LATINO FAMILIES' EXPECTATIONS ABOUT THE PROCESS OF FAMILY THERAPY, THERAPISTS, TREATMENT OUTCOME, TERMINATION, AND FUTURE THERAPY

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DEDICATION

I want to dedicate this dissertation to my mother Felippa Nery (In memory), who had always encouraged me to continue studying. I also want to dedicate this work to my dear husband, Evaldo, who has given me unrestricted support and encouragement. Most importantly, to God who provided me with strength and wisdom to keep going each day, who called me into this beautiful helping profession and gave me the understanding of His plans for my life and my clients — that He has plans to prosper us and not to harm us, plans to give us hope and a future (Jeremiah 29:11, NIV).

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ABSTRACT

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LATINO FAMILIES' EXPECTATIONS ABOUT THE PROCESS OF FAMILY THERAPY, THERAPISTS, TREATMENT OUTCOME, TERMINATION, AND FUTURE THERAPY

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While researchers have focused on exploring client expectations about therapy, most of these studies have focused on individual therapy and the mainstream population. Very few studies have been dedicated to exploring the expectations of Latino/a clients about therapy and even fewer have been dedicated to exploring the experience of Latino families in family therapy. The theoretical framework used in this qualitative research is general systems theory and expectancy theory. The purpose of this study was to explore families' expectations about the process during family therapy treatment and the expectations about the outcome of therapy and the termination process. Participants in this study were first and second-generation immigrants from Central and South America, Mexico, and Caribbean Islands, which are Cuba, Dominican Republican, and Puerto Rico. Participants answered an online qualitative survey. After data were analyzed, five themes and several subthemes were found in this study: (1) Positive Experience in Therapy, with three subthemes: (1a) Expectations before therapy, (1b) Observations after therapy, and (1c) Experience of parents with therapy; (2) Involvement of Family Led to Effective Treatment; (3) Latinos Expected Therapy to be Useful; (4) Latino Expectations

about Therapists, with two subthemes: (4a) Prior to Therapy and (4b) After Therapy; and (5) Children Expected That the Therapist Would Take Parents' Side. The results of this study contribute to therapists' understanding of Latino families' expectations for therapy. Therapists will be able to facilitate therapeutic alliance with these families, and to write treatment planning that will meet the needs of the Latino families.

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CHAPTER I

INTRODUCTION

According to the United States Census Bureau, the Latino population in the United States is the fastest and largest growing ethnic group in Texas; in 2015, the population was about 56.6 million, making 39.1% of the total population Hispanic or Latino (U.S. Department of Commerce, 2016). Hispanic is a term used to describe those persons who are descended from parents who share language, culture, and traditions inherited from Spain (Hernandez & Curiel, 2012), such as people from Mexico and countries of Central and South America. The term excludes countries such as Brazil, Suriname, Guyana, and French Guyana, where their official languages are subsequently Portuguese, Dutch, English, and French (Garcia-Preto, 1996; U.S. Department of Commerce, 2016). In contrast, Latinos are those persons who are from countries in Latin America, including Spanish-speaking countries (Hernandez & Curiel, 2012). In this study, I chose to use the term Latino when I referred to children, women, and men, as a group. I used the term Latina when I am specifically talking about women. As this study focused on a Latino sample who all speak Spanish, then when I write about the Latino population, I am talking about Latinos who speak Spanish. When I used the term Hispanic, I was talking about people who are Spanish speakers and have cultural traditions and language heritage from Spain.

This study explored the experience of Latino families with family therapy. Participants were Latino, first and second generation of immigrants to the United States from Spanish speaking countries. According to López, Barrio, Kopelowicz, and Vega (2012), large numbers of Latino families who are living in the United States may be seeking mental health services for many reasons, such as difficulties in family relationships, the experience of depression, cultural stress, acculturation challenges, and disruptive behavior. Other studies have focused on expectations individuals have about the process and the effect on the outcome of therapy (Callahan, Aubuchon-Endsley, Borja, & Swift, 2009). In most studies concerned with expectations about therapy, the participants were White and non-Hispanic Americans (Callahan et al., 2009; Connor & Callahan, 2015; Demyan & Anderson, 2012; Devilly & Borkovec, 2000). Few studies have focused on family expectations about the process of family therapy (Heafner, Kang, Ki, & Tambling, 2016) and even fewer are dedicated to Latino and Hispanic families. In this chapter, I will discuss expectations of therapy in the general population, the role of expectations related to premature termination of treatment, and the effectiveness of the treatment. In addition, I will discuss the experience of being Hispanic or Latino in therapy, the statement of problem, the statement of purpose, the theoretical framework, research questions, definition of terms, assumptions, and delimitations.

The Researcher Background

I am a Licensed Professional Counselor (LPC) who works primarily with Spanish speaking clients. These clients indirectly contributed to the topic of this dissertation.

Years ago, when I was doing my internship to acquire hours toward my full licensure, my clinical supervisor asked me what I was doing in therapy because she saw that I had low rates of no shows and high rates of clients attending therapy and working toward a successful termination. In another words, the majority of my clients would come to therapy and finish treatment. I did not know how to answer my supervisor's question. I started asking my clients what made them come week after week. I realized that somehow therapy was meeting their expectations which explained why they kept coming until their treatment moved naturally toward termination. At that time, I understood I had the topic of my dissertation; I was going to research the Latino families' expectations about the process of family therapy, therapists, treatment outcome, termination, and future utilization of therapy. I am so grateful for that early experience because it propelled me to conduct this study, and I hope the findings of this research will help therapists work more efficiently with Latino population.

I am Latina myself. I was born in Brazil and immigrated to the United States 20 years ago. I speak Spanish, Portuguese, and English. I love working with the Hispanic population because I feel my clients connect with me culturally. I am also Hispanic because I am descended from grandparents who trace their heritage to Spain. My mother's father came from Paraguay, and he spoke Spanish. I grew up close to the border of Brazil and Paraguay. I visited Paraguay frequently. I grew up eating Paraguayan food, listening to Paraguayan music, and having influence from Paraguayan culture.

Consequently, this study has a lot to do with my cultural background and who I am as a person and professional.

Expectations about Therapy in the General Population

Many studies have been done by a variety of researchers concerning how expectations shape the outcome of therapy and influence behavior change (Callahan et al., 2009; Chwal, Jurek, Janusz, & Barbara, 2014; Feather, 1966). Historically, researchers such as Feather (1966), found that individuals who have experienced therapeutic success in past therapy treatment, would start the next therapy treatment expecting to have success in therapy again. They tended to have more successful changes than those individuals who have experienced failure in past therapy treatment. Aligning with that, in a qualitative study conducted by Chwal et al. (2014), the researchers sought to understand the decision clients made to drop out of therapy. Participants in this study were clients who sought treatment in a therapeutic center; data were collected from 10 interviews with six women and four men from six families. The study found that families discontinued therapy because they had experienced the improvements they were expecting. Participants reported that those improvements were enough for them because they were satisfied with the course of the therapy (Chwal et al., 2014).

Premature Termination

Researchers have learned that the role of expectations about effectiveness of therapy is also related to how and when clients terminate treatment prematurely (Callahan et al., 2009). Historically, in an older study with patients of low socioeconomic status

attending therapy in a university clinic, Overall and Aronson (1963) found that patients who had inaccurate expectations about therapy were least likely to return for treatment. Overall and Aronson (1963) concluded that patient expectations might have been influenced by cultural factors and patient thoughts about the process of therapy and procedures. Overall and Aronson (1963) also confirmed their hypothesis that patients from a lower social economic status expected their therapist to be supportive and to adopt an active and medical role in the initial interview.

Likewise, Callahan et al. (2009) conducted a study to investigate premature termination in therapy as it was related to clients' pretreatment expectations. This study found that premature termination was correlated to both role effectiveness expectations and role expectations for therapy. The term *role effectiveness expectations* refer to client expectations about the effectiveness of the treatment role; role expectations refer to what is going to happen during therapy, such as conversations during therapy, therapist actions, and clients' responsibilities (Callahan et al., 2009).

Effective Treatment

A study conducted by Seligman, Wuyek, Geers, Hovey, and Motley (2009) with undergraduate students found that students who were expecting non-directive therapy and instead received cognitive behavior therapy, reported that therapy was less helpful than they were expecting. On the other hand, participants who were expecting non-directive therapy and received non-directive therapy reported that the session was more helpful

than they expected. Consequently, participants reacted more positively to treatment when the therapy met their expectations (Seligman et al., 2009).

As has been noted, researchers for the past 50 years have been examining the influence of client expectations in the process and outcome of therapy and termination (Callahan et al., 2009; Chwal et al., 2014; Devilly & Borkovec, 2000; Feather, 1966; Overall & Aronson, 1963). Client expectancies have been documented as having influence on the process and outcome of therapy, including premature termination (Callahan et al., 2009).

Therapy with Hispanic Families

The Hispanic population is the largest ethnic group in the United States (US), with about 56.6 million in the year of 2015; as an ethnic group, this population has increased since 2014 with additional 1.2 million persons (U.S Department of Commerce, 2016). In 2016, the Census Bureau reported that most of the Hispanic people in the US are Mexican, with 63.4% of the Hispanic population. This study will focus on Hispanic individuals, first and second generation of immigrants to the United States who immigrated from Mexico, Latin America, Central America, and Caribbean Islands (Hernandez & Curiel, 2012).

There are some disparities in how the Hispanic population utilizes mental health services (Bermúdez, Kirkpatrick, Hecker, & Torres-Robles, 2010). In addition, immigrant Latino individuals face different challenges in their daily lives, such as language barriers, racial discrimination, immigration difficulties, cultural differences,

generational challenges to raise their children within the American culture, and acculturation difficulties (Falicov, 1996).

Research has suggested that Spanish-speaking Latino families utilize fewer formal mental health services than non-Latino Whites (López et al., 2012). In a study conducted by Bermúdez et al. (2010), the authors examined constructs used in the marriage and family therapy literature in two ways: to define help-seeking behaviors of Latinos and to examine their experiences and beliefs about therapy. The authors found that when the participants had a problem, they would seek advice first from a family member, sibling, or extended family member. In addition, the results showed that most of the participants in this study sought help from mental health professionals for many different problems (Bermúdez et al., 2010). Furthermore, Latino families have the belief that family is the central part of an individual's life (Bermúdez et al., 2010) and family members should rely on each other for support, solving problems, discipline of children, financial support, and friendship and companionship (Falicov, 1996). This refers to the concept of *familism*, which is defined under the Definitions section below (Bermúdez et al., 2010).

Statement of the Problem

To date, client expectations about individual therapy have been studied a great deal in the United States (Buhrke & Jorge, 1992; Callahan et al., 2009; Chwal et al., 2014; Devilly & Borkovec, 2000). Some of these studies have pointed out that individuals may drop out of treatment because therapy does not meet their expectations,

either because of client expectations about therapist actions or therapeutic procedures (Overall & Aronson, 1963). Most of these research studies have focused primarily on the therapy expectations of White, non-Hispanic American participants with only a small minority of Latino participants. Latino participants felt lost in analysis of the data (Callahan et al., 2009; Connor & Callahan, 2015; Demyan & Anderson, 2012; Devilly & Borkovec, 2000). To date, few studies focusing on the expectations of only Latino clients about therapy have been conducted in the marriage and family therapy field leaving this topic understudied (Heafner et al., 2016); the need to study this growing population in the United States is imperative.

Statement of Purpose

Latinos living in the US represent a broad diverse population, with different races, ethnicities, historical and socio-political contexts, cultures, and economic statuses. Consequently, those factors affect their immigration experience to the US and reflect the way these immigrants and their families adapt their lives to the cultural context of the US (Hernandez & Curiel, 2012). The focus of this study was Latino families who are considered Hispanic and speak the Spanish language; these families are first or second-generation immigrants from the countries of Central and South America, Mexico, and Caribbean Islands. The US Census Bureau defines first-generation foreign born as those who were born in another country other than the US and immigrated to the US, and the second generation who were born in the US or territories from at least one foreign born parent (U.S. Department of Commerce, 2016).

Studies aimed at exploring the expectations of the Latino population in utilizing help-seeking behavior and family therapy continues to remain relatively unexplored. Such research about Latino families' expectations of family therapy would add important information to the field of family therapy. This study was designed to overcome the gap in the literature about Latino families' help-seeking behavior and their expectations of family therapy, especially the role that expectations and effectiveness have in family therapy process, outcome, and termination. The purpose of this study was to explore the lived experience of Latino families with family therapy; to understand the expectations of these families about the process of family therapy treatment; to explore Latino families' expectations about the therapist during family therapy treatment and the expectations about the outcome of therapy; and to explore Latino families' expectations about the termination process and future utilization of family therapy. This study utilized general systems theory (von Bertalanffy, 1968) and expectancy theory (Callahan et al., 2009) to understand the issues that led these families to seek therapy and to explore families' expectations about the process during family therapy treatment and the expectations about the outcome of therapy and the termination process.

The findings from this study will contribute to therapists' understanding of Latino families' expectations of family therapy, helping therapists to plan treatment to meet clients' expectations and, hopefully, leading to changes family members are looking for since they decided to seek therapy. In addition, I expect to provide information to help therapists become culturally aware in meeting the needs of this ethnic minority

population. Therapists may also be able to build therapeutic alliances with their clients by understanding their clients' different expectations for therapy and, therefore, to decrease clients drop out from treatment (Callahan et al., 2009; Connor & Callahan, 2015).

Theoretical Framework

This qualitative online research was conducted using the conceptual framework of general systems theory (von Bertalanffy, 1968) and expectancy theory (Callahan et al., 2009) to understand the concept of Latino families' help-seeking behavior. Latino families value the unity of the family, where there is a sense of obligation and accountability for protection and caretaking between family members and extended family members; therefore, family members expect to receive help from within the family system when they need help (Garcia-Preto, 1996). General systems theory offers a framework to examine Latino families' interactions within the family (Chibucos & Leite, 2005), as it is related to a Latino value called familism, where family members play a role in social, emotional, and economic support (Bermúdez et al., 2010; Mendez & Cole, 2014), and their lives are built around their family system (Bermúdez et al., 2010).

General systems theory describes meaningful interactions between the elements that are interconnected in a family and, together, how these elements make a whole (Chibucos & Leite, 2005). As von Bertalanffy (1968) stated in his early writings about general systems theory, society consists of individuals who form social entities. Within the family system, individuals are connected to each other, and they relate in patterns of relationships, relying on family members and their dependence on each other affects one

another (Chibucos & Leite, 2005). Therefore, general systems theory describes the interactions that govern human behavior and the relationship between these interactions that are arranged in feedback loops to obtain homeostasis or balance in the system (von Bertalanffy, 1968).

Expectancy theory (Callahan et al., 2009) has long been part of learning theories, including social learning theory. Expectancy theory includes the expectation that the behavior will occur based on response and stimulus. As a result, individuals will participate in expected behaviors according to the received stimulus (Kirsch, 1985). Role expectations are considered the behaviors clients anticipate will occur during the psychotherapy session, such as conversations that would take place during the treatment and therapeutic advice given by the therapist. Effectiveness expectations are the expectations that client have about the treatment outcome (Callahan et al., 2009). In a study, Kirsch (1985) mentioned that subjects who were administered placebo medications had psychological and physical responses just because these subjects believed they were receiving the drug they were expecting; consequently, they had the responses that could be assumed they would have. Kirsch (1985) postulated that the subjects' response to the placebo drug was consistent with their expectations about the drug's effectiveness. Kirsch (1985) concluded that expected responses may be formed through classical conditioning as well as the expected effects, and, therefore, the response following the experience is directly related to the effect of the experience.

Research Questions

The five research questions used to guide this qualitative study concerning the experience of Latino families in family therapy are:

1. How do Latino families define their expectations of family therapy before and after attending a family therapy session?
2. What expectations do Latino families have of the therapeutic treatment process before and after attending family therapy?
3. How do Latino families describe their expectations about treatment outcomes before and after treatment begins?
4. How do Latino families describe their expectations about their therapist and their relationship with their therapist before and after treatment?
5. How likely is it that Latino families will seek family therapy in the future based on their previous experience in family therapy?

Definition of Terms

Hispanic

The terms Hispanic and Latino are interchangeably used in the United States as a generic label to describe all people of Spanish origin and descent. However, using these two broad terms, the differences between them are minimized, such as race, ethnicity, country of origin, language spoken, and history of immigration (Hernandez & Curiel, 2012; Ruiz & Padilla, 1977). The Hispanic population includes individuals whose culture, language, and traditions were inherited from Spain; among those were people

from Mexico and countries from Central America, South America, and the Caribbean who speak Spanish (U.S. Department of Commerce, 2016). The United States Census Bureau first used the term “Hispanic” in 1970 to describe Spanish speaking individuals and descendants; consequently, this term excludes individuals from Brazil who speak Portuguese (Hernandez & Curiel, 2012, p. 517).

Latino/a

The term Latino describes people who are from different countries in Latin America, including those with ties to Spain, who speak Spanish (Hernandez & Curiel, 2012). Latin American countries include these Central and South America countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. South American countries include Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, and Venezuela (U.S. Department of Commerce, 2012). This study focused on first generation Latino immigrants from Spanish-speaking countries, and/or second-generation Latino immigrants who were born in the US and having at least one parent who has immigrated from a Spanish-speaking country to the US.

Race

Race is a complex issue in Latin America because individuals from Latin America are mostly descendants of three racial groups: native Indians, Europeans, and Africans. Native Indians are from 400 different tribes and groups; Europeans who were primarily Spaniards and Portuguese, came to the Americas during the colonial era; and Africans

who were brought to the Americas to be slaves to the colonies (Seelke, 2008). Racial identity in Latin America is also complex because there is racial variation in Latin America due to the racial mixing of African, European, and native Indian. The term *mestizo* characterizes the mixing of Indigenous and European while *mulato* characterizes the mixing of African and European. This mixing of races is called *mestizaje*, and it gives a sense of pride in many countries in Latin America (Seelke, 2008).

Ethnicity

Merriam-Webster dictionary defines ethnicity as an ethnic affiliation with common racial, national, religious, linguistic, or cultural origin (Ethnicity, n. d.). Ethnicity gives people the sense of collective identity (Hardy & Laszloffy, 1995) and influences one's identity as well (Hernandez & Curiel, 2012). An example of ethnicity is that people who are born in the United States, but are descendants from Latin American countries identify their ethnicity by their ancestors' country of origin; thus, it reflects their cultural heritage giving them a sense of ethnic identity (Hernandez & Curiel, 2012).

Expectations

Expectations are a set of predispositions to behave accordingly to the situation (Heafner et al., 2016); expectations of treatment refer to improvements that clients are expecting to achieve (Devilly & Borkovec, 2000). Therefore, individuals may behave in a certain way due to the cognitive disposition and expectations individuals have about events (Heafner et al., 2016).

Assumptions

The following assumptions were made in this study:

1. Participants answered the survey openly and honestly.
2. Participants responded with insight about their experience in family therapy.

Delimitations

The delimitations of this study were:

1. Participants were at least 18 years of age at the time of the study.
2. Participants have attended voluntarily at least one family therapy session.
3. Participants were the parent, son, or daughter who were first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands.
4. Only one member of the family participated in the study and answered the survey.
5. The participant sample had access to a computer and internet to be able to answer the online survey through PsychData.

Summary

I used this qualitative online study to gather and understand the experiences of Latino families who participated in family therapy and the process of their help-seeking behavior. This qualitative study used the theoretical framework of general systems theory and expectancy theory to guide the description of Latino families' experiences in family therapy.

Many studies conducted in the past about client expectations of therapy have focused on primarily the Anglo-American population therapy (Buhrke & Jorge, 1992; Callahan et al., 2009; Chwal et al, 2014; Seligman et al., 2009); few studies have focused on Latino expectations about therapy (Devilly & Borkovec, 2000). The purpose of this study was to explore the lived experience of Latino families who participated in family therapy; to understand the expectations of these families about the process of family therapy treatment; to explore Latino families' expectations about the therapist during family therapy treatment and the expectations about the outcome of therapy; and to explore Latino families' expectations about termination process and future utilization of family therapy.

CHAPTER II

LITERATURE REVIEW

Researchers have added knowledge to the scholarship about clients' expectations of mental health services (Callahan et al., 2009; Devilly & Borkovec, 2000; Seligman et al., 2009; Tambling, Wong, & Anderson, 2014). The progress of the research in this area has been primarily focused on the mainstream population, which is White and non-Hispanic. Expectations of family therapy among Latino clients are still underexplored, as well as Latino clients' expectation about family therapy. The purpose of this study was to explore the lived experience of Latino families with family therapy; to understand the expectations of these families about the process of family therapy treatment; to explore Latino families' expectations about the therapist during family therapy treatment and the expectations about the outcome of therapy; and to explore Latino families' expectations about termination process and future utilization of family therapy. Therefore, this study aimed to explore Latino families' help-seeking behavior and their expectations of family therapy, especially the role that expectations and effectiveness have in family therapy process, outcome, and termination.

This chapter will discuss the following topics: (1) the growth of the Hispanic population in the US, distinguishing between the terms Latino and Hispanic; (2) the Latino family hierarchy, describing the construct of familism and traditional family roles in Latino families; (3) discussing the importance of spirituality and religiosity in Latino

families; (4) discussing clients' expectations of therapy and therapist, instruments to measure expectations, premature termination, and treatment outcome; and (5) describing Latino families in therapy, and the underutilization of mental health services by the Latino population and possible reasons. Finally, general systems theory and expectancy theory will be explored as both form the theoretical frameworks that will be used in this study to understand Latino help-seeking behavior.

Growth of the Hispanic Population in the United States

The Hispanic population is the largest ethnic minority group in the US; in 2015, Hispanics made up 17.6% (56.6 million) of the nation's population. Between 2014 and 2015, the reported growth among Hispanics was 1.2 million individuals that accounted for almost half of the total growth in the nation for those two years (U.S. Department of Commerce, 2016). The U.S. Bureau projected that by 2060, the Hispanic population will make up 28.6% of the population of the US. In 2016, the Hispanic population in the US came primarily from Mexico (64%), Puerto Rico (9.5%), El Salvador (3.8%), Cuba (3.7%), Dominican Republic (3.3%), and Guatemala (2.4%; U.S. Department of Commerce, 2016). Among Hispanic groups, individuals from these different countries are more likely to describe themselves according to their country of origin, for example, Mexican or Salvadorian, rather than as Hispanic.

Hispanic Families

In 2015, Hispanic families with children constituted 16.2 million households; 47.7% of those families were married-couple households, which represented 48.2% of all households in the country. Among Hispanics in the US, families with children under the

age 18 were 57.6% of all Hispanic households. Households in the US with children of age 5 or older who spoke Spanish at home constituted 40 million people (72.9%; U.S. Department of Commerce, 2016).

The word Hispanic refers to a broad cultural group that includes different nationalities, birth countries, different ancestors, heritage, races, and social economic statuses (Hernandez & Curiel, 2012). Hispanics are individuals whose culture and traditions were inherited from Spain and who speak Spanish; among those are people from Mexico and countries from Central America, South America, and Caribbean (U.S. Department of Commerce, 2016). Latino refers to individuals who are native or inhabitants of Latin American countries (Hernandez & Curiel, 2012; Latino, n.d.). In addition, while the term Latino sometimes is used to denote race, Latinos can be from various racial backgrounds, such as indigenous, Black race, White race, and mixed races (Hernandez & Curiel, 2012).

Latino Family Hierarchy

The literature on Latino families describes the concept of familism, where family is the basis of the familial structure in Mexican American, Cuban, Puerto Rican, Central, and South American families. In Latino families, each family member's life is built around the family, where loyalty, interdependence and cooperation are highly valued (Bermúdez, et al., 2010). In a qualitative study in which Latino families were asked to review statements regarding familism, Bermúdez et al. (2010) found that family union was very important for Latino participants as they reported that they would rely on support from other family members. When participants were asked how they would

decide if they were forced to choose between what was best for them or for their families, they responded that they would choose their families' well-being over their own.

The literature also described Latino families as hierarchal (Bermúdez et al., 2010), where men have supremacy over women. In Latino families, fathers have greater authority than mothers, and children are expected to obey their parents (Bermúdez et al., 2010). Hernandez and Curiel (2012) conducted a content analysis of 78 peer reviewed articles from family therapy and family studies journals published between 2000 and 2010 to study the differences within the Latino population in the United States. In this study, Hernandez and Curiel (2012) analyzed how the articles addressed different aspects of race, ethnicity, gender, class, country of origin, sexual orientation, and impact of immigration within the Latino population to challenge the common belief that all Latinos are the same — "theoretical Myth of Sameness" (p. 518). Hernandez and Curiel (2012) analyzed the concepts of *marianismo* and *machismo* discussed in the scholarship about Latino gender roles that supports the hierarchal structure, where marianismo describes women's roles as "caring, nurturing, and self-sacrificing," whereas machismo describes the men's role as the defender and provider of financial support for their families (Hernandez & Curiel, 2012, p. 520).

In this content analysis study, Hernandez and Curiel (2012) identified many family-based articles that focused on Latinos as a cultural group supported this idea of Marianism and machismo concerning gender socialization. In addition to gender roles, there are also sibling roles that contribute to the construct of hierarchy in Latino families; younger children are expected to obey older siblings while all children should obey their

parents, especially fathers because men have the most authority within the family (Bermúdez et al., 2010).

Latino Family Spirituality and Religiosity

Family Spirituality

Scholars have noted that spirituality is an important aspect of Latino culture because it influences Latino life satisfaction (Ojeda & Piña-Watson, 2013); also, spirituality has influence on couple relationship quality and satisfaction (Pereyra, Sandberg, Bean, & Busby, 2015). Studies of Latinos have documented their commitment to expressing their spiritual values through prayer, participation in church, and involvement in other religious activities (Bermúdez et al., 2010).

In this same study, Bermúdez et al. (2010) mailed out 700 questionnaires in both English and Spanish; 97 questionnaires were returned: 38 participants responded in Spanish and 59 participants in English. Bermúdez et al. (2010) examined help-seeking behaviors exhibited by Latino families and examined to what extent Latinos agree to the five constructs used in the literature to describe Latino families: familism, personalism, sense of hierarchy, spiritualism, and fatalism (Bermúdez et al., 2010).

For the construct of familism, Bermúdez et al. (2010) found that relationship with families was important for Latinos, and there was an emotional dependency of family members for support. About the construct of personalism, participants reported having a sense of dignity and being respected by others was important for Latinos. About the construct of sense of hierarchy, Latinos reported that older people should be respected, children should obey their parents, and the father had the most authority in the family.

For the construct of Spiritualism, the results showed that Latinos value spiritual needs over material needs, levels of spirituality are higher for women than for men, and participants pointed out that they pray at least once a day. For the construct of fatalism, the results showed a discrepancy about how Latinos are perceived as having fatalistic thinking. Latinos in this sample described themselves knowing what they want and working hard to get what they want. The authors argued that while most literature perceives Latinos as fatalistic thinking, that what should happen will happen, Latinos would perceive as spiritual value, where they believe that God has the power over people's destiny even though they worked hard to achieve their goals (Bermúdez et al., 2010).

Family Religiosity

Religious practices such as daily prayers, church attendance, devotional offerings, observance to church dogmas and holidays, and pilgrimages are common religious practices among Latino groups (Walsh, 1999). Although Roman Catholicism remains the predominant religion for Latinos, many other religious groups are present in the Latin American countries, such as Protestant, Pentecostal, Jehovah's Witness, and other evangelical groups (Walsh, 1999).

To examine the association between the religious practice of coping and reports of physical and mental health of Mexican-Americans who are caregivers for older relatives, Herrera, Lee, Nanyonjo, Laufman, and Torres-Virgil (2009) used different instruments to measure constructs such as religiosity, religious coping mechanisms, caregiver well-being, functional status, familism, and acculturation. Seventy percent of the participants

identified as Roman Catholic, which was consistent with the national statistics about Latinos, 22.7% of the participants identified as Christian, and 7.6% of the participants identified as unaffiliated with any religious group. In this study, intrinsic religiosity was defined as faith beliefs practiced daily and reaching out for spiritual support. Participants who reported having higher intrinsic religiosity reported that being a caregiver to a family member was less burdensome than was reported by participants reporting lower intrinsic religiosity. The study also showed that participants who reported higher levels of negative religious coping, such as blaming God, presented with higher levels of depressive symptoms versus those with less negative religious coping (Herrera et al., 2009).

Client Expectations of Therapy

Many studies have been conducted to develop and validate the translation of instruments from English to Spanish that measure expectations of therapy (Buhrke & Jorge, 1992; Kunkel, Hector, Coronado, & Vales, 1989) while other studies were conducted to validate instruments that measure client expectations of therapy (Anderson, Patterson, McClintock, & Song, 2013). In addition, studies have been conducted to explore client's expectations about their therapists (Tambling et al., 2014), as well as to explore client's expectations related to premature termination (Callahan et al., 2009; Chwal et al., 2014; McCabe, 2002; Overall & Aronson, 1963), and to explore the impact of expectations on therapy outcome (Connor & Callahan, 2015; Feather, 1966).

Instruments

The Expectations About Counseling questionnaire (EAC) is an instrument that measures client expectations about therapy, including client expectations about their "own attitudes and behaviors, counselor attitudes and behaviors, counseling characteristics, characteristics of the counseling process, and quality of the counseling outcome" (Tinsley, Workman, & Kass, 1980, p. 563). A sample of 446 students from an introductory psychology class completed the EAC; the authors did not identify the ethnicity of the participants, or even note if there were Latinos in the sample (Tinsley et al., 1980). Since its initial validation, the EAC has been largely used to assess expectations about counseling (Buhrke & Jorge, 1992).

The brief form of the EAC (Buhrke & Jorge, 1992) was translated into Spanish and tested with a sample in Yucatán, Mexico to explore clients' expectations of therapy (Kunkel et al., 1989). To establish content validity, the authors translated the EAC-Brief into Spanish and then back into English. The authors (Kunkel et al., 1989) applied the instrument in English and Spanish to thirty bilingual persons to determine language issues such as grammar and syntax. Kunkel et al. (1989) found that the Spanish version of EAC-B is a reliable instrument to measure expectations about therapy as the responses patterns has been similar across different groups.

Buhrke and Jorge (1992) conducted two studies to develop and validate a Spanish version of the Expectancy about Counseling Questionnaire-Brief form (EAC-B). In their first study, bilingual college students (n = 97) were recruited from the southeastern United States; student race/ethnicity was reported as follows: White and Hispanic

(46.4%), Hispanic (27.8%), White (17.5%), Black (2.1%), and mixed races (6.2%). Participants reported that their nationality was from United States (55.7%), South America (7.2%), Central America (11.3%), Cuba (9.3%), Spain (7.2%), Puerto Rico (6.2%), Jamaica (1.0%), Mexico (1.0%), and Arabia (1.0%). To establish test-retest reliability, participants completed the EAC-B twice at two weeks apart; the reliability coefficients ranged from .47 to .87 (Buhrke & Jorge, 1992).

Buhrke and Jorge (1992) used back-translation, bilingual techniques, committee approaches and pretest procedures as cross-cultural research translation techniques. A committee of bilingual individuals first translated the EAC-B from English to Spanish, and then from Spanish translation back to English. After the discrepant items were retranslated and back translated by the committee, a bilingual individual examined the Spanish version from this procedure. The translated instrument was administered to bilingual individuals twice, after each time the participants answer the questionnaire, they completed another questionnaire unrelated to the study. The results showered test-retest correlation was .85, internal consistency alphas ranged from .59 to .91 for the Spanish scales, and .56 to .93 for the English Scales (Buhrke & Jorge, 1992).

For the second study, Buhrke and Jorge (1992) collected their data from 40 bilingual Spanish/English speakers who were White and Hispanic (57.5%), Hispanic (30%), White (10%), and Black and Hispanic (2.5%). Participants were from Cuba (35.0%), United States (32.5%), Central America (12.5%), Puerto Rico (10.0%), South America (5.0%), Spain (2.5%), and Mexico (2.5%). The same procedure used to translate the first study was used to translate this second study: back-translation, bilingual

techniques, committee approaches and pretest procedures as cross-cultural research translation techniques. The results showed by both studies indicated that the EAC-B was feasible, suitable, valid and a reliable instrument to use with Spanish speaking clients (Buhrke & Jorge, 1992).

Devilly and Borkovec (2000) conducted three studies to evaluate the psychometrics of the Credibility and Expectancy Questionnaire (CEQ), which consists of five questions from the EAC-B. Participants in Study 1 were 126 Vietnam veterans and 58 female spouses, Study 2 were 69 clients diagnosed with generalized anxiety disorder, and Study 3 participants were 22 clients who received Cognitive Behavior Therapy or EMDR.

Expectations of Therapy

Expectations for therapy has been studied since the beginning of the last century and has been the subject of many theories, such as learning theory, where learning is expected to happen in certain circumstances (Tinsley et al., 1980). Knowing clients' expectations for therapy is important, in the way therapists will understand clients' anticipations about the therapeutic process, the role of the therapist in the therapeutic process, as well as the role of the clients in the therapy process (Kunkel et al., 1989).

Kunkel et al. (1989) conducted the study applying the brief form of EAC-B to investigate the participants' counseling experience and expectations about counseling and the influence of age and sex. Participants were 488 residents in Mérida, Yucatán in Mexico. After completing the Spanish EAC-B questionnaire, 53 participants participated in a discussion session to talk about their expectations, about their impression of the

study, expectations about therapy and their expectations about their counselors. Kunkel et al. (1989) found that male participants expressed little expectation for the need to participating in therapy. Many of the participants reported that therapy was for those who have experienced dangerous and terrible events. Participants reported that they would feel remorseful or ashamed for telling someone that they have seen a therapist. On the other hand, for those participants who have been in therapy before, they reported they would seek therapy again in the future (Kunkel et al., 1989).

An older study conducted by Tinsley et al. (1980), to determine relevant clients' expectancy dimensions supported the idea that participants who had high expectations for therapists' expertise would also expect to go to therapy if they have serious problems, and therapy would be short-term, a couple of sessions just to solve their problems. The same way, participants who expected their therapist to be caring, also expected therapy to be short term, where they get help for their problems in a few sessions. Tinsley et al. (1980) administered the Expectations about Counseling Questionnaire to 446 students, 22 years old or younger, from introductory psychology classes. Tinsley et al. (1980) did not mention ethnicity or race of the participants of this study.

Research has shown that individuals engage in therapy with expectation about the process (Kunkel et al., 1989; Tinsley et al., 1980). Tambling, Wong, and Anderson (2014) conducted a mixed methods investigation, and presented the qualitative results of the study to explore clients' expectations about therapy. The participants were 10 couples, attending couples' therapy at a university marriage and family therapy clinic. The couples were more than 18 years old and in the relationship for more than 6 months;

there were 19 heterosexual couples and one same-sex couple. The participants were 13 Caucasians (65%), three Indians (15%), two Hispanics (10%), and one Asian (5%). Tambling et al. (2014) also found that participants had expectations about partners' behavior during therapy, and all participants expected that their partners would be working together to solve the problem that first brought them to therapy (Tambling et al., 2014).

Stith, Rosen, McCollum, Coleman, and Herman (1996) conducted a study with 16 children age 5 to 13 to explore how children experience the process of therapy. Researchers also interviewed parents about their perspective of their children's experience in therapy. Stith et al. (1996) found that even though children at the beginning of therapy did not want to attend therapy, as the therapy progressed, these children felt more comfortable and enjoyed therapy. Children also reported that they wanted to participate in family therapy, but they did not want to be the focus of the conversation. Children reported many reasons for attending therapy, some were precise, other imprecise comparing with parents' responses; however, all parents reported that they had prepared their children for the process of therapy (Stith et al., 1996).

Expectations about Therapists

Several researchers have given attention to expectations about therapists (Kunkel et al., 1989; Tambling et al., 2014; Tinsley et al., 1980). Previous research suggested that women had lower expectations on therapists' expertise than men (Kunkel et al., 1989). This idea was supported by the study conducted by Tinsley et al. (1980), where male students had higher expectations to the therapist's expertise, directiveness, and empathy

than female participants did. In contrast, Kunkel et al. (1989) showed that women had higher expectations on therapist warmth than did their male counterparts.

In the qualitative part of the study, investigating clients' expectations about couple therapy, Tambling et al. (2014) found that all participants had some expectations about the therapist, including therapists' gender, experience, and personality traits. Participants reported that they expected that the therapist would be calm and soothing in nature, and that the therapist would be friendly and welcoming. Some participants expected guidance, others expected advice, others expected suggestions from the therapist, and others expected that therapy would be such as those in the television shows. These findings are consistent with Kunkel et al. (1989) regarding expectations about therapist. Male participants reported expectations that the therapist would give advice or to be more of a teacher, teaching them to manage their problems, while women expected the therapist to be warm, gentle, honest, encouraging, and pleasant.

Premature Termination

Premature termination is when clients end therapy without reaching the goals they set when they initiated therapy (Chwal et al., 2014). Research suggested that the frequency of clients dropping out from therapy before completing the treatment are about 40 to 60% (Callahan et al., 2009); this number is even more for the Latino population where 60%-70% of clients drop out of treatment after their first session (as cited in McCabe, 2002). For that reason, therapists are concerned about premature termination and are searching for causes for why therapy appears to fail (Chwal et al., 2014).

Acculturation, therapy attitudes, and expectations about therapy before their first therapy session were the variables used by McCabe (2002) to examine factors that predict treatment drop out among Mexican American families with children with behavioral and emotional problems. Participants were 50 low socio-economic status, Mexican American families with children from 6 to 12 years old. Prior to therapy, parents completed an interview questionnaire on acculturation, therapy attitudes, and expectations about therapy. Out of the 50 families who were participating in the study, 44% of the families chose to answer the questionnaire in Spanish. Families who did not return after that first interview were considered dropouts (McCabe, 2002).

After the first session, 29% of the families did not return to therapy, and those who remained in therapy attended an average of 14.35 sessions. McCabe (2002) concluded that acculturation was predictive of treatment drop out. There was no statistical difference when acculturation differences were tested between clients. Regarding therapy attitudes, variables of family/self-reliance, guilt feelings, reliance on discipline, and stigma were analyzed. Parents' attitudes and expectations about treatment were predictive variables for treatment drop out. Parents who expected their children to recover fast and had some barriers for treatment were more likely to drop out from treatment. Parents who scored high on family/self and reliance on discipline were more likely to drop out of treatment. These parents believed that they needed to increase discipline as way to respond to their children's emotional and behavioral problems, and these parents also believed that their children would recover without assistance from

outside the family. Perception of stigma about therapy was not related to early drop out of therapy (McCabe, 2002).

Families decided to initiate and terminate therapy according to the families' interpretation and attitudes about therapy; to understand how the family viewed dropping or terminating therapy, Chwal et al. (2014) conducted a qualitative study using grounded therapy as their theoretical paradigm. To understand clients' experience of therapy, the authors directed 10 interviews with the persons who had the authority to make the decision to end therapy. Qualitative results yielded several findings related to why families dropped out of treatment: a) clients were not motivated to start therapy when therapy and the therapeutic relationship started prematurely, and b) therapy usually started because one person decided for the family. On the other hand, Chwal et al. (2014) indicated that the process of early therapy termination might have already started before therapy had been initiated and that dropping out was linked surprisingly to the success of therapy. Participants in the study pointed out that the reason for dropping out of therapy was due to progress achieved in therapy, which was considered enough for enhancing families' relationships (Chwal et al., 2014).

Premature termination is related to client's pretreatment expectations about the treatment effectiveness (Callahan et al., 2009). In study conducted by Callahan et al. (2009) to explore the relationship between pretreatment expectations of effectiveness of the treatment and potential premature termination of the service, majority of the participants were White (more than 90%), middle class, and average age 25.38 years old in a training outpatient clinic, totaling 199 participants. Callahan et al. (2009) followed

the definition of premature termination when clients do not complete the treatment as planned and the findings showed that 11% to 14% of the premature termination was accounted for by client's pretreatment expectancies (Callahan et al., 2009).

Treatment Outcome

For a long time, researchers (Kunkel et al., 1989) have been studying client expectations for therapy as an important factor that influences therapy process, therapy outcome and termination of treatment (Callahan et al., 2009; McCabe, 2002; Seligman et al., 2009). Examining client expectations about therapeutic intervention and treatment outcome, Seligman et al. (2009) have demonstrated that clients' expectations of treatment modality, such as directive or non-directive, could affect treatment outcome and may also affect clients' drop out from treatment. In their study, Seligman et al. (2009) found that clients reported that the first session was more helpful and enjoyable when clients were expecting nondirective therapy and received a nondirective treatment, and these participants' reaction to treatment were advantageous. On the other hand, those clients who were expecting nondirective treatment and received a directive treatment reported that the first session was less helpful then they were expecting. In conclusion, clients' reactions to treatment were more satisfactory when the treatment they received met their expectations, thus affecting treatment outcome (Seligman et al., 2009).

In a study by Anderson et al. (2013), the authors found that clients' expectations for therapy were related to treatment outcome; clients who had high expectations for therapy appeared to have participated more in the therapy process leading to a more successful outcome. The study group (n = 353) identified as European American

(89.8%), Hispanic (2.3%), African American (2.5%), and Asian/Pacific Islander (0.3%). Anderson et al. (2013) pointed out that clients who had more expectations about themselves and the therapeutic process are the clients who may be very committed and engaged to therapy resulting in a better outcome.

Latino Families in Therapy

Many models of multicultural competences have been the focus of the researchers for the past three decades (Taylor, Gambourg, Rivera, & Laureano, 2006). Researchers representing multicultural competences in clinical practice have devoted their time in developing guidelines for clinicians to follow to become more culturally competent (Taylor et al., 2006). Taylor et al. (2006) commented that the scholars who first developed cultural interventions believed that therapists could master multicultural competencies by acquiring cultural, anthropological and sociological knowledge and information about cultural groups, as well as by developing cultural identity and self-awareness of cultural and ethnic groups (Taylor et al., 2006).

In their postmodern research, Taylor et al. (2006) maintained the idea that to be a multicultural competent therapist, a person needs to be aware of his/her own biases, assumptions, values, and understand client's values and worldview. Taylor et al. (2006) suggested that therapists needed to move toward being more culturally sensitive, aware, and have the competency to be able to recognize the voices of all family members in the therapy room. Finally, the competent therapist needs to be able to conceptualize the case using a post-modern approach in which the therapist explores the clients' world and the meaning of their world (Taylor et al., 2006).

Underutilization of Mental Health Services

Researchers have discussed Latino families' underutilization of mental health services, and the lack of interventions to meet this ethnic minority's needs for mental health services (Garcia, 2012; López et al., 2012; Mendez & Cole, 2014). In a study conducted by López et al. (2012), the authors found that the Latino population is less likely to seek help from mental health services when compared to other ethnicities. For this study, López et al. (2012) conducted a content analysis study of the publications from the previous 10 years aimed at identifying substantial discrepancies in mental health care for Latinos. The goal of this study was to find support for future research and services. López et al. pointed out that Latino children and youth were less likely to utilize mental health services than African American or non-Latino White youths. López et al. (2012) pointed out that these findings were consistent with adults, especially from Mexico. López et al. (2012) articulated that Latino families culturally are family oriented and depend on each other for help, which appeared to lower the rates of Latino families seeking mental health services. More studies are needed to help policy makers develop plans to cover this disparity of mental health care (López et al., 2012).

Garcia (2012) analyzed mental health enterprises among Latino immigrants through both ecological and system lenses to provide substantial evidence for discussion of initiatives for mental health care of Latino immigrants. Garcia (2012) noted that immigrant Latinos living in the US have lesser incidences of mental health issues than second and later generations of Latinos. Garcia (2012) discussed that at the same time policies and initiatives were planned to decrease differences in mental health services

usage between Latino populations. Some anti-immigrant policies hinder such population to seek mental help in some places. On the other hand, places with larger Latino population have more friendly mental health procedures and rules.

Cultural values

Familism, fatalism, and collectivism are concepts used to describe Latino family cultural values that may play a role in Latino underutilization of mental health services (Mendez & Cole, 2014). Familism is considered the center of the Latino families' values, where their families are the central part of their lives and individual lives are around their families, where one gets support from the other (Bermúdez et al., 2010). This concept characterizes family loyalty, reciprocity and solidarity, and surpasses the nuclear family; it includes extended family members and multiple generations, family friends, and community (Gaudio et al., 2012; Mendez & Cole, 2014).

Furthermore, fatalism refers to the belief that things happen, and individuals have no control over the situation (Mendez & Cole, 2014). In the study conducted by Bermúdez et al. (2010), which was previously described, the authors found fatalism yielded the most discrepant results in the marriage and family therapy literature compared to the other constructs assessed in the study: familism, spiritualism, help-seeking behaviors, sense of hierarchy, and personalism. Participants (96%) reported that they have worked hard to get what they wanted while just 40% agreed that things were meant to be as a divine provision, in a fatalistic way; if something might happen, it would be God's will (Bermúdez et al., 2010). According to Bermúdez et al. (2010), the smaller group (40%) reflected an external locus of control, where they would have minimal

control to change their situations (Bermúdez et al., 2010). In this case, fatalistic thoughts may prevent Latino families from seeking therapy because they feel that it would be difficult to be able to promote change in their own lives (Mendez & Cole, 2014).

According to Mendez and Cole (2014), collectivism is another cultural value that may have a role in Latino help-seeking behavior. Collectivism places value on benefiting from the community and seeking help from members of the community like spiritual leaders, extended families, and friends. In the study conducted by Bermúdez et al. (2010), reported that most of the participants would go to family members, ministers, God or prayer, or to the Bible when needing advice for problems. For that reason, family therapy is the clinical approach that collectivists suggest (Mendez & Cole, 2014) because Latino families place strong value on their families and cooperation (Bermúdez et al., 2010), and the kinship relationship system where family members are loyal to the family relationships (Ruiz & Padilla, 1977).

Theoretical Framework

General Systems Theory

This research was based on the paradigm of general systems theory and Expectancy theory in order to understand the lived experience of the Latino families help-seeking behavior, especially the role expectations and effectiveness have in therapy. general systems theory can be traced back to 16th century and the scientific revolution. Aristotle posited that “the whole is more than its parts” (von Bertalanffy, 1972, p. 408). For this purpose, when observing organisms or groups in the community, instead of looking to these groups separately from one another, one must pay attention to the way

the whole group or the whole system is organized as well as the relationship between these groups (von Bertalanffy, 1972).

General systems theory formulated by von Bertalanffy (1972) focuses on open systems and the feedback loops of living organisms, exploration of "wholes" and "wholeness," articulating the following terms: equifinality, finality, order, hierarchical, differentiation, and sum of the whole (p. 415). General systems theory refers to relationships within the whole system, between the system with the environment in feedback loops to maintain homeostasis, the way the system self-regulates and adapts to the new information (von Bertalanffy, 1968; von Bertalanffy, 1972).

Latino families prefer their own inner values to give the sense of self-worth and uniqueness. Latino families value the most the unity of the family and the group when one has problems. One expects help from the within the system (Garcia-Preto, 1996). In addition, General systems theory offers a framework to examine Latino families' interactions between family members: all behaviors of the family members within the system; between the system and the environment; and how the environment affects the members of the system (von Bertalanffy, 1972). Indeed, General systems theory is about meaningful interactions between the elements that are interconnected and together these elements make a whole (Chibucos & Leite, 2005).

Von Bertalanffy (1968) stated that individuals interacting as social entities constitute society. Within the family systems, individuals are connected and interact within a pattern of interactions between family members with a degree of interdependence that affects one another (Chibucos & Leite, 2005). General systems

theory suggests that the interactions that govern human behavior and the relationships between them happen in feedback loops that lead to homeostasis or balance in the system (von Bertalanffy, 1968). This theory promotes the focus of the whole versus focusing on the individual, seeing the individual within the context of one's environment (von Bertalanffy, 1972).

Expectancy Theory

Previous studies have found that response expectancies are related to behavioral outcomes (Anton & David, 2013; Callahan et al., 2009; Connor & Callahan, 2015; Kirsch, 1985). The role of expectations in treatments has been studied in medical research using the tactic of placebo effect which occurs when researchers tell individuals the benefit of the intervention and the expected results from the interventions, but in fact individuals are given inactive interventions, the placebo (Fresson, Dardenne, Geurten, Anzaldi, & Meulemans, 2017). The placebos are substances similar with the actual drug but with no pharmacological properties (Kirsch, 1985), and the individual expectancy and beliefs about the effect of the treatment influence the treatment outcome (Heafner et al., 2016). In this way, the researchers may examine the effects of the treatment while controlling the expectancy effects (Fresson et al., 2017).

According to Kirsch (1985), response expectancy is an important part of numerous learning theories, including social learning theory. The constructs of the Expectancy theory can be qualified into two types, response-stimulus (R-S) and stimulus-stimulus (S-S), where the first (R-S) is the relationship between the behavior and environmental consequences, and the second type (S-S) is that certain stimulus predicts

another stimulus to occur. Indeed, Kirsch (1985) was a pioneer on expanding social learning theory and demonstrating that responses to stimulus are activated and/or improved when they are expected to occur. Kirsch (1985) called these responses nonvolitional responses, which are responses experienced without one's effort, such as emotional responses, for example, fear, sadness, and pain. These responses will consequently lead the individual to participate in intended behaviors.

Research on expectancy effects supports the idea that response expectancies influence outcome (Anton & David, 2013). In fact, Kirsch (1985) mentioned that subjects who were administered placebo medications had psychological and physical responses just because these subjects believed they were receiving the drug they were expecting to receive. Consequently, they had the responses that they assumed they would have. Kirsch (1985) postulated that the subjects' responses to the placebo drug were consistent with their expectations to the drug effectiveness. Kirsch (1985) concluded that expected responses may be formed through classical conditioning as well as the expected effects, and the response for the experience is directly related to the effect of the experience.

In a study conducted in Romania with 54 Romanian pregnant women, Anton and David (2013) examined the interrelations between response expectancies and response hopes, prediction of pain and emotional distress such as anxiety, depression, and fear when pregnant women are in labor. Mothers answered a questionnaire about their hopes and expectancies before labor and, then, completed the scale assessing pain after labor. Anton and David (2013) measured response expectancies for pain, emotional distress, and relaxation. Mothers who reported expecting to feel pain during labor also reported

that they had higher levels of pain than those mothers who reported that they did not expect to have pain during labor. Anton and David (2013) argued that response expectancy, their expectation of having pain during labor, predicted a nonvolitional outcome, they had pain during labor. Also, high discrepancy between response hope and response expectancy about relaxation, influenced participants to experience an elevated emotional distress during labor (Anton & David, 2013). Anton and David (2013) argued that the response expectancy for negative nonvolitional outcomes—emotional distress and pain during labor, predicted nonvolitional outcomes—emotional distress and pain during labor (Anton & David, 2013).

Summary

The Hispanic population is the largest ethnic minority group in the US, coming from different countries of South, Central and North America. The Hispanic population by the year of 2060 will make up 28.6% of the population of the US (U.S. Department of Commerce, 2016). For this study, the terms Latino and Hispanic were used to describe the population who are from Cuba, Puerto Rico, Central and South America, and Mexico whose culture, language, and traditions tie to Spain.

Studies have noted that spirituality and religious practices are important for Latinos (Ojeda & Piña-Watson, 2013; Walsh, 1999). Furthermore, familism, fatalism, and collectivism are concepts that are used to describe the cultural values of Latino families (Mendez & Cole, 2014). Familism refers to the belief that Latino families build their lives around their family members (Bermúdez et al., 2010). Fatalism refers to the thinking that what should happen will happen (Bermúdez et al., 2010).

Expectations about therapy have been studied since the beginning of the last century (Tinsley et al., 1980). Research have shown that individuals engage in therapy with expectations about the process of therapy (Kunkel et al., 1989; Tambling et al., 2014; Tinsley et al., 1980), expectations about therapists (Kunkel et al., 1989), expectations about treatment outcome (Anderson et al., 2013; Seligman et al., 2009), and termination of treatment (Chwal et al., 2014; McCabe, 2002). The theoretical paradigm used in this study to understand the Latinos' experience in family therapy was general systems theory (von Bertalanffy, 1972) and expectancy theory (Kirsch, 1985).

CHAPTER III

METHODOLOGY

The purpose of this study is to explore the lived experience of Latino families in family therapy: (a) to understand the expectations of these families about the process of family therapy treatment before and after treatment; (b) to explore Latino families' expectations about the therapist before and after family therapy treatment and the expectations about the outcome of therapy; and (c) to explore Latino families' expectation about termination process and future utilization of family therapy. This research used the paradigm of qualitative inquiry to explore and understand the meanings Latino families ascribed when attending family therapy (Creswell, 2014). This study used structured open-ended questions in an online survey format. To this end, qualitative inquiry is the most appropriate method to understand individuals' experiences and obtain their direct observations of the phenomenon (Patton, 2002).

Sample Recruitment

After receiving approval from Texas Woman's University Institutional Review Board, a purposive sampling methodology was used to recruit participants for this study. Snowball sampling techniques were also utilized. To draw a purposive sample, I invited prospective participants to participate in this study by emailing Texas Woman's University listserv for students (see Appendix A). Then, I contacted a list of

Latino/Hispanic churches (see Appendix B) throughout the Dallas-Fort Worth metro area and Waco, Texas. I used a phone script (see Appendix C) to talk to pastors to explain the purpose of the study and to ask pastors' permission to email them the flyer (see Appendix D) with the invitation to participate in the study. Following the phone script, I also asked these pastors to forward the flyer to their congregations to reach out to any person who would meet the criteria to participate in the study.

Sample

The research participants were students, staff, and faculty members from Texas Woman's University, and members of the community of Dallas-Fort Worth, and members of the community of Waco, Texas. The criteria to participate in this study included the following: be at least 18 years of age at the time of the study, have attended voluntarily at least one family therapy session, be the parent or son or daughter who are first-generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands. Only one member of the family could participate in the study.

The total sample included 40 participants who began the online survey through PsychData, but 19 of those individuals did not complete the entire questionnaire. This study did not gather the information on how many participants were from the listserv from Texas Woman's University and how many participants were from the Dallas-Fort Worth and Waco community in order to preserve participants' anonymity. A total of 21 participants completed both the qualitative and demographic sections of the survey; one participant was dropped who had participated in individual therapy. Of the remaining 20

participants, 95% (*n* = 19) were female and 5% (*n* = 1) was male. Most of the participants identified themselves as either Hispanic (*n* = 10), Latino (*n* = 5), or both Latino and Hispanic (*n* = 4), and one participant was identified as Caucasian, with one parent from Central America. The age range of the participants was from 18 years old to 45 years old: nine (45%) were 21 to 25 years old, six (30%) were 26 to 30 years old, two (10%) were 18 to 20 years old, two (10%) was 36 to 40 years old, and one (5%) was 41 to 45 years old. Most of the participants participated in family therapy as children (75%, *n* = 15), and 25% (*n* = 5) participated in therapy as a parent.

Protection of Human Subjects

I submitted this study to the Texas Woman's University Institutional Review Board and obtained approval prior to conducting this study to ensure that ethical guidelines were to protect human participants while conducting this study. The online survey was anonymous to protect the participants' identities. Data collected and all the materials used in this study were kept in a password protected pen driver in a locked file.

Procedures

Consent Form

The informed consent (see Appendix F) was embedded at the beginning of PsychData before the survey could be completed; the consent form included the purpose and procedures of the research, the potential risks and benefits of participating in the study, and information about participants' rights. The informed consent also explained any potential discomfort participants might encounter while participating in the study or even after participating in the study, such as some distress exploring and remembering

family therapy sessions they have attended. Participants gave consent to participate in the survey by clicking in the designated box at the end of the consent form, before entering the online survey. Participants acknowledged that they had read the inform consent and were willing to take the survey. In addition, a list of counseling centers that provide free therapy or low-cost therapy was provided to the participants at the end of the informed consent, if participants wanted to seek further professional assistance.

Online Survey

The participants' anonymity was ensured by not asking any questions on the online survey that would cause them to leave identifying information. If they were interested in receiving the $10.00 e-gift card and/or a summary of this study, they were asked to click on a link at the end of Survey #1, which took them to a separate website (Survey #2) where they could leave their email information. Even though the first survey was anonymous, only my advisor and I had access to either online survey. Once the study was closed, I saved the data to a password encrypted pen drive that was kept in a locked cabinet in a locked room in my home.

Data Collection

The data for this study were collected via an online survey that included 13 demographic and nine qualitative open-ended questions. Participants received the invitation (see Appendix E) to participate in the study through email; the PsychData link to participate in the study was embedded in the email. In the email, I explained the purpose of the study, eligibility requirements to participate in the study, an invitation asking participants to forward the email to any person eligible for the study, the time the

survey would take, an explanation that the participation was voluntary, such that participants could withdraw from the survey without penalty at any time. In addition, I provided my email address and my advisor's email address, if participants had any questions, they could contact my advisor or me.

Once participants had read the requirements to participate and decided to take the survey, they could access the survey and submit their answers online at their own pace and time, which took approximately 20 to 30 minutes to answer all the questions. First, participants answered the questions on the demographic survey (see Appendix G), and then participants proceeded to another page to answer the nine qualitative questions (see Appendix H). At the end of that survey, participants who wanted the gift card and summary were directed to a link to that website where they left their email address.

Research Questions

1. How do Latino families define their expectations of family therapy before and after attending a family therapy session?
2. What expectations do Latino families have of the therapeutic treatment process before and after attending family therapy?
3. How do Latino families describe their expectations about treatment outcomes before and after treatment begins?
4. How do Latino families describe their expectations about their therapist and their relationship with their therapist before and after treatment?
5. How likely is it that Latino families will seek family therapy in the future based on their previous experience in family therapy?

Interview Questions

1. Why did you seek family therapy the first time?
2. Before attending family therapy, what were your thoughts about the effectiveness of family therapy?
3. Before attending family therapy, what were your feelings about family therapy?
4. Before attending family therapy, what expectations did you have about the family therapy process and outcome?
5. Before attending family therapy, what expectations did you have about your therapist's actions, support, and trust?
6. At the end of therapy, what were your thoughts about your therapist?
7. At the end of therapy, how useful do you think and feel the treatment was in reducing the symptoms that prompted your family to seek therapy? Please explain.
8. By the end of therapy, how much improvements did your family experience?
9. How likely is it that you would seek family therapy again in the future?

Note: Despite the fact that Questions 6 and 7 focus on the end of therapy, I found that participants did not provide information about the process of termination. Perhaps that was due to the wording of Questions 6 and 7, but no data were produced about termination.

Data Analysis

Data analysis began after all participants had answered the surveys. I used a qualitative data analysis computer software developed by QSR International called NVivo 12 to organize the data. After the interviews were submitted online and transferred to NVivo 12, I started preparing, organizing, and reducing the data by coding (Creswell, 2007; 2014). I read the answers several times with an objective lens to become familiarized with the data before starting coding and to allow themes to emerge (Creswell, 2014). A journal was kept addressing the process of coding and analysis.

After transferring all the data into NVivo 12, the interview questions were clustered according to the research question that those interview questions were attempting to answer. I sought to understand Latino help-seeking behavior and to allow themes to emerge. In addition to my coding, the findings from the two co-coders and my advisor were compared, and agreement was reached by discussion of each coding and themes. The themes were analyzed after considering the general systems theory perspective, and expectancy theory to understand Latino seeking help behaviors.

Using the Theoretical Framework to Analyze Data

This phenomenological research was conducted using the paradigm of general systems theory and expectancy theory. General systems theory offers a framework to examine the family within the family system. General systems theory is about human behaviors and the interactions of these behaviors within people's relationships it was applied to the study of the interaction of Latino immigrants in therapy (von Bertalanffy, 1968). Expectancy theory refers to the cognitive predispositions that individuals to

behave in certain ways according to the given situation (Heafner et al., 2016). The themes were analyzed under the general systems theory perspective and expectancy theory (Kirsch, 1985; von Bertalanffy, 1968), which was described in the literature review.

Trustworthiness

Trustworthiness refers to the degree that findings reflect the legitimacy of the lived experiences of the phenomenon under investigation. Consequently, the findings are considered authentic and worthy (Curtin & Fossey, 2007). To establish trustworthiness in this study, I utilized different procedures while conducting and presenting the findings of this qualitative inquiry. In this study, I ensured that the data were collected, analyzed, and reported ethically (Carlson, 2010; Curtin & Fossey, 2007). The techniques I utilized to employ trustworthiness were triangulation and reflexivity (Curtin & Fossey, 2007).

Triangulation

Triangulation refers to a procedure where different methods or data sources are used to assure validity to a study (Creswell & Miller, 2000). Utilizing different sources of information gives different perspectives of the same phenomenon. When a researcher makes use of different methods and data sources, the researcher reduces bias and increases credibility and validity of the findings. In addition, triangulation gives a holistic view of the phenomenon (Curtin & Fossey, 2007). To assure validity in this study, I utilized four of those strategies: theory triangulation, clarifying the bias, peer debriefing, and an external auditor.

I utilized different theories to triangulate the data and to support the analysis and interpretation of the data (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014).

This phenomenological qualitative research was conducted using the lenses of general systems theory (von Bertalanffy, 1968) and expectancy theory (Callahan et al., 2009) to understand the concept of Latino families' help-seeking behavior. Another technique I utilized to triangulate the data was clarifying the bias. I was open and honest about my own biases, such as my background, gender, cultural history, and ethnic origin (Creswell, 2014). To bracket my insight about the phenomenon studied and to understand the participants' experience in family therapy, I was open and honest about self and my beliefs. In addition, my academic advisor, Dr. Linda Ladd, served as peer debriefer, another form of triangulation. She asked questions about the study and questioned the analysis to make sure data analysis was kept consistent. The last form of triangulation utilized in this study was an external auditor, a person who made an impartial assessment of the study looking over various aspects of the project, such as data analysis and interpretation (Creswell, 2014). This person read and scrutinized the account and reviewed the study as well as the process and results to assure trustworthiness of the study (Creswell & Miller, 2000). The external auditor in this study was Dr. Jasmine Hussain, who was unfamiliar with this study; Dr. Hussain graduated from Texas Woman's University Family Therapy Program.

Reflexivity

Reflexivity refers to the researcher's involvement in the research process and the influence the researcher may have had in the process of the study (Curtin & Fossey, 2007). According to Patton (2002), reflexivity is related to self-awareness of one's political and cultural platform, as well as questioning oneself and understanding oneself

about what one knows and how one knows it. Therefore, to assure trustworthiness to this study, I was open and sincere about my own biases, assumptions, values, and perspectives (Curtin & Fossey, 2007), and reflected about the role of my background, culture, and experiences (Creswell, 2014) to bracket those personal experiences to avoid influencing the process of this study and the findings.

Dependability

According to Creswell (2014), reliability in qualitative research does not have the same implication as quantitative research. The reliability in qualitative research means that the researcher's approach to the study is consistent with other researchers and studies. Long and Johnson (2000) argued that "dependability is a more appropriate term than reliability for qualitative research" (p. 31). In this study, to achieve dependability, I documented all the procedures taken throughout the phases of the study, to ensure the process of data analysis was consistent throughout the process. I also utilized an external auditor to ensure that the findings were cohesive throughout the team (Creswell, 2014). The coding process and themes were discussed among the external auditor, advisor, and me to find an agreement about coding and themes.

Journaling

I made use of journaling, a reflexive process of the study. By keeping a journal, I attempted to ensure that the findings in the study reflected the participants' lived experiences, rather than my ideas of the phenomenon studied. The reflexive process of journaling provided my thoughts about the process and demonstrated the changes in my ideas throughout the process (Curtin & Fossey, 2007). I kept a journal to express feelings

and ideas about this experience of qualitative inquiry. Finally, I processed my biases and expectations about this study through journaling.

Role of Researcher

According to Patton (2002), the validity and reliability of a qualitative research depends on the instruments used to measure what the study was intended to measure. In addition, the researcher is part of the instrument. As the researcher, I brought to the study my own skills, competence, strengths and weaknesses. In this study, I attempted to be attentive to my own bias during data collection and analysis to increase trustworthiness, journaling and debriefing with my advisor whenever issues arose.

I am a first-generation immigrant from Brazil living in the United States for 20 years. I am a White, Latina, Hispanic, and Brazilian woman who is descended from Spanish great grandparents. My great grandparents came from Spain to Brazil in the 1880s, and one grandfather was born in Paraguay who was also of Spanish descent. My interest in the Latino Hispanic population has grown out of personal and professional relationships as a bilingual licensed professional counselor working with Latino Hispanic individuals and families. Working with Latino population, I constantly get the feedback from the clients that they have expectations about therapy and the therapist, such as in therapy they hope that they will learn what to do to deal with the situation, and that the therapist will tell them what to do, and this is a bias I am aware of. I bracketed these thoughts during the research process.

Summary

The purpose of this qualitative research was to explore the lived experiences of Latino families with family therapy, to understand the expectations of these families about the process of family therapy treatment, to explore Latino families' expectations about the therapist during family therapy treatment and the expectations about the outcome of therapy, and to explore Latino families' expectation about the termination process and future73utilization of family therapy.

The participants were 20 Latino Hispanics who are first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands who attended voluntarily at least one family therapy session. Participants were recruited by email through Texas Woman's University listservs and emails sent to churches in Dallas-Fort Worth area and Waco, Texas. Participants answered an online survey through the PsychData website. The anonymous survey had two parts: the first part included 13 demographic questions and the second part contained nine qualitative questions.

After all participants had answered the online survey, the answers were downloaded to NVivo 12 to organize the data into codes and find emerging themes. To assure trustworthiness, I used theory triangulation, bias clarification, peer debriefing, and an external auditor. Dependability was assured by use of co-coders and journaling.

CHAPTER IV

RESULTS

The purpose of this study was to explore the lived experience of Latino families with family therapy, to understand the expectations of these families about the process of family therapy treatment, to explore Latino families' expectations about the therapist before and after attending family therapy treatment and explore the expectations Latino families have about the outcome of therapy as well as to explore Latino families' expectations about the termination process and future utilization of family therapy. The literature describes Latinos as being from different countries in Latin America (Hernandez & Curiel, 2012). While Hispanics are individuals whose culture and traditions were inherited from Spain and they speak Spanish, among those are people from Mexico and countries from Central America, South America, and Caribbean (Facts for Feature (FFF): Hispanic Heritage, 2016). The participants of this study were individuals whose ethnic identity was Latino and who were first-generation or second-generation immigrants to the United States from Hispanic countries from Central America, Latin America, Mexico, and Caribbean Islands.

This chapter answered these five research questions:

1. How do Latino families define their expectations of family therapy before and after attending a family therapy session?

2. What expectations do Latino families have of the therapeutic treatment process before and after attending family therapy?
3. How do Latino families describe their expectations about treatment outcomes before and after treatment begins?
4. How do Latino families describe their expectations about their therapist and their relationship with their therapist before and after treatment?
5. How likely is it that Latino families will seek family therapy in the future based on their previous experience in family therapy?

Sample Description

The sample consisted of 20 participants, 19 females (95%) and one male (5%), who completed the anonymous online qualitative survey on PsychData. Frequencies were obtained on current age of the participant, age when the participant attended therapy, number of sessions the participant completed in family therapy, and other questions asked on the demographic survey (see Tables 1–4). The issues that were presented in family therapy are summarized as well (see Table 5).

Table 1 below includes frequency data on the participants of this study as follows: the current age of the participants ranged from 18-45 years with the majority (n = 11) being 21-30 years of age; and the majority of participants (n = 11) attended family therapy when they were between the ages of 16-25. Most participants (n = 15) reported being the daughter and the child who attended therapy. The number of sessions ranged from 1-4 with 2 sessions being the reported mode.

Table 1

Demographic Characteristics of Participants (N = 20)

Variable	Frequency	%
Age		
18-20	2	10%
21-25	9	45%
26-30	6	30%
36-40	2	10%
41-45	1	5%
Age when Attended Therapy		
6-10	1	5%
11-15	2	10%
16-20	6	30%
21-25	5	25%
26-30	3	15%
31-35	1	5%
36-40	2	10%
Role in the Family		
Mother	4	20%
Father	1	5%
Daughter	15	75%
Role in the Family when Attended Therapy		
Parent	5	25%
Child	15	75%
Number of Family Therapy Sessions Attended		
1	3	
2	4	
3	2	
4	2	
5	2	
6	3	
9	2	
12	1	

Table 2 includes the frequency data on participants about education, marital status, and employment status. This sample reported being well-educated, the lowest level of education was associate degree (n = 4). Most of the participants were college students, (n = 7), followed by participants who had Bachelor's degrees (n = 4), Master's degrees (n = 3), and Doctoral degrees (n = 2). Majority of the sample reported being single (n = 12) and working full time (n = 9).

Table 2

Participant Level of Education, Current Marital Status and Employment Status (N =20)

Variable	Frequency	%
Highest Level of Education Completed		
Associate Degree	4	20%
Some College	7	35%
Bachelor's	4	20%
Master's	3	15%
Doctoral	2	10%
Current Marital Status		
Single	12	60%
Married	5	25%
Living Together	2	10%
Divorced	1	5%
Current Employment Status		
Student	4	20%
Part-Time Work	7	35%
Full-Time Work	9	45%

Table 3 below reported the data frequency of the participants regarding ethnicity of the participants. Majority of the participants identified themselves as being Hispanic (*n* = 10), Latino (*n* = 5), and Hispanic/Latino (*n* = 4). Most of the participants reported their mothers' country of origin Mexico (*n* = 8) and some participants chose not to respond, they answered N/A (*n* = 6). Majority of the participants reported their fathers' country of origin being Mexico (*n* = 11) and some of them decided to answer N/A (*n* = 4). The participants who answered N/A in father's country of origin or mother's country of origin, identified themselves either as Latino/a or Hispanic.

Table 3

Demographic Ethnicity of Participants (N = 20)

Variable	Frequency	%
Race/Ethnicity		
Hispanic	10	50%
Latino/a	5	25%
Caucasian	1	5%
Hispanic/Latino	4	20%
Mother's Country of Origin		
Mexico	8	40%
Colombia	2	10%
US	2	10%
Panama	1	5%
Honduras	1	5%
N/A	6	30%
Father's Country of Origin		
Mexico	11	55%
Brazil	1	5%
Colombia	1	5%
Honduras	1	5%
Italy	1	5%
Spain	1	5%
N/A	4	20%

Importance of Religiosity and Spirituality

On the demographic survey, all 20 participants answered two questions about the importance of their being religious and being spiritual, using a Likert scale (see Table 4). Being religious was defined as going to church regularly, attending churches activities, or being a member of religious affiliations. Five participants (25%) reported that being religious was highly important to them. Three participants (15%) reported that being religious was very important to them; nine participants (45%) reported that being religious was important to them. One participant (5%) reported that being religious was somewhat important, and two participants (10%) reported that being religious was only a little important to them.

Of the 20 participants in the study, the majority (n = 13) reported that being spiritual was important to them. Being spiritual was defined as trusting in a higher power, God, praying in regular basis, practicing meditation, and reading the Bible regularly. The data on how they rated the importance of being spiritual is as follows: being spiritual is highly important (n = 8, 40%), being spiritual is very important (n = 5, 25%); being spiritual is important (n = 4, 20%), being spiritual is somewhat important (n = 2, 10%), being spiritual is only a little important (n = 1, 5%).

Table 4

Importance of Religiosity and Spirituality (N =20)

Variable	Frequency	%
Importance of Being Religious		
1 little	2	10%
2 somewhat	1	5%
3 important	9	45%
4 very	3	15%
5 highly	5	25%
Importance of Being Spiritual		
1 little	1	5%
2 somewhat	2	10%
3 important	4	20%
4 very	5	25%
5 highly	8	40%

Issues that Led Latino Families to Attend Family Therapy

Latino families reported (see Table 5) that the main issues that led them to seek therapy were mental health issues such as depression, anxiety, panic attacks, as well as family problems such as parent-child relationship problems, communication between family members, divorce and child adaptation, anger issues, and behavioral issues. Participants reported that issues that caused relationship problems included death of a family member, miscarriage, and family member military deployment. Parents divorcing led to life transitions and adjustment issues among children and stepparents.

Table 5
Issues that Led Latinos to Seek Family Therapy (N =20)

Variable	Frequency	%
Main issues for Seeking Therapy		
Mental Health Issues	4	20%
Relationship Problems	4	20%
Life Transitions/Adjustment Issues	1	20%
Interpersonal Problems	2	15%
Communication	1	10%
Behavioral Issues	3	5%
Personal Issues	1	5%
Anger Issues	4	5%

Findings

Five themes and several subthemes were found in this study (see Table 6) : (1) Positive Experience in Therapy, with three subthemes: (1a) Expectations before Therapy, and (1b) Observations after Therapy, (1c) Experience of Parents with Therapy; (2) Involvement of Family Led to Effective Treatment, (3) Latinos Expected Therapy to be Useful, (4) Latino Expectations about Therapists, with two subthemes: (4a) Prior to Therapy and (4b) After Therapy; and (5) Children Expected That the Therapist Would Take Parents' Side.

Please note that no information on the process of termination was gathered from the qualitative questions in this study.

Table 6

Five Themes and Subthemes Found in This Study

Themes	
Theme 1	Positive Experience in Therapy
	Subthemes
	1a Expectations before Therapy
	1b Observations after Therapy
	1c Experience of Parents with Therapy
Theme 2	Involvement of Family Led to Effective Treatment
Theme 3	Latinos Expected Therapy to be Useful
Theme 4	Latino Expectations about Therapists
	Subthemes
	4a Prior to Therapy
	4b After Therapy
Theme 5	Children Expected That the Therapist Would Take Parents' Side

Positive Experience in Therapy (Theme 1)

Latino families defined their expectations about the therapeutic treatment and the process of treatment before and after attending family therapy sessions. Participants shared their feelings, anticipations, and thoughts about treatment before and after treatment began. Many of the participants reported having feelings and anticipations that family therapy would be a positive experience before therapy (n = 12) and reported that it

was positive after therapy (*n* = 17). At the beginning of therapy, participants were hopeful that therapy would be effective and would help them with the issues that brought them to therapy, whether the issues were personal such as anger, behavioral, and mental health or family issues such as interpersonal problems, adjustment to life transitions, communication issues, and lack of understanding between family members. There are three subthemes in the theme positive experience in family therapy: 1a) Expectations before Therapy, 1b) Observations after Therapy, and 1c) Experiences of Parents with Therapy.

Expectations before therapy (1a). At the beginning of therapy some participants (*n* = 10) reported that they felt scared, nervous, and hesitant to talk about their problems to a stranger, while at the same time, they experienced positive feelings and expected that therapy would be beneficial and a positive experience for their families.

- I had a positive feeling towards family therapy due to my previous experience with therapy. I felt that we could really benefit from it and that it could help us in many aspects. (M33)
- I have always been a firm believer of therapy; I had very hopeful thoughts about it. (F6)
- My thoughts on family therapy were based on the social media. I would imagine a scene from movies but never knew exactly what the outcomes would be. I just hoped that in the end, there was a solution and that everyone would be content. (F23)

- I felt that family therapy was a necessity in my life regarding familial communication and self-identity. (F24)
- I thought it would be good, finally a safe spot where we could share relentless feelings towards our family and get help. I grew up thinking it was just like regular doctors, so I wanted to get better and make sure our family was better. (F28)
- I was hopeful that it would be a positive experience. (F35)

Observations after therapy (1b). Any negative feelings about family therapy before attending therapy shifted to more positive reports after attending therapy. Based on their experiences in attending family therapy, participants (n = 17) reported that they would seek family therapy again in the future if they needed it because they had experienced that their family dynamics had improved, including improvements in communication between family members and understanding the other person's perspective of the problem. They also experienced understanding of self.

- I was able to start to evaluate why was I starting to think the way that I was. I started to realize that my life was never going to be perfect and that not everything was my fault. I think over all it helped me with my thought process. (F41)
- I truly didn't believe it would help. It scared me, I believed it would force us to speak on things we wouldn't usually. She [therapist] did open my mom's eyes and allowed us to speak about the way we truly felt. It was not 100 percent perfect, but it was better. If push comes to shove, I will return. (F17)

- I just want it to STOP and do not talk to them anymore. I thought that I did not do anything wrong, so I didn't want to see any outside person to talk about our problems. I did not want to see my parents so obviously I did not want to have family therapy because they were going to make me talk to them and open myself to why I was feeling so much anger… I do not know what the therapist did, but she did help me to open to them, and let them know what it was I was so angry with them and why I blame them from my miscarriage… My family therapy was a struggle the first one, we were quiet, and I did not want to say anything… my dad started talking to the therapist about how much he loves me and how sorry he felt to see me suffering. My mom started crying and I was still angry with them. My mom hugged me and said sorry for not being there for me. It was that moment when I just got full of tears, the therapist start asking me questions about how I was feeling, what I thought about what my parents said. It became so real after a while… We are still working on communication… I may go [back to therapy] if later I have any issues with my own children. (F26)

Experience of parents with therapy (1c). The sample of 20 adults included five adults (four female and one male) who had participated in therapy as parents (ages 26-45 years old). The male parent appeared to have more positive thoughts and expectations about family therapy before attending therapy than his female counterparts. Despite these four participants' negative reports at the beginning of therapy, all five parents reported at

the end, that based on their experiences in family therapy, they would seek therapy in the future again.

- I received individual therapy before, and I had really good outcomes with it…Before attending family therapy, I had the expectation that therapy would make our transition smoother and that therapy would help me explain things better to my daughter…. From my experience, I will be seeking family therapy soon again. I really enjoyed it and saw how effective it can be (M33)
- I figured it would be helpful because I have done individual therapy in the past…. I knew it might take some time to find the right therapist and that change doesn't occur right away. Some [improvement], but I wish we would have gone longer. (F35)
- I did not want to attend therapy, as I did not think it would help to tell a stranger my problems…. I did not believe in therapy but was encouraged to attend by various friends and family members…. I felt that it would not help, my expectations were low…. After therapy, we felt that our communication had improved about 35%. However, we continued to implement the skills we learned in therapy and I believe that percentage continued to rise. These are skills I continue to use with my family. (F39)
- I was [feelings before attending therapy] incredulous, unnecessary…That one is able to control one's thoughts and emotions through will power alone…. We are improving every day. (F16)

Involvement of Family Led to Effective Treatment (Theme 2)

The effectiveness of therapy appeared to depend on how much the family members were open to participate (n = 7) and worked toward changing during therapy and even after termination. Participants (n = 7) reported that they found therapy to be effective when family members were willing to change and participate in the therapeutic process. In addition, participants (n = 5) who had a prior experience with therapy demonstrated more understanding and positive attitude towards the therapy process than those who never had participated in therapy. Those with prior experiences had greater readiness to work on the issues that lead them to therapy.

- My feelings were positive because I think that if the whole family takes it, it makes it much easier to communicate. (F6)
- It can be helpful if everyone is willing to open up. (F9)
- I was very optimistic about therapy because both my mother and I are open to learning and trying new, beneficial techniques. (F24)
- I was hopeful that it would be good if everyone participated… I thought it was effective but also knew you had to try and work at getting better. It wasn't going to just happen…Again, you have to actually put the effort into changing and not lying. You can talk to someone till you're blue in the face about changing and working on things but if they don't actually try, it is useless. (F27)
- I think it just depended on how much work and open you were willing to be. If I didn't put in work or effort, then the treatment was helpless however if I

accepted what she said and did the exercises then it was every life changing. (F28)

- I did not think it would be effective because my parents would not listen. (F32)
- I think therapy is very effective when those involved in it are open and genuine with what needs to be worked on. (M33)

Latinos Expected Therapy to be Useful (Theme 3)

Latino families described their expectations about the treatment outcome and effectiveness of family therapy before and after treatment begins. Participants reported they expected that family therapy would help them to get a better understanding of other family members. They also expected to learn coping skills to handle emotions, to improve relationships and communication between family members. During family therapy, family members had the opportunity to talk to each other about their problems and feelings, as well as family members had the opportunity to listen to each other's opinions, helping the family to experience communication in a safe environment.

In addition, some participants (n = 4) reported that at the beginning of therapy they expected that the duration of therapy would be short term, a quick fix with instant improvements. They also expected that therapy would be directive, where clients would receive information from the therapist about coping skills and tools to manage their emotions.

- It was useful to have a clear perception on how to handle my emotions. (F13)

- I expected us to start rumbling about all the issues that we had and that we would get the bottom of the root within maybe two sessions. (F6)
- For it to equip with me with strategies to better support my teenager. (F16)
- I think it was very useful as it improved my communication with my parents. I started speaking more to my parents and it improved our overall parent to child relationship (F18)
- I wanted the outcome to be immediate. During the therapy session, everyone had a chance to express their feeling which I felt was reliving. Having someone new assessing the situation and not having any family involvement was insightful. We all came to a solution in where we would accept the decision of my brother and not find fault for his decision. I would say that the emotional support became stronger and everyone understood each other. Everyone was on the same page on the topic and I sensed emotional relief. (F23)
- I had never attended therapy, so I just wanted the outcomes to be immediate… Therapy was quite helpful with promoting healthy communication techniques. My own ability to phrase statements and questions was improved. My reactions to familial communication and the timing of my responses were vastly improved. The consideration of individual perspectives was a main focus of therapy as well, which was of greatest importance to successful treatment. (F24)

- I was expecting to understand what the main issue was and how to work on fixing it. (F25)
- I think it just reduced familial stress about my mental health issues. (F32)
- At the end of therapy, I felt that our family improved a lot. Many aspects of the transition were explained, and this helped us a lot to take away the blame on each other. (M33)
- It gave my daughter more coping strategies and I had some more insight as well. (F35)
- I expected for the therapist to make us talk a lot about our feelings and fix the issue. (F36)
- It helped communication, for the most part. Attending sessions frequently would overall improve the outcome. Its improved understanding and perspective and increase communication. (F38)
- At the end it was very useful for me…I started to see myself differently, which made me react differently to the world… It also showed me how to react and listen to my spouse and actually try and evaluate what they were saying instead of instantly responding. (F41)

Latino Expectations about Therapists (Theme 4)

Prior to therapy (4a). Participants described their expectations about therapists before and after attending family therapy, concerning therapist's actions, support, and trust. Prior to attending therapy, participants reported that they expected their therapist

would help them to overcome their problems. They also expected that their therapist would possess some professional traits, such as behave in a professional manner, professional knowledge and expertise, ethical and a non-biased point of view, ability to mediate, guide, and teach.

- [Therapist] would be able to mediate and not let things get to heated. (F9)
- I expected her to guide us through the process and share strategies to better manage our thoughts and words. (F16)
- I expected my therapist to be prepared and professional no matter what the situation is. I was sure that my therapist would possess those qualities to ensure the comfort of everyone one, including myself. (F23)
- I expect any therapist to support my overall wellbeing and with honest communication regarding best patient practice. I expect my therapist to be 100% trustworthy with no questionable behavior or verbiage (F24)
- I was expecting for the therapist to be mostly in control of the conversation and being there as a guide. (F25)
- I expected confidentiality and that their recommendations would be sincere. (F35)
- I expected everything to remain confidential and for the therapist to not be bias. (F36)

After therapy (4b). Most Latino families reported more on therapist's personal traits after attending therapy, such as the therapist was helpful, caring, kind, collected, and supportive.

- Very caring and attentive. (F6)
- She was calm, collected, very knowledgeable about our situation. (F9)
- I enjoyed her support. (F16)
- My therapist was patient and kind. She was very helpful. (F18)
- In the end, I was pleased with my experience. I was content that the therapist was open minded and very selective on the words used in the conversation. (F23)
- She was very helpful; she was not a yes man and as a matter of fact, she set me straight tried to rework my way of thinking. It takes a lot of self-work and she was a great listener. (F28)
- At first, I thought that he was cold, but then I realized he was trying to remain neutral. I believed he was not biased and helped us listen and understand each other. I felt he was caring. (F39)

Children Expected Therapist Would Take Parents' Side (Theme 5)

Most of the participants (n = 9) had participated in family therapy when they were a child or teenager or as young adults (n = 5) between 20 and 25 years old. Some of the participants reported they were nervous, scared, and they did not want to be in therapy; several reported that they expected that their therapist would side with their parents. At

the end of therapy, participants reported improvement in communication and relationship with their parents, as well as having a positive experience with their therapist.

- It scared me…I felt like she would take my parents side because they were older and wiser…I was wrong on half on it, she [therapist] was very understanding and looked at things from my point of view. (F17)
- I was nervous about being invalidated and backed into a corner by both my parents and therapist …I thought they would take my parent's side…They [therapists] were a really great advocate to have. (F32)
- I felt like she [therapist] couldn't see the point of view from the younger voices (siblings and I) and sides with my mom because of similar mentalities. (F36)
- I honestly that that I would just be prescribe some basic remedy or just listened to. I thought it I would hear that everything was my fault, and that I was the reason my life was so bad. (F41)

Some of the participants (n = 5) who had participated in family therapy as children reported that they were unsure about their expectations of the family therapy process and expectations about their therapist before attending family therapy. In addition, participants reported that they did not want to be in therapy, they were angry to be in therapy, they were scared to share their feelings, and they were nervous because they were uncertain what was going to happen in therapy.

- Something is wrong…I didn't have any thought [about therapy] I was a child…I was a child didn't know [the expectations about therapist]. (F13)

- I expected the process would be like in movies were they just repeat the same questions but knew that was not true. I had never attended therapy, so I just wanted the outcomes to be immediate. (F23)
- I was very young, so I didn't have any thoughts about it [therapy]…. I was a bit angry to go because I didn't want to go…. I didn't know much about the family therapy process, so I have no expectations… I imagined that she [therapist] would speak to us and ask us questions and then give her opinion. (F18)
- I thought it [therapy] would be bad and ineffective because my mother and sister tend to bump heads often… I thought it would be scary having to express ourselves in front of all my siblings but especially my mother… I expected for the therapist to make us talk a lot about our feelings and fix the issue. (F36)
- I thought it [therapy] would help but was very skeptical at the same time…. I was scared, and nervous to share my feelings. (F41)

Summary

This phenomenological qualitative study was designed to explore multiple aspects of the experience that Latino families had when they decided to participate in family therapy. I looked at family expectations about the process of therapy treatment, the expectations Latino families had about their therapist and the relationship with their therapist. Theexpectations these families had about the outcome of therapy and based on

those experiences if Latino families would seek therapy again in the future if they needed.

The sample consisted of 20 Latino-Hispanic first or second-generation immigrants from Mexico, Central, and South America. Most of the participants (n = 15) had participated in family therapy when they were children either at a young age or as an adolescent, and five participants have participated as parents. Five themes and several subthemes were found in this study: (1) Positive Experience in Therapy with two subthemes: (1a) Expectations before Therapy, and (1b) Observations after Therapy, (1c) Experience of Parents with Therapy; (2) Involvement of Family Led to Effective Treatment; (3) Latinos Expected Therapy to be Useful; (4) Latino Expectations about Therapists, with two subthemes: (4a) Prior to Therapy and (4b) After Therapy; and (5) Children Expected That the Therapist Would Take Parents' Side.

CHAPTER V

DISCUSSION, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

The purpose of this study was to explore the experience of Latino families with family therapy. I sought to identify the expectations of Latino families concerning the process of family therapy treatment, expectations about therapists, and expectations about the termination process, and future utilization of family therapy. As noted earlier, no data was gathered about the process of termination. I was most interested in how the role of family expectations affected their perceptions of the effectiveness of family therapy in terms of treatment, relationship with the therapist, outcome, and termination. This chapter includes the discussion of the findings of this study, implication, limitation of this study, recommendation for future research and for mental health professionals working with Latino families.

The research questions this study aimed to answer were:

(1) How do Latino families define their expectations of family therapy before and after attending a family therapy session?

(2) What expectations do Latino families have of the therapeutic treatment process before and after attending family therapy?

(3) How do Latino families describe their expectations about treatment outcomes before and after treatment begins?

(4) How do Latino families describe their expectations about their therapist and their relationship with their therapist before and after treatment?

(5) How likely is it that Latino families will seek family therapy in the future based on their previous experience in family therapy? Research questions were answered through the five themes discussed in this chapter.

This study applied the theoretical framework of general systems theory (von Bertalanffy, 1972) and expectancy theory (Kirsch, 1985) to how I viewed the purpose of the study, answered the research questions, and conducted data analysis. General systems theory provided the lens to examine the interactions between family members and their behavior within and between the systems, as well as between the system and the environment, and how the environment affects the members of the system (von Bertalanffy, 1972). Some of the participants who have been in therapy as parents reported having negative anticipation about therapy before attending therapy. At the same time, participants who attended therapy when they were children reported they also had negative feelings and anticipations about therapy. As therapy progressed, both parents and children reported a shift from having negative feelings and anticipations about therapy to having positive feelings about therapy. At the end, most parents and children reported that they enjoyed therapy and they would seek therapy in the future if they needed. This provides a frame of reference of feedback loops in family relationship phenomenon as explained in system theory. This phenomenon shows the whole is greater

than the sum of its parts (von Bertalanffy, 1972). Children and parents interact in the family system through feedback loops and each loop is a part of the whole system. Parents who had either positive or negative expectations tended to have children who had similar expectations. The same way as they shift to positive experience, children also enjoyed positive experience.

Expectancy theory posed that the individual's response expectancies are related to behavioral outcomes (Anton & David, 2013; Callahan et al., 2009; Connor & Callahan, 2015; Kirsch, 1985). Therefore, individual expectancies and beliefs about the effect of the treatment can be expected to influence their responses to therapy and the treatment outcome (Heafner et al., 2016). Indeed, the participants of this study reported that prior to therapy, they had positive feelings and anticipations and thoughts that family therapy would help the family to work on the issues that led them to therapy. They reported that they were hopeful that the therapy would be beneficial for them. Participants entered therapy with positive anticipation of positive outcome; consequently, they experienced behavioral modification and change within the family system at the end of therapy.

An online qualitative survey was conducted with Latino individuals who had participated in family therapy asking them to report on their expectations before and after therapy, about the process of therapy, their expectations about their therapist before and after therapy, and future utilization of therapy. This study found five themes and several subthemes: (1) Positive Experiences in Therapy, with three subthemes: (1a) Expectations before therapy, (1b) Observations after Therapy, and (1c) Experience of Parents with Therapy; (2) Involvement of Family Led to Effective Treatment, (3) Latinos Expected

Therapy to be Useful; (4) Latino Expectations about Therapists, with two subthemes: (4a) Prior to Therapy and (4b) After Therapy; (5) Children Expected Therapist Would Take Parents' Side.

Discussion of Findings

Positive Experiences in Therapy (Theme 1)

This present study explored Latino expectations about the process of therapy: before attending therapy and after attending therapy as well as their feelings and thoughts both prior to therapy and after therapy. Participants shared that before therapy they were hopeful that therapy would help them to overcome the issues that led them to attend therapy. After therapy, Latino participants shared that they had positive experience in therapy and that therapy was helpful to overcome the problems that led them to therapy. Most participants shared that before therapy they were hopeful that therapy would be a positive experience. After therapy, a majority of the participants seemed to be pleased with the experience and suggested that therapy was helpful.

Expectations before therapy. Research on expectancy theory suggests that outcome expectancies lead to certain results, as evidenced in a study by Kirsch (1985). In his findings, he reported that individuals who were administered placebo medications had psychological and physiological responses based solely on their expectancies that the drug they were receiving would give them the response they expected they would have. Participants in this present study reported that they had positive feelings about therapy and the positive expectancy about the benefits from therapy prior attending therapy. Most

of the participants reported that they had thought that they would benefit from therapy; also, they held hopeful thoughts about therapy as well as that they would have a safe environment to talk about their problems. Consequently, at the end of therapy, they experienced the outcome they were expecting.

On the other hand, a few participants reported that they had negative expectations about therapy prior to attending therapy and affirmed that they were scared and nervous to share their feelings with the therapist in front of their families, but at the same time, they were hopeful that therapy would help. For that reason, the expectancy that therapy would be helpful, facilitated clients to have the outcome they were expecting.

Observations after therapy. At the end of therapy, most Latino families reported that they had a positive experience in family therapy. Latino families reported that they would seek family therapy again in the future if they needed it because they described that family dynamics and relationships had improved. Likewise, in the study conducted by Kunkel et al. (1989) to investigate counseling experiences, the researchers found that those participants who have been in therapy before reported they would seek therapy again in the future. Even though older participants reported they felt remorseful and ashamed to tell others they have been in therapy. No participants in my study reported feelings of shame or remorse, which may be due to their age as the oldest participant was 45 years old. Also, in this current study participants reported that family members had a better understanding of each other's feelings and points of view, which had led to their enhanced communication. Consistent with this finding, Bermúdez et al. (2010) examined Latinos help-seeking behaviors and found that Latinos did consider that seeking mental

health services would help them with personal and family relational matters. Bermúdez et al. (2010) concluded that Latino families value family unity and having a close relationship between family members and extended family members.

Experience of parents with therapy. Parents discussed their expectations about therapy before and after therapy. Some parents reported having doubt if therapy would help, having negative expectations at the beginning of therapy. Other participants reported having positive expectations at the beginning of therapy. Despite this difference, at the end of therapy, all parents felt that their experience in family therapy was positive, and they affirmed that they would seek therapy again in the future if they needed it.

Involvement of Family Led to Effective Treatment (Theme 2)

The effectiveness of the therapeutic process depended on the family member's willingness to be open to participate in therapy and change as well as to continue to work on keeping the change the family has achieved in family therapy, even after termination. This finding illustrates the cultural values of familism, where family members depend upon each other for support (Bermúdez et al., 2010). This finding suggests that therapists need to observe Latino families through the lenses of general systems theory which suggests observing the system, instead of separating the system into parts (von Bertalanffy, 1972). According to general systems theory, the family members tend to maintain communication and behaviors through positive feedback loops that maintain homeostasis. The therapist works to initiate negative feedback loops that causes the family members in the system to change, thus adapt their self-regulation as the family adapts to new information (von Bertalanffy, 1968).

In addition, one finding from this current study suggests that participants who had prior experience in therapy before attending family therapy were more open to participate in family therapy, as well as having more positive attitude toward the family therapy process than those who have never participated in family therapy. The study conducted by Demyan and Anderson (2012) reported similar results. The researchers suggested that participants who had been exposed to segments of interventions in the media-exposed group had more positive attitudes toward mental health services than the control group. Participants in their research who had attended therapy before had less treatment fear than those who had not attended therapy before, and they demonstrated more positive attitudes toward therapy than those who had not attended therapy in the past (Demyan & Anderson, 2012).

Latinos Expected Therapy to be Useful (Theme 3)

Latino families expected that family therapy would benefit the family to talk about their problems and feelings, to support family members, listen to each other's opinions, and to promote communication between family members. Latino families reported that they also expected that therapy would be short-term, that they would achieve improvements fast, that they would receive information about their problems, and that they would be taught coping skills to deal with these problems and to manage their emotions. Similar to these findings, an older study conducted by Tinsley et al. (1980) found that participants expected therapy would be short term. In just a couple of sessions, participants would have good outcomes. Participants in their study also reported that they expected that therapy would be a safe place to talk about their problems.

Likewise, Kunkel et al. (1989) found that all participants in their study reported that they had expectations to talk about their problems. Chwal et al. (2014) found similar results in their study as their families reported that therapy helped them to decide about their relationships and to make improvements in their relationships.

Latino Expectations about Therapists (Theme 4)

This study explored Latino family's expectations about their relationship with their therapists prior to attending therapy and after attending therapy. Participants reported prior to therapy being scared to share their feelings with their family and the therapist who was a stranger, as well as nervous because they did not know what was going to happen in therapy. At the end of therapy, participants reported they trusted their therapist and they were able to talk about the issues that led them to therapy. They also reported at the end of therapy, they were pleased with their therapist and the relationship that had been formed with their therapist throughout the therapeutic process.

Kirsch (1985) argued that expectancies have impact on nonvolitional outcomes. Anton and David (2013) investigated the role of expectancy in producing the expected outcome, as well as the interrelation between the construct response expectancies (expectancy for nonvolitional outcomes), and the construct response hope (hopes for nonvolitional outcomes) in predicting pain and emotional distress during labor in pregnant women. This study was conducted with pregnant women to investigate the interrelations between response expectancy and response hopes as predictions of pain and emotional distress during labor (Anton & David, 2013). Anton and David (2013) found that women who expected that they would have pain during labor, reported higher level

of pain after delivery, than those who did not expect that they would have pain during labor.

In this study, participants reported that they have felt anxious about therapy before therapy started, yet they reported that they expected therapy would be helpful to their families to resolve the issues that led them to therapy. Therefore, participants response expectancy (expected that therapy would work) and response hope (they were hopeful that the therapist would help them though the process) had impact on nonvolitional outcome, which was therapy was helpful and enjoyable, and the ultimate relationship with therapist was pleasant and trustworthy.

Prior to therapy. Before therapy, Latino families expected that their therapists would be helpful to guide the family through the process of family therapy. They also expected that the therapist would have professional traits such as, having the skill to conduct therapy in a professional and ethical manner, having the expertise and knowledge about their cases, treating clients in a non-biased way, as well as being a guide, mediator, and directive. The same way, Tambling et al. (2014) found that clients expected their therapists to guide, give advice or suggestions, and lead them to solve the problem that lead them to therapy. Likewise, Overall and Anderson (1963) conducted a study five decades ago to define causes that might be contributing to high rate of attrition after the first intake interview. Participants in their study expected that therapists would be active, medical and supportive, supporting the findings of my study (Overall & Anderson, 1963). Patients with less accurate expectations about treatment would be the ones who were more likely to drop out of treatment (Overall & Anderson, 1963).

Besides, patients expected an active role of the therapist, at the same time a permissive role, and when those expectations were not met, the patient tendency was not to return to treatment (Overall & Anderson, 1963).

After therapy. After therapy, Latino families were pleased with their experience with their therapists, and they found that their therapists were helpful. By the end of therapy, they experienced the relationship with their therapist in a more personal way. They reported that their therapist had been caring, calm, attentive, kind, and supportive. The sample of this study was primarily women, Kunkel et al. (1989) in their study about clients' expectations of counseling found similar results with their female sample. Women reported that they expected their therapist to be caring, truthful, sincere, accepting, and amiable (Kunkel et al., 1989). Another research study conducted by Chwal et al. (2014) also supported this finding. The participants in their study shared that they expected that when difficult emotional moments arose in therapy, the therapist would be sensitive and validate their effort (Chwal et al., 2014). Tambling et al. (2014) also found that clients had expectations regarding therapists' personal traits. Participants reported expecting their therapist to be nice, friendly, welcoming, and calm, as it was found in my study (Tambling et al., 2014).

Children Expected Therapist Would Take Parents' Side (Theme 5)

The participants in this study who participated in family therapy when they were children stated that they were nervous and scared before attending therapy. They also reported that they did not want to be in therapy, and they felt angry for been forced by their parents to be in therapy. They reported that they were uncertain of their expectations

about family therapy before attending therapy. They believed, at the beginning of therapy, that the therapist would side with their parents against them, blaming the children for the family problems. However, participants who had attended therapy as children reported having a positive experience with their therapist and toward the end of therapy; they reported that they experienced changes in the family dynamics.

Participants who have attended family therapy when they were children (n = 5), reported that they were unsure of their expectations about therapy. Also, they were angry to be in therapy, scared to share their feelings, uncertain what was going to happen during therapy sessions. They reported that at the beginning of therapy, they did not want to be in therapy, but at the end of therapy, they reported that therapy helped the family work through problems and helped enhance the family relationships. Stith et al. (1996) found similar results with children who participated in family therapy. Parents in their study reported that even though at the beginning of therapy their children would throw tantrums to avoid going to therapy, as therapy progressed, they would go to therapy without complaints. Some participants in their study demonstrated precise or mistaken understanding for the reason they were in therapy, and others had no clue the reason they were in therapy, despite of the fact that parents reported they had prepared their children to therapy prior to attending therapy. Children also reported that they wanted to participate in family therapy, but they did not want to be the focus of the conversation (Stith et al., 1996).

Importance of Religiosity and Spirituality

Most of the participants expressed the importance of being spiritual (65%), such as trusting in a higher power, trusting in God, praying regularly, practicing meditation, and reading the Bible daily. These participants marked four and five in the Likert scale questionnaire the importance of been spiritual. This study found that Latino families consider themselves more spiritual than religious, 45% of the participants marked three the importance of being religious, which is going to church regularly, attending churches activities, or being a member of religious organizations. This finding is consistent with Bermúdez et al. (2010) that religiosity and spirituality play an important role in the Latino's life. Bermúdez et al. (2010) found that 67% of their sample responded that their spiritual needs were greater than their desire for material possessions, 79% of their sample agreed that religiosity played an important role in their families' lives, and 76% of their sample reported that they pray often, at least once a day. The sample of this study seemed to be less religious and a little less spiritual than the sample in the study of Bermúdez et al. (2010). Finally, Bermúdez et al. (2010) concluded that their sample confirmed the marriage and family therapy literature that being religious and being spiritual is important for the Latinos. Women reported being more spiritual than man even though their sample seemed not as strong spiritual as the marriage and family therapy literature suggests.

Limitations

This study helped to understand Latino families' expectations of family therapy, therapist, and the process of family therapy treatment. Some limitations should be taken

in consideration to transfer these findings to other context other than the respondents. One limitation of this study was that most of the participants were educated people; four participants had an Associate degree, seven some college, four bachelors', three master's degree, and two had doctoral degree. The results might have been different with participants with less educational achievements. In addition, the sample consisted of mostly females and only one male; consequently, this study did not reflect the experience of fathers or sons in family therapy adequately. Also, the sample consisted most of college students, for that reason, and that could also have affected the findings of this study.

Most of the participants were second-generation immigrants. Therefore, their answers reflect their experience of family therapy through the perspective of having been raised in the United States and acculturated to the culture and language. The perspective of first-generation of immigrants would likely present a different perspective experiencing family therapy, and a different point of view that would have contributed to the body of knowledge of how Latino experience family therapy. Finally, a limitation of the study was that the questions did not ask clearly about the process of termination. Therefore, that information was not available for analysis.

Implications

The results from this study suggest several implications for professionals who work with Latino individuals and families (the results of this study imply new directions for professionals who work with Latino individuals and families). Professionals such as family therapists, school counselors, counselors, psychologists, or other mental health

professionals who provide therapy to this population should increase their understanding of Latino families' expectations about family therapy.

Family therapists working with Latino families and individuals can be more effective in providing treatment that meets clients' expectations for treatment and be more effective and culturally competent. Therapists since the beginning of treatment need to be more aware of clients' goals and expectations about family therapy, their expectations about the effectiveness of treatment, process of treatment, termination and the role of the therapist in the therapeutic process. The therapist at the intake interview or first session should ask clients about their expectations in those areas and clarify any distortion that may hinder the progress of the treatment.

Therapists need to be aware of the difference between parents and children's experiences of family therapy so that they adequately address each client's expectation in family therapy. Children experience family therapy differently than their parents as this study found that parents were initially skeptical while children often reported being afraid that the therapist would take their parents' side against children. Therapists need to be aware of these initial feelings and thoughts of parents and children. Therapists need to take time during the beginning of the treatment to build a therapeutic alliance with the children, give them time to understand the therapeutic process and build trust. The same way, with parents who may be resistant or skeptical to the effectiveness of the treatment, therapists need to build a therapeutic alliance with them, and give time as well to build trust. For this purpose, it is important for therapists to acknowledge parents and children's feelings and thoughts and be understanding to their differences.

When working with Latino families, therapists will be more effective when they consider the cultural and religious/spiritual beliefs held by Latino families who seek therapy. This planning ought to increase positive outcomes and reduce treatment drop out. Therapists need to be aware of their own biases regarding cultural, religious, and spiritual beliefs of Latino population. It is important to ask clients about their beliefs and how those beliefs will interfere or help in the therapeutic process toward clients' goals and progress in therapy, instead of making assumptions.

It is recommended that clinicians inquire about the progress of therapy during the process of therapy and check to be sure that treatment is meeting clients' goals and expectations on a routine basis for the purpose of revising or adjusting therapy as needed. At the same time, therapists need to check if each family member's expectations are being met and encourage them to work together toward their goals. Therapists should be aware of the expectation of each member of the family as well as common goals throughout the therapeutic process.

Recommendations

This study added more information to the body of knowledge about understanding Latino families' expectations of family therapy process, before and after therapy, expectations about therapist and future utilization of family therapy, and helping clinicians to better serve this population in therapeutic settings. However, there is still a need for future studies exploring Latino families' expectations about family therapy. In fact, in this study, most of the participants were female; consequently, future studies with male populations would shed light on the literature by considering male Latino

participants' expectation of family therapy and exploring their experiences in family therapy.

Future quantitative studies with more participants and different regions of the United States, as well as different populations, such as lower socio-economic status and different levels of education might bring a new perspective to understand Latino families' expectations of family therapy. Future research could also explore if there is any difference in clients' expectations of therapy from country of origin, as well as if religiosity/spirituality plays a role in help-seeking behavior. This study had a homogenous sample with majority of the participants been educated. Future researchers are encouraged to explore more diverse populations, such as different levels of education, male experience in family therapy, immigration status such as first-generation immigrants, and Spanish questionnaire so that first generation will be able to answer more easily.

Conclusion

The goal of this study was to contribute to literature working with Latino population in family therapy in order to provide a deeper understanding of Latino families' expectations about family therapy, therapists, and future utilization of therapy. This chapter provided the discussion of the themes emerged from this phenomenological study, implications of the findings, and recommendations for future research. Five themes emerged from this study: Positive Experience in Therapy, with three subthemes: Expectations before Therapy, Observations after Therapy, and Experience of Parents with Therapy,; Involvement of Family Led to Effective Treatment; Latinos Expected Therapy

to be Useful; Latinos Expectations about Therapists with two subthemes: Prior to Therapy, and After Therapy; Children Expected Therapist Would Take Parent's Side.

Latino families reported before attending therapy, they were hopeful that therapy would help with the issues that led them to seek therapy. At the end of therapy, they reported having positive experience with therapy, for that reason, they would seek therapy again in the future. Latino families found therapy to be effective when family members were involved in the therapeutic process working on family issues and changes. They also reported that they expected therapy would be useful to help the family to experience communication in a safe environment and enhance the family relationships. Participants in the current study demonstrated expectations about therapist before and after therapy. Before therapy, participants expected their therapist would be professional, knowledgeable, expert, ethical, non-biased, mediator, guide, teacher, and directive. After therapy, participants demonstrated that their therapist was helpful, caring, kind, collected and supportive.

Usually adults are the ones who seek therapy for their families, and parents make sure their children receive services. As it was found in this study, children sometimes felt fearful and suspicious that the therapist would take parents' side, afraid that they would be blamed for the problems. They started attending therapy with lack of knowledge about the therapeutic process. Consequently, they might have been resistant to participate in the process. Therapists should pay special attention to the children's needs, exploring children's expectation about therapist and therapy, and explaining from the beginning about the therapeutic process to avoid misinterpretation.

Finally, this study added to the body of knowledge and to brought awareness for those who work with Latino clients in the therapeutic settings to enhance their skills, to work more effectively, and be culturally competent to work with this population. Therapists need to be proactive to ask about clients' expectations, anticipating feelings and thoughts at the beginning of therapy about therapy, therapeutic process, therapist, and termination to make treatment planning that will meet the clients' needs. Therapists need to check regularly to see if those expectations are been met and adjust treatment planning to promote effective treatment outcome.

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APPENDIX A

Recruitment Email to TWU Listservs: Students, Faculty, and Staff

Recruitment Email to TWU Listservs: Students, Faculty, and Staff

Greetings,

My name is Miriam Paiva Pahim Karkle and I am conducting a research study to fulfill the requirements for my doctoral dissertation. The name of my study is ***Latino Families' Expectations about the Process of Therapy, Therapists, Treatment Outcome, Termination, and Future Therapy: An Online Study***. The purpose of this study is to understand the issues that lead Hispanic/Latino families to seek family therapy, to explore families' expectations about the process during family therapy treatment and the expectations about the results of therapy and termination of therapy.

Eligibility requirements for participants:

1. You are at least 18 years old at the time of the study.
2. You have attended at least one family therapy session.
3. You are the parent or son or daughter who are first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands.

If you know any person who meets the criteria to participate in this study, please feel free to forward this email to them.

It will probably take about 20-30 minutes to complete this online survey. At the end, you may leave your email address to receive a $10.00 e-gift card.

Participating in this study is voluntary and you may withdraw from the study at any time without penalty. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

To begin taking the survey, please click on the following link: http://www.psychdata.com

If you want more information about this study, you may email me at mkarkle@twu.edu or my advisor Linda Ladd at LLadd@twu.edu.

Thanks for taking your time to participate in this study.

Miriam Paiva Pahim Karkle

Miriam Paiva Pahim Karkle, M.Ed., LPC
Ph.D. Candidate at Texas Woman's University.

APPENDIX B

List of Churches to be contacted by Phone

List of Churches to be contacted by Phone

Hispanic Christian Church

Hispanic Senior Pastor: Alex Magno
Telephone: 214-242-1764
Address:2435 E. Hebron Parkway, Carrollton, Texas, 75010
Email: info@incristo.org

Grace Community Church/Aposento Alto

Senior Pastor: Gary Hutchson
Hispanic Pastor: Jose Iglesias, Alexei Rodriguez
Telephone: 817-860-7116
Address: 801 West Bardin Rd. Arlington, Texas, 76017
Email: jose.iglesias@gracearlington.com; alexei@gracearlington.com

Antioch Community Church

Senior Pastor: Jimmy Seibert
Hispanic Pastor: David Karnes
Telephone:254-754-0386
Address: 505 N. 20th St, Waco, Texas, 76707
Email: info@antiochwaco.com

Grace Fellowship Church

Senior Pastor: Joe and Deborah Oakley
Hispanic Pastor: Dr. Awilda González Babb
Telephone: 972-660-5370
Address: 1690 W. Polo Rd., Ste. 100, Grand Prairie, Texas, 75052

St Luke's Catholic Church

Senior Pastor: Rev. Ernesto Esqueda Sanchez. C.S
Business manager: Mary O'Sullivan
Address: 1015 Schulze Dr., Irving, Texas, 75060
Telephone: 972-259-3222
Email: not available

Iglesia Adventista Del Séptimo Día Emanuel

Hispanic Senior Pastor: Jesus Jaime Perez
Address: 532 N. Story Rd., Irving, Texas, 75060
Telephone: 469-855-0549
Email: sdairvingemanuel@gmail.com

Our Redeemer Lutheran Church

Hispanic Senior Pastor: Rev. Eloy González

Address: 2505 W. Northgate Dr., Irving, Texas, 75062
Telephone: 972-255-0595
Email: orlc@orlc.org

Iglesia Mundo de Fé

Hispanic Senior Pastor: Tim and Abigail Holland
Address: 200 Fitness Ct., Coppell, Texas, 75019
Telephone: 972-393-2625
Email: not available

Centro Internacional Aliento

Hispanic Senior Pastor: Marco Barrientos
Address: 3315 Conway St., Dallas, Texas, 75224
Telephone: 214-303-6580
Email: contacto@aliento.org

First Baptist Church

Senior Pastor: Matt Snowden
Hispanic Pastor: Israel Loachamin
Address: 500 Webster Ave., Waco, Texas, 76706
Telephone: 254-752-3000
Email: msnowden@fbcwaco.org; israel@fbcwaco.org

Oak Haven United Methodist Church/Ministerio Hispano Nissi

Senior Pastor: Rev. Jane Graner
Hispanic Pastor: Gloria Salazar
Address: 1600 N. Irving Heights Dr., Irving, Texas. 75061
Telephone: 972-438-1431; 830-444-9806 (Hispanic)
Email: graner.ohumc@yahoo.com; revgloriasalazar@yahoo.com

APPENDIX C

Telephone Script for Pastors

Telephone Script for Pastors

Good Morning,

I am Miriam Karkle and I am a doctoral candidate in the Family Therapy program at TWU. I am conducting a study as a requirement for my doctoral dissertation. May I talk to you about my study and how your church members might help me learn more about their experiences in family therapy?

The purpose of this study is to explore the lived experience of Latino families who have participated in at least one session of family therapy; to understand the expectations of these families about the process of family therapy treatment; to explore Latino families' expectations about the therapist during family therapy treatment and the expectations about the outcome of therapy; to explore Latino families' expectations about termination process and future utilization of family therapy.

I would like your help to forward the survey to your congregation inviting eligible participants to participate in this study. The participation in the survey is anonymous and voluntary, and the participant may withdraw from the survey any time they want. May I email you the flyer for my survey?

Thank you so much.

Miriam Paiva Pahim Karkle, MEd, LPC
Ph.D. Candidate at Texas Woman's University.

APPENDIX D

Flyer

Latino Families' Expectations about the Process of Family Therapy, Therapists, Treatment Outcomes, Termination, and Future Therapy

Dissertation Research in Family Therapy

PARTICIPANTS NEEDED FOR RESEARCH

I am looking for Latinos to volunteer to take part in a study of families' expectations about family therapy, the therapist, the therapy outcome and termination.

Eligibility requirements for participants:

1. You are at least 18 years old at the time of the study.
2. You have attended at least one family therapy session in the past three years.
3. You are the parent or son or daughter who are first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands.
4. You speak either English or Spanish or both languages.
5. You have access to a computer and internet to be able to answer this online survey

Your participation would involve answering an online survey which will take about 20 - 30 minutes to complete. If you meet the criteria, please go to the link below and complete the study. Please take this survey just one time, only one person per family can take the survey.

- Access the link: https://www.psychdata.com/

For more information about this study please contact:
Miriam Paiva Pahim Karkle: mkarkle@twu.edu

At the end of this first survey you will have the option of clicking on a link to a second survey where you may choose to leave your name and email

address in order to receive a summary of this study, and/or a $10 e-gift card. There is a potential risk of loss of confidentiality in sending and receiving email and all internet transactions.

APPENDIX E

Email Invitation to Pastors

Email Invitation to Pastors

Dear Pastor,

My name is Miriam Paiva Pahim Karkle, and I am conducting a research study to fulfill the requirements for my doctoral dissertation. The name of my study is ***Latino Families' Expectations about the Process of Therapy, Therapists, Treatment Outcome, Termination, and Future Therapy: An Online Study***. The purpose of this study is to understand the issues that lead Hispanic/Latino families to seek family therapy, to explore families' expectations about the process during family therapy treatment and the expectations about the results of therapy and termination of therapy.

I would like to ask your help to forward the email invitation to your congregation inviting eligible participants to participate in this study. This study will help therapists understand Latino population expectations for family therapy and plan adequately therapy sessions to meet client's needs. I would like to have the opportunity to talk with you further about this study. I can respond to your questions through email or by calling you on the phone. My phone number is xxxxxxxxx.

Eligibility requirements for participants:

1. You are at least 18 years old at the time of the study.
2. You have attended at least one family therapy session.
3. You are the parent or son or daughter who are first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands.

Participants will spend about 20-30 minutes to complete the online survey. At the end, the participants may leave their email address to receive a $10.00 e-gift card by email.

Participating in this study is voluntary and they may withdraw from the study at any time without penalty. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

If you want more information about this study, you may email me at mkarkle@twu.edu or my advisor Linda Ladd at LLadd@twu.edu.

Thanks for been willing to forward to your congregation the survey. I appreciate your help.

Miriam Paiva Pahim Karkle, M.Ed., LPC.
Ph.D. Candidate at Texas Woman's University.

APPENDIX F

Informed Consent

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

LATINO FAMILIES' EXPECTATIONS ABOUT THE PROCESS OF FAMILY THERAPY, THERAPISTS, TREATMENT OUTCOME, TERMINATION, AND FUTURE THERAPY

Investigator: Miriam Paiva Pahim Karkle mkarkle@twu.edu
Phone: xxxxxxx

Advisor: Linda Ladd LLadd@twu.edu
Phone: xxxxxxxx

You are asked to participate in a research study led by Miriam Karkle as part of her dissertation at Texas Woman's University. This is an online qualitative study that will be anonymous because I am not asking for your name, only for your email.

You are eligible to participate if:

1. **You are at least 18 years old**
2. **You have attended voluntarily at least one family therapy session.**
3. **You are the parent or son or daughter who are first generation immigrants or second-generation descendants from any Spanish speaking country from Latin America, Central America, Mexico, or Caribbean Islands.**
4. **You have access to a computer and internet to be able to answer this online survey.**

Only one member of the family who have attended family therapy can participate on the study and answer the survey.

The purpose of the current study is to explore the experience of families who have participated in at least one session of family therapy; to understand the issues that led these families to seek therapy; to explore their expectations about the process and therapist during family therapy treatment, and the expectations about the outcome of therapy and termination process. This researcher aims to bring awareness to the field of family therapy about expectations of Latino help-seeking behavior and implementations of comprehensive treatments that meet the needs of Latino population for mental health treatment.

If you choose to take part of this study, you will be asked to take an anonymous online survey with 11 qualitative questions, regarding your expectations prior to attending therapy, your expectations about your therapist and your satisfaction about the outcome of therapy, and termination of therapy. The survey will take about 20 to 30 minutes to complete and you may withdraw from the survey at any time without penalty. First you will be asked to complete 13 demographic questions and then you are asked to answer the 11 qualitative questions. We are expecting the participants to answer the questions with as much as detail as possible.

You will participate in the current study just one time and your participation is completely voluntary; you may discontinue your participation in this study at any time without a penalty. As a way to say thank you for participating in this study, you will receive a $10 e-gift certificate on your provided email address.

There are some potential risks in participating in this study:

1. Loss of confidentiality. There is a potential risk of loss of confidentiality in sending and receiving email and all internet transactions, such as if you choose to give your email to the researcher for results of the study or any other questions that you may have or choose to give your email to participate to receive the $10 gift certificate.
2. You may experience some emotional discomfort answering the questions and may trigger some emotions experienced before or after attending therapy.
3. You may experience fatigue taking time to answer the survey.

Your answers will be confidential. All emails will be deleted at the end of the study after the e-gift certificates and the summary are sent. All answered surveys will be downloaded to a password protected pen drive and this pen drive will be stored in a locked file at the researcher's office.

TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part of this research. If after participating in this survey you feel emotionally distressed, please contact these following resources for further mental health assistance:

Counseling and Family Therapy Clinic…….....…….....940-898-2600

Denton County MHMR Services……...…….....1-800-762-0157

Community Resources……Call 211

Mobile crisis hotline…….....1-866-260-8000

Centro de mi Salud…….,,,,,…...214-941-0798

Psychologist locator…….…….. https://locator.apa.org/

AAMFT therapist locator…… https://www.therapistlocator.net/

Mindfulness exercises……. https://mindfulnessexercises.com/

If you have any question about this study, please contact the researcher at the number at the top of the page. The principal investigator's email address and her advisor's email address is at the top of this form. If you have questions about your rights as a participant in this research or regarding how this research has been conducted, feel free to contact Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at IRB@twu.edu.

Thank you for taking part of this study. Your participation is appreciated.

At the end of this first survey you will have the option of clicking on a link to a second survey on that second page, you may choose to leave your email address in order to receive a summary of this study, and/or a $10 e-gift card.

APPENDIX G

Psych Data Survey #1: Demographic Survey

Psych Data Survey #1: Demographic Questions

Demographic Questions

1. What is your age now?
2. What was age when you attended family therapy?
3. What was your role in the family?
    a. Mother
    b. Father
    c. Daughter
    d. Son
    e. other
4. How many sessions did you attend?
5. What is your race/ethnicity? (ex. Hispanic, Latino/a, Caucasian, African American, Mestizo, mulato)
    a. Hispanic
    b. Latino
    c. Caucasian
    d. African American
    e. Mestizo
    f. Mulato
    g. Other (please specify)
6. If you are second-generation immigrant, what is your mother's country of origin?
7. If you are second-generation immigrant, what is your father's country of origin?

8. What is the highest degree or level of school you have completed? (Example: High school, some college, college complete, master's degree, others)
    a. Elementary School
    b. Middle School
    c. High School
    d. Some College
    e. Bachelors
    f. Master's Degree
    g. Doctoral Degree
    h. Other (please specify)
9. What is your marital status?
    a. Single
    b. Married
    c. Living together
    d. Separated
    e. Divorced
    f. Widow
    g. Other (please specify)
10. What is your current employment status?
    a. Unemployed
    b. Part time
    c. Full time

d. Temporary job

e. Other (Please specify)

11. When you went to therapy, were you a

    a. Parent

    b. Child

    c. Other (please specify)

12. On a scale of one to five (with five equaling very much), how important is religion to you, such as going to church regularly, attending church activities, or being a member of a religious affiliation.

13. On a scale of one to five (with five equaling very much), how spiritual do you consider yourself. Spirituality is defined as trusting in a higher power, God, praying on regular basis, practicing meditation, or reading the Bible or other spiritual literature regularly.

Interview Questions: Open-ended

1. Why did you seek family therapy the first time?
2. What were your thoughts about family therapy effectiveness before and after attending family therapy?
3. What anticipating feelings did you have about family therapy before attending therapy?
4. What expectations did you have about family therapy process and outcome before attending family therapy?

5. What expectations did you have about your therapist actions, support and trust before attending family therapy?
6. What anticipating thoughts about your therapist did you have before attending therapy?
7. At this point, how useful do you think the treatment was in reducing the symptoms that prompted your family to seek therapy? Please explain.
8. At this point, how much do you really feel that family therapy helped you and your family to reduce the symptoms that prompted your family to seek therapy?
9. By the end of the therapy period, how much do you really feel improvements in the symptoms that prompted your family to seek therapy occurred?
10. How satisfied were you from the beginning of the family therapy to the end of the family therapy, please explain?
11. How confident would you be in recommending this treatment to a friend who would be experiencing similar problems?

APPENDIX H

Psych Data Survey #2

Psych Data Survey #2

Thanks for taking your time to fill out the questionnaire. If you want to receive a summary of the results of this study, please enter your email address here:

Email Address:

You have also the choice to receive a $10.00 e-gift certificate through your email as our way to say thanks for your spending time to be part of this study. If you choose to receive the e-gift certificate, please leave your email address, and the researcher will send you the e-gift card.

Name:

Email address:

Thank you for participating in this study!

Miriam Paiva Pahim Karkle

Miriam Paiva Pahim Karkle, MEd., LPC
Ph.D. Candidate at Texas Woman's University.