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# Engagement of Latino Mental Health: Voices from Professionals in the Minnesota Community

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Engagement of Latino Mental Health: Voices from Professionals in the  
Minnesota Community

by

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MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work St. Catharine University and the  
University of St. Thomas, St. Paul, Minnesota in Partial fulfillment of the Requirements  
for the Degree of Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University -  
University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-  
month time frame to demonstrate facility with basic social research methods. Students must independently  
conceptualize a research problem, formulate a research design that is approved by a research committee  
and the university Institutional Review Board, implement the project, and publicly present the findings of  
the study. This project is neither a Master's thesis nor a dissertation.

## **Abstract**

There is a concerning number of Latino individuals that underutilize mental health services. Research explains that reasons for not accessing mental health resources are due to: lack of information on mental health, socioeconomic factors, cultural factors, lack of representation, fear, and stigmatization. The purpose of this study was to define some of the challenges that Latinos face in accessing mental health services and to determine what type of treatment models are most effective when working with Latino clients. Additionally, the study is especially interested in how someone might work with a client who may have an alternative view of diagnosis, such as a supernatural event or *brujería*, and how therapists are able to work with clients on this belief. By conducting a qualitative study by doing interviews (N=5), this study was able to gather answers to those questions. Interviews were analyzed and coded to generate themes; twenty-one themes were identified, but eight of them were determined the strongest. These themes include 1) Cognitive Behavior Therapy (CBT) or Trauma-Focused-CBT (TF-CBT) as the most effective model when working with Latino clients, 2) asking client's perception of the situation, 3) not denying/negating client's perceptions/views 4) understanding client's way of thinking, 5) helping family support client, 6) challenges in accessing mental health and services, 7) resiliency of clients, and 8) admiration of client's resiliency. Social work implications and recommendations for future research are also discussed.

**Key words:** Latino mental health; Engagement of Latino mental health

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## Introduction

*One day while having a conversation with a Latina coworker, we found ourselves having the conversation about her brother's recent diagnosis of schizophrenia. We started discussing how this "new diagnosis" was troubling for his family based on the symptoms that he was experiencing, such as hallucinations and the dangers that presented to him and his family. However, as we discussed this DSM-5 diagnosis, we could not help but discuss some of the cultural factors that presented in the situation. My coworker disregarded the diagnosis of schizophrenia and instead mentioned that his actions were a result of "brujería" that a supernatural cause was to blame, as someone had cast a wrongful-wishing on to him and his family. Her explanation was that a person had caused a curse to him and his family, which resulted in him seeing demons and acting in violence based on those voices/characters he was seeing. I found myself being drawn into her explanation and believing each single thing she was saying. As a Mexican and a believer, I have grown up to believe in things like "brujería" and spirits and respect these beliefs; it is something that is often talked about in my family and community. As I reflected on this conversation, I could not shake away the fact that I was deeply troubled with both sides (diagnosis) of the story. Did her brother, in fact, have schizophrenia and can he be cured with Western-Clinical Treatment? On the other hand, were his actions based on the result of someone doing "brujería" and only someone with those skills and knowledge make this curse go away? In addition, as a beginning mental health professional how can I, as someone that values culture and understands the Latino culture, best engage with the client taking both perspectives---a cultural approach or westernized clinical model? (M.Rios and Anonymous, personal communication, 2016)*

In the U.S, there has been a rise in mental health needs. According to the National Alliance on Mental Illness (NAMI, n.d.a; n.d.b), in the U.S one out of five adults experience mental illness in a year. Being that the U.S is a large country made up of diverse populations, the needs for each community differs based on their cultural make-up. Currently in the U. S 16.3% of Latino, 19.3% of White adults, 18.6% Black adults, 13.9% Asian, and 28.3% American Indian/Native American are dealing with a mental health condition (NAMI, n.d.b). However, mental health service use for Blacks and Latinos are one-half the rate of Whites (NAMI, n.d.b). The fact that Latinos use mental health services at half the rate as compared to Whites shows that there is a significant problem related to access for mental health services.

There could be different reasons for why Latinos have less access to mental health

resources and treatment and it is important to investigate these reasons. When a member is not receiving the proper tools to deal with mental health challenges, it affects their interpersonal and intrapersonal relationships and the ability to be an active, healthy member of society. People with mental health conditions may experience difficulties in life activities such as work, school, and family; they may also experience significant challenges including hospitalizations, physical health concerns, and early death. For example, according to NAMI (n.d.a; n.d.b) 1 in 25 adults who experience a mental illness have difficulties with one or more major life activities. Additionally, mental illnesses, such as mood disorders, are considered the third most common reason for hospitalization for individuals in the U.S (NAMI, n.d.a). Lastly, people with mental health conditions have a higher chance of having chronic medical conditions and, on average, die 25 years earlier than others (NAMI, n.d.a).

As the U.S. experiences a rise in numbers for individuals that are Latino, bilingual or bicultural, it is important for social workers to be aware of the different healing practices in these communities. Social workers play a significant role in the treatment of mental health challenges, but also in other aspects of functioning for individuals. As social workers, they can provide help to individuals, families, and groups enhancing the capacity for improved social functioning. Additionally, by providing psychological services and advocacy, social workers can reach individuals from all backgrounds. As stated in the National Association of Social Workers, "professional social workers are the nation's largest group of mental health service providers. There are more clinically trained social workers--over 200,000--than psychiatrists, psychologists, and psychiatric nurses combined" (NASW, 2016). Therefore, by being aware of some of the best

practices and relationship-building skills with Latino individuals, social workers will be able to advocate and implement policy change to increase access to mental health treatment for members of this community.

The purpose of the study was to investigate experiences of mental health practitioners in Minnesota in the engagement of Latino individuals in mental health treatment and to identify some of the challenges, barriers, or factors that take place in treatment. The research question for the study is: What are the challenges and best practices in engaging Latino individuals in mental health treatment? By doing qualitative interviews with mental health professionals in the Twin Cities, the researcher collected data to inform the community, working professionals, and aspiring mental health workers on challenges and opportunities in working with Latino individuals, best practices for effective treatment, relationship-building, and understanding.



## **Literature Review**

As stated earlier, the number of Latinos that access Mental Health Services (MHS) are less than their White counterparts (NAMI, n.d.a; n.d.b). The fact that Latinos are less likely to use mental health services is concerning, as the number of Latinos dealing with identified mental health challenges in the U.S is currently 16.3% (NAMI, n.d.b). There are many reasons as to why there is underutilization of MHS in this community. Many of those reasons are due to barriers in accessing MHS. The following literature review looks at past research in regards to some of the obstacles for Latinos in obtaining MHS, as well suggestions for improving clinical practice.

### **Barriers to Mental Health**

**Information on Mental Health.** A study by Rastogi, Massey, Hastings, and Wieling (2012) found that community members felt that a need for more information on MHS was necessary to access those resources. If individuals are not aware of the available resources in the community for mental health (MH), it makes it challenging to take advantage of the services that may be available. However, Rastogi et al., also found that Latino individuals often tend to be passive when it comes to searching for resources. As a result, members of their study suggested that having more information about mental health resources available to individuals—and ensuring those resources are close to the community itself—might increase the utilization of MHS by Latinos (2012). However, education and being able to access services does not fully resolve the issues driving underutilization. Other barriers to accessing services include the ability to financially access services.

**Socio-economic barriers.** A second barrier to accessing MHS for Latinos is their socio-economic status and capacity to pay for MH services (Kouyoumdjian, Zamboanga, & Hansen, 2003). According to the U.S Census Bureau, from 2007-2011, out of the 42.7 million people below the poverty guideline, 23.2% among those were Latino (U.S. Census Bureau, 2013). By having low income or being unemployed, individuals have a harder time affording mental health services. Additionally, lack of insurance and cost of care makes it more difficult to seek treatment (Kouyoumdjian, et al., 2003, & Rastogi, et al., 2012). In Rastogi, et al., participants suggested that a way to make mental health more accessible was the ability for providers to provide affordable cost of care (2012). The inability to afford mental health services often leads individuals to seek support somewhere else, such as other supports systems (i.e. religious groups, family, friends, etc.).

**Cultural Values.** The inability to afford MHS makes it hard for Latino individuals to get professional support. However, family and other support systems often tend to be a preferred method for Latinos dealing with mental health concerns. Cultural values, such as the family system and alternative healing practices, offer alternatives for addressing mental health needs (Kouyoumdjian, et al., 2003 & Rastogi et al., 2012).

**Family.** Latinos are known to have an emphasis on the importance of family. One of the reasons Latino individuals may not access mental health services is based on the support and importance of family. For example, Kouyoumdjian et al., (2003) identified that alternate sources of help and support, such as family, matter. As cited in Kouyoumdjian et al., “familism refers to an individual’s strong identification, attachment,

and loyalty to his or her family” (Hovey & King, 1996, p. 401); familism, then, encourages individuals to seek support from family members.

Although Latino people have the support of their family in dealing with mental health challenges, there is also fear about using MHS *because* of the family. There is often shame expressed by the family when accessing mental health services (Kouyoumdjian et al., 2003 & Rastogi et al., 2012). Individuals frequently feel ashamed and fear social criticism not only from what others might think of them but as well what their family will think of them.

***Faith, spirituality, and religious coping.*** Another alternative to seeking mental health providers is that some individuals find spirituality and religious support to be helpful when dealing with mental health concerns. Based on their cultural beliefs, some individuals pursue support from religious groups or faith healers/*curanderos*, as they often feel that their mental health is due to *fatalism*, bad luck, God’s will, or supernatural forces (Kouyoumdjia et al., 2003). *Fatalism* according to Frevert & Miranda, 1998 (as cited in Kouyoumdjia et al., 2003, p.401) “is the belief that individuals have minimal control over their environment” and, if accepted, they “believe that events occur only as a result of luck, God’s will, or harmful wishes made by their adversaries.” Additionally, they believe that “supernatural forces are the source of health problems and psychological distress” (p.401). Accepting religious or supernatural causes as the reason behind mental health difficulties frequently leads Latino individuals to use formal mental health services far less than other cultural groups (p.401). Kouyoumdjia et al., go on to explain that many believe that the use of folk healers and *curanderos*, such as the “use of power suggestion, persuasion, direct advice, massage, herbs, rituals, prayer, and the clients sense of guilt

and sin” can help remove some of the symptoms experienced by individuals (Acosta, 1979, p.401 as cited in Kouyoumdjia et al., 2003).

Additionally, with the use of priests in religious coping, Latino individuals may find a sense of alleviating distress. According to Sanchez, Dillon, Ruffing, and De La Rosa (2012) using internal coping strategies like prayer helped alleviate some of the acculturative stress experienced by Latino immigrants. However, they noted that, when not having an external religious coping strategy, such as religious groups, churches, etc., immigrants often experienced higher levels of stress (2012). Therefore, having religious coping skills, whether they are external or internal, helps alleviate some of the mental health stressors affecting Latino individuals.

**Stigmatization and fear.** Latino individuals are most likely to avoid seeking mental health services due to the stigmatization and fear associated with seeking this type of support (Brennan, Vega, Garcia, Abad, and Friedman, 2005; Kouyoumdjian et al., 2003; & Rastogi et al., 2012). One of the first reasons why Latino individuals fear seeking mental health services is due to the fear of invasion and privacy (Rastogi et al., 2012). They also feel embarrassment, denial, and pride (Rastogi et al., 2012). Other researchers such as Kouyoumdjian et al. (2003), and Brennan, Vega, Garcia, Agad and Friedman (2005), have also found embarrassment, pride, and denial to be reasons for not seeking mental health services. For example, as stated earlier, there is often a feeling of shame and disgrace from the family if individuals seek MHS. It is also frequently considered a sign of weakness (Kouyoumdjian et al., 2003). Lastly, there is the general stigma towards mental illness. Brennan et al., & Rastogi et al., found that Latino individuals see mental health services as existing only for those that are “*crazy*” or “*mal*

*de la mente*” (ill of the mind) (2005 & 2012). Therefore, fear of mental health services and what people think make it less likely for Latino individuals to utilize MHS.

**Immigration and legal concerns.** Immigrant and legal concerns are also barriers to seeking mental health treatment. If an individual is an undocumented immigrant, individuals fear that they will not receive the same quality of service (Kouyoumdjian et al., 2003 & Rastogi et al., 2012). Additionally, because of lack of citizenship, undocumented immigrants often don't have access to healthcare. To qualify for medical assistance or Minnesota Care (MNCare), a criterion is citizenship (Minnesota Department of Human Services, 2016). Lastly, they fear deportation and that information shared could lead to an investigation by the Department of Child and Family Services (Rastogi et al., 2012).

**Representation of Therapists.** Lastly, another barrier to seeking mental health treatment is the inability to find therapists that represent the Latino individual (Rastogi et al., 2012). In their study, Rastogi et al., concluded that, when not being able to find Spanish-speaking therapists or therapists that are culturally sensitive, Latinos will reject the idea of seeing a mental health provider (2012). They reported that clients would prefer to work with someone that would be able to speak Spanish and be culturally sensitive.

### **Working with Latinos in Mental Health**

When working with Latino individuals in mental health systems of care, literature has provided some recommendations for treatment. To best engage in clinical practice and provide services to Latino individuals, education on and awareness of culturally specific mental health care needs and treatment options must increase, for both the

community and providers. Next, providing accessible mental health services that are within individuals' reach increases the likelihood of service utilization. Lastly, by providing culturally and language appropriate treatment, thereby improving the outcome of—and engagement in mental health services—positive results for Latino individuals will more likely result.

**Increasing awareness and education about mental health.** One strategy recommended for higher utilization of mental health services in the Latino community is to increase the knowledge and education about mental health overall (Kouyoumdjian et al., 2003, & Rastogi et al., 2012). By raising awareness and teaching about mental health services, Latinos will be increasingly able to utilize services. Awareness-raising can also help get rid of the stigma of MH when education is provided. Ways that community members can receive this information is through the sharing of information in public places, in the media, in schools, and with community leaders (Rastogi et al., 2012).

**Improving accessibility of mental health services.** Another recommendation in increasing utilization of MHS is to expand and improve the accessibility of services (Kouyoumdjian et al., 2003 & Rastogi et al., 2012). When services are readily and easily accessible, the higher the chance services can be utilized. Ways to increase accessibility include providing affordable services, creating outreach programs, doing home visits, improving services in the community (Rastogi et al., 2012). Additionally, being able to provide services that are available to the entire community, regardless of immigration status or ability to pay (2012).

**Linguistically and culturally appropriate mental health.** Lastly, providing mental health services that are culturally and ethnically appropriate, as well as

linguistically appropriate, are necessary for providing mental health service to individuals in the Latino Community (Costano, Biever, Gonzalez, & Anderson, 2007; Kouyoumdjian et al., 2003; &Rastogi et al., 20012). There are different factors to keep in consideration when working with individuals in the Latino community that can support culturally and linguistically appropriate treatment.

***Language.*** A recommendation highly suggested in the literature is that more Spanish-speaking therapists should be hired in the mental health field in order to best serve the Latino community (Rastogi et al., 2012). Additionally it is recommended that therapists be aware and knowledgeable of the language when it comes to proverbs, sayings or *dichos*, as they are called in Spanish, as a way to relate and engage with the client. (Adames, Chavez-Dueñas, Organista, 2016 & Santiago-Rivera et al., 2009). Adames et al. noticed that, when providing interventions in Spanish and being aware of proverbs, "coloristic names, sayings in Spanish" built a better rapport with clients. Lastly, knowing that part of the population can use both languages, Spanish and English, can sometimes make it hard to choose the delivery of language in treatment. Santiago-Rivera et al., focused on the power of language-switching, in which both the client and therapist can switch back and forth in languages (2009). They noted that, with language changing, there was a better opportunity to build relationships, develop trust when using *dichos* (sayings), show commonality, and help the client express emotion (2009).

***Connecting with the individual.*** Apart from using language as a way to connect with clients, finding ways to connect with the person is imperative, culturally, when providing mental health services. According to Rastogi et al., "Latinos are looking for a deeper connection with therapists." Study participants stated: "I think we want support,

security, trust, to understand your problem, to feel your pain (2012, p.11). Therefore, individuals are looking for a way to connect with a therapist; this trust can be found when the therapist is warm, is personal and tries to understand the individual. Additionally, the importance of establishing trust, *confianza*, gives meaning to the session. Adames et al., noted the importance of creating *confianza*: a process through which clinicians can develop a relationship based on trust and *personalismo*. To build this *confianza*, which facilitates improved engagement in treatment, clinicians must show clients that they have: the best interest in mind for them, deep listening skills, compassion, empathy, openness, and affirmation of client needs (Adames, et al., 2016).

### **Culturally Responsive Organizations in Minnesota**

As stated in the research question, this study will be focusing on the experiences of Latino mental health care in the Twin Cities. Therefore, it is important to know what organizations are currently striving to be culturally responsive in meeting the needs of the Latino community in this state. To this researcher's knowledge, some of the organizations that work specifically with and within the Latino community are: CLUES (Comunidades Latinas Unidas en Servicio), Centro Tyrone Guzman, and Casa de Esperanza. These organizations are familiar as they are often talked about within the community and with colleagues.

**CLUES.** CLUES is an organization that resides in the proximity of the Latino community, both in St. Paul and Minneapolis, Minnesota. According to their website, CLUES is a linguistically and culturally relevant organization that is served by Latinos and for Latinos. Their programs and services are designed to work with families in



connecting them to resources and providing skills to “create an environment for people to be engaged and empowered” (CLUES, 2015).

Their mission is: “To advance the capacity of Latino families to be healthy, prosperous and engaged in their communities” (2015). Their vision is: “A thriving multicultural community enriched with confident and strong Latino families who contribute their voice, skills, entrepreneurial spirit and cultural richness” (2015). Programs and services include: behavioral health, family well-being, community resource navigation, financial employment, adult education, children and youth engagement, parent engagement, and much more. In summary, CLUES serves individuals and families in the Latino community by providing services that are culturally relevant, supportive, and empowering.

**Centro Tyrone Guzman.** Centro, known by its short name, is an organization located in the Phillips neighborhood of Minneapolis, Minnesota. Their group is aimed at providing "evidence-based, family-centered, culturally responsive services" (Centro, n.d). Centro focuses on providing the resources and skills for Latinos in the community to contribute to the social and economic well-being of the state and to know that they belong.

Their mission reads, “Centro Tyrone Guzman contributes to the well-being and full participation of Latinos through education and family engagement” (Centro, n.d). Their vision is: “Centro Tyrone Guzman envisions a vibrant, diverse and inclusive Latino community that belongs and contributes to the social and economic vitality of Minnesota” (Centro, n.d). Through their strategy of providing education, health and

wellness services, and engagement, staff work with the Latino community as vibrant members of society.

**Casa de Esperanza.** Casa de Esperanza is also another established and well-known organization within the Latino community. Casa de Esperanza, or its English translated name, “house of hope,” is an organization that works with Latino individuals, families and the community in building and empowering them to reach their goals. At Casa de Esperanza, staff aim to provide services and support such as family advocacy, shelter services, leadership development, and community engagement. Their program is culturally and linguistically reflective of the community they serve (Casa de Esperanza, 2015).

### **Summary**

In summary, the literature indicates multi-tiered barriers and challenges that interfere with the accessibility of mental health for the Latino community. These barriers include: lack of information on mental health, socio-economic barriers, cultural factors, stigma and fear, immigration concerns, and lack of language-culture specific therapists. In addition, the literature provides information on strategies to increase awareness and accessibility of mental health services for this community. Research references that, with education, affordability, connecting with clients, and providing language-specific, culture-specific treatment, it is possible to increase the likelihood that Latinos will access mental health services. Lastly, while there is still much work to do to increase access to mental health care for the Latino community, it is important to note the organizations already working with Latinos in Minnesota in, providing services and resources for the betterment of individuals, families and community.

### Conceptual Framework

The following study will use the Ecological Framework as it relates to the person in environment context and the relationship between the two (Gittermain & Germain, 2008, 2014). Along with influencing communities, organizations, and policy (Gittermain & Germain, 2014), the ecological framework considers the dual relationship between the individuals and its environment, as well as reciprocity. In addition, this theory acknowledges that cultural factors affect the relationship between the person and environment. Overall "the ecological metaphor helps the profession enacts its social purpose of helping people and promoting responsive environments that support human growth, health, and satisfaction in social functioning" (Gittermain & Germain, 2008, p. 51). This study benefits from using the ecological perspective, as it is trying to examine how practitioners, working with Latino individuals, best engage in clinical practice. Looking at this community, it is important to consider the individual in their environment and how they interdepend from each other, as well as looking at the relationship between clinician and client. It is also critical to examine ways in which organizations, communities, and policies can influence change.

Some of the concepts used in the ecological perspective will be used to address and guide this research. The first concept is looking at the *person-in-environment* or in other words *ecological thinking*. Through *ecological thinking* individuals are seen as a part of a reciprocal relationship/exchange between people and their environment, which allows for the examination of ways in which each is shaped and influenced by each other over time (Gittermain & Germain, 2008). For example, Gittermain and Germain explain that, in *ecological thinking*, relationships are not done in a linear way, such as A can

affect B and A will not be changed. However, instead, through *ecological thinking*, the relationship between A and B is reciprocal and has no direction: such as A can affect B, and B can affect A. In terms of this study, Latino individuals who are dealing with mental illness and having difficulty accessing mental health services may deal with stress and a deterioration of mental health, which can then affect other elements in their environment. As a result, family relationships might be damaged and contributing to society may be affected. Vice versa, having a lack of support from support systems can then affect the overall mental health of the individual, thereby causing more stress. By applying the concept of *ecological thinking*, it is clear that there is no exact direction between either element, as each item is reciprocal of each other and can affect other components directly or indirectly. (2008).

A second conceptual framework grounding this study is *social environment*. Social environment includes family, friends, groups, organizations, the community and society itself (Gittermain and Germain, 2008). It also includes political, economic and legal systems. Through the *social environment*, the interdependence of an individual can be assessed based on these social constructs and how they play a role in the individual's functioning. Latino individuals have a big emphasis on family; through this concept, the role of family is assessed as one explores the relationships between individuals. Other support systems can be looked at, such as extended family, church and community organizations. Additionally, in the Latino community, immigration policies, lower income, and policies put into place can affect the ability for someone to have access to mental health care. For example, someone who may be undocumented may not have access to healthcare; therefore, they do not have access to receive mental health services.

A third essential concept is *cultural environment*. *Cultural environment* is expressed by people in their values, norms, and beliefs: "the cultural environment affects how people 'structure their behavior, their worldview, their perspective on the rhythms of life and their concept of the essential nature of the human condition'" (p.52). For example, some Latino individuals may believe that the reason for their mental illness may be at the root of a wrong-doing and that they deserve what is happening to them. Others may see mental illness as a curse that was put upon them. On the other hand, others may see mental health challenges as a form of weakness.

Additionally, because the ecological framework looks at the different levels of interactions of the person in their environment, it fosters cultural competence, as it addresses the *micro*, *mezzo*, and *macro* systems. Micro-level efforts focus on work with individuals, families, and groups (Miley, K.K., O'Melia, and Dubois, 2013). The purpose of a micro-level approach is to develop interpersonal change in social functioning (Miley, et al., 2013). A *mezzo* approach focuses on the work with organizations and formal groups, including creating internal change within these agencies (Miley et al., 2013). Lastly, macro-level work examines communities and societies, and it focuses on addressing social problems in society, empowering change within the larger systems and institutions (Miley et al., 2013). Aforementioned in the literature, Latinos face multi-level challenges, which is important for social workers to assess in these different dimensions. When looking at the micro-level approach, one is looking at the individual, family, and small group; *mezzo* looks at communities and organizations; and *macro* looks at the larger/complex systems. Table 1 is a summary of the different practices offered at a micro, *mezzo*, *macro* approach; adapted by Potocky (2013) in practice for working with

immigrant and refugees. Similar methods can apply to the Latino community in regards to these perspectives.

Table 1

*Best Practice Interventions for Immigrant and Refugee Populations*

<p><b>Macro Practices</b></p> <ul style="list-style-type: none"> <li>• Community needs assessment</li> <li>• Policy and program advocacy</li> </ul> <p>Community consultation, education, and development</p>	<p><b>Mezzo Practices</b></p> <ul style="list-style-type: none"> <li>• Interdisciplinary and interagency collaboration</li> </ul> <p>Organizational development</p>	<p><b>Micro Practices</b></p> <p>Health</p> <ul style="list-style-type: none"> <li>• Case identification</li> <li>• Assessment of health beliefs and treatment expectations</li> <li>• Case management</li> <li>• Health education and counseling</li> <li>• Psychosocial treatment</li> </ul> <p>Mental Health</p> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Supportive counseling</li> <li>• Information and skills training</li> <li>• Crisis intervention</li> <li>• Cognitive and behavioral therapies</li> <li>• Interpersonal psychotherapy</li> </ul> <p>Family Conflict</p> <ul style="list-style-type: none"> <li>• Marital and family therapies: behavioral, cognitive, structural-strategic, psychoeducational, and family systems</li> <li>• Family preservation</li> <li>• Ethnic identity and acculturation interventions</li> <li>• Problem-solving therapy</li> <li>• Reminiscence therapy</li> </ul> <p>Language and education</p> <ul style="list-style-type: none"> <li>• Referral, case advocacy, and follow-up</li> <li>• Supportive counseling</li> <li>• Psychosocial interventions</li> </ul> <p>Economic well-being</p> <ul style="list-style-type: none"> <li>• Job search assistance, coaching, and mentoring</li> <li>• Self-employment assistance</li> <li>• Vocational education and career counseling</li> <li>• Professional recertification</li> <li>• Child care</li> </ul> <p>Interethnic relations</p> <ul style="list-style-type: none"> <li>• Structured interethnic contact</li> <li>• Conflict resolution</li> <li>• Client education</li> </ul> <p>Antiracist psychotherapy</p>
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*Note.* Adapted from “Asylum Seekers, Refugees, and Immigrants in the United States” by M. Potocky, 2013, p. 11-13. Copyright 2017 by the Oxford University Press.

## **Methods**

### **Research Design**

The purpose of this study was to answer questions related to working in mental health care, serving the Latino Community: How do practitioners best engage with Latino clients in treatment to build a successful and understanding relationship based on respect of similarities or differences in cultural views? What are some of the challenges and factors in working with individuals? In addition, what are implications for change in policy, practice, and accessibility? To best respond to these questions, this researcher conducted qualitative research through interviews with MH professionals, as they are the primary informants when it comes to working with this community. Because this study looked at the "lived experiences" of practitioners and reflects a desire to promote changes in policy, qualitative research best fit the design for the investigation (Padgett, 2008).

### **Research Setting**

The research setting for this project took place in neutral or quiet locations depending on the participants' preferences. Interviews were conducted in the St. Paul area of Minnesota.

### **Sample**

The sample consisted of five participants all working in agencies in the metro area of Minnesota. Eight participants were initially recruited but only five responded to participate in the research. To be eligible to participate, participants needed to have a practicing license for counseling, such as an LICSW, LMFT, LPC, LPCC, etc. with a minimum of one-year post graduation and one-year experience in the mental health field. Additionally, it was ideal if the participant either a) identified as a Latino practitioner and



b) had experience working with Latinos, having at least a 50% of their caseload identified as Latino. Participants were recruited through snowball sampling. Because this study was deliberate in the information it wanted to gather and because the community reflects a small sample compared to the majority, snowball-sampling best fit its needs. Padgett suggests that snowball sampling works when trying to work with "isolated or hidden population whose members are not likely to be found..." (2008, p.54). In Minnesota, the number of practitioners that serve the Latino community is unknown, though known to be relatively small in comparison with the total amount of mental health providers; using snowball sampling was, therefore, the best fit to initiate this research.

### **Protection of Human Subjects**

Before any data collection, IRB approval was pursued. Once approved, each individual participant was given consent to review plans before agreeing to participate (See Appendix A). A possible risk for the research includes the fear that information, positive or negative, would get back to participants' supervisors. For that reason, the interviewee was reminded of confidentiality and that no identifying information or connection to agencies would be made public. Additionally, data collected for this study was kept confidential and safeguarded in a password-protected file on the researcher's computer. Identifying data was not released and will be deleted from any transcripts from the interviews. Findings from the transcript will be presented on May 15, 2017, at the University of St. Thomas, St. Paul Campus, for the Clinical Research Paper Presentation Day. The audiotapes and transcripts from the study will be destroyed by May 31, 2017.

## **Instrument**

Data was collected by conducting qualitative interviews with mental health professionals who have had experience working with Latino individuals. Questions created for the interview were based on information gathered from the literature review and the ecological perspective. The purpose of the questions was to collect information about the experiences of professionals in working with Latinos in mental health settings. The interview consisted of a total of twenty-five questions: nine demographic questions and sixteen open-ended questions. Questions 1-9 were demographic that were combined with multiple choice and fill in. These first nine questions gathered information on the background of the interviewee, such as type of degree and licensure, number of years in the field, most common mental health diagnosis treated and a few others (for a complete list of the demographic questions see Appendix B). The remaining questions were open-ended questions that gathered information about the engagement process in treatment, best-practicing methods, and a case study in which interviewees responded on how they would work with a client that met the criteria of the case study. The questions were composed using the ecological framework and looked at the macro, micro, mezzo levels (for a complete list of questions see Appendix B). All questions were answered based on the experiences of each participant. Overall, the questions addressed: some of the challenges faced when working with Latino individuals, how relationships and trust are established, the best therapeutic strategies for promoting engagement in treatment, suggestions for policy changes and suggestions for higher access for utilization in mental health services by members of the Latino community.

### **Data Collection**

Data was collected in the form of interviews. Upon approval from the IRB, the following steps were taken for data collection.

1. The researcher connected with committee members to generate a list of 2-3 potential participants.
2. The researcher contacted possible participants, total of eight, via e-mail or phone, and explained the purpose of research. A generic letter was created (See Appendix C) to ensure the information would be delivered to all possible recruits in the same way. Also, interview questions and consent were enclosed (Appendices A and B).
3. If the participant was not able to participate in interview, researcher asked participants to refer to other potential candidates.
4. Interview meetings were set up with each participant at a neutral setting.
5. At time of interview, researcher and participant went over purpose of research, procedure, and known risks to participant.
6. Participants had the opportunity to ask questions; the researcher repeated the objective of the research and what participants were being asked to do.
7. Signature for consent was collected from each participant before the interview along with demographic questions.
8. Interviews lasted from 30-60 minutes; five interviews were conducted.

### **Data Analysis**

Data collected from the interview was analyzed using Grounded Theory (GT) approach. The reason for using GT is based on its basis of being flexible and transparent

when analyzing data (Padgett, 2013). Through this method, raw data was reviewed for coding and identifying key themes. The process of coding began by breaking apart the data, which then set the information to be interpreted (Padgett, 2008). The coding process started by reading transcripts repeatedly “in search of ‘meaning units’ that are descriptively labeled” (2008, p. 152). Analysis of this data was done with open coding, with the researcher keeping in mind certain descriptors of the data; some of these included: barriers, challenges, treatment, accessibility and so forth. Other codes were derived in varying degrees from the interview question and from participants’ words (Padgett, 2008). Once codes were identified/labeled, themes were created.

### **Researcher Bias**

Current bias for this study is based on this researcher's ethnic background as similar to the population of the study. Based on experience, self-awareness, sensitivity and caring for the community, bias may be present in the research; for example, bias may have led the researcher to ask leading questions. However, to reduce bias, committee members reviewed interview questions.

## **Findings**

The purpose of this research study was to obtain knowledge on how to best engage Latino clients in treatment, especially when clients had an alternative view of healing as compared to understandings rooted in Western models of care. The study was formed to look at some of the challenges, barriers, and other factors that Latino clients often experience when trying to access mental health, as well as looking at best practice models for treatment. Additionally, this study sought to gather information about strategies that agencies and community members are implementing to broaden access to mental health services in the Latino community. To obtain this information, the researcher reached out to eight potential candidates from different organizations in the community, all of whom have at least one year of experience working with Latino clients in mental health settings. Out of the eight professionals contacted, five responded; all participants who replied agreed to participate in the study.

## **Sample**

The participants of this study consisted of three females and two males. Two of the participants identified as White; one participant as Hispanic/Latino; one as Middle Eastern; and one did not self-identify. All five held master's degrees: two Master of Social Work (MSW), one Master in Community Counseling, one Master of Arts, and another Master of Science in Psychology. Four of the participants had attained full clinical licensure; the other was on track to be licensed as an LPCC (Licensed Professional Clinical Counselor). Out of the four that had attained full licensure, two of them had their LICSW (Licensed Independent Social Worker); the other two had an LPCC. All participants had been working in the field of mental health for at least a year,

with two working eleven years or more. Each participant had at least one-year experience working with the Latino community, with two of them working eleven years or more. Participants' caseload ranged from at least 13 to the most 30 clients per week. When asked about the percentage of the clients served who were Latino, the range was 50-90%. Services offered in Spanish ranged from 40-100%. Mental health disorders seen by all five participants included: Depressive Disorders, Anxiety Disorders, Trauma/Stress Related Disorders. Other disorders mentioned by at least two of the participants were: Schizophrenia spectrum and other psychotic disorders, Bipolar Disorders, Obsessive-Compulsive and Related Disorders, Substance-Related and Addictive Disorders, and Behavior Disorders (See Table 2 for each participant's response). The interviews were conducted late March and early April 2017. To maintain confidentiality of each participant, participants will henceforth be referred to as Participant 1, Participant 2, Participant 3, Participant 4, and Participant 5.

After interviews had been completed, using a thematic analysis approach, the researcher transcribed and coded each interview that generated themes from the data. All open-ended questions created themes (See Appendix B for interview questions). The questions to participants addressed: strategies for engaging clients in treatment, types of therapeutic models that are best effective, reducing treatment barriers to accessing mental health services, assets in Latino clients, and how the participant benefited from working with Latino clients. Additionally, some questions-focused on engaging with the individual's family and community; some questions looked at the micro, mezzo and macro perspectives. Twenty-one themes were generated from the questions and

participants' responses. To be considered a theme, at least three participants needed to respond with the same idea.

Table 2

*Summary of Participants' Demographic Response*

<b>Demographic</b>	<b>Participant 1</b>	<b>Participant 2</b>	<b>Participant 3</b>	<b>Participant 4</b>	<b>Participant 5</b>
<b>Degree</b>	Master of Art	Master of Science, Psychology	Master of Social Work (MSW)	Master of Community Counseling	Master of Social Work (MSW)
<b>Licensure</b>	LPCC, RPT	LPCC (on track)	LICSW	LPCC	LICSW
<b>Number of years in Mental Health</b>	11+ years	11+ years	3-5 years	1-2 years	6-10 years
<b>Number of years working with Latino Community</b>	11+ years	11+ years	3-5 years	1-2 years	3-5 years
<b>Average number of clients served per week</b>	30	25-30	26	20-25	13
<b>Percentage of Latino clients served</b>	80%	90%	50%	85%	67%
<b>Percentage of services offered in Spanish</b>	50%	100%	40%	85%	55%
<b>Most common diagnoses</b>	Schizophrenia spectrum and other psychotic disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive Disorders, Trauma-and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Substance-Related	Schizophrenia spectrum and other psychotic disorders, Bipolar Disorders, Depressive Disorders, Anxiety Disorders, trauma-and-stressors Disorders, Behavior Disorders	Depressive Disorders, Anxiety Disorders, trauma-and-stressors Disorders	Schizophrenia spectrum and other psychotic disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive Disorders, Trauma-and Stressor-Related Disorders, Substance-Related Addictive Disorders, Behavior Disorders	Depressive Disorders, Anxiety Disorders, trauma-and-stressors Disorders
<b>Race/Ethnicity</b>	-	Hispanic/Latino	White	Middle Eastern	White



## Themes

**Engagement of Treatment.** Participants were asked: *how do you best engage with clients in treatment?* Additionally, they were asked to look at different levels of the client, such as engagement with the client's family and the community. All five participants talked about their engagement process with the client, family, and community.

**Engagement with the Individual.** All five participants spoke about their experiences in how they engage the individual in mental health treatment. However, no theme was generated through this question. Ideas that were talked about among participants included their process of building relationships, but not more than one had the same type of style. Some ideas for relationship building are:

*First and foremost it's language. I match to the language to what the clients they're coming in with what they present. Obvious if it's English or Spanish and they prefer to speak Spanish, I'm going to match to the language first. That's how I engage families...I also like to match to, like if the family is really anxious how to make them feel more at ease by not diving right into the issue but creating some sense of...just like "familismo"...relationship building pretty much, centered around culture and language (Participant 2, p. 1).*

Similarly, Participant 5 talked about his way of engaging with families as:

*the things that, to me, feel like the biggest parts of the way that I engage well with specifically Latino clients in Spanish is some is that I try to be pretty informal. I don't try to talk like a mental health professional and that I try to be really humble and especially culturally humble and not coming across that across as an expert,*

*a gringo, that's learned all about their culture and knows it all and wants to prove that. Instead, I retain a sense of humility and uh...just yeah, I really feel like those are two big things that's just kind this informal: not being as the professional boundary piece. Not having that be as firm and strict as maybe you would in other settings and then humility cause especially cultural humility (Participant 5, p. 1).*

**Engagement with Family.** One theme—the use and importance of family—was generated when asked: *how do you best engage with the individual regarding family?* Three of the five participants talked about how service utilization and the importance of family as deeply tied to the engagement process with the client; for example, *[y]ou have to take into account values and beliefs and what they believe family is important or not important in their treatment planning.* (Participant 2, p. 2) Additionally, Participant 4 stated:

*Well, with the Latino population there's a strong family relationship. So it is important to find out from the client who he regards to be close in his family. And usually its more than one person. But...to also see if that client, you know, would be inclined to ask this person that he feels close with, to ask this person to help him when he needs help; so as a source of support.* (Participant 4, p. 2).

**Engagement with the Community.** When asked, *how do you best engage with the individual regarding community?*, one theme was generated: *connecting to/navigation of resources.* For example, Participant 2 stated,

*we actually have a book...Washburn created the Latino networking consortium. They created a book that has all the Latino providers, not only mental health providers, but they have other services as well... [also] know the*

*community...and be connected with the Latino community... (Participant 2, p. 4-5).*

**Effective therapeutic models with the Latino population.** Participants were asked, *what types of therapeutic models do you find effective when working with Latino clients?* Participants talked about the different styles on how they deliver services to the client. Only one theme generated from this topic, *CBT/TF-CBT*. Cognitive Behavior Therapy (CBT), or the adapted form, Trauma-Focused CBT was the primary modality that four of the five participants stated they used and found effective when working with Latino clients. Participant 1 said *I do think that CBT is very effective, in a modified way. So I do TF-CBT, which is trauma-focused, with children where there's been trauma. I use elements of that with my adult clients...I think it's resonating well (Participant 1, p. 6-7).* Similarly, Participant 3 said *...I use a lot of CBT with teenagers especially and people seem to you know for the most part really respond well to that and feel like that's helpful (Participant 3, p. 5).*

Even though CBT was the central theme in this topic, participants did talk about different modalities or frameworks they use when working with clients. To see a complete list of the responses refer to Table 3

Table 3

*Participants' Responses on Effective Therapeutic Models*

	<i>Participant 1</i>	<i>Participant 2</i>	<i>Participant 3</i>	<i>Participant 4</i>	<i>Participant 5</i>
<i>Therapeutic models/frameworks</i>	CBT, TF-CBT, holistic/alternative approach, visualizations and guided imagery, psychodynamic, play therapy, attachment work	CBT, TF-CBT, EMDR,	CBT, TF-CBT, narrative therapy, motivations interview, client-centered approach,	CBT, TF-CBT, client centered approach	Attachment

**Responding to clients.** Participants were also asked, *when providing services to Latino individuals (who may not be in agreement with or lack knowledge of therapy), how do you respond?* Three of the five participants that responded created the theme of *Explaining/Educating*. For example, Participant 2 stated, *I educate. I believe that the client has the right to know what are the benefits...what are the risks...* (Participant 2, p. 7). Participant 4 added,

*I always explain what we do as therapists...I also explain to my clients what we are is we are a bridge that helps the client walk from point A to point B, but we are not going to do the walking for the client* (Participant 4, p. 6).

**Further support for functioning.** When asked, *have you ever found a Latino client where therapy did not work for them? If so, what was done to provide support for further functioning/treatment for mental health?* Only four of the five participants responded to this question, but no theme was generated. However, some ideas included: following up with the client and asking what did not work, changing therapy with the client, being understanding, or connecting to other activities/resources.

**Culturally Adapting Treatment.** Participants were asked, *how do you culturally adapt treatment when working with Latino clients?* No theme was generated, though some ideas that participants offered included: adding more time for the session to work, relationship building, creating safe space, understanding the culture, and doing treatment in context of the Latino culture.

**Case Scenario.** Clients were given a scenario of a particular client and they were asked how they would respond to that situation in regards to the individual, the family, and the community. The scenario given:

*You are working with a client who has been given a diagnosis of schizophrenia. On the contrary, he believes that someone has put a curse on him/done brujería on to him. Keeping this example in mind or similar situation, how would you answer the following questions...*

**Individual.** In response to the scenario, participants were asked how they would respond to the client in regards to mental health treatment. Out of the replies, three themes were generated: *Asking client's view/definition of the situation, not denying/negating view of client's perception, and exploring client's way of thinking.*

*Asking client view/definition of the situation.* When asked how they would respond to the client, all five participants stated that they would ask the client about his/her perception of the situation. For example, Participant 1 said: *I would want to get to the root of what is...so what happened? What have you done? Have you gone to see a shaman? Have you gone to a curandero?* (Participant 1, p. 16). Another participant explained how they would ask furthering questions about the client's view by asking: *so what makes you believe that there is brujería?* (Participant 4, p. 10).

*Not denying/negative view of client's perception.* Another theme from this question, which all five participants discussed, was the importance of not denying or negating the client's view of the situation. Participant 2 stated: *I would never tell somebody that they're...that that's wrong. Especially if that is a belief that you have about curanderos and about you know somebody putting a spell on me...* (Participant 2, p. 13). Similarly, Participant 4 acknowledged.

*...if someone schizophrenic tells you he's hearing voices, you cannot come as a therapist say well, there's not such a thing, because there is such a thing to him,*

*that's his reality....so when he says bruje<sup>1</sup>ría, right, it's not wise to say there's no such a thing, because then you're not building rapport, you're not understanding him* (Participant 4, p. 10-11).

*Exploring client's way of thinking.* The last theme derived is related to exploring client's way of thinking. Participant 2 summarized that she would work with the client in getting a better explanation of what was happening. *So how can I help you, you know, so that you can better explain [to me] what is happening to you in this supernatural....with your belief system...* (Participant 2, p. 13). Participant 3 added that she might further explore the client's way of thinking by using Kleinman's eight questions...*my initial response...right away was Kleinman's eight questions...it's all about getting at what the patient's understanding of the problem is.* (Participant 3, p. 8).

**Family.** When asking how they would respond to the family based on the case scenario, two themes were generated: *helping the family support the individual* and *this belief is learned from the family.*

*Helping the family support the individual.* Four out of the five participants explained the importance of the involvement of the family in helping with the client's treatment process when it came to the case scenario. Participant 3 stated *...it gets really important to involve the family* (Participant 3, p. 9). Participant 1 said, *Helping support them [the family] is supporting [the] client* (Participant 1, p. 15).

*This belief is learned from the family.* Three of the five mentioned that the alternative belief of bruje<sup>1</sup>ría and using alternative treatment processes is often learned from the family. Participant 2 explained: *He has that belief system, he learned it from*

*somewhere. He learned from the family, he learned it from his mom, from his grandparents...* (Participant 2, p. 14).

**Community.** When asked about how they would respond to the community in regards to the case scenario, only one theme was generated: *know the community/know the resources*. Three of the five participants explained that understanding the community, culturally, and the resources is helpful when engaging the client in treatment. Participant 3 stated: *I would want to know...those communities or environment are supportive or unsupportive. I mean I think that would be a really important part of treatment. And I'm sure there's many different beliefs about it within the community...* (Participant 3, p. 10).

Participant 2 explained the importance of knowing the community and resources:

*...we know therapists, we know priests, we know curanderos. I mean we're supposed to, I mean this is our culture, we have to know who's out there. I know a lady who reads shells or leaves or something. You know it's a Cuban lady on the west side. You know and I know you know over there on Lake Street you know you have somebody que te puede dar una limpia and read your tarot cards you know and there's all kinds of botánicas that you could go to over here by Radio Rey, there was one you know, so you know what are your resources in the community?*

(Participant 2, p. 16)

**Challenges.** All five participants were asked: *what do you see as the major challenges in working with Latinos in mental health?* The question also pertained to the individual, the family, and the community. However, this question asked about all three perspectives at once. The themes generated looked at all systems. These themes were: *lack of access to mental health/services, lack of access to insurance, economic instability,*

*language barriers, long wait list/access to providers, and views/beliefs about mental health.*

***Access to Mental Health/Services.*** Four of the five participants explained how one of the biggest challenges in mental health care is access. For example, participant 2 stated: *I think one of the major barriers with Latinos is lack of...accessibility to services.* (Participant 2, p. 22). Similarly, Participant 3 said, *[p]eople [not] accessing psychology department...Latino families often get referred out* (Participant 3, p. 11).

***Lack of access to insurance.*** Inaccessibility to insurance was another component of economic barriers for Latinos, as stated by three of the participants. Participant 3 reported that lack of insurance is something she sees. She stated *...lack of insurance. And so I see a lot of parents who would want therapy but they don't have insurance that would cover it.* (Participant 3, p.10). Participant 2 also mentioned *...they don't have any insurance. There's no way of providing services...out of pocket is not going to be an option for people...* (Participant 2, p.22)

***Economic instability.*** Economic instability was a third theme generated. Three of the five participants identified economic instability as a challenge. Participant 5 stated *the biggest barrier is always an act of economic barrier, and the stress of poverty, and the stress of financial instability. And that just continues to be the biggest barrier for all the [Latino] kids that I've worked with* (Participant 5, p.11). Similarly, Participant 2 stated:

*I think one of the major barriers with Latinos is lack of, you know, accessibility to services...they don't have any money...It's expensive to go see a therapist; you know...we a lot of Latinos living...at or under the poverty line...* (Participant 2, p.22)



**Language.** Three of the five participants also listed language as a barrier.

Participant 1 said, *[l]anguage barriers, of course, it's a challenge* (Participant 1, p. 17).

Participant 3 also stated: *[l]anguage barriers, like I see that all the time* (Participant 3, p. 11).

**Long waiting list/lack of access to providers.** Three of the five participants explained how there is a lack of providers, which then leads to long waiting lists.

Participant 2 stated, *[l]ack of providers. I mean there's not many. We have CLUES who has a huge waiting list. And then there's a few here and there; clinicians scattered in the Twin Cities and nobody pretty much knows where they are...* (Participant 2, p. 23).

**Views/beliefs about mental health.** Lastly, an identified challenge was the views/beliefs that Latinos have about mental health; three of the five participants spoke about this challenge. For example, participant 3 said,

*I mean I think there's stigma around accessing mental health services in every community. I mean it might be a little different, the background to it and I mean there certainly are, certainly are Latino families that I've worked with who you know don't believe in depression or think you know tell a loved one to suck it up and get over it or whatever* (Participant 3, p.10)

Similarly, Participant 4 stated, *[a] challenge is that some...come with their mind already set that they have a particular diagnosis* (Participant 4, p.15).

**Providing support in accessing mental health.** Participants were asked; *as a mental health provider how do you support the individual to obtain access to mental health care?* All five participants responded, though no themes were generated. Some

ideas mentioned were: connecting individuals to resources, psychoeducation, providing support, offering sliding scale fees, and marketing services/agencies.

**Agencies addressing barriers to mental health.** Another question participants were asked was: *what is your agency doing to address barriers to mental health? Or is there an initiative already in process?* No themes were generated from this question.

However, some ideas included: referring or connecting to other services, bringing resources to the clients, and screening for mental health concerns.

**Community addressing barriers to mental health.** Additionally, participants were also asked: *what is the community doing to address barriers to mental health?* One theme was generated: *becoming more informed*. Participant 1 stated *I think what they're doing is trying to become more informed...* (Participant 1, p. 22). Similarly, Participant 3 said, *I think that there's ongoing conversations [about] mental health* (Participant 3, p. 16).

**Assets of Latino clients.** Participants were asked: *what is an asset that you see in your Latino clients?* All five participants described assets that they see in their clients; two themes were derived: *resiliency* and *familismo* (family importance).

**Resiliency.** Four of the five participants spoke to the characteristic of resiliency that Latino clients demonstrate. Participant 2 explained *I describe how Latinos are resilient, they're resilient, they're like those palm trees that they go through a lot of stuff moving from one country to another, experiencing difficult things you know coming here* (Participant 2 p. 33). Participant 5 similarly added:

*well, the basic orientation that I've always found to be really powerful in all the Latinos families that I work with is this internal strength that just comes from a*

*place that is very grounded and [deep] ...And one thing that I really like is that it feels like Latino parents that I work with start from a place of knowing that life is hard and that la vida es un lucha and la vida es dura and that you need to work really hard, and you need to be strong...And then just simply all of the barriers and challenges and obstacles that all of my Latino parents have already overcome in their lives have given them a lot of strength, a lot of determination, and a lot of perseverance; that is just admirable...they never stop working and they never stop persevering and they get up every single morning and do it all over again*

(Participant 5 p. 16-17).

**Familismo (family importance).** Three out of the five participants described how family is an important role yet and significant strength in the Latino community.

Participant 2 explained *...your roots will make you stronger. And by roots I mean like your family, your support systems...* (Participant 2, p. 33). Additionally, Participant 4 explained:

*Latino clients, they tend to be very persistent. A lot of them have endured a lot of difficulties to come here...and yet it repeats itself where they talk to each other and encourage each other to come and continue doing that for the sake of their family. So they're very family oriented that's for sure* (Participant 4 p.21).

**Personal/professional benefit.** Participants were also asked, about how they have benefited professional or personally from working with Latino clients. All five responded in similar ways, and two themes were created: *benefitting from the client's resiliency* and *high regard*. Participant 1 stated:

*I have a very high regard for what they do and how they move forward and how they continue to parent when they're disempowered and so isolated. And I think that piece has been something that I have personally grown from (Participant 1, p. 25).*

Participant 5 added:

*There is something that has always just made the work feel really deep when I'm working with Latino families and it's definitely because of culturally who they are and all that they've been through and the strengths that are pretty specific to Latino. So definitely professional I have you know it's expanded my ability to be able to respect and honor different perspectives because there's a whole wide of variety of perspectives in the Latino community and I've learned a lot about all the different ways to understand the world and how much value each of those different ways has (Participant 5, p. 18).*

**Last words.** Lastly, before ending the interview, participants were asked if they had any final words or advice for the researcher. No theme was generated out of this question, though some advice given included: encouragement for the community and agencies to focus on improving access to services, reflections about how working in this field is a humbling experience, suggestions of needing more Latino providers, and, as future professionals and people interested in working with the Latino community, the importance of researching and possessing knowledge about the culture.

## **Discussion**

### **Sample**

Eight participants were identified as possible candidates, and all eight were contacted via e-mail. Potential candidates that did not respond within a week were contacted a second time and, on occasion, a third time. However, only five of them responded and agreed to be part of the study. No calls were made to those that did not return a response, and no additional attempts were made to contact.

Each participant met the criteria of having at least one year of experience working with the Latino community, with each having at least half of their caseload identified as Latino clients. Two of the participants had eleven or more years of experience. All participants offered services in Spanish. Only one of the participants identified as Latina/Hispanic.

### **Themes**

This study found a total of twenty-one themes, which were created if three or more participants talked about a particular item. Strong themes are determined if at least four of the participants responded in ways that reflected a common theme; eight strong themes were identified. The following discussion involves an overview of the most dominant themes.

**Use of CBT/TF-CBT.** Participants were asked to discuss some of the therapeutic models they found effective when working with Latino clients. All participants talked about the different models and frameworks used in sessions. However, the most common approach, mentioned by four of the five participants, was the use of Cognitive Behavior Therapy (CBT), or a modified version for clients who have experienced trauma: Trauma-

Focused CBT. Literature suggested creating culturally and ethnically relevant approaches was necessary for providing quality mental health care to Latino clients (Costano, et al., 2007; Kouyoumdjian et al., 2003; & Rastogi et al., 20012). No participant talked about how CBT is culturally or ethnically modified in working with Latino clients. However, they did express that, when modifying CBT for traumatized clients, they saw a good outcome in treatment. Although CBT was the preferred modality of treatment, it cannot be assumed that CBT works for all clients, as all clients have specific needs and therapeutic interventions should not reflect a "one size fits all" approach.

**Asking Latino clients about their views on the situation.** One of the themes that came out when asking participants how they would respond to a scenario where a client is given a diagnosis of schizophrenia but believes someone did *brujería* to him. In response to this scenario, all five participants responded that they would ask the client for his view on the situation and ask further questions: in other words, having a client-centered approach. Participants encouraged providers to ask the client about: what happened, what the client has tried for symptom reduction, exploring whether the client has seen a *curandero*, etc. Participants described ways in which questions like these can help with the engagement process, as part of understanding more about: what the client is experiencing and his views on the situation, whether he believes someone actually did do *brujería* to him, or if he needs guidance in his experiences. Adames, et al., (2016) and Santiago-Rivera et al., (2009) talked about the importance of understanding the culture and knowing community resources as significant factors in improving engagement in treatment (Adames, Chavez-Dueñas, Organista, 2016 & Santiago-Rivera et al., 2009). By asking these questions, related to understanding the view of the client *and* the client's

culture, a therapist might be better able to build a relationship with a client who is experiencing symptoms of schizophrenia but, in fact, believes he is experiencing something else. Therefore, when working with similar clients, it is not recommended to assume an "either-or" perspective. One has to look at *both* the mental health diagnosis *and* the client's perspective. The following two themes— not negating the client's view and exploring the client's way of thinking—are also important when engaging with Latino clients in similar situations.

**Not denying/negating views of client.** Another theme that came out of the scenario was the importance of not denying or negating the client's views on the situation. All five participants talked about not denying if the client saw his symptoms as representative of a supernatural event. They explained that, as clinicians, we are not ones to say whether a client is wrong. Instead, we have to work with the client's views of a situation. As the literature states, validating clients' perspectives is a major factor when providing mental health care, especially when clients are looking to be understood. As Rastogi et al. (2012) mentioned, "Latinos are looking for a deeper connection with the therapist" (p. 11).

**Exploring Latino clients' ways of thinking.** Exploring ways of thinking was the second theme that was derived from the case scenario, related to strategies for increased engagement in treatment. Although this theme seems very similar to asking questions about a client's views on the situation, this theme was more focused on knowing the client's general way of thinking. Kouyoumdjia et al. (2003) stated that, when accepting religious or supernatural reasons as the cause of mental health challenges, Latinos typically used less mental health resources. However, if a clinician can understand the

client's perception that his symptoms are related to supernatural causes, clients may be more likely to stay in treatment, due to feeling that the therapist can understand where he or she is coming from.

**Helping family support client.** As literature has stated and participants said, the importance of family is a major factor in the Latino community. Kouyoumdjian et al., (2003) identified that alternate sources of help and support, such as family, are important. As cited in Kouyoumdjian et al., "familyism refers to an individual's strong identification, attachment, and loyalty to his or her family" (Hovey & King, 1996, p. 401). Therefore, when working with the individual, a theme that emerged was being able to help the family support the client.

**Challenges in accessing mental health and services.** When participants were asked about some of the challenges they see in Latino clients accessing mental health services, nineteen challenges were identified. However, the strongest challenge identified was limited access to mental health care and services. The literature identified socio-economic factors and lack of knowledge as being two of the main factors contributing to the inaccessibility of mental health care for Latino clients (Kouyoumdjian et al., 2003 and Rastogi et al., 2010). While inaccessibility to mental health treatment was the primary challenge identified, it does not clarify the reason behind the problem. Nonetheless, it is important to be aware of the particular difficulties that Latinos may face in accessing mental health care. Most of the challenges mentioned by participants, that were not considered themes, included: income barriers, lack of insurance, lack of culturally and linguistically appropriate providers, etc.



**Resiliency of clients.** When asked about an asset that they see when working with clients, four of the five participants identified resiliency as the main strength when working Latino clients. They all spoke to clients' resiliency when dealing with tough situations, such as immigration, low resources, low community support, and struggles that just keep repeating each day. However, even though these conflicts are present, the Latino community continues to move forward in life without giving up. Literature used for this paper did not focus on strengths of Latino clients; a reason for that omission might be that research often focuses on deficits rather than strengths.

**Admiration of client's resiliency.** Lastly, when asked about how they have benefitted personally or professionally in working with Latino clients, four participants talked about their respect of the client's resiliency. They spoke about how they admired and compared themselves to the client when dealing with tough situations. Literature did not focus on practitioners' experiences and growth when working with Latino clients; it would be interesting to see if there is any research focused on professional experiences and growth when working with certain groups of clients.

### **Researcher Reaction**

This researcher enjoyed each interview and was grateful for each participant that took part in this research study. All participants had insightful information to give and expressed appreciation for the purpose of this study. Responses provided gave the researcher confidence in working with Latino clients and knowledge about working with clients who may have alternative views on mental health care. Moreover, hearing people that were not Latino but still able to connect with the Latino community was moving. Additionally, it was fascinating to see how each interview resonated with the others, and

it was impressive that each participant had so much information to share. Because of the information gathered and the experiences of participants, the researcher felt inspired to further develop as a professional in and serving the Latino community.

### **Limitations/Recommendations for Future Research**

Two limitations of this study include a small sample size and inability to generalize to the larger population of professional social workers. Additionally, as this study used a snowball sample, the researcher did not have direct contact with agencies. Recommendations for future research would be to target specific Latino-serving organizations for a larger sample. For example, it would be helpful to have face-to-face consultations with the organizations to gain permission in recruiting and connecting with therapists directly. Another recommendation would be to make the study available through online surveys, which might eliminate limited generalizability as an identified challenge. Furthermore, the use of incentives, such as advertising participant agencies, might be recommended to increase the sample size. On the other hand, because two of the participants had no experience working with individuals with Severe and Persistent Mental Illness (SPMI), looking for participants that have experience working with this population would be beneficial. Lastly, it would be interesting to look at how the race of the practitioner impacts the therapeutic relationship.

### **Implications for Social Work**

An implication for the field of Social Work is to do more research and become more familiar with the Latino culture. It is important for social workers to be aware of the different belief systems in the Latino community, alternative ways of healing, the importance of family, and the challenges that the Latino community faces. Similarly, due

to the limited accessibility to mental health care, it would be worthwhile for practitioners to be well-oriented and aware of community resources available for Latino individuals and their families. Implications for policy include the need to strategically increase accessibility to mental health and other services for Latinos.

## **Conclusion**

The purpose of this study was to determine some of the challenges and best practices when working with Latino individuals, especially when a client may have an alternative view of mental health symptoms. By interviewing mental health professionals in Minnesota, the study was able to gather responses to address these matters.

The first strength of this study was that all participants were professionals working with Latino clients. Because of their experience in the mental health field, participants were very knowledgeable about factors affecting Latino members in accessing mental health services, as well as ways to best engage in and improve access to quality care. Secondly, the study allowed for the gathering of detailed responses from participants and the ability to seek clarification if things were unclear. Lastly, because of this researcher's experience of working with Latinos in the community and identifying as Latina, herself, familiarity with and sensitivity to the topics already existed.

In conclusion, there are different aspects one has to consider when working with the Latino community. Being aware of cultural influences will make it easier to understand where clients are coming from and their view on a variety of issues. By being able to comprehend the culture, have a client-centered approach, and understand the client in the context of their family, culture, and community, providers can better engage Latino clients in treatment, especially when working with someone with alternative views

of mental health symptoms. By understanding that an “either-or” approach is unhelpful, one can still work with a client in a westernized way, diagnosing a client with schizophrenia while, at the same time, accepting the client’s alternative, holistic and spiritual beliefs. Being able to view the client using both perspectives and helping to guide the client through the journey of mental health care is essential. Additionally, knowing the importance of family and being able to help the family as they support clients is a key element when working with Latino clients. Although there may be many challenges that Latinos have to overcome, the strength and resilience of Latino individuals, families, and community are noteworthy. Being able to understand these strengths and challenges, especially regarding the lack of access to mental health care and other services, is imperative to future Social Work practice. To conclude:

*“...We all work within our theories of preference but theories in and of themselves are not enough. Latino is Latino. They have their culture, they have their set of beliefs, they have their traditions. So for us to help them, we have to go in their lives and surround ourselves with their culture. With their culture so that we can help them in a way that’s relevant to them. Not in a way that’s relevant to us, as Americans or to us as Westerners. It’s important to treat them within the context of [their] culture. Otherwise treatment plan, diagnostic assessment, all that, are not going to be accurate” (Participant 4, p. 9).*

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Appendix A

**ST CATHERINE UNIVERSITY**  
**Informed Consent for a Research Study**

**Study Title:** Engagement of Latino Mental Health: Voices from Professionals in the Minnesota Community

**Researcher(s):** Maria Rios

You are invited to participate in a research study. This study is called *Engagement of Latino Mental Health: Voices from Professionals in the Minnesota Community*. The study is being done by Maria Rios, a Master of Social Work candidate at St. Catherine University/University of St Thomas School of Social Work in St. Paul, MN. This study will be under the supervision of faculty advisor, Michael Chovanec, Ph.D., LICSW, L.M.F.T.

The purpose of this study is to hear the voices of mental health professionals in the state of Minnesota who have at least one year of experience working with Latino clients. The study is hoping to gain information on how mental health professionals best engage in treatment when working with Latino individuals. This study is important because it will help people who are working or aspiring to working in the mental health field in the Latino community. Approximately 8 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

**Why have I been asked to be in this study?**

You are being selected for this study for your experience in the field of mental health and your work with the Latino community. In order to be selected for this study you must have at least one year of experience working in the mental health. Additionally, you must have experience working with Latino clients. Because of your experience and involvement with this community, the information gathered will be useful for this researcher's professional involvement and others in the field of mental health.

**If I decide to participate, what will I be asked to do?**

If you meet the criteria and agree to be in this study, you will be asked to do these things:

Step 1: You will need to review the Informed consent and interview questions that were e-mailed to you during initial contact.

Step 2: Ask researcher questions or address concerns about the study or informed consent form.

Step 4: Participate in a 45-60 minute audio-taped interview.

In total, this study will take approximately 45-60 minutes over one session.



**What if I decide I don't want to be in this study?**

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

**What are the risks (dangers or harms) to me if I am in this study?**

A possible risk for this study might be negative information that you say about your agency that could potential be linked to you. However, in order to minimize this risk potential, you will have access to interview questions prior to deciding to participate or not. You will also have the right to choose whether to answer a question or not, or if you would like to discontinue the interview at any time. Additionally, a neutral setting will be offered, such as library with a meeting room. Lastly, I will be de-identifying the data, which means no name or identifying information will be used throughout the final product of the study.

**What are the benefits (good things) that may happen if I am in this study?**

There are no direct benefits to you for participating in this research. Benefits from this study will help the field of social work in research and practice when it comes to working with Latino clients. It will give knowledge and skills to mental health workers who are currently practicing or aspiring mental health workers in the field who would like to work in Latino community.

**Will I receive any compensation for participating in this study?**

You will not be compensated for participating in this study

**What will you do with the information you get from me and how will you protect my privacy?**

The information that you provide in this study will be audio recorded and then transcribed. No identifying information will be mentioned in the data. Only faculty advisor, Michael Chovanec and I will have access to the data, I will keep the research results and audio recorded data in password-protected laptop that I only have access to. I will finish analyzing the data by May 20, 2017. I will then destroy all original reports, identifying information, and audio files that can be linked back to you.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do

not grant permission, the information will remain confidential and will not be released.

**How can I get more information?**

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at maria.rios@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Michael Chovanec at mgchovanec@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

**Statement of Consent:**

I consent to participate in the study and agree to be audiotaped.  
My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

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Signature of Participant

Date

---

Signature of Researcher

Date

## Appendix B

### Engagement of Latino Mental Health: Voices from Professionals in the Minnesota Community

**Directions:** Please answer the demographic questions and bring with you at the time of the interview. Feel free to look through the open-ended questions and jot down notes. Open-ended questions will be done in order and will be audio recorded.

This study is looking to hear from mental health professionals in the state of Minnesota. Feel free to give examples when answering questions.

#### Interview Questions

##### Demographic questions:

1. What degree do you hold, please write. (i.e Master of Social Work, PsyD. Marriage and Family therapist, etc.)?
2. Please write down the type of licensure you hold or are on track to obtain? (i.e. LGSW, LICSW, LAMFT, LPC, etc...)
3. How many years have you been working in mental health?
  - 1-2 years
  - 3-5 years
  - 6-10 years
  - 11 + years
4. Of those years how many have been involved with the Latino community?
  - 1-2 years
  - 3-5 years
  - 6-10 years
  - 11 + years
5. What is the average number of clients you serve?
6. What is the percentage of Latino clients that you serve?

7. What percentage of services is offered in Spanish?
8. What are some mental disorders or behavioral disorders that you normally see or diagnose with? (Check all that apply)
- Schizophrenia spectrum and other Pyschotic Disorders
  - Bipolar and Related Disorders
  - Depressive Disorders
  - Anxiety Disorders
  - Obsessive-Compulsive and Related Disorders
  - Trauma- and stressor- Related Disorders
  - Dissociative Disorders
  - Somatic Symptom and Related Disorders
  - Feeding and Eating Disorders
  - Substance-Related and Addictive Disorders
  - Personality Disorders
  - Behavior Disorders
  - Other (please specify)
- 

9. Ethnicity Origin or Race (optional)
- White
  - Hispanic or Latino
  - Black or African American
  - Native American or
  - Asian/Pacific Islander
  - Other (please specify)
- 

Open Ended Questions:

1. How do you best engage with clients in treatment (i.e. relationship building, treatment planning, etc.)?
2. How do you best engage with the individual regarding family?
3. How do you best engage with the individual regarding community?
4. What types of therapeutic models do you find effective when working with Latino clients?
5. When providing services to Latino individuals, who may not be in agreement with or lack of knowledge of therapy, how do you respond?

6. Have you ever found a Latino client where therapy did not work for them? If so, what was done to provide support for further functioning/treatment for mental health? (e.g., referred to any other resources? support groups? etc...)
7. How do you culturally adapt treatment when working with Latino clients?

The following case study explains a situation that may come up when working with Latino clients. Please read and answer the next question based on this situations or similar situations (cultural/religious) that may arise when working with Latino clients that may be resistant to seek mental health treatment.

**Case study:** *You are working with a client who has been given a diagnosis of schizophrenia. On the contrary, he believes that someone put a curse on him/done brujería on to him. Keeping this example in mind or similar situations, how would you answer the following two questions...*

8. Knowing that *brujería* is a belief/spiritual system in the Latino community, how would you respond in treatment with the client?
9. How would you respond to the case study in response to family?  
Community?
10. What do you see as the major challenges in working with Latinos in mental health services? (i.e cultural barriers, economic barriers, language barriers, etc...). Individual? Family? Community?
11. As a mental health provider how do you support the individual to obtain access to mental health?
12. What is your agency doing to address barriers to mental health? Or is there an initiative already in the process?
13. What is the community doing to address barriers to mental health?
14. What is an asset that you see in your Latino clients?
15. How have you personally/professionally benefited from working with Latino clients?
16. Are there any last words you would like to add/Anything else you think might be helpful in my study?

THANK YOU!

## Appendix C

### Recruitment Letter

Hello \_\_\_\_\_,

My name is Maria Rios and I am a graduate student at St. Catherine University/University of St. Thomas, currently pursuing my Master of Social Work. Under the supervision of Michael Chovanec, Ph.D., LICSW, L.M.F.T , a faculty member in the School of Social Work, I will be completing a study as part of my graduation requirement.

I am looking for potential candidates for a research study I am conducting, titled: *Engagement of Latino Mental Health: Voices from Professionals in the Minnesota Community*. The purpose of this study is to gather information from mental health professionals working with Latino individuals in Minnesota. The information gathered will help others and myself as future mental health professionals. I am hoping to obtain information on how current professionals engage and build relationship in mental health treatment of Latino clients. Participants must have at least one year of mental health experience with direct service to Latino clients.

If you wish to participate and/or have any questions feel free to e-mail me at maria.rios@stthomas.edu. In the e-mail include the best way to contact you and the dates and times that work best for you. Attached to this e-mail you will find a copy of the interview questions for this study and informed consent; we will review these documents on the day that we meet.

If at this time you are not able to participate , but know of someone who might be helpful please feel free to pass this e-mail and/or if comfortable share with me their contact information.

Thank you and I look forward to hearing from you soon.

Maria Rios  
maria.rios@stthomas.edu