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Pepperdine University
Graduate School of Education and Psychology

PSYCHOLOGISTS' EXPERIENCES WITH LATINO MALE CLIENTS

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Maribel Leon

June, 2019

Carrie Castañeda-Sound, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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VITA

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ABSTRACT

The Latinx population has steadily increased in the United States with individuals immigrating from several Latin American countries. Latinx individuals have unique experiences and challenges in regards to immigration, acculturation, language, socioeconomic status, along with other factors. While research focused on psychotherapy with the Latinx community is limited, the studies available tend to focus on Latina female. The purpose of the study was to explore psychologists' experiences working with Latino male clients, focusing on culture and gender roles. A qualitative method was used to interview six licensed psychologists who work with Latino males. The focus of the study was to examine culturally informed masculinity scripts, expression of emotion, and the effects on the psychotherapeutic process from the psychologists' point of view. An interpretative phenomenological approach was used for this study in order to allow for a rich understanding of this under-researched topic. The four themes that emerged included (1) Factors Impacting Treatment, (2) Start of Treatment, (3) Cultural Adaptations, and (4) Potential Barriers. Overall, this study will help inform the clinical practice of psychologists when working with Latino males.

Introduction

In 2010, 16% of the United States population identified as Latinx, with about 70% of that group identifying as Mexican or Central American (Ennis, Ríos-Vargas, & Albert, 2011).

California, Texas, Florida, New York, Illinois, Arizona, New Jersey, and Colorado are the states that have the largest Latinx population, but the majority of Latinx community (around 40%) live in the Western part of the United States. About 50% of the Latinx population residing in the West identify as Mexican or Mexican American (Ennis, Ríos-Vargas, & Albert, 2011). With such a large percentage of Latinxs in this country, the field of psychology must address and work towards meeting the mental health needs of this population.

Besides the growing population, Latinx individuals are less likely to access mental health services when compared to European Americans even though they experience similar rates of mental health problems (Comas-Diaz, 2006; Parra-Cardona & DeAndrea, 2016). This population faces many barriers to treatment, which include language, work demands, social isolation, and limited access to services (Parra-Cardona & DeAndrea, 2016). Other factors that lead to a decrease in Latinx individual's seeking mental health services include higher reliance on medical doctors, alternative forms of care, lower levels of acculturation, and lack of availability of culturally competent services (Parra-Cardona & DeAndrea, 2016). These are some of the contributing factors that have interfered with the population receiving mental health services, but certainly not all of them.

Barriers also include lower mental health literacy or inability to recognize specific disorders, misconceptions of the profession, and stigma (Dueweke & Bridges, 2016). Further research indicates that Latinxs have identified *verguenza* (shame) and *negación* (denial) as reasons they refrain from utilizing services due to concerns of *el qué dirán* (what others will say; Dueweke & Bridges, 2016). Cultural factors also influence whether Latinx will use mental health services,

for example *familismo* which encourages individuals to rely on family first, and religious views which direct parishioners to seek assistance from religious leaders rather than psychologists (Dueweke & Bridges, 2016).

There is a discrepancy between the amount of Latino males that seek treatment compared to female clients. Additionally, the majority of mental health studies with Latinx participants significantly lack male participants. Therefore, it is apparent that further research is needed in regards to Latino males.

Background

Demographic Terminology

Before presenting relevant literature, it is important to provide terminology and background pertaining to Latinx communities. Some Latinxs have adverse feelings about the use of the word “Hispanic,” as many believe that the term “Hispanic” is preferred by middle class Latinos and Caucasians (Alcoff, 2005). There are two significant historic events that led to the development of the terms Latino and Hispanic. The first occurred in 1898 after the Spanish-American War when the Spanish Empire moved out of Latin America and there was an Anglo takeover that introduced the term Latino to identify the native people (Alcoff, 2005). The second significant moment occurred in 1965 after the United States ended immigration quotas for Central and South America, the Federal Office of Management came up with Hispanic, a term suggested by the king of Spain to identify those individuals (Alcoff, 2005). Those who argue against the term Hispanic, suggest that it attempts to separate the individual’s ties to their country of origin as well as remind them of the colonialism of Spain (Alcoff, 2005). Additionally, the term was used to identify individuals that speak Spanish and whose heritage could be traced back to Spain, completely ignoring individuals roots to indigenous communities (Cardemil, Millan, & Aranda, 2019). Therefore, the term Latino was implemented in the early 90s to acknowledge the ties with Latin American countries.

Recently, the term Latinx has emerged as a response to the term Latino being a male gendered term and the dismissal of individuals that do not conform to “traditional binary representations” (Santos, 2017, p. 7). In removing the “o” associated to the male gender and “a” associated with the female gender, the word attempts to address that some individuals express their gender differently than just male or female. While the term Latinx first emerged in 2004, it has become increasingly popular. There has been some negative response such as not knowing

how to pronounce it and also from those that complain that all Spanish gendered words would have to change (Guerra & Orbea, 2015). Nevertheless, there have been efforts to inform people about the pronunciation as “*La-teen-ex*” or Latin with the sound of the letter ‘x’. While the term Latinx evolved to address gender nonconformity, it was not created to solve the gendered terms in Spanish. Therefore, for the purposes of this study the term Latinx will be used when speaking about all genders and Latino when discussing males.

Cultural Values

The following is a discussion of Latinx cultural values that are discussed in the literature. However, viewing these values as a portrayal of all Latinxs would narrow our understanding of the populations and ignore individuals’ multiple identities, as well as identity salience. Some meaningful terms in Latinx psychological literature refer to interpersonal relationships, gender roles, religious values, and folk healing. A critical construct is *familismo*, utilized to define the value placed on family, and prioritizing the needs of family members above the individual (Ayon & Aisenberg, 2010). Further, *familismo* requires members of the family and extended family to protect family honor and value connection within the family. This can mean helping each other with daily things such as childcare, as well as providing for the family or helping with finances (Calzada, Huang, Linares-Torres, Singh, & Brotman, 2014). Benefits of *familismo* include lower levels of substance abuse and decreased child maltreatment (Ayon, Marsiglia, & Bermudez-Parsai, 2010). *Familismo* takes different forms; for example, having a family physically separate for the benefit of the unit, this is common among families when a parental figure, usually the father, immigrates to the United States to find employment and assist with finances (Ojeda & Piña-Watson, 2014). During times of absence, families are expected to be supportive, taking on extra roles to fill the void of the missing family members. While there are benefits to *familismo*, at times it can prove to be a risk factor. For example, for children that are raised in poverty,

familismo can serve as a risk factor as resources that are already scarce have to be shared among several members of the extended family. This means that often multiple generations live in the same household and finances have to be stretched to support family members that may have a more immediate need (Calzada, et al., 2014). Research also indicates that the value of *familismo* can interfere with academic success and college enrollment. Individuals may have feelings of guilt for putting their own professional/financial needs ahead of their families. In terms of interpersonal relationships, at times intense relationships within families can cause conflict impacting psychological well-being (Calzada, Tamis-LeMonda, & Yoshikawa, 2012).

Latinx cultures tend to be collectivistic, which aligns with *personalismo*, which focuses on the need for Latinxs to get along with people, particularly with others that are of a similar ethnic group. This means that Latinxs value personal relationships over institutional relationships and clients will seek mental health care providers who truly care about them. Counseling outcome research has emphasized how the therapeutic relationship is the primary factor for improvements, however this is particularly salient for Latinxs. Therefore, practitioners must consider the importance of the therapeutic relationship when building trust and psychological rapport, as it is critical that Latinx clients believe practitioners care (Ayon & Aisenberg, 2010). While *personalismo* can be helpful in forming a therapeutic relationship it can also interfere with the treatment. For example, Latinx clients may not share any grievances or provide feedback on being unhappy with services, as they value harmonious relationships.

While the role of the paternal figure is often to provide financially for the family, the maternal figures focus primarily on raising the children. These days maternal figures are also working to provide financial support for their families and play multiple roles, there is a continued focus on them properly raising the children. One of the key concepts in parenting and Latinx culture is *respeto*. *Respeto* requires respect for people, but in particular those who

have power and elders in both in the family and within the community (Ojeda, & Piña-Watson, 2014). In Latinx culture, parental authority and hierarchy is encouraged. For example, Latinx children are expected to have respect for individuals older than them and parents consider respect to be an important component of family dynamics (Dixon, Graber, & Brooks-Gunn, 2008). It is important for clinicians to note how *respeto* will impact therapeutic services. Often, Latinx clients will view psychologists as authority figures requiring a level of respect, this can lead to power imbalances in the therapy room.

Gender roles are known to be particularly salient in Latinx communities, and the terms *machismo* and *marianismo* are culturally informed phenomena. The scholarly literature pertaining to *machismo* will be reviewed in depth in a subsequent section; *marianismo* is a term that describes the cultural experiences of some Latina women. Descriptions of *marianismo* vary, and while not all Latinas engage in the values and behaviors associated with *marianismo*, some of the expectations are still overtly and covertly placed on Latinas. The norms in *marianismo* include being interdependent and honoring the hierarchy within the family. It also refers to Latinas having an obligation to put their families first much more than males. Latina women are expected to act in a respectful way and in some cases that includes having respect for their bodies, such as keeping them virginal. *Marianismo* supports that Latinas should focus on harmony within the family and not engage in confrontations, instead they are required to deal with their discomfort themselves. Along with those requirements, Latina women traditionally take the lead on religion and spirituality within family (Sanchez, Whittaker, Hamilton, & Zayas, 2016). Specifically, instilling the importance of religion on their children is viewed as primary role of females in the Latinx culture. The literature around *marianismo* while descriptive it does not provide an accurate description of how the ideology can be oppressive and informed by misogyny.

A majority of Latinx immigrants come to the United States with a strong connection to their religion. Historically Latinxs have identified as Christian, more specifically as Roman Catholic, due to the colonization by the Spanish invasion. Of course, there is tremendous variability in religious beliefs and practices. Recently the Pew Hispanic Research Center (2014) has indicated that Jehovah's Witnesses is the fastest growing religion amongst Latinxs. Typically Latinxs deal with personal challenges through religious practice such as prayer and attending services. Individuals also confide in their priests/pastors when difficulties arise. Often religious connection serves as a protective factor that allows them to overcome their issues (Hilton & Child, 2014). In terms of Latinxs' religious involvement, research indicates they are more likely to pray, attend religious services, and view their religion as a major part of their lives compared to most other Americans (Coon et al., 2004). Latinxs are also more likely to believe religion provides strength (Koerner, Shirai, & Pedroza, 2013).

Aside from religion, Latinxs sometimes rely on folk healing. In pre-Columbian times in Latin America, there was a link between magic and spirituality. For example, a person being ill would be attributed to different reasons, including breaking laws of nature, dates on a calendar, and negative actions taken by the person. When the Spanish introduced organized religion, both beliefs were intertwined to form *curanderismo* (Rodríguez, Palacios, & Gorn, 2012). *Curanderos* are healers who use natural remedies and rituals to treat people. Before the Spanish invasion these healers were highly respected, similarly to a medical doctor, as those healers esteemed the highest had a gift considered more valuable than any schooling could provide. There are different specialists among *curanderos*, with focuses on delivering children (midwives), massage therapists, and mediums. Usually these *curanderos* use religious symbols and ideas to help with healing individuals. Their intentions and views have some similarities with mainstream mental health, they view trauma as impacting a person's spirit, which affects both the physical and

psychological well being of an individual. Therefore, a *curandero*'s job is to not only focus on the physical pain but also teaching clients to heal themselves through the use of prayer, herbs, and diets (Hoskins & Padron, 2018). Different from medical doctors, however, *curanderos* usually don't have set prices rather they take donations for their services. Therefore, Latinxs might be more prone to using those services rather than using Western medicine or mental health services (Tafur, Crowe, & Torres, 2009). While not all Latinx individuals adhere to these practices, as professionals working with the Latinx population should be aware of the utilization of both religion and *curanderos* to aid the wellbeing of their clients.

Along with various cultural values, there are some topics that are considered taboo within the Latinx community. Although it might not be as common for Latinxs to seek out services for sexual issues, when they do, there are several factors that must be considered. Sexual issues within the Latinx population are considered taboo and often not discussed with family members, let alone mental health professionals. Children often are not educated about sexual issues by their parents, including proper names for sexual organs (Kenny & Wurtele, 2013). Culturally, speaking about this topic is considered disrespectful and inappropriate. The lack of education on this topic leads to risks of being sexually abused, among other things (Kenny & Wurtele, 2013). There are both cultural and religious factors that affect Latinx parents communicating about this topic with their children. Latinx parents are often fearful that if they speak about sexual issues they will make their children curious and lead them to be sexually active instead of informing them about the realities of entering into a sexual relationship. There are very specific guidelines in the Catholic Church that refer to what is appropriate and inappropriate in regards to sexual activity. Many parents believe religion will protect their children and therefore communication about sex from the parent is unnecessary (Kenny & Wurtele, 2013). In terms of speaking with their children about sexually transmitted diseases, Latinx parents are uneducated about the reality

of possible physical outcomes. Parents might believe that only promiscuous people are in danger of catching a sexually transmitted infection. Latinx adolescents report that if they have an experience having a conversation with their parents about being sexually active, they are rushed with information and parents do not offer comfort in continuing the conversation (Rouvier, Campero, Walker, & Caballero, 2011). Latinx parents tend to feel that the American culture encourages promiscuity, pushing Latinx parents to emphasize their culture as a way to inculcate some of their values that they believe will protect their children (Raffaelli & Ontai, 2001). Having awareness of what may be omitted by clients can help practitioners consider factors that may be impacting the client.

Push/Pull Factors in Immigration

As the percentage of Latinxs grows in the United States, it is important to look at the reasons for immigration. There are several factors that have contributed to Latinx immigrants leaving their native countries to move to the United States. The most common reasons include family unification, economic stability, and war or violence in their native countries (Ennis et al., 2011). Some Latin American countries have limited resources and offer few economic growth opportunities for those that are not born into higher socioeconomic status. For countries like Mexico that border the United States, this leads people to seek financial opportunities on the other side of the border (Ennis et al., 2011). Historically Latinxs have immigrated to the United States during times of increased work opportunities to help financially support their families and then migrated back to their native country. This pattern drastically shifted after the attacks on the United States on September 11, 2001, when border policies became more stringent. Since the strengthening of border patrol related to 9/11, Latinx immigration trends have been remained consistent, leading to a similar influx of first generation immigrants (Ennis et al., 2011). Beside financial gains, Latinxs immigrate to the United States due to war, violence, and natural disasters

causing them to become refugees. Currently, out of the top ten countries that seek refugee status from the United States, four are Latin American countries including Mexico, Columbia, Guatemala, and El Salvador. However, when looking at the top ten countries that are granted refugee status in the United States, the only Latin American country is Columbia (American Psychological Association [APA], 2012). Due to being denied refugee status, people find other ways to travel to this country undocumented because of fear that they will lose their lives in their country of origin. All of the aforementioned reasons have components that are important to consider in order to understand the sociocultural and historical influences on Latinx cultures and provide ethical and culturally responsive services to these individuals.

Issues that Latinxs Face

Latinxs face unique challenges including immigration, acculturation, education opportunities, discrimination, and parenting. These factors do not apply to all Latinxs due to variations in immigration status (documented or undocumented), and which generation they belong to (e.g., first or second generation immigrant). For example, while many Latinxs face issues with discrimination, recently immigrated individuals primarily struggle with issues surrounding immigration policies affecting them directly. The field of psychology must look at these factors to assure they are addressed within the treatment, and clinicians should be knowledgeable of these policies as well as the impact on the daily lives of their clients.

Documentation status. There are several struggles particular to unauthorized immigrants in regards to legal status. Latinx undocumented immigrants come to this country in hopes of increasing their opportunities, and face unique challenges of limited work options and lack of access to housing. Immigrated Latinxs are overly represented in poverty statistics causing them to live in dangerous neighborhoods and communities that are not able to provide appropriate resources (Leidy, Guerra, & Toro, 2010). To overcompensate, Latinxs must work several jobs to

make ends meet or reside with several people in crowded environments (Leidy, Guerra, & Toro, 2010). Further, there is a fear of being discovered and many families isolate themselves for protection. Due to this fear, it is very difficult to conduct psychological research, as they often are not willing to participate in studies or speak with people they are not familiar with (Cavanagh & Cauffman, 2015). Therefore, it is challenging to provide mental health services tailored to the needs of this population.

Children who are undocumented immigrants have much lower graduation rates, and due to their legal status they are not able to apply for jobs or obtain financial support for college. Statistics show that only about 60% of Latinx high school students earn a high school diploma with very low percentages graduating from college and even less obtaining graduate degrees. Limitations for undocumented children to further their education or obtain jobs causes distress amongst Latinxs (Cavanagh & Cauffman, 2015). While other adolescents similar in age are making plans for their future, undocumented immigrants have to come to grips with the reality that the many opportunities in this country are unattainable to them (McWhirter, Ramos, & Medina, 2013).

Acculturation and acculturative stress. Acculturative stress has been researched extensively and the results indicate that this is a factor that affects all ethnic minorities, including Latinxs. Although the majority of Latinxs living in the United States were born in this country, about 20% immigrated and about 10% of the Latinx population resides in families with various immigration status (Comas-Diaz, 2006). Some of the risk factors that are attributed to acculturation conflict include depression, anxiety, conduct problems, and substance use (Huq, Stein, & Gonzalez, 2016). Research has indicated that Latino men have disproportionate issues surrounding alcohol abuse in comparison to other minorities; these include partner violence, HIV, and incarceration (Sanchez et al., 2014). These can be associated with acculturation

stressors such as barriers in educational opportunities, issues with financial gains, discrimination, and loss of social support (Sanchez et al., 2014). Studies examining acculturative stress and increased depression show that adjusting to this new society and facing discrimination due to poverty and immigration status adds to the process of acculturation amongst Latinxs.

Additionally, Latinxs that perceive everyday discrimination while attempting to acculturate to this country have shown to have higher rates of depression (Cobb, Xie, Meca, & Schwartz, 2016). These factors can lead to maladjustment with young Latinxs (Huq, Stein, & Gonzalez, 2016). Children of immigrants also face some of the same struggles due to acculturation difficulties, including lower academic grades, discrimination, and anxiety. Studies suggest that first generation immigrants often fare better than second or third generation Latinxs since they are more connected to the culture values. Some of the protective factors include *familismo* and parental monitoring, both of which are culturally appropriate in Latinx communities. These factors can reduce the rate of Latinx children being involved in substance use or other delinquent activities (Santiago, Gudiño, Bawejo, & Nadeem, 2010). Further, as previously discussed, due to the differences in generations within families, a stressor that leads to behavioral issues and psychological difficulties is the differences in levels of acculturation within family members.

Acculturation can elicit different stressors across the lifespan. Even as individuals attempt to fit in to this country, there are still factors that impact individuals as higher acculturation has been associated with health issues and psychological disorders (Ruiz, Gallardo, & Delgado-Romero, 2013). For Latinxs who choose to pursue higher education, they may face further acculturation stress. These stressors can also lead to depressive symptoms, as they have to adjust to the university cultural norms that most often go against their cultural norms. It is not uncommon for Latinxs to be the first in their families to attend college and many are not provided with the necessary financial support. As Latinx college students navigate the process of

fitting into the university culture they are also facing the clash with their own cultural values. For example, Latino males may struggle with gender role expectations such as being financial providers of families and have the responsibilities of taking care of family members. In an attempt to balance opposing values and simultaneously succeed in both settings, many Latino males attending college lose their gender role leading to mental health issues. Further, besides Latinxs being pressured from both cultural values and university values, they may have a harder time being bicultural perhaps due to their hesitancy to seek help (Castillo et al., 2015). This is an important issue that must be considered in college counseling as there might be misconception that since Latinx individuals are attending college they have overcome all cultural struggles.

Acculturation is often intensified by discrimination and xenophobia. During different times in the history of the United States, immigrants have often been accused of being criminals, taking jobs from Americans, taking resources, and lowering the wages (Salas, Ayon, & Gurrola, 2013). Cobb et al. (2016) studied the relationship between social identity and psychological well being, finding that the more negative a person's group is perceived in society the more psychological issues that arise. Xenophobia, the irrational fear of immigrants, has been the source of many individuals' discrimination against Latinxs (Ruiz, et al., 2013). Those that oppose immigration often associate Latinxs with being poor, uneducated, and a burden to this country (Ruiz et al., 2013), leading to increased mental health issues. A majority of Latinxs' believe that discrimination and racism are barriers to their success when they arrive to the United States. Of those that reported that they believed racism was a barrier, about a third of them believed that they experienced racism everyday (Ornelas et al., 2011). The main reason that most Latinxs believe they are discriminated against is due to the differences in language, as well as their physical features that they believe are non-congruent with American features. Often the stressors from the discrimination can lead to an increase in binge drinking (Ornelas et al., 2011).

With the changes in this country, such as states allowing for racial profiling (Ruiz et al., 2013) and the recent change in administration in the White House, Latinxs are more susceptible to discrimination. At this time, research must address how these changes will further impact Latinxs all over the country and psychologists must be aware more than ever of how these changes are impacting clients.

Parenting. As mentioned previously, Latinx cultures tend to be collectivistic and although individual factors may lead Latinxs to seek out mental health services, it is not uncommon for families to be involved in the process. While Latinx parents have several concerns that affect their parenting skills (e.g. acculturation, discrimination, financial issues, and language barriers), they are prone to prioritize their family issues (Halgunseth, Ispa, & Rudy, 2006). These are some of the risk factors that also contribute to the prevalence of the diagnosis of conduct disorder among Latinx children, such as acculturation and social problems. Although the percentage of Latinx children diagnosed with conduct disorder is disproportionate to the population and over diagnosed, studies have shown that a majority never receives services. In a study by Niec et al. (2014), they utilized focus groups with 52 (majority females) Latinx individuals with at least one child. From those focus groups there was a consensus from Latinx parents that reported that they believed fathers were not as involved with their children, which negatively influenced the outcome of children that were diagnosed with conduct disorder. Psychologists have to be aware of these individual issues just as much as the systematic ones that are impacting Latinx clients. Further it is not only the present issues that should be considered with challenges of parenting, but also the cultural factors that can prove to positively impact Latinx parenting.

Latinx parents find it difficult to actively participating in their children's education because of language barriers and not being able to assist with homework or communicate with

their children's teachers. Leidy et al. (2010) conducted a focus group study with Latinx parents who were concerned with the shift of power due to acculturation, parents' role at school, and loss of community in raising their children. In regards to the power shift, parents expressed that since children learned the English language much quicker and had to act as language brokers, causing parents to lose a part of their parental identity. Quiñones and Kiyama (2014) found that overall, Latino fathers did not trust the school systems and were aware that to get the most for their children's education they had to play the role of middle-class parents, which required their involvement. One of the difficulties in assuring support from Latino fathers is that, as shown by statistics, Latinx children are more likely to live in low income, single-mother headed households that lack a consistent father figure (Quiñones & Kiyama, 2014). Another issue with loss of power was the difference between parenting in their country of origin and in the United States. Parents expressed that they had to become acquainted with child discipline laws in this country, which limited their options when disciplining their children. They also felt a loss of having a sense of community to help raise their children that was present in their country. They spoke about being back in their native country with extended family that was available to help with child rearing. These issues may or may not be brought up by clients, but a psychologist should be aware of contextual factors that impact parenting.

Acculturation factors within families must be considered, because Latinx parents often acculturate at a different rate than their children, which affects the types of issues that they will face. When parents and children learn the language at the same time, there is more family cohesion; however, if the children are able to learn the host language at a faster rate this can lead to family conflict, a decrease in parental control, and increased embarrassment for the children (Halgunseth et al., 2006). Limited speaking English abilities in the United States may lead to difficulties in engaging in mainstream activities (Kam & Lazarevic, 2014). Monolingual

Spanish-speakers tend to lean on their children who are beginning to incorporate into American culture. Language brokering, having individuals that have little to no formal training in interpreting and translating, is very common among Latinx families (Kam & Lazarevic, 2014; Morales & Hanson, 2005). There are several risks for children that perform this brokering for their parents. Some of these factors include acculturation stress, internalizing symptoms, and switching parental roles (Kam & Lazarevic, 2014). However, there are some benefits that include having higher self-esteem and increased trust with parents. Kam and Lazarevic (2014) found that one of the biggest factors that influences whether Latinx children's brokering will have a negative or positive outcome on their mental health, is how the children view their role as brokers. If Latinx children are around others that view the role of brokering as positive, then they are more likely to view themselves more positively. There are serious consequences, however, for children who experience stress from brokering. It has been shown that those children are more susceptible to substance use, having depressive symptoms, and engaging in riskier behavior (Kam & Lazarevic, 2014).

Education. As previously mentioned in the section about cultural values, it is traditionally the role of the mother to focus on the education of children. Therefore, when Latinxs seek services for their children, typically there is more interaction with the mother and it may be rare when fathers are involved in the treatment. Often psychologists working hours overlap with traditional working hours (9am to 5pm), and it is uncommon to find services in the evening and the weekends. For a traditional Latinx family, males are often unavailable to meet for services due to the time sessions are available. Consequently, research has been focused more directly on looking at Latina women's involvement in the education of their children. There are very limited studies that have been aimed at Latino fathers, often only looking at a small subgroup of Latinos in restricted areas in the country. Those studies have shown that Latino

fathers who were primarily monolingual Spanish-speakers had more negative perceptions of the school system, which decreased fathers involvement in their children's education. However, it should be considered whether the spaces were welcoming to Latino fathers in these studies and how this impacted the results. More information and research is needed about Latino males and their role in their children's education in order to find the resources needed in providing services for this population.

All the issues discussed are factors that psychologists must consider when working with Latinxs, as these have been shown to cause significant distress and at times mental health issues. As mentioned, the research available is limited when it comes to addressing the needs and challenges for Latino males. Further the studies that have focused on Latinxs tend to paint Latino men and fathers with a broad stroke and seem to view them from a deficit perspective. Psychologists that are not aware of some of the issues run the risk of misdiagnosing, overpathologizing, and potentially losing the opportunity to provide meaningful support for these clients.

Culture of Psychotherapy

Psychotherapy is often seen as part of American culture and therefore some ethnic minorities may feel that psychologists are not as understanding or considerate of their culture to assist with their problems. Another concern is whether a psychologist will be accepting of their ethnic differences. There are different ways that clients can perceive this in the session, including therapists not choosing appropriate interventions to fit the client's life experiences, invalidating cultural experiences, and not being curious about culture (Owen, Tao, Imel, Wampold, & Rodolfa, 2014). These factors can create barriers in building a therapeutic alliance and lead inexperienced clinicians to blame the client for being a difficult client. Further, psychologists often do not address ethnic differences in the room and might not feel comfortable to speak about

any ethnic issues with their clients. If clinicians are aware of this potentially being an issue, they can address it in the room and to create a stronger therapeutic alliance.

Psychotherapy typically is set up for clients to come in for several sessions, with the initial sessions focused on creating a therapeutic alliance (Bobebe, López, Scamardo, Solórzano, 2008). There are some clients that come in for one session, and it is assumed these clients are not ready to become a “therapy client” (Bobebe et al., 2008). Reports show that between 30% and 55% of clients’ only come to therapy once (Bobebe et al., 2008). The one-time therapy sessions have been looked at and shown that some clients feel they received all the help they were looking for in that one session. Because of the culture of therapy, clinicians find it hard to believe that clients can gain all the skills and insight to obtain everything that they need in one session. Some Latinx clients are accustomed to obtaining services from helping professionals in a less structured environment. For example, going to see a *curandera* doesn’t require a preset appointment and neither do confession sessions with priests (Bobebe, et al., 2008). Therefore, Latinx clients often come in with different expectations about services and clinicians may not be willing to accommodate. While, there are several models and theories that have tailored their interventions and techniques to make them culturally appropriate, it does not change the broader culture of therapy.

When Latinx clients do receive treatment there are factors that affect services, specifically, challenges in language barriers can lead Latinxs to underutilize services as they may face difficulties completing paperwork, knowing where to find mental health services, and establishing rapport with a provider who does not speak the same language (Rastogi, Massey-Hastings, & Wieling, 2012). Another deterrent for Latinxs seeking out services is stigma. Often those that suffer from mental health issues may be ostracized by their community, as there may be a belief that individuals diagnosed with mental health issues are dangerous and violent

(Rastogi et al., 2012). While psychologists working with Latinx clients must consider all these cultural factors, other factors in psychotherapy should also be considered in order to begin to provide effective treatment.

Relevant Factors Influencing Psychotherapy

There have been assumptions that clients prefer to work with therapists who match their ethnic background. This comes from social psychology studies indicating that individuals usually interact with others that look similar to them, as humans tend to gravitate towards others perceived to have similar experiences (Cabral & Smith, 2011). Therefore, it is assumed that clients will have more positive outcomes if they are ethnically matched; however, there are other factors that contribute to whether there will be benefits in matching client and the psychologist based on ethnic background. If the psychologist and the client have different values, different genders, or political views, the ethnic matching might not be effective. Therefore, the client and the psychologist might be disappointed by being ethnically matched without considerable improvements. Research shows that although clients may prefer to be ethnically matched there are no clinical benefits (Cabral & Smith, 2011). Nevertheless, there might be some hesitation from ethnic and racial minorities to work with European American therapists due to cultural mistrust. Some of the distrust is due to the assumption that psychotherapy values are the same values that Caucasians have (Cabral & Smith, 2011). There is some significance that clinicians might view less positive outcomes for clients from a different background, potentially affecting the therapeutic alliance (Horst et al., 2012). Further in the few qualitative studies examining this issue, some respondents stated that they felt their psychologist was unaware of issues such as power, privilege, and lacked awareness of cultural diversity. Overall the research suggests that ethnic matching is not as crucial as has been suggested (Horst et al., 2012).

While the research about ethnic matching is inconclusive, one reason for that may be that while psychologists and clients may share an ethnic background, they may have different cultural values and different acculturation levels, referred to as cognitive matching. Therefore, it may seem that predictors of better therapeutic outcomes may be more connected to the client and psychologist sharing attitudes and beliefs (Zane et al., 2005). Studies have shown that cognitive matching has a positive aspect in forming a therapeutic alliance. Specifically, cognitive matching impacts how psychologists conceptualize their clients, what interventions they use, and the goals in treatment. The research does not suggest that psychologists change their values to fit the clients; however, it can mean that clinicians that are not Latino could have a strong alliance with clients. Due to the likelihood that Latinx clients will receive treatment from psychologists that do not share an ethnic background, more research should be focused on the effectiveness of cognitive matching.

Barriers in Treatment

Research indicates that Latinxs in particular underutilize mental health services, although Latinxs experience higher stress due to acculturation, immigration, discrimination and other factors (Ramos-Sanchez, Atkinson, & Fraga, 1999). There is an increase in the Latinx population in the United States, monolingual Spanish-only speaking individuals are traditionally not served in mental health services. The availability of resources for immigrants has been limited by the political administration, which is further intensified by the fear of deportation (Ayon, 2013). Research has indicated that about 30% of all Latinxs do not have health insurance, causing a barrier to receiving mental health services (Ayon, 2013). Even when they receive services, one of the issues that come up with Latinx clients are lower retention rates after the first session. Therefore, it is important to focus on building rapport with the client early on. Further, Spanish speaking monolingual clients are less likely to use mental health services in comparison to U.S.

born Latinxs (Añez, Silva, Paris, & Bedegral, 2008). These many factors influence whether Latinx clients will be open to receiving mental health services. Rastogi et al. (2012) looked at the disparities between the Latinx population and the number of Latinxs seeking mental health services and found that factors such as believing that their immigration status would be affected, being unaware of psychotherapy, and believing a stigma that only crazy people should seek therapy, kept them from seeking services. Participants in that study suggested that it would be helpful if there were programs that focused on informing Latinxs about therapy, as well as more psychologists and staff that spoke Spanish.

Language and Psychotherapy

There are benefits in providing services in Spanish for both the clients and psychologists. Research has shown psychologists appreciate working with Spanish speaking clients and being able to provide services to underserved populations (Verdinelli, & Biever, 2013). Language has many components that impact the therapeutic relationship. It is up to the psychologist to be able to provide services to clients and communicate with them in the same world that clients live in (Clauss, 1998). This also gives psychologists insight on their clients and how they experience themselves. If more than one language is spoken by the client, the psychologist may also desire to explore how the individual identifies in each language (Clauss, 1998). This is especially important to consider when working with clients that are not native English speakers. Psychologists trained in the United States might have had few courses on multicultural counseling, but it is rare when they are trained in clinical communication in other languages. For the Spanish-speaking clients that seek treatment, language can impact whether they continue in treatment or drop out. Often times interpreting the clinical language can lead to miscommunication and create barriers in the treatment. Latinx client's attending therapy and speaking a foreign language, report experiencing a different identity than when speaking in their

native language (Ramos-Sanchez et al., 1999). Research has indicated that Latinx clients believe that psychologists who incorporate Spanish in their sessions are more culturally competent regardless of country of origin. However, this does not mean that the mere fact that clinicians speak a common language will positively impact the relationship. The psychologists should also have an understanding and awareness of the culture of the clients, including which region they are from and whether they lived in a rural area or a city. Along with that, psychologists must understand their own limitations in the proficiency of their Spanish or ability to adjust their language to the client's level (Ramos-Sanchez et al., 1999; Taylor, Gambourg, Rivera & Laureano, 2006).

The second issue is that psychologists, who speak Spanish, did not receive formal training in their graduate programs to provide therapy in Spanish. Psychotherapy is traditionally a Western phenomenon and therefore there are fewer psychological terms in Spanish compared to English (Verdinelli, & Biever, 2013). This has been a challenge for psychologists to find the proper terms to use when working with Spanish speaking clients. Further, reports show that psychologists who conduct bilingual sessions tend to have different ways to do it depending on the language they use. For example, Spanish therapy sessions often utilize more humor and a casual tone congruent with the culture, compared to therapy conducted in English. Boundaries with Spanish speaking clients were also different; clients often viewed the psychologist as more like family members than professionals. As previously discussed, there were some challenges, such as psychologists who had to switch languages often when they could not find the appropriate word in Spanish. Also, psychologists reported they felt less comfortable providing techniques to clients in Spanish when compared to their work with English speaking clients (Verdinelli & Biever, 2009). Besides psychologists interpreting clinical language to Spanish, there are cultural nuances when shifting psychological language to Spanish that can be lost in

translation and create barriers in the treatment. However, as the need for training of clinicians to work with the Latinx population, graduate programs have shifted to include training on bilingual services with an emphasis on a cultural immersion. These programs exist mostly in states with larger populations of Latinxs (ie. California) as well as in Latin American countries (Arredando, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014).

Techniques and Interventions for Latinxs

The use of the clients' native language is one important component of providing services to Latinx individuals along with using culturally congruent techniques and interventions. One suggestion that Garcia-Preto (1996) finds helpful to make clients feel understood and important is getting away from the pan-ethnic labels of Latino and Hispanic. There are between 20 and 26 Latin American countries, each with unique experiences and culture. Learning about the client's specific background is essential, rather than assuming that being Latinx is a singular experience. Psychologists' have to come from a curious place by accepting that they are not the experts in their clients' cultural experience. Taylor et al. (2006) explain components that are important in a therapeutic relationship by writing that "The therapeutic alliance depends on understanding the cultural meaning behind nationality, socioeconomic status, immigration, and acculturation" (p. 441).

To begin with, although the therapeutic relationship is professional, Latinx clients prefer to have a therapeutic relationship that is warmer than traditional psychotherapy. Although it is a professional relationship, Latinx clients tend to perceive the clinician as cold when a more formal approach is utilized (Mulvaney-Day, Earl, Diaz-Linhart, & Alegria, 2011). Psychologists should be aware that with Latinx clients, it is important to have friendly interactions and for the client to feel they are valued as a person (Mulvaney-Day et al., 2011). Therefore, it is important, especially at the onset of treatment, to create the experience with these clients where they believe

their feelings are being heard on a deeper level and are understood. Mulvaney-Day et al. (2011) found that Latinx clients believe that the psychologist is judging them when they are not allowed to fully disclose their experience before the psychologist begins to implement interventions. This is particularly true when the therapeutic relationship has not been developed. For example, Latinx clients feel a stronger connection when psychologists spend time learning about family dynamics. Often Latinx clients come in to treatment with the hope of receiving guidance for their problems, as that is common among cultural healing practices. It is important to provide psychoeducation about the need to gather further information (Falicov, 2013).

In regard to interventions, research indicates that collectivistic cultures, such as Latinx communities, encourage communal goals rather than individual goals, as they value family and emotional bonds, and therefore it is important to use a 'collectivist tongue' (Comas-Diaz, 2006). There are many cultural components that can be used by psychologists when working with Latinx individuals that may be more useful than typical psychotherapeutic techniques. One of these techniques is the use of *cuentos* or stories in a therapeutic way in order for answers to come out of these narratives (Comas-Diaz, 2006). Along with *cuentos*, a similar intervention is giving a *testimonio*/testimony as a form of healing about past issues and focusing on how these experiences affected the individual as well as others around them (Comas-Diaz, 2006). Aviera (1996), a psychologist in an inpatient program for severe mental illnesses, was able to discover the effectiveness of the use of proverbs in his work with Latinxs. Latinx proverbs or *dichos* are able to speak to topics such as interpersonal relationships, religion, money, and many other areas that humans struggle with. The use of these *dichos* can cross language barriers with clients and can create a space for clients to find comfort in discussing emotions that otherwise would have been internalized. They are able to create a safe place that can take the clients back to their home country or the feelings of being around family. The use of them can be very powerful during

initial sessions where there is a focus on rapport building, as it allows clients to feel that they can be vulnerable and disclose personal experiences that attach meaning to the *dichos*. As there is a separation between the person and the words of the proverbs, clients can feel it is less threatening to open up. Other culturally appropriate techniques include using things such as *sanación* /sanitization which is the idea of using the mind-body in healing, *liberación*/liberation of socioeconomic and political issues, and Latinx folk healing (Comas-Diaz, 2006). Overall there is a level of respect from the psychologist to speak the culture of their clients and that can be an effective tool to facilitate a strong therapeutic relationship.

Further, aside from incorporating cultural healing practices in treatment, recently there has been an increase in research of culturally adapted evidence based practices (EBP) for working with Latinxs. These EBPs have been developed for specific diagnosis or problems, and the modifications include cultural components. One example of this top-down approach includes a culturally adapted behavioral activation in working with Latinx families by taking into account *familismo* (Benson-Florez, Santiago-Rivera, & Nagy, 2017). In this example, the therapist spent considerable amount of time reviewing the level of adherence to cultural values and adapting the behavioral activation interventions, such as going to traditional celebrations (e.g. *quinceñeras*) or reconnecting with extended family. Before the start of treatment, it was important for the therapist to discuss with the family the level of involvement of each of the family members to appropriately incorporate *familismo* into treatment.

Another example of an EBP with the Latinx community was conducted by Mercado and Hinojosa (2017). They researched the effectiveness of Dialectical Behavior Therapy (DBT) in Spanish with Latina females struggling with persistent depressive disorder and anxiety disorder. The cultural adaptations included translating the DBT terms to Spanish, ensuring that the provider was culturally competent, and shifting the homework assignments to highlight cultural

values. Another study focused on culturally adapted motivational interviewing by using cultural values including *personalismo*, *respeto*, and *confianza* (Añez et al., 2008). In regard to *personalismo*, they found that using *dichos* to discuss possible disagreements was effective in order to adhere to the importance of having harmonious therapeutic relationships. By using proverbs, it reduces the discomfort in having to express to the clinician that they are unhappy with treatment or a particular intervention. *Respeto* was another important cultural value to incorporate by having clinicians ask clients how they prefer being addressed (e.g. *Señora*, *Don*, *Doña*). *Confianza* was incorporated in treatment by asking clients to describe people that they trusted and instances when they felt that their trust had been violated; this way clinicians could learn how to interact with the client to help build trust. Cultural adaptations of EBT for the Latinx community not only include translating and interpreting treatments into Spanish, but also incorporating cultural values and stressors that they made face (Ramos & Alegria, 2014).

Men and Psychotherapy

Masculine ideology is constructed by societal norms that dictate the rules for genders. Family, peers, and society encourage these rules, and men use these norms to view their world and process information. Typically these rules encourage men to restrict their emotional expression, have a tough exterior, have status, avoid anything feminine, be independent, and maintain certain views on sexuality. According to Mahalik, Good, and Englar-Carlson (2003) stereotypes for males seeking out mental health include that they feel uncomfortable being in therapy and would prefer to stay away from revealing their emotions. There are different masculinity scripts that psychologists can recognize when working with male clients that include strong/silent, tough-guy, being violent, playboy, homophobic, winner, and independent scripts. Males that follow the strong and silent script focus on keeping their feelings overly controlled, which can negatively influence clients as they can experience more symptoms of anxiety,

depression, and experiencing anger. In comparison, the tough guy believes that in order to be considered strong they must conceal their emotions to avoid being vulnerable, which can lead to unhealthy coping mechanisms. One of the messages that males receive is that problems can be resolved through violence rather than understanding their internal experience, thereby leading them to take the violent role. Aside from violence, males might be encouraged to seek out sexual relationships without having any intimate connection or attachment that is linked to being a 'playboy'. Part of being masculine is avoiding any form of behavior that could be associated with homophobia, which can lead others to avoid relationships with males. The literature also points to sexuality as a factor of masculinity as men have an obligation to display their power with their sexuality (Stephens & Eaton, 2014). Further, males value competition and being successful, leading to stressors and encourage Type A behavior, which is associated with health problems. Unlike females, males are encouraged to be independent at a younger age that can lead to problems with attachment (Mahalik et al., 2003).

Kiselica and Englar-Carlson's (2010) research has indicated that utilizing a positive psychology model can help highlight the positive features of masculinity, that include being courageous, self-reliance, forms of humor, and unique ways of caring. Further, the favorable male aspects can include the way that men interact with one another and build relationships based on shared interests. Men also have an expectation that they must protect and care for their family and friends. In a positive environment, the focus on parenting includes developing their childrens' growth emotionally, socially, and intellectually. Further, men are expected to be the providers for their families and therefore value their professions and their work. Men find support participating in group activities and help with their identity within their communities; at times these groups are organized and aimed at providing philanthropic services. Men use humor to interact with others and to deal with conflict, as well as in dealing with stress. All together

males use all these positive aspects of themselves to make contributions and as a way to lead their lives.

In 2018, APA published Guidelines for Psychological Practice with Boys and Men to address the need for recommendations for psychologists working with boys and men, as well as providing knowledge about gender role socialization. APA encouraged psychologist to explore gender identity with their clients after spending considerable time expanding their knowledge about diverse masculinities. In helping clients understand their gender identity, psychologists should be aware of how masculinities can be impacted by education, mental health, ethnic identity, socioeconomic status, and careers. This exploration of gender identity can lead to positive relationships with others, promote respectful behavior, increased communication, and empathy. APA also encouraged for psychologist to increase their clients' awareness of privilege and power related to masculinity. Another guideline APA suggested is for psychologists to educate themselves of the causes of anger and aggression for males within different contexts. Overall, APA encouraged psychologist to increase their awareness gender identity and to also advocate for programs that will be beneficial to serving the male population.

Latino Men and Psychotherapy

Due to the gap in the research regarding therapy with Latino males, it is important to review factors related directly with this population. Research has shown that Latino males usually endorse more traditional gender roles than Caucasians (Saez, Casado, & Wade, 2009). Often these traditional male roles within the Latinx population are viewed more negatively than their Caucasian counterparts. One of the reasons that Latino males follow these gender roles is to feel as they fit in with their culture. Studies point to early development that encourages males to be raised in a similar way to past generations with more traditional gender roles. Therefore, men who follow these gender norms have a hard time accepting that others might not follow similar

scripts (Saez et al., 2009). For example, first generation Latino males typically have stronger gender roles often referred as *machismo*. However, it is important to note that the construct of machismo has been studied in other ethnic groups but when some of the characteristics such as sex appeal and strength are used to describe Caucasian males they are viewed as positive aspects (Torres, Solberg, & Carlstrom, 2002). Although masculinity aspects appear to be universal and found in several cultures the focus of the research was focused on Latino males.

There are specific gender roles and gender differences that are defined in Latinx culture. Male roles have been historically informed by the construct of *machismo*, used to describe negative characteristics of Latino males, specifically for Mexican males. Individuals that are ascribe to *machismo* stereotypes are often referred to as *machista*. Although the field of psychology and sociology is shifting to include more positive characteristics of Latino males, the research and literature is heavily biased towards the negative aspects. Latino masculinity scripts allowed for a normalizing of certain *machista* behaviors including being unfaithful, excessive drinking, and violence towards women (Heckert, 2017). Some other features of *machismo* include sexism, violence, aggressiveness, incompetence, and being domineering (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). One example of this is Latino male sexual drives that indicate that they are unable to control themselves in the presence of women (Falicov, 2010). The origins of *machismo* have been linked to the Spanish invasion and the psychological effects on indigenous men feeling inferior and helpless as they were being conquered. There are gender and culture-based stereotypes of Latinos that contribute to the racism that Latino males encounter. Further other components of the “traditional definition of *machismo* include drinking heavily, the ability to have male children, demand respect from their children, and have their wives be dominated by them” (Falicov, 2010, p. 309). Typically, Latino males that are less acculturated to American culture are more likely to exhibit characteristics of *machismo* (Ojeda,

& Piña-Watson, 2014). It should be noted that *machista* ideology is seen as fluid through the life course of males rather than a set value (Heckert, 2017).

In comparison, *caballerismo* is a term that is a response to *machismo*, referring to the more positive aspect of Latino male characteristics. That term is equivalent to being a gentleman that possesses good manners and is chivalrous. The characteristics that are associated with *caballerismo* include nurturance, taking care of family, wisdom, dignity, working hard, and being connected emotionally. There is limited literature on the positive aspects of the *caballerismo* culture but the few studies suggest that *caballerismo* is a strength among Latino males (Ojeda, & Piña-Watson, 2014). Estrada and Arciniega (2015) conducted research with Latino males and found that endorsing values of *caballerismo* was an indicator of better social support. The key factors in *caballerismo* that help men, include having a sense of honor and a code to live by that increased their pride (Estrada & Arciniega, 2015). Further, the benefits of identifying with *caballerismo* is greater emphasized by men who also have strong ties with religion (Estrada & Arciniega, 2015). Research indicates that Latino males that have a *machista* attitude are more emotionally and physically distant from their children, compared to Latino males that identify with *caballerismo* values. Additionally, Latino males who reported higher levels of acculturation had fewer connections with values of *machismo* (Glass & Owen, 2010). However Falcov (2010) reported her observations when working with first and second-generation Latino males that have a wider view of masculine identity that is not necessarily consistent with *machismo*, and rather each male as an individual may have different degrees of connection to the traditional sense of *machismo* or *caballerismo*.

There is research that indicates that Latino male gender roles can be identified with four components that include a need for competition/success/power, a restriction of emotional expression, restricted affective interactions, and problems between their work and free time

(Davis & Liang, 2015). When males do not adhere to these gender roles they may experience psychological distress. These gender roles also affect their ability to reach out for psychological services. Latino male gender roles view psychological services for individuals that are weak and unable to cope with their stress. Latino males would rather reach out to a family member or a friend than a professional who will elicit their vulnerable side. Latino males view therapy as an experience that provokes emotions which is against their masculine norms; however, Falcov (2010) reported that when working with Latino males, they were able to express both negative and positive emotions in sessions. Age is a predictor of how strong their gender roles are. As Latino men grow older they are less likely to have strong masculine gender roles, so older adult males are also more likely to view psychological services as positive (Davis & Liang, 2015).

In particular, part of Latino *machista* male gender roles includes limited emotional expression. Culturally, emotions are used as markers for others that dictate how they should behave (Perez Rivera & Dunsmore, 2011). These culture scripts dictate how people are allowed to express their emotions and passed down through generations. Therefore, parents' ideas about emotions influence the way that their children will behave and cope with their emotions. For Latino males, emotions can be viewed and stereotyped as dangerous or threatening. Research has indicated that individuals who view strong emotions, particularly within themselves, as threatening are more likely to cope by avoiding and distracting (Perez Rivera & Dunsmore, 2011). For a collectivistic culture such as the Latinx culture, individual emotions can be threatening to the family connection. Research with Latina mothers who have preschool children indicated that when they viewed their children's emotions as threatening they were found to be less likely to speak with their small children and more likely to masquerade their own uncomfortable emotions (Perez Rivera & Dunsmore, 2011). Other factors that impact emotional expression is the level of acculturation. Latinos that identify with lower levels of social and linguistic

acculturation in the United States have lower levels of emotional regulation (Archuleta, 2015). Traditional Latino male roles are more likely to cause psychological distress and a dissatisfaction of relationships. Part of the distress is caused by the incongruence between Latinx culture and Western culture (Falconier, 2013).

Although research is skewed in exploring the negative aspects of Latino male gender roles, there are connections to positive components of gender roles. Positive aspects of Latino males includes being family oriented, having and providing wisdom, being connected to others emotionally, and spending time looking at their interpersonal relationships (Diaz, Miville, & Gil, 2013). Other positive gender roles include being tender, self-assertive, being romantic, and self-confidence (Torres et al., 2002). These components of gender roles could be beneficial for psychologists to explore, consider, and navigate with their clients. Due to the conflicting information about Latino gender roles, psychologists can serve as a sounding board for clients to begin to form their own masculinity identity. This includes being able to identify the messages they received from other generations as well as taking into account the societal changes that may influence changes in gender roles in their communities.

While there are limited studies surrounding this topic, Zayas and Torres (2009) published a case study of therapy with a Latino male and found specific interventions that were beneficial. During the initial phone encounter it would be important to gather as much information including gender, race, social class, etc., which can provide useful information. Once the treatment has began psychologists should be aware that since Latino males are often seen as difficult clients any negative biases towards them will be noticed, therefore it is important to look at their strengths, rather than ignore them. Particularly male psychologist must be aware of the power differentials between them and the client, which should be acknowledged in order to reduce the potential of a competitive dynamic. Further male psychologists should be careful not to assume

that being the same gender will assure a working alliance at the expense of viewing the client's unique experience.

Although the scholarship about Latino male gender roles and masculinity scripts is growing, there is room to grow when addressing intersectional identities (e.g. gay Latino males, undocumented Latinos, low socioeconomic statuses). Intersectionality is being able to attend to all the identities of a person, power dynamics, and the experiences people face due to their multiple identities (Rosenthal, 2016).

The aforementioned variables may impact all aspects of psychological treatment (e.g. assessment, psychotherapy, therapeutic alliance). There are not sufficient studies focused on the psychological treatment of Latino males. Although there is evidence that these aspects can cause distress, leading to diagnosis such as depression, substance use, and conduct disorder, more information is required to assess their needs. As a result, the following research questions guided this study:

- a. What psychotherapeutic treatment approaches do psychologists use with Latino males?
- b. What are the strengths and limitations of these approaches?
- c. In what ways do psychologists culturally adapt their clinical approach when working with Latino male clients?
- d. What are the strengths and limitations of these adaptations?
- e. What recommendations would psychologists give to clinicians who are not familiar with working with Latino males in psychotherapy?

Purpose of Study

The purpose of this study was aimed to examine the intersection of masculinity, culture, and psychology. Specifically, it focused on researching how psychologists' experienced Latino

male gender roles when providing mental health services. Utilizing a qualitative research method, the principal investigator interviewed participants to discuss their methods and approaches when working with Latino males.

Method

Introduction

With a paucity of research examining the experiences and unique interactions of psychologists who work with Latino males, it was beneficial to begin looking at this topic using a qualitative design. A qualitative method provided the space to explore the different layers and intersections of culture and gender, and gain a better understanding of psychologists' subjective experiences. The qualitative method was able to provide information for a more specific question (Levitt, 2015). Using a qualitative method also provided a deeper explanation about the work between psychologists and Latino male clients, as Latino males are not as highly represented in psychological research when compared to their female counterparts.

Qualitative Approach

An interpretive phenomenological analysis (IPA) was an appropriate approach to explore the experiences of psychologists working with Latino male clients. This type of analysis focused on individuals' perspectives of their life experiences in order to gain a complete picture of a phenomenon (Smith, Flowers, & Larkin, 2009). These life experiences, although different for each individual, were all reflected upon in order to interpret their meaning (Smith et al., 2009). In interpretive phenomenological interviews, participants shared their experience in depth and the researcher's role was to interpret the meaning of these experiences. There are three main components in IPA, phenomenology, hermeneutics, and idiography. Phenomenology focuses on directly working with the phenomena, in this case the individual, and looks at the experiences that they have. It requires that researchers attempt to put aside preconceptions to take in the individual's experience. Particularly, phenomenology thinks about the things that are important to people that represent their lived world (Smith et al., 2009). This is explained by hermeneutics, which focuses on the idea that the researcher's lived experience will affect how they view the

participant's description of their experience. Thus heuristic looks at the theory of interpretation, specifically in determining the connection between the information provided and the context of the interpretation in terms of relevance (Smith et al., 2009). Therefore, it is important that researchers acknowledge and manage these biases. The last part of IPA is idiography, which is concerned with seeking details from participants. First the researchers must elicit details from participants for an in-depth analysis and then these are interpreted based on the particular events or relationships and how individuals understood them (Smith et al., 2009). In order to focus on this detailed information, there should be a small number of participants in IPA. Although results in IPA are not generalizable, they can shed light on other studies that have been unable to provide a fuller picture (Oxley, 2010).

Researcher as Instrument

In this qualitative research the researcher was the instrument through which the data was collected and analyzed. The researcher was the person who conducts the interviews, through a semi-structured approach (Pezella, Pettigrew, & Miller-Day, 2012). The researcher was also responsible for analyzing and interpreting the data. It should be noted that only I conducted all the interviews, thus eliminating inconsistencies that could be created by using multiple interviewers. This does not mean that I was a value free instrument. It was important for me to be aware of the biases that might have influenced the data (Pezella et al., 2012).

My roles in this study included being the primary contact for participants as well as interviewing participants. I created the questions used in the interview and I focused on attending to any biases that arose prior and during the research project. In order to address this I kept a record of my experience before and throughout this process to ensure that I was aware of any biases that could have potentially influenced the collection of the data. The record were recorded in a journal and were not included in the data analysis.

Self-Reflective Statement

As I examined my own biases and assumptions, I acknowledged that they are grounded in the intersection of my many identities (e.g. gender, culture, and social class). I became interested in this project starting with my experience working in a rehabilitation program for homeless males. As one of the only Spanish speaking clinicians available, I was often assigned to work with the Latino clients that came in to the clinic. I noticed that although I had previously worked with the Latino population in a clinical setting, I had never focused solely on treatment with males. My clinical experience up until that point with Latino males was within the context of family or couples therapy. Usually the reason they came in was at the suggestion of their partner and at times it was due to a demand. I soon became aware that I was encountering roadblocks in the treatment and often they weren't only coming from the client. As a Latina in her late 20s, one of the biggest obstacles for me as the clinician included challenges in breaking the cultural expectation to have *respeto* (respect) for my elders. I realized that this teaching from my culture conflicted with some of the expectations of certain theoretical orientations that were recommended when working with clients struggling with symptoms of various diagnoses that required a more active and directive role. Having to hold both a therapeutic frame but also honoring my cultural upbringing at times has been exhausting. Another issue that came up in my work but was also present in my personal interactions with Latino males was in regards to the gender differences. An elder Latino male disclosing personal and emotional information to a younger Latina female, is culturally incongruent. I noticed how often the clients would shy away from certain topics, such as sharing information about their sexual interactions. It was apparent that the role of gender was being reversed in the therapeutic room, having the male be vulnerable and the female as the protector. This was further intensified by my cultural upbringing that discouraged these topics to be discussed between males and females. At times, I tried to protect

both the client and myself by avoiding topics in the room instead of addressing them in order to uphold traditional gender roles. I believed that by ignoring topics that were considered taboo in our culture I could avoid discomfort in the room for the client and myself.

This study was conducted in Southern California, which is home to a large number of Mexicans and Mexican Americans. One of the assumptions that I have in connection with this topic is self-identifying as a Mexican American. I often attribute my experience of that specific culture onto Latino clients. At times I have had to take a step back and take a more curious stance in order to explore my clients' unique cultural experiences. I am aware of this, which led me to maintain my curiosity in my study, as I wanted to learn about the psychologists' distinct experiences with Latino males. Fortunately, there were a variety of ways to manage these biases to enhance the rigor of the study and the trustworthiness of the results. These included the use of a self-reflective journal and consultation with my research advisor throughout the research process.

Self-Reflective Journal

In qualitative data it is imperative that the researcher focus on having the data be the least impacted by their biases. In efforts to achieve this, I used a self-reflective journal to document the entire process of the research project including meetings with my research supervisor, committee members, and peer researchers. The self-reflective journal provided space for me to examine my evolving ideas about this project (e.g. the creation of the research questions) and my expectations. The journal also allowed me to process my reactions to the interviews after meeting with each participant including documenting anything unexpected that was brought up by the interviewees. Once the data was collected, the journal allowed me to include my thoughts about the analysis process, in order to maintain fidelity of the data and become aware of any possible biases that impacted my views of the data.

Participants

Demographics and sampling strategy. The participants in this study were recruited from a variety of mental health settings that include private practice, a rehabilitation hospital, and university counseling centers. As psychologists are trained to provide treatment, determine mental health diagnosis, implement treatment plans that are informed by research, conduct research, and are trained as social scientists it was decided to only include them as participants. Therefore, the participants were selected purposively as they were able to provide information that answered directly the research questions in a meaningful way (Oxley, 2010; Smith et al., 2009). Convenience sampling was used in this study to locate participants, this way I was able to recruit from settings where I knew there were a higher number of potential participants. Participants who met the criteria for inclusion were contacted and those who responded first were included in the study (Robinson, 2014). My university has several contacts throughout southern California, and using those contacts I was able to begin my recruitment of psychologists. I used snowball sampling (Smith et al., 2009) by asking participants to refer professionals they may know. Using my university's directory of sites, and choosing sites who serve a large number of Latino males, was how I started recruiting psychologists that fit the criteria for this study.

Criteria for inclusion. Licensed psychologists who had been licensed at least 1-2 years, and who had experience working with Latino males (18 and over) for at least three years in a therapeutic setting were interviewed. The psychologist's experience included work with Latino males from a several generations (ie. Immigrants, 1st generation, 2nd generation, etc.). Additionally, all efforts were made to interview equal participants of both male and female genders. However, due to the disproportionate amount of female psychologists in the field, the majority of the participants were female. The participants in this research project voluntarily

agreed to participate in this study after they received information on the purpose, procedures, confidentiality, and risks. Participants did not have to identify as Latina/o, and their work place was open to a variety of settings including inpatient, outpatient, community mental health, prisons, school, and private practice. Participants were not excluded based on age, gender, ethnicity, race, or sexual orientation.

Rationale for sample size. The primary focus of an IPA research study is to obtain detailed experiences rather than a large quantity of interviewees; therefore, the sample size is typically smaller (Smith et al., 2009). In IPA, researchers are encouraged to keep their sample size between 3-16 participants and encourages that graduate students stay within the lower end (Robinson, 2014). As IPA requires that the interviews be intensive, I kept my sample to 6 licensed psychologists who have worked with Latino male clients in psychotherapy. IPA suggests that a small sample size be used, as the collection of data is intensive and geared to answer the research questions in a significant way. Although the samples should be small, they should be able to provide enough information to compare similarities and differences between participants (Oxley, 2010). This number of participants provided sufficient information to look at similarities and differences without overwhelming data (Smith et al., 2009). The number of participants represented the experiences that answered the research questions, and I reached a saturation of themes; no new information arose out of the interviews (Oxley, 2010).

Setting for data collection. The interviews were primarily conducted in the participants' place of employment or over the phone. Prior to completing the interview, the participants were provided with the information required by the Institutional Review Board (IRB) of Pepperdine University, such as the Informed Consent form, my contact information, contact information for my research advisor, as well as the chair of the IRB. In order to help participants feel comfortable during the process I answered questions about the study prior to the interview.

Procedure

I recruited participants via word of mouth from colleagues with an email script (Appendix B) and through a recruitment email to the National Latino Psychological Association (see Appendix C). Interested participants emailed me at my Pepperdine University email account. The screening process was via email and included participants filling out a demographic questionnaire (see Appendix D). If eligible for the study, an interview date was scheduled with the subject. They were contacted via phone or email to briefly talk about the study and gather information to assess whether they meet the criteria of being a licensed psychologist for 1-2 years and have experience working with Latino male clients in psychotherapy. Once I received confirmation of interest in participating in the study and they confirmed they met the requirements, the participants were given an informed consent document from Pepperdine University (see Appendix E) that they were required to complete before they were interviewed. The consent form reviewed information including time requirements for the project, confidentiality, and audio recording. In order to protect the identity of the participants, a pseudonym was randomly assigned to them that was used in place of their name.. The professional information included current work setting, therapeutic theoretical orientation, and countries of current/past clients. The personal demographic information included ethnic background, and information about how many generations their family has lived in the country. Participants were then asked a series of semi-structured interview questions that pertain to their work with Latino male clients (Appendix F) and further probing questions were asked (Appendix G).

Source of Data

The majority of studies using the IPA approach collect data using semi-structured interviews as it provides for a more comfortable experience for the participants (Smith et al.,

2009). This is done to answer the research questions and collect data that can explain detailed information about participants' experiences. These types of interviews allow the researcher to have the structure to focus on the research but also allows for the flexibility to have participants expand on their answers and give detailed information about their experiences. Therefore the questions were open ended in order to encourage the participant to speak at length and have the interviewer talk minimally (Smith et al., 2009). This also allows for certain questions to be omitted if they are not pertinent to the participant's experience. Therefore, the interviews conducted in this study were semi-structured. It was important that during the interview I took a curious stance in order to continue the process without allowing for previous assumptions to influence the questioning (Oxley, 2010). The interview also provided me the opportunity to build rapport with the participants by allowing them to feel comfortable providing information. Finally, during the interview I checked in with participants to clarify statements made by them, and to assure I accurately captured their experience during analysis.

Semi-Structured Interviews

The interview length was approximately an hour. The questions asked during the interview were prepared prior to meeting with the participant. A digital recording device that was approved by Pepperdine University's IRB was used for the interviews.

As mentioned previously, the interview was semi-structured, therefore there was flexibility for the participants to provide more detailed information about their experiences. In order to assure that participants felt comfortable disclosing information I focused on building rapport throughout the process by asking questions that do not assume their experiences, being transparent with the process, and allowing them to choose the setting of the interview (Smith et al., 2009). As mentioned previously, the questions for the interview were established and

included prompts for certain questions in order to draw further information on particular topics; in this way, moving the participant from generic to specific (Smith et al., 2009).

Data Management

Transcription. The interviews were audio recorded on a digital recorder and then transcribed by a professional transcription service. Confidentiality was ensured by removing any identifying information from the recording and utilizing a reliable transcription service for the project. The use of a professional academic transcription service allowed for accuracy of data transcription. I then assured that the transcription matched the audio by reviewing the recording to the transcription.

Electronic data. The audio recording of the interviews was downloaded to a computer file and secured using a digital password. Microsoft Word document was used to transcribe the interview. The transcript was de-identified and will be kept in a password-protected computer for three years. Microsoft Word spreadsheets that were also password protected were used to analyze the interviews.

Data analysis. According to Oxley (2010), data analysis using IPA has several steps. The first step I took after all the data was collected and transcribed, was to read over and listen to the transcription for accuracy. Once accuracy was confirmed I read over the material several times. In doing this, I attempted to review the material with an open mind in order to continue to gain insight. The purpose of this was to attempt to step into the participant's experiences. It was important in this first step to slow down the process of reading and summarizing information, that included documenting any recollections that stood out during the interview (Smith et al., 2009). This then led to the next step, beginning the coding process. Before I identified themes, I had to review the content and language that was provided during the interviews (Oxley, 2010).

The second step was for me to examine semantic content and language (Smith et al., 2009). In this step I focused on the way that the participant expressed themselves and what words they chose to describe their experience. This was done by providing commentary on each part of the transcription that stood out to me. There are three different types of comments including descriptive comments, linguistic comments, and conceptual comments (Smith et al., 2009). In descriptive comments, I made notes of the key phrases and descriptions of their experience by focusing on their relationship to the research (Smith et al., 2009). In linguistic comments, I focused on noticing tone of voice, fluency, pauses, laughter, and other nuisances of speech. The last types of comments, conceptual comments, required the most exploration as I used my own experiential and professional knowledge to infer the meaning of the transcription (Smith et al., 2009).

After making the various comments, the third step in IPA was focusing on the emergent themes. Overall what I learned in the process of commenting was taken into consideration and I turned those notes into themes by looking at sections of the transcription that were important (Smith et al., 2009). This not only included the words that the participant utilized, but also how I interpreted the words. The fourth step required me to connect emergent themes together that appeared connected (Smith et al., 2009). At this point some of the themes were discarded or set aside depending on the research questions. (Smith et al., 2009). Specific ways I looked at the emerging themes include abstraction, subsumption, polarization, contextualization, numeration, and function. Abstraction forms the themes by putting together parts that appear to be similar to others and then naming those clusters. With subsumption the opposite occurs as the theme is named first and then different parts of the transcription were added. Polarization required for the focus to be looking at the differences amongst the transcription rather than solely at the similarities. Contextualization required me to identify narrative elements that focused on cultural

themes. Numeration looked at how often the themes occurred within each participant and function examined what the functions of the themes were (Smith et al., 2009). I initially applied abstraction to the data to group together the themes that emerged. Once the different categories were formed, subsumption was used in order to place parts in the different categories. Lastly in order to be objective, polarization was utilized in order to compare the differences between the responses of the participants.

These steps were repeated for each individual interview. Different themes arose and I grouped together appropriate themes that seem to fit. Typically there are three to five superior themes and within those, themes branch out smaller themes, for this project, there were four superior themes (Oxley, 2010). In addition a validity strategy was implemented to assure that the data that was collected was credible (Smith et al., 2009). Investigator triangulation was utilized in order to have the data be analyzed by another individual that is familiar with qualitative research but has no other involvement in the research project. This ensured that they would be able to analyze the data without any biases surrounding the research. A peer of the researcher agreed to participate and was able to assist in analyzing the data.

Ethical Considerations

After receiving permission from Pepperdine's Institutional Review Board (IRB), the participants for this study were asked if they would like to participate on a voluntary basis. When they were first contacted, I provided information about the study, the purpose of it, and criteria for participation. Participants were assured that the information provided in these interviews will be kept confidential. I also reminded them that the information would be de-identified to maintain their clients' confidentiality. I reviewed and assured to maintain the ethical standards of research posted by the American Psychological Association. The project was closely monitored by my dissertation chair, Carrie Castañeda-Sound, Ph.D

Results

The purpose of this study was to investigate the experience of licensed clinical psychologists when providing mental health treatment to Latino males. Six psychologists participated in the study and discussed their experiences working in a variety of settings. The data collected produced four subordinate themes as well as corresponding themes which included the impacting factors in treatment, changes made at the start of the treatment, cultural adaptations, and potential barriers. These themes are presented in Table 1 and will be discussed in detail below. To provide the context of the data, below is a brief description of each of the participants. The summary includes de-identified personal information as well as information about the Latino male clients in their caseload.

#1. HO

HO was a self-identified Mexican American man. He identified as a 3rd generation United States citizen. He was a licensed clinical psychologist working at a private practice. He describes himself as a general practitioner and identifies his primary theoretical orientations as Psychodynamic and Gestalt. HO reported seeing between 10-20 Latino male clients in the last year with the majority of the clients being Columbian, Mexican, or Mexican-American,.

#2. EA

EA was a self-identified Mexican woman. She identified as a 1st generation United States citizen. She was a licensed clinical psychologist working at a university counseling center. She identified as a generalist and her primary theoretical orientation as Feminist Multicultural. EA reported seeing between 5-10 Latino male clients in the last year with the majority of clients being Mexican or Mexican American.

#3. MP

MP was a self-identified Dominican woman. She identified as a 1st generation immigrant being born in the Dominican Republic. She was a licensed clinical psychologist working in a private practice. She described her clinical specialty in trauma across generations. Her theoretical orientations are Psychodynamic and Attachment therapy. MP reported seeing between 5-10 Latino male clients in the last year with the majority of the clients being Dominican, Mexican, or Puerto Rican.

#4. AS

AS was a self-identified Mexican and Guatemalan woman. She identified as a 1st generation United States citizen. She was a licensed clinical psychologist working in a medical rehabilitation hospital. She described her clinical specialty was rehabilitation psychology and her theoretical orientation as Cognitive Behavioral Therapy. AS reported seeing over 50 Latino male clients in the last year with the majority of the clients being Mexican, Mexican American, or El Salvadorian.

#5. EH

EH was a self-identified Chicana woman. She identified as a 2nd generation United States citizen. She was a licensed clinical psychologist working in a university-counseling center. She described her clinical specialties as mood disorders and trauma. She described her theoretical orientation as Integrative. EH reported seeing between 10-20 Latino male clients in the last year with the majority of clients being Mexican or Mexican American.

#6. LG

LG was a self-identified Puerto Rican woman. She identified as a 1st generation immigrant being born in Puerto Rico. She was a clinical licensed psychologist working in a private practice. She described her clinical specialty as in trauma and her theoretical orientation

was Integrative. LG reported seeing between 5- 10 Latino male clients in the last year with the majority of clients being Mexican, Nicaraguan, or Salvadorian.

Subordinate Themes and Themes

Within the interviews, main themes emerged that exemplified the way that psychologists worked with their Latino male clients. The subordinate themes that arose included how the Latinx culture and male gender influenced treatment, shifts that were made during the start of mental health treatment, cultural adaptations made for therapy, and barriers that psychologists came across. In the following section, each subordinate theme will be presented with supporting themes. Direct quotes from the participants will be used as supporting data.

Table 1
Subordinate Themes and Themes

Subordinate Themes	Themes	# of participants endorsing themes
Factors Impacting Treatment	1. Reason for Seeking Treatment	5
	2. Gender	6
	3. Cultural Values	5
	4. Ethnic Similarities and Differences	3
	5. Positive Aspects	3
Start of Treatment	1. Rapport Building & Trust	3
	2. Psychoeducation	6
	3. Slow Down the Process	3
	4. Self-Disclosure	4
Cultural Adaptations	1. Assuring Understanding	3
	2. Changes in Treatment	6
	3. Differences in Clients	3
Potential Barriers	1. Limited Training	5
	2. Taboo Topics	4
	3. Crisis	3

Factors Impacting Treatment

The participants brought up specific issues that they believed affected the treatment of Latino male clients. These were factors they found were outside of the psychologist's control. Factors either influenced the relationship positively or possibly posed challenges in treatment. The impacting factors that appeared to be the most common included the reasons that Latino males were coming into treatment and who, if any, was their referral source. The other factors were differences or similarities in gender, cultural values, and ethnic matching between the psychologist and the client. Participants also brought up positive aspects of Latino male masculinity that influenced the treatment of these clients.

Reason for seeking treatment. Participants discussed the importance of considering reasons and pathways that Latino male clients sought treatment. They believed this was a contributing factor to effective treatment. There were different aspects that came up with each participant regarding the effects of the presenting problem on the treatment. For some individuals, they experienced Latino male clients coming into treatment when they present with somatic symptoms, while others discussed how their referral source affected how open individuals were to treatment.

HO's experience with his clients was that typically the presenting problem for the Latino male clients was "panic attacks and things like high anxiety." Similarly, MP also has experienced that Latino male clients were typically coming to treatment for a "great deal of anxiety and depression." LG stated that typically Latino male clients that sought out treatment presented with "a lot of anxiety problems." Particularly, in her experience, the way anxiety symptoms presented in her clients was in a "somatic aspect", such as headaches, stomachaches, or high blood pressure

Although AS worked in a rehabilitation center, she had a similar experience regarding the reason that clients were referred for treatment that were due to "mood disorders, anxiety

disorders." Her clients were experiencing these symptoms due to complications of a medical condition; therefore her approach was to address both (psychological and medical). EH spoke about specific issues that brought in most of her Latino male clients. She described that she saw more clients coming into treatment after the 2016 election. She shared that she

... definitely saw an influx, during the campaign, during the election and then the inauguration. I saw more clients coming in feeling very anxious and very worried about their future on campus, their future in the country, the status and safety of their family members. So I had some students who maybe didn't identify a particular presenting problem other than the fact that they were undocumented.

While the election had been the catalyst, many of those clients were also struggling and wanted to process seeing changes in classmates or even friends following the election and becoming "disappointed" about individuals who they trusted. On the other hand, "some students...had already been struggling maybe academically, maybe with relationships, and then following the election whatever they had been experiencing maybe was exacerbated." Therefore, EH had to consider all the factors influencing the client and assessing the need of each issue. EH also brought up environmental issues that appeared to be impacting her clients. Some of those clients were expecting a certain level of comfort in moving to a new area for college and then experienced it as "anything but welcoming." The Latino male clients' level of comfort decreased in less diverse areas and when their culture was not as visible amongst the community. Her experience highlighted the need to consider all components of the client's life when assessing for psychological distress (e.g. population of the community, political climate, etc.).

EA's experience working in a university counseling center was different regarding the reasons that her clients looked for mental health treatment. She expressed that at times "they are referred by their academic advisors or their EOP counselor." These sources of referral influenced

the commitment to engaging in treatment and also to their comfort level about the process. Her experience specifically with Latino males was that they were often involved with the Educational Outcome Programs (EOP) and prioritized receiving treatment if they were having academic problems. Therefore, in her setting, having the individuals referred by the EOP program may positively influence the way those clients approached treatment. At the same time, she discussed how she created a relationship with the referral source (EOP) so she could be fresh in their minds when potential clients came in with problems that could be better addressed through mental health treatment. EH, who also worked in a similar setting to EA (college counseling), and found that referrals from others influenced whether her clients sought out treatment. She explained,

I think some of them had come with suggestions from friends or partners or professors, and they had taken the step on their own to come in, but never mandated. Some of them decided on their own, or they had seen me at a campus and thought they could feel comfortable with me and maybe knew friends who are coming to see me.

EA's clients felt a sense of comfort knowing a person they trusted had received treatment from her. Another aspect that EH discussed was putting the effort into making herself more visible for potential clients. She mentioned that she "provided a lot...during orientation, welcome weeks...welcome events...and speak out about [their] mental health services for a couple of minutes." She also did events for "stress management" and "debriefing events...following the election", which provided outreach to potential clients.

MP shared a similar experience about the impact of the referral source had on the treatment with the client. She expressed that "usually a doctor, one of the doctors recommended it because...they noticed that they're more depressed so they're not sleeping...". In her setting, clients often felt more comfortable expressing somatic symptoms to the medical doctor rather than seeking psychological services. AS works in a setting where her clients are being seen by

different disciplines (e.g., psychiatry or medicine) and therefore clients consult with medical doctors as part of their treatment. In her setting often the medical physician or a nurse make the referral to the psychology department. She explained that “usually the doctors ask, ‘You know, we have psychology here do you want them to come and see you?’” In that type of setting, psychological services could be viewed by the clients as part of their treatment and may be more willing to open up. LG provides psychotherapy in her private practice as well as evaluations for individuals who are undocumented. She expressed that clients "doing evaluations are more willing because most of them, they came on their own and they know that it could potentially be helpful for their immigration." For her evaluations, an attorney refers the client, and often they have talked to the clients about the importance of being open with the psychologists, which allow for more disclosure. Overall her experience with her Latino male clients was that the reason that they were referred directly influenced how open they ended up being in treatment as well as how much they were willing to disclose and discuss with her early on in the treatment.

Gender. Differences and similarities in gender between the psychologist and their clients played a role in the how they viewed their experience with them. For some psychologists, the client’s gender appeared to be a challenge, while for others it seemed that it was a form of connection regardless of whether they were male or female. HO, the only male psychologist that participated in this study shared that he felt "comfortable sharing [his] experiences because often there's a lot of similarities." He spoke about how he personally understood how his gender played into his decisions around his career and struggling with feelings of inferiority. His own experience with finding his identity as a Latino male was a source of connection with his Latino male clients. At the same time, he felt that his shared gender with Latino male clients allowed for a certain sense of comfort for both he and the clients. He stated, "there are certain things they tell me that they might not say otherwise." He further expressed that "there's something that doesn't

get in the way, the thing about like a women doesn't get in the way." He was referring to sexual feelings in the room that could come up between a heterosexual Latino male client and a female psychologist.

Further, he stated that gender comes up a lot, as often there is a conversation surrounding "what it means to be a man, do [they] feel strength and a power as a man, and what that means to be a strong man." He explained that this is a factor that requires discussion as in his experience the Latinx "communities often get such bad messages about what it means to be a strong man." HO indicates that these conversations are important to address, especially around how his clients "relate to women and the world and how [they] relate to [them]selves and who [they] try to be." At the same time, HO expressed that being the same gender at times also made it difficult for him. He shared that when working with Latino male clients that had more negative *machista* viewpoints, it was difficult for him to relate to them. He recalled working with a couple where the male had strong beliefs about the male/female dynamic. He stated "I feel like I have to be a little careful because I feel like I can lose them pretty easily. Being another man saying like, 'So hold on. You believe what?' I think I'm a little more careful."

MP expressed that for Latino males in her practice, they may not be as comfortable speaking about certain aspects of treatment with her. She stated being "glad that they talk", suggesting that she expected her Latino male clients not to be open to engage in treatment. She expressed that in her experience "it's a lot easier for women to engage in therapy" and therefore she had lower expectations about the Latino males that came in for treatment. This is consistent with the lack of literature concerning the treatment of Latino male client's as they are less likely to seek out treatment. She further stated that she makes it a point to acknowledge how difficult it can be for them to attend treatment and expressed to them it was "courageous that [they're] here because there are a lot of messages about not going to therapy." These messages for males may

include that therapy is for females as it is assumed better for them to keep their feelings to themselves. EH's experience with her Latino male clients was that they had feelings of being uncomfortable. She shared that often her clients were "thinking about receiving services but didn't know if they could feel comfortable with anyone" and therefore often waited until their problems were unbearable.

AS's experience has been mixed regarding differences in gender. She shared that some of her clients have felt more comfortable around her than with a male, while others may not be as open. Mainly she expressed that it depends "on their views on women." For example, she has experienced clients making comments about her appearance, attempting to blur the boundaries by asking her to spend time with them outside of the treatment (i.e. going to get coffee). LG also expressed that at times when clients come in with more *machista* beliefs she has struggled working with them. Similar to AS, LG expressed that she has experienced clients making comments about her looks such as "*que se ve muy bonita*" (you look so nice). While LG shared some struggles with being a different gender than her clients, she felt that "surprisingly enough a lot of them feel very comfortable and they bring a lot and [she] think it's because [she's] a female." She further expanded that there are certain topics that they feel "more at ease" discussing with her because she is a female.

EA's experience with gender issues included having her clients recognize that they may be falling into masculinity roles that they are not comfortable with, those that are more aligned with a *machista* viewpoint. One influencing factor is that her clientele is typically more acculturated to Western culture as they are attending college. EH's experience with bringing up the traditional gender roles allowed for her clients to feel a sense of comfort and understood. She focused on "*machismo*, what it means to be a man in their family" and "their lives and their culture." She describes,

I think it was really a struggle for a lot of my clients. I think, I don't know that they necessarily had really talked with anyone before about positive aspects. They had only been associated with the negative...

Cultural values. Cultural values played out in different aspects in the interviews; however, overall this theme came out as a factor that impacted the treatment and seemed to be present in the client's life before coming into the room. These cultural values appeared to be either important pieces to facilitate treatment or potential challenges in the therapy. HO expressed that in his experience, "Latinos, especially the ones that come from other countries...they want to have a little bit of chit-chat first...they want to feel a certain comfort zone...", often referred to as *plática*. This has been a technique that has been used in working with Latino's in general, however, in his experience, this technique has been especially important when working with males that are from another country. He also talked about how "traditional" psychotherapy may not be a good fit for Latino male clients as it may come off as "brash" and unwelcoming. He talked about one of the main differences he noticed was that Latino male clients like to "tell more stories." This is an important piece for his clients, and he acknowledges the importance of listening to the stories rather than interrupting with interpretations or questions. He talked about how allowing the clients to tell their stories will increase the level of trust and comfort in the process, as well as with the psychologist. At the same time, he shared about another cultural construct of *respeto* (respect). In comparing Latino male clients with Caucasian male clients, HO expressed that Latino clients "don't talk over [him]...that's a cultural thing." The clients give him a certain level of respect due to his title and his role in the process of therapy. Regarding respect, AS expressed that the importance of being "respectful" such as addressing "everyone by mister so and so." Using proper terms allows for respectful communication and respect should always be mutual.

EA's work setting included working with Latino male clients that were typically in early adulthood (18 to early 20s), and she found it important to address and discuss family expectations as well as family dynamics. She mentioned specific topics that came up for her male college students surrounding being pressured to work multiple jobs or being asked to visit home on weekends. Therefore, while family involvement can be used as a source of comfort and community in the Latinx culture, depending on the client family, may be a source of stress contributing to their presenting problems. EH's work setting was similar to EA's, and she also brought up how family expectations impacted the individual. She shared,

I can remember one client in particular who was struggling a lot personally and academically. He was not the oldest, but I believe he was the first one in his family to be in school. He was smoking a lot of marijuana; he felt guilty and shameful because he was expected to behave in certain ways. His parents were sacrificing for him and all along they thought he was doing well in school and he was trying to make them feel proud.

Similarly, MP also saw the importance of addressing family with the Latino male clients in her practice. She found that often their symptoms of depression or anxiety were related to job issues and concern about "...their families and how they're going to support their families now that they're not working." These symptoms are related to the loss of work but also with the concerns about their responsibilities they have to their families. MP expressed that she noticed that often individuals come into treatment after there has been a shift in their gender roles due to either losing their job or "not being able to have sex with their wife." She expressed that the clients have difficulties in separating themselves from these gender role messages and accepting the charges. AS also spoke about the importance of family and being aware of any shifts in family roles that should be addressed. The clients that AS works with might require more health

treatments " and all of [her] Latino patients always are like 'I have to get back to work.'" She has observed that her clients not being able to provide financially for their family has led to a loss of identity.

Ethnic similarities and differences. Another issue that participants brought up was the positive impact that being from a similar ethnic identity had on their work with Latino male clients. HO shared that he felt that due to the shared ethnic background with clients he thought that there was less of a requirement for them to explicitly verbalize how clients' issues were connected to their culture. He shared that because he shares an ethnic background, they would not say "I am having these issues, and it's because I'm Latino..." and instead he felt that he could share in their experience by being from a similar background. This was further confirmed for HO as he felt that the Latino male clients that sought him out for treatment were specifically asking to work with a Latino therapist. This was due to his approach to advertising which brought the clientele he felt was more likely to feel comfortable in their ethnic identity. MP shared that her experience ethnically matching with her clients was an influential factor in her treatment with Latino male clients. She expressed her belief that the "cultural background helps more than what [she's] doing in therapy..." Therefore, no specific intervention was more powerful than her and the client sharing an ethnic background. While she has felt that this has been the most influential piece in her treatment, she does not share her background with clients initially; rather, she waits for clients to bring it in the room and have a discussion of the similarities or differences in their background. Further, she feels that ethnic matching allows for "*confianza*," or a certain level of trust. This for her positively influences what they share in the treatment. MP has explicitly experienced this *confianza* (trust) as necessary, mainly when she has worked with Latino male clients born in Latin American countries.

EH had a different experience with ethnic matching. While at first she felt similarly to others about leading to a connection, she began to spend time thinking about the implications. She described,

I think I had to really look inward into my own areas of privilege. That I was going to be different from a lot of the clients that I was serving. I was working with a lot of low income, undocumented, very oppressed people. And while I shared some of their identities and their struggles, you know I really had to take a step back...

Therefore while she was aware that her shared ethnic background could be a connecting point she was also mindful that she had to consider the population that she was working with and the privileges she had that made her different from them.

Positive aspects. One of the themes that many participants brought up was the positive side of Latino masculinity. These factors appeared to have impacted their treatment in a good way and served as a reminder that the stereotypes do not fit all the clients. Counter to the belief about Latino males being closed off; MP expressed that "male patients are...pretty comfortable pretty easily and they talk openly about their feelings." She felt that once clients come in to see her, they are in situations that are so dire that the "stereotypical" Latino male gender roles, such as being closed off, do not play a role in the treatment. HO also shared several positive aspects that he had discovered about Latino masculinity while working with the Latino male clients in his private practice. He described that the most significant differences "between the Latinos and...everybody else, probably everybody else, I would say they've always been like very hardworking." He also experienced that his Latino male clients tend to be "protective people." This, in his experience, proved to be true not only with their family members but also with the therapist in their interactions. He found that Latino males, unlike what he expected or had been

taught, are likely to be “more open and they take things to heart.” Particularly he feels that when the clients take things to heart, it allows for faster implementation of the interventions utilized in their treatment.

Similarly, EA’s experience with Latino male clients led her to appreciate their “sense of community focus” which she saw in their interactions with their families and friends. She had a specific experience with a Latino male that was struggling with his own problems but at the same time was concerned about domestic violence in his parents’ home. The client found it necessary to consider his mother and sisters safety above his own needs and brought these issues to treatment.

Start of Treatment

While impacting factors in the treatment were parts that could not be shifted or changed, the participants discussed the different approaches they use at the beginning of treatment. While considering the impacting factors, they explained how the approached differed when working with a Latino male client. While some themes were concepts that are relevant with all populations, there were some that seemed unique to working with male Latino clients. The main ideas that came up were the importance of building rapport and building trust, providing appropriate psychoeducation, ideas around self-disclosure, and slowing down the process.

Rapport building and trust. Rapport building is an essential concept in all psychotherapeutic treatment. However, in regards to working with Latino males, the idea of building rapport is vital. Often the clients have never been in therapy, and building rapport can allow for them to feel comfortable but also trust in the process. HO expressed the importance to focus on rapport building when working with Latino males. He explained

Latinos especially the ones that come from other countries they want to have a little bit of chit-chat. They want to get a feel for me and whether I listen to them.

They want to feel a comfort zone. If they have an accent of some kind, we might talk about their country, and I've traveled a lot around Latino America so we might share a couple of stories.

He described that after spending some time to "chit-chat" (*plática*), he focused on their breathing to assess their comfort level. He waits for the clients to show physical signs that they are comfortable before jumping into the reason that the client is seeking services. At the same time, HO discusses that while they may need more time to feel comfortable at the beginning, he finds that "they have fewer questions" than other individuals that are coming into treatment and are more interested in the connection. AS spoke about using humor in the beginning stages of the treatment to help build a connection and rapport. However, she starts off slow and assesses if the humor will be beneficial in connecting with the client. For EH, she discussed that part of building rapport was to have further discussions about confidentiality. She stated that often "they were not quite sure about confidentiality." The example that she gave was that when working in a college setting, often the Latino male clients have been concerned about disclosure around their substance use and worried about getting into legal trouble. She did note that she "spent a lot of time trying to engage them and to develop rapport..." when working with the Latino male clients. She elaborated that the use of humor is important for her in trying to connect with the individuals and stated that she often "used humor and [she] didn't think they were expecting it." The use of humor and being less formal was mostly an asset in the college setting with Latino male clients but also with older clients such as in AS's current work setting.

Psychoeducation. Psychoeducation is a component of some treatment, particularly Cognitive Behavioral Therapy, and as previously discussed this is especially important with Latino male clients. They often come into treatment without having an idea of what to expect, so the participants discussed how they tried to bridge the gap. HO talked about the

psychoeducation he had provided to his Latino male clients about the process of therapy. He explained he talks about “how it happens and when it happens.” The psychoeducation around the components of treatment allows them to feel comfortable but also encourages them to be open to the interventions. HO described,

I think that some of it takes patient’s awareness and asking them about that. That some of them do think they’re at a doctor’s office, they say something’s wrong, and some of them want you to give them the answer.

Therefore, if not offered the information about the process of therapy, many of them would lose interest or desire to return to treatment to get the help they need. EA had a similar experience working with Latino male clients, in that often they might come into treatment with certain expectations of how treatment will help with their problems. She expressed that she shares with them,

You can talk about the things that are on your mind and maybe why you are not being able to study, but you can’t necessarily change all of the sudden, you’re not going to be able to study and focus for hours in the way the Berkeley community may expect you to. So I think sometimes there maybe be an inherent frustration and there just needs to be a conversations to have around of what can be expected from therapy.

EA spent a considerable amount of time talking about the importance of having conversations around expectations of what clients will receive. She also stated that she wants to get their "buy in" to be able to provide them with services. She elaborated,

I help them orient them to the process, the experience, understanding what it’s about... Then I can ask these background questions later even if I don't have time today because I feel like building that relationship and helping them understand the process is going to be maybe more effective for them...

HO also expressed that he has come across several Latino male clients that have never received treatment, and need for him to normalize the process He shared,

I think it's important to notice that there's certain other cultures that are like way ahead because they've had therapy from time to time and their friends have, and their parents have, and they understand how it works. A lot of Latinos don't understand so they need to be, they need help and understanding while being sensitive and being shown like respect and affinity for who they are like a cultural person or a different person.

MP shared that often Latino male clients are not coming in asking questions about the process of therapy, as in her work setting clients are often referred to psychological services by medical doctors. It does bring a question about how much psychoeducation medical doctors are providing when they are referring the clients to treatment. Due to the fact that the rehabilitation hospital setting that AS works in is a little different from typical psychotherapeutic settings, some clients are not asking to see her, but instead they are being referred by other disciplines working on their treatment, therefore she finds it even more critical to offer psychoeducation. While she provides information to all her clients about her role, she has noticed that Latino male clients often feel they have been referred because they are “crazy”. She then spends more time with Latino male speaking about the process of therapy, including expectation and outcomes, while also addressing confidentiality in her specific setting since she works in a treatment team with other clinical staff. She also has noticed that surrounding certain topics, Latino male clients may feel less comfortable asking questions about the treatment, and therefore she has attempted to proactively provide them with information. For example, she shared an experience about one client that had been withholding discussion of an infidelity until she provided information about confidentiality and she was the "only person he had ever told.". She also shared the importance

to “inform them of what you are going to be doing so that they are not surprised” as treatment continues.

EH shared that when thinking about the Latino male clients that she has worked with, she finds that she “tended to provide a lot more normalization for therapy and for mental health concerns.” However, similarly to others, she finds that Latino male clients often do not come in with questions about the process of therapy, which leads her to provide further information to her Latino male clients regardless of whether they voice any questions or concerns. She also expressed that she tends to “spend a little bit of additional time with confidentiality.” LG shared that she spends time “clarifying what is a psychologist” to her Latino male clients, particularly as she clarifies the “difference between a healer or just a friend...because a lot of them expect...*personalismo*.” Therefore, she wants to discuss her role in treatment. She also has experienced that a lot of her Latino male clients ask “am I crazy” and she had to discuss the stigma of receiving treatment in the Latinx culture. In order to combat the stigma, she shared their diagnosis with her clients. She has found that a lot of the time since the Latino male clients have never received the treatment they have believed that some of the symptoms they are experiencing were normal and part of everyday life. When providing psychoeducation about the diagnosis she also emphasized that the DSM-V “is a book the keeps changing” to allow them to feel less stigmatized.

Slow down the process. In some settings, the first step in treatment is an intake interview. While that can provide useful information, jumping into the questions can be off-putting to Latino male clients. Several participants brought up the importance of slowing down. HO expressed how he feels that the Latino male clients that have received treatment in the past have experienced a more traditional stance and have felt that it was abrasive. Therefore his approach is a lot slower; which means that instead of asking for the presenting problem and

history of symptoms he takes the time to change how he approaches the clients and may say “so you have come all this way and imagine there’s something on your mind...” This way he is still allowing the client to discuss the reason that he is seeking treatment but also allowing for them to get there on their own. Another technique that he used is shifting the tone of his voice, and he explained how he takes “time and [he]’ll ask the question, make it a long question. [He] give[s] [them] time to slow down, to relax. To think about what [he] is saying, not to feel rushed or judged.” When he feels that his Latino male clients are not sure what to say at the beginning, he allows for space but also he looks within his experiences and shares some feelings that he may perceive his clients are experiencing. He describes how he will “fill the space until [he] feels...they get more grounded.” He explained,

I think that too many people in society and therapists alike have solutions before fully understanding problems. And sometimes, you know, I think I believe that we’ve got to fully understand this problem well.

AS spoke about the importance of taking the time to validate the individual’s feeling and especially with her Latino male clients that “need more assistance” such as the diabetes patients in the hospital. She acknowledged that those individuals experienced a “loss of identity” and she takes time to validate the individual. Since her setting is different than the other participants she assured that their needs are being met in all forms of their treatments. For LG she has found it important to allow for the clients to “really kind of know [her] a little better.” She mentioned that she views it similarly to an individual welcoming a new person into his or her family. In the past, when she has tried to jump into the presenting problem, clients have told her that she was moving in too quickly. She adds that she has to be careful talking about emotions with the Latino male clients. She often feels that “sometimes [she]’s walking on eggshells on some of these topics.” Therefore, she spends the time to think about the words that she uses surrounding these

topics that may be difficult for the clients to talk about. She stated that she has found it helpful to “give the caveat” such as warning them she “is going to ask [them] things that are going to make [them] uncomfortable” before jumping into complicated topics.

Self-disclosure. Traditional psychotherapy has mixed ideas about how appropriate self-disclosure is in treatment. Some theoretical orientations are adamant that psychologists should never self-disclose while others are flexible in their approach. The overall message that clinicians brought up was that they should be prepared to approach this topic based on their personal preference. HO’s experience with disclosing his own struggles about being a Latino male client has been a source of connection with his clients, believing that individuals stay in treatment longer because of this. He discussed that self-disclosure is linked to his theoretical approach, Gestalt Therapy. Similarly, EA shared that she also self-discloses with her clients due to her orientation.

Yeah, I definitely self-disclose a lot with my students of color, in particular, for sure and that part some of the feminist orientation is being collaborative and egalitarian...I want you to understand who I am, understand where I am coming from and understand who I am as a person. In that way, we can have this conversation or what may be helpful for you...

EA finds it important to allow her clients to know the more personal information about her to facilitate a more cohesive treatment. She brought up the importance of sharing her experience of being a person of color in higher education, as she works with clients in a college setting. AS self-discloses information when clients request further information about certain topics. She shared that clients always notice how well developed her Spanish is, and they ask her consistently where she is from, or how is it that she speaks the language so well. LG also feels comfortable answering some personal questions that her clients ask. She has experienced that the

two most common questions that she gets are whether she is married and if she has children. She expressed that she views these questions as clients “wanting to feel more comfortable” in the room. However, when she doesn't "feel comfortable" answering personal questions, she does not answer them and instead puts it back on the client. Overall, she feels that her training has encouraged self-disclosure and she is glad when the moment allows so that she can be “more genuine and authentic to who [she] is.”

Cultural Adaptations

While discussing specific adaptations that psychologists make when working with Latino males, the participants varied in answers. The participants brought up the importance of making sure they understand their clients, how they changed treatment, allowing the client to be the guide, and always being aware of the individual differences in each client.

Assuring understanding. Participants were aware that Latino male clients have unique experiences that may not be captured in the literature. The first step they suggested was in having an appreciation of each client's experience and approach the client based on that. HO stated that his approach with Latino male clients is that he is "much more of a listener" at the beginning to allow them to have the space to share their experience. He stated that with all his clients he makes sure that they are comfortable and he spends more time assuring that this is happening with Latino male clients. He mentioned that he waits for the clients to fully tell their stories before he steps in. He always reiterates to them what he has gathered from their stories to get their input on how he has perceived their experience. While clients may not bring up culture, he may speculate that culture may be playing a part of their presenting problem; nevertheless, he considers their point of view of what they feel is going on. He explains

...checking with them like, you know, and I'm able to sort of, um, get people to get grounded and then I listen, um, what's happening without influencing it too much.

He further expressed that the Latino male clients he has seen, who have received treatment prior, often report that past clinicians often “don’t show the interest” and also have experienced providers being judgmental towards them. He also shared that often they have experienced other clinicians offering solutions before waiting to have the clients express themselves. Therefore, HO spends time for them to “feel seen and heard.” He does that by checking in with them,

You know, am I on the right track? Um am I getting you? I want them to know that they get to lead, that I’m following more than leading...I’ll take notes and stuff and based from there, we’ll step forward.

HO’s approach also includes connecting with the client’s native country. This means that he uses his knowledge and experience about traveling to places in Latin America. He will ask things like, “is that a Columbian accent I hear?” to create a connection with them. MP also shared that she pays attention to the client’s native country and notices when they use certain words in Spanish that she does not recognize. She wants to make sure that the client feels understood but also as a way to connect with them. AS shared that in her childhood she spent time watching soap operas from different Latin American countries, which has helped her place her clients country of origin. At the same time, she is always sure to ask clients to clarify when they use a word that she is not familiar with. She explained,

...being aware of all the different Latin American, Spanish speaking countries and sort of gauging, your historical background, and education is important...

LG also shared the importance of knowing the client's possible historical trauma experienced in their country of origin. She explains that knowing their background helps to frame the clients’ experiences in the United States. For example she was working with a Latino male that was sharing a bedroom with a stranger and she considered, while they may not be living a life that is luxurious, they are living better lives than in their native country. She also stated the importance

of acknowledging native countries particularly as they may “call themselves you know like El Salvadorian or Mexican...”

Changes in treatment. There were different ways that the participants made changes to their treatment with Latino males. The interventions that were changed appeared to be tied to the setting that they work in. HO brought up the obvious difference when working with Latino males was the language factor. He spends time talking about the differences in languages and trying to meet the client’s needs. However, he noted that often clients speak English with him even if it is not their primary language to avoid having the clinician struggle. MP also brought up the language as a major factor in adapting the treatment when working with Latino male clients. She shared “...the fact that [she] speaks Spanish helps a great deal.” AS also shared that one of the largest differences she notices with her work with Latino males is she “talks to them in Spanish.” Specifically, she also stated that speaking their language could be comforting to them and the “primary thing for [her] is what language do they want to speak in?” LG believes that offering her services in Spanish is “so helpful because they say that they’re able to express things in their own language.”

HO shared that when working with Latino male clients it “doesn’t make sense to make assumptions but there is a need to be sensitive and to ask skillful questions” around their culture. He finds this important not only to show interest in the client’s culture but also to fully understand their experience in the world. HO expressed that when working with Latino male clients, he is interested in “knowing about the cultural part” that is playing a part in the presenting problem. He gives them the space to bring in the cultural piece, but if they do not discuss potential cultural factors, he will bring it in to the room. However, MP explained a different approach such that when working with Latino male clients, she is “much more direct.”

AS also asks the clients directly the questions as she has found it to be beneficial. LG also expressed that she is more direct with her Latino male clients in asking them questions.

EA's approach to her clients is to start where the client is. She shared.

I would say I adapt, so very flexible to what the current individual is needing, what the client wants from therapy, what their goals are, what their history is, and then I kind of bring in skills and interventions based on what I think will be helpful.

She is collaborative with her clients about creating a treatment plan and specifically, she has created "coping skills toolbox for students of color." She shared that those coping skills include "validating the experiences of being a person of color, recognizing the history of oppression and injustice." For her specific population, EA tries to focus on skills that could help them advocate "for themselves and recognize how they may be impacted by the system." AS expressed using humor to build rapport but she also uses it in the treatment to provide treatment to her Latino male clients to be able to discuss topics that may be hard for them to bring up. The specific population AS works with is one that "tends to also be very limited in their education." Therefore, her approach includes making sure that all the interventions that she is using are appropriate for the clients. For example, she stated that she typically doesn't give out "handouts" and instead she takes the intervention and makes them into verbal interventions, such as exploring the connections between thoughts, feelings, and behaviors. This way she walks through the intervention with the clients.

EH's setting includes working with younger Latino male clients, and she emphasized trying to "make [her] clients more comfortable because they are younger." She shared that in working with Latino male clients, she wanted to make sure that she validated their experiences rather than suggesting that they may be having irrational thoughts. For example, she shared that

her clients have come in to express discomfort in being stared at in stores due to their ethnic background and how invalidating it would be for her to suggest that was an irrational thought. She also shared that instead of focusing on self-care with the clients she emphasizes “community involvement”, which means finding community activities that are culturally inclusive. EH also expressed adjusting and being more flexible when working with the Latino male clients as she found that they “cut through [her] boundaries” and finds herself disclosing more. LG had a similar response to self-care, in that she felt that asking clients to focus on self-care is a westernized intervention that often does not apply to the Latino male clients she has worked with. Instead, she may suggest to them to spend time with their family. Another difference that she noticed was adjusting to their language. She shared,

So at the beginning when I have to adapt to Central American Spanish, it was hard because a lot of things are not the same. Finding their language and then figuring out their level because a lot of them, their educational level is also much lower.

LG also welcomes conversations about other treatments that her clients are seeking out whether it is from a religious person or a healer. She discussed tailoring relaxation strategies to be more in line with the clients, which included using music instead of breathing exercises with the clients.

Differences in clients. While all the different components and factors that the participants discussed are essential when working with a Latino male, there was also the message that each client should be seen as an individual. HO experienced that there's a difference when working with Latino male clients that are from other Latin American countries than those that were born in the United States. He stated that often individuals from other countries are not in treatment as long as U.S born Latino males and therefore he is aware of this when they come into

treatment. At the same time, he shared that the Latino male clients that are not born in the United States appear to take "therapy to heart" and "make changes faster." Overall HO shared

Um but I think, but the approach needs to be different because I think that attuning to them means attuning to their culture too. Getting a sense of their culture not assuming that they are going to be a certain way.

EA also spoke about not assuming that individuals will fill into cultural stereotypes as she experienced that since she works with individuals that are attending college, often they are the ones bringing in the Latino gender stereotypes that don't fit with them. She explained the importance of knowing "there's a lot of diversity" and "being curious is the first step." MP was aware of the differences between the clients and her expectations of them. She shared that the "acculturation piece is different" as she has worked with people from other countries and each of them found different ways to acculturate to the country. For example she worked with a young male in his early 20's that adapted to the United States by attending college courses after work to learn English. In AS's experience, she has noticed the difference between the approaches she has with clients. AS's less formal approach is not a good fit with everyone as she shared that "you have gauge it, not all patients are going to respond well to that." LG's advice is to "learn about that person's experience growing up...Their family values, what it means for them being a man." Exploring the client's identity should start by taking a stance of genuine curiosity to learn about the person's roots.

Potential Barriers

While participants were able to share several ways they work with Latino male clients, they also disclosed some challenges. One that was shared by many was the lack of training they received in their education. There were also factors that appeared to be challenges such as taboo topics, and clients coming in at times of crisis.

Limited training. Participants shared their experiences in graduate school particularly and what training they had received to address the needs of Latino male clients. Several expressed similar comfort they felt initially when working with Latino males. HO shared that his experience working with Latino male clients and his training about that population was inconsistent. He shared that when he was “in school [he] learned that like Latinos on average come in one time to therapy,” but his work with Latino males has not proven to be that way. He shared that he had to “figure it out on [his] own” as his training in school did not provide him with the tools to work with this population. However, he has experienced that his style of being flexible has allowed him to find ways to work with these clients. MP also shared that she did not get “much training” and rather there was some discussion about gender but has had to rely on the knowledge of her supervisors. AS shared that her training was in working primarily with females and had to seek out opportunities to work with males later on in her career. EH explained,

When I was a student, I was trained very traditionally to work with one type of individual, and that was Caucasian, higher functioning, probably female. The literature and everything that I read was tailored to that. There really wasn't any flexibility...I had to seek it out on my own. I mean I was just thrown into providing Spanish-speaking services because I spoke Spanish.

She further shared that she had to figure out the clinical language in Spanish and had limited to no training. However, being thrown in increased her comfort and ability to provide the services to Spanish speaking Latinos.

EA's training was unique in that she felt prepared in working with Latino male clients. She shared that she “picked [her] school because of the training [she] knew they could offer [her] to work with the population [she] wanted.” LG shared that although she went to school in a Latin American country/Providence, her training was not explicitly on working with Latino male

clients, especially working within a country with other populations. She shared that after seeing all the differences in the United States, she sought out training to learn about the Latinx experience in the United States.

Taboo topics. Participants expressed different conversations that appeared to be difficult either for their clients or for themselves to that at times presented as barriers. These topics varied depending on the individual. LG spoke about emotions being difficult for Latino male clients to discuss in treatment. She reported, "talking about being sad is harder for them." Therefore, although she feels that they are open with her, there are some aspects that continue to be difficult for Latino males to express. Specifically, she has experienced that conversations about anger are more common for them to bring up rather than feelings of sadness. At times this meant she spent more time allowing the patient space to discuss those topics. EA talked about mental health treatment having a stigma in her work setting, which makes it difficult for individuals to seek out the treatment that they need. This has required her to find ways to reach the Latino male audience by being visible within the setting in order for mental health treatment to become less stigmatizing.

Aside from mental health treatment being stigmatized within Latino males, there was also discussion about taboo topics that could be discussed in therapy. Psychologists shared some of the topics that they found their Latino male clients having challenges in processing. MP shared one specific client that had issues with sex and only felt comfortable speaking about it with her after being referred by his medical doctor so he "shared it with her and then also shared it" with the doctor. Specifically, one of the topics that come up with AS's Latino male clients is erectile dysfunction. Although she asks all her clients these questions about sexual functioning, some clients are less comfortable speaking to her about sexual issues. On another note, AS brought up that her clients that have medical issues and speaking to them about taking care of themselves

can bring up a lot of “guilt and shame” for ignoring their health problems and now being in situations where they can’t take care of their family. While most of the taboo topics discussed were focused on conversations Latino male clients had difficulties with, one psychologist shared how her own culture made her feel uncomfortable with topics when working with the Latino males that sought out treatment. LG shared that her identity as a Latina female made her uncomfortable addressing problems that she grew up not discussing. She called a specific experience in having to discuss a topic about sex with a Latinx family, specifically the father, and feeling very uncomfortable.

Crisis. In the participants experience Latino male clients typically waited until they have reached a level of crisis before seeking treatment. This can be difficult to treat as their presenting problem have been exacerbated and they are now looking for instant relief. HO shared that he has noticed that Latino males from other countries often wait until they are in crisis to seek out treatment. This means that they are in dire need of treatment when they are arriving at therapy. EA’s experience was similar in having individuals waiting until they are no longer able to handle their problems to seek out treatment. She shared that often they come into treatment once they feel like they “can’t do [it] anymore.” At this time they want the psychologist to offer some relief immediately, and therefore this is important to talk about their expectations of the treatment. She shared that often they will state that the reason they won’t come in for therapy is due to the “mental health stigma” and the feelings of being uncomfortable “processing their emotions.” MP stated that a lot of the time, once the clients are coming in to see her, “they’re so sad and depressed, that they’re just looking for some relief.” LG also shared that the Latino male clients are coming into treatment not to "explore life" but instead because they are going through something difficult. Therefore, while it is essential to utilize all the interventions that have been suggested when working with Latino male clients, it is also necessary to assure that they are

getting out treatment what they are coming in for, which may mean meeting the client in a different space than the psychologist anticipated.

Summary

The results of the interviews were specific experiences of psychologists that work with Latino male clients operating in a private practice, college counseling, or a rehabilitation hospital. They identified some of the factors that could impact treatment and are out of the control of the psychologists, they were also able to identify how they shifted their treatment at the start of therapy when working with a Latino male client. Specifically, they noticed the approach they used when working with that population, including the interventions that they shifted or adapted to work with Latino males. While they were able to talk about potential barriers that could affect the treatment they also discussed effective ways to deal with them.

Discussion

Due to the limitations in available research surrounding the treatment provided to Latino males, the purpose of the study was to gain an understanding of how psychologists work with Latino male clients in therapy. Through interviews with six psychologists, useful information about providing psychotherapy with Latino males was gathered. The psychologists worked in different settings, but they shared similar experiences and interventions used in their work with Latino males. There were a few unique experiences between the participants concerning the clients they worked with or aspects of treatment, and these unique experiences will be discussed in this section. Some of the concepts that came up are factors that apply to multiple populations but participants emphasized the importance of using them with Latino males (common factors), while others were uniquely related to culture and gender (culture and gender factors).

Common Factors

Building a therapeutic alliance is a key component of therapy. Research studies have found that the alliance, or relationship formed, between the client and the clinician is an important element in the treatment of mental health services (Bachelor, 2013). Therefore, it was no surprise that participants in the study highlighted building an alliance with their Latino male client. Forming a therapeutic alliance with Latino male clients was built on trust. Specifically gaining trust meant being transparent about the process. In my experienced working in settings where clients are mandated (e.g. psychiatric hospitals), being transparent with the Latino male clients has proven to increase self-disclosure. When clients are admitted to the hospital they undergo a series of evaluations, where they are asked about their history. With Latino male clients, I review the reason they are being hospitalized and my role before jumping into questions. Psychologists should spend a considerable amount of time providing Latino male clients information about the process of therapy and initiate discussions about their expectations

of therapy. Discussions in particular when Latino males are first receiving mental health services allows the psychologist to understand what questions need to be answered as well as how much time should be focused on providing psychoeducation. Therefore, asking about clients about their experience with therapy without assuming that all Latino males are novices can help build the therapeutic relationship. For those that have never attended therapy, beginning treatment with psychoeducation not only helps build trust but allows for the client to ease into the sessions. Mulvaney-Day et al. (2011) emphasized spending time at the beginning to help the client be comfortable. Another form of building the therapeutic alliance with Latino males is to allow them to set the pace in session. Therefore, while clinicians may want to get going with addressing the presenting problem, Latino males may benefit from having a time to find a level of comfort with the psychologists. For some participants, this meant that they took less of an active role in the room at the beginning to allow for the client to share their experience. I have found that when working with non-U.S. born Latino males, spending time having less formal conversations or “chit-chat” is beneficial. One example of this was a Mexican male that refused to participate in trial competency evaluations. After spending a considerable amount of time chatting with him about his work, experiences when in Mexico, and his journey when he moved to the United States, slowly he began to cooperate with the evaluations. While the goal was to achieve trial competency, putting that goal aside to gain their trust was more valuable for the treatment. This was consistent with the data that showed that slowing down the process when working with Latino males was useful rather than focusing on setting goals immediately. My experience with the client also highlighted building a therapeutic alliance by asking about the client’s culture and native country as participants found that Latino male clients, born in other countries, primarily identified as being from their native land. This was consistent with the research by Taylor et al. (2006), who found therapeutic alliance is impacted by the clinician’s

understanding of nationality. Latin American countries have a unique history, cultural practices, and vocabulary, and psychologist interested working with the Latinx population must gain competency in this area. There also was discussion about how necessary it is to know the history of Latin America including historical events that could have impacted the client's life such as war or changes in the government. Having knowledge of the Latinx culture in general can assist clinicians in forming a therapeutic alliance. While in my experience, my ethnic background and exposure to Latinx culture assisted me in the therapeutic relationship, clinicians that do not identify as Latinx can learn about the culture. Being able to create therapeutic alliance with clients includes having a full understanding of their culture, nationality, immigration, and acculturation (Taylor et al., 2006). Therefore, while building a therapeutic alliance is a part of mental health treatment with all populations, the data showed that when working with Latino males this may be the most important piece to retain clients and also improve treatment outcomes.

Another common factor in therapy is self-disclosure. While in the past, self-disclosure was considered toxic, particularly in some theoretical orientations; recently clinicians have become more flexible in viewing disclosure as beneficial in treatment (Miller & McNaught, 2018). There was a consensus amongst the psychologists interviewed that self-disclosure was beneficial in the therapeutic process for Latino males. While each participant had their own ideas of what is appropriate to self-disclose to their clients, there was a consensus that it not only served as a form of connection with the client, but they also sensed it increased trust in the therapeutic relationship. This is incongruent with traditional therapy that emphasizes that the clinician take a neutral stance, that is, not sharing any personal information with the client (Ziv-Beiman, 2013). Therefore, participants did not believe using a neutral stance was beneficial in their work with Latino male clients. Even in my work in settings where self-disclosure is

discouraged, such as forensic psychiatric hospitals, sharing small aspects of myself with Latino males has been a way to connect. The small self-disclosures include my ethnic background, region in Mexico where my family is from, and cultural experiences I have had (e.g. food, music, etc.). There were some participants that reported their theoretical orientation was psychodynamic. However, psychoanalytic therapy dictates clinicians be blank slates to allow for clients to project their problems onto the psychologist, suggesting that self-disclosure would interfere with the treatment (Hill, Knox, & Pinto-Coelho, 2018). Despite participants practicing an orientation that discourages self-disclosure, they shifted the treatment when working with Latino males. Research supports this intentional, thought-out self-disclosure as beneficial versus spontaneous disclosures (D'Aniello & Nguyen, 2017). While self-disclosure can serve as strengthening the approach, the clinician should be aware in advance what they feel comfortable sharing and also being aware of the purpose of sharing the personal information.

Culture and Gender Factors

Psychologists identified several cultural values that presented themselves in the work with Latino males. Latino cultural values such *respeto* were emphasized, in treatment it was shown through psychologist and the Latino client working together in creating goals, discussing interventions, and allowing the client take the lead. For example, many participants brought up the significance of being collaborative in making the treatment plans, mainly because for several of the Latino male clients this was their first experience with psychotherapy. The psychologist should consider all the aspects that influence the life of the Latino male individual including his environment, gender, and all the systems that play a part in their life in order to collaborate. Psychologists were aware that depending on the Latino male they had to adjust their level of courtesy to account for age difference and gender difference (Calzada, Fernandez, & Cortes, 2010). However, there was awareness that due to *respeto* clients may attempt to appease the

psychologist and not communicate their needs. This is consistent with the literature that suggests that Latinos will show respect to anyone that they perceive as an authority figure such as a psychologist (Ojeda, & Piña-Watson, 2014). Psychologist working with Latino males need to learn how to decrease the power differentials in the room. Useful techniques include reminding the client they are the experts in their life, asking them how they would like to be referred to and using formal greetings if they prefer them. Being aware of various Latinx cultural values allowed for an integration of the values into interventions. For example, the idea of self-care came up with different participants in regard to it being out of touch when treating Latino males, as it was viewed a Western value and led to feelings of isolation. There was a discussion that there were more benefits in trying to engage the Latino male clients to spending time within community and family. Psychologists also emphasized including other forms of healing to address the needs of Latino male clients, such as consultation with *curanderos* that utilize prayer, herbs, and diets (Hoskins & Padron, 2018). As research has suggested, the data indicated that Latinx cultural values impact the work psychologist do with not just the Latinx community but particularly with Latino male clients.

The major cultural adaptation that was discussed by several psychologists was language, providing services in Spanish. Speaking their native language of Spanish was a way to build rapport with the client and it also provided them with relief to be able to communicate in their primary language. This may be due to the fact that being able to speak their native language allows them to feel genuine and connected to their identity (Ramos-Sanchez et al., 1999). This has been my experience in all settings where I have provided mental health services, from preschool services, private practice, homeless shelters, community mental health settings, correctional settings, and psychiatric hospitals. There appears to be a lack of available Spanish-speaking clinicians. Often in placements I was the only, or one of the only, individuals who was

Spanish proficient. I found that Latino males who were monolingual Spanish speaking appreciated the services differently than English speaking Latino males. Clinicians should be aware of the limitations when providing services in Spanish. Participants who were fluent in the Spanish language discussed that when working with Latino male clients from a different country than their own, they were vigilant about language they were unfamiliar with. When they came across words that they were not familiar with, they asked for clarification to assure they fully understood what their clients were communicating. Knowing limitations allows psychologists to stay curious and be honest when there is a need for clarification.

The data indicated that participants emphasized the positive impact ethnic matching had on the therapeutic relationship. The research of ethnic matching between the client and the therapist has been inconclusive. Studies such as Horst et al. (2012) indicated that ethnic matching may not be as crucial to therapeutic outcomes as expected. However, psychologists working with Latino male clients indicated that ethnic matching was a major component in the treatment. Participants shared that often their Latino male clients sought treatment from them specifically because they shared an ethnic identity. To some, sharing an ethnic identity was viewed as the most influential piece of the treatment. Therefore, while ethnic matching amongst all clients may not have significant influence on therapeutic outcomes, research on the effectiveness with Latino males may be required. Additionally, one area that was not explored with participants was whether they had considered cognitive matching with their Latino male clients. The implications of both cognitive and ethnic matching with Latino male clients should be explored through research, to inform their effectiveness in therapeutic outcomes.

In regard to Latino masculinity, several of the participants discussed the importance of noticing the positive aspect of Latino male masculinity. There was a somewhat of a consensus that typically the Latino male clients that sought out treatment did not conform to the *machista*

stereotypes that are researched so extensively. Instead, they found positive aspects of the Latino masculinity that aligned more with the *caballerismo* concept, including being hard working, being caring, and protective of their family (Estrada & Arciniega, 2015). However, participants' descriptions of positive Latino male aspects did not fit perfectly with the term *caballerismo*. The Latino male clients had more positive aspects that were not described in the literature around *caballerismo*. Being aware of the positive aspects of Latino males can increase the therapeutic alliance and can also inform the intervention in treatment. There was also discussion about understanding the messages that Latino male clients may receive about attending therapy and having more conversations around that move. Some of the messages that Latino males may have received include that they should not talk about feelings or share their struggles with anyone, particularly with a non-family member. Therefore, while clients may not exhibit *machista* behaviors, they may still be impacted by *machismo* ideology. Participants discussed how psychologists who are new to working with Latino males should be attuned to how differences and similarities in gender play a role in treatment. Depending on the gender of the psychologist, this may bring up different areas to address in the treatment. The male psychologist discussed the importance of talking about the meaning of being a man, while some female participants spoke about their clients making inappropriate comments based on their gender. My experiences as a Latina female clinician working primarily with Latino males, has at times impacted the treatment. There have been times when clients have made comments about my looks and attempted to cross boundaries in that sense. However, most of the challenges in differences in gender were influence by age. For example, Latino males that were significantly older held more traditional views on gender, and as a female I had to earn their respect, which caused them to take longer to open up in therapy.

Strengths and Limitations of the Study

A strength of the study was that it fills a gap in the available research about Latino males in mental health treatment. In filling the gap, the study is providing new knowledge to clinicians about their approach when working with this population. The knowledge can assist psychologist in being able to adapt their treatment when working with Latino males, explore potential barriers in the treatment, and effective strategies to use at the start of treatment. Another strength was the fact that I have worked primarily with males and Latino males in my training in graduate school. This allowed me to be attuned to the different factors that the participants had brought up and helped me to be curious to gather the rich data. I was also able to appreciate all the information that the participants were offered as I could tie it in with my own experiences with Latino males while also being aware of potential biases that could influence the interpretation to the information. Additionally, due to being a Latina individual I am familiar the Latinx culture, which allowed me to connect with the participants as they all identified as Latinx as well. At the same time, I was able to understand all the cultural factors that they brought up and have the ability to expand on those conversations. While the topic was Latino males, the majority of the participants were females, and as I am a female, it served as a way to connect with the participants as they spoke about the gender differences between themselves and the client. Although there were so many similarities that allowed me to connect with the participants, there was one difference that allowed me to stay neutral. All my experiences working with Latino males have been in settings dissimilar to the rest of the participants. Therefore, while I was able to have insight into some of their experiences, but did not have a personal experience working in their settings working with Latino males. I made an effort to be objective in meeting with the participants, including having a personal journal to document my experience and assuring I understood the participant's experiences in the interviews. Another strength of the study was that

the number of female participants compared to male participants is an accurate representation of the field of psychology. The amount of female clinicians are steadily growing in comparison to male clinicians, thus it is likely that Latino male clients will receive services from a female. Therefore, it was important to have more female participants to help capture their experiences with their Latino male clients.

Additionally, it would have been helpful to have a broader range of variety in the settings that participants worked. It was beneficial to have participants that had private practices to allow for information about Latino males that were seeking out treatment on their own versus the rehabilitation hospital where the treatment was part of the program. Further, the college counseling setting allowed for information about Latino males in higher education who typically are more acculturated. However, there are several other settings that would have made the data richer, such as inpatient hospitals, veteran affairs medical centers, and forensic settings. Another limitation of the study was that while not all the interviews were done over the phone, there were some that were. The interviews that were completed on the phone could have impeded the data that was gathered from those participants as it was challenging to build rapport over the phone and could have affected the way that the interviews were conducted.

Implications for Future Research

The current study emphasized the experience that psychologists have when working with a Latino male client in various settings. The results of the study was a start in addressing a topic that will need further focus as the demographics of the country are changing. Due to the lack of research available in working with Latino males, the criteria for the participants was wider to get as much information as possible about the topic. However, it would be interesting to see a similar study completed with more narrow criteria for participation. For example, while it was useful to have participants who worked in several work settings, it would be useful to see the

psychologist's experiences working with Latino male clients in one specific setting. It also would be interesting to compare settings where the Latino male clients are seeking out treatment to settings where the Latino male clients are mandated to treatment. Finally, while there is much-needed information gathered from psychologists who work with this population, it could be even more useful to gather data about Latino males' experiences when receiving treatment. Having their perspective would allow scholars and clinicians in learning from the clients directly about how they benefit from treatment approaches.

Additionally, there were themes that arose from the study that may warrant further study. These included taboo topics, barriers in treatment, and the limited training that psychologists received in their graduate training. One participant brought up that her own Latina culture made it difficult for her to discuss certain topics with her clients. While this study was focused on the Latino male clients, it would be beneficial to explore Latinx clinicians' experience with how their own culture impacts the treatment of clients. That could potentially be a barrier in the treatment of Latino male clients. Some barriers were discussed in the study within private practice and a rehabilitation hospital but other barriers could arise in other settings. Lastly, other directions that should be investigated would be the training that clinicians receive in their graduate programs in regards to their competence in treating this population.

Implications for Clinical Practice

The information that was gathered in this study was useful in learning about how psychologists approach their work when a Latino male client seeks out mental health treatment. Therefore, the data is important for mental health providers who work with clients of this population. Clinicians can learn the importance of paying attention to potential factors that could play out in the treatment. These are the things that are present even before the treatment starts but can play a role in the therapeutic relationship, such as looking for the positive aspects of Latino

male masculinity, their cultural values, and implications of matching ethnically with the psychologist. Additionally, it was important to understand the issues that come up at the start of treatment with Latino male clients. This includes providing in-depth psychoeducation as they may not be familiar with the process, slowing the process down for a full understanding of the client's experience, and the psychologist's belief about self-disclosure. The participants also brought up all the ways that they adapt the treatment to work with Latino male clients concerning interventions but also being aware that each client is their own individual and that while these factors may help they may not apply to everyone.

Despite not sharing an ethnic background, clinicians that do not identify as Latinx can engage in practices that increase positive treatment outcomes. Similarly to what the psychologists discussed, clinicians should learn about the different Latin American countries to avoid making assumptions that clients fit into stereotypes. Further, clinicians should consider sociopolitical issues that are impacting the Latinx population, which could lead to psychological issues. Psychologists should make efforts to find community services that are culturally competent in working with Latinx individuals to be used as referral sources. Working with Latino males can mean providing services to monolingual Spanish speaking males. Therefore, clinicians working with the population should attempt to learn a several words in the language to increase rapport building (Presley & Day, 2018). These suggestions should be considered by clinicians that are interested in working in Latino males but also those that work in settings where Latino males are coming in for mandated treatment, such as rehabilitation hospitals, inpatient treatment, and correctional settings. Overall, the findings can inform the treatment of the Latino male client while at the same time allowing the psychologist to explore the individual's experience.

Conclusion

The study tried to provide an understanding of the different aspects of treating Latino male clients. The focus was in assessing how psychologists approach their therapeutic work with these clients, how they adapt their treatment, and ultimately what they find is important when they treat Latino male clients. There is a lack of research and resources regarding this population and therapy. Therefore, it was important to try and fill this space that was missing in the research by using an Interpretative Phenomenological Analysis to assess the experience of 6 psychologists that have worked with Latino male clients.

The results of the data collected suggested that there are some factors when working with Latino male clients that are out of the hands of the psychologist such as ethnic matching between the psychologist and client, differences or similarities of gender, and being aware of positive pieces of Latino masculinity. The participants also discussed the differences in the start of treatment with Latino male clients. They emphasized rapport building during the initial sessions and throughout the treatment. Part of the rapport building included being transparent and providing psychoeducation to the client's, as often this is their first interaction with mental health. At the start of the treatment, part of getting to know the client is as important as the client identifying with the psychologist. There are different ways that the psychologist adapts their treatment with Latino male clients to include cultural pieces, including considering language, education, and cultural appropriateness.

In regards to possible challenges that psychologists faced when working with Latino male clients, they shared having limited training that they received in school to work with that population. Lastly, another challenge is that Latino male clients do not seek treatment as much as female Latinas, therefore, often they are coming into treatment when they are in crisis and looking for relief. This means that all this should be done in a timely manner to allow for the

work to begin. Overall, this study provides insight into psychologists working with Latino male clients in various settings that can assist mental health practitioners, scholars, and those that are interested in learning about treatment with Latino males.

My interest in learning about Latino males started early in my training when I began to work with that population. Being in a practitioner scholar doctoral program, the importance of implementing research into treatment became the focus. However, I found that there were limitations in the research about approaches with Latino males, mostly due to the lack of Latino males seeking treatment. As my training progressed, I found that I worked with more and more Latino males, the majority of which were not seeking treatment but ended up in psychiatric hospitals, forensic settings, and needing psychological testing due to neurological issues. Therefore, Latino males were receiving mental health treatment in settings, perhaps not those that research focused on, but psychologists were faced with providing them treatment. I found that psychologists ignored the experiences of Latino males and used the same approaches they did with White clients. Being able to sit with psychologists that not only addressed the needs of Latino males but also honored their experiences allowed me to discover all the components that seemed to be essential to consider when providing them mental health services. The results of this study are starting points in my career and fuel my desire to continue working with Latino male clients.

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APPENDIX A

Extended Review of the Literature and References

ASC Lab Literature Table

Author/Year	Research Question/Objectives	Sample	Variables/Instruments	Research Approach/Design	Major Findings
Añez, L., Silva, M.A., Paris Jr., M., & Bedregal, L.E., 2008	Researching the efficacy of motivational interviewing mixed in with three Latino cultural values on ambivalent monolingual Spanish clients.	Latino adults	N/A	Case Studies	Guidelines that individuals should adhere to when incorporating respeto, confianza, and personalismo on motivational interviewing.
Archuleta, A.J., 2015	How social and psychological well being impact the emotion regulation on first generation Latino youth	56 First generation Latino youth attending ESL classes	<ul style="list-style-type: none"> • Adolescence Resilience Scale • Hispanic/Latino Acculturation Index • Psychological Well Being Scales 	Empirical/Quantitative	Having positive relationships with others increased the emotional regulation. Also individuals that struggle with holding on to both Latino and American culture have more difficulties with emotional regulation.
Arciniega, G.M., Anderson, T.C., Tovar-Blank, Z.C., & Tracey, T.T.G., 2008	Construction of a measure that was focused on machismo and psychological function	154 self identified Mexican males	<ul style="list-style-type: none"> • Masculine-Feminine Personality Traits Scale • Battery of Interpersonal Capabilities-Short Version • Satisfaction with Life Scale 	Empirical/Quantitative	Machismo is associated with aggression and antisocial behavior. Caballerismo was associated with affiliation and ethnic identity, using problem solving as a coping skill.

Aviera, A., 1996	A culturally sensitive intervention that involved using dichos to work with Latino males in an inpatient psychiatric hospital.	Adults 18-65 Groups of 5-10 participants	Dichos	Case Studies	The intervention allowed for the development of rapport, decreasing defensiveness, improving participation in groups, enhanced motivation, and development of insight.
Ayon, 2014	To learn what the needs were of Latino families in regards to services in relation to the stringent immigration litigation	52 1 st generations immigrants	Interview	Empirical/Qualitative	The findings suggested that there were five different types of services need: -mental health -physical health -education -information
Ayon, C. & Aisenberg, E., 2010	An examination from the point of view from parents and child welfare workers on how cultural values are applied to child welfare cases.	14 child welfare workers	Interviews	Empirical/Qualitative	The finding suggested that child welfare workers had restrictions in being able to apply cultural values in their work. Some of the recommendations included developing programs designed for the families they are serving, ongoing training development, and changes in policy to fit in with the needs of diverse families.
Ayon, C., Marsiglia, F.F., & Bermudez-Parsai, M., 2010	The purpose of the study was to analyze the role of discrimination and familismo had on two generations (youth and parents) along with internalizing	300 Latino Families	<ul style="list-style-type: none"> Youth Self Report Center for Epidemio logic Studies Depression Scale 	Empirical/Quantitative	There were direct impacts of familismo and perceived discrimination on they way that mental health symptoms were internalized.

	mental health symptoms.				
Benson-Florez, G., Santiago-Rivera, A., & Nagy, G., 2017	The current case study presents the clinical treatment of a Mexican American family living in the southwest of the United States experiencing numerous stressors resulting in depressive symptoms. Specifically, this family sought therapy having experienced many negative life events, including stressors associated with institutionalized racism, their financial situation, and acculturation process.	Mexican American Family	<ul style="list-style-type: none"> • Outcome Rating Scale • Spanish Center for Epidemiological Studies Depression Scale for Children • Spanish Short Acculturation Scale for Hispanics 	Case Study	Outcomes of the intervention include a decrease in depressive symptoms and improved family communication and relationships by their involvement in activities such as attending cultural events in their community, family outings, and the children's participation in extracurricular activities.
Bobele, M., Lopez, S.G.S., Scamardo, M., & Solorzano, B., 2008	Consider the effectiveness of a walk-in/single session model with two Mexican	2 Mexican American Females	Individual Session	Empirical/Qualitative	<ul style="list-style-type: none"> • There is value in brief therapy from a single-session perspective in two representative

	American females				cases. This approach employed both direct and indirect suggestions that emphasized the clients' resources and creative solutions. The single-session model normalizes the client's experience as much as possible. Change was promoted by emphasizing strengths, abilities, and skills
Cabral, R.R., & Smith, T.B., 2011	The research objectives were to address (a) preferences for therapists of individuals' own race/ethnicity, (b) perceptions of therapists across racial/ethnic matching, and (c) outcomes in therapy as impacted by racial/ethnic matching. This review also examined several potential moderating variables (e.g., participant age, age cohort, education,	52 research articles	Electronic databases	Literature Review	<ul style="list-style-type: none"> The data indicated that mental health treatment outcomes do not substantively differ when clients do or do not have a therapist of their same race/ethnicity and does not indicate positive treatment outcomes.

	gender, race/ethnicity) in order to better understand the dynamics associated with racial/ethnic matching.				
Calzada, E.J., Tamis-LeMonda, C.S., Yoshikawa, H., 2012	Examine attitudinal and behavioral familismo as a dynamic construct that moves along a continuum of costs and benefits to confer risk and protection.	23 Dominican and Mexican American females	Open ended questionnaire interview	Empirical/Qualitative	Familismo as both a risk and protective factor for low-income, urban Latino families and underscores the importance of considering the balance between its costs and benefits in studies of Latino child development.
Calzada, E.J., Huang, K., Linares-Torres, H., Singh, S.D., & Brotman, L., 2014	To examine the association between maternal familismo and the functioning of 4 and 5-year-old Latino children. Examine early childhood outcomes in three domains: adaptive behavior, externalizing problems, and internalizing problems; and in two settings: home and school. Considered adaptive behavior as the primary	<ul style="list-style-type: none"> • 205 Mexican American Families • 147 Dominican Families • 24 public schools in New York 	<ul style="list-style-type: none"> • Demographic Characteristics • Abbreviated Multidimensional Acculturation Scale • The Mexican American Cultural Values Scale • Behavior Assessment System for Children, Parent Rating Scale and Teacher Rating Scale 	Empirical/Quantitative	Familismo was associated both positively (for boys) and negatively (for poor children) with adaptive behavior in the Mexican American sample. In the Dominican American sample, familismo showed a wide range of positive, albeit moderated, effects. Prevention efforts that help parents critically evaluate the impact of familismo on family processes, and preserve those manifestations of familismo that are protective, may best promote Latino child well-being.

	outcome.				
Cardemil, E.V., Millan, F., Aranda, E., 2019	Address the new term Latinx	• N/A	• N/A	Educational	Explanation of the term Latinx
Castillo, L.G., et.al., 2015	<p>Hypothesis 1: Each of the four components of acculturative stress will mediate the relationship between U.S.-culture acquisition, heritage-culture retention, and Latino college student depressive symptoms.</p> <p>Hypothesis 2: Gender will moderate the indirect relationships between U.S.-culture acquisition, heritage-culture retention, and depressive symptoms.</p>	<ul style="list-style-type: none"> • 1,488 Latino students from the Multi-Site University Study of Identity and Culture • Undergraduates • 23% Central American • 22% Mexican • 17% Cuban • 2% PR • 5% Mixed 	<ul style="list-style-type: none"> • Stephenson Multigroup Acculturation Scale • Multidimensional Acculturative Stress Inventory • The Center for Epidemiologic Studies Depression Scale 	Empirical/Quantitative	Acculturation and acculturative stress contribute to depression differently for male and female Latino college students. Future research should note the influence of gender socialization on the acculturation process and mental health.
Cavanagh, C. & Cauffman, E., 2015	How do Latino youth with an undocumented mother perceive police after their first	<ul style="list-style-type: none"> • 155 male first-time offending youth • Ages 13-17 • Pennsylvania, Louisiana, southern 	<ul style="list-style-type: none"> • General Demographic Information • Neighborhood disorder 	Empirical/Quantitative	<ul style="list-style-type: none"> • Youth whose mother was undocumented were more likely to view the police negatively. • Views on judges

	arrest?	California	<ul style="list-style-type: none"> • Document ation Status • Attitudes Toward Police Scale • Perception s of Opportunit y 		were no negative based on mother's legal status
Clauss, C.S., 1998	Analysis of the role of language among patients who communicate in two languages and present a bicultural experience introduces psychodynami cs associated with the transference-countertransfe rence phenomenon	<ul style="list-style-type: none"> • 23 year old Puerto Rican 	<ul style="list-style-type: none"> • Therapy Session 	Case Study	Transferential phenomenon is associated with language switching for the bilingual patient, and serves an object relational function. The case material also includes countertransferential processes not previously discussed in the literature and considers how they relate to the clinician's language-related experience.
Cobb, C.L., Xie, D., Meca, A., & Schwartz, S.J., 2016	Examine psychosocial factors that influence undocumented Latino that are acculturating to American culture and residing in the United States	<ul style="list-style-type: none"> • 122 Latino individuals that reported being undocumented 	<ul style="list-style-type: none"> • Abbreviat ed Multidime nsional Acculturat ion Scale • Everyday Discrimin ation Scale • Center for Epidemiol ogical Studies Depressio n Scale 	Empirical/Quanti tative	Among acculturation dimensions the only factor that affected everyday discrimination was ethnic identity. Related to that was the findings that everyday discrimination was related to depression. Therefore, ethnic identity was a risk factor for undocumented

					Latinos.
Comas-Diaz, L., 2006	Cultural Adaptation of psychotherapy for Latino clients	• N/A	• N/A	Educational	Latino adaptations in psychology include dichos, cuentos, and spirituality. Additionally, there is a discussion of Latino healing
Coon, et.al., 2014	Effects of being a caregiver for an individual that is suffering from dementia	• 420 caregivers Latino and Caucasians	<ul style="list-style-type: none"> • Demographics • Activities of Daily Living Scale • Revised Memory and Behavior Problems Checklist • Center for Epidemiological Studies Depression scale 	Empirical/Quantitative	Latina caregivers reported lower levels of stress, greater perceived benefits of caregiving, and greater use of religious coping than Caucasian caregivers.
Davis, J.M., & Liang, C.T.H., 2015	Studied the association between caballerismo and machismo in regard to restrictive emotions and restrictive affect related to them seeking psychological help	• 202 Latino males	<ul style="list-style-type: none"> • Demographic Sheet • The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form • The Gender Role Conflict Scale-I • Machismo Measure 	Empirical/Quantitative	Restrictive emotionality depended on where the participants were born. Those born in the United States showed less endorsement of restrictive emotionality. Additionally, it appeared that beliefs and ideologies were related to their age.

Dixon, S.V., Graber, J.A., & Brooks-Gunn, J., 2008	Does parent-child conflict differ depending on different cultural traditions around respect and parenting styles	<ul style="list-style-type: none"> • 133 African American, Caucasian, and Latina girls and their mothers 	<ul style="list-style-type: none"> • Issues Checklist • Listener Responsiveness and Defiance • Child Rearing Practice Report • Communication and Listener Responsiveness • Demographic Sheet 	Empirical/Quantitative	African American and Latina girls showed more respect to their mother's than did Caucasians girls. However, African American and Latina girls had more conflict with the lack of respect than did Caucasians.
East, P.L., & Chien, N.C., 2013	Connection with the stress from having a Latina adolescent have a child has on relationships with parents and siblings	<ul style="list-style-type: none"> • 243 Mexican American youth 	<ul style="list-style-type: none"> • Family Inventory of Life Events and Changes • Issues Checklist • Questionnaires 	Empirical/Quantitative	Adolescent child rearing was linked to overall family stress. This included harsher parenting, mother-sibling conflict that then led to sibling conflict.
Ennis, S.R., Rios-Vargas, M., & Albert, N.G., 2011	U.S Census	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	Data	Hispanic Population in 2010
Estrada, F. & Arciniega, M.G., 2015	The effectiveness of caballerismo on well-being on Mexican American males	<ul style="list-style-type: none"> • 168 Latino males 	<ul style="list-style-type: none"> • Machismo Measure • Multidimensional Scale of Perceived Social Support • Satisfaction with Life Scale 	Empirical/Quantitative	Identifying caballerismo in their life meant more satisfaction in their life and with social support. The connection of caballerismo and religions showed further improvements.
Falconier, M.K., 2013	Research how traditional gender roles impact first generation Latino	<ul style="list-style-type: none"> • 104 Latino couples 	<ul style="list-style-type: none"> • Equalitarian Roles • The Supportive Dyadic Coping 	Empirical/Quantitative	The stronger that men hold traditional gender roles and the larger the difference in between their partner causes more

	couples. Specifically how psychological aggression impact relationship satisfaction.		<ul style="list-style-type: none"> • The Common Dyadic Coping • Conflict-Tactics Scale • Dyadic Satisfaction 		psychological distress.
Falicov, C.J., 2010	Exploration of present narratives about Latino masculinity that rival the negative stereotypes	• N/A	• N/A	Literature Review	Discussing positive aspects of masculinity can empower men and provide a form of respect. Seeing a more positive construction of masculinity empower a more positive narrative.
Glass, J. & Owen, J., 2010	Latino father's perception of their involvement with their children	• 70 Latino fathers	<ul style="list-style-type: none"> • Abbreviated Multidimensional Acculturation Scale • Multigroup Ethnic Identity Measure • Machismo Measure • Inventory of Father Involvement 	Empirical/Quantitative	Father's acculturative level and identification with machismo stereotypes impacted their parental involvement. Ethnic identity and caballerismo did not influence involvement.
Halgunseth, L.C., Ispa, J.M., & Rudy, D., 2006	Latino parental control and the implications on child development	• N/A	• N/A	Literature Review	Exploration of familismo, respeto, and educacion were important. Future recommendations for tool to assess parental control and acculturation.
Heckert, C., 2017	Exploration of the impact that gender	• 4 Latino males	• Interview	Empirical/Qualitative	The views on machismo directly impacted their

	relations impacts the willingness of Latino men to seek out medical care for HIV				experiences with care for the illness and how they felt about receiving support
Hilton, J.M. & Child, S.L., 2014	The impact of spirituality and religion on depressed Latino individuals	<ul style="list-style-type: none"> • 60 Latino adults 	<ul style="list-style-type: none"> • Ryff's Well Being Scale • Center for Epidemiologic Studies Depression Scale • Intrinsic Spirituality Scale • Religious Orientation Scale 	Empirical/Mixed Methods	Well-being was associated with both spirituality and religion. However well being was linked more with an expression of spirituality rather than religious association.
Horst, K., et. al., 2012	Ethnic and racial matching in treatment	<ul style="list-style-type: none"> • 15 Domestic Violence Focused coupled therapy clients 	<ul style="list-style-type: none"> • Interviews 	Empirical/Qualitative	The results suggested that ethnic matching is linked to several components that are individualized. There is a connection with culture, human experiences, and other factors.
Hoskins, D. and Padron, E., 2018	The focus was on curanderas/os work with Mexican and Mexican American individuals.	<ul style="list-style-type: none"> • 8 Curanderas/os 	<ul style="list-style-type: none"> • Interview Guide 	Empirical/Qualitative	The participants were focused on spirits, connection, balance, and mind-body. They also felt that they were marginalized from mainstream professionals.
Huq, N., Stein, G.L., & Gonzalez, L.M., 2016	Parent-adolescent conflict in an immigrant	<ul style="list-style-type: none"> • 172 Latino adolescents from 7th-10th grade 	<ul style="list-style-type: none"> • NRI-Relationship Qualities 	Empirical/Quantitative	Acculturative conflict was the most stressful among Latino

	family. Specifically the type of conflict was general or acculturative in predicting depressive symptoms and overall ethnic identity		Version <ul style="list-style-type: none"> • Bicultural Stress Scale • The Mood and Feelings Questionnaire • Multidimensional Inventory of Black Identity 		families. Specifically youth that had stress around their ethnic identity were at risk for having issues with their identity
Kam, J.A., & Lazarevic, V., 2014	How do additional brokering factors influence the effects of substance use and other risky behaviors through depression and other family-based acculturation stress?	<ul style="list-style-type: none"> • 6th to 8th grade students • Illinois rural areas • 688 students • Latino (277), European American (350), African American (15), American Indian (2) 	<ul style="list-style-type: none"> • Brokering Scale • Language Brokering Scale • Center for Epidemiologic Studies Depression Scale • Youth Risk Behavior Surveys • Family Based Acculturation Stress • Alcohol Use, Cigarette Use, Marijuana Use 	Empirical/Quantitative	<ul style="list-style-type: none"> • When Latino adolescents viewed brokering as common or when they perceived themselves as good broker's they were less likely to be at risk for the stressors. • When Latino adolescents viewed brokering as negative they were more likely to be at risk for stressors that would lead to substance use.
Kenny, M., & Wurtele, S.K., 2013	Latino parent's intentions to have conversations about issues surrounding sexuality	<ul style="list-style-type: none"> • 86 Latino parents 	<ul style="list-style-type: none"> • Family Life Education Questionnaire • 	Empirical/Quantitative	<ul style="list-style-type: none"> • Compared to Caucasian parents Latino parents wanted to speak to their children about sexual abuse but later about human reproduction and intercourse.

Kiselica, M.S. & Englar-Carlson, M., 2010	Adding to the literature discussions about positive psychology and positive masculinity	• N/A	• N/A	Literature Review	<ul style="list-style-type: none"> • Focus of positive masculinity should be the main focus in clinical work. Additionally, the messages should be made during group therapy and by providing psychoeducation.
Koerner, S.S., Shirai, Y., & Pedroza, R., 2013	How religion and spirituality plays a role in how family caregivers practice	• 58 Mexican caregivers	• Survey	Empirical/Quantitative	<ul style="list-style-type: none"> • Overall spirituality had a beneficial effect on Latino caregivers. Religion was connected to family, coping, and connection with a higher being.
Leidy, M.S., Guerra, N.G., & Toro, R.I., 2010	The relationship between family cohesion, positive parenting, and child social competence amongst recent immigrated Latinos	• 282 Latino parents and children	<ul style="list-style-type: none"> • Stephenson Multigroup Acculturation Scale • Focus Group 	Empirical/Mixed Method	<ul style="list-style-type: none"> • There were four major factors that influence family cohesion including acculturation differences, difficulties involved in children's education, loss of extended family, and discrimination.
Levitt, H.M., 2015	Documenting the last 30 years of how qualitative research has evolved	• N/A	• N/A	Educational	<ul style="list-style-type: none"> • There has been a significant jump in the amount of qualitative studies that have been put out in the past 30 years. Specifically, there has been a focus in graduate

					programs and dissertations.
Liang, C.T. H., Salcedo, J., Miller, H.A., 2011	Does perceived racism moderate the relationship between the two forms of Latino masculinity and gender role conflict, even after accounting for influences of perceived stress?	<ul style="list-style-type: none"> • 148 Latino males • 18 to 60 years old 	<ul style="list-style-type: none"> • Demographic Sheet • The Traditional Machismo and Caballerismo Scale • The Gender Role Conflict Scale • The Perceived Stress Scale • The Perceived Racism Scale for Latinos 	Empirical/Quantitative	<ul style="list-style-type: none"> • Perceived racism in academic, job, and general settings moderate the relationship between caballerismo and gender role conflict.
Mahalik, J.R., Good, G.E., & Englar-Carlson, M., 2003	Masculinity issues and their relations to therapy	• N/A	• N/A	Literature Review	<ul style="list-style-type: none"> • Different masculinity scripts that were present when working with males in psychotherapy that could be barriers to the treatment
McWhirter, E.H., Ramos, K., Medina, C., 2013	Explore association between anticipated immigration status problems and Latinos high school students future expectations	<ul style="list-style-type: none"> • 475 Latino high school students • 173 males & 297 females • Age 14-19 	<ul style="list-style-type: none"> • Demographics & Plans • Perceived Education Barriers Scale • Anticipated Immigration Status Problems • Vocational Outcome 	Empirical/Quantitative	<ul style="list-style-type: none"> • Students that anticipated immigration status problems had lower expectations and expected more external barriers • Latino adolescent who anticipated immigration status problems were more likely to enroll in two

					year college in comparison to a 4 year college.
Mercado, A. & Hinojosa, Y., 2017	Effectiveness of DBT in Spanish with a 45 year old patient	<ul style="list-style-type: none"> • 45 year old female 	<ul style="list-style-type: none"> • Beck Depression Inventory • Beck Anxiety Inventory • Beck Hopelessness Scale • Personality Assessment Inventory 	Case Study	<ul style="list-style-type: none"> • When DBT interventions were offered in a culturally appropriate manner were effective by decreasing symptoms.
Mulvaney-Day, N.E., Earl, T.R., Diaz-Linhart, Y., & Alegria, M., 2011	Client preference for relations styles in psychotherapy across racial and ethnic groups	<ul style="list-style-type: none"> • 129 patients • 47 therapy providers 	<ul style="list-style-type: none"> • Semi Structured Interviews 	Empirical/Qualitative	<ul style="list-style-type: none"> • Latino participants focused much more on what they described was adequate listening in treatment. Additionally, they focused on talking of the importance of providers understanding their feelings
Niec, L.N. et al., 2014	Exploring Latino parents (U.S.) born opinions of whether interventions were required in the development of their children and ideas about parent-child interaction therapy	<ul style="list-style-type: none"> • 52 Latino parents 	<ul style="list-style-type: none"> • Demographics • Focus Group Guide 	Empirical/Qualitative	<ul style="list-style-type: none"> • Parents believed that community resources were helpful in their child development and valued many of the features of parent child interaction therapy
Ojeda, L. & Piña-Watson, B., 2014	Examination of how income, educational	<ul style="list-style-type: none"> • 70 Mexican immigrant day workers from Texas 	<ul style="list-style-type: none"> • Demographic Questionnaire 	Empirical/Quantitative	<ul style="list-style-type: none"> • The results indicated that immigration status was a

	level, immigration status, and masculinity impact the self esteem of Mexican day workers		<ul style="list-style-type: none"> • Machismo Measure • Rosenberg Self-Esteem Scale 		negative predictor of self-esteem, caballerismo was a protective factor for self-esteem issues, and self esteem was associated with scoring high or low on either machismo or caballerismo.
Ornelas, I.J., Eng, E., Perreira, K.M., 2011	Assess whether Latino immigrants men who perceived their race/ethnicity, language, and legal status as barriers of opportunity were more likely to binge drinking and smoke cigarettes.	<ul style="list-style-type: none"> • 1,800 men from a soccer league • Self-identify as Latino • From North Carolina • 	<ul style="list-style-type: none"> • Ask questions about substance use • Answer questions about barriers to opportunities • Demographic Information 	Empirical/Quantitative	<ul style="list-style-type: none"> • Perceived language barriers and legal status barriers were associated with increased odds in engaging in binge drinking.
Owen, J., Tao, K.W., Imel, Z.E., Wampold, B.E., & Rodolfa, E., 2014	Exploring and learning to address to microaggressions experienced in therapy	<ul style="list-style-type: none"> • 120 clients from a university counseling center 	<ul style="list-style-type: none"> • Racial Microaggressions in Counseling Scale • Working Alliance Inventory-Short Form • Schwartz Outcome Scale-10 	Empirical/Quantitative	<ul style="list-style-type: none"> • More than half of the participants identified that they had experienced microaggressions in therapy and that impacted their perception of the working alliance. Of those that experienced microaggressions three quarters reported that those issues were not addressed.
Oxley, L.,	Provide	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	Educational	<ul style="list-style-type: none"> • The IPA

2010	information about Interpretative Phenomenological Analysis				methodology is used for understudied subjects. This means that there will be less participants to get a better idea about their experiences
Perez Rivera, M.B., & Dunsmore, J.C., 2011	Explore the associations between Latino enculturation, American acculturation, maternal beliefs, emotional talk with kids, and emotional understanding	<ul style="list-style-type: none"> • 40 Latino preschool children and their mothers 	<ul style="list-style-type: none"> • The Acculturation Rating Scale for Mexican Americans –II • PBACE questionnaire 	Empirical/Qualitative	<ul style="list-style-type: none"> • Mother’s who had better emotional understanding labeled emotions more frequently. Those that believed that emotions were dangerous were less likely to discuss emotions. Children with Latino enculturation had less emotional understanding and mothers that were more acculturated had more comfort in talking about emotions.
Pezalla, A.E., Pettigrew, J., Miller-Day, M., 2012	Explore the characteristics present of three qualitative researchers as an instrument	<ul style="list-style-type: none"> • 3 qualitative researchers 	<ul style="list-style-type: none"> • Interviews 	Empirical/Qualitative	<ul style="list-style-type: none"> • Found the effectiveness of the researcher to be flexible during interviews. The structure should change depending on the seriousness of the subject.
Quiñones, S. & Kiyama, J.M., 2014	How do Puerto Rican fathers in this study support	<ul style="list-style-type: none"> • 31 focus groups both male and female 	<ul style="list-style-type: none"> • Focus Groups • Leaders of groups 	Empirical/Qualitative	<ul style="list-style-type: none"> • Fathers found the school system untrustworthy

	<p>their children's education? What do they perceive as obstacles to family-school engagement? What recommendations do they have for improving the educational status of U.S. Latino students and their families?</p>	<ul style="list-style-type: none"> • 44 parents participated in the focus groups • 8 males • Puerto Rican 			<ul style="list-style-type: none"> • They believed that they had to play "the game" of being middle class parents in order to obtain the best education for their children • Believing that Latino culture positively influences their children at school
<p>Raffaelli, M., & Ontai, L.L., 2001</p>	<p>How Latino families socialize their daughters, the analysis examined family experiences related to sexuality in a sample of adult Latinas who were interviewed about their experiences while growing up. Examining how parental beliefs and values were enacted in everyday interactions around issues connected to sexuality and dating?</p>	<ul style="list-style-type: none"> • 20-45 year old Latina women • Grown up speaking Spanish but had lived in the US for at least 8 years • 22 Latina women • All participants had graduated from high school 	<ul style="list-style-type: none"> • Open ended questionnaire interview 	<p>Empirical/Qualitative</p>	<ul style="list-style-type: none"> • All of the women in the study said their parents expressed concerns regarding interactions with boys and men. Reasons for parental concern included mistrust of males, fear of premarital pregnancy, concern about how a daughter's behavior might be viewed by member of the community, and the fact that US-style dating conflicted with 'traditional' patterns of courtship and marriage. • Also consistent

					with traditional Latin culture, female romantic involvement outside of marriage was described as dishonorable to the family, and many parents expressed a desire to maintain traditional courtship patterns even when they were aware that those behaviors were not typical of the larger society.
Ramos-Sanchez, L., Atkinson, D.R., & Fraga, E.D., 1999	The primary purpose of the current study was to determine the effect of counselor cues of language-switching ability on Mexican American college students' perceptions of an ethnically similar or dissimilar counselor.	<ul style="list-style-type: none"> • 186 Mexican Americans • Students from four community colleges in central and southern California • Majority reported that their primary language was Spanish 	<ul style="list-style-type: none"> • Counselor Effectiveness Rating Scale • Cross Cultural Counseling Inventory • Demographic Information 	Empirical/Quantitative	<ul style="list-style-type: none"> • The results of the current study did not support the hypotheses that counselor language and counselor ethnicity would influence Mexican American college students' perception of counselor credibility. However, participants' primary language was found to be related to both perceived counselor credibility and cultural competence of the counselor.
Rastogi, M. & Massey-Hastings, N.,	How do Latino community	<ul style="list-style-type: none"> • 18 members of an area in 	<ul style="list-style-type: none"> • Focus Groups 	Empirical/Qualitative	<ul style="list-style-type: none"> • Latinos were less likely to

2012	members view mental health services? What are perceived barriers for Latinos seeking mental health services? What do Latino community members recommend to improve utilization for mental health?	the Midwest <ul style="list-style-type: none"> • Adults • Self identified as Latino 			seek therapy due to a variety of reasons <ul style="list-style-type: none"> • They were fearful about their documentation statuses • Felt that psychotherapy would be viewed negatively by others in their family • They were not aware how therapy worked
Robinson, O.C., 2014	Provide information about sampling for interview-based qualitative research	• N/A	• N/A	Educational	<ul style="list-style-type: none"> • Focused on sample universe, deciding on sample size, selecting sampling strategy, and sample sourcing
Rodriguez, A.L., Palacios, F.F., & Gorn, S.B., 2012	<ol style="list-style-type: none"> 1. Conceptualize health and illness 2. Explore characteristics of traditional medicine and curanderos 3. Forms of problem detection, treatment techniques, resources and material used 4. Arguments of those endorsing traditional medicine 5. Links between traditional medicine and 	<ul style="list-style-type: none"> • 10 traditional medicine users from the State of Mexico 	<ul style="list-style-type: none"> • Interview 	Empirical/Qualitative	<ul style="list-style-type: none"> • According to these ten informants, health and sickness have to do with intro and interpersonal wellbeing and discomfort. The magical religious thoughts of the interviewees ore witnessed by the classification they make of ailments, which can be physical, psychological or due to curses and witchcraft —this latter undetectable by doctors. Other

	western medicine				beliefs ore that many people can cause their own ailments, that folk healers can practice white magic (for doing good) or block magic (for doing evil), and that they have a "gift" for healing and prediction, through dreams or otherwise.
Rosenthal, L., 2016	Applying intersectionality to psychology in hopes of addressing and promoting social justice and equity	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	Literature Review	<ul style="list-style-type: none"> • The ways that psychology can incorporate intersectionality includes engaging with different communities, critique the social structures in place, build coalitions, pay attention to any resistance, and teach social justice issues.
Rouvier, M., Campero, L., Walker, D., & Caballero, M., 2011	The study aims to document the presence or absence of prevention messages regarding sexual relations amidst conversations between parents and adolescents, as well as to identify the factors that influence the presence and	<ul style="list-style-type: none"> • 18 parents, average age 42 • 15 adolescents, average age 15 	<ul style="list-style-type: none"> • Semi-Structure Interview 	Empirical/Qualitative	<ul style="list-style-type: none"> • All of the interviewed parents expressed genuine concern for their children's sexual safety. Nevertheless, the testimonies showed that parents lack specific and concrete information to be able to transmit clear and accurate prevention

	the content of these messages.				<p>messages, such as how to use condoms. However, parents could effectively discuss sexuality and related values by merely expressing their own ideas, feelings and/or experiences. Parents were faced with ambivalence between considering information as a risk to promote sexual initiation or as a means to prevent pregnancies and STIs. This was also clear in the case of the sexually active adolescents that were interviewed. Their parents were not aware of their sexual activity nor had they expressed any intuition about it. Therefore they had not offered any precise information about contraception, thus exposing their children to actual risk</p>
Ruiz, J.M., Gallardo, M.E., Delgado-	A commentary of the APA Presidential Task Force	• N/A	• N/A	Review of a report	<ul style="list-style-type: none"> • Focuses on the importance of social, political, and economic

Romero, E.A., 2013	Immigration report "Crossroads"				contexts in order to understand the challenges of immigrant communities. Although the Task Force's report focuses on all immigrant communities, this commentary highlights specific aspects that address the processes associated with Latina/o communities.
Saez, P.A., Casado, A., & Wade, J.C., 2009	The present study assessed the relative contribution of three factors to Latino men's endorsement of hypermasculinity: (a) ethnic identity, (b) male identity, and (c) early childhood gender role socialization. In this study three hypotheses were examined: 1) greater identification with one's ethnic group would be associated with hypermasculinity; 2) non-egalitarian gender role socialization	<ul style="list-style-type: none"> • 101 Latino men recruited from two major metropolitan areas in the East coast of the US • Age Range: 18-40 • 60% were undergraduate students • 	<ul style="list-style-type: none"> • Multigroup Ethnic Identity Measure (MEIM). • Traditional Egalitarian Sex Role Scale (TESR). • Hypermasculinity Inventory (HMI) • Reference Group Identity Dependence Scale (RGIDS) 	Empirical/Qualitative	<ul style="list-style-type: none"> • Based on the findings of studies that reveal Latino males' high endorsement of traditional masculinity ideology it was hypothesized that greater ethnic identity, non-egalitarian gender-role socialization, and a reference group dependent male identity would predict hypermasculinity. The results of this study generally provide support for the extant scholarly and research literature on Latino masculinity. The study found that greater identification

	would be associated with hypermasculinity; and 3) a male identity characterized by dependence on a reference group would be associated with hypermasculinity				with one's ethnic group and non-egalitarian gender-role socialization was associated with hypermasculinity. However, contrary to what was hypothesized, the reference group dependent male identity was associated with non-endorsement of hypermasculinity
Santiago, C.D., Gudino, O.G., Baweja, S., & Nadeem, E., 2010	Risk and protective factors across family, culture, and sociodemographic contexts	<ul style="list-style-type: none"> • 130 Latino students in middle school • 6th to 8th grade • Southern California 	<ul style="list-style-type: none"> • Demographic variable • The Parental Monitoring Scale • Mexican American Culture Values Scale • Bicultural Stressor Scale • California Language Development Test • Grades 	Empirical/Quantitative	<ul style="list-style-type: none"> • Higher levels of monitoring, females, and English language proficiency were associated with higher grades • Acculturation stress and immigration status was associated with lower grades
Sanchez, M., De la Rosa, M., Blackson, T.C., Sastre, F., Rojas, P., Li, T., & Dillon, F., 2014	The study aimed to look at the changes in alcohol use from pre-immigration in comparison to post immigration.	<ul style="list-style-type: none"> • Ages 18-34 • Recently immigrated Latinos • 455 participants 	<ul style="list-style-type: none"> • Demographics form • Documentation Status • Timeline Follow-back Interview 	Empirical/Quantitative	<ul style="list-style-type: none"> • Males have higher alcohol use during the pre-immigration stage • Females had no changes from pre to post immigration

<p>Sanchez, D., Whittaker, T.A., Hamilton, E., & Zayas, L.H., 2016</p>	<p>Hypothesis 1: Perceived discrimination will be positively related to sexual precursor behaviors. Hypothesis 2: The relation between perceived discrimination and sexual precursor behaviors will be partially mediated by psychological distress and sexual attitudes. Hypothesis 3: The relation between perceived discrimination and sexual precursor behaviors will be moderated by marianismo beliefs.</p>	<ul style="list-style-type: none"> • 205 Mexican American middle school girls • Age range 11-14 • Grades 6th, 7th, and 8th • 10% were first generation, 72% were second generation, 9% were third generation • 95% were eligible for the free lunch program 	<ul style="list-style-type: none"> • Marianismo o Belief Scale (MBS) • The Adolescent Discrimination Distress Index (ADDI) • Two subscales from the Mental Health Inventory • Sexual Attitudes Questions • Subscales from Adolescent Sexual Activity Index • Demographic Information 	<p>Empirical/Qualitative</p>	<ul style="list-style-type: none"> • First, perceived discrimination was found to have a significant direct positive link to sexual precursor behaviors among participants. More than 83% of the girls in the sample reported at least one experience of perceived discrimination and those who reported higher rates of perceived discrimination also reported engaging in more sexual precursor behaviors. • Second, findings showed that psychological distress, particularly symptoms of depression, was a significant mediator in the relation between perceived discrimination and sexual precursor behaviors. These • Third, marianismo beliefs were not found to moderate the link between perceived discrimination and sexual risk behaviors. How-
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					ever, the family pillar was significantly and negatively linked with sexual precursor behaviors, suggesting a compensatory process against early engagement in sexual precursor behaviors. The
Stephens, D.P., & Eaton, A.A., 2014	The need to explore the influence these scripts about masculinity have on intimate relationships broadly, and sexual coercion specifically motivated the two main aims of this study: 1) To identify Hispanic college male's perceptions of female-initiated sexual coercion and their beliefs about appropriate responses. 2) To investigate the extent to which scripts about masculinity and male sexuality inform these perceptions and beliefs,	<ul style="list-style-type: none"> • 47 Hispanic Males from a Hispanic Serving Institution • Age range: 18-24 • Self-identified as Hispanic • Cuban, Argentinean, Colombian, Nicaraguan, Venezuelan, Puerto Rican and other nationalities, including Dominican, Ecuadorian, Mexican, and Peruvian. • 40 participants had never lived outside of the country for more than 10 years 	<ul style="list-style-type: none"> • Interview 	Empirical/Quantitative	<ul style="list-style-type: none"> • Perceptions of Male Victimization: Men's initial responses assumed that women were the typical victims of sexually coercive behaviors. When asked questions about sexual pressure that did not specify the sex of the victim, the majority of men implied that women were potential victim • Types of Female-Initiated Coercion: The men's initial responses to questions about types of female-initiated coercion focused on physically forced sex, namely rape. • Sexual Scripting Frameworks of Appropriate

	particularly as they are relevant to “traditional” Hispanic gender role scripts about male sexuality				<p>Responses: Men’s perceptions of female-initiated coercion and reports of coercive tactics used influenced their beliefs about appropriate responses.</p> <ul style="list-style-type: none"> • Hispanic Culture Messages About Appropriate Heteronormative Masculinity: Throughout the interview, participants were asked about factors that influenced their perceptions of female-initiated sexual coercion and their beliefs about appropriate responses. During the interview process, none made direct statements about the influence of Hispanic cultural beliefs on their attitudes toward sexual coercion. Only
Tafur, M.M., Crowe, T.K., & Torres, E., 2009	This article reviews from the literature the different types of traditional healers (curanderos/as), the remedies recommended	• N/A	• N/A	Literature Review	<ul style="list-style-type: none"> • Review of : la curandera, remedies, common traditional illnesses, and application to occupational therapy

	by traditional healers and common traditional illnesses treated.				
Taylor, B.A., Gambourg, M.B., Rivera, M., & Laureano, D., 2006	This article develops an understanding of how therapists' define cultural competence based on their work with Latino clients. Particular attention is on therapists' perceptions of culturally significant themes in therapy, as well as to how they perceive successful versus unsuccessful outcomes with Latino clients.	<ul style="list-style-type: none"> • 9 Professionals that work in the mental health field 	<ul style="list-style-type: none"> • Demographic Questionnaire • Narrative Interview 	Empirical/Qualitative	<ul style="list-style-type: none"> • All the therapist found that it was important to be proficient in Spanish • Latino individuals that spoke Spanish growing up typically were able to relate more to their clients than those that learned Spanish later in life • Issues of gender an power were present in the therapy room • An emerging theme with many therapists was the importance of not letting their own thoughts, feelings and beliefs interfere with issues of immigration and acculturation. • Cultural competence is incumbent upon the therapist being aware of his/her own assumptions and presumptions about the clients' cultural narratives. The therapeutic

					alliance depends on understanding the cultural meaning behind nationality, socioeconomic status, immigration, and acculturation.
Torres, J.B., Solberg, S.H., Carlstrom, A.H., 2002	Examined how machismo impacted the relationship between gender roles, masculinity and machismo	<ul style="list-style-type: none"> • 148 Latino males • Average age 36 • Mexican American and Puerto Rican 	<ul style="list-style-type: none"> • Personal Attribute Questionnaire • Macho Scale • Gender Role Conflict Scales • Mirande Sex Role Inventory • Short Acculturation Scale for Hispanics 	Empirical/Quantitative	<ul style="list-style-type: none"> • Only about 10% of the participants classified themselves as traditional machistas including being emotional restrictive, authoritarian, and controlling. There were five categories that were created. Contemporary Masculinity, Machismo, Traditional Machismo, Contemporary Machismo, and Conflicted
Verdinelli, S., & Biever, J.L., 2009	The study aimed to have a better understanding about how bilingual therapist develop their skills knowledge to provide services in two languages specifically: (a) personal language development	<ul style="list-style-type: none"> • 13 therapist that responded to a survey • Experience between 2-33 years • 9 women and 3 men • From: Arizona, California, Colorado, Florida, Pennsylvania, Texas, 	<ul style="list-style-type: none"> • Interview Protocol 	Empirical/Qualitative	<ul style="list-style-type: none"> • Individuals felt pride in being able to provide services in Spanish • They also felt that they were living in two worlds • Acknowledgment of needs of bilingual services • Need for specialized services in

	background, (b) professional uses of languages, and (c) the therapy process.	Utah, and Virginia.			training bilingual therapists
Verdinelli, S., & Biever, J.L., 2013	<p>1. What are the therapists' experiences in acquiring and developing the skills to speak a second language and provide services in this language?</p> <p>2. How are cultural variables such as language and ethnicity perceived in the therapeutic process?</p> <p>3. What therapeutic competencies contribute to a successful outcome in therapy with Spanish-speaking clients?</p>	<ul style="list-style-type: none"> • 14 therapist • 13 European American & 1 African American • Ages 28-61 • Requirements: Having at least two years of post education experience with Spanish speaking clients & self-identification of anything besides Latino 	<ul style="list-style-type: none"> • Demographic Questionnaire • Interview Protocol 	Empirical/Qualitative	<ul style="list-style-type: none"> • Therapist acquired and developed the language through living abroad, interest in the language, interest in another culture, traveling, language was easy to learn • They found that in order to address culture in their treatment they had to attend to the client's culture, show appreciation and interest, acknowledge difference in ethnic and linguistic differences.
Zayas, L.H. & Torres, L.R., 2009	Treatment of Latino males by a Latino male therapist	• N/A	• N/A	Case Study	Focuses on therapy with a man whose life history included numerous incidents of humiliation and failed efforts at efficacy, mastery, agency, and competence that resulted in shame and self-doubt. Another study with a man whose traditional upbringing was

					similar to the therapists, and countertransference.
Ziv-Beiman, S., 2013	Conceptualization of therapist self disclosure	• N/A	• N/A	Educational	Therapist and patient impact depending on theoretical orientation. It can advance the therapeutic relationship and therapeutic outcomes.

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APPENDIX B

Email Example

Dear (Psychologist's Name),

My name is Maribel Leon, and I am a Clinical Psychology (Psy. D.) student at Pepperdine University. I hope you qualify to participate in my dissertation study about 'Psychologists Experiences with Latino Male Clients'. Participants must be licensed psychologists (for at least two years) and have experience working with Latino males. They are not required to work in any specific setting and there are no other restrictions in order to participate. It would require being interviewed for 1-1.5 hours and I can meet at your place of employment, at Pepperdine University, and if neither is possible I can interview you over the phone. Please let me know if you fit the criteria and would like to participate. My email address is maribel.leon@pepperdine.edu

Thank you,

Maribel Leon, M.S.

APPENDIX C

Recruitment Material

My name is Maribel Leon and I am conducting a research project for my dissertation at Pepperdine University. The project is focused on psychologist's experiences when working with Latino male clients in psychotherapy. I am sending this to inquire if there are any members in your association that are interested in participating in the study. Participants must be licensed psychologists for at least 1-2 years and have experience working with Latino male clients in psychotherapy for 1 year or more. Participation is completely voluntary and the identity of participants will be kept confidential.

If you have any questions, please do not hesitate to email me at maribel.leon@pepperdine.edu

Thank you for your time.
Maribel Leon
Doctoral Candidate
Pepperdine University

APPENDIX D

Demographic Information

Professional Demographic Information

Employment Setting (circle all that apply):

- Community Mental Health
- School Clinic
- Forensic/Jail
- Inpatient Hospital
- Medical Clinic/Hospital
- Outpatient Hospital
- Private Practice
- Residential/Group Home
- School
- University Counseling Center
- VA Medical Center
- Other: _____

Clinical Specialty/Training: _____

Graduate School Attended: _____

Theoretical Orientation(s): _____

Country of Origin of Past/Current Clients (check all the apply):

- Mexico
- Colombia
- Argentina
- Peru
- Venezuela
- Chile
- Ecuador
- Guatemala
- Cuba
- Haiti
- Bolivia
- Dominican Republic
- Honduras
- Paraguay
- Nicaragua
- El Salvador
- Costa Rica
- Panama
- Puerto Rico

- United States
- Uruguay

How many Latino male clients have you seen in the last year?

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 50+

Personal Demographic Information

Male Female Other: _____

Ethnic Background: _____

How many generations has your family lived in the United States (ex. First-generation...)?

APPENDIX E

Informed Consent

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Participant: _____

Principal Investigator: Maribel Leon, M.S.

Title of Project: PSYCHOLOGISTS' EXPERIENCE WITH LATINO MALE CLIENTS

1. I _____, agree to participate in the research study being conducted by Maribel Leon, M.S. under the direction of Dr. Carrie Castañeda-Sound, Ph.D.
2. The overall purpose of this research is to explore the experiences of psychotherapists who work with Latino male clients. It seeks to understand how male emotional expression intersects with culture and the culture of therapy.
3. My participation will involve being asked questions regarding my experiences working with male Latino clients (e.g, clinical approaches, challenges, and cultural adaptations).
4. My participation in the study will involve a 1-1.5 hr. interview, which will be conducted during a single meeting. I understand that the interview will take place at my place of employment or a private room at the Pepperdine Library, West Los Angeles campus, whichever is more comfortable for me. If I am unable to attend in person, I understand that the interview will be conducted via telephone.
5. I understand that there is no direct benefit from participation in this study; however, the benefits to the Latino community and/or psychological professions include: helping identify specific challenges faced by psychologists working with Latino male clients, which should be taken into consideration during psychological treatment; helping identify interventions that are useful in being culturally congruent with working with Latino males; and promoting awareness of an understudied section of the Latino population.
6. I understand that there are certain risks and discomforts that might be associated with this research. The potential risks of participating in this study are that I may feel some emotional discomfort during or after the interview. For example, I may feel bored during the interview. I understand that I can decide to not answer questions, take breaks at any time, and/or terminate the interview if it is still in process. I understand that I will not be penalized in any way, neither personally nor professionally, if I do not complete the interview.
7. I understand that I may choose not to participate in this research.
8. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.

9. I understand that the investigator(s) will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others

10. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Castañeda-Sound if I have other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I can contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

11. I will be informed of any significant new findings developed during the course of my participation in this research, which may have a bearing on my willingness to continue in the study.

12. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form, which I have read and understand. I hereby consent to participate in the research described above.

Participant's Signature

Witness

Date

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Investigator

Date

APPENDIX F

Semi-Structured Interview Schedule

- a. What psychotherapeutic treatment approaches do you use with Latino males?
- b. What are the strengths and limitations of these approaches?
- c. In what ways do you culturally adapt their clinical approach when working with Latino male clients?
- d. What are the strengths and limitations of these adaptations?
- e. What recommendations would you give to clinicians who are not familiar with working with Latino males in psychotherapy?

APPENDIX G

Additional Probes

Presenting Problems

1. What presenting problems do Latino males usually come in for?
 - a. (Probe) Have you ever worked with Latino male immigrants?
 - i. If so what was important to consider?
 - ii. Do they come in with different presenting problems?
2. Do you notice differences in presenting problems Latino males come in with depending on their country of origin, SES, or age?
 - a. (Probe) Had most Latino male clients attended therapy before?

Factors Latinos Face

3. What issues that Latino males present with are due to perceived racism/discrimination, immigration, and acculturation?
 - a. (Probe) Is discrimination coming from within race or by others
 - b. (Probe) Differences in reasons for immigration?
 - c. (Probe) Are the issues of acculturation different based on generation?
4. What issues that Latino males present are due to sexual orientation (e.g. coming out), sexual problems, family issues, SES?
5. What issues that Latino males present are due family issues?
 - a. (Probe) Parenting?
6. What issues that Latino male presents are due to country of origin?

Latino Terms

7. How would you define machismo?
 - a. (Probe) In what ways do the Latino male clients display these characteristics?
 - b. (Probe) Do Latino males come in with issues due to machismo?
 - c. (Probe) What are some positive aspects of Latino male masculinity? In what ways is it a protective factor?

Therapy with Latino Males

8. What therapeutic modality do you typically work with when you have a Latino male client?
 - a. (Probe) Is it tailored? If yes, how so?

- b. (Probe) What techniques/interventions have you found to be the most useful with Latino male clients?
9. Do you notice differences in therapy when you are from a different or the same country from the Latino male?
 10. Typically what language do you speak in therapy with Latino male clients and how do you determine this?
 11. How do you incorporate culture into the therapeutic process and do you find any of the “traditional” therapeutic culture interfere with your work with Latino male clients?

Questions for the Therapist

12. Does you being a male/female influence your treatment with Latino male clients? If so how?
13. Do you believe your training prepared you when working with Latino male clients? If yes or no how?

Closing question

14. Anything else I didn't ask you?

APPENDIX H

IRB Approval Notice



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: March 26, 2018

Protocol Investigator Name: Maribel Leon

Protocol #: 17-06-566

Project Title: Psychologists' Experiences with Latino Male Clients

School: Graduate School of Education and Psychology

Dear Maribel Leon:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today March 26, 2018, and expires on March 25, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond March 25, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist