “across the board, whether they're White, Black, Hispanic or Asian. If you can't get here and you're having housing issues, and your work schedule doesn’t allow it, those things are just similarities across the board” (Participant T, personal communication, February 2020).

Participants were also asked about the differences they saw between Hispanics and Non-Hispanics who dropped out of treatment. Sixty percent of the participants reported cultural aspects being a determinant for dropping out of services. One participant reported:

It seems like my Hispanic families are tighter knit than some of my other cultures. . . families want to be more involved and more supportive. . . There's more respect for their family members. I think that's one of the reasons they drop out, if one of their family members is not fully supporting it. . . they want to respect their feelings about it” (Participant R, personal communication, February 2020).

Another participant reported, “Latinos are more family oriented than Caucasians. Caucasian men are also more open to therapy than Latino men. Latino men appear to have more stigma about mental health than Caucasian men” (Participant C, personal communication, February 2020).

Another difference the participants reported was the ineffectiveness of the use of the current manualized evidence-based interventions. Thirty percent of the
participants identified that the current manualized evidenced-based interventions do not meet Latino’s cultural background, which causes them to drop out. One participant reported, “the treatment that I do is very manualized therapy because it’s evidence-based, and these interventions were not tested in communities of color . . . there are a lot of handouts and homework, and a lot of Latinos do not know how to read or write and are not used to completing homework” (Participant U, personal communication, February 2020). Another participant reported, “you have a storytelling culture, so you’re not going to give them worksheets to do therapy because that’s not working with how they heal. . . and so, I think that the type of therapy you do can contribute to whether they’re going to leave or not” (Participant Q, personal communication, February 2020).

Suggestions to Improve Retention Rate

Participants were asked to share what they believed mental health therapists need to do or change to engage Latinos to finish treatment. A half of the participants (50%) reported that clinicians need to become more culturally competent to work with Latino families. For example, one participant shared the importance of not making assumptions such as not assuming “every Latino is Mexican, or that because they speak Spanish, you can give them all the forms and they can read it because there are different levels of literacy. . . making these assumptions set things up to not be okay in session” (Participant Q, personal communication, February 2020). Another participant highlighted the importance of being culturally sensitive, for example, “if it’s a cohabiting family,
extended family or families with legal guardianship, we need to be real sensitive to whatever the family dynamic is” (Participant T, personal communication, February 2020).

In addition to clinicians needing to be culturally competent, 40% of the respondents answered that clinicians need to offer accessible services, such as having Spanish speaking therapists, groups offered in Spanish, and expanding the number of times and locations for clients to reach services. One participant mentioned the importance of offering easily accessible services, “part of it would be to have groups or therapists that are able to speak Spanish, or groups that are offered in Spanish, and more locations could be a way to engage them and have them follow with treatment” (Participant D, personal communication, February 2020). Another participant stated that it’s important to have, “bilingual staff available at all times, so there’s always somebody available to speak to any parent that calls the clinic.” (Participant T, personal communication, February 2020).

Another common theme (40%) highlighted that clinicians should provide psychoeducation at the beginning of treatment and through outreach to better engage the families. One participant shared how “educating the patient from the start as to the benefits of completing treatment, just giving them that first session of this is what you expect and the outcome of it . . . So, I think it would be helpful in the very beginning to give them an idea of what therapy looks like” (Participant E, personal communication, February 2020). Another participant also stated that
it’s important to “take the time to thoroughly explain the process of therapy and not assume that if they called to ask for services that they know what services are. . . I think that people assume that if they call to ask for services, they know what services are, so clinicians don’t take the time to explain it.” (Participant R, personal communication, February 2020).

Participants were also asked, from their personal experience, what is currently not being done to improve Latino retention rate. The majority of the answers overlapped with responses on the previous question. The most common theme (40%) highlighted that clinics need to hire more Bilingual clinicians. One participant reported, “agencies are not hiring staff that match the demographics of the location where they’re providing service” (Participant D, personal communication, February 2020). Another participant shared that not all agencies “have access to a Spanish speaking person quickly to help translate” (Participant T, personal communication, February 2020).

Another common response of the participants (40%) was that they are not being trained in different culturally competent modalities or cultural competence, and this is impeding retention rate among Latinos. A participant reported “therapists are only trained in one modality, and it would help therapists to keep clients if they were trained in multiple modality, including those that are sensitive to multiple types of cultures, like narrative” (Participant Q, personal communication, February 2020). Another participant stated, “more training in
cultural competence would be helpful” (Participant B, personal communication, February 2020).

Similarly, 20% of participants reported more services in Spanish need to be offered. One participant reported, “what they need to do is offer more services in Spanish cause there are so many services offered in English that are not being offered for the Spanish speaking families, such as parenting classes, crisis or depression groups” (Participant A, personal communication, February 2020). Another participant stated, “the other big thing is the limited hours provided for clients to access services. Some families only have the weekends, so there isn’t much opportunity for them without having to call off work.” (Participant B, personal communication, February 2020).

Summary

This chapter presented the demographics, characteristics, and major findings regarding challenges Latinos face to continue mental health services from a therapist’s perspective. Furthermore, the opinions, experiences and beliefs derived from the ten face-to-face interviews were used to illustrate the findings that were presented.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the major findings of the study presented in chapter four. In addition, limitations of the study, and recommendations for social work practice and future research will also be presented in this chapter.

Discussion

The participants of this study were diverse in terms of gender, ethnicity, and age. The results of this study identified language barrier and job-related issues as challenges Latino clients face in their continuation of mental health services. These findings were consistent with previous literature (Gartley & Due, 2017; Wells et al., 2013). In this study, the majority of the participants reported using an interpreter with their Latino clients. The use of an interpreter can affect the therapeutic alliance and therapeutic process. Latino clients might feel uncomfortable with an interpreter and prefer a therapist that speaks their language. The use of interpreters can be a reason why Latino clients drop out of treatment. Gartley and Due (2009) found that interpreters can present significant challenges to therapy and therapeutic relationships. Participants in this study stated that working with an interpreter was complicated (Gartley & Due, 2009).

In this study, many participants stated that Latino clients dropped out of treatment due to job-related issues. Many Latino clients cannot continue services
because the hours of operation of the agency conflicts with their work schedule. Some Latinos work early or late and this makes it difficult for them to continue services. Some Latinos work early or late and this makes it difficult for them to continue services. Many Latinos work two jobs. Some single Hispanic mothers have to get a job and are no longer able to take their child to therapy or attend themselves. Wells et al. (2013) found that employment is a barrier to treatment for Latinos.

The purpose of this study was to better understand the challenges Latino clients face as they complete mental health services by exploring the clinician’s perspective. The results of the study indicated that Latino clients have lower levels of mental health literacy which contribute to a higher level of mental health stigma. Clinicians suggested that providing psychoeducation through treatment and outreach would help clients continue with treatment for a longer time and/or complete treatment. This finding is consistent with previous literature stating psychoeducation is needed because it increases knowledge about the therapeutic process and may decrease drop-out rates (Benuto, Gonzalez, Reinosa-Segovia & Duckworth, 2019; Hackethal, Spiegel, Lewis-Fernandez, Kealey, Salerno & Finnerty, 2013; Schwarzbaum, 2004). In alignment with Benuto et al. (2019), an increase in expressed stigma concerns is associated with a significant reduction in mental health service utilization. Hackethal et al. (2013) reported that this may be addressed by providing learning opportunities about mental health. This will increase client’s knowledge and therefore,
decrease stigma. Most importantly, they reiterated that mental health learning opportunities can assist clients in educating their friends and relatives who tend to be their strong support system. The study stated that providers need to address stigma in a clinical context, such as providing psychoeducation at the beginning of treatment, and through community outreach (Hackethal et al., 2013).

In addition, Schwarzbaum (2004), reported that pretherapy orientation is a tool that may be utilized to prevent early drop out. Pretherapy orientation may happen before the first session and may be solely focused on explaining the therapeutic process and to answer any questions and address any assumptions. Clients who received a pretherapy orientation dropped out after the first session at a lower rate than clients who did not receive an orientation (Schwarzbaum, 2004). The results of the current study revealed that clinicians were not providing psychoeducation during treatment, but this practice might retain Latino clients longer due to helping them understand mental health and its symptoms in simple terms.

Additionally, this study indicated that clinicians’ lack of cultural competence in utilizing culturally sensitive interventions contributed to Latino’s dropping out of treatment before reaching their goals. Forty percent of the participants revealed that they were not being offered training on culturally competent modalities, which might be contributing to Latinos’ dropout rates. Currently clinicians are being trained in one specific modality that may not always
be sensitive to all ethnic cultures. In this case, there is a significant disconnect between the needs and values of the Latino community and American mainstream psychotherapy (Comas-Diaz, 2006). This finding is consistent with previous literature (Parra-Cardona, Cordova, Holtrop, Escobar-Chew & Horsford, 2009; Schwarzbaum, Sara E., 2004).

As Parra-Cardona et al. (2009) indicated, mental health practitioners should recognize important Latino cultural values, such as *familismo*, *respeto*, *personalismo*, and *colectivismo*. The investigators define *familismo* as “dedication and commitment to one’s family”, *respeto* as the “value of respect that is owed to every individual”, *personalismo* as “the importance of establishing meaningful interpersonal relationships”, and *colectivismo* as “the importance of evaluating the ways one’s actions affect the common good” (Parra-Cardona et al., 2009). Therapists should first ask clients about their key cultural values that shape their lives and then utilize these concepts, as they apply to the client, in the intervention.

When services are oriented toward Latinos, utilization increases (Schwarzbaum, 2004). Schwarzbaum (2004) explored interventions that increased retention rates for Latino clients in the area of mental health, such as utilizing cuento therapy (folktale therapy). Cuento therapy is a narrative model technique that takes folktales of their culture to transmit cultural values. This type of therapy has shown to reduce symptoms of anxiety and aggression with
children (Schwarzbauem, 2004). If agencies can increase training opportunities for culturally sensitive interventions, dropout rates may decrease.

Limitations

Despite the many strengths of this study, there are several limitations which need to be considered in future similar research including small sample size, relying on clinician’s perspective, the instrument used to collect the data, and retrospective interviews. The small sample size of 10 clinicians within Riverside and San Bernardino County may not be representative of clinician's perspectives in other geographical areas. Second, this study relied on the perspective of mental health clinicians to understand challenges Latino clients face to complete treatment. Ideally, this information could have been retrieved from the Latino clients who dropped out of treatment to gain a clearer vision of their challenges to complete treatment. Third, the questionnaire used for this study was created by the researchers. The questions might have been overwhelming or confusing to some participants as multiple questions were asked in one question. In one question the participants were asked to identify how they engage Latino clients and in another question the participants were asked to identify when they noticed the disengagement from their Latino clients. It seemed like one of the participants got confused with these two questions because when asked about engagement she responded as if she was asked the disengagement question. For this study, the interviews were retrospective as it required participants to think about their past Latino clients which was probably
months or years ago, and this could have affected the accuracy of their responses.

Future researchers should attempt to replicate this study through the perspective of the Latino clients themselves for more in depth information about the challenges they face to complete treatment. In addition, the sample size should be larger for the purpose of being more representative of the population. Lastly, researchers should develop questions that are easily understood and not overwhelming to the participants to avoid confusion.

Recommendations for Social Work Practice, Policy, and Research

Based on the findings of this study, there are several recommendations for micro and macro social work practice, and future research. Mental health agencies need to hire more Spanish speaking therapists to meet the needs of Spanish-speaking Latino clients. Also, some mental health agencies need to change their policies regarding the use of interpreters. If a therapist is not a qualified bilingual staff (QBS) but speaks Spanish, they should be allowed to see their Latino client without an interpreter. Therapists who have attempted to pass the QBS exam stated that it is difficult to pass. The difficulty level of the QBS exam should be reduced. Many Latino clients receiving mental health services face job related challenges including hours of operation conflicting with their work schedules. Services should be more accessible for this population. After hours or weekend services should be provided at more mental health agencies.
Since culturally adaptive interventions have proven to increase the retention rate among Latino families, there is a need to increase funding at a macro level (state and/or federal), targeting the augmentation of opportunity to provide trainings on culturally sensitive modalities that place Latino issues at the core of the curricula. In addition, clinicians should implement psychoeducation at the beginning of treatment to decrease stigma of mental health. Similarly, agencies that offer services predominantly in Latino communities should consider outreaching and partnering up with community leaders to spread psychoeducational materials about mental health services.

Lastly, there are current studies on barriers Latino clients face when seeking mental health services; however, there is limited research on the challenge’s Latino clients face when they are already receiving mental health services. Therefore, this study can contribute to research because there are limited studies on this issue.

Conclusion

This study identified challenges that Latino families face to complete mental health services through clinician’s perspectives in Riverside and San Bernardino County. This chapter discussed language barrier and job-related issues as challenges Latino clients face in their continuation of mental health services. The study found that the use of interpreters can affect the therapeutic alliance and therapeutic process. It was also found that Latino clients face a challenge to continue services due to the limited hours of operation. The results
of the study also indicated that Latino clients had lower levels of mental health literacy which contributed to a higher level of mental health stigma. The study also discussed the need for culturally competent trainings to reduce dropout rates among Latino families. We aim to raise awareness on the challenges Latino families face to complete treatment, and we hope this study will assist agencies in implementing new strategies that will assist Latinos in completing mental health treatment.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to investigate the factors that lead Latinos to withdraw from mental health services through the perspective of therapists. The study is being conducted by Jessica Gutierrez and Elizabeth Casas-Valdivinos, MSW students under the supervision of Dr. Janet Chang, Professor in the School of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board at California State University, San Bernardino (CSUSB).

PURPOSE: The purpose of the study is to investigate the factors that lead Latinos to withdraw from mental health services through the perspective of therapists.

DESCRIPTION: Participants will be asked a few questions on their views for why Latino clients dropout of treatment, follow-up and engagement strategies, and some demographics.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 45 minutes to 1 hour to complete the interview.

RISKS: There are no foreseeable immediate or long-term risk to the participants. However, discomfort may result from questions asked in the interview. Participants are not required to answer all questions and may skip or end their participation.

BENEFITS: There are no direct benefits to the participants. However, indirect benefits could be foreseeable in the long run, such as helping current and future mental health professionals who work with the Latino population.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at (909) 537-5184 (email: jchang4.csusb.edu).

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 2020.

This is to certify that I 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

The California State University • San Bernardino • Los Angeles • San Francisco • San Diego • San Jose • Sacramento • Chico • Fullerton • Long Beach • Monterey • Northridge • San Marcos • San Luis Obispo • San Bernardino • Santa Barbara • Santa Maria • San Pablo • Stockton • Ventura.
APPENDIX B

STUDY QUESTIONNAIRE
Instrument

1. What is your age? ________

2. What is your gender?
   - Male
   - Female
   - Other

3. What is your ethnicity?
   - Asian
   - Black/African
   - Caucasian
   - Hispanic/Latino
   - Native American
   - Pacific Islander
   - Prefer not to answer
   - Other: __________

4. Are you bilingual?
   - Yes
   - No

5. If Spanish, what is your level of fluency?
   - High
   - Medium
6. What type of licensure do you have?
   - LCSW
   - LMFT

7. How long have you been working as a therapist?
   __________

8. Do you have experience working with Latino clients in the mental health field? If yes, how long? ________________

9. Do you use an interpreter with Latino clients?
   - No
   - Yes, ________________

10. Do you have experience working with Latino clients that did not complete their treatment?
    - Yes
    - No
11. On average, how many sessions did you see these Latino clients that dropped out early from treatment? Per week? How long?

12. Did you follow-up with clients who stopped attending services? If so, how did you follow-up with the clients? What did they tell you?

13. How do you engage Latino clients in sessions?

14. From your observation, when did you notice the disengagement from these Latino clients that dropped out from treatment?

15. What did you notice were challenges that Latino’s faced to continue services? What did you do to address these challenges?

16. How is working with Latinos different than with other populations? For example, when working with Caucasians? Did you notice any similarities or differences between Caucasians and Latinos who do not complete treatment?

17. From your experience/observations, what do you think mental health therapists need to do/change to engage Latinos to finish their treatment? What is not being done? How can the retention rate be improved?
APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL
January 13, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-127

Jessica Gutierrez, Janet Chang, Elizabeth Casas-Valdivinos
CSBS - Social Work
California State University, San Bernardino
SS00 University Parkway
San Bernardino, California 92407

Dear Jessica Gutierrez, Janet Chang, Elizabeth Casas-Valdivinos,

Your application to use human subjects, titled “Mental Health Therapists’ Views on the Challenges Latinos Face to Continue Services” has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino. The IRB has determined that your application meets the requirements for exemption from the IRB’s Federal requirements under 45 CFR 46. As the researcher under the exempt category, you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to obtain consent from participants before conducting your research as needed. Please ensure your C#U Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implementation in your study to ensure the risk level to participants has not increased.
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7586, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7586, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board
REFERENCES


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doi:http://dx.doi.org/10.1007/s10597-012-9547-5
ASSIGNED RESPONSIBILITIES

This is a two-person project where authors collaborated throughout. For each section of the project, the authors took primary responsibility. The responsibilities were assigned in the manner listed below:

1. Data Collection:
   Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez

2. Data Entry and Analysis:
   Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez

3. Writing Report and Presentation of Findings:
   A. Introduction and Literature
      Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez
   B. Methods
      Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez
   C. Results
      Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez
   D. Discussion
      Team Effort: Elizabeth Casas-Valdovinos & Jessica Gutierrez