

## AN ABSTRACT OF THE DISSERTATION OF

Alham F. Rodriguez for the degree of Doctor of Philosophy in Counseling presented on March 22, 2017.

Title: The Mental Health of Latinos/as in the United States: A Multisystemic Examination.

Abstract approved: \_\_\_\_\_

Kok-Mun Ng

Previous reports on the state of the Latino/a-focused mental health literature suggest that the quantity of Latino/a-focused articles within the mental health field continued to be disproportionate to the growing percentage of Latino/as in the United States (Liang, Salcedo, Rivera, & Lopez, 2009). As such, Latino/a mental health experiences, needs, and issues are likely to continue to be underrepresented and misunderstood. Additional examination of factors and variables related to Latino/a's mental health is warranted in order to contribute to a greater understanding and development of further treatment options for this population. The Latino/a youth/adolescent (13- 17 years old) subpopulation represents a clear example of the need for additional examination within the Latino population. Santisteban and Mena (2009) reported that the Latino/a youth might be susceptible to several mental health indicators that require urgent attention, such as disproportionately higher rates of drug use, higher depressive symptoms, higher suicide ideations, and an evident shortage of evidenced-based treatments that incorporate culturally sensitive information about Latino/a youth. Through two studies, this dissertation seeks to (a) systemically analyze the Latino-focused mental health literature published between 2006 and 2015 by identifying trends and gaps in the literature and (b) examine the associations between a selection of multisystemic variables and Caucasian practitioner's perceived therapeutic working alliance with an adolescent Latino/a client.

The first study analyzed the Latino/a-focused literature in the counseling and mental health fields using Bronfenbrenner's (1979) Ecological Systems Theory. This study provided a holistic and systemic analysis of the variables utilized in published mental health related Latino/a-focused research between 2006 and 2015. Findings in this study indicate a number of gaps that prevent the formation of a holistic and systemic understanding of the mental health needs of this population. For example, results in this study indicated that microsystemic variables were the most frequently included variables among the studies in the review; whereas, exosystemic and mesosystemic variables represented the least frequently studied variables among Latino/a-focused research.

The second study was intended to build upon findings in Study 1, a critique review of the literature. This study examined the multisystemic factors associated with Californian Caucasian practitioners' ( $N = 82$ ) perceived therapeutic alliance with Latino/a adolescents. To our knowledge, no previous study had utilized the ecological theory of Bronfenbrenner (1979) to examine the associations between systemic factors and the practitioners' perceived therapeutic working alliance with their adolescent Latino/a client. The question guiding this study was: To what extent do (a) therapist's years of experience working with the Latino population, (b) therapist cross-cultural counseling competence, (c) therapist/client gender matching, (d) client generational status, (e) therapist's interaction with the client's family, and (f) therapist's receiving of consultation or supervision about the work with the client predict the therapist-perceived TWA with the client? Results based on standard multiple linear regression indicated that practitioner-client parent interaction and practitioner's self-perceived cross-cultural counseling competency were significant predictors of therapists' perceived working alliance with their Latino/a youth client. These two predictors explained 25.3% of the variance in the therapist-

perceived therapeutic working alliance. Results further indicated that therapist's year of experience working with the Latino population, therapist/client gender matching, client's generational status, and therapist's receiving of consultation or supervision for the case did not statistically significantly predict therapists' working alliance with a Latino/a youth client.

Overall, findings from both studies highlight the utility of using a multisystemic framework to investigate therapeutic processes. These findings suggest that distal and multisystemic factors are related and predictive of the therapeutic process involving Latino/a youth. Findings in these studies bear relevance for researchers, practitioners, and counselor educators particularly in relation to cross-cultural counseling competence and family involvement in counseling Latino/a youth.

©Copyright by Alham F. Rodriguez  
March 22, 2017  
All Rights Reserved

The Mental Health of Latinos/as in the United States: A Multisystemic Examination.

By  
Alham F. Rodriguez

A DISSERTATION

submitted to

Oregon State University

in partial fulfillment of  
the requirements for the  
degree of

Doctor of Philosophy

Presented March 22, 2017  
Commencement June 2017

Doctor of Philosophy dissertation of Alham F. Rodriguez presented on March 22, 2017

APPROVED:

---

Major Professor, representing Counseling

---

Dean of the College of Education

---

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

---

Alham F. Rodriguez, Author

## ACKNOWLEDGEMENTS

It is often said, within the Latino population, that “it takes a village to raise a child.” In this case, it certainly took the invaluable support from a group of individuals in order for this dissertation to be a reality.

My deepest and most sincere gratitude goes to my dissertation chair, Dr. Kok-Mun Ng, who provided me with invaluable guidance as we ventured into this journey. I am particularly appreciative of your patience and understanding as you provided me with constructive feedback. I truly admire your passion to the profession.

To my dissertation committee, comprised of Dr. Rubel, Dr. Eakin, and Dr. Blackman, I appreciate all of your intellectual contributions. Your ideas and feedback have been instrumental.

I would like to extend my most heartfelt appreciation to my parents, Alfredo and Josefina Rodriguez for their endless work and for all of the sacrifices they have made so that I could have a better future. You have truly demonstrated to me that every sacrifice has its regard. A special thanks to my sisters, Erika and Priscila, for their support and moments of laughter throughout this process.

To my wife, Diana Rodriguez, I am indebted to you. This dissertation would have never been possible without your love, support, and encouragement. Thanks for believing in me, even in those times when I struggled to believe in myself. You are the pillar behind this dissertation. To my daughter, Natalia Rodriguez, you have been that inspiration fueling the completion of this research during the past months.

## TABLE OF CONTENTS

	<u>Page</u>
Chapter 1: Thematic Introduction.....	1
Dissertation Overview.....	2
Manuscript I .....	4
Manuscript II .....	5
Chapter 4.....	7
Summary .....	7
Glossary of Terms.....	8
Chapter 2: Manuscript I. Latino/a-Focused Mental Health Research: A Review of the Literature from 2006-2015 Using the Ecological Systems Theory.....	10
Abstract .....	11
Bronfenbrenner's Ecological Theory.....	16
Method.....	17
Results.....	18
Microsystemic Variables.....	19
Mesosystemic Variables.....	27
Exosystemic Variables.....	27
Macrosystemic Variables.....	28
Chronosystemic Variables.....	30
Ambiguous Variables.....	30
Methodology Themes.....	33
Research Limitations.....	37



## TABLE OF CONTENTS (Continued)

	<u>Page</u>
Discussion .....	38
Limitations of this Literature Review.....	41
Implications and Recommendations.....	41
Conclusion.....	43
Chapter 3: Manuscript II. Multisystemic Factors Associated with Caucasian Practitioner's Perception of Their Therapeutic Working Alliance with Latino/a Youth in California.....	
Abstract... ..	51
Bronfenbrenner's Ecological Theory.....	52
Literature Review.....	55
Therapeutic Working Alliance with Adults.....	57
Therapeutic Working Alliance with Youth and Adolescents.....	61
Purpose of Study.....	66
Method.....	67
Participants.....	67
Procedure.....	69
Materials.....	70
Demographic Data.....	70
Therapeutic Working Alliance.....	70
Cross-Cultural Counseling Competence.....	71

## TABLE OF CONTENTS (Continued)

	<u>Page</u>
Results.....	72
Bivariate Analysis.....	73
Multivariate Analysis.....	74
Discussion.....	77
Limitations.....	81
Implications.....	82
Conclusion.....	84
Chapter 4: General Conclusions.....	93
Summary of Manuscript I.....	94
Summary of Manuscript II.....	95
Limitations.....	97
Implications.....	98
Bibliography .....	100
Appendices .....	113

## LIST OF APPENDICES

<u>Appendix</u>	<u>Page</u>
Appendix A. Studies Included in Chapter 2 Analysis.....	113
Appendix B. IRB Approval Document.....	122
Appendix C. Demographic Information.....	123
Appendix D. Working Alliance Inventory Short Form Therapist.....	124
Appendix E. Cross-Cultural Competence Inventory.....	126



## **Chapter 1**

### **Thematic Introduction**

Recent statistics highlight that Latinos are the largest ethnic and racial minority in the United States. For example, the U.S. Census Bureau (2014) estimated that the Latino population increased by approximately 44% between the years 2000 and 2014. The bureau further estimates that Latinos/as comprise approximately 17% of the entire U.S. population and are projected to comprise approximately 28.6% of the entire U.S. population by the year 2060 (United States Census, 2014). As such, it is expected that Latinos' mental health needs and demands for mental health services will increase as the population grows in the coming years (Minsky, Vega, Miskimen, Gara, & Escobar, 2003).

Liang, Salcedo, Rivera, and Lopez's (2009) reviews of the literature represent the first attempt to conceptualize and derive meaning from the Latino-focused research. The authors looked at two different journal sets in which Latino/a research was likely to be published. The authors focused the review of the literature on Latino/a-focused research published between 1970 to 2005 in the first journal set and between 1979 to 2005 in the second set. Liang et al. then coded and reported on the common topics and methodologies within the Latino/a-focused mental health research within this time frame.

Liang et al. (2009) concluded that although Latino/a-focused research has increased in the mental health literature throughout the past decades, the quantity of Latino/a-focused articles within the mental health field continued to be disproportionate to the growing percentage of Latino/as in the United States. As such, Latino/a mental health experiences, needs, and issues are likely to continue to be underrepresented and misunderstood. Consequently, additional examination of factors and variables related to Latino/a's mental health is warranted in order to

contribute to a greater understanding and the development of further treatment options for this population. Additional research will also benefit the practitioners who work with this population as well as mental health counselor educators who are charged to train multiculturally competent mental health counselors (American Counseling Association, 2014)

For instance, Latino/a youth living in the United States seem to be a population experiencing notable mental health needs. Santisteban and Mena (2009) reported that Latino/a youth ranked highest on depressive symptoms and suicide ideations when compared to their Caucasian and Black youth counterparts. The authors further reported that Latino/a youth experienced higher rates of drug use among 8<sup>th</sup> graders compared with their Caucasian and Black youth counterparts. Santisteban and Mena also highlighted an evident shortage of evidenced-based treatments that incorporate culturally sensitive information about the Latino/a youth. This area is important to explore because youths represent approximately 33% of the total Latino/a population in the United States compared to 23% in the total U.S. population (U.S. Census Bureau Estimates, 2014). In addition, our recent review of the literature indicates no studies have yet examined the factors that are associated with the perception of the therapeutic working alliance (TWA) of Caucasian mental health professionals who work with Latino/a youths. Information from such studies will be helpful to practitioners as well as mental health counseling training programs, particularly when the majority of mental health practitioners are from Caucasian descent in this country (U.S. Department of Health and Human Services, 2001) and are expected to continue to play a major role in serving the Latino/a population.

### **Dissertation Overview**

This dual-manuscript dissertation is unique in that it utilized the *Ecological Systems Theory* (Bronfenbrenner, 1979) as a framework to (a) identify, describe, and analyze the

variables that have been studied in recent Latino/a-focused mental health literature and (b) guide a correlational study that examined the associations between a set of multisystemic variables and the perception of the TWA of Caucasian therapists with their Latino/a adolescent clients. The two manuscripts in this dissertation fill a couple of gaps in the existing mental health counseling literature.

The thematic relationship between Manuscripts 1 and 2 can be seen throughout the similarities shared across them. The most evident similarity across both manuscripts has to do with the focus on the Latino/a population. In this case, the first manuscript analyzed the Latino/a counseling literature within a 10-year span and the second manuscript focused on practitioner's who currently work or have recently provided mental health services to a Latino/a youth. The use of Bronfenbrenner's (1979) Ecological Systems Theory as the theory of choice to undergird the investigation in both studies was a second similarity shared between them. The theory provides us a framework to consistently and systemically investigate contextual variables relevant to the Latino/a population across manuscripts.

Further examples regarding the thematic relationship between both manuscripts involve the several limitations and gaps that were identified in the first manuscript upon which the second manuscript built on. For instance, the second manuscript purposefully investigated multisystemic variables, such as mesosystemic and exosystemic, in order to address the need for further inclusion of such variables in Latino/a-focused research as discussed in Chapter 2. Furthermore, Chapter 3 built on Chapter 2 by examining the therapeutic processes from a therapist's perspective that results in the literature review in Chapter 2 had highlighted as a gap.

Although the two manuscripts share various similarities and are thematically related, there are several differences worth mentioning. The most evident difference between the two

manuscripts has to do with the methodologies employed in both. The first manuscript employed a systemic analysis of the Latino/a counseling literature and the variables included between 2005 and 2015. On the contrary, the second manuscript employed quantitative methodologies comprised of univariate, bivariate, and multivariate analyses in order to examine the intercorrelations of the study variables and investigates the extent the independent variables predict the TWA. A second difference stems from the sample included in both manuscripts. Although the second manuscript involved Latino/a youth, the study sample was comprised of Caucasian mental health professionals who had worked with Latino/a youth. This contrasts with our systemic analysis in the first manuscript that analyzed the Latino/a-focused literature across age groups. The following provides greater details on the manuscripts.

### **Manuscript 1 – Chapter 2**

The first manuscript entitled, “Latino/a-Focused Mental Health Research: A Review of the Literature from 2006-2015 Using the Ecological Systems Theory,” is detailed in Chapter 2. The aim of this manuscript was to contribute to the Latino/a-focused counseling literature base by expanding on Liang et al.’s (2009) literature reviews that analyzed the content and methodologies used in Latino/a-focused research between 1970 and 2005 in two different sets of journals. We extended beyond Liang et al.’s work by including publication venues beyond the two sets of sources they used and updated the time frame to 2006 through 2015. Additionally, we analyzed the Latino/a-focused literature in the counseling and mental health fields using Bronfenbrenner’s (1979) Ecological Systems Theory. This chapter provided a more holistic and systemic analysis of the variables utilized in mental health related Latino/a-focused research between 2006 and 2015. We located 65 articles that met our selection criteria.



We utilized the Ecological Systems Theory as a classifying and organizational framework because of its holistic nature and applicability across fields (e.g., Eamon, 2001; McLeroy, Bibeau, Steckler, & Glanz, 1988). Results from Chapter 2 indicated that microsystemic variables ( $n = 105$ ) were the most frequently included variables among the 65 studies reviewed. Exosystemic ( $n = 5$ ) and mesosystemic variables ( $n = 14$ ) represented the least frequently studied variables among Latino/a-focused research in the studies reviewed. Macrosystemic variables, particularly group comparisons, appeared to be a trend identified in the systemic analysis of the literature. Common themes among the methodologies implemented among the articles reviewed included: quantitative methodologies (86%), that used convenience and purposive samples with cross-sectional data ( $n = 39$ ), where adult samples significantly outnumbered the other age group categories. Details of the study and its findings are found in Chapter 2.

### **Manuscript 2 – Chapter 3**

Building upon the systemic analysis in Chapter 2, Manuscript 1 entitled, “Multisystemic Factors Associated with Caucasian Practitioner’s Perception of Their Therapeutic Working Alliance with Latino/a Youth in California,” is a cross-sectional correlational study that uses standard multiple linear regression analysis. This study examines the multisystemic factors associated with Californian Caucasian practitioners’ perceived TWA with Latino/a adolescents. Based on our review of the literature in Manuscript 1, we found that no studies had examined the correlates of the therapist-perceived TWA in the context of Latino/a adolescent counseling. Findings from this correlational study are believed to be important for informing the practice of mental health services to Latino youth in the United States. We purposely chose to target Caucasian practitioners’ perception because they significantly outnumber Latino practitioners in

the United States (U.S. Department of Health and Human Services, 2001) and have a high probability of working with this population particular in California. Eighty-two Caucasian practitioners among licensed psychologists, licensed marriage and family therapists, licensed professional clinical counselors, and licensed clinical social workers in California were included in this study.

The research question that guided this study was: To what extent do (a) therapist's year of experience working with the Latino population, (b) therapist cross-cultural counseling competence, (c) therapist/client gender matching, (d) therapist's interaction with the client's family, (e) client generation status, and (f) therapist's receiving of consultation or supervision about the work with the client predict the therapist's perceived therapeutic working alliance with the client? Based on Ecological Systems Theory and findings in the literature, we hypothesized that the predictor variables in this study would significantly statistically predict therapist-perceived TWA.

The analysis of the intercorrelations of all study variables indicated a statistically significant mild positive correlation ( $r = .247, p < .05, N = 82$ ) between therapist's years of experience working with the Latino/a population and their self-perceived WAI. A statistically significant moderate positive correlation ( $r = .419, p < .05, N = 82$ ) was also found between practitioner's self-perceived cultural counseling competencies and their self-perceived TWA. Additionally, a statistically significant mild positive correlation ( $r = .225, p < .05, N = 82$ ) was found between therapist's parental interactions frequency and their perceived working alliance with the client. The standard multiple linear regression analysis indicated that the combined study variables accounted for 25% of the variance in the therapist-perceived TWA. After adjusting for the effects of all other variables, practitioner-client parent interaction and

practitioner's self-perceived cross-cultural counseling competency significantly predicted their working alliance with a Latino/a youth client. Conversely, therapist's year of experience working with the Latino population, therapist/client gender matching, client generation status, and therapist's receiving of consultation or supervision for the case did not statistically significantly predict their working alliance with a Latino/a youth client. Details of the study are presented in Chapter 3.

#### **Chapter 4**

In Chapter 4, findings in the two studies are discussed further. The chapter focuses on interpreting the results and discussing practical implications for the future. It also addresses limitations of the studies.

#### **Summary**

The Latino/a population is an ethnic minority that has evidenced a rapid growth within the United States and is expected to grow even further during the coming decades (U. S. Census, 2014). Consequently, the Latinos' mental health needs and demands for mental health services will increase in the coming years (Minsky et al., 2003). Therefore, it is imperative for the counseling profession to identify the needs of Latino/as in the United States and prepare to provide culturally competent services to this population. This dissertation topic was chosen in order to highlight trends, focused areas, limitations, and gaps in the Latino/a-focused counseling literature through an ecological systems perspective. This dissertation topic was also chosen in order to fill several gaps in the literature and expand the knowledge base of multisystemic factors in the development of the working alliance between therapists and their adolescent Latino/as clients. Each of these studies provides meaningful professional contributions in terms of practice, training, and research.

## Glossary of Terms

*Chronosystem* - “Consistency over time not only in the characteristics of the person but also of the environment in which that person lives” (Bronfenbrenner, 1994, p. 40).

*Ecological Systems Theory* - “Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment” (Bronfenbrenner, 1994, p. 39).

*Exosystem* - “ the processes and linkages taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives ” (Bronfenbrenner, 1994, p. 40).

*Latino/a* - all persons of Latin American origin or descent, irrespective of language, race, or culture (Hayes-Bautista & Chapa, 1987).

*Macrosystem* - “the overarching pattern of micro-, meso-, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (Bronfenbrenner, 1994, p. 40).

*Mesosystem* - “the linkages and processes taking place between two or more settings containing the developing person” (Bronfenbrenner, 1994) (p. 40).

*Microsystem* - “A pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained progressively

more complex interaction with, an activity in, the immediate environment” (Bronfenbrenner, 1994, p. 39).

*Multisystem* - The relations or involvement among more than one Ecological System.

*Therapeutic working alliance* - The affective and collaborative aspects of the client–therapist relationship (Elvins & Green, 2008; Shirk & Saiz, 1992).

*Youth/Adolescence* - Developmental period, age 13 through 17 between childhood and adulthood.

## **Chapter 2**

### **Latino/a-Focused Mental Health Research: A Review of the Literature from 2006-2015**

#### **Using the Ecological Systems Theory**

Alham F. Rodriguez

Kok-Mun Ng

#### **Author Note**

Alham F. Rodriguez and Kok-Mun Ng, Counseling Academic Unit, Oregon State University.

### Abstract

A review of the empirical Latino/a-focused research in the counseling and mental health related fields was conducted to provide a holistic and systemic analysis of the multisystemic variables studied between 2006 and 2015. Sixty-five studies were included in the review. All of the variables among the studies were classified following Bronfenbrenner's (1979) Ecological Systems Theory. Methodological themes across the studies were also identified. The results of the review indicated that microsystemic variables ( $n = 105$ ) were the most frequently included variables among the studies reviewed. Exosystemic ( $n = 5$ ) and mesosystemic variables ( $n = 14$ ) represented the least frequently studied variables. Methodological themes included: the use of quantitative methodologies (86%), with convenience and purposive samples, among cross-sectional data ( $n = 39$ ), where adult samples significantly outnumbered the other age group categories. These findings suggest that a greater variety of multisystemic variables as well as research methodologies are needed in investigating the mental health needs and issues in this population.

*Keywords:* Ecological Systems Theory, Latino/s-focused research, literature review, multisystemic variables.

Latinos are the largest ethnic and racial minority in the United States comprising about 17% of the population (U. S. Census, 2014). Additionally, the 2014 Census projects that the Latino population will increase to 28.6% of the entire United States population by the year 2060. The demand for mental health services will increase as this population grows in the coming years (Minsky, Vega, Miskimen, Gara, & Escobar, 2003). This appears to be of concern, particularly when past estimates have highlighted the disproportionate ratio of Latino/a mental health professionals in the Latino/a population compared to the Caucasian practitioner-client ratio. It has been estimated that a ratio of 29 Latino/a mental health professionals for every 100,000 Latinos in the U.S. population existed in past decades, compared to 173 white providers per 100,000 Caucasians (United States Department of Health and Human Services, 2001). Therefore, the generation of more scholarship to inform the practice of mental health service providers across ethnic backgrounds is warranted in order to meet the changing needs of the Latino/a population (Liang, Salcedo, Riversa, & Lopez, 2009).

Liang et al. (2009) conducted two separate literature reviews analyzing the content and methodologies used in Latino/a-focused research between 1970 and 2005 in two sets of journals. The first set focused on seven major journals believed to be commonly used by counseling psychologists. The first review included 292 Latino/a-focused articles categorized into 15 thematic categories based on the content of each study. The authors reported that the “psychosocial adjustment/development” category accounted for the largest content category in the Latino/a literature. Additionally, “academic achievement”, “multicultural counseling/competence”, and “assessment” represented the second, third, and fourth largest categories in the content analysis, respectively.



In regards to methodologies, Liang et al. (2009) reported that experimental field studies, along with formal research reviews were infrequently utilized in the Latino/a-focused literature. The authors also reported that the use of convenience sampling, including college students was most frequently utilized in the studies reviewed. Lastly, the authors reported that self-report measures were most commonly utilized in the methodologies of the Latino/a literature they analyzed.

Liang et al. (2009) analyzed the second set of literature published in the *Hispanic Journal of Behavioral Science* since its inception in 1979 to 2005. This analysis included 601 Latino/a-focused articles that were classified with the same categories as in the first set. The results of their analysis suggested that the psychosocial adjustment/development category also accounted for the largest portion of content in this set of literature. Within this category, the subcategory “alcohol, tobacco, and other drugs” accounted for more than 33% of the articles. The acculturation, assessment, academic achievement, and family dynamics categories formed the five most frequent content categories in the Latino/a literature.

In their analysis, Liang et al. (2009) found that descriptive field and qualitative designs were the first and second most frequently used methods in the second set of the literature analyzed. Consequently, the authors reported that survey methodology was most frequently implemented across the literature. The authors further reported that convenience sampling strategies were used in more than two thirds of the empirical studies. With respect to the types of participant, Liang et al. asserted that community-based adults and college students represented the first and second most common samples, respectively. However, nearly twice as many studies utilized community-based adults as those that focused on college students.

Liang et al. (2009) drew various conclusions from their analyses. First, despite the increase in publication of Latino/a-focused research in recent years, the quantity of Latino/a-focused articles was disproportionate to the growing percentage of Latino/as in the United States; and therefore, Latino/a issues continue to be underrepresented in the literature. Consequently, the authors asserted that further attention to Latino/a population and Latino/a issues in the counseling and psychological journals was needed. Second, Liang et al. concluded that further exploration of demographic variables, such as gender characteristics within the Latino/a population was needed because their literature review did not account for such variables. The authors lastly concluded that research using experimental methodologies and more representative Latino/a samples were needed in order to increase the generalizability of the results.

Despite the extensive coverage in Liang et al.'s (2009) review of the literature, we believe a follow-up is needed because their work was limited to two literature sources and about 10 years have lapsed since the publication of their work that reviewed research articles up to 2005. Therefore, in the present literature review we aim to build on Liang et al.'s (2009) study. First, we aim to incorporate Liang et al.'s suggestion of demographic variables, such as gender and socioeconomic status into the analysis of literature on Latino/a counseling research published since 2005. Second, we want to extend the literature base beyond the two sets of literature analyzed in Liang et al.'s study hoping to provide a more comprehensive and up-to-date examination of the literature base.

We further seek to analyze the Latino/a-focused literature in the counseling field using Bronfenbrenner's (1979) *Ecological Systems Theory* aiming to provide a holistic and systemic analysis of the variables studied in Latino/a-focused research on mental health counseling since Liang et al.'s (2009). The researchers will use the Ecological Systems Theory to organize,

classify, and analyze such research articles in peer-reviewed counseling and multicultural journals published from January 2006 to December 2015. The classification of variables through this theoretical framework will provide counseling professionals and researchers an overview of the trends, focused areas, and limitations within the Latino/a counseling research in recent years. The classification of variables will also assist in identifying and highlighting gaps in the counseling literature that need further attention. Lastly, we hope that our work will provide systematic information to support Latino/a and non-Latino/a practitioners in their work with Latino/a individuals.

We elected to use Bronfenbrenner's (1979) Ecological Systems Theory as a classifying and organizational framework because of its holistic nature and applicability across fields. For example, the theory has been implemented in the education field (Spencer, Dupree, & Hartmann, 1997), the child development field (Eamon, 2001), and the public health field (McLeroy, Bibeau, Steckler, & Glanz, 1988). Scholars have also noted the strengths of Bronfenbrenner's theory. For example, Gauvain and Cole (1993) assert that "Bronfenbrenner's work is based on an analysis and integration of results from empirical investigations conducted over many decades by researchers from diverse disciplines..." (p. 37). With regards to research on the Latino population, Hancock (2005) notes that an ecological perspective lends itself to the analysis of the strengths that poor Latino families bring from their culture of origin such as "stresses of the migratory experience and ongoing adaptation, shifts that may occur in family structure and functioning, disruptions in the family life cycle, the role of social supports in family adaptation, and effect of institutional discrimination on family well-being" (p. 689). We further believe that in using Bronfenbrenner's theoretical framework to analyze the research on Latinos, we will be able to identify the patterns of research foci at various systemic levels as well as gaps that will

inform future research leading to a more holistic understanding and treatment of the needs of the Latino population. We will first briefly discuss Bronfenbrenner's theory before detailing our methods and results.

### **Bronfenbrenner's Ecological Theory**

Urie Bronfenbrenner first introduced his Ecological Systems Theory in 1979.

Bronfenbrenner proposed that an individual's development was a result from his or her interactions with his or her environment. Ecological Systems Theory posits that there are five different, but nested, environments in which an individual lives and develops: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. These five systems, or spheres, form the ecosystem directly impacting the individual's behavior and development.

Urie Bronfenbrenner (1994) defined the microsystem as the variables to which the individual is directly exposed, for example, an individual's biology, the geographical and structural environment in which the individual lives, and immediate relationships with other individuals. Bronfenbrenner defined the mesosystem as "the linkages and processes taking place between two or more settings containing the developing person" (p. 40). Examples of mesosystemic variables include the relationship between an individual's family and an individual's peers and the relationship between the individual's neighborhood and the individual's family.

The exosystem is defined as "the processes and linkages taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives" (Bronfenbrenner, 1994, p. 40). The indirect influence of parents' workplace climate on the relationship between the developing child and his/her parents represents an

example of an exosystemic variable. The macrosystem is defined as “the overarching pattern of micro-, meso-, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (Bronfenbrenner, 1994, p. 40). An individual’s religious beliefs represents an example of a macrosystemic variable. Lastly, the chronosystem refers to the constancy and change over time. For instance, the time that an individual has lived in a particular country is an example of a chronosystemic variable. The element of time is relevant to each subsystem.

### **Method**

To ensure a comprehensive search, we used three different databases to locate relevant Latino/a-focused research: Ebscohost, Psynet, and Google scholar. The searches were conducted between October 2014 and December 2015. The authors also conducted a systematic review of the reference lists in the selected articles in order to identify additional, relevant articles for the current literature review. The primary inclusion criteria included: peer-reviewed and research-based articles with a Latino/a focus that were published between January 2006 and December 2015. We define Latino/a-focused research as: (a) studies that included solely Latino/a sample and (b) studies that included a Latino sample and compared it to a second culturally different sample. Empirical articles that implemented an experimental, qualitative and/or quantitative methodology were selected and included in the literature review. Furthermore, we only included empirical studies that were conducted and published in the United States. We followed Liang’s et al. (2009) inclusion criteria that limited to only full-length articles and articles that discussed Latino/a issues in a substantive manner in their literature review, results, or discussion section. Conversely, exclusion criteria included: theoretical papers,

non-reviewed articles, and studies that were conducted outside of the United States. Articles that solely focused on school counseling were excluded because this field is viewed as specialized and outside the scope of this paper.

The literature search resulted in 65 empirical articles (Appendix A) meeting the previously discussed inclusion criteria. The first author of this paper first identified and listed the variables investigated in each study. He then analyzed and classified the variables from each study using Bronfenbrenner's (1994) Ecological Systems Theory as a framework. Then, the second author reviewed the results of the first author. We discussed areas in which we agreed as well as those we disagreed. We engaged in such a process until a consensus was reached. We further analyzed the results described in each research article and identified common themes in the findings of these articles.

## **Results**

We will present and discuss the results of this literature review according to each subsystem in the Ecological Systems Theory. However, the results will also be presented and discussed by the age group of the research sample included in the articles reviewed. Five different age groups emerged from the samples utilized in the Latino/a studies included in this review. These age groups were: *child/adolescents*, *adults*, *elder*, *mixed*, and *unidentified*. The child/adolescent population refers to those aged 0-17 ( $n = 6$ ); the adult population refers to those aged 18-64 years of age ( $n = 41$ ); the elder population refers to those aged 65 or older ( $n = 6$ ); the mixed refers to those studies that incorporated a sample that included both children/adolescents and adults ( $n = 7$ ); and the unidentified ( $n = 5$ ) were studies that did not clearly describe the ages of the participants.

### **Microsystemic Variables**

Table 1 illustrates all of the microsystemic variables studied in the literature reviewed. There were 106 different microsystemic variables (Table 1). Demographic variables were most frequently included among the microsystemic variables. For instance, Table 1 shows that age ( $n = 43$ ) and sex/gender ( $n = 40$ ) were the most frequent microsystemic variables included in the Latino/a-focused research literature. Other demographics variables such as educational attainment ( $n = 34$ ), marital status ( $n = 29$ ), and household income ( $n = 23$ ) were also common microsystemic variables studied in the literature.

In regards to age, the literature reports that a negative correlation exists between age and mental health service rates with younger individuals having a greater likelihood of seeking mental health services than older ones (Garcia, Gilchrist, Vasquez, Leite, & Raymond, 2011; Hansen & Aranda, 2012; Kim, Jang, Chiriboga, Ma, & Schonfeld, 2010). The literature further indicates gender differences in mental health need and utilization rates. For example, it was reported that more females than males sought mental health services (Hochhausen, Le, & Perry, 2011; Villatoro, Morales, & Mays 2014) and females tended to have higher utilization rates of mental health services compared to men. As seen on Table 1, this variable appears to be well distributed and represented in at least 50% of all of the age categories.

With regard to marital status and its relationship to mental health service utilization rates of Latinos in this country, researchers found mixed results. For example, in their study, De Jesus and Xiao (2014) reported that marital status was not related to higher utilization rates of mental health service. However, Villatoro et al. (2014) reported that Latino/a individuals who had never been married were more likely to utilize services compared to their married counterparts. The

authors further noted that single individuals were more likely to experience higher clinical need for mental health services. These results are similar in the adult and elderly population.

Reports on the relationship between education and mental health and utilization rates seem to be divided. For example, Hochhausen et al. (2011) reported that no significant differences emerged in mental health service use regardless of education level. Sanchez et al. (2014) reported that education level is not related to treatment seeking. However, Cho, Kim, and Velez-Ortiz (2014) stated that higher education increased the likelihood of mental health service use. De Jesus and Xiao (2014) expanded on this notion and stated that level of education has a weak, yet statistically significant, positive effect on the likelihood of using health care services. It is important to mention that only one child/adolescent study included education as a variable in their study compared to 26 studies classified as having an adult sample. Educational level is, perhaps, more relevant in adult population as greater differences in educational level attainment can be expected among adult population than among youth.

In regards to income, the literature highlighted two significant factors and correlations. Bauer, Chen, and Alegria, (2010) highlighted the relationship between income and language proficiency. The authors noted that a negative relationship between income and English language proficiency existed, where individuals with lower income were more likely to have limited English language proficiency. De Jesus and Xiao (2014) then explored the correlation between income and mental health utilization rates among the Latino population. The authors concluded that income was not related to higher mental health utilization rates. Income was another variable, just like marital status, that was only included in studies that included an adult population (see Table 1).



Other common microsystemic variables in the literature include: mental health utilization rates ( $n = 27$ ) and psychiatric distress ( $n = 26$ ). More specifically, the psychiatric distress was a variable commonly investigated in the adult ( $n = 16$ ) and mixed ( $n = 4$ ) population categories.

Kim et al. (2011) asserted that older Latino/as tended to have poorer self-rated health compared to their Asian counterparts. The authors further reported that older Latino/as have higher psychological distress rates compared to their counterparts. Bridges et al. (2014), however, reported opposite findings and noted that Latino/a patients had significantly lower self-reported psychiatric distress. Consequently, the correlation between psychiatric distress and ethnicity yields contradicting results thus far.

Mental health utilization rates was a variable more commonly included in studies on adult ( $n = 20$ ) and elder ( $n = 4$ ) samples compared to youth and adolescents ( $n = 1$ ) (see Table 1). This microsystemic variable yielded mixed results regarding its relationship to ethnicity. For example, Villatoro et al. (2014) reported that nationality was not correlated to mental health service use. Bridges et al. (2014), however, reported that Latino/as had comparable utilization rates to their non-Latino White counterparts. In contrast, Cho et al. (2014) reported that Latino/as used more mental health services during the past 12 months compared to their Asian American counterparts. Among the Latino population, the Puerto Rican sub-population was more likely to seek mental health services (Lee & Held, 2014; Sanchez et al., 2014). However, other studies reported that Latinos were less likely to self-refer and initiate services than White Americans and African Americans (Cook et al., 2014; Delphin-Rittmon, Flanagan, Andres-Hyman, Amer, & Davidson, 2015).

Table 1. Microsystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Acculturation stress	4			4	3	1		4			
Advise for treatment providers	Qualitative										1
Age	43		1	42	29	14	4	27	4	5	3
Age at immigration	5			5	4	1		5			
Age of first use	1			1	1			1			
arrest	1			1	1			1			
Body mass Index	2			2	2			2			
Brokering efficacy	1			1		1	1				
Brokering feelings	1			1		1	1				
Brokering frequency	1			1		1	1				
Circumstances of exit	1			1	1			1			
Citizenship status	8			8	6	2		7	1		
Country of formal education	1			1	1				1		
Data source	1			1		1				1	
Delinquency behaviors	3			3	1	2	2			1	
Disability classification	Qualitative							1			
Discrimination type	1			1	1			1			
Drinking consequences		1		1	1			1			
Drug refusal self-efficacy	1			1	1		1				
Drug/Substance use	2 & 1 Qualitative	11	1	12	9	4	4	9		1	
Ecodevelopmental community protection	Qualitative							1			
Ecodevelopmental community risk	Qualitative							1			
Ecodevelopmental family protection	Qualitative							1			
Ecodevelopmental family risk	Qualitative							1			
Ecodevelopmental health and mental health risk	Qualitative							1			

Table 1. Microsystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Education/Educational attainment	33	1 Qualitative		33	29	4	1	26	4	1	2
Emotional social support	1			1		1			1		
Employment	13	1 Qualitative		13	10	3		12	1		1
English Language Proficiency	17			17	13	4	1	14	2		
Ethnic identification with their ethnicity	4		1	3	1	3	2	1			1
Ethnoracial appearance	1		1			1	1				
Expenditures		1		1		1			1		
Family-based acculturation stress	1			1		1	1				
Frequency of intergenerational conflict with families	1			1	1			1			
Gender/sex	39	1 Qualitative		39	29	10	4	26	3	4	3
Health locus of control	1			1	1			1			
Homelessness		1		1	1			1			
Hope	1			1	1		1				
Household economic losses		1		1	1			1			
Household income	22	1 Qualitative	1	21	16	6		18	3	1	1
Household size	2			2	1	1		1		1	
Housing status	2			2	2			2			
Immigration stress	1			1	1			1			
Incarceration	1			1	1			1			
Income barriers	1			1		1				1	
Instrumental social support	1			1		1			1		
Intergenerational family conflict	1			1		1		1			
Interview language	2			2	2			2			

Table 1. Microsystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Knowledge of community mental health services		1		1	1					1	
Knowledge of symptoms		1		1	1					1	
Language acculturation	5	1 Qualitative		5	1	4	1	3	2		
Language barrier				1		1			1		
Language preference	2			2	2			2			
Language Spoken at home	3			3	2	1		1		2	
Linguistic acculturation	1			1		1			1	1	
Linguistic barriers	Qualitative							1			
Limitations at work				1		1					
Marital status	29		1	28	24	5		24	3	1	1
Mean years in the community	1			1	1					1	
Mental health history	5	4		9	7	2		8		1	
Mental health need	1			1	1			1			
Mental health service use	2	25		27	19	8	1	20	4	1	1
Mental Health symptom endorsement		1		1		1		1			
Mental health treatment outcome		2		2		2				1	1
Multicultural counseling sensitivity	1			1		1					1
Negative life events	1			1		1				1	
Neighborhood drug problem	1			1	1			1			
Neighborhood ethnic density	2			2	2						2
Neighborhood poverty	2			2	2						2
Parental Status	1			1	1			1			

Table 1. Microsystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Participant characteristic: urban vs. rural	1			1	1					1	
Participation in an HMO plan	1			1		1			1		
Perceived safety in their neighborhood	1			1		1		1			
Perception of financial need	1			1	1			1			
Perceptions of access to care		1		1		1		1			
Physical health	4	3		7	5	2		5	2		
Poverty status/level/SES	9			9	8	1		7			2
Presence of family in U.S. or country of nativity	1			1		1				1	
Primary drug choice	1			1	1			1			
Primary language	3	1 Qualitative	1	2		3		2	1	1	
Psychiatric disorder severity	3	1		4	3	1		4			
Psychiatric distress/disorders	18	7 & 1 Qualitative		25	17	8	2	16	2	4	2
Quality of care	3	1		4	4			4			
Region in the Country	4			4	3	1		3	1		
Religious attendance	3	1		4	3	1	1	4			
Religious coping	1			1	1			1			
Religious orientation	1			1		1			1		
Residence in a metropolitan statistical area	1			1		1			1		
School attended	1			1	1		1				
Self-rated physical and mental health	8	4		12	10	2	1	8	2		1

Table 1. Microsystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Sense of neighborhood safety	2			2	1	1		2			
Social networking/support	8			8	7	1		8			
Substance protective factors	Qualitative							1			
Substance stressors	Qualitative							1			
Substance well-being	Qualitative							1			
Termination of services		2		2	1	1		2			
Therapeutic alliance		1		1		1				1	
Time actual living in the community	1			1	1					1	
Treatment completion		1		1	1			1			
Type of mental health service received	1	3		4	3	1		3	1		
U.S. identification	2			2		2	1				1
Unmet mental health need		2		2	2		1	1			
Worker status: migrant vs. settled	1			1	1			1			
Years in agriculture	1			1	1			1			

### **Mesosystemic Variables**

Table 2 illustrates all the mesosystemic variables examined in the reviewed literature. These variables focused on the relationship between family and parental interactions with the individual's wellbeing. As seen on Table 2, *familismo*/family support ( $n = 5$ ) and family cohesion ( $n = 4$ ) were the most common mesosystemic variables found in this review of Latino/a-focused research. It is important to highlight that the child/adolescent articles did not include this variable; only the studies categorized as having an adult and mixed age sample had included this variable.

Marquez and Garcia (2013) asserted that high levels of familismo played a significant role in various mental health aspects of an individual. For example, the authors noted that high levels of familismo were significantly correlated to higher rates of treatment initiation and treatment retention. Villatoro et al. (2014) reported a strong association between familismo and increased use of informal or religious services. However, the authors reported that no association was found between high levels of familismo and clients' use of specialty or medical services. Ayon, Marsiglia, and Bermudez-Parsai (2010) expanded this topic with a mixed adult and youth sample. The authors identified a negative relationship between familismo and depressive symptoms, where parents' depression symptoms decreased as their level of familismo increased. For youth, Ayon et al. (2010) also highlighted a negative relationship where youth's familismo was associated with a decrease in internalizing symptoms of depression.

### **Exosystemic Variables**

Exosystemic variables represented the smallest category of variables in our analysis. As seen in Table 3, only five exosystemic variables were included in the literature reviewed. Three of those exosystemic variables were incorporated in a single study. This demonstrates that only

three different studies included exosystemic variables in their analysis. In regards to the sample included in these three studies, one of them incorporated a child/adolescent sample while the other two studies focused on adult samples.

The correlation between significant adults, parents, and siblings' substance use on the individual's substance use was a theme that emerged from the literature. For example, Zemore, Mulia, Jones-Webb, Liu, and Schmidt (2013) reported that parental history of an alcohol problem was most prevalent among the Latino, White, and Black population compared to those who self-identified as Other. Ober, Miles, Ewing, Tucker, and D'Amico (2013) reported that a higher risk for substance initiation for those youth who had a significant adult and/or an older sibling who used substances. However, the authors stated that this relationship was mediated by the youth's age. Ober et al. also asserted that perceived substance use by peers was associated with substance initiation for those individuals in the study who were in sixth grade only.

### **Macrosystemic Variables**

As seen in Table 4, group comparisons ( $n = 28$ ), nativity ( $n = 21$ ), health insurance ( $n = 19$ ), ethnicity ( $n = 16$ ), and immigration generation ( $n = 7$ ) were the macrosystemic variables most frequently included in the studies in this review. Table 4 illustrates that group comparisons were made across all of the age subcategories in this review. Table 4 also illustrates that health insurance variables were primarily included in those articles that included adult ( $n = 16$ ) and elderly ( $n = 2$ ) samples. Nativity factors were mainly incorporated among those studies ( $n = 17$ ) that included an adult sample compared to those studies that included a youth/adolescent, elder, or unidentified sample. Immigration generation variables were also mainly incorporated among those studies ( $n = 4$ ) that included an adult sample compared to those studies that included a youth/adolescent, elder, or unidentified sample.



As discussed in the mental health service utilization section, the literature has reported mixed results regarding the correlation between ethnicity and mental health service utilization ranging from no relationship (Villatoro et al., 2014), to comparable rates across ethnicity (Bridges et al., 2014), to higher utilization rates among Latino/as (Cho et al., 2014). In regards to health insurance, a theme emerged which suggests that a positive correlation exists between health insurance and mental health service utilization rates. For example, Lee and Matejkowski (2012) reported that having health insurance increased the likelihood of mental health service utilization by 80% (Lee & Matejkowski, 2012). Further, the Latino population was frequently compared to other groups, particularly when the researchers ( $n = 19$ ) obtained data from the National Latino and Asian American Study (NLAAS) in which the Latino/a population was frequently compared to the Asian population.

Although seven studies incorporated immigration generation variables, only three studies reported on its correlations to other variables. The significance of generational status as a predictor for various psychological and behavioral variables among Latino/as is mixed and may be issue specific. For example, Chang, Natsuaki, and Chen (2013) asserted that family cohesion was highest for those Latinos who identified as first generation, compared to their second and third generation counterparts. The authors further reported that the association between generational status and family relations did not have a significant impact on mental health service use. Ayer, Kulis, and Flavio (2012) reported that the relationship between ethnoracial appearance and substance use differed by generation status within their study. The authors asserted that significantly higher odds of substance use were found for third generation status adolescents who reported a less European appearance, but significantly lower for second-generation youth who were more indigenous in appearance. Chang, Chen, and Alegria (2014)

reported that more acculturated participants, such as second generation and third generation individuals were more likely to utilize informal services, such as religious/spiritual advisor and healers compared to their first generation counterparts. The authors asserted that generation status was not a significant predictor of formal service use, however.

### **Chronosystemic Variables**

Table 5 illustrates that years in the United States was by far the most common ( $n = 21$ ) chronosystemic variable examined in the literature reviewed. As seen in Table 5, this chronosystemic variable was incorporated in 15 studies that utilized an adult sample and 4 studies that utilized an elder sample. Table 5 also highlights that years in the U.S. was a variable that was not included in studies involving a youth/adolescent sample. Although the previously discussed studies incorporated this variable, only two studies reported on its correlations to other variables. For example, Hochhausen et al. (2011) reported that no correlation was found between years in the United States and mental health service utilization rates. Ortega, Feldman, Canino, Steinman, and Alegria (2006) reported that immigration status and the number of years that an individual has been in the United States did not confound the relationship between chronic physical and mental illness.

### **Ambiguous Variables**

We found two variables in the literature review that we coded as ambiguous because they could be coded in two different systems but we wanted to avoid duplication of the same variable. The variable “inner-city stressors” was classified as an ambiguous variable because it looked at how the youth experienced the stressors directly, which we believe it to be a microsystemic aspect, and also looked at how their family members experienced the stressors (e.g., parent lost a job), which we believe it to be an exosystemic variable. Participation in the CalWorks program was

also classified as an ambiguous variable because we believe it incorporated both microsystemic and macrosystemic elements. Participation in the CalWorks program by participants (“yes” or “no”) was considered a microsystemic element while the program itself was a welfare program that we believe is a macrosystemic component.

In regards to inner-city stressors, Ramirez Garcia, Manongo, and Cruz-Santiago (2010) examined its correlation to substance abuse with a sample of 93 mother-youth dyads from a Midwestern city. The authors reported that, “...inner-city stressors such as violence undermine the protective role of the family, resulting in increased risk for substance use” (p.410). In regards to participation in a CalWorks program, Guerrero et al. (2012) did not report on the correlation to substance abuse or other variables included in their study.

### **Methodology Themes**

Several themes emerged from the methodologies implemented in the research studies included in this literature review. First of all, quantitative methodologies were most commonly used in the literature. Fifty-six of the total 65 (86%) studies included in this review implemented quantitative methodologies. Additionally, only six studies in this review implemented qualitative methodologies. Lastly, only 3 of the 65 studies included in this literature review implemented mixed-methodologies (quantitative and qualitative) in their research. Within the studies that implemented quantitative methodologies, 39 of them utilized cross-sectional data. Further, nearly half ( $n = 19$ ) of these studies utilized data from the NLAAS. Convenience samples and purposive samples were also frequently used in the reviewed literature (e.g., Ayon et al., 2010 Hochhausen et al., 2011; Ruiz, Aguirre, & Mitschke, 2013). These themes seem to be very similar with the methodology themes reported by Liang et al.’s (2009).

Table 2. Mesosystemic Variables Studied and Their Prevalence

Variable/Phenomenon	<u>Type of variable</u>		<u>Quantitative</u>		<u>Representative Sample</u>		<u>Target Population</u>				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Cultural beliefs on parental etiological beliefs of ADHD		1		1		1					1
English language proficiency and past psychiatric disorders	1			1		1	1				
Familismo/Family support	5			5		5		4		1	
Family cohesion	4			4		4		3		1	
Family cultural conflict	2			2		2		2			
Language and insurance in mental health service seeking		1		1	1			1			
Migration-related correlates of risky alcohol consumption		1		1		1		1			
Mother's education and client's inhalant initiation	1			1	1		1				
Neighborhood safety	1			1		1		1			
Neighborhood social cohesion and participant's mental health	1			1	1						1
Parent-child language discordance	1			1		1				1	
Parental monitoring and youth's substance use.	1			1		1				1	
Parents' age and psychosocial issues discussed with participant's doctor	1			1		1				1	
Parents' education and client's past psychiatric disorders	2			2	1	1	1	1			

Table 3. Exosystemic Variables Studied and Their Prevalence

Variable/Phenomenon	<u>Type of variable</u>		<u>Quantitative</u>		<u>Representative Sample</u>		<u>Target Population</u>				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Coordination of services	1			1	1			1			
Older sibling's substance use	1			1	1		1				
Parental history of alcohol problems related to participant's drinking patterns		1		1	1			1			
Perceived substance use by peers	1			1	1		1				
Significant adult substance use	1			1	1		1				

Table 4. Macrosystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Alternative healing practices	Qualitative							1			
Referral source	3			3	3			3			
Cross-border health care utilization		1		1	1			1			
Cultural beliefs about participating in mental health services		1		1	1					1	
Cultural values	1			1		1					1
Discrimination type											
Economic opportunities	1			1	1			1			
Ethnicity	15	1 Qualitative		15	9	6	1	9	1	2	3
Familismo	Qualitative							1			
Gendered power dynamics	Qualitative										
Group comparisons	27	1 Qualitative	1	27	3	25	4	14	4	1	5
Health insurance status	19			19	16	3		16	2		1
Immigration generation	6	1 Qualitative	1	5	3	3	2	4			1
Latino subgroup	2			2	1	1		2			
Nativity/Country of birth	20	1 Qualitative	1	19	14	6	1	17	1		2
Neighborhood safety	1			1		1		1			
Participant characteristic: urban vs. rural											
Perceived discrimination	2	1 Qualitative		2		2		2		1	
Perceived social status	1			1	1			1			
Primary caregiver's nativity	1			1	1		1				
Pro-brokering descriptive norms	1			1		1	1				

Table 4. Macrosystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Pro-brokering personal norms	1			1		1	1				
Pro-brokering subjective norms	1			1		1	1				
Program capacity	1			1	1			1			
Program characteristics: public funding, license, accreditation	1			1	1			1			
Psychosocial trauma	1			1	1			1			
Race	14	1 Qualitative		14	11	3	2	9	1	1	2
Regional variations	1			1		1					1
Religiosity	1			1		1		1			
Socioeconomic barriers	Qualitative							1			
Socio-economic class											
Stigma/Discrimination	8	1 & 2 Qualitative	1	8	8	1	1	8	2		
Structural barriers	Qualitative							1			
Unemployment	1			1	1			1			
Urbanicity	1			1	1			1			
Years in agriculture	1			1		1		1			
Years of formal education	4		1	3		4		2	1	1	

Table 5. Chronosystemic Variables Studied and Their Prevalence

Variable/Phenomenon	Type of variable		Quantitative		Representative Sample		Target Population				
	Independent/Predictor	Dependent/Outcome	Experimental	Non-experimental	Yes	No	Child/Youth	Adult	Elderly	Mixed	Unidentified
Adequacy of care		1		1		1			1		
Alcohol history											
Criminal history	1			1	1			1			
Duration of care		1		1		1			1		
Frequency of other types of trauma	1			1	1			1			
Length of stay		1		1	1			1			
Length of stay in the Emergency Department		1		1		1					1
Number of visits to a healthcare professional		1		1		1			1		
Parental length of stay	1	1 Controlled	1	1		2				2	
Retention		1		1	1			1			
Seasonal variations	1			1		1					1
Time between referral and mental health evaluation	1			1	1					1	
Time living in the community											
Timing of political violence	1			1	1			1			
Treatment durations	1			1	1			1			
Wait time		1		1	1			1			
Welfare History	1			1	1			1			
Years in the U.S.	21		1	20	15	6		15	4	2	



As previously discussed, only six studies (9.23%) included in our study utilized qualitative methodologies. Liang et al. (2009) reported that 18.49% of the studies included in their literature review utilized qualitative methodologies. The results from this study suggest that the utilization of qualitative methodologies decreased approximately by 50% compared to the results reported by Liang et al. (2009). This decrease in utilization of qualitative methodologies presents a problem, because although quantitative methodologies allow authors to make greater generalizations of their results, qualitative methods provide rich descriptions of a phenomenon under study and give voice to participants' experiences that quantitative methods do not provide. Obtaining rich descriptions is useful, particularly when working with an ethnic minority. For example, the use of qualitative methodologies will provide in-depth descriptions of experiences peculiar to some Latino/as such as their transnational migration, the process of acculturation, and mental health experiences related to these experiences.

### **Research Limitations**

The authors in the reviewed literature noted numerous limitations in their writing. The first limitation is related to the use of pan-ethnic comparisons that clustered ethnic subgroups into an overarching ethnic group. Consequently, the findings may not be generalizable to all ethnic subgroups within the Latino population (e.g., Guerrero, Cepeda, Duan, & Kim, 2012; Jimenez, Cook, Bartels & Alegria, 2013; Kam & Lazarevic, 2014; Lawton, Gerdes, Haack, & Schneider, 2014; Ojeda, Patterson, & Strathdee, 2008; Rogers-Sirin & Gupta, 2012). A second limitation discussed in the literature relates to the use of the NLAAS and its disproportionate representation of subgroups of Latinos and Asians compared to the national ethnic subpopulations in those two broad categories (Kim et al., 2011). The use of pre-existing data in several research studies presented a limitation because it limited the variables that the researchers

could study (Dettlaff & Cardoso, 2010; Chang, Natsuaki, & Chen, 2013). The use of self-reporting measures presents as a limitation in many of the studies because of the possibility of reporting bias (e.g., Ai, Aisenberg, Weiss, & Salazar, 2014; Chang et al., 2013; Garcia et al., 2011; Hong, Zhang, & Walton, 2014; Lee & Held, 2014; Otiniano Verissimo, Gee, Ford, & Iguchi, 2014; Villatoro et al., 2014). Furthermore, the inclusion of a small sample size also presented a limitation in some of the studies (e.g., Garcia et al., 2011; Grzywacz et al., 2010; Kam et al., 2014; Otiniano Verissimo et al., 2014; Zuniga et al., 2014). The next limitation presented in the literature involves the use of measurements that have not been validated across cultures and populations (Garcia et al., 2011; Jimenez et al., 2013; Ortega et al., 2006; Rubens et al., 2013). Lastly, lack of within group comparisons presented a limitation in the literature (Kim et al., 2011; Kim et al., 2010; Savage & Mezuk, 2014).

### **Discussion**

We attempted to provide a holistic review of the variables investigated in the Latino/a focused research between 2006 and 2015. By using Bronfenbrenner's Ecological Systems Theory (1979) as a classification framework, we identified that the microsystem was the primary system of inquiry among the 65 studies reviewed. Demographic variables and psychological distress, along with mental health utilization rates received the majority of attention within the microsystemic variables. In contrast, the exosystem and the mesosystem were the least common systems of inquiry within the studies with 14 and 19 total variables, respectively.

The results of this review shed light on the state and trends of the counseling research between 2006 and 2015 in relation to the Latino/a population. One trend identified in this study is the emphasis on microsystemic variables. The use of demographic variables, such as age, gender, income, education and marital status is also a trend in the literature throughout the 10-

year time period. This information builds on Liang et al.'s (2009) review in which the authors recommended future studies to investigate these variables. Consequently, this study highlights that demographic variables are a focused area in the counseling literature on this population in the recent past years.

Another trend in the literature pertaining to microsystemic variables is the focus on mental health service use and psychiatric distress/disorders. For instance, mental health use was included in 27 studies in this review. Twenty-five of these studies included the mental health variable as a dependent variable, while two of them included it as an independent variable. Mental health use was most commonly included in studies that incorporated an adult sample ( $n = 20$ ). The psychiatric distress/disorders variable was included in 26 studies in this review. Eighteen of these studies included the mental health variable as an independent variable, while seven of them included it as a dependent variable and one of them included it in a qualitative study. The psychiatric distress/disorders variable was most commonly included in studies that incorporated an adult sample ( $n = 16$ ) and a mixed sample ( $n = 4$ ).

The inclusion of macrosystemic variables appears to be another trend in the literature we reviewed. For instance, group comparisons in which the Latino culture was compared to another culture was the most common ( $n = 28$ ) macrosystemic variable that we observed in the literature. Twenty-seven studies incorporated this variable as an independent variable, while one study included it in their qualitative exploration. This variable was primarily included in studies that included an adult sample ( $n = 14$ ). Nativity/ country of birth was also a microsystemic variable that appears to be a focused area in the literature. This variable was included in 21 studies, from which 20 included it as an independent variable and one study incorporated it in the qualitative

study. Furthermore, this variable was primarily included in studies that included an adult sample ( $n = 17$ ).

One trend in the chronosystemic variables seemed to emerge from the literature reviewed in this study. Years in the United States emerged as a focused area among the chronosystemic variables. This variable was included in a total of 21 studies. All of the 21 studies included the variable as an independent measure. Furthermore, all of the 21 studies implemented quantitative methodologies. This variable was also primarily incorporated in studies that included an adult sample ( $n = 15$ ). Additionally, this variable was also primarily used in non-experimental studies ( $n = 20$ ) that used nationally representative samples ( $n = 15$ ).

The results of this literature review suggest that several gaps exist in the focus-areas of the counseling research examined in this study. First of all, it appears that a need still exists for further studies to incorporate multisystemic variables. A particular need exists for studies to include variables that examine distal factors and how these impact the Latino/as well-being. As seen in Tables 2 and 3, mesosystemic factors ( $n = 14$ ) and exosystemic factors ( $n = 5$ ) represent the least frequently studied variables among Latino/as. A second gap in the literature in this literature appears to be the lack of incorporation and exploration of factors that examine the treatment process. Additionally, because a lot of the microsystemic variables focused on client's demographic information, a gap in the literature exists regarding the examination of factors from the therapist's perspective.

Similar to Liang et al. (2009), we found that variables such as academic achievement (classified as educational attainment in this review) and psychological distress were among the most commonly investigated in this review. In this review, educational attainment was investigated through the participant's own educational achievement, and also through their

parents' educational attainment and the impact that it may have on client's well-being. In regard to assessment, this review noted that the literature focused on mental health utilization rates and psychological distress experienced by the Latino/a population. These results suggest that although this literature review was more inclusive in regards to the publication sources of the articles within the counseling field, focused areas in a wide array of publication avenues continue to be the same even after 10 years.

### **Limitations of this Literature Review**

Several limitations exist in the current literature review. First of all, the current literature review only incorporated empirical articles published between 2006 and 2015. Therefore, the results of this review may not be representative of the studies published prior to the aforementioned dates. Future research should consider the systemic classification of variables beyond this timeframe. A second limitation of this study is that the results may only be applicable to the counseling field. Therefore, future research should consider the exploration of other fields within the mental health arena. Thirdly, although the studies included in this review focused solely in the counseling arena, school counseling-focused articles were not included in the review. Future studies are encouraged to examine study variables and trends in the school counseling field in relation to the Latino/a population.

### **Implications and Recommendations**

Despite the aforementioned limitations, the current literature review has significant implications for the mental health research, training, and practice. The findings of this study indicate a need for additional research on Latinos' mental health needs and issues. For instance, these findings call for research in the Latino population to incorporate multisystemic and distal variables in their investigations. These findings also highlight the need for future research to

examine therapists' perspectives and therapist-based variables as they relate to working with Latino/a population. This perspective would be useful in providing a more holistic examination of the counseling processes involving Latino/a clients. Therefore, we believe that future studies should consider studying therapist perspectives and therapeutic dynamics in relation to working with this population. Given that adult samples significantly outnumbered the other four age group categories in this review, further research should consider the inclusion of different age groups, such as youth and elder samples. Specifically, Latino/a youth samples should be included in future research based on their representation of the total Latino/a population in the United States.

Findings in this study have implications for counselor training and practice. We believe that it is important to prepare practitioners-in-training to become skillful in operating from multisystemic frameworks that contribute to client's mental health. For instance, practitioners-in-training should be trained to identify and know how to intervene in relation to multisystemic factors that may be associated with client's mental health experiences. The results of this review could be used to support the development of assessment tools and interventions that are culturally sensitive and ecologically relevant to the experiences of the Latino/a population in the United States. This could result in an increased mental health service use by Latino/as in the United States. For instance, Garcia et al. (2011) assert, "because increased knowledge about mental health problems may not alone result in changes in health-seeking behaviors it is necessary that personal, familial, community, and systems level barriers to help-seeking are also recognized and addressed" (p. 507). Therefore, the identification of multisystemic factors could be an avenue for increasing mental health service utilization rates within the Latino/a population. Furthermore, the results of this review highlight multisystemic variables and themes in the

Latino/a-focused literature published between 2006 and 2015. These patterns should be incorporated into training and academic curricula that informs and supports the development of culturally competent counselors. This seems to be highly relevant given the population size of Latino/as in the United States and the underrepresentation of Latino/a mental health providers.

### **Conclusion**

This review provided a systematic and holistic overview of the variables of inquiry in the counseling field regarding the Latino/a population between 2006 and 2015.. The results of this study highlighted that microsystemic variables have been most frequently incorporated in the Latino/a-focused counseling literature throughout this 10-year time period. Additionally, this review highlighted that distal variables, such as mesosystemic and exosystemic have been less frequently incorporated in the Latino/a-focused counseling literature in the data analyzed. These results have implications for research, training, and practice in the counseling field. Lastly, the gaps highlighted in this literature provide the counseling researchers with directions in studying the needs of the Latino/a population, particularly as the population continues to grow in the United States.

## References

- Ai, A., Aisenberg, E., Weiss, S., & Salazar, D. (2014). Racial/ethnic identity and subjective physical and mental health of Latino Americans: An asset within? *American Journal of Community Psychology*, 53, 173-184.
- Ayers, S. L., Kulis, S., & Marsiglia, F. F. (2012). The impact of ethnoracial appearance on substance use in Mexican heritage adolescents in the Southwest United States. *Hispanic Journal of Behavioral Sciences*, 35, 227-240.
- Ayon, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology*, 38, 742-756.
- Bauer, A. M., Chen, C., & Alegria, M. (2010). English language and mental health service use among Latino and Asian Americans with mental disorders. *Medical Care*, 48, 1097-1104.
- Bridges, A., Andrews, A., Villalobos, B., Pastrana, F., Cavell, T., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/O Psychology*, 2, 37-53.
- Bronfenbrenner, U. (1997). Ecological models of human development. Readings on the development of children. In M. Gauvain, & M. Cole (Eds.), *Readings on the development of children* (pp. 37-43). New York: Freeman Publishers.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture in developmental perspective: A bioecological theory. *Psychological Review*, 101, 568-586.
- Chang, J., Chen, C., & Alegria, M. (2014). Contextualizing social support: Pathways to help



- seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology*, 33, 1-24.
- Chang, J., Natsuaki, M., & Chen, C. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity and Ethnic Minority Psychology*, 19, 236-247.
- Cho, H., Kim, I., & Velez-Ortiz, D. (2014). Factors associated with mental health service use among Latino and Asian Americans. *Community Mental Health Journal*, 50, 960-967.
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research*, 49, 206-229.
- De Jesus, M., & Xiao, C. (2014). Predicting health care utilization among Latinos: Health locus of control beliefs or access factors? *Health Education and Behavior*, 41, 423-430.
- Delphin-Rittmon, M. E., Flanagan, E. H., Andres-Hyman, R., Ortiz, J., Amer, M. M., & Davidson, L. (2015). Racial-ethnic differences in access, diagnosis, and outcomes in public-sector inpatient mental health treatment. *Psychological Services*, 12, 158-166.
- Dettlaff, A. J., & Cardoso, J. (2010). Mental health need and service use among Latino children of immigrants in the child welfare system. *Children and Youth Services Review*, 32, 1373-1379.
- Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work*, 46, 256-266.
- García, C., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural

- immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 13, 500-509.
- Grzywacz, J., Alterman, T., Muntaner, C., Shen, R., Li, J., Gabbard, S., & Carroll, D. (2010). Mental health research with Latino farmworkers: A systematic evaluation of the short CES-D. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 12, 652-658.
- Guerrero, E. C., Cepeda, A., Duan, L., & Kim, T. (2012). Disparities in completion of substance abuse treatment among Latino subgroups in Los Angeles county, CA. *Addictive Behaviors*, 37, 1162-1166.
- Hancock, T.U. (2005). Cultural competence in the assessment of poor Mexican families in the rural Southwest United States. *Child Welfare*, 85(5), 689–711.
- Hansen, M., & Aranda, M. (2012). Sociocultural influences on mental health service use by Latino older adults for emotional distress: Exploring the mediating and moderating role of informal social support. *Social Science and Medicine*, 75, 2134-2142.
- Hochhausen, L., Le, H., & Perry, D. F. (2011). Community-based mental health service utilization among low-income Latina immigrants. *Community Mental Health*, 47, 14-23.
- Hong, S., Zhang, W., & Walton, E. (2014). Neighborhoods and mental health: Exploring ethnic density, poverty, and social cohesion among Asian Americans and Latinos. *Social Science and Medicine*, 111, 117-124.
- Jimenez, D., Cook, B., Bartels, S. J., & Alegría, M. (2013). Disparities in mental health service use of racial and ethnic minority elderly adults. *Journal of the American Geriatrics Society*, 61, 18-25.

- Kam, J. A., & Lazarevic, V. (2014). The stressful (and not so stressful) nature of language brokering: Identifying when brokering functions as a cultural stressor for Latino immigrant children in early adolescence. *Journal of Youth and Adolescence*, 43, 1994-2011.
- Kim, G., Aguado Loi, C., Chiriboga, D., Jang, Y., Parmelee, P., & Allen, R. (2011). Limited English proficiency as a barrier to mental health service use: A study of Latino and Asian immigrants with psychiatric disorders. *Journal of Psychiatric Research*, 45, 104-110.
- Kim, G., Jang, Y., Chiriboga, D. A., Ma, G. X., & Schonfeld, L. (2010). Factors associated with mental health service use in Latino and Asian immigrant elders. *Aging and Mental Health*, 14, 535-542.
- Kim, G., Worley, C. B., Allen, R. S., Vinson, L., Crowther, M. R., Parmelee, P., & Chiriboga, D. A. (2011). Vulnerability of older Latino and Asian immigrants with limited English proficiency. *The American Geriatrics Society*, 59, 1246-1252.
- Lawton, K. E., Gerdes, A. C., Haack, L. M., & Schneider, B. (2014). Acculturation, cultural values, and Latino parental beliefs about the etiology of ADHD. *Administration and Policy in Mental Health*, 41, 189-204.
- Lee, S., & Held, M. (2014). Variation in mental health service use among U.S. Latinos by place of origin and service provider type. *Psychiatric Services*, 1, 1-10.
- Lee, S., & Matejkowski, J. (2012). Mental health service utilization among noncitizens in the United States: Findings from the National Latino and Asian American Study. *Administration and Policy in Mental Health*, 39, 406-418.
- Liang, C. T. H., Salcedo, J., Rivera, A. L. Y., & Lopez, M. J. (2009). A content and

- methodological analysis of 35 years of Latino/a-focused research. *The Counseling Psychologist*, 37(8), 1116-1146.
- Marquez, J. A., & García, J. I. R. (2013). Family caregivers' narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology*, 27, 398-408.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- Minsky, S., Vega, W., Miskimen, T., Gara, M., & Escobar, J. (2003). Diagnostic patterns in Latino, African American, and European American psychiatric patients. *Archives of General Psychiatry*, 60(6), 637-644.
- Ober, A. J., Miles, J. N. V., Ewing, B., Tucker, J. S., & D'Amico, E. J. (2013). Risk for inhalant initiation among middle school students: Understanding individual, family, and peer risk and protective factors. *Journal of Studies on Alcohol and Drugs*, 74, 835-840.
- Ojeda, V. D., Patterson, T. L., & Strathdee, A. (2008). The influence of perceived risk to health and immigration-related characteristics on substance use among Latino and other immigrants. *American Journal of Public Health*, 98, 862-868.
- Ortega, A., Feldman, J., Canino, G., Steinman, K., & Alegria, M. (2006). Co-occurrence of mental and physical illness in U.S. Latinos. *Social Psychiatry and Psychiatric Epidemiology*, 41, 927-934.
- Otiniano Verissimo, A. D., Ford, C. L., & Iguchi, M. Y. (2014). Racial discrimination, gender discrimination, and substance abuse among Latina/os nationwide. *Cultural Diversity and Ethnic Minority*, 20, 43-51.
- Ramirez Garcia, J. I., Manongo, J. A., & Cruz-Santiago, M. (2010). The family as mediator of

- the impact of parent–youth acculturation/enculturation and inner-city stressors on Mexican American youth substance use. *Cultural Diversity and Ethnic Minority Psychology*, 16, 404–412.
- Rogers-Sirin, L., & Gupta, T. (2012). Cultural identity and mental health: Differing trajectories among Asian and Latino youth. *Journal of Counseling Psychology*, 59, 555-566.
- Rubens, S., Fite, P., Gabrielli, J., Evans, S., Hendrickson, M., & Pederson, C. (2013). Examining relations between negative life events, time spent in the United States, language use, and mental health outcomes in Latino adolescents. *Child and Youth Care Forum*, 42, 389-402.
- Ruiz, E., Aguirre, R. P., & Mitschke, D. B. (2013). What leads non-U.S.-born Latinos to access mental health care?. *Social Work in Health Care*, 52, 1-19.
- Sánchez, M., Cardemil, E., Connell, J., Ferreira, J., Handler, J. S., Melo, T., ... Rivera, I. (2014). Brave new world: Mental health experiences of Puerto Ricans, immigrant Latinos, and Brazilians in Massachusetts. *Cultural Diversity and Ethnic Minority Psychology*, 20, 16-26.
- Savage, J. E., & Mezuk, B. (2014). Psychological and contextual determinants of alcohol and drug use disorders in the National Latino and Asian American Study. *Drug and Alcohol Dependence*, 139, 71-78.
- Spencer, M. B., Dupree, D., & Hartmann, T. (1997). A phenomenological variant of Ecological Systems Theory (PVEST): A self-organization perspective in context. *Development and Psychopathology*, 9(4), 817-833.
- U.S. Bureau of the Census (2014). Annual estimates of the resident population by sex, age, race,

and Hispanic origin for the United States and states: April 1, 2010 to July 1, 2014.

Retrieved November, 2015 from

[http://factfinder.census.gov/bkmk/table/1.0/en/PEP/2014/PEPASR6H?slice=hisp%7Ehis  
p%21year%7Eest72014](http://factfinder.census.gov/bkmk/table/1.0/en/PEP/2014/PEPASR6H?slice=hisp%7Ehis<br/>p%21year%7Eest72014)

U.S. Bureau of the Census (2014). 2014 National Population Projections: Summary Tables.

Retrieved November, 2015 from

<http://www.census.gov/population/projections/data/national/2014/summarytables.html>

U.S. Department of Health and Human Services. Office of the Surgeon General (2001). Mental Health Care for Hispanic Americans. In mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the Surgeon General. SAMHSA.

Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *American Journal of Orthopsychiatry*, 84, 353-363.

Zemore, S. E., Mulia, N., Jones-Webb, R. J., Liu, H., & Schmidt, L. (2013). The 2008–2009 recession and alcohol outcomes: Differential exposure and vulnerability for Black and Latino populations. *Journal of Studies on Alcohol and Drugs*, 74, 9-20.

Zúñiga, M., Lewin Fischer, P., Cornelius, D., Cornelius, W., Goldenberg, S., & Keyes, D. (2014). A transnational approach to understanding indicators of mental health, alcohol use and reproductive health among indigenous Mexican migrants. *Journal of Immigrant and Minority Health*, 16, 329-339.

**Chapter 3**

**Multisystemic Factors Associated with Caucasian Practitioner's Perception of Their  
Therapeutic Working Alliance with Latino/a Youth in California**

Alham F. Rodriguez

Kok-Mun Ng

Author Note

Alham F. Rodriguez and Kok-Mun Ng, Counseling Academic Unit, Oregon State  
University

### Abstract

Based on data gathered from 82 (55 from an initial randomized sampling and 27 from a convenience sample) Caucasian practitioners in California, this cross-sectional, correlational study examined the extent (a) therapist's year of experience working with the Latino population, (b) therapist cross-cultural counseling competence, (c) therapist/client gender matching, (d) therapist's interaction with the client's family, (e) client generation status, and (f) therapist's receiving of consultation or supervision about the work with the client predicted the therapists' perceived therapeutic working alliance with the Latino/a adolescent client. The results from the standard multiple linear regression analysis showed that practitioner-client parent interaction and practitioner's self-perceived cross-cultural counseling competency were significant predictors of therapist's working alliance with a Latino/a youth client. Therapist's year of experience working with the Latino population, therapist/client gender matching, client generation status, and therapist's receiving of consultation or supervision for the case did not statistically significantly predict their working alliance with a Latino/a youth client. These findings suggest that some multisystemic factors may contribute to therapists' perceptions of their working alliance with Latino/a youth.

*Keywords:* Therapeutic working Alliance, multisystemic variables



The *therapeutic working alliance* (TWA) is conceptualized in the mental health literature as the affective and collaborative aspects of the client–therapist relationship (Elvins & Green, 2008; Shirk & Saiz, 1992). Such concept has been identified as a common factor across disciplines under the psychotherapy umbrella (Martin, Garske, & Davis, 2000). This has been the case in the counseling field where a plethora of research has examined the TWA with adult psychotherapy clients with diverse backgrounds and treatment modalities. However, this has not been the case with youth populations where much fewer studies have examined the TWA involving young and adolescent clients (Shirk & Karver, 2003; Shirk, Karver, & Brown, 2011).

A greater gap in the TWA literature exists when ethnicity-related variables are taken into account, particularly among Latino/a youth. The need to investigate the TWA and its relevance among Latino/a youth seems evident because the Latino population is among the fastest growing minorities in the United States (US) (U.S. Census Bureau, 2014). The Census Bureau in 2014 reported that the Latino population comprised approximately 17% of the entire US population with 33% of the Hispanic population younger than 18 compared with 23% in the total population. Furthermore, Santisteban and Mena (2009) note that the Latino/a youth may be susceptible to several mental health indicators that require urgent attention. These authors report that disproportionately higher rates of drug use among 8<sup>th</sup>-grade Hispanic youth exist compared with their Caucasian and Black youth counterparts. Santisteban and Mena also report that Latino/a youth rank highest on depressive symptoms and suicidal ideations when compared to their counterparts. Lastly, the authors highlight an evident shortage of evidenced-based treatments that incorporate culturally sensitive information about Latino/a youth. Additionally, despite the call for multicultural counseling competence among mental health professionals when working with Latino/a clients (Furman et al., 2009), in a recent search of the literature, we

were not able to locate any studies that examined the predictors of the TWA from the perspective of non-Latino/a mental health counselors who work with Latino/a youth. We, therefore, designed the current study in response to the call for more research on the mental health needs of the Latino/a population and the diversity gaps in the TWA literature. Specifically, this study aimed to examine the associations between a set of multisystemic variables and the development of the TWA between Caucasian practitioners and their Latino youth clients.

We chose to focus the study on Caucasian practitioners' experience because they significantly outnumber Latino practitioners in the U.S. and have a high probability of working with this population. For instance, the 2013 American Psychological Association reported that approximately 83% of all licensed Psychologist in the US self-identified as Caucasian and 5% as Latino/a. Past estimates have also suggested a ratio of 29 Latino mental health professionals for every 100,000 Latinos in the US. compared to 173 white providers per 100,000 (U.S. Department of Health and Human Services, 2001).

Cultural competency has been a topic that has received much attention within the counseling literature (Vera & Speight, 2003) and other mental health-related fields (e.g., Furman et al., 2009; Anderson, Scrimshaw, Fullilove, Fielding, & Normand, 2003). For instance, Anderson et al. (2003) asserted that, "providing culturally competent services has the potential to improve health outcomes, increase the efficiency of clinical and support staff, and result in greater client satisfaction with services"(p. 68). Furman et al. (2009) suggested that providing culturally competent services to Latino/a individuals is important and may impact the treatment access as well as treatment delivery. Despite the call for multicultural counseling competence with Latino/a individuals, it appears that further research is needed to examine cross-cultural competence, particularly with the Latino/a youth population. We, therefore, designed the current

study to address the need to examine cultural counseling competence with Latino/a youth and adolescents.

Previous research has noted that family, peers, school, neighborhood, and community play a central role in the emotional lives of young people (Cauce et al., 2002). Cauce et al. (2002) asserted “an exclusive focus on the individual in the study of etiology or course of behavioral disorders may soon become obsolete” (p. 44). Therefore, we sought to take a broader view and examine multisystemically variables that might predict Caucasian practitioners’ perceived working alliance with a randomly selected teenaged Latino/a client. We believe that this broader view provides holistic information. We hope that this study will provide useful information to inform the training of multiculturally competent counselors.

It is important to clarify that terms such as therapist, counselor, and practitioner will be used interchangeably throughout the article and refer to licensed mental health professionals in the counseling, psychology, marriage and family therapy, and clinical social work field in California, a state that has 38% Latino/a population (U.S. Census Bureau, 2014). Additionally, the terms “youth” and “adolescent” will also be used interchangeably and refer to those individuals aged 13 to 17. Before we detail the methodology and findings of the study, we first discuss the theoretical framework that guide our inquiry and review the literature base for the rationale of the study.

### **Bronfenbrenner’s Ecological Theory**

We selected Bronfenbrenner’s (1979) *Ecological Systems Theory* as the framework to guide the examination and classification of the variables in this study. Urie Bronfenbrenner proposed that an individual’s development is a result of their interactions with their environment. Ecological Systems Theory posits that there are five different, but nested, environments in which

an individual interacts and develops. These environments are the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. These five systems impact the individual's behavior and development.

Urie Bronfenbrenner (1994) defined the microsystem as the variables to which the individual is directly exposed, such as his or her biology, the geographical and structural environment in which he or she lives, and immediate relationships with other individuals. Bronfenbrenner defined the mesosystem as “the linkages and processes taking place between two or more settings containing the developing person” (p. 40). The exosystem is defined as “the processes and linkages taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives ” (p. 40). The macrosystem is defined as “the overarching pattern of micro-, meso-, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (p. 40). Lastly, the chronosystem refers to the constancy and change over time. The element of time impacts all previously mentioned systems.

Many authors are in favor of using Bronfenbrenner's theoretical framework in understanding the associations of structural and process factors on individual's wellbeing. For example, it has been implemented in the education field (Spencer, Dupree, & Hartmann, 1997), the child development field (Eamon, 2001), and the public health field (McLeroy, Bibeau, Steckler, & Glanz, 1988). Counseling researchers support the utility of the theory in identifying risk factors as well as protective factors associated with an individual's wellbeing (e.g.

Szapocznik & Coatsworth, 1999). We believe this framework allows us to make sense of the systemic variables that may influence the experiences of Caucasian mental health practitioners who work with Latino/a youth whose wellbeing has been shown in the literature to be influenced by various systemic factors (e.g., Cauce et al., 2002; Dillon, De La Rosa, Sanchez, & Schwartz, 2012). The current study focuses on the therapists' perceived TWA as an outcome variable, a microsystemic process within the ecosystem of the client as reported by the therapists.

### **Literature Review**

Bordin (1979) defined the therapeutic alliance as a trans-theoretical concept comprised of three processes: *goal*, *tasks*, and *bond*. He asserted that a relational bond between client and therapist was developed throughout the therapeutic process and dependent on the degree of agreement between client and therapist on the treatment goals and treatment tasks. The trans-theoretical notion of Bordin's TWA has contributed to its popularity, applicability, and relevance across theories and approaches within the mental health field.

### **Therapeutic Working Alliance with Adults**

Horvath, Del Re, Fluckiger, and Symonds (2011) note that the TWA is currently one of the most intensely researched subjects in the psychotherapy research literature. This is particularly the case with the adult population where its primary focus has been to examine the associations between the TWA and treatment outcomes across treatment theories and modalities (Owen, Miller, Seide, & Chow, 2016). The literature suggests that the TWA has demonstrated a moderate but robust relationship with treatment outcomes, across treatment models in a variety of problem contexts with adult clients (Horvath & Symonds, 1991). It is estimated that the TWA with adult clients accounts for approximately 5% to 15% of the variance in therapy outcomes (Crits-Christoph, Gibbons, Hamilton, Ring-Kurtz, & Gallop, 2011).

Horvath et al. (2011) conducted a meta-analysis of the mental health literature that included over 200 research reports based on 190 independent data sources, covering more than 14,000 treatments. The authors investigated the impact of six categories of variables that have the potential of moderating the relation between alliance and outcome: the alliance measure, alliance rater, time of alliance assessment, outcome measure, type of treatment, and publication source. The authors concluded that “the impact of the alliance on therapy outcome is ubiquitous irrespective of how the alliance is measured, from whose perspective it is evaluated, when it is assessed, the way the outcome is evaluated, and the type of therapy involved” (p. 13).

Another portion of the literature has focused its attention on a single variable’s impact on the TWA. Among these single variables, it appears that level of expertise, gender, gender matching of the therapeutic dyad, and cross-cultural competence have been the most commonly explored variables. However, the studies on the impact of therapists’ expertise on the TWA have produced mixed results in asserting whether greater expertise correlate with high TWA ratings. For example, Mallinckrodt and Nelson (1991) investigated the relation between counselor’s training level to working alliance with 50 counselor-client dyads from three counseling agencies. The authors reported that counselors’ training level did not necessarily impact the development of a therapeutic bond, particularly early in treatment with adult clients. But, Connors et al. (2000) reported differently in their study that included data from 707 outpatients and 480 aftercare clients that examined the factors that contributed to the TWA among clients with alcoholism problems. These authors asserted that greater experience was associated with higher client-rated alliance. It is uncertain if the difference in results were related to context variables such as difference in therapeutic setting and research methodology. But, more research is needed to verify such mixed results.

Cabral and Smith (2011) conducted a meta-analysis of the literature examining clients' preferences for a therapist of their own race/ethnicity, clients' perceptions of therapists, and therapeutic outcomes. The analysis included 52 studies of preferences, 81 studies of individuals' perceptions of therapists, and 53 studies of client outcomes in mental health treatment. The authors asserted that although a moderately strong preference for a therapist of one's own race/ethnicity and a tendency to perceive therapists of one's own race/ethnicity somewhat more positively than other therapists was found across the studies, no benefit to treatment outcomes from racial/ethnic matching of clients with therapists was found. In the same study, the authors contended that different variables beyond client-counselor *ethnic matching* might be better in predicting treatment outcomes. These results seem to suggest that the ethnic matching between therapist and client may be of greater significance regarding the TWA as opposed to the therapist's ethnicity by itself. We believe that further exploration regarding ethnic matching—a microsystemic variable—is needed and therefore warrants merit to be included in the present study.

The concept of *cross-cultural competence* has received much attention in the adult counseling literature in recent decades. The demographic changes in the US have significantly contributed to the attention drawn to this concept in the counseling field (Sue, Arredondo, & McDavis, 1992). Multicultural counseling theory contends that therapists' knowledge, awareness, and skill about diversity and cultural issues is positively related to therapists' ability to connect with individuals from different cultural backgrounds (Sue et al., 1982). As such, research in the discipline has given increased attention to examining counselors' cross-cultural competency in recent decades. For example, Fuertes et al. (2006) examined the correlation between multicultural competence and TWA with 51 adult therapeutic dyads. The authors

obtained client and therapist ratings of the therapists' multicultural competence as well as therapist and client ratings of the TWA as well as for ratings of the therapist cultural competence and their TWA. Fuertes et al. asserted that association between client ratings of therapist multicultural competence and their ratings of the working alliance were found to be highly significant, and the association between therapists' multicultural competence and their ratings of the working alliance were found to be significant regardless of the racial similarities and or differences in the dyads. The results highlight the close association between multicultural competence and TWA.

Research has also indicated the significance of therapists' cross-cultural competence in the Latino population. For example, De Jesus and Xiao (2013) investigated the predictors of health care service utilization in Mexico or any other country in Latin America among the U.S. Hispanic population using data from the 2007 Pew Hispanic Healthcare Survey. The authors reported that factors such as the lack of health insurance, low English proficiency and the perceived lack of quality health care increased the likelihood of seeking health care services outside of the United States for this population. De Jesus and Xiao further reported that the decision to seek health care services outside the US reflects the dissatisfaction with the health care available in the US. The authors further theorize that such dissatisfaction may reflect a lack of cultural competence among providers in the US. We, therefore, believe that it is important to further examine the relationship between therapist cross-cultural competence and the TWA in the Latino/a population in general, and particularly among adolescent clients. Therapist cross-cultural competence in this study is perceived as a microsystemic variable related to the development of therapist- perceived TWA.



It is believed that *supervision/consultation* sought by therapists for their work with clients would serve to improve therapist professional development and therapist's working relationship with client, ultimately ensuring client welfare (Phelps, 2013). Practitioners are encouraged to continue to receive supervision and consultation throughout their professional life (Stoltenberg & McNeill, 2010). Though limited, existing research findings support the benefits of supervision on working alliance between therapists and clients (e.g., Bambling, King, Raue, Schweitzer, & Lambert, 2006). However, more research is needed to support the impact of supervision on practitioners' work with their clients, especially in the context of adolescent clients from diverse backgrounds. Within Bronfenbrenner's theoretical framework, supervision/consultation is perceived as an exosystemic variable that should influence therapists' ability to improve their working alliance with clients.

### **Therapeutic Working Alliance with Youth and Adolescents**

The literature on the TWA with youth and adolescents has been described as sparse and non-pragmatic (Elvins & Green, 2008). McLeod (2011) asserts that the lack of youth alliance research in the psychotherapy field makes it difficult to draw decisive conclusions. Consequently, a great debate exists regarding the similarities and differences between the youth TWA literature and the adult TWA literature (McLeod, 2011).

Preliminary data, such as Martin et al.'s (2000) meta-analysis of the youth TWA literature, that included 58 published studies and 21 doctoral dissertations and master's theses from 1977 to 1997, suggest that when it comes to reporting on the youth TWA, clients were most frequently the raters of the alliance ( $n = 37$ ). Additionally, the authors reported that only half of the studies in their meta-analysis provided information on any characteristics about the therapists. The authors, therefore, highlighted the need for further research to examine therapist

characteristics that might contribute to the development of the TWA with youth and adolescents. The authors contend that this knowledge can serve to better explain the effect sizes of the correlation between TWA and treatment outcomes with youth.

Literature examining the TWA with ethnic minority youth, particularly Latino/a youth appears to be even more limited than that of the TWA in the general youth population (D'Angelo et al., 2009). Consequently, drawing decisive conclusions about therapeutic working with the Latino/a youth based on the existing TWA literature is challenging. Thus far, there appears to be common topics in the Latino/a youth TWA literature: parental involvement and generational status. However, further research is needed to clarify the mixed finding that will be discussed in the following sections.

In general, the youth TWA literature shows mixed results regarding the impact of parental involvement with TWA and treatment outcomes. In his meta-analysis of the youth TWA research, McLeod (2011) reported that a pattern was found that suggested those studies that provided individual-based treatments for the youth had higher effect sizes compared to studies that provided family-based treatments. Hawley and Weisz (2005) investigated the associations between youth-therapist alliance as well as parent-therapist alliances in relation to retention, satisfaction, and symptom improvement among 65 youth and their parents. These authors reported that both alliances with youth and parents played a role in the treatment outcome. However, further research is needed to provide greater clarity. There is also a need to be more inclusive of cultural and diversity variables in the TWA research.

Robbins et al. (2008) examined the concept of family involvement in relation to the TWA and treatment retention. The authors examined the TWA with Latino/a youth clients and with clients' parents. The study included 31 Hispanic adolescents and their family members who

received brief strategic family therapy for the treatment of adolescent drug use. The authors asserted that significantly higher levels of alliance across family members and therapist were found among clients who completed the treatment.

Thompson, Bender, Lantry, and Flynn (2007) conducted a study that explored the process of engaging high-risk Latino/a youth and their parents in a unique home-based family therapy intervention. The authors utilized qualitative methodologies in order to explore ways to increase treatment engagement with 19 families that completed family therapy sessions. The authors noted that, "... family therapy sessions seemed not only to build trust and appreciation for the therapist but also encouraged the development of stronger connections among family members" (p. 52). Thompson et al. also asserted that therapist characteristics, such as being authentic, caring, impartial, and calm, facilitate the development of the TWA with Latino/a clients, which in turn may favor treatment outcomes with Latino/a clients. The current study examined the extent therapists' interaction with their adolescent clients' family predict their perceived TWA.

As previously stated, the concept of *generational status* appears to be an area that has received significant attention within the counseling field in relation to the Latino/a population. Generational status indicates cultural differences among generations of a given ethnic group. The literature typically has classified generational status into three different categories based on the individual's country of birth and their parents' country of birth. For instance, first generation individuals are classified as those who were foreign born and immigrated to the United States. Second generation individuals are those born in the US but have at least one parent who was born outside of the US. Third generation status includes individuals who they themselves and both of their parents were born in the United States (e.g., Lawton, Gerdes, Haack, & Schneider,

2014). Generational status was included in the current study as a macrosystemic factor that reflects cultural and acculturation differences between generations of Latino/a youth.

The significance of generational status as a predictor for various psychological and behavioral variables among Latino/as is mixed and may be issue specific. For example, Chang, Natsuaki, and Chen (2013) investigated the impact of family relational factors, conceptualized as family cohesion and family cultural conflict and generational status on lifetime mental health service use. The authors utilized data from the National Latino and Asian American Study (NLAAS) and included 4,649 adults (18 and older) from which 2,554 identified as Latinos and 2,095 identified as Asian. Chang et al. reported that among Latinos, family cohesion was highest for those identified as first generation, compared to their second and third generation counterparts. The authors further reported that the association between generational status and family relations did not have a significant impact on mental health service use. However, a positive result was found in Ayers, Kulis, and Flavio's (2012) study on substance use. Ayers et al. investigated how ethnoracial appearance (European appearance vs. Indigenous appearance) predicted substance use and whether the relationship between ethnoracial appearance and substance use differed by generation status in a sample of 1,150 Mexican heritage, middle school students in Phoenix, Arizona. They reported that significantly higher odds of substance use were found for third generation status adolescents who reported a less European appearance, but significantly lower for second-generation youth who were more indigenous in appearance.

Additionally, Chang, Chen, and Alegria (2014) investigated how Latinos, Asian Americans, and Whites utilized social support and how the social support affected help seeking for mental health problems. Chang et al. reported that more acculturated participants, such as second generation and third generation individuals were more likely to utilize informal services,

such as religious/spiritual advisor and healers compared to their first generation counterparts.

The authors asserted that generation status was not a significant predictor of formal service use, however.

In summary, the counseling literature involving Latino/a populations appears to suggest that family involvement may be related to treatment and completion. It also appears that generation status is an important factor related to certain behavioral health issues and service use within the Latino/a population. However, to our knowledge, both family involvement and generational status have not been investigated as predictors for the TWA. In the current study, we included therapist interaction with client's family as a mesosystemic predictor and client's generational status as a macrosystemic predictor for the TWA.

There is plethora of research, both quantitative and qualitative, that supports the utility of the TWA in treatment outcomes. However, several weaknesses were apparent in the previously discussed literature. The use of small sample sizes as discussed by Robbins et al. (2008) presented a limitation and a threat to the validity of the studies. The incorporation of convenience samples also represents a weakness in the literature (Robbins et al., 2008). The lack of representative samples by using convenience samples hampers the generalizability of the research findings. A third weakness is the lack of ethnic diversity in the study samples. For instance, among the youth TWA literature, Latino/as were infrequently included. Lastly, McLeod (2011) reported that few studies, particularly with the youth population, failed to include measures of both technical and relational processes. It appears that relational processes, for example, therapist interaction with client's family, could shed light on additional information regarding the development of the TWA with youth.

### **Purpose of the Study**

We, therefore, included relational processes as study variables in our research by incorporating mesosystemic and exosystemic variables that particularly focus on the interaction between therapist and adolescent clients. Based on Bronfenbrenner's (1994) Ecological Systems Theory and existing literature, the purpose of this study was to examine the associations of a specific selection of variables from the microsystem, mesosystem, exosystem, macrosystem, and chronosystem with practitioner's perceptions of the TWA they had with a randomly selected Latino/a adolescent client. The selected predictor variables were:

1. Microsystemic variables: (a) practitioner's self-perceived TWA; (b) practitioner's self-perceived cross-cultural counseling competence; (c) gender matching between practitioner and client.
2. Mesosystemic variables: (a) practitioner's interactions with client's parent(s)/guardian(s).
3. Exosystemic Variables: (a) practitioner's use of consultation/supervision for the case.
4. Macrosystemic Variables: (a) client's generational status.
5. Chronosystemic Variables: (a) practitioner's years of experience working with the Latino/a population.

The question that guided our research study was: To what extent do (a) therapist's years of experience working with the Latino population, (b) therapist cross-cultural counseling competence, (c) therapist/client gender matching, (d) client generational status, (e) therapist's interaction with the client's family, (f) therapist's receiving of consultation or supervision about the work with the client predict the therapist-perceived TWA with the client? We hypothesized that all the predictor variables would statistically significantly predict the outcome variable.

### **Method**

This is a correlational, cross-sectional study that examined several predictors of Caucasian counselors' perceived TWA with a randomly selected adolescent Latino/a client. Participants were asked to rate their TWA with a teenaged (13- to 17-year-old) Latino/a to whom they most recently provided individual mental health counseling service and with whom they had worked for at least three sessions. This time frame criterion was decided because the literature indicates that formation of the TWA occurs early in the therapeutic process (Ackerman & Hilsenroth, 2003) and likely formed by the third session (Jordan, 2003).

### **Participants**

The Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC) and Licensed Psychologists (LP) represent the majority of mental health therapists in California. We first attempted to recruit a representative sample of California LMFTs, LCSWs, LPCCs and LPs for this study based on the mailing list rentals provided by the California Board of Behavioral Sciences (for MFTs and LCSWs) and the California Board of Psychology (for LPs). In order to do so we utilized a randomized stratified sampling approach. The representation of each group was obtained by dividing each subgroup population (i.e., MFTs, LCSWs, LPCCs or LPs) over the total population (of the three subgroups). This stratified process allowed us to determine that 48% of the participants needed to be LMFTs (39,713/82,608), 29% LCSWs (23,670/82,608), 1% LPCCs (1335/82,608), and 22% LPs (17,890/82,608) in order to obtain a representative sample.

Due to a low response rate in our attempt to recruit a randomized sample, we subsequently implemented a convenience sampling recruitment attempt that included LMFTs, LCSWs, LPCCs, and LPs in the state of California. The convenience sample participants were

recruited from the Parents Center, California Marriage and Family Therapy (CAMFT) listserv, The Association of Family Therapists of Northern California listserv (AFTNC), and the Santa Barbara chapter of the National Association of Social Workers listserv (NASW).

Participation inclusion criteria for the study included: (a) male, female, and transgender practitioners who possessed an MFT, LCSW, LPCC, Psychologist license in the state of California, (b) practitioners who at the time of research were providing services to at least one Latino/a adolescent client, and (c) practitioners who self-identified as Caucasian. Participation in this research study was voluntary and anonymous.

Prior to data collection, a power analysis was conducted using Free Statistics Calculators 4.0 (Soper, 2006). The test family was:  $F$  tests. The statistical test was: standard multiple linear regression: fixed model,  $R^2$  deviation from zero. The type of power analysis was: *a priori*: compute required sample size, given  $\alpha$ , power, and effect size. The effect size was drawn from data reported by Shirk and Karver (2003). The following input parameters were employed: (a)  $f^2 = 0.22$ , (b) power ( $1 - \beta$  err probability) = 0.85, (c)  $\alpha = .05$ , and (d) number of predictors = 7. The output indicated a sample size of 81.

Participants who at the time of the study had more than one teenaged Latino/a client were asked to rate their working alliance with the client whose last name was closest to the letter “M” that was randomly selected by the researchers. We invited a total of 900 participants from the stratified sampling group to participate in this study. An invitation for participation was sent to 433 LMFT’s, 258 LCSW’s, 195 LP’s, and 14 LPCCs.

We received a total of 95 response sets: 57 from the first recruitment and 38 from the second recruitment. After deleting response sets that had substantial missing information, responses from 82 participants were retained for the study. Among the participants were 82



therapists (23 males, 59 females). The sample comprised of 45 LMFTs, 27 LCSWs, 7 Psychologists, 1 LPCC, and 2 dually licensed as LMFT and LPCC. The clients selected by the participating therapists' included 20 males and 54 females. There were 65 gender matching dyads (17 male-male, 48 female-female) and 17 nonmatching dyads (6 male therapist-female client, 11 female therapist-male client). Participants' age ranges were as followed: 4.87% age ranged 26-30 ( $n = 4$ ), 8.53% age ranged 31-35 ( $n = 7$ ), 6.09% age ranged 36-40 ( $n = 5$ ), 13.41% age ranged 41-45 ( $n = 11$ ), and 67.07% age ranged 46 and above ( $n = 55$ ). Clients' age ranged from 13 to 17 ( $M = 15.36$ ,  $SD = 1.56$ ). Generational status among the clients was 25.6% ( $n = 21$ ) first generation and 74.3% ( $n = 61$ ) second generation or older. The average number of years of experience working with Latinos/as reported by therapists was 15.73 ( $SD = 9.53$ , range = 1 - 42).

### **Procedure**

The study was approved by the authors' institutional research board prior to participation recruitment. In our initial recruitment, we utilized a random assignment, online system to select the participants from the mailing list. This system randomly selected the numbers corresponding to the participants on the mailing lists. We mailed research packets to 900 selected individuals. The packets contained information on the selection criteria, a statement of invitation to participate in the research, an informed consent, a demographic sheet, and two instruments. Participants were given up to a month to return the research packets by mail using a business prepaid return envelope or complete the research online via the website link provided in the informed consent material.

In our second recruitment (convenience sampling), the program director at a community mental health agency in California was contacted and asked to forward a research participation request to the practitioners employed at the agency. The listserv coordinator for the AFTNC

listserv and a listserv member of the NASW listserv were also contacted and asked to forward a research participation request to the members of their respective listservs. Lastly, the author of this study, a member of CAMFT distributed a research participation request to the members of the CAMFT listserv.

The first stratified sample had the option to participate on paper and return material using a postage-prepaid business reply enveloped or online by contacting the researchers for the study's website address. Participants in the convenience sample were asked to participate online directly. All participation was voluntary and anonymous.

## **Materials**

**Demographic data.** Participants were asked to complete a demographic sheet indicating their gender, age, ethnicity, type of license, highest academic degree earned, and years of experience working with the Latino/a population. Participants were also asked to indicate the gender, age, and generational status of the Latino/a adolescent client who they choose to report their perceived therapeutic working alliance for this study.

Additionally, in this demographic sheet, participants were asked to indicate the frequency of their interaction with the adolescent client's parent(s)/guardian(s) using a likert-type scale (*hardly ever; occasionally; sometimes; frequently; and almost always*). We also asked the participants to report the frequency of their use of consultation/supervision related to their work with this adolescent client using a likert-type scale (*hardly ever; occasionally; sometimes; frequently; and almost always*).

**Therapeutic working alliance.** The Working Alliance Inventory (WAI) was originally developed by Horvath and Greenberg in 1989. However, Tracey and Kokotovic (1989) adapted the WAI and created a shorter version from 36 items to 12 items (Andrusyna, Tang, DeRubeis,

& Luborsky, 2001). We chose to utilize the WAI short form, therapist version (WAI-SF-T) (Tracey & Kokotovic, 1989) to assess the study's outcome variable. The WAI-SF-T was selected to measure three components of the therapeutic alliance between therapist and client: agreement on the goals of therapy, agreement on the tasks of therapy, and the development of an affective bond, as an operationalization of the TWA. Higher scores indicate greater TWA. Participants in this study were asked to rate their response using a 7-point Likert-scale on their working alliance with a Latino/a adolescent client to whom they most recently or last provided individual counseling services.

Authors had reported good score reliability of the WAI-R. For example, Kokotovic and Tracey (1990) report an internal consistency reliability estimate of .87 for the total score, .93 for the goal subscale, .91 for the task scale, and .88 for the bond scale. Kokotovic and Tracey further reported that "good construct validity for these scales was also produced by Horvath and Greenberg using expert raters and multitrait-multimethod analyses" (p.18). Hawley and Garland (2008) reported internal consistency coefficients ranging from .93 to .95 in their study that examined adolescent client reports, parents reports, and therapists reports of the alliance. The internal consistency of the global score of the WAI-SF-T for current study was .82. Global scores were used in this study.

**Cross-cultural counseling competence.** We selected the Cross-Cultural Counseling Inventory- Revised (CCCI-R) (LaFromboise, Coleman, & Hernandez, 1991) as an operationalization of the participants' self-perceived cross-cultural competence. This inventory was selected because of its psychometric properties, common use in research (e.g., Owen, Leach, Wampold, & Rodolfa, 2011), and brevity. The CCCI-R is a 20-item scale that assesses cross-cultural counseling competencies based on the American Psychological Association Division 17

Education and Training Committee's tridimensional characteristics of cross-cultural counseling competence. The scale contains three subscales: cross-cultural counseling skills, socio-political awareness, and cultural sensitivity. Participants rate their answers on a 6-point Likert-scale. Higher scores indicated greater cross-cultural counseling competency. LaFromboise et al. (1991) reported an internal consistency coefficient of .95 for the global score. The authors further reported an averaged inter-rated validity of .78 between three different raters. The authors established evidence for content validity by having eight graduate students from educational and counseling psychology PhD programs examine the content of the measure by checking them against the Division 17 report and classifying each item on the scale against the competencies listed in the report. LaFromboise et al. reported an 80% agreement across raters and across items. The internal consistency of the global scores in this study was .84.

## Results

We received a total of 97 responses. However, only 82 were included into the analyses because 15 responses were incomplete lacking more than 10% of the responses. Data were screened for missing values. There were no missing values with the 82 surveys included in the analyses. The distributions of the variables were also examined prior to further analysis in order to ensure the data conformed to assumptions of linearity. Table 1 presents the means and standard deviations of all of the study variables. Gender matching was computed using a dummy coding procedure where 1 = *therapist-client gender matching* and 2 = *therapist-client gender nonmatching*.

We conducted a *t*-test to determine if the randomly selected sample and the convenience sample differed significantly from each other. The randomly selected sample was comprised of 57 participants while the convenience sample was comprised of 25 participants. The results

suggest that no significant differences exist between the randomly selected sample ( $M = 67.68$ ,  $SD = 8.82$ ) and the convenience sample ( $M = 70.36$ ,  $SD = 9.07$ ) on the working alliance measure. Similarly, the results indicate no significance difference in generation and gender matching in the two samples. However, the results suggest that significant difference exist between the convenience sample and the randomly selected sample on the years of experience working with the Latino/a population with the former ( $M = 17.12$ ,  $SD = 9.87$ ) having reported more years of experience working with the Latino/a population compared to the latter ( $M = 12.56$ ,  $SD = 8.03$ ). Additionally, significant differences in seeking consultation were found between the two samples, where the convenience sample ( $M = 2.92$ ,  $SD = 1.03$ ) reported a higher frequency of seeking consultation than the randomly selected sample ( $M = 2.23$ ,  $SD = 1$ ).

**Table 1** Means, Medians, Standard Deviations, Minimums and Maximus (  $N = 82$  )

	Therapist's years of experience working with the Latino/a population	Client's generational status	Therapist's interactions with client's parent(s)/ guardian(s)	Therapist's use of supervision/ consultation for the case	WAI	CCC	Therapist- client gender matching
Mean	15.73	1.74	3.15	2.44	68.50	104.07	1.21
Median	13.00	2.00	4.00	2.00	69.50	103.00	1.00
Std. Deviation	9.53	.43	1.34	1.10	8.93	10.46	.40
Minimum	1	1	1	1	42	83	1
Maximum	42	2	5	5	84	150	2

*Note.* WAI= Working Alliance Inventory. CCC= cross-cultural counseling competence.  
Therapist-client gender matching= Therapist and client who self identify as the same gender

**Bivariate analysis.** We conducted bivariate analysis to analyze the correlations of the study variables. Table 2 presents the intercorrelations of all the study variables. Bivariate analysis indicated a statistically significant mild positive correlation between therapist's years of experience working with the Latino/a population and their self-perceived WAI ( $r = .247$ ,  $p < .05$ ,  $N = 82$ ). That is, those who reported having more experience working with the Latino/a

population and their self-perceived WAI ( $r = .247, p < .05, N = 82$ ). That is, those who reported having more experience working with the Latino/a population reported a higher self-perceived working alliance with their last Latino/a adolescent client. Furthermore, bivariate analysis suggested that a statistically significant moderate positive correlation existed between practitioner's self-perceived cultural counseling competencies and their self-perceived working alliance ( $r = .419, p < .05, N = 82$ ). Similarly, the results of the bivariate analysis suggested that a statistically significant mild positive correlation existed between therapist's parental interactions frequency and their perceived working alliance with the client ( $r = .225, p < .05, N = 82$ ). That is, those who interacted with their client's parents more frequently reported a self-perceived higher working alliance with their Latino/a youth client.

Bivariate analysis further indicated a weak statistically significant negative correlation between therapist's years of experience and their self-reported frequency seeking consultation ( $r = -.219, p < .05, N = 82$ ). That is, those who reported having more experience working with the Latino/a population tended to seek consultation less frequently. A weak but significant correlation between therapist's parental interactions frequency and consultation frequency was found in the analysis ( $r = .240, p < .05, N = 82$ ). Other correlations among the study variables were not found.

**Multivariate analysis.** We performed a standard multiple linear regression to test our hypothesis that all the predictor variables from across the ecological systems statistically significantly predict the outcome variable (TWA). In order to do so, we dummy coded the dichotomous variables in our study, namely, client generation status and the gender matching. In regards to client generation, first generation was dummy coded as 1 and second generation was

coded as 0 and was used as a reference. Similarly, we dummy coded the gender nonmatching dyads, where therapist-client gender matching dyads were coded with a 0 and therapist-client

**Table 2** Correlations among study variables (  $N = 82$  )

Variable	Therapist's interactions with client's parent(s)/ guardian(s)	Therapist's use of supervision/ consultation for the case	WAI	CCC	Therapist-client gender matching	Client's Generational status
Therapist's years of experience working with Latino/a population.	.006	-.219*	.247*	.240*	-.011	-.090
Therapist's interactions with client's parent(s)/ guardian(s)		.240*	.225*	-.027	.147	.169
Therapist's use of supervision/ consultation for the case			-.020	-.075	.152	-.020
WAI				.419**	.019	.002
CCC					-.061	-.077
Therapist-client gender matching						-.045

*Note.* WAI= Working Alliance Inventory. CCC= cross-cultural counseling competence. Therapist- client gender matching= Therapist and client who self identify as the same gender. \* $p < .05$ . \*\* $p < .01$ .

gender nonmatching dyads were coded with a 1. Gender matching ( $n = 65$ ) significantly outnumbered the gender nonmatching ( $n = 17$ ) respondents in our study. Among the gender matching respondents, female therapist-female client ( $n = 48$ ) significantly outnumbered the male therapist-male client dyad ( $n = 17$ ).

Results from the standard multiple linear regression analysis (see Table 3) indicated that all of the independent variables in the study in combination accounted for 25.3% of the variance in the TWA ( $R^2 = .253$ ,  $F(6, 75) = 4.244$ ,  $p < .001$ ). However, the results also indicated that when adjusting for the effects of all other variables, only therapist-parent interaction and therapist self-perceived cultural competency significantly predicted therapist-perceived TWA. As seen on Table 3, the therapist-perceived cultural competence variable ( $\beta = .389$ ,  $p < .05$ ) explained the majority of the variance in the TWA when adjusting to the effects of the other variables. Similarly, the frequency of the therapist's interaction with client's parents ( $\beta = .236$ ,  $p < .05$ ) explained a significant variance in the working alliance when adjusting to the effects of the other variables in our study. All other predictor variables did not significantly contribute to the variance in the TWA, including therapists' year of experience, despite a significant first-order correlation between the variables.

The previously discussed analysis indicated that one outlier was included in our data. Therefore, we removed the outlier and ran the aforementioned analyses to determine the impact of such outlier. The results did not change substantively when removing the outlier, everything that was significant continued to be significant after removing the outlier. In other words, after removing the outlier, frequency of parental interaction and self-perceived cultural competency continued to statistically significantly predict the TWA.



**Table 3** Hierarchical regression analyses of variables predicting therapist's perceived Therapeutic Working Alliance

Model		Unstandardized Coefficients		Standardized Coefficients		95.0% Confidence Interval for B	
		B	Std. Error	$\beta$	<i>t</i>	Sig.	Lower Bound Upper Bound
1	(Constant)	27.083	9.470		2.860	.005	8.218 45.947
	Therapist's years of experience working with the Latino/a population	.139	.099	.149	1.404	.164	-.058 .337
	Therapist's interactions with client's parent(s)/guardian(s)	1.571	.702	.236	2.238	.028*	.173 2.969
	Therapist's use of supervision/consultation for the case.	-.137	.865	-.017	-.159	.874	-1.861 1.586
	CCC	.332	.088	.389	3.773	.000*	.157 .508
	Client First Generation	-.103	2.083	-.005	-.049	.961	-4.252 4.046
	Therapist-client gender nonmatching	.270	2.234	.012	.121	.904	-4.180 4.719

*Note.* CCC= cross-cultural counseling competence. Client first generation= client's who self-identify themselves as first generation in the United States. Therapist-client gender nonmatching = Therapist and client who self identify as different genders (e.g., male and female or vise-versa).

## Discussion

The purpose of this study was to examine the extent therapist self-perceived multicultural, gender matching between therapist and client, therapist interaction with client's

parent(s)/guardian(s), therapist use of consultation/supervision for the case, client's generational status, and practitioner's years of experience working with the Latino/a population predict therapist self-perceived TWA. Based on Bronfenbrenner's (1979) ecological theory, we hypothesized that all predictor variables would significantly predict the TWA. However, results of this study showed that when all the predictors were taken in combination, only therapists' perceived cross-cultural competence and therapists' interaction with client's parent significantly contributed to 25.3% of the variance in the TWA, indicating a large effect size in the standard multiple linear regression model (Cohen, 1992). Though therapist's years of experience was significantly related to the TWA, it did not significantly contribute to the variance of the TWA when the predictors were considered in combination. Hence, our hypothesis was only partially supported.

Nevertheless, the findings of this study suggest that therapists who have higher levels of cross-cultural counseling competence also experience high levels of working alliance with their Latino/a adolescent client. This finding concurs with those reported by Fuertes et al. (2006) who highlighted the close association between therapists' multicultural competence and the TWA in adult clients. This supports the argument that multicultural/cross-cultural counseling competence is important to the development of the therapeutic process, particularly in cross-cultural counseling settings. To our knowledge, our study is the first to provide evidence supporting this connection involving Caucasian therapists working with Latino/a youth clients.

Our findings also suggest that practitioners who interact more frequently with their client's parent(s)/guardian(s) also experience higher levels of working alliance with their clients. This concurs with those reported by Hawley and Weisz (2005) that suggest that the development of alliance with youth and their parents played a role in treatment outcome. This further aligns

with previous research that highlighted the role family play in the lives of young people (Cauce et al., 2002). Because the Latino/a population is generally described as a collectivistic culture, we therefore theorize that greater interactions with client's parents allows practitioners to access a distal ecological system of the client, allowing practitioners to obtain greater insight into clients and their ecosystem and relate more effectively with clients. At the very least, it is plausible that therapists' frequent contact with their adolescent clients' family may positively influence their perception of their working relationship with their clients. Because the TWA has been found to be highly predictive of treatment outcome (Horvath & Symonds, 1991), these findings call for a broader systemic view in the conceptualization and treatment with Latino/a youth.

Though in our study, practitioners' length of experience did not contribute meaningfully to predicting the TWA, when taken in combination with other predictors, the significant zero-order correlation between practitioner's years of experience working with the Latino/a population and their perceived TWA is consistent with those reported by Connors et al. (2000). Taken together with the results that indicate a significant positive association between years of experience and cross-cultural counseling competence, it is plausible that the variance in the TWA accounted for by cross-cultural counseling competence was shared also by therapists' years of experience. This seems consistent with the time factor in the developmental perspective of Bronfenbrenner's (1994) theory that suggests that experience through time contributes to practitioners' self-efficacy and building of skills in fostering a more positive working alliance with their clients. However, these findings differ from those reported by Mallinckrodt and Nelson (1991) who reported that therapist's training level, which is also a developmental level indicator, did not necessarily impact the development of the therapeutic bond. We suspect that as therapists develop and gain experience working with the Latino/a population, their level of

comfort, knowledge, and expertise with this culture also increases. As such, therapists are able to develop and perceive a stronger TWA when working with the Latino/a population.

Therapist's use of supervision and consultation was not related and predictive of the TWA in our sample of Caucasian practitioners. This finding does not corroborate with findings that indicate positive impact of supervision and consultation on client outcomes (e.g., Wheeler & Richards, 2007). However, we did not directly study the association between supervision/consultation with treatment outcomes. Future studies need to examine the connection between treatment outcomes in Latino/a youth and their therapists' utilization of supervision and consultation. However, given the results that indicate participants with more years of experience tended to consult with others less about their work with clients, we theorize that as therapists' years of experience increase, their expertise and comfort working with Latinos/as also increase, therefore contributing to a lesser need to seek supervision and consultation. Additionally, licensed practitioners in California, such as LMFT's and LCSW's, are not required by the state licensing boards to obtain supervision for a given case, once therapists become licensed. This study examined the frequency of supervision and consultation received by therapists as opposed to the quality of such supervision and consultation. The quality of the supervision and consultation may be a better predictor of the TWA. Therefore, future studies should assess the quality of such exosystemic variables.

Client generation did not appear to be a statistically significant predictor of the TWA in our study. Previous research suggests that more acculturated individuals, such as second and third generation individuals, tend to utilize more informal mental health services, such as healers and religious services, than formal mental health services (Chang et al., 2014). Within our sample, second generation clients ( $n = 61$ ) significantly outnumbered first generation clients ( $n =$

21). This appears to support the notion that second and third generations individuals tend to utilize services more than first generation ones. As such, there may be acculturation issues that prevent first generation adolescents from seeking services. We then theorize that the significance of the generational status is issue specific. However, this study did not collect information regarding client's clinical issues. Therefore, future studies might consider collecting data on client's clinical issues to better examine the significance of generational status. We also theorize that client's acculturation level may be a better predictor of therapist's perceived TWA. Future studies should consider examine client's acculturation level in regards to the TWA.

Gender matching in the therapeutic dyad did not appear to be a statistically significant predictor of the TWA. Although gender matching dyads significantly outnumber the gender nonmatching dyads in our study, all of the therapist-client dyads ( $n = 82$ ) were ethnically different. We then theorize that variance in the TWA may be better accounted for by individual factors, such as client's gender (as opposed to gender matching with therapist) or by client-therapist ethnic matching. For instance, Lambert (2016) reported that client's gender, as opposed to therapist gender matching, had a statistically significant effect on the treatment outcomes in his study that included over 17,000 students treated in a university counseling center by over 200 therapists. Therefore, future studies should consider examining these factors in relationship to the TWA, particularly with Latino/a youth. Further, this study is limited by focusing on therapists' perceptions of their working alliance. Future studies should examine if gender-matching predicts clients' perspective of the TWA as well as treatment outcomes.

### **Limitations**

Several limitations exist in this study. First, the sample size was relatively small. Although we started by seeking a representative sample, this was not achieved due to the low

initial response rates. Further, we limited our sample to mental health practitioners in California. Including mental health practitioners nationally could allow for a bigger sample size and a better representation of the general population. Analysis in our study showed that the first and second samples differed in terms of years of experience working with the Latino/a population and the use of consultation/supervision for the case. Therefore, the generalizability of these findings may not be applicable to the larger population. Future studies should incorporate a larger, nationally representative sample.

A second limitation in our study is the use of self-report measures to assess therapist's self-perceived TWA and cross-cultural counseling competency. The use of self-report measures has brought up questions regarding respondent's accuracy and bias in responding to such measures (Bickman et al, 2012). Therefore, future studies should consider using client report on the TWA, giving consideration to client perspective. Using observer rating of the TWA should also be considered; however, logistically and feasibly, that would be very challenging. Future studies may consider utilizing qualitative strategies that could provide rich descriptions for an area of research that is needed such as the Latino/a-youth mental health.

Third, the nature of our study included a cross-sectional methodology. Future studies should consider implementing a longitudinal approach. Such approach would allow for close examination of chronosystemic variables in relation to the development of the TWA.

### **Implications**

The findings of the study indicate that a selected microsystemic, mesosystemic, and chronosystemic variables are correlated to Caucasian therapist's self-perceived working alliance with their Latino/a youth client. The findings of this study also suggest that gender matching and practitioner's use of consultation/supervision for a case, and client's generational status do not

predict practitioner-perceived TWA. Due to methodological limitations, replication studies with larger nationally representative samples of Caucasian practitioners are needed to verify the findings of this study.

However, this study highlights the utility of using a multisystemic framework to investigate therapeutic processes. Future studies should examine other multisystemic variables, particularly exosystemic and macrosystemic variables that may be predictive of the TWA with young clients in general and with Latino/a youth in particular. For instance, future studies could examine the effects of the cultural setting (macrosystem) in which services are provided (i.e., inpatient, outpatient, college counseling center, rural, urban, and recent immigrants).

Our findings have implications for the literature, training, and practice of the Latino/a population. For instance, this study was a response to the call for more research on the mental health needs of the Latino/a population as well as address the diversity gaps in the TWA literature. To our knowledge, this is the first study to examine factors that are predictive of the TWA from a Caucasian therapist's perspective working with a Latino/a adolescent. As previously stated, the findings of this study suggest that distal and multisystemic factors are related and predictive of the therapeutic process with Latino/a youth. Therefore, this information can be used to inform the importance of cross-cultural counseling competence in treatment practices involving Latino/a youth and their families.

Given the relationship that has been suggested in the literature between TWA and treatment outcomes (Horvath et al., 2011), it is imperative that up and coming mental health practitioner's receive training regarding systemic perspectives as a way to conceptualize their work with clients and develop skills and techniques that will allow them to work with Latino/a youth and their families in achieving positive treatment outcomes. At the very least, findings in

this study call for practitioners to increase their level of the parental involvement when assisting Latino/a adolescent clients as well as for practitioners to develop cross-cultural counseling competence.

### **Conclusion**

Notwithstanding its methodological limitations, this research added new findings to the literature base regarding the TWA with Latino/a youth. Results suggest that a positive correlation exist between the TWA and several multisystemic variables: practitioners' years of experience working with the Latino/a population, frequency of practitioner's parental interactions and practitioner's self-perceived cultural counseling competence. The results also indicate that when accounting for the impact of all of the variables included in the study, practitioner's frequency of interaction with client's parent and practitioner's self-perceived cultural counseling competency substantially predict therapist self-perceived TWA. These results shed light on the Latino/a-focused literature and suggest that multisystemic variables play a contributing role in the development of the TWA with clients. This is of significance since the literature has highlighted the correlation between TWA and treatment outcomes. Studies are encouraged to replicate and address the limitations inherent in this study.



## References

- Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1–33.
- Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., & Normand, J. (2003). Culturally competent healthcare systems: A systematic review. *American Journal of Preventive Medicine, 24*, 68-79.
- Andrusyna, B. A., Tang, T. Z., DeRubeis, R. J., & Luborsky, L. (2001). The factor structure of the Working Alliance Inventory in cognitive-behavioral therapy. *Journal of Psychotherapy Practice and Research, 10*, 173-178.
- Ayers, S. L., Kulis, S., & Marsiglia, F. F. (2012). The impact of ethnoracial appearance on substance use in Mexican heritage adolescents in the Southwest United States. *Hispanic Journal of Behavioral Sciences, 35*, 227-240.
- Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research, 16*(03), 317-331, DOI: [10.1080/10503300500268524](https://doi.org/10.1080/10503300500268524)
- Bickman, L., Vides de Andrade, A. R., Athay, M. M., Chen, J. I., De Nadai, A. S., Jordan-Arthur, B., & Karver, M. S. (2012). The relationship between change in therapeutic alliance ratings and improvement in youth symptom severity: Whose ratings matter the most? *Administration and Policy in Mental Health, 39*, 78-89.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*, 252–260.

- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2<sup>nd</sup> ed., Vol. 3, pp. 1643-1647). Oxford, England: Pergamon Press.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58*(4), 537-554.
- Cauce, A. M., Domenech-Rodríguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help-seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology, 70*, 44–55.
- Chang, J., Chen, C., & Alegría, M. (2014). Contextualizing social support: Pathways to help seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology, 33*, 1-24.
- Chang, J., Natsuaki, M., & Chen, C. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity and Ethnic Minority Psychology, 19*, 236-247.
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155-159.
- Connors, G. J., DiClemente, C. C., Dermen, K. H., Kadden, R., Carroll, K. M., & Frone, M. R. (2000). Predicting the therapeutic alliance in alcoholism treatment. *Journal of Studies on Alcohol, 61*, 139–14.
- Crits-Christoph, P., Gibbons, M. B., Hamilton, J., Ring-Kurtz, S., & Gallop, R. (2011). The

- dependability of alliance assessments: The alliance-outcome correlation is larger than you might think. *Journal of Consulting and Clinical Psychology*, 79, 267–278.
- D'Angelo, E. J., Llerena-Quinn, R., Shapiro, R., Colon, F., Rodriguez, P., Gallagher, K., & Beardslee, W. R. (2009). Adaptation of the preventive intervention program for depression for use with predominantly low- income Latino families. *Family Process*, 48, 269–291.
- De Jesus, M., & Xiao, C. (2013). Cross-border health care utilization among the Hispanic population in the United States: Implications for closing the health care access gap. *Ethnicity and Health*, 18, 297-314.
- Dillon, F. R., De La Rosa, M., Sanchez, M., & Schwartz, S. J. (2012). Preimmigration family cohesion and drug/ alcohol abuse among recent Latino immigrants. *The Family Journal*, 20, 256-266.
- Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work*, 46, 256-266.
- Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review*, 28, 1167–1187.
- Fuertes, J. N., Stracuzzi, T. I., Bennett, J., Scheinholtz, J., Mislowack, A., Hersh, M., & Cheng, D. (2006). Therapist multicultural competency: A study of therapy dyads. *Psychotherapy: Therapy, Research, Practice, Training*, 43, 480-490.
- Furman, R., Negi, N. J., Iwamoto, D. K., Rowan, D., Shukraft, A., & Gragg, J. (2009). Social work practices with Latinos: Key issues for social workers. *Social Work*, 54(2), 167-174.
- Hawley, K. M., & Garland, A. F. (2008). Working alliance in adolescent outpatient therapy:

- Youth, parent and therapist reports and associations with therapy outcomes. *Child and Youth Care Forum*, 37, 59-74.
- Hawley, K. M., & Weisz, J. R. (2005). Youth versus parent working alliance in usual clinical care: Distinctive associations with retention, satisfaction and treatment outcome. *Journal of Clinical Child and Adolescent Psychology*, 34, 117–128.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36, 223–233.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139–149.
- Jordan, K. (2003). Relating therapeutic working alliance to therapy outcome. *Family Therapy*, 30, 95–108.
- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology*, 37, 16-21.
- LaFromboise, T. D., Coleman, H. L. k., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory-Revised. *Professional Psychology: Research and Practice*, 22(5), 380-388.
- Lambert, M. J. (2016). Does client-therapist gender matching influence therapy course or outcome in psychotherapy? *Evidence Based Medical Practices*, 2, 1-8.
- Lau, J., & Ng, K. M. (2014). Conceptualizing the counseling training environment using Bronfenbrenner's Ecological Theory. *International Journal for the Advancement of Counselling*, 36, 423-439.

- Lawton, K. E., Gerdes, A. C., Haack, L. M., & Schneider, B. (2014). Acculturation, cultural values, and Latino parental beliefs about the etiology of ADHD. *Administration and Policy in Mental Health, 41*, 189-204.
- Mallinckrodt, B., & Nelson, M. L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology, 38*(2), 133-138.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450.
- McLeod, B. C. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*, 603-616.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly, 15*(4), 351-377.
- Owen, J., Leach, M. M., Wampold, B., & Rodolfa, E. (2011). Client and therapist variability in clients' perceptions of their therapists' multicultural competencies. *Journal of Counseling Psychology, 58*, 1-9.
- Owen, J., Miller, S. D., Seide, J., & Chow, D. (2016). The working alliance in treatment of military adolescents. *Journal of Consulting and Clinical Psychology, 3*, 200-210.
- Phelps, D. L. (2013). *Supervisee experiences of corrective feedback in clinical supervision: A consensual qualitative research study* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3493809)
- Robbins, M. S., Mayorga, C. C., Mitrani, V. B., Szapocznik, J., Turner, C. W., & Alexander, J.

- F. (2008). Adolescent and parent alliances with therapists in brief strategic family therapy with drug-using Hispanic adolescents. *Journal of Marital and Family Therapy*, 34, 316–328.
- Santisteban, D. A., & Mena, M. P. (2009). Culturally informed and flexible family-based treatment for adolescents: A tailored and integrative treatment for Hispanic youth. *Family Process*, 48(2), 253-268.
- Shirk, S., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta- analytic review. *Journal of Consulting and Clinical Psychology*, 71, 462– 471.
- Shirk, S. R., Karver, M., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48, 17–24.
- Shirk, S., & Saiz, C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4, 713–728.
- Spencer, M. B., Dupree, D., & Hartmann, T. (1997). A phenomenological variant of Ecological Systems Theory (PVEST): A self-organization perspective in context. *Development and Psychopathology*, 9(4), 817-833.
- Stoltenberg, C. D., & McNeill, B. W. (2010). *Supervision: An Integrated Development Model for supervising counselors and therapists*. New York, NY: Routledge Taylor & Francis Group.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the Profession. *Journal of Counseling and Development*, 70, 477-486.

- Sue, D. W., Bernier, Y., Durran, A., Feinberg, L., Pedersen, P. B., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*, 45-52.
- Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. In M. Glantz & C. Hartel (Eds.), *Drug abuse: Origins and interventions* (pp. 331–366). Washington, DC: American Psychological Association.
- Thompson, S. J., Bender, K., Lantry, J., & Flynn, P. M. (2007). Treatment engagement: Building therapeutic alliance in home-based treatment with adolescents and their families. *Contemporary Family Therapy, 29*, 39-55.
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment, 1*, 207–210.
- United States Census Bureau. (2015). California QuickFacts [Data File]. Retrieved from <http://www.census.gov/quickfacts/table/PST045215/06#headnote-a>
- U.S. Bureau of the Census (2014). Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States and states: April 1, 2010 to July 1, 2014. Retrieved November, 2015 from <http://factfinder.census.gov/bkmk/table/1.0/en/PEP/2014/PEPASR6H?slice=hisp%7Ehis p%21year%7Eest72014>
- U.S. Department of Health and Human Services. Office of the Surgeon General (2001). Mental Health Care for Hispanic Americans. In mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the Surgeon General. SAMHSA.
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling

psychology: Expanding our roles. *The Counseling Psychologist*, 31, 253-272.

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients: a systematic review of the literature. *Counseling and Psychotherapy Research*, 7, 54-65.



### **Chapter 4: General Conclusions**

This chapter summarizes the dual manuscript dissertation that investigated the Latino/a involvement in the counseling field. The first manuscript was designed to provide a systemic analysis of the multisystemic variables studied in Latino/a-focused research in mental health counseling within a ten-year span. The second manuscript was designed to address several of the gaps identified in the systemic analysis by examining the association of a specific selection of multisystemic variables with practitioners' perceptions of the TWA with Latino/a adolescent clients.

The first manuscript reviewed 65 empirical articles, published between January 2006 to December 2015 that were located from three different databases: Ebscohost, Psynet, and Google scholar. These articles were included because they met the following inclusion criteria: full-length, peer-reviewed, research-based articles, conducted and published in the United States that discussed Latino/a issues in a substantive manner in their literature review, results, or discussion section. The second manuscript is a research project that sampled 82 Caucasian mental health practitioners in California who were among Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC) and Licensed Psychologists (LP). Data in this study were gathered in two phases. The first phase included 55 responses received from practitioners who were randomly selected from the mailing list rentals provided by the California Board of Behavioral Sciences (for MFTs and LCSWs) and the California Board of Psychology (for LPs). The second phase included 27 responses received from Caucasian practitioners who were recruited from a counseling center (the Parents Center) and listservs for the California Marriage and Family Therapy (CAMFT), the Association of Family Therapists of Northern California listserv

(AFTNC), and the Santa Barbara chapter of the National Association of Social Workers listserv (NASW).

### **Summary of Manuscript I**

The first manuscript, Chapter 2, was a review of the Latino/a mental health counseling literature published between October 2014 and December 2015 based on Bronfenbrenner's (1979) Ecological Systems Theory. This manuscript classified the research variables and identified trends and gaps in the literature within a 10-year span. Results from Chapter 2 indicate that microsystemic variables ( $n = 105$ ) were most frequently included in the 65 studies reviewed. Within the microsystem, psychiatric distress and demographic variables were the most common microsystemic variables examined. These findings suggest that microsystemic variables have been a primary focus of inquiry within the Latino/a-focused dataset utilized. Findings regarding the relevance of demographic variables within the literature in this review build on the results reported by Liang et al. (2009) who suggested for future studies to examine such variables with Latino/a samples.

This study also indicated that exosystemic ( $n = 5$ ) and mesosystemic variables ( $n = 14$ ) represented the least frequently studied variables among Latino/as. These findings suggest that a gap in the Latino/a-focused counseling literature exist. Further results indicated that macrosystemic variables, particularly group comparisons, appeared to be a trend identified in the systemic analysis of the literature. Here, group comparisons ( $n = 19$ ) frequently included comparisons between the Latino/a population with the Asian population. This appears to be due to the authors' reliance on a database that provides such comparative information (e.g., Kim et al., 2011). These findings suggest that a need exists for future studies to include within group comparisons in order to avoid pan-ethnic clustering (Cho, Kim, & Velez-Ortiz, 2014).

Chapter 2 also included an analysis of the methodologies employed by the articles included in the dataset. Results regarding the methodologies examined in this analysis indicated that adult samples significantly outnumbered the other age group categories among the studies in this review. Additionally, convenience and purposive samples were also most frequent utilized within among the studies reviewed. Furthermore, quantitative methodologies were most commonly used (86%) in the literature. Further findings in our study suggest that the use of cross-sectional data ( $n = 39$ ) was the most common methodology implemented. These findings suggest that need exists for Latino/a-focused counseling literature to include a greater array of methodologies and age groups within their samples.

### **Summary of Manuscript II**

The second manuscript, Chapter 3, was a cross-sectional, correlational study that examined the multisystemic factors associated with Caucasian practitioners' perceived therapeutic alliance with Latino/a adolescents. The TWA is perceived as a microsystemic variable in the ecosystem of the adolescents. More specifically, this study examined the extent to which (a) therapist's years of experience working with the Latino population, (b) therapist cross-cultural counseling competence, (c) therapist/client gender matching, (d) client generational status, (e) therapist's interaction with the client's family, and (f) therapist's receiving of consultation or supervision about the work with the client predicted the therapist-perceived TWA with an adolescent Latino/a client.

The analysis of the intercorrelations of all study variables indicated a statistically significant mild positive correlation between therapist's years of experience working with the Latino/a population and their self-perceived WAI. These findings suggest that therapists who have more years of experience working with the Latino/a population also experience high levels

of working alliance with their Latino/a adolescent client. These findings seem consistent with the time factor in the developmental perspective of Bronfenbrenner's theory that suggests that experience through time contributes to practitioners' self-efficacy and building of skills in fostering a more positive working alliance with their clients. A statistically significant moderate positive correlation was also found between practitioners' self-perceived cultural counseling competencies and their self-perceived working alliance. These findings suggest that therapists who have higher levels of cross-cultural counseling competence also experience high levels of working alliance with their Latino/a adolescent client and support the argument that multicultural/cross-cultural counseling competence is important to the development of the therapeutic process (Fuertes et al., 2006). Lastly, a statistically significant mild positive correlation existed between therapist's parental interactions frequency and their perceived working alliance with the client. These findings help support the argument that family plays a role in the lives of young people (e.g., Cauce et al., 2002).

A standard multiple linear regression was used to examine the research question of the study. Results from the regression analysis indicated that the combined study variables accounted for 25% of the variance in the therapist-perceived TWA. This effect size is considered large (Cohen, 1992). However, after adjusting for the effects of all other variables, only practitioner-client parent interaction and practitioner's self-perceived cross-cultural counseling competency significantly predicted their working alliance with a Latino/a youth client. The practitioner-perceived cross-cultural counseling competency variable ( $\beta = .389, p < .05$ ) was a stronger predictor of the TWA than the practitioner-client parent interaction variable ( $\beta = .236, p < .05$ ). Results from the regression analysis also indicated that therapist's year of experience working with the Latino population, therapist/client gender matching, client generation status,

and therapist's receiving of consultation or supervision for the case did not statistically significantly predict their working alliance with a Latino/a youth client. Findings in this study indicate that our hypothesis was only partially supported by the data. These findings further indicate that the practitioner-perceived cross-cultural counseling competency variable and the practitioner-client parent interaction variable not only are correlated but are predictive of their working alliance with a Latino/a youth client.

### **Limitations**

Several limitations were highlighted in both of the manuscripts. For instance, the systemic analysis of the literature in the first manuscript only incorporated empirical articles published between 2006 and 2015. Therefore, the results of this review may not be representative of the studies published prior to the aforementioned dates. Therefore, future research should consider the systemic classification of variables beyond this timeframe. Second, the systemic analysis in Chapter 2 was limited to the counseling field. Therefore, the generalizability of such results may not be applicable to other fields. Future research should consider the exploration of other fields within the mental health arena such as substance abuse and addiction. A third limitation is that although the studies included in the systemic review focused solely in the counseling arena, school counseling-focused articles were not included in the review. Future studies are encouraged to incorporate that school counseling field in the analysis.

The utilization of convenience sampling strategies in the second manuscript represents a limitation in our study. Although we started by seeking a representative sample in the second manuscript, this was not achieved due to the low number of responses. Therefore, the generalizability of these findings may not be applicable to the larger population. Furthermore, Manuscript 2 utilized a sample comprised only of Caucasian mental health practitioners in

California. Future studies should consider utilizing randomly selected strategies that include a national representative sample. Future studies should also consider examining therapist ethnicity differences in the formation of the TWA with Latino/a adolescent clients. The use of self-report measures to assess therapist's self-perceived TWA and cross-cultural counseling competency represents another limitation in our study. Therefore, future studies should consider using client-report TWA, giving consideration to client perspective.

### **Implications**

The findings presented in both manuscripts have implications for the literature, training, and practice of mental health counseling for the Latino/a population. For instance, this study was a response to the call for more research on the mental health needs of the Latino/a population as well as address the diversity gaps in the TWA literature. To our knowledge, this is the first study to examine factors that are predictive of the TWA from a Caucasian therapist's perspective in relation to working with a Latino/a adolescent.

Findings regarding therapists' cross-cultural competence in predicting the TWA have significant implications for research and practice. For instance, these results support the argument that multicultural/cross-cultural counseling competence is important to the development of the therapeutic process, particularly in cross-cultural counseling settings. To our knowledge, our study is the first to provide evidence supporting this connection involving Caucasian therapists working with Latino/a youth clients.

These findings further support the argument that family involvement, such as practitioner-parent interactions, may be important to the development of the TWA. These findings have implications for research training and practice. In terms of research, future studies should examine additional distal factors in relationship to therapeutic processes. Though this

study examined therapist's perceived TWA with Latino/a youth, future studies should consider examining multisystemic factors in relationship to treatment outcomes.

Findings in this study have implications for counselor training. This study highlights the utility of using a multisystemic framework to investigate therapeutic processes. We believe that it is important to prepare practitioners-in-training to become skillful in operating from multisystemic frameworks that contribute to client's mental health. For instance, practitioners-in-training should be trained to identify and know how to intervene to address the multisystemic factors that may be associated with client's mental health experiences. Specifically, practitioners should consider increasing their interactions with client's parents as a strategy to access client's distal systems and obtain greater insight into client's and their ecosystem in order to relate more effectively with clients. At the very least, it is plausible that therapists' frequent contact with their adolescent clients' family may positively influence their perception of their working relationship with their clients.

## Bibliography

- Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1-33.
- Ai, A., Aisenberg, E., Weiss, S., & Salazar, D. (2014). Racial/ethnic identity and subjective physical and mental health of Latino Americans: An asset within? *American Journal of Community Psychology, 53*, 173-184.
- American Counseling Association (2014). *ACA Code of Ethics*. Alexandria, VA: Author.
- Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., & Normand, J. (2003). Culturally competent healthcare systems: A systematic review. *American Journal of Preventive Medicine, 24*, 68-79.
- Andrusyna, B. A., Tang, T. Z., DeRubeis, R. J., & Luborsky, L. (2001). The factor structure of the Working Alliance Inventory in cognitive-behavioral therapy. *Journal of Psychotherapy Practice and Research, 10*, 173-178.
- Ayers, S. L., Kulis, S., & Marsiglia, F. F. (2012). The impact of ethnoracial appearance on substance use in Mexican heritage adolescents in the Southwest United States. *Hispanic Journal of Behavioral Sciences, 35*, 227-240.
- Ayon, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology, 38*, 742-756.
- Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2006). Clinical supervision:



Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research*, 16(03), 317-331, DOI:

[10.1080/10503300500268524](https://doi.org/10.1080/10503300500268524)

Bauer, A. M., Chen, C., & Alegria, M. (2010). English language and mental health service use among Latino and Asian Americans with mental disorders. *Medical Care*, 48, 1097-1104.

Bickman, L., Vides de Andrade, A. R., Athay, M. M., Chen, J. I., De Nadai, A. S., Jordan-Arthur, B., & Karver, M. S. (2012). The relationship between change in therapeutic alliance ratings and improvement in youth symptom severity: Whose ratings matter the most? *Administration and Policy in Mental Health*, 39, 78-89.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, 16, 252-260.

Bridges, A., Andrews, A., Villalobos, B., Pastrana, F., Cavell, T., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/O Psychology*, 2, 37-53.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2<sup>nd</sup> ed., Vol. 3, pp. 1643-1647). Oxford, England: Pergamon Press.

Bronfenbrenner, U. (1997). Ecological models of human development. Readings on the development of children. In M. Gauvain, & M. Cole (Eds.), *Readings on the development of children* (pp. 37-43). New York: Freeman Publishers.

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental

- health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537-554.
- Cauce, A. M., Domenech-Rodríguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help-seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, 70, 44-55.
- Chang, J., Chen, C., & Alegria, M. (2014). Contextualizing social support: Pathways to help seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology*, 33, 1-24.
- Chang, J., Natsuaki, M., & Chen, C. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity and Ethnic Minority Psychology*, 19, 236-247.
- Cho, H., Kim, I., & Velez-Ortiz, D. (2014). Factors associated with mental health service use among Latino and Asian Americans. *Community Mental Health Journal*, 50, 960-967.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159.
- Connors, G. J., DiClemente, C. C., Dermen, K. H., Kadden, R., Carroll, K. M., & Frone, M. R. (2000). Predicting the therapeutic alliance in alcoholism treatment. *Journal of Studies on Alcohol*, 61, 139-144.
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research*, 49, 206-229.
- Crits-Christoph, P., Gibbons, M. B., Hamilton, J., Ring-Kurtz, S., & Gallop, R. (2011). The

- dependability of alliance assessments: The alliance-outcome correlation is larger than you might think. *Journal of Consulting and Clinical Psychology*, 79, 267–278.
- D'Angelo, E. J., Llerena-Quinn, R., Shapiro, R., Colon, F., Rodriguez, P., Gallagher, K., & Beardslee, W. R. (2009). Adaptation of the preventive intervention program for depression for use with predominantly low- income Latino families. *Family Process*, 48, 269–291.
- De Jesus, M., & Xiao, C. (2013). Cross-border health care utilization among the Hispanic population in the United States: Implications for closing the health care access gap. *Ethnicity and Health*, 18, 297-314.
- De Jesus, M., & Xiao, C. (2014). Predicting health care utilization among Latinos: Health locus of control beliefs or access factors? *Health Education and Behavior*, 41, 423-430.
- Delphin-Rittmon, M. E., Flanagan, E. H., Andres-Hyman, R., Ortiz, J., Amer, M. M., & Davidson, L. (2015). Racial-ethnic differences in access, diagnosis, and outcomes in public-sector inpatient mental health treatment. *Psychological Services*, 12, 158-166.
- Detlaff, A. J., & Cardoso, J. (2010). Mental health need and service use among Latino children of immigrants in the child welfare system. *Children and Youth Services Review*, 32, 1373-1379.
- Dillon, F. R., De La Rosa, M., Sanchez, M., & Schwartz, S. J. (2012). Preimmigration family cohesion and drug/ alcohol abuse among recent Latino immigrants. *The Family Journal*, 20, 256-266.
- Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work*, 46, 256-266.
- Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance:

- An empirical review. *Clinical Psychology Review*, 28, 1167–1187.
- Fuertes, J. N., Stracuzzi, T. I., Bennett, J., Scheinholtz, J., Mislowsky, A., Hersh, M., & Cheng, D. (2006). Therapist multicultural competency: A study of therapy dyads. *Psychotherapy: Theory, Research, Practice, Training*, 43, 480-490.
- Furman, R., Negi, N. J., Iwamoto, D. K., Rowan, D., Shukraft, A., & Gragg, J. (2009). Social work practices with Latinos: Key issues for social workers. *Social Work*, 54(2), 167-174.
- García, C., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 13, 500-509.
- Grzywacz, J., Alterman, T., Muntaner, C., Shen, R., Li, J., Gabbard, S., & Carroll, D. (2010). Mental health research with Latino farmworkers: A systematic evaluation of the short CES-D. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 12, 652-658.
- Guerrero, E. C., Cepeda, A., Duan, L., & Kim, T. (2012). Disparities in completion of substance abuse treatment among Latino subgroups in Los Angeles county, CA. *Addictive Behaviors*, 37, 1162-1166.
- Hancock, T. U. (2005). Cultural competence in the assessment of poor Mexican families in the rural Southwest United States. *Child Welfare*, 85(5), 689–711.
- Hansen, M., & Aranda, M. (2012). Sociocultural influences on mental health service use by Latino older adults for emotional distress: Exploring the mediating and moderating role of informal social support. *Social Science and Medicine*, 75, 2134-2142.
- Hawley, K. M., & Garland, A. F. (2008). Working alliance in adolescent outpatient therapy:

- Youth, parent and therapist reports and associations with therapy outcomes. *Child and Youth Care Forum*, 37, 59-74.
- Hawley, K. M., & Weisz, J. R. (2005). Youth versus parent working alliance in usual clinical care: Distinctive associations with retention, satisfaction and treatment outcome. *Journal of Clinical Child and Adolescent Psychology*, 34, 117–128.
- Hayes-Bautista, D. E., & Chapa, J. (1987). Latino terminology: Conceptual bases for standardized terminology. *American Journal of Public Health January*, 77(1), 61-68.
- Hochhausen, L., Le, H., & Perry, D. F. (2011). Community-based mental health service utilization among low-income Latina immigrants. *Community Mental Health*, 47, 14-23.
- Hong, S., Zhang, W., & Walton, E. (2014). Neighborhoods and mental health: Exploring ethnic density, poverty, and social cohesion among Asian Americans and Latinos. *Social Science and Medicine*, 111, 117-124.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36, 223–233.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139–149.
- Jimenez, D., Cook, B., Bartels, S. J., & Alegría, M. (2013). Disparities in mental health service use of racial and ethnic minority elderly adults. *Journal of the American Geriatrics Society*, 61, 18-25.
- Jordan, K. (2003). Relating therapeutic working alliance to therapy outcome. *Family Therapy*, 30, 95–108.

- Kam, J. A., & Lazarevic, V. (2014). The stressful (and not so stressful) nature of language brokering: Identifying when brokering functions as a cultural stressor for Latino immigrant children in early adolescence. *Journal of Youth and Adolescence*, 43, 1994-2011.
- Kim, G., Aguado Loi, C., Chiriboga, D., Jang, Y., Parmelee, P., & Allen, R. (2011). Limited English proficiency as a barrier to mental health service use: A study of Latino and Asian immigrants with psychiatric disorders. *Journal of Psychiatric Research*, 45, 104-110.
- Kim, G., Jang, Y., Chiriboga, D. A., Ma, G. X., & Schonfeld, L. (2010). Factors associated with mental health service use in Latino and Asian immigrant elders. *Aging and Mental Health*, 14, 535-542.
- Kim, G., Worley, C. B., Allen, R. S., Vinson, L., Crowther, M. R., Parmelee, P., & Chiriboga, D. A. (2011). Vulnerability of older Latino and Asian immigrants with limited English proficiency. *The American Geriatrics Society*, 59, 1246-1252.
- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology*, 37, 16-21.
- LaFromboise, T. D., Coleman, H. L. k., & Hernandez, A. (1991). Development and factor structure of the *Cross-Cultural Counseling Inventory-Revised*. *Professional Psychology: Research and Practice*, 22(5), 380-388.
- Lambert, M. J. (2016). Does client-therapist gender matching influence therapy course or outcome in psychotherapy? *Evidence Based Medical Practices*, 2, 1-8.
- Lau, J., & Ng, K. M. (2014). Conceptualizing the counseling training environment using Bronfenbrenner's Ecological Theory. *International Journal for the Advancement of Counselling*, 36, 423-439.

- Lawton, K. E., Gerdes, A. C., Haack, L. M., & Schneider, B. (2014). Acculturation, cultural values, and Latino parental beliefs about the etiology of ADHD. *Administration and Policy in Mental Health, 41*, 189-204.
- Lee, S., & Held, M. (2014). Variation in mental health service use among U.S. Latinos by place of origin and service provider type. *Psychiatric Services, 1*, 1-10.
- Lee, S., & Matejkowski, J. (2012). Mental health service utilization among noncitizens in the United States: Findings from the National Latino and Asian American Study. *Administration and Policy in Mental Health, 39*, 406-418.
- Liang, C. T. H., Salcedo, J., Rivera, A. L. Y., & Lopez, M. J. (2009). A content and methodological analysis of 35 years of Latino/a-focused research. *The Counseling Psychologist, 37*(8), 1116-1146.
- Mallinckrodt, B., & Nelson, M. L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology, 38*(2), 133-138.
- Marquez, J. A., & García, J. I. R. (2013). Family caregivers' narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology, 27*, 398-408.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450.
- McLeod, B. C. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*, 603-616.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on

- health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- Minsky, S., Vega, W., Miskimen, T., Gara, M., & Escobar, J. (2003). Diagnostic patterns in Latino, African American, and European American psychiatric patients. *Archives of General Psychiatry*, 60(6), 637-644.
- Ober, A. J., Miles, J. N. V., Ewing, B., Tucker, J. S., & D'Amico, E. J. (2013). Risk for inhalant initiation among middle school students: Understanding individual, family, and peer risk and protective factors. *Journal of Studies on Alcohol and Drugs*, 74, 835-840.
- Ojeda, V. D., Patterson, T. L., & Strathdee, A. (2008). The influence of perceived risk to health and immigration-related characteristics on substance use among Latino and other immigrants. *American Journal of Public Health*, 98, 862-868.
- Ortega, A., Feldman, J., Canino, G., Steinman, K., & Alegria, M. (2006). Co-occurrence of mental and physical illness in U.S. Latinos. *Social Psychiatry and Psychiatric Epidemiology*, 41, 927-934.
- Otiniano Verissimo, A. D., Ford, C. L., & Iguchi, M. Y. (2014). Racial discrimination, gender discrimination, and substance abuse among Latina/os nationwide. *Cultural Diversity and Ethnic Minority*, 20, 43-51.
- Owen, J., Leach, M. M., Wampold, B., & Rodolfa, E. (2011). Client and therapist variability in clients' perceptions of their therapists' multicultural competencies. *Journal of Counseling Psychology*, 58, 1-9.
- Owen, J., Miller, S. D., Seide, J., & Chow, D. (2016). The working alliance in treatment of military adolescents. *Journal of Consulting and Clinical Psychology*, 3, 200-210.
- Phelps, D. L. (2013). *Supervisee experiences of corrective feedback in clinical supervision: A*



- consensual qualitative research study* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3493809)
- Ramirez Garcia, J. I., Manongo, J. A., & Cruz-Santiago, M. (2010). The family as mediator of the impact of parent–youth acculturation/enculturation and inner-city stressors on Mexican American youth substance use. *Cultural Diversity and Ethnic Minority Psychology, 16*, 404–412.
- Robbins, M. S., Mayorga, C. C., Mitrani, V. B., Szapocznik, J., Turner, C. W., & Alexander, J. F. (2008). Adolescent and parent alliances with therapists in brief strategic family therapy with drug-using Hispanic adolescents. *Journal of Marital and Family Therapy, 34*, 316–328.
- Rogers-Sirin, L., & Gupta, T. (2012). Cultural identity and mental health: Differing trajectories among Asian and Latino youth. *Journal of Counseling Psychology, 59*, 555-566.
- Rubens, S., Fite, P., Gabrielli, J., Evans, S., Hendrickson, M., & Pederson, C. (2013). Examining relations between negative life events, time spent in the United States, language use, and mental health outcomes in Latino adolescents. *Child and Youth Care Forum, 42*, 389-402.
- Ruiz, E., Aguirre, R. P., & Mitschke, D. B. (2013). What leads non-U.S.-born Latinos to access mental health care? *Social Work in Health Care, 52*, 1-19.
- Sánchez, M., Cardemil, E., Connell, J., Ferreira, J., Handler, J. S., Melo, T., ... Rivera, I. (2014). Brave new world: Mental health experiences of Puerto Ricans, immigrant Latinos, and Brazilians in Massachusetts. *Cultural Diversity and Ethnic Minority Psychology, 20*, 16-26.
- Santisteban, D. A., & Mena, M. P. (2009). Culturally informed and flexible family-based

- treatment for adolescents: A tailored and integrative treatment for Hispanic youth. *Family Process*, 48(2), 253-268.
- Savage, J. E., & Mezuk, B. (2014). Psychological and contextual determinants of alcohol and drug use disorders in the National Latino and Asian American Study. *Drug and Alcohol Dependence*, 139, 71-78.
- Shirk, S., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 462–471.
- Shirk, S. R., Karver, M., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48, 17–24.
- Shirk, S., & Saiz, C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4, 713–728.
- Spencer, M. B., Dupree, D., & Hartmann, T. (1997). A phenomenological variant of Ecological Systems Theory (PVEST): A self-organization perspective in context. *Development and Psychopathology*, 9(4), 817-833.
- Stoltenberg, C. D., & McNeill, B. W. (2010). *Supervision: An Integrated Development Model for supervising counselors and therapists*. New York, NY: Routledge Taylor & Francis Group.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-486.

- Sue, D. W., Bernier, Y., Durran, A., Feinberg, L., Pedersen, P. B., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*, 45-52.
- Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. In M. Glantz & C. Hartel (Eds.), *Drug abuse: Origins and interventions* (pp. 331–366). Washington, DC: American Psychological Association.
- Thompson, S. J., Bender, K., Lantry, J., & Flynn, P. M. (2007). Treatment engagement: Building therapeutic alliance in home-based treatment with adolescents and their families. *Contemporary Family Therapy, 29*, 39-55.
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment, 1*, 207–210.
- United States Census Bureau. (2015). California QuickFacts [Data File]. Retrieved from <http://www.census.gov/quickfacts/table/PST045215/06#headnote-a>
- U.S. Bureau of the Census (2014). Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States and states: April 1, 2010 to July 1, 2014. Retrieved November, 2015 from <http://factfinder.census.gov/bkmk/table/1.0/en/PEP/2014/PEPASR6H?slice=hisp%7Ehis p%21year%7Eest72014>
- U.S. Bureau of the Census (2014). 2014 National Population Projections: Summary Tables. Retrieved November, 2015 from <http://www.census.gov/population/projections/data/national/2014/summarytables.html>
- U.S. Department of Health and Human Services. Office of the Surgeon General (2001). Mental

- Health Care for Hispanic Americans. In mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the Surgeon General. SAMHSA.
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*, 253-272.
- Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *American Journal of Orthopsychiatry, 84*, 353-363.
- Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients: A systematic review of the literature. *Counseling and Psychotherapy Research, 7*, 54-65.
- Zemore, S. E., Mulia, N., Jones-Webb, R. J., Liu, H., & Schmidt, L. (2013). The 2008–2009 recession and alcohol outcomes: Differential exposure and vulnerability for Black and Latino populations. *Journal of Studies on Alcohol and Drugs, 74*, 9-20.
- Zúñiga, M., Lewin Fischer, P., Cornelius, D., Cornelius, W., Goldenberg, S., & Keyes, D. (2014). A transnational approach to understanding indicators of mental health, alcohol use and reproductive health among indigenous Mexican migrants. *Journal of Immigrant and Minority Health, 16*, 329-339.

## Appendix A- Studies Included in Chapter 2 Analysis

- Ai, A., Aisenberg, E., Weiss, S., & Salazar, D. (2014). Racial/ethnic identity and subjective physical and mental health of Latino Americans: An asset within? *American Journal of Community Psychology*, 53, 173-184.
- Ai, A. L., Appel, H. B., Huang, B., & Lee, K. (2012). Overall health and healthcare utilization among Latino American women in the United States. *Journal of Women's Health*, 21, 878-885.
- Ai, A. L., Noel, L., Appel, H. B., Huang, B., & Hefley, W. E. (2013). Overall health and health care utilization among Latino American men in the United States. *American Journal of Men's Health*, 7, 6-17.
- Ayers, S. L., Kulis, S., & Marsiglia, F. F. (2012). The impact of ethnoracial appearance on substance use in Mexican heritage adolescents in the Southwest United States. *Hispanic Journal of Behavioral Sciences*, 35, 227-240.
- Ayon, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology*, 38, 742-756.
- Bauer, A. M., Chen, C., & Alegria, M. (2010). English language and mental health service use among Latino and Asian Americans with mental disorders. *Medical Care*, 48, 1097-1104.
- Bridges, A., Andrews, A., Villalobos, B., Pastrana, F., Cavell, T., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/O Psychology*, 2, 37-53.
- Chakravarthy, B., Tenny, M., Anderson, C. L., Rajeev, S., Istanbouli, T., & Lotfipour, S. (2013).

- Analysis of mental health substance abuse–related emergency department visits from 2002 to 2008. *Substance Abuse*, 34, 292-297.
- Chang, J., Chen, C., & Alegría, M. (2014). Contextualizing social support: Pathways to help seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology*, 33, 1-24.
- Chang, J., Natsuaki, M., & Chen, C. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity and Ethnic Minority Psychology*, 19, 236-247.
- Cho, H., Kim, I., & Velez-Ortiz, D. (2014). Factors associated with mental health service use among Latino and Asian Americans. *Community Mental Health Journal*, 50, 960-967.
- Cook, B., Alegría, M., Lin, J. Y., & Guo, J. (2009). Pathways and correlates connecting Latinos' mental health with exposure to the United States. *American Journal of Public Health*, 99, 2247-2254.
- Cook, B., Brown, J., Loder, S., & Wissow, L. (2014). Acculturation differences in communicating information about child mental health between Latino parents and primary care providers. *Journal of Immigrant and Minority Health*, 16, 1093-1102.
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research*, 49, 206-229.
- Cordova, D., Parra-Cardona, J. R., Blow, A., Johnson, D. J., Prado, G., & Fitzgerald, H. E.

- (2015). They don't look at what affects us': The role of ecodevelopmental factors on alcohol and drug use among Latinos with physical disabilities. *Ethnicity and Health*, 20, 66-86.
- De Jesus, M., & Xiao, C. (2013). Cross-border health care utilization among the Hispanic population in the United States: Implications for closing the health care access gap. *Ethnicity and Health*, 18, 297-314.
- De Jesus, M., & Xiao, C. (2014). Predicting health care utilization among Latinos: Health locus of control beliefs or access factors? *Health Education and Behavior*, 41, 423-430.
- Delphin-Rittmon, M. E., Flanagan, E. H., Andres-Hyman, R., Ortiz, J., Amer, M. M., & Davidson, L. (2015). Racial-ethnic differences in access, diagnosis, and outcomes in public-sector inpatient mental health treatment. *Psychological Services*, 12, 158-166.
- Dettlaff, A. J., & Cardoso, J. (2010). Mental health need and service use among Latino children of immigrants in the child welfare system. *Children and Youth Services Review*, 32, 1373-1379.
- Dillon, F. R., De La Rosa, M., Sanchez, M., & Schwartz, S. J. (2012). Preimmigration family cohesion and drug/ alcohol abuse among recent Latino immigrants. *The Family Journal*, 20, 256-266.
- Fite, P. J., Gabrielli, J., Cooley, J. L., Haas, S. M., Frazer, A., Rubens, S. L., & Johnson-Montoyama, M. (2014). Hope as a moderator of the associations between common risk factors and frequency of substance use among Latino adolescents. *Journal of Psychopathology and Behavioral Assessment*, 36, 653-662.
- Fortuna, L., Porche, M. V., & Alegria, M. (2008). Political violence, psychosocial trauma, and

the context of mental health services use among immigrant Latinos in the United States.

*Ethnicity and Health*, 13, 435-463.

García, C., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 13, 500-509.

Grzywacz, J., Alterman, T., Muntaner, C., Shen, R., Li, J., Gabbard, S., & Carroll, D. (2010). Mental health research with Latino farmworkers: A systematic evaluation of the short CES-D. *Journal of Immigrant and Minority Health / Center for Minority Public Health*, 12, 652-658.

Guerrero, E. C., Cepeda, A., Duan, L., & Kim, T. (2012). Disparities in completion of substance abuse treatment among Latino subgroups in Los Angeles county, CA. *Addictive Behaviors*, 37, 1162-1166.

Guerrero, E. G., Fenwick, K., Kong, Y., Grella, C., & D'Aunno, T. (2015). Paths to improving engagement among racial and ethnic minorities in addiction health services. *Substance Abuse Treatment, Prevention, and Policy*, 10, 1-9.

Hansen, M., & Aranda, M. (2012). Sociocultural influences on mental health service use by Latino older adults for emotional distress: Exploring the mediating and moderating role of informal social support. *Social Science and Medicine*, 75, 2134-2142.

Hochhausen, L., Le, H., & Perry, D. F. (2011). Community-based mental health service utilization among low-income Latina immigrants. *Community Mental Health*, 47, 14-23.

Hong, S., Zhang, W., & Walton, E. (2014). Neighborhoods and mental health: Exploring



- ethnic density, poverty, and social cohesion among Asian Americans and Latinos. *Social Science and Medicine*, 111, 117-124.
- Jimenez, D., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry*, 28, 1061-1068.
- Jimenez, D., Cook, B., Bartels, S. J., & Alegría, M. (2013). Disparities in mental health service use of racial and ethnic minority elderly adults. *Journal of the American Geriatrics Society*, 61, 18-25.
- Kam, J. A., & Lazarevic, V. (2014). The stressful (and not so stressful) nature of language brokering: Identifying when brokering functions as a cultural stressor for Latino immigrant children in early adolescence. *Journal of Youth and Adolescence*, 43, 1994-2011.
- Keyes, K., Martins, S., Hatzenbuehler, M., Blanco, C., Bates, L., & Hasin, D. (2012). Mental health service utilization for psychiatric disorders among Latinos living in the United States: The role of ethnic subgroup, ethnic identity, and language/social preferences. *Social Psychiatry and Psychiatric Epidemiology*, 47, 383-394.
- Kim, G., Aguado Loi, C., Chiriboga, D., Jang, Y., Parmelee, P., & Allen, R. (2011). Limited English proficiency as a barrier to mental health service use: A study of Latino and Asian immigrants with psychiatric disorders. *Journal of Psychiatric Research*, 45, 104-110.
- Kim, G., Jang, Y., Chiriboga, D. A., Ma, G. X., & Schonfeld, L. (2010). Factors associated with mental health service use in Latino and Asian immigrant elders. *Aging and Mental Health*, 14, 535-542.
- Kim, G., Worley, C. B., Allen, R. S., Vinson, L., Crowther, M. R., Parmelee, P., & Chiriboga, D.

- A. (2011). Vulnerability of older Latino and Asian immigrants with limited English proficiency. *The American Geriatrics Society*, 59, 1246-1252.
- Lambert, M. J., Smart, D. W., Campbell, M. P., Hawkins, E. J., Harmon, C., & Slade, K. L. (2006). Psychotherapy outcome, as measured by the OQ-45, in African American, Asian/Pacific Islander, Latino/a, and Native American clients compared with matched Caucasian Clients. *Journal of College Student Psychotherapy*, 20, 17-29.
- Lawton, K. E., Gerdes, A. C., Haack, L. M., & Schneider, B. (2014). Acculturation, cultural values, and Latino parental beliefs about the etiology of ADHD. *Administration and Policy in Mental Health*, 41, 189-204.
- Le Cook, B., & Alegria, M. (2011). Racial-ethnic disparities in substance abuse treatment: The role of criminal history and socioeconomic status. *Psychiatric Services*, 62, 1273- 1281.
- Lee, S., & Held, M. (2014). Variation in mental health service use among U.S. Latinos by place of origin and service provider type. *Psychiatric Services*, 1, 1-10.
- Lee, S., Laiewski, L., & Choi, S. (2014). Racial-ethnic variation in U.S. mental health service use among Latino and Asian non-U.S. citizens. *Psychiatric Services*, 65, 68-74.
- Lee, S., & Matejkowski, J. (2012). Mental health service utilization among noncitizens in the United States: Findings from the National Latino and Asian American Study. *Administration and Policy in Mental Health*, 39, 406-418.
- Marquez, J. A., & Ramírez García, J. I. (2013). Family caregivers' narratives of mental health treatment usage processes by their Latino adult relatives with serious and persistent mental illness. *Journal of Family Psychology*, 27, 398-408.
- Molina, K. M., Alegria, M., & Chen, C. (2012). Neighborhood context and substance use

- disorders: A comparative analysis of racial and ethnic groups in the United States. *Drug and Alcohol Dependence*, 1233, 333-343.
- Mora, D., Grzywacz, J., Anderson, A., Chen, H., Arcury, T., Marín, A., & Quandt, S. (2014). Social isolation among Latino workers in rural North Carolina: Exposure and health implications. *Journal of Immigrant and Minority Health*, 16, 822-830.
- Mulvaney-Day, N., DeAngelo, D., Chen, C., Cook, B. L., & Alegria, M. (2012). Unmet need for treatment for substance use disorders across race and ethnicity. *Drug and Alcohol Dependence*, 1255, 344-350.
- Mulvaney-Day, N. E., Earl, T. R., Diaz-Linhart, Y., & Alegria, M. (2011). Preferences for relational style with mental health clinicians: A qualitative comparison of African American, Latino and non-Latino White patients. *Journal of Clinical Psychology*, 67, 31-44.
- Negi, N. J. (2011). Identifying psychosocial stressors of well-being and factors related to substance use among Latino day laborers. *Journal of Immigrant and Minority Health*, 13, 748-755.
- Ober, A. J., Miles, J. N. V., Ewing, B., Tucker, J. S., & D'Amico, E. J. (2013). Risk for inhalant initiation among middle school students: Understanding individual, family, and peer risk and protective factors. *Journal of Studies on Alcohol and Drugs*, 74, 835-840.
- Oh, H., & DeVlyder, J. (2014). Mental health correlates of past homelessness in Latinos and Asians. *Community Mental Health Journal*, 50, 953-959.
- Ojeda, V. D., Patterson, T. L., & Strathdee, A. (2008). The influence of perceived risk to health and immigration-related characteristics on substance use among Latino and other immigrants. *American Journal of Public Health*, 98, 862-868.

- Ortega, A., Feldman, J., Canino, G., Steinman, K., & Alegría, M. (2006). Co-occurrence of mental and physical illness in U.S. Latinos. *Social Psychiatry and Psychiatric Epidemiology*, 41, 927-934.
- Otiniano Verissimo, A. D., Ford, C. L., & Iguchi, M. Y. (2014). Racial discrimination, gender discrimination, and substance abuse among Latina/os nationwide. *Cultural Diversity and Ethnic Minority*, 20, 43–51.
- Ramirez Garcia, J. I., Manongo, J. A., & Cruz-Santiago, M. (2010). The family as mediator of the impact of parent–youth acculturation/enculturation and inner-city stressors on Mexican American youth substance use. *Cultural Diversity and Ethnic Minority Psychology*, 16, 404–412.
- Rastogi, M., Massey-Hastings, N., & Wieling, E. (2012). Barriers to seeking mental health services in the Latino/a community: A qualitative analysis. *Journal of Systemic Therapies*, 31, 1-17.
- Rogers-Sirin, L., & Gupta, T. (2012). Cultural identity and mental health: Differing trajectories among Asian and Latino youth. *Journal of Counseling Psychology*, 59, 555-566.
- Rubens, S., Fite, P., Gabrielli, J., Evans, S., Hendrickson, M., & Pederson, C. (2013). Examining relations between negative life events, time spent in the United States, language use, and mental health outcomes in Latino adolescents. *Child and Youth Care Forum*, 42, 389-402.
- Ruiz, E., Aguirre, R. P., & Mitschke, D. B. (2013). What leads non-U.S.-born Latinos to access mental health care? *Social Work in Health Care*, 52, 1-19.
- Sánchez, M., Cardemil, E., Connell, J., Ferreira, J., Handler, J. S., Melo, T., ... Rivera, I. (2014).

- Brave new world: Mental health experiences of Puerto Ricans, immigrant Latinos, and Brazilians in Massachusetts. *Cultural Diversity and Ethnic Minority Psychology*, 20, 16-26.
- Savage, J. E., & Mezuk, B. (2014). Psychological and contextual determinants of alcohol and drug use disorders in the National Latino and Asian American Study. *Drug and Alcohol Dependence*, 139, 71-78.
- Tran, A. G. T. T., Lee, R. M., & Burgess, D. J. (2010). Perceived discrimination and substance use in Hispanic/Latino, African-born Black, and Southeast Asian immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 16, 226-236.
- Tran, A. N., Ornelas, I. J., Kim, M., Perez, G., Green, M., Lyn, M. J., & Corbie-Smith, G. (2014). Results from a pilot promotora program to reduce depression and stress among immigrant Latinas. *Health Promotion Practice*, 15, 365-372.
- Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *American Journal of Orthopsychiatry*, 84, 353-363.
- Zemore, S. E., Mulia, N., Jones-Webb, R. J., Liu, H., & Schmidt, L. (2013). The 2008-2009 recession and alcohol outcomes: Differential exposure and vulnerability for Black and Latino populations. *Journal of Studies on Alcohol and Drugs*, 74, 9-20.
- Zúñiga, M., Lewin Fischer, P., Cornelius, D., Cornelius, W., Goldenberg, S., & Keyes, D. (2014). A transnational approach to understanding indicators of mental health, alcohol use and reproductive health among indigenous Mexican migrants. *Journal of Immigrant and Minority Health*, 16, 329-339.

## Appendix B- IRB Approval Document



Human Research Protection Program  
 Institutional Review Board  
 Office of Research Integrity  
 8308 Kerr Administration Building, Corvallis, Oregon 97331-2140  
 (541) 737-8008  
[IRB@oregonstate.edu](mailto:IRB@oregonstate.edu) | <http://research.oregonstate.edu/irb>

**EXEMPT  
 DETERMINATION**

Date of Notification	10/18/2016	Date Acknowledged	10/18/2016
Principal Investigator	Kok-Mun Ng	Study ID	7582
Study Title	Multisystemic Factors Associated with Caucasian Practitioner's Perception of their Therapeutic Working Alliance with Latino/a Youth in California		
Study Team Members	Alham Rodriguez		
Review Level	Exempt	Category(ies)	2
Submission Type	Minor Change		
Funding Source	Internal - Faculty development funds	PI on Funding	N/A
Proposal #	N/A	Cayuse #	N/A

The above referenced study was reviewed by the OSU Human Research Protection Program (HRPP) office and determined to be exempt from full board review.

**EXPIRATION DATE: 07/19/2021**

The exemption is valid for **5 years** from the date of approval.

Annual renewals are not required. If the research extends beyond the expiration date, the Investigator must request a new exemption. Investigators should submit a final report to the HRPP office if the project is completed prior to the 5 year term.

**Comments:** Revision to expand recruitment sites. Online consent process. Signatures will not be collected from subjects.

Please note when applicable, if the PI has not already done so, the HRPP staff will update the version date on the protocol and consent document(s).

**Principal Investigator responsibilities:**

- Certain amendments to this study must be submitted to the HRPP office for review prior to initiating the change. These amendments may include, but are not limited to, changes in funding, study population, study instruments, consent documents, recruitment material, sites of research, etc. For more information about the types of changes that require submission of a project revision to the HRPP office, please see: [http://oregonstate.edu/research/irb/sites/default/files/website\\_guidancedocuments.pdf](http://oregonstate.edu/research/irb/sites/default/files/website_guidancedocuments.pdf)
- All study team members should be kept informed of the status of the research. The Principal Investigator is responsible for ensuring that all study team members have completed the online ethics training requirement, even if they do not need to be added to the study team via project revision.
- Reports of unanticipated problems involving risks to participants or others must be submitted to the HRPP office within three calendar days.
- The Principal Investigator is required to securely store all study related documents on the OSU campus for a minimum of three years post study termination.

## Appendix C- Demographic Information

**Please complete the following demographic items.**

Your gender: ☐ female ☐ male ☐ gender-nonconforming ☐ transgender

Your age: ☐ [20-25 years] ☐ [26-30 years] ☐ [31-35 years] ☐ [36-40 years]  
☐ [41-45 years] ☐ [46 years and above]

Type of license you hold: ☐ Licensed Marriage and Family Therapist  
☐ Licensed Clinical Social Worker  
☐ Licensed Psychologist  
☐ Licensed Professional Clinical Counselor

Your highest degree earned: ☐ Masters/EdS ☐ Doctorate

Your years of experience working with the Latino/a population as a mental health practitioner:

**You will be asked to rate your working experience with a Latino/a adolescent client (age between 13-17-years-old) you have last seen; and this client should have worked with you for at least 3 sessions. Please provide the following information on the Latino/a adolescent client you have selected:**

Your client's gender: ☐ female ☐ male ☐ gender-nonconforming ☐ transgender

Your client's age:

Your client's generational status in the United States) : ☐ 1<sup>st</sup> generation (i.e., born outside of the US), ☐ 2<sup>nd</sup> generation or beyond (born in the US to immigrant parents or born in the US to parents who were born in the US)

Rate the frequency of your interactions with this selected adolescent client's parent(s)/guardian(s):

1) ☐ *hardly ever*; 2) ☐ *occasionally*; 3) ☐ *sometimes*; 4) ☐ *frequently*; 5) ☐ *almost always*.

Rate the frequency of your use of consultation/supervision related to your work with this selected adolescent client:

1) ☐ *hardly ever*; 2) ☐ *occasionally*; 3) ☐ *sometimes*; 4) ☐ *frequently*; 5) ☐ *almost always*.

## Appendix D- WAI-SF-T

## Instructions

Please complete the following 12 items based on your interaction with a Latino/a adolescent client whose basic demographic information you had provided in the demographic sheet above. This is an adolescent client you have last seen and to whom you have provided individual counseling services for at least 3 sessions.

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her client. As you read the sentences mentally insert the name of your client in place of \_\_\_\_\_ in the text.

Below each statement inside there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you **always** feel (or think) circle the number 7; if it **never** applies to you, circle the number 1. Use the numbers in between to describe the variations between these extremes.

Work fast, your first impressions are the ones we would like to see. We'd appreciate it if you could to all items. However, you may skip an item if you so choose.

Thank you for your cooperation.

© A. O. Horvath, 1981, 1984, 1991; based on revision by Tracey & Kokotowitc 1989.

1. _____ and I agree about the steps to be taken to improve his/her situation.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
2. My client and I both feel confident about the usefulness of our current activity in therapy.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
3. I believe _____ likes me.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
4. I have doubts about what we are trying to accomplish in therapy.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
5. I am confident in my ability to help _____.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
6. We are working towards mutually agreed upon goals.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
7. I appreciate _____ as a person.	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
8. We agree on what is important for _____ to work on.	1	2	3	4	5	6	7



Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
9. _____ and I have built a mutual trust.						
1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. _____ and I have different ideas on what his/her real problems are.						
1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
11. We have established a good understanding between us of the kind of changes that would be good for _____.						
1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
12. _____ believes the way we are working with her/his problem is correct.						
1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

## Appendix E – CCCI

**Instructions**

Please use the scale (1 – *Strongly Disagree* to 6 – *Strongly Agree*) to rate (circle) your agreement with the following 20 items that assess cross-cultural counseling competence.

1. Aware of own cultural heritage	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
2. Values and respects cultural differences	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
3. Aware of how own values might affect client	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
4. Comfortable with differences	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
5. Willing to suggest referral for extensive cultural differences	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
6. Understands the current sociopolitical system and its impact on the client	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
7. Demonstrates knowledge about client's culture	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
8. Understands counseling process	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
9. Aware of institutional barriers that affect the client	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
10. Elicits variety of verbal and nonverbal responses	1	2	3	4	5	6
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
11. Communicates variety of verbal and nonverbal messages	1	2	3	4	5	6

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
12. Suggests institutional intervention skills					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
13. Communication is appropriate for client					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
14. Perceives problem within the client's cultural context					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
15. Presents own values to client					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
16. At ease talking with client					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
17. Recognizes limits placed by cultural differences on the counseling relationship					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
18. Appreciates social status of client as an ethnic minority					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
19. Aware of professional responsibilities					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
20. Acknowledges and comfortable with cultural differences					
1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

\*LaFromboise, T. D., Coleman, H. L., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Psychology: Research and Practice*, 22(5), 380-388. doi: 10.1037/0735-7028.22.5.380