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Barriers to Group Therapy for Latino College Students in the United States

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BARRIERS TO GROUP THERAPY FOR LATINO COLLEGE STUDENTS IN THE UNITED STATES

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I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **MICHELLE C. STOYELL** ENTITLED **BARRIERS TO GROUP THERAPY FOR LATINO COLLEGE STUDENTS IN THE UNITED STATES** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Abstract

While group therapy appears to be gaining popularity at University Counseling Centers, scant research has been done on Latino[1] students' group therapy participation. The present study examined the barriers that Latino college students face in considering whether to join group therapy. Participants (N=81) completed three measures. The first measure was a demographic questionnaire. The second measure was a modified version of the Barriers Scale, originally developed by Harris (2012), a 44-item survey in which participants were assessed in terms of: their willingness to consider group therapy, group therapy modality preferences, expectations of group therapy, expectations of group members, expectations of group leaders, coping skills if in distress, and multicultural considerations. The final measure was the Short Acculturation Scale for Hispanics created by Marin, Otero-Sabogal, & Perez-Stable (1987). Data for this study were analyzed employing descriptive statistics, chi-square tests and Spearman rho correlations. Results found that coping strategies for Latino college students were mainly based around seeking help from family and friends, or facing their problems directly on their own. Group therapy was generally found to be one of the least desirable treatment modalities utilized as a coping method. However, results suggest that a barrier to group therapy for Latino college students may be that they do not know what are the purpose and benefits of group therapy. Moreover, when more information is given about types of groups, Latino college students' interest in group therapy increases. In addition, results indicated that other barriers to group therapy included: the expectation that group therapists should have knowledge about Latino culture, leader experience running groups with Latino

[1] In this dissertation, *Latino* will be used as a gender-inclusive term to refer to individuals of South American, Central American, Mexican, Puerto Rican, Cuban and Dominican heritage. Specific reference to a subgroup will be identified as such.

members and a number of other important factors. Beyond the scope of this dissertation, further research should be done in the area of barriers to group therapy for this population in order to provide group facilitators with a deeper understanding of Latino college students' worries about group therapy and to identify additional effective ways to recruit and retain these clients.

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Chapter I

Statement of the Problem

Group experts agree that group therapy effectively addresses many of the unique developmental issues that college students experience (Chickering & Reisser, 1993; Delucia-Waack et al, 2004; Whitaker, 1992). Moreover, group therapy has become a highly used form of direct services offered by many university counseling centers (UCCs) (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004; Golden, Corazzini & Grady, 1993). However, Eason (2009) drew attention to how group therapy has overlooked the complexities of diversity variables. Kincade and Kalodner (2004) posed that as university and college campuses develop into ever more diverse environments, multicultural factors should always be taken into consideration. Benmak and Chung (2004) highlighted researchers' general neglect to pay attention to the unique dynamics of group therapy with minority populations. Furthermore, they urged a focus on multicultural issues and multicultural competence as it relates to the practice and research of group therapy. However, to date, there are no specific data pertaining to the barriers to group therapy for Latino college students.

In 2010, Latinos were shown to be the largest minority group on college campuses (Pew Hispanic Center, 2012). Even though there has been an increase in Latino college student enrollment and degree recipients, the number of Latino awarded college degrees lags behind that of other groups, and there is a significant disparity between college enrollment and college graduates (Pew Hispanic Center, 2012). This discrepancy

suggests problems with Latino college student rates of retention and completion. Crockett, Iturbide, Torres Stone, McGinley, Raffaelli and Carlo (2007) note that one factor that can potentially affect Latino graduation rates is psychological distress.

More to the point, Latino college students consistently report greater psychological distress than their Caucasian peers (ACHA, 2005; American Association of Suicidology, 2008; Department of Health and Human Services, 2001). As such, university counseling centers should play a pivotal role in offering psychological treatments that meet Latino college students' cultural needs and help decrease their withdrawal from school.

The Association for University and College Counseling Center Directors (AUCCCD) Annual Survey breaks down utilization of therapy for different ethnic/racial populations in college (Barr, Krylowicz, Reetz, Mistler, & Rando, 2012). According to the survey, in 2012, Latino college students sought out therapy services at a lesser rate than any other ethnic/racial population. These results are a general statement about UCC services utilization, as there are no data pertaining to the breakdown by treatment modality (i.e., individual therapy, group therapy, couples therapy, etc.) for each ethnic/racial population. As such, we can only speculate that the utilization of group therapy services by Latino college students will at least mirror their general pattern of under-utilization of UCC services. Thus, one way to improve UCC services for Latino college students would be to understand the barriers these individuals face when thinking about joining group therapy.

A hypothesis of reasons for Latino college student's lack of group therapy services utilization may be parallel to the reasons why Latino college students do not seek help from mental health services in general. Duarte (2003) found that some reasons for Latino

college students' mental health services under-utilization include: "acculturation strains, family loyalties, cultural conflicts, cultural myths of mental health, and societal problems of racism, discrimination and sexism perpetrated by students and faculty" (p. iii). Other research has suggested that a barrier to mental health service utilization among Latino cultures is a stigma related to therapy (Leong, Wagner, & Tata, 1995; Neighbors, Caldwell, Thompson, & Jackson, 1994; D. W. Sue, 1994; Thorn & Sarata, 1998). Another barrier to mental health utilization has been described by Altarriba and Bauer (1998) as the importance that Latinos place in preferring help from family or religious community members, rather than sharing private information with an outsider. It has also been suggested that Latinos may find mental health services to be irrelevant to their needs (Kearney, Draper, & Baron, 2005). This dissertation attempted to understand these issues and their relationship to barriers to group therapy. Using an on-line survey, the goal was to examine coping strategies, group expectations and multicultural considerations for Latino college students from several colleges and universities across the United States. Additionally, the Short Acculturation Scale was administered to all participants to assess whether there was any relationship between their level of acculturation and willingness to attend group therapy.

Aim and Purpose

The purpose of this study was to highlight some of the coping strategies that Latino college students may commonly use. Additionally, group expectations and group-related multicultural issues were explored in order to gain a better understanding of ways to effectively attract and retain this population in group therapy. Moreover, participants were assessed in terms of their level of acculturation, in order to ascertain the relationship

between acculturation and willingness to attend group therapy. Finally, the intent of this study was to inform the work of university counseling centers (UCC's) by drawing attention to the barriers to group therapy for Latino college students.

Chapter II

Literature Review

The following chapter reviews the literature on multicultural considerations when working with the Latino population, university counseling centers and college students and group therapy at university counseling centers.

Multicultural Considerations

Latino ethnic identity. Phinney (1990) defined ethnic identity as perceptions, knowledge, and ownership of the cultural traditions, values, behaviors, and feelings of one's ethnic group relative to the dominant culture. According to Garcia (2008), the term "Latino," meaning from Latin origin, was originally generated "by the French to distinguish non-Anglo America from Anglo America" (p.4). This term was used to integrate French America, Spanish America, and Portuguese America into one group that was separate from Anglo-America. Nevertheless, somehow the French living in North America and the West Indies have come to be excluded from the Latino category. Moreover, in the United States "Latino/a" has been used to refer widely to individuals "of Latin American descent, regardless of their ancestry" (Garcia, 2008, p. 5).

The Latino identity encompasses people from many distinct backgrounds. Latino individuals come from countries in South America, Central America, Mexico, Puerto Rico, Cuba and the Dominican Republic. Nevertheless, Latinos may be of any race or races (Masuoka, 2007). Furthermore, Latinos may differ on a range of other factors, such as "mode of entry to the United States, length of time in the country, socioeconomic

status, geographic location, level of acculturation, language and so on" (Villarruel, Carlo, Grau, Azmitia, Cabrera, & Chahin, 2009, p. vii). Likewise, given the diversity of experiences and challenges across these groups, their community and individual mental health needs differ (Villarruel et al., 2009). Many names have been used to describe people from these origins; however, for the purpose of this dissertation the global term "Latino" is used.

Masuoka (2007) described three main categories of ethnic group identity for Latinos: national origin, panethnic, and racial. According to this researcher, national origin (by country) may be considered the principle identity category for Latinos, as "it acts as a marker of shared origin, history, and experience in the United States" (p. 35). He found that 72% of the survey participants preferred a national-origin descriptor (p. 46). Moreover, he noted that immigrants identified more often with a national-origin identity (p. 48). However, Latinos born in the United States typically identified themselves as panethnic or racial. In the United States Latinos are broadly classified into a panethnic "Hispanic" or "Latino" category. Despite their differences in background, many Latinos may share a similar culture, religion and language (Lopez & Espiritu, 1990). In addition, Mauoka (2007) found that individuals may view their racial identity as Latino if they identify themselves as Latino or Hispanic and as a "marginalized non-White racial group" (p. 35). He noted that half of the participants who responded identified as Latino or Hispanic as their racial descriptor and a majority reported that discrimination among Latinos was a problem (p. 47).

Acculturation. Acculturation has been described as a process in which "individuals having different cultures come into continuous first-hand contact, with

subsequent changes in the original cultural patterns of either or both groups" (Redfield, Linton, & Herskovitz, 1936, p. 149). When individuals come in contact with a new culture, their behavior and thinking may change to varying degrees (Berry, 1993). Moreover, there are also varying degrees of retention that individuals maintain from their native culture, values, beliefs, and traditions (Sodowosky, Lai, & Plake, 1991). According to Thomas (1995), acculturation consists of three phases: (a) contact- the meeting of two groups of people, (b) conflict – the struggle of giving up one's culture to accommodate the new culture, and (c) adaptation – coping mechanisms to stabilize the conflict.

The process of acculturation to the United States has been associated with stressors that may increase mental health problems over time (Villarruel, Carlo, Grau, Azmitia, Cabrera, & Chahin, 2009). Difficulties acculturating have been defined as "acculturative stress" and have been found to be part of the immigrant experience (Tomas, 1995). Acculturative stress may result in issues such as struggling to communicate in English; perceived discrimination; perceived cultural or value incompatibilities; having an increased awareness or concern over their foreign status; and commitment or lack of commitment to culturally prescribed protective values/behaviors (Vega, Zimmerman, Gil, Warherit, & Apospori, 1993; Negy, 2010). Many Latino college students have been found to experience acculturative stress as a result of cultural incongruencies (Barón & Constantine, 1997). Hence, it is important to take into account the level of acculturation and the influence of acculturative stress in the diagnosis and treatment of Latino college students.

Based on research, higher levels of social support (Hovey & King, 1996), ethnic identity (Sanchez & Fernandez, 1993), self-esteem (Mena, Padilla, & Maldonado, 1987) and self-efficacy (Constantine, Okazaki, & Utsey, 2004) have been found to be related to lower levels of acculturative stress. By contrast, general life stressors (Dona & Berry, 1994), a perceived absence of choice to have immigrated (Hovey, 1999), and perceived discrimination based on minority or immigration status (Gil & Vega, 1996) have been linked to higher levels of acculturative stress.

Gender differences have been found when analyzing acculturative stress in families. Acculturative stress may be even harder for immigrant woman who because of rigid gender-role expectations in their country of origin may feel more pressure by family members or friends to behave one way at home while feeling pressure to adopt U.S. behaviors and norms in non-domestic contexts (e.g., at their place of employment) (Falicov, 2005; Garcia-Preto, 1998; Negy, 2010; Vasquez, 2005).

Miranda and Umhoefer (1998) found that Latino college student level of acculturation varied depending on the number of years in the United States, process of integration, differentiation from the majority group, and use of the English language. They found that all these variables contributed to better sense of competence or self-efficacy. According to Mena, Padilla, and Maldonado (1987), individuals who are more acculturated tend to seek mental health services more often.

English language proficiency has been the most researched construct used to measure and understand the effects of acculturation (Fuertes, 1996; Miranda, 1998; Padilla, 1995; Sue, 1990). For Latinos, maintaining their country of origin's language (largest percentage being Spanish) is extremely important in terms of preserving their

cultural heritage and ultimately their identity (Hurtado, Hayes-Bautista, Burciago, & Hernandez, 1992). They found that across first, second, and third generation Latinos, 87%, 79%, and 65% respectively identified themselves as Spanish speakers. Maldagy (1987) found that among college students who have higher acculturation levels and proficiency of English language, clients preferred to go to a therapist or counseling center where their native language was spoken regardless of their decision to actually speak Spanish within the therapeutic session.

Sue and Sue (1990) found that for less acculturated clients whose primary language was Spanish, matching therapist and clients on ethnicity and language was significantly related to reduced premature termination and greater number of session attended by Mexican American clients.

Immigration. A large number of Latinos in the United States are either immigrants or refugees (Fix, Passel, & Sucher, 2003). The immigration process is one of many layers in which people continuously find themselves trying to balance the pressures of feeling that they have to comply with their new environmental norms along with the pressure of family, friends and self to meet the norms established in their country of origin (Fix, Passel, & Sucher, 2003). People in a family may adapt in many different ways and may have different feelings and ideas regarding life in the United States. These many ideas about immigration and ways of adapting, or not, may result in distress for individuals and family systems (Fix, Passel, & Sucher, 2003).

It is suggested that all therapists become acquainted with the literature on the effects of immigration upon individuals and families (Levenbach & Lewak, 1995). Even when an individual and family does not cite the immigration as a source of distress, the

therapist should spend a reasonable amount of time psycho-educating his/her client's about the process of immigration and how it affects people (Levenbach & Lewak, 1995). This gives clients the opportunity to share what their own experiences have been like and highlight whether these experiences are causing any discomfort (Levenbach & Lewak, 1995). In addition, as Sluzki (1979) pointed out, it is essential that therapists be aware of the difference between their own cultural values and those of the client who has immigrated. In addition, it is important for the therapist not to frame new cultural norms as good or bad but rather to think of them as different. It is imperative that therapists adopt this stance, both to be non-partisan and to give perspective to the client (Levenbach & Lewak, 1995).

When therapists are unaware of the impact of immigration on their clients, they often run the risk of seeing the presenting problem as deeply rooted which could imply that the problems are inherent in the individual personality or family structure of the person or family group that presents for therapy (Levenbach & Lewak, 1995). When therapists are sensitive to and informed about issues of immigration, they can explore its effects, even if the migration is not recent, because their immigration adjustment may be at one of the distinct stages and affect not only first generation individuals but also second, third and later generations (Levenbach & Lewak, 1995). In addition, it is important for therapists to note that the experience and impact of immigration should not be generalized across all immigrants even when they claim the same country-of-origin (Levenbach & Lewak, 1995).

Some common threads may be found between the experiences of different immigrants. A common thread that has been found in literature is that immigrants may

experience ambivalence in their process of creating a physical and psychological home in a different culture (Poulsen, Karuppaswamy, & Natrajan, 2005). In addition, it is common for immigrants to question a sense of belonging to their country of origin (country that they or their family left) and whether they fit in with the culture of the country to which they have migrated (Poulsen, Karuppaswamy, & Natrajan, 2005). At the same time, it is likely that immigrants may question their sense of belonging and safety in their country-of-immigration and it is important to realize how historical world events can change these feelings (Poulsen, Karuppaswamy, & Natrajan, 2005).

Latino Gender Roles. Cultural norms and expectations for Latino men and women differ in many ways. Through *machismo*, Latino males are encouraged to project images of strength and self-reliance, which foster a sense of pride in maleness (Torres, Solberg, & Carlstrom, 2002). *Machismo* has been linked as a barrier to seeking help for male Latinos as they may find seeking help as a form of weakness (Ponterotto, Suzuki, & Alexander, 1995). Meanwhile, through *marianismo* women are taught to suffer for the family (Chiriboga, Black, Aranda, & Markides, 2002; Gloria et al., 2004). *Marianismo* is a religiously based construct that stresses chaste, sacrificing, and dedicated qualities of the Virgin Mary, which limit female expression of aggression, sexuality, and independence (Chiriboga, Black, Aranda, & Markides, 2002; Gloria et al., 2004). Latinas are usually socialized to be in positions of powerlessness in relation to males and their family (Zayas, 1987). This socialization includes: passivity, helplessness, nonassertiveness, and dependency, factors that may increase the risk of depression for Latinas (Miranda-King, 1974). This cultural value may be especially difficult for Latina college students as they not only “negotiate passage from the socialization prescribed by

their culture of origin, but they must also face the changing role of women in American society" (Zayas, 1987, p. 4). Pressure from family to adhere to this gender role may result in feelings of shame, guilt and inadequacy (Zayas, 1987, p. 4).

Latino cultural values. It is essential to take into account the unique cultural values of Latinos when being seen for therapy. As Constantine and Arorash (2001) noted, when compared to other ethnic/racial background students, Latino and African-American college students report higher expectations of receiving multiculturally sensitive counseling services.

Respeto (respect) is an important cultural value for Latino individuals. This value entails the obligation to understand and respect other people's individual identity (Carrasquillo, 1991). Regardless of goals achieved, there is great expectancy on the degree of respect that individuals demonstrate towards each other (Carrasquillo, 1991). For example, as a sign of respect Latinos may not view a person of authority directly in the eyes. For Latino college students *respeto* is challenged when other students or faculty devalue them as people through stereotype discrimination (Capello, 1994)

Verguenza and *Orgullo* have been linked to difficulties while seeking help. Latinos attempt to maintain their sense of pride by not asking for help, for fear of shame. Members of clergy and general medical providers have been found to be an alternative resource for Latinos to help seeking behaviors (Keefe, 1987). In this study it was found that Latinos did not differentiate between physical and mental health and as such would also seek help from a physician for psychological problems. Keefe (1987) found that Latinos' extended families are also important role-players for support.

For Latinos, trust is built through *simpatía* and *personalismo*. *Simpatía* occurs by engaging others in a friendly, warm and genuinely concerned manner (Santiago-Rivera et al., 2002). *Personalismo* is described as close personal relationships and occurs through the perception of well-meaning, objective, caring and respectful characteristics in another (Santiago-Rivera et al., 2002).

According to Santiago-Rivera et al. (2002), Latinos value *desahogo* (getting things off one's chest). *Desahogo* typically occurs through other individual's receptiveness and being provided enough time to describe their thoughts or event in detail (Santiago-Rivera et al., 2002).

Research difficulties with the Latino population. The Latino population is becoming more diverse over time. Even though Latinos share many similar characteristics (e.g., many are Catholic and come from countries where Spanish is spoken), there are also many differences between subgroups (Knight, Roosa, Calderon-Tena, & Gonzalez, 2009). Latinos come from a range of different countries and cultural backgrounds. Moreover, "Latinos in the United States have a broad range of connection to the mainstream U.S. culture and their ethnic cultures" (Knight, Roosa, Calderon-Tena, & Gonzales, 2009, p. 45). According to the U.S. Census Bureau (2001), 53% of the increase in Latino population is due to immigration to the United States and the other 47% increase is a result of the difference between birth and death rates among Latinos who have been in the United States for more than one generation. The diversity of Latinos is increasing due to differences in circumstances or reasons for leaving their country of origin, differences in length of time (i.e., years and generations) they or their families have been in the United States, and differences in the areas where they may live

(Knight, Roosa, Calderon-Tena, & Gonzalez, 2009). Another important area of diversity pertains to the language use or capabilities of Latinos (Knight, Roosa, Calderon-Tena, & Gonzalez, 2009). In 2004, the U.S. Census Bureau found that 75% of Latinos reported speaking a language other than English at home. One more difference between subgroups is phenotypic. For example, while most Latinos are mestizo (i.e., indigenous-European mixture), Latinos from some countries have African Heritage (Knight, Roosa, Calderon-Tena, & Gonzalez, 2009). All the diversity within the Latino population results in research difficulties.

University Counseling Centers and College Students

History of university counseling centers. University counseling centers (UCC's) have played a fundamental role in higher education for decades (McEneaney & Gross, 2009). According to the International Association of Counseling Services (IACS, 2011), in the past 40 years, there has been a huge increase in the number of UCCs and the variety of functions performed at these sites. In 1970, the first guidelines for UCC services were developed by a committee of counseling center directors (Free et al., 1971). In 1991, the accreditation guidelines were converted into standards of accreditation (Bingham et al., 1991). These standards have continuously been evolving with changes in the field of college counseling (IACS, 2011).

Lippincott (2007) noted that, given an increase in numbers of enrolled students (U.S. Department of Education, 2004), college counseling is undergoing changes on multiple fronts. Moreover, students at counseling centers present with increasingly more complicated and serious counseling issues (Benton, Robertson, Tseng, Newton, & Benton, 2003; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998). Kadison and

DiGeronimo (2004) concluded that "there is a crisis on our campuses. Depression, sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive behaviors (including promiscuity and self-mutilation) and even suicide are no longer rare anomalies. They are part of the college life" (p. 153). About half of university counseling centers (UCC) reported experiencing difficulties meeting demands for services and having to institute session limits (Barr, et al., 2010). Additionally, 31% of UCC directors described challenges with facing a wait list (Gallagher, 2012). These issues related to mental health accessibility and quality of services for students are extremely important, as psychological distress is fundamentally linked to academic performance (Constantino, Chen, &, 1997). Thus, university counseling centers have become more concerned with the continued under-utilization of mental health services among students (Constantino, Chen, &, 1997).

Psychological concerns of college students. The prevalence of mental health problems has increased among college students in the United States (Hunt & Eisenberg, 2010; Twenge, Gentile, DeWall, Ma, Lacefield & Schurtz, 2010). The onset of most lifetime mental disorders begins by the primary college age of 18 to 24 years old (Kessler et al., 2005a, 2005b), and early treatment may substantially improve long-term prognoses (Kessler et al., 2001). However, most college students with potential mental disorders do not receive treatment (Blanco et al. 2008). As a matter of fact, both traditional and nontraditional students may face unique challenges while adjusting to college and many could benefit from psychological services (Blanco et al. 2008).

Barriers to therapy for college students. Eisenberg, Hunt, Speer and Zivin (2011) found that barriers to college students' help-seeking for mental health differ

considerably across student characteristics and across campuses. Consequently, these researchers concluded that strategies to address the low prevalence of treatment need to be responsive to diversity in the college population (Eisenberg et al., 2011). Kearney, Draper, and Barn (2005) stated that, in comparison to Caucasian students, minorities are more likely to under-utilize UCC services.

Latino college students. In 2010, Latinos were shown to be the largest minority group on college campuses (Pew Hispanic Center, 2012). The following year, it was calculated that the number of Latinos enrolled in college reached a record 16.5% share of all college enrollments. This increase has developed parallel to the nationwide rate of Latino population growth and the increased rate of high school completion among Latinos, which grants them the opportunity to be eligible to attend college (Pew Hispanic Center, 2012). It is posited that this increase will only continue, as Latinos have been calculated to be the fastest growing population in the United States (Benmak & Chunk, 2004; Pew Hispanic Center, 2012).

Even though there has been a large increase in Latino college enrollment and degree recipients, the number of Latino awarded college degrees lags that of other groups, where specifically there exists a significant disparity between Latino college enrollment and college graduates (Pew Hispanic Center, 2012). This discrepancy suggests problems with Latino college student rates of retention and completion. Crockett, Iturbide, Torres Stone, McGinley, Raffaelli, and Carlo (2007) noted that one factor that might potentially be affecting Latino graduation rates is psychological distress. Given that the number of Latino college students is expected to continue growing and that psychological distress might possibly be playing an important role, it is essential that

UCCs expand their knowledge about this population's treatment needs, patterns of mental health utilization, and barriers to help seeking.

Gloria and Rodriguez (2000) noted that UCC service providers need to adopt a psycho-sociocultural perspective to provide Latino college students with culturally relevant counseling. This view considers the interplay between the students' psychological concerns, social support systems, cultural factors (e.g., acculturation and ethnic identity), and environmental contexts (Gloria & Rodriguez, 2000).

Latino college students' psychological concerns. When Latino college students attend counseling centers they appear to present a multitude of symptoms that are more severe than their non-Latino counterparts (Jenkins, 1999). Latino college students usually seek help only in crisis situations or when increasing psychological distress progresses to the point where it interferes with academic performance (Gonzalez, Castillo-Canez, Take, Soriano, & Velasques, 1997; Lucas, 1993). The length of time waiting to seek mental health in comparison to non-Latinos is much higher.

Through a meta-analysis, Quintana, Vogel, and Ybarra (1991) found that Latino college students experience considerable levels of stress, reporting higher levels of academic, financial, and personal stress than Caucasian students. Even though a substantial amount of the stress load relates to financial problems and insufficient academic preparation, many Latino students also experience acculturative stress (Padilla, Alvarez, & Lindholm, 1986; Rodriguez, Myers, Morris, & Cardoza, 2000) and stressors associated to their minority status (Saldaña, 1994).

Latino college students' experiences may be impacted by contextual and environmental factors (Sue & Sue, 1990; Wohl & Aponte, 1995) such as intolerance

(Ponterotto, 1990), socioeconomic concerns (Capello, 1994) and discrimination (Frouad & Arbona, 1994). Ponterotto (1990) stated that many racial/ethnic minority students feel unwelcomed and unappreciated at predominantly white institutions. Given that colleges and universities are microcosms of the larger society, societal factors such as racism and discrimination are unavoidably part of the Latino environment (Anderson, 2007; Duarte, 2002; Marbey, 2004). Moreover, a perception of being different among Latinos and other ethnic minorities often stirs up a sense of loneliness, abandonment and a feeling of "not as good as" than other non-Latino students, which may lead to an "absence of connection or relationship to another" (Jenkins, 1999, p. 11). Latinos and other ethnic minorities are more at risk of developing these feelings when they attend predominantly white universities (Jerkins, 1999). When Latinos attend therapy, "cultural paranoia," an adaptive form of suspicion, may be placed upon therapists to detect if they have negative attitudes about these differences (Jerkins, 1999).

According to Gloria and Pope-Davis (1997), Latino students often encounter "cultural incongruence" in college, as educational institutions have been based on a White male orientation. Furthermore, Cervantes (1988) noted that minority students often feel pressured to assimilate into the White culture. The pressure to assimilate may result in feelings of isolation, cultural alienation and being uninvited because of their cultural or racial/ethnic differences. DeFreece (1987) reported that because of the feelings of isolation that Latino students often face, they need to adopt a bicultural understanding of themselves in college. This bicultural adaptation is judged as a "flexible and a healthy adjustment" to college (Ramirez, 1991); however, navigating biculturalism in order to succeed academically is often stressful for Latino students (Fiske, 1988).

Latino college students' coping strategies. Crockett, Iturbide, Torres Stone, McGinley, Raffaelli, and Carlo (2007), suggested that social support and coping strategies are processes that may alleviate stress for Latino college students. However, studies of Latino college students have shown mixed results (Alvan, Belgrave, & Zea, 1996; Rodriguez, Mira, Myers, Monis, & Cardoza, 2003; Solberg, Valdez, & Villareal, 1994; Solberg, & Villarreal, 1997).

Traditionally, college counselors have viewed college as a place where many students separate or individuate from their families of origin; yet many minority students may differ in their cultural beliefs that they should maintain close connections with family members, even while in college (Constantino, Chen, & Seesay, 1997). Leaving home to start college may result in experiencing a sense of loss and hopelessness for Latinos, as leaving results in emotional and physical separations from their families (Alvarez, 1995). In some instances, first generation Latino students may relate their leaving to college to earlier separations and migrations from family/friend in their country of origin (Alvarez, 1995).

Social support results from multiple sources and different sources may supply diverse levels and types of support (Crockett et al., 2007). Latino culture emphasizes the importance of *familismo,* which entails strong feelings of attachment, shared identity and family loyalty (Marín & Marín, 1991). Hence, family support may prove to be essential in buffering Latino college students' levels of psychological distress (Schneider & Ward, 2003). Moreover, Flores and Carey (2000), portray community and family as two protective and "inoculating" factors for Latinos. Peer social support has also been found to be important to Latino college students' better social adjustment (Schneider & Ward,

2003). Like parents, Latino peers may provide emotional, informational, and instrumental support; however, they may be more readily available (on campus) and more likely to be able to provide information relevant to the college experience (Rodriguez et al., 2003).

Connections with family, peers, and university personnel have been suggested to provide educational coping for Latino first-generation college students (Gloria & Castellanos, 2012). Moreover, social networks are having an increasing influence on how Latino college students cope, by facilitating or interfering with the use of mental health treatment (Pescosolido et al., 1998).

Another form of social support that has been suggested as an important coping strategy for Latino college students' lives is religion (Moreno & Cardemil, 2013). Arredondo (1991) described that, given the role that religion plays in the lives of Latinos, religious personnel may provide students with help to find housing and medical resources and to make home visits for mental health concerns.

There exists conflicting studies in regards to substance abuse as a coping strategy for Latino college students. Botvin et al. (1995) suggested that awareness of an unfriendly societal response to ethnic groups evokes an increase in substance use. Martunnen's (1994) study, which explored cultural factors in terms of substance use with college students, identified high levels of acculturation with a lack of family involvement or family history of substance use as precipitators of substance abuse, particularly with alcohol. Black and Markides (1993) found similar data that suggested a link between higher degree of acculturation and increase in alcohol consumption. Thus, this research indicates that Latinos at predominantly white colleges may be at more risk for substance use. However, Marin, Posner, and Kinyon (1993) found conflicting data that stated more

acculturated Latinos are not motivated to consume alcohol as a way to cope. As for drug consumption, Garcia (1999) suggested that higher degrees of acculturation have been related to lower levels of drug use.

Barriers to therapy for Latino college students. Reasons for minorities' lack of help-seeking for mental health services have been shown to include counseling styles, interventions, stigma, and beliefs held by minorities students about therapy and mental health professionals (Kearney et al., 2005). Additionally, religiosity has been linked to negative perceptions toward mental health treatments (Harris, Edlund, & Larson, 2006).

Many studies comparing attendance of Asian American, African American and Latino Americans with that of the majority clients have found that these minorities are more likely to drop out of services prematurely and less likely to gain something out of services, as they do not believe that their unique cultural needs were met (Flaskerud, 1986; Sue & Morishima, 1982; Vemon & Roberts, 1982). Some studies analyzing minorities' under-utilization of services have found that they often fail to use counseling services as a result of a lack of information or for having received misinformation regarding how therapy works (Acosta et al., 1983). It is noteworthy to see that Moreno and Cardemil (2013) found that Latinos are more likely to seek mental health services only when their problems are severe. Other studies have indicated that reasons for under-utilization result from a lack of ethnically similar counselors, lack of culturally sensitive treatment, the focus on individual rather than on environmental forces and the staff's lack of awareness regarding cultural differences (Atkinson, 1983; Cimbolic, 1978; Locke, 1992; Ruiz and Casas, 1976; Trimble, 1981; Vontress, 1981).

Ethnic matching has been found helpful in strengthening the therapeutic alliance, reducing attrition, maximizing treatment adherence and to enhance identity development and modeling (Martinez, 2000; Sue & Sue, 1999). In a study directed to Mexican American first-year students, Mack (1989) found that this population of students increased attendance at a UCC by 350%, when, through an outreach effort, counselors from a similar cultural background targeted as many culturally similar students as possible.

Beliefs about mental health and illness have a great impact on the presentation, severity and under-utilization of mental health services in the Latino population (Chiu, 1993). These beliefs include the idea that mental illness is caused by "weakness of character and that the need for psychological help is a disgrace" (Casas, 1994, p. 321). Moreover, according to Duarte (2002), *familismo* may prevent Latino college students from sharing problems with others outside of the family, which impedes them to seek help. Furthermore, Kuneman (2010) stated that it is not unlikely for Latinos to present as "guarded and resistant to disclose personal or family issues if seeking professional help" (p. 60). If Latinos college students seek help outside of their family and friends, they may experience difficulties, as Latinos value keeping family matters behind closed doors (Altarriba & Bauer, 1998; McMiller & Weisz, 1996).

Group Therapy at University Counseling Centers

The definition of group therapy. Group therapy is a form of treatment in which one leader or more treat a small group of clients. All members of the group identify personal goals and a common purpose for the whole group. According to Yalom (2005), therapeutic change occurs through a complex interplay between 11 therapeutic factors

which include: Installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors.

Group therapy has been found to be just as effective as individual therapy, and in many cases, even more effective (Brabender, 2002). In terms of the relationship of group therapy to individual therapy the data is not clear. Connelly, Piper, De Carufel, and Debbane (1986) highlighted in their study that group therapy dropout decreased if individuals had prior individual therapy experience. However, Kotkov (1955) noted in his study that prior individual therapy discouraged group therapy attendance.

Pre-group preparation. Group therapy preparation is essential to the participation of college students (Campinha-Bacote, 2011; MacNair, 2010). According to Yalom and Leszcz (2005), there is highly influential research that suggests group therapy preparation improves the course of therapy. These group experts describe that a primary purpose of pre-group sessions is to develop a therapeutic alliance between the client and the group facilitator(s). Moreover, it is an excellent opportunity to agree on a task and goal for group therapy sessions (Yalom &Leszcz, 2005). During the pre-group interview, facilitator(s) meet with a potential group member in order to: “clarify misconceptions, unrealistic fears, and expectations; anticipate and diminish the emergence of problems in the group’s development; provide clients with a cognitive structure that facilitates effective group participation; and generate realistic and positive expectations about the group therapy” (Yalom & Leszcz, 2005, p. 294-295). Additionally, it is important to

discuss confidentiality with potential group members, as it increases group success and decreases drop-out rates (Yalom & Leszcz, 2005).

Pre-group preparation with college students may be done in a variety of ways. For example, Campinha-Bacote (2011) suggested teaching college students about group therapy through the use of visual aids, written materials, and preparatory meetings. Additionally, Harris (2012) recommended that UCCs be intentional with their publicity/marketing about group therapy services. Moreover, she proposed that UCCs work collaboratively with multicultural offices, fraternities and sororities, student groups, and retention and recruitment committees to provide students with information about group therapy.

College students and group therapy. The history of university counseling centers reveals that, for many years, group work has been an important therapeutic and preventive tool in working with students (Kincade & Kalodner, 2004). Group therapy at university counseling centers is thought to provide college students with an environment where they can learn skills that may be beneficial to their unique developmental stage (Kincade & Kalodner, 2004). At this stage in life, students attending college are dealing with a variety of issues associated to forming identities, becoming more independent, experiencing role transitions, and deciding on lifestyles, while simultaneously adjusting to college life, and choosing their careers (Chickering & Reisser, 1993; Kincade & Kalodner, 2004). Similarly, returning students face developmental challenges as they are introduced to new ideas and ways of thinking about themselves (Chickering & Reisser, 1993). These issues may be adequately addressed in both formal and informal groups (DeLucia-Waack, Gerrity, Kalodner, & Riva, 2004).

Types of groups offered at university counseling centers. There is a paucity of published data regarding types of groups offered at university counseling centers (Golden, Corazzini, & Grady, 1993). Golden et al.'s (1993) study found that 92 % of counseling centers offered at least one group per semester and that 8% reported not offering groups. However, 83% of the respondents reported that 20% or fewer of their clients participated in the groups UCCs offered. Gallagher (2012) noted that nationally, 21% of directors have assigned more students to group directly from intake. The Association for University and College Counseling Directors (2012) annual survey lists a variety of groups that UCCs are offering currently.

Psychoeducational groups are the most common groups offered at UCCs (Golden et al., 1993). These groups are often focused on prevention rather than remediation. However, these groups are more intended to provide students with skills and awareness and therefore are seen as serving an educative function (DeLucia-Waack, Gerrity, Kalodner, & Riva, 2004).

Process groups are also often offered at UCCs. According to Golden et al. (1993), 59% of counseling centers offer this group format. These groups are focused on improving interpersonal relationships. For example, at one UCC this group was described as one where you can learn about how others experience you and how to talk to others about how you experience them (Oregon State University, Counseling and Psychological Services). Montana State University's Counseling and Psychological Services (2001) described their process groups as an environment where clients may be able to explore a variety of issues, such as: relationships, family issues, academic stress, depression, and anxiety.

Other groups may focus on specific issues or populations, such as Women's groups, Men's groups, GLBT groups, etc. (DeLucia-Waack, Gerrity, Kalodner, & Riva, 2004). In addition, some UCCs sponsor support groups

Latinos and group therapy. According to Jenkins (1999), there are many Latino college students who are involved in group therapy at some point in college. Flores and Carey (2000) stated that group therapy with Latino students "must consider the complex contextualism for understanding the effects of culture, ethnicity, race, gender and class as these factors represent critical influences on socialization and identity development" (p. 159). Berios-Allison (2011) also recommended that group leaders be culturally and linguistically competent. However, a lack of research exists in the field of group therapy with Latino college student clients (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004).

In 1981 Betz, Wilbur, and Roberts-Wilbur developed a typology of three group modalities: task process groups; socio-process groups (called "psychoeducational groups" by ASGW, 2000); and psycho-process groups (called "counseling and therapy groups" by ASGW, 2000) to create a culturally sensitive therapy to Latino clients in group, in combination with language and family variables (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004). The most employed groups with Latino clients may be psychoeducational and counseling groups/support groups (Belitz & Valdez, 1997; Delucia-Waack, Gerrity, Kalodner, & Riva, 2004; Gloria, 1999).

Flores and Carey (2000) noted that one variable that makes group therapy effective for Latino students is "universality." Universality, helps group members learn that they are not alone with their struggles, whether they are from other ethnic/racial backgrounds struggling with independence and interdependence, or whether they are in

group with members of their same ethnic background struggling with acculturation, discrimination, etc. (Flores & Carey, 2000; Yalom & Lezcz).

Torres-Rivera (1999) highlighted that when working with Latinos from a multicultural perspective, it is important to listen to them as possible victims of social justice and trauma. Furthermore, Latino clients who have suffered discrimination should be encouraged to express their thoughts, experiences and stories related to trauma and prejudice (Torres-Rivera, 1999).

In terms of recommendations that have been made for group therapists, DeLucia-Waack (2004) stated that group leaders discuss family issues with Latino clients while in group therapy. According to Yalom and Leszcz (2005), group leaders should ensure to build a bond with their clients during pre-group and DeLucia-Waack et al. (2004) described specifically that with the Latino population group leaders need "to become part of the Latino family to reach the working stage in the group." Additionally, DeLucia-Waack (2004) suggested that group leaders should be non-direct but firm when approaching Latino clients.

Flores and Carey (2000) noted that Latinos value affiliation over confrontation. Berrios-Allison (2011) noted that Latinos experience conflict as embarrassing and demeaning. Flores and Carey (2000) mention that affiliation over confrontation facilitates the development of group cohesion and strength. This observation is important, as in traditional group work, group leaders are encouraged to implement interventions involving confrontation (Yalom & Leszcz, 2005). Greeley, Garcia, Kessler, and Gilchrest (1992) argued that group leaders should be mindful of the interventions they implement when working with different ethnic groups as neglecting to do so could overlook

important multicultural variables. This recommendation goes in line with Yalom and Leszcz (2005) statement that reported the expectation that group therapists provide a "holding environment" that is safe for clients.

Another important observation of Latino clients in group was made by Torres-Rivera (2004), Torres-Rivera, Wilbur, Robers-Wilbur, and Phan (1999). They noted that Latinos in group expect group leaders to be experts. Moreover, they mentioned the respect that group leaders are imparted as figures of authority and the assumption that they are people of knowledge and wisdom. Furthermore, Torres-Rivera (2004) reported that Latinos expect group leaders to be in control and provide them with answers to all their problems.

Culturally competent group therapy leaders. Culturally competent group therapy leaders require an awareness of their own mindsets, as well as of specific knowledge about Latino cultures (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004). Moreover, leaders need to understand when it is necessary to perform an intervention, as the timing of the intervention is sometimes more important than the intervention itself when working with Latino clients (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004).

It is always important to maintain small group size with Latino clients, as some Latinos may be inclined to speak all at the same time (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004). Thus, by having a smaller group, the leader will have a better chance of leading a successful intervention (Delucia-Waack, Gerrity, Kalodner, & Riva, 2004). It is recommended that psychoeducational groups run with a maximum number of 11 to 12 clients, and counseling groups operate with a maximum of 10 members so the effectiveness of the interventions is maintained (Delucia-Waack, Gerrity, Kalodner, &

Riva, 2004).

Group and multicultural considerations for Latino college students. According to Berríos-Allison (2011), Latino individuals experience open conflict as embarrassing or demeaning. As mentioned, DeLucia-Waack et al. (2004) recommended that group facilitators use a nondirect but firm approach with Latino clients.

DeLucia-Waack et al. (2004) suggested that group facilitators discuss client's family by, for example, asking clients about their mothers or grandmothers without making eye contact. Furthermore, these authors describe Latinos' use of language as a form of communication in which they genuinely attempt to understand others and to get closer. However, Latinos do not try to exert dominance while other people are talking and it would not be unusual for a group member to look like he/she is withdrawing if another person is dominating the conversation (Sue & Sue, 2003).

Padilla (1995) stated that Latinos value leadership styles that involve egalitarian relationships with importance placed on responding to individuals equally and with respect. Moreover, given Latinos collectivist culture, they "rely on one another for problem solving, collaboration and feedback to achieve a common goal" (p. 90).

Berríos-Allison (2011) recommended that group facilitators be culturally and linguistically competent. Furthermore, Delgado (1997), Santiago-Rivera and Vazquez (2000), and Santiago-Rivera (1995) maintained that bilingualism may be even more important to consider than being bicultural. DeLucia-Waack et al. (2004) stated that it is essential that group facilitators working with Latinos have some knowledge of the language in order to break language barriers for group members whose primary language is Spanish.

In analyzing the results of the hypotheses for this study it is very important to take into consideration: the reviewed literature on multicultural considerations when working with the Latino population; university counseling centers and college students; and group therapy at university counseling centers.

Research Questions and Hypotheses

In order to fulfill the purpose of this study, five research questions were posed. Hypotheses for each question were developed drawing on Latino and group therapy literature. The following questions represent the research questions and their respective hypothesis.

Research Question 1: Are Latino college students who have participated in individual therapy more likely to participate in group therapy?

Hypothesis 1: Latino college students' willingness to attend group therapy increases if they have been involved in individual therapy in the past.

Research Question 2: Are Latino college students who have participated in group therapy more likely to participate in group therapy again in the future?

Hypothesis 2: Latino college students' willingness to attend group therapy increases if they have been involved in group therapy in the past.

Research Question 3: Do Latino college students know what group therapy consists of, or is there a difference between a Latino students' willingness to attend group therapy when no information is presented and willingness to attend a group for which a description has been provided?

Hypothesis 3: Latino college students do not generally know what group therapy consists of and their willingness to attend group increases when a description about the group is provided.

Research Question 4: Is there any correlation between the level of acculturation of Latino college students and their willingness to join group therapy?

Hypothesis 4: Latino college students are more willing to join group therapy the more acculturated they are.

Research Question 5: Is group therapy the last healthy coping strategy a Latino college student is willing to consider?

Hypothesis 5: Group therapy is the last healthy coping strategy a Latino college student is willing to consider.

Chapter III

Method

Participants and Procedures

In order to recruit participants for this study, a snowball sampling technique was employed. This research method is commonly utilized to target a population that may be difficult to sample with convenience (Lapan & Quartaroli, 2009). Representatives from various Latino organizations across the United States, who have access to Latino college students, distributed the link to an online survey issued through www.surveymonkey.com via email. Representatives were found through google and contacted via phone or e-mail to ask them to distribute the link. Participants were provided with the option to answer questions in Spanish or English. In order to participate in this study, participants had to meet the following requirements: self-identify as Latino, fall between the ages of 18 or more, and be currently enrolled full-time or part time in college.

A total of 81 Latino-enrolled college students across the United States were included in this study. Of the 81 participants, 75 responded to questions in English and 7 responded in Spanish. In terms of gender, 61 (75.3%) of the students were female, 20 (24.7%) were male, and 0 (0%) endorsed the “other” category. The majority of students were representative of a traditional undergraduate college age, with 54 (66.7%) students stating they were between 18 and 25 years old. The rest of participants fell in the following categorical ages: 15 (18.5%) students between 26 and 33 years old; 5 (6.2%) students between 34 and 41 years old; 3 (3.7%) students between 42 and 49 years old;

and 4 (4.9%) students between 50 years old or older. Individuals living in a variety of states responded to the survey: 19 (23.5%) in California, 1(1.2%) in Colorado, 1 (1.2%) in Connecticut, 1 (1.2%) from District of Columbia, 1 (1.2%) in Florida, 1 (1.2%) in Georgia, 16 (19.8%) in Illinois, 1 (1.2%) in Kentucky, 1 (1.2%) in Minnesota, 1 (1.2%) in New Jersey, 8 (9.9%) in New York, 19 (23.5%) in Ohio, 3 (3.7%) in Pennsylvania, 2 (2.5%) in Texas, 2 (2.5%) in Virginia, 2 (2.5%) in Washington and 2 (2.5%) in Wisconsin.

In this sample, students were asked to indicate their academic classification. Students fell into the following groups: 10 (12.3%) Freshman, 13 (16%) Sophomore, 14 (17.3%) Junior, 18 (22.2%) Senior and 26 (32.1%) Graduate. Out of 81 participants, 28 (34.6%) students reported that they were the first person in their family to attend college. Students in this study were from a variety of Latino origins. Participants were asked to respond to whether they were from Hispanic, Latino, or Spanish origin and provided the following answers: 0 (0%) "No, not of Hispanic, Latino, or Spanish origin," 41 (50.6%) "Yes, Mexican, Mexican American, or Chicano," 11 (13.6%) "Yes, Puerto Rican," 3 (3.7%) "Yes, Cuban," and 30 (37%) "Yes, another Hispanic, Latino or Spanish origin (Ecuadorian, Colombian, Peruvian, etc)." In terms of race, 5 (6.2%) responded that they were either "Black or African American," 38 (46.9%) stated that they were "White" and 45 (55.6%) indicated that they fell under the "Other" category. Respondents were asked whether they were considered international students. Out of 81 participants, 10 (12.3%) answered "Yes" to "In college, are you considered an international student." Participants were also asked to state their major. Out of 81 participants, 3 (3.70%) stated their major as "Accounting," 1 (1.23%) "Aerospace Engineer," 2 (2.47%) "Biochemestry," 3

(3.70%) “Biology,” 2 (2.47%) “Business,” 1 (1.23%) “Chemical Engineer,” 2 (2.47%) “Civil Engineer,” 1 (1.23%) “Communication,” 1 (1.23%) “Computer Engineer,” 3 (3.70%) “Criminal Justice,” 7 (8.64%) “Double Major,” 2 (2.47%) “Early Childhood Education,” 1 (1.23%) “Economics,” 1 (1.23%) “English,” 1 (1.23%) “Electrical Engineer,” 2 (2.47%) “Fine Arts,” 1 (1.23%) “Health Science,” 1 (1.23%) “History,” 1 (1.23%) “International Studies,” 1 (1.23%) “International Trade,” 1 (1.23%) “Jewelry Design,” 1 (1.23%) “Kinesiology,” 1 (1.23%) “Latin American and Latino Studies,” 2 (2.47%) “Marketing,” 1 (1.23%) “Mathematics,” 1 (1.23%) “Mechanical Engineer,” 1 (1.23%) “Mental Health Counseling,” 3 (3.70%) “Nursing,” 1 (1.23%) “Nutrition,” 18 (22.22%) “Psychology,” 1 (1.23%) “Political Science,” 3 (3.70%) “Spanish,” 1 (1.23%) “Social Work,” 4 (4.94%) “Sociology,” 1 (1.23%) “System Engineer,” 1 (1.23%) “Teacher Leader” and 3 (3.70%) “Undecided/Undeclared.”

Instruments

Participants were asked to complete three measures. The first measure was a demographic information page that asked for age, gender, state or U.S. territory, enrollment in college, academic classification, major, if student is identified as international, if student is a first generation college student, ethnicity, and race.

The second measure was a modified version of the Barriers Scale, which was developed by Harris (2012), in a study examining “Barriers to group psychotherapy for African-American college students” (Appendix B). In order to make the Barriers Scale more culturally relevant to Latinos, adaptations were made to survey questions to reflect research about that population. Changes to the survey included the addition of a question addressing the language of the therapist; replacing the word African-American with

Latino, the addition of questions about the types of group therapy modality participants were willing to consider; and the removal of items inquiring about fees, location, and time of group. Similarly to Harris' (2012) scale, survey questions remained consistent with current group literature. The survey was made available in English and Spanish. The Spanish survey was developed using a back-translation method. A back-translation is done by translating the original document to another language and then having someone translate it into the original language (Andriesen, 2008). The author then verifies whether the translation covers all aspects of the original instrument. Back-translations are recommended given that they help an instrument retain its meaning during translation (Andriesen, 2008).

The survey for this study included 44 items. The survey consisted of 5 items asking about prior treatment (individual therapy, group therapy, psychiatry, use of psychotropic medication, and family therapy). Responses to the items were available in a *Yes* or *No* format. The remaining 39 items were rated on a 5-point Likert scale (1= *Strongly Disagree*, 2= *Disagree*, 3=*Undecided*, 4= *Agree*, and 5= *Strongly Agree*). These items were divided into five undisclosed categories: Coping Strategies, Group Therapy Participation, Expectations of Group Members, Group Leader Expectations, and Multicultural Considerations. All modifications were reviewed by the dissertation chair and members from the Latino community to assure that wording changes were clear.

The third measure utilized for this study was the Short Acculturation Scale for Hispanics (SASH), developed by Marin, Otero-Sabogal and Perez-Stable (1987). This instrument consists of 12 items, each rated on a 5-point Likert scale. Of the 12 items, 8 assessed for language preference and provided the following options: 1= *Only Spanish*,

2= *More Spanish than English*, 3= *Both Equally*, 4= *More English than Spanish*, and 5= *Only English.* The remaining 4 items assessed for community involvement and provided the following responses: 1= *All Latinos/Hispanics*, 2= *More Latinos than Americans*, 3= *About Half & Half*, 4=*More Americans than Latinos*, and 5= *All Americans.* To calculate the level of acculturation for participants, the SASH takes each participant's responses and averages them. Higher mean scores suggest more acculturation and lower scale scores suggest less acculturation. An average score at midpoint in the scale does not indicate biculturalism (Marin, Otero-Sabogal & Perez-Stable, 1987).

Research Questions and Hypotheses

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Research Question 3: Do Latino college students know what group therapy consists of, or is there a difference between a Latino students' willingness to

attend group therapy when no information is presented and willingness to attend a group for which a description has been provided?

Hypothesis 3: Latino college students do not generally know what group therapy consists of and their willingness to attend group increases when a description about the group is provided.

Research Question 4: Is there any correlation between the level of acculturation of Latino college students and their willingness to join group therapy?

Hypothesis 4: Latino college students are more willing to join group therapy the more acculturated they are.

Research Question 5: Is group therapy the last healthy coping strategy a Latino college student is willing to consider?

Hypothesis 5: Group therapy is the last healthy coping strategy a Latino college student is willing to consider.

Analysis of Data

Descriptive statistics were calculated for each measure, including: means, percentages and frequencies. Chi-square tests and Spearman rho correlations were used to examine the relationships among variables. The collected data was analyzed using SPSS v.20.

Chapter IV

Results

Results from the current study are presented in this chapter in the following manner. First, a description of participation in different therapy modalities: individual therapy, group therapy, psychiatry, use of psychotropic medication (not necessarily prescribed by a psychiatrist), and family therapy. Then, results to each research question and hypothesis are presented. Finally, group expectations and multicultural considerations are presented. Tables of mean responses to questions are presented, as relevant.

Participation in Different Therapy Modalities

When analyzing the barriers to group therapy for Latino college students, it is important to evaluate group therapy utilization by this population in comparison to other therapy modalities (see Table 1 below). Participants were asked to answer five questions regarding their participation in different therapy modalities. Available answers were presented in *Yes* or *No* form.

Table 1

Participation in Different Therapy Modalities

Participation	Individual Therapy	Group Therapy	Psychiatry	Psychotropic Medication	Family Therapy	Prior Psy. Treatment
Yes Overall (f)	37	14	15	11	15	42
Yes Overall (%)	45.70%	17.30%	18.50%	13.60%	18.50%	51.85%

No Overall (f)	44	67	66	70	66	39
No Overall (%)	54.30%	82.70%	81.50%	86.40%	81.50%	48.15%
Yes Female (f)	29	10	11	10	14	32
Yes Female (%)	47.54%	16.40%	18.03%	16.40%	22.95%	52.46%
No Female (f)	32	51	50	51	47	29
No Female (%)	52.46%	83.60%	81.97%	83.60%	77.05%	47.54%
Yes Male (f)	8	4	4	1	1	10
Yes Male (%)	40.00%	20.00%	20.00%	5.00%	5.00%	50.00%
No Male (f)	12	16	16	19	19	10
No Male (%)	60.00%	80.00%	80.00%	95.00%	95.00%	50.00%

Note. Prior Psy. Treatment = Prior Psychological Treatment, f = frequency.

Overall, Individual Therapy had the highest participation. Psychiatry and Family Therapy were ranked next in the overall sample; however, these two therapy modalities had less than half the participation in comparison to Individual Therapy. It is important to note that overall Group Therapy ranked second to last in terms of participation among Latino college students in this sample, followed by psychotropic medication. It is also worth mentioning that more than half of this sample's overall population had some form of prior psychological treatment. The same is true for females and males in this sample.

In terms of gender, Individual Therapy was also ranked as the top therapy modality for both female and male Latino college student participants. However, differences are noted in the ranking of other therapy modalities. Females ranked family therapy second, psychiatry third, and group therapy and psychotropic medication equally

last. Meanwhile, males ranked group therapy and psychiatry equally in second place, and family therapy and psychotropic medication evenly in third place.

Results of Tested Hypotheses

Results from the present hypotheses reveal potential barriers to group therapy.

Hypothesis 1: **Latino college students' willingness to attend group therapy increases if they have been involved in individual therapy in the past.** A Chi-square test was applied using question 1, "Have you ever participated in individual therapy?" and question 15, "If I were in distress I would likely attend group therapy." Participants had the option to answer question 1 with a *Yes* or *No* response and question 15 by using a 5-point Likert scale (1= *Strongly Disagree* to 5= *Strongly Agree).* None of the participants selected "Strongly Agree." Of 37 participants who had disclosed prior participation in individual therapy, 21 of them reported that they "disagree," to some degree with the statement that they would be likely to attend group therapy. Another 11 participants reported they were undecided. Only 5 out of the 37 shared that they would be willing to try group therapy (see Table 2 below).

Table 2

If I Were in Distress I Would Likely Attend Group Therapy

Prior Treatment	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean
Group Therapy	3	5	2	4	0	2.50
Percentage	21.42%	35.71%	14.28%	28.57%	0%	-
Family Therapy	3	3	5	4	0	2.67
Percentage	20.00%	20.00%	33.33%	26.67%	0%	-

Medication	1	5	3	2	0	2.55
Percentage	9.10%	45.45%	27.27%	18.18%	0%	-
Individual Therapy	4	17	11	5	0	2.46
Percentage	10.81%	45.95%	29.73%	13.51%	0%	-
Psychiatry	2	6	5	2	0	2.47
Percentage	13.33%	40.00%	33.34%	13.33%	0%	-
No Prior Treatment	9	17	10	3	0	2.17
Percentage	23.08%	43.59%	25.64%	7.70%	0%	-

The chi-square test yielded a chi-square value of 2.460 with 3 degrees of freedom (df). The p-value associated with these numbers is 0.483. Given that a p-value of less than 0.05 is needed for the results to be significant, it is suggested that the two variables being studied to answer this question are not significantly related to one another. In other words, these results indicate that prior individual therapy participation does not increase willingness to participate in group therapy.

Hypothesis 2: **Latino college students' willingness to attend group therapy increases if they have been involved in group therapy in the past.** Similarly to the previous question, a Chi-square test was applied using question 2, "Have you ever participated in group therapy?" and question 15, "If I were in distress I would likely attend group therapy." Participants had the option to answer question 2 through a *Yes* or *No* response and question 21 using a 5-point Likert scale (1= *Strongly Disagree* to 5= *Strongly Agree).* Once again, none of the participants selected "Strongly Agree." Out of

14 participants who endorsed prior participation in group therapy, 8 of them reported that they "Disagree" to some degree with the statement that they would be likely to try group therapy again. Another 2 were undecided. Only 4 of the 14 shared that they would be willing to attend group again (see Table 2).

The chi-square test yielded a chi-square value of 5.167 with 3 degrees of freedom (df). The p-value associated with these numbers is 0.160. This number is greater than 0.05, which suggests that there is no significant relationship between the two variables being studied to answer this question. However, caution should be used when analyzing these results, as three out of eight cells have an expected value of less than 5. Given that nearly half of the cells are affected, and the lowest expected count is 1.73, it is concerning that the results may not be highly reliable. For the current sample, the chi-square proposes that prior group therapy participation does not increase willingness to participate in group therapy. However, again, it is important to note that one of the assumptions for a chi-square was violated. Therefore, it should not be suggested that these results would hold true in future research.

Hypothesis 3: **Latino college students do not generally know what group therapy consists of and their willingness to attend group increases when a description about the group is provided.** To answer this question, frequencies and means were calculated for questions 16-19 (group therapy modality) and compared to responses to question 15 (willingness to attend group) (see Tables 3a-3b below).

Table 3a

Group Participation When More Information is Given vs. Not

Group Type	Yes		Undecided		No	
	Male	Female	Male	Female	Male	Female
Process	14	34	3	10	3	17
Percentage	17.28%	41.98%	3.70%	12.35%	3.70%	20.99%
Stress Relief	11	35	3	8	6	18
Percentage	13.58%	43.21%	3.70%	9.88%	7.41%	22.22%
Moral support	9	33	3	12	8	16
Percentage	11.11%	40.74%	3.70%	14.81%	9.88%	19.75%
Family issues	9	29	3	10	8	22
Percentage	11.11%	35.80%	3.70%	12.35%	9.88%	27.16%
Group Therapy	4	6	3	18	13	37
Percentage	4.94%	7.41%	3.70%	22.22%	16.05%	45.68%

Note. Below Mean Scores (Table 3b).

Table 3b

Mean Score Table for Group Participation When More Information is Given vs. Not

Type of Group	Female Mean	Male Mean	Overall Mean
Process	3.33	3.60	3.40
Stress Relief	3.30	3.30	3.30
Moral Support	3.28	3.00	3.21
Family Issues	3.16	2.95	3.11
Group Therapy	2.34	2.35	2.35

Results were broken down in three ways. First, results were provided as an overall analysis of the sample. Second, given the differences that may occur according to gender, responses were broken down into male and female categories (No respondents endorsed the "Other" category for gender). Third, given the high percentage of individuals who had been exposed to some form of treatment, responses were broken down into previous treatment vs. not (see Tables 4a-4b below).

Table 4a

Willingness to Attend Group When More Information is Given – Analysis by Prior Tx.

Group Type	No Prior Treatment			Prior Group Treatment			Tx. Other Than Group		
	Yes	Unde	No	Yes	Undec	No	Yes	Undec	No
Process	19	8	12	10	2	2	19	3	6
(%)	48.72	20.51	30.77	71.43	14.29	14.29	67.86	10.71	21.43
Stress Relief	19	7	13	9	1	4	18	3	7
(%)	48.72	17.95	33.33	64.29	7.14	28.57	64.29	10.71	25.00
Support	16	9	14	9	1	4	17	5	6
(%)	41.03	23.08	35.90	64.29	7.14	28.57	60.71	17.86	21.43
Family issues	17	6	16	9	1	4	12	6	10
(%)	43.59	15.38	41.03	64.29	7.14	28.57	42.86	21.43	35.71
Group Therap	3	10	26	4	2	8	3	9	16
(%)	3.70	12.35	32.10	4.94	2.47	9.89	3.70	11.11	19.75

Note. Tx.=Treatment, *Below Mean Scores (Table 4b).

Table 4b

Mean Scores Table for Willingness to Attend Group When More Information is Given – Analysis by Prior Tx.

Type of Group	No Prior Tx. Mean	Prior Group Tx. Mean	Tx. Other Than Group Mean
Process	3.23	3.57	3.54
Stress Relief	3.15	3.43	3.43
Moral Support	3.05	3.29	3.39
Family Issues	3.03	3.21	3.18
Group Therapy	2.18	2.50	2.50

The overall analysis of the sample and analysis by gender suggests that willingness to attend group increases when more information about the group is given (see Tables 3a-3b). All group modalities were ranked much higher than when participants were provided with no specific information about a group and just asked if they would be willing to attend group. There were no differences in terms of ranking for the overall sample, females and males. The group modality that was ranked the highest was a "process" group. The next group modality that was ranked high by participants was a "stress relief" group where clients can learn techniques to relief stress. The third group modality which participants showed interest in was a "support" group. Participants endorsed a group that discusses family issues as the last group they would attend when more information was given. Of note is that males in this sample did not rank the group modality where family issues are discussed as high enough to suggest they would be willing to attend.

An analysis of prior treatment vs. no treatment also indicates that willingness to attend group increases when more information about the group is given (See Tables 4a-4b). This section was divided into three groups: participants who had prior group therapy

experience, participants who had received psychological treatment other than group, and participants who had not participated in prior group experience. Analysis of means for all before mentioned categories followed the same rank order pattern of the overall sample, female category and male category. Individuals with prior group treatment showed the highest interest in joining specific groups, then individuals with prior treatment other than group and finally individuals with no prior treatment.

Hypothesis 4: **Latino college students are more willing to join group therapy the more acculturated they are.** This question was answered using question 15, "If I were in distress I would likely attend group therapy" and answers to the Short Acculturation Scale for Hispanics (SASH), developed by Marin, Otero-Sabogal and Perez-Stable (1987). To calculate the level of acculturation for participants, each participant's scores are averaged. Higher mean scores suggest more acculturation. An average score at midpoint in the scale does not indicate biculturalism (Marin, Otero-Sabogal & Perez-Stable, 1987). The mean score for all participants was 3.233, with a standard deviation of 0.594, indicating a more acculturated set of participants overall. The lowest mean score was 2.08 and the highest was 4.92 (see Table 5 below). A Spearman's rho coefficient was computed between willingness to try group and level of acculturation. Spearman's rho, like Pearson's correlation coefficient, ranges from -1.0 to 1.0. The closer the value of rho is to zero, the less of a correlation is found between variables. The Spearman rho was -0.057, which is not statistically significant (p=0.611). This suggests that there is no relationship between level of acculturation and willingness to participate in group therapy.

Table 5

Short Acculturation Scale for Hispanics (SASH) Mean Scores Table

Mean Score Range	Frequency	Percent
1.00 - 1.99	0	0.00%
2.00 -2.99	25	30.86%
3.00 -3.99	45	55.56%
4.00 -5.00	11	13.58%

Hypothesis 5: **Group therapy is the last healthy coping strategy a Latino college student is willing to consider.** Coping mechanisms were ranked according to mean scores. Results were categorized in three ways. First, results were provided for the entire sample. Second, given the differences that may occur according to gender, responses were divided into male and female categories (No respondents endorsed the "Other" category). Third, given the high percentage of individuals who had been exposed to some form of treatment, responses were categorized by prior treatment vs. no treatment.

When analyzing the overall sample (see Table 6a-6b below), the first ranked coping mechanism that Latino students appear to resort to is seeking help from their family. Next, Latino students prefer to address their problems on their own. Then, it is shown that Latino students would likely opt to seek help from their friends.

Table 6a

Coping Strategies – Overall, Female, and Male Categories

	Yes		Undecided		No	
Coping Strategy	Male	Female	Male	Female	Male	Female
Help/Advice from family	15	52	0	5	5	4
Percentage (%)	18.52	64.20	0.00	6.17	6.17	4.94
Directly on my own	18	46	0	4	2	11

Percentage (%)	22.22	56.79	0.00	4.94	2.47	13.58
Help/Advice from friends	13	51	3	5	4	5
Percentage (%)	16.05	62.96	3.70	6.17	4.94	6.17
Individual Therapy	7	18	8	22	5	21
Percentage (%)	8.64	22.22	9.88	27.16	6.17	25.93
Faith/Religious leader help	7	23	1	12	12	26
Percentage (%)	8.64	28.40	1.23	14.81	14.81	32.10
Help from Physician	4	12	4	17	12	32
Percentage (%)	4.94	14.81	4.94	20.99	14.81	39.51
Family Therapy	4	6	5	21	11	34
Percentage (%)	4.94	7.41	6.17	25.93	13.58	41.98
Group Therapy	4	6	3	18	13	37
Percentage (%)	4.94	7.41	3.70	22.22	16.05	45.68
Ignore it/Do nothing	1	9	7	9	12	43
Percentage (%)	1.23	11.11	8.64	11.11	14.81	53.09
Alcohol/Drugs	1	4	0	6	19	51
Percentage (%)	1.23	4.94	0.00	7.41	23.46	62.96

Note. See mean scores below (Table 6b).

Table 6b

Mean Scores Table for Coping Strategies - Overall, Female, and Male Categories

Coping Strategies	Males	Females	Overall
Help/Advice from family	3.65	4.07	4.01
Directly on my own	3.10	3.78	3.83
Help/Advice from friends	3.50	3.91	3.81
Individual Therapy	3.05	2.92	2.95
Faith/Religious leader help	2.60	2.92	2.84
Help from Physician	2.45	2.48	2.47
Family Therapy	1.85	2.39	2.42
Group Therapy	2.35	2.34	2.35
Ignore it/Do nothing	2.15	2.11	2.11
Alcohol/Drugs	1.44	1.69	1.63

The first type of professional help that Latino student participants from the overall sample stated they were willing to get help from is individual therapy. However, this coping strategy and the ones that follow were not ranked high enough to suggest Latino college students would actually utilize them. Subsequently, Latino students in this sample

indicated that they are willing to seek help from their faith. The next ranked coping strategy that was indicated is seeking help from a physician. Then Latino students may consider family therapy. The last treatment modality that Latino students in this sample are shown to use as a coping strategy is group therapy.

"Unhealthy coping strategies" were ranked after seeking professional help when analyzing the overall sample. The first unhealthy coping strategy that was endorsed indicated ignoring or doing nothing about their distress. Lastly, Latino students reported that they would cope through the use of alcohol or drugs.

In terms of gender (see Tables 6a-6b), some similarities and differences were noted. The first six ranked items for males and females follow the same order. The first coping strategy that Latino male and female college students rated is seeking help from family. Next, Latino male and female college students rated that they would seek help from their friends. Then, it is noted that Latino male and female college students ranked they would deal with their problems directly on their own. Subsequently, Latino male and female college students ranked that they would seek help from individual therapy. A difference between females and males in response to this item is that males ranked individual therapy high enough to suggest that they would be willing to consider attending, while females did not. Next, Latino male and female college students reported that they would seek help from their faith. The preceding item and items that follow were not ranked high enough to suggest males or females in this sample would be willing to use them as coping strategies. The next item ranked by both Latino male and female college students was seeking help from a physician. As previously mentioned, the last four items were ranked differently for males and females. For females, family therapy

was ranked next, then group therapy, followed by ignoring the problem or not doing anything about it, and lastly utilizing alcohol or drugs as a coping strategy. For males, group therapy was ranked next, then ignoring the problem or not doing anything about it, followed by family therapy, and lastly utilizing alcohol or drugs.

An analysis of prior treatment vs. no treatment (see Table 7 below) revealed some similarities and differences in ranking within both categories. For both categories the top three coping strategies that participants would be willing to utilize are: seeking help from family, seeking help from a friend, or dealing with the problem directly on their own. The order in which these three items were ranked differed between prior treatment vs. no treatment. Participants with no prior treatment ranked first dealing with the problem on their own, second seeking advice from family and third seeking advice from friends. Meanwhile, participants with prior treatment ranked first seeking help from family, second seeking help from friends, and third dealing with the problem on their own.

Table 7

Coping Strategies – Treatment vs. No Treatment

Coping Strategies	No Prior Psychological Treatment				Prior Psychological Treatment			
	Yes	Undeci	No	Mean	Yes	Undeci	No	Mean
Help/Advice from family	31	4	4	3.92	36	4	2	4.20
Percentage (%)	38.27	4.94	4.94	-	44.44	4.94	2.47	-
Directly On My Own	34	1	4	4.00	30	3	9	3.67
Percentage (%)	41.98	1.23	4.94	-	37.04	3.70	11.11	-
Help/Advice from friends	29	6	4	3.72	35	2	5	3.90

Percentage (%)	35.80	7.41	4.94	-	43.21	2.47	6.17	-
Individual Therapy	5	19	15	2.62	20	11	11	3.26
Percentage (%)	6.17	23.46	18.52	-	24.69	13.58	13.58	-
Faith/Religious leader help	13	6	20	2.72	17	7	18	2.95
Percentage (%)	16.05	7.41	24.69	-	20.99	8.64	22.22	-
Help from a Physician	3	15	21	2.31	13	6	23	2.62
Percentage (%)	3.70	18.52	25.92	-	16.05	7.41	28.40	-
Family Therapy	2	10	27	2.10	8	16	18	2.71
Percentage (%)	2.47	12.35	33.33	-	9.88	19.75	22.22	-
Group Therapy	3	10	26	2.18	7	11	24	2.50
Percentage (%)	3.70	12.35	32.10	-	8.64	13.58	29.63	-
Ignore it/Do Nothing	7	9	23	2.38	3	7	32	1.88
Percentage	8.64	11.11	28.40	-	3.70	8.64	39.51	-
Alcohol/Drugs	0	5	34	1.44	5	1	36	1.79
Percentage	0.00	6.17	41.98	-	6.17	1.23	44.44	-

Note. Undeci = Undecided.

The fourth and fifth items ranked for participants with prior treatment and no prior treatment were inverted. Participants with prior treatment ranked individual therapy fourth and help from their faith as fifth. These participants ranked individual therapy high enough to suggest they would be willing to utilize it as a coping strategy. However, seeking help from their faith was not ranked high enough to suggest they would utilize it as a coping strategy. Meanwhile, participants with no prior treatment ranked seeking help

from their faith as fourth and individual therapy as fifth. Both these items were not ranked high enough to suggest participants with no prior treatment would treat them as coping strategies. Moreover, no other items were ranked high enough to indicate that participants would utilize them as coping strategies. The next items for participants with no prior treatment were ranked in the following order: ignore it or do nothing about the problem, seek help from a physician, attend group therapy, attend family therapy, and consume alcohol or drugs. Meanwhile the items for participants with prior treatment were ranked sequentially as follows: attend family therapy, seek help from physicians, attend group therapy, ignore or do nothing about the problem, and consume alcohol or drugs.

Group Therapy Expectations

The following section will review the results for group member expectations and group leader expectations. An overall analysis and gender analysis will be done for this section.

Expectations of group members. Survey items 20-26 queried participants about their expectations of group therapy members. Frequencies and means were calculated for each question and ranked accordingly (see Tables 8a-8b below). Results were categorized in two ways. First, results were provided as an overall analysis of the sample. Second, given the differences that may occur according to gender, responses were broken down into male and female categories (No respondents endorsed the “Other” category for gender).

Table 8a

Group Member Expectations – Overall, Female and Male Categories

Group Member Expectation	Yes		Undecided		No	
	Male	Female	Male	Female	Male	Female
Welcoming/friendly	15	46	4	10	1	5
Percentage (%)	18.52	56.79	4.94	12.36	1.23	6.17
Confidentiality	16	41	0	9	4	11
Percentage (%)	19.75	50.62	0.00	11.11	4.94	13.58
Same issues	11	43	7	9	2	9
Percentage (%)	13.58	53.09	8.64	11.11	2.47	11.11
Self-disclose	11	36	7	17	2	8
Percentage (%)	13.58	44.44	8.64	20.99	2.47	9.88
Peer relationships outside	7	34	11	16	2	11
Percentage (%)	8.64	41.98	13.58	19.75	2.47	13.58
Will drop out	8	29	7	16	5	16
Percentage (%)	9.88	35.80	8.64	19.75	6.17	19.75
Cause conflict	3	14	8	20	9	27
Percentage (%)	3.70	17.28	9.88	24.69	11.11	33.33

Note. See mean scores below (Table 8b).

Table 8b

Mean Scores for Group Member Expectations

Group Member Expectation	Males	Females	Overall
Welcoming/friendly	3.90	3.97	3.95
Confidentiality	4.10	3.85	3.91
Same issues	3.50	3.59	3.59
Self-disclose	3.50	3.51	3.53
Peer relationships outside	3.25	3.50	3.38
Will Drop Out	3.15	3.25	3.19
Cause Conflict	2.60	2.85	2.65

In terms of group member expectations, similarities and differences were observed between the overall sample, female participant and male participant responses (see Tables 8a-8b). Rankings for the overall sample and female participants mirrored each other. For the most part male participant rankings also emulated rankings for the

overall sample and female participants; however first and second order rankings were reversed for male participants in comparison to the overall sample and female participants. For female participants and the overall sample of Latino college students, the highest expectation of group therapy members was that they are welcoming and friendly. The second highest expectation of group members by female participants and the overall sample of Latino college students was that what is said in group remains confidential. Meanwhile, for male participants the highest expectation of group therapy members was that they maintain what is said in group as confidential. Their second highest expectation for group therapy members was that group members are welcoming and friendly. The third ranked expectation by all Latino college student participants is that other group members will have some of the same problems they have. The fourth ranked item proposed that all Latino college student participants expect other group members to self-disclose about their issues. The fifth ranked item shows that all Latino college student participants have the expectation that group members will have peer relationships outside of group. The sixth ranked item reported that all Latino college student participants have some expectation that group members will drop out. The last ranked item shows that all Latino college student participants have very low expectation that group therapy members will cause conflict in the group.

Group leader expectations. Survey items 27-33 inquired participants regarding group leadership expectations. Frequencies and means were calculated for each question and ranked according to their rating (see Tables 9a-9b below). Results were categorized in two ways. First, results were provided as an overall analysis of the sample. Second,

given the differences that may occur according to gender, responses were broken down into male and female categories (No respondents endorsed the "Other" category).

Table 9a

Group Leader Expectations – Overall, Female and Male Categories

Group Leader Expectations	Yes		Undecided		No	
	Male	Female	Male	Female	Male	Female
Direct in conflict	13	52	4	7	3	2
Percentage	16.05%	64.20%	4.94%	8.64%	3.70%	2.47%
Expertise	16	47	3	10	1	4
Percentage	19.75%	58.02%	3.70%	12.35%	1.23%	4.94%
Direct observation of behavior	15	47	3	11	2	3
Percentage	18.52%	58.02%	3.70%	12.35%	2.47%	3.70%
Undivided Attention	11	36	5	12	4	13
Percentage	12.35%	44.44%	6.17%	14.81%	4.94%	16.05%
Recognize outside of group	10	29	5	15	5	17
Percentage	12.35%	35.80%	6.17%	18.52%	6.17%	20.99%
Self-disclose	7	18	8	19	5	24
Percentage	8.64%	22.22%	9.88%	23.46%	6.17%	29.63%
Solve my problems	4	3	5	15	11	43
Percentage	4.94%	3.70%	6.17%	18.52%	12.35%	53.09%

Note. Please see mean scores below (Table 9b)

Table 9b

Mean Scores for Group Leader Expectations

Group Leader Expectations	Male	Female	Overall
Direct in Conflict	3.65	4.08	3.98
Expertise	4.10	4.08	4.09
Direct Observation of Behavior	3.75	3.90	3.86
Undivided Attention	3.40	3.54	3.51
Recognize Outside of Group	3.40	3.16	3.22
Self-Disclose	3.10	2.90	2.95
Solve My Problems	2.40	2.23	2.27

In terms of group leader expectations, similarities and differences were observed between the overall sample, male participant and female participant responses (see Tables 9a-9b). For the most part rankings for the overall sample and female participants mirrored each other. The difference between these two categories' rankings is that females ranked two items in first place (same mean score): the expectation that group leaders will be experts at what they do and the expectation that group leaders will be direct when addressing conflict. Meanwhile, the overall sample ranked in first place the expectation that group leaders will be experts and second the expectation that group leaders will be direct when addressing conflict. The ranking for overall sample and female participant response categories differ from the male participant response category in the order of the first three ranking items. The third ranked item for the overall sample and female participant categories was the expectation that group leaders will provide them with direct helpful observations about their behavior. In contrast, the third ranked item for male participants was the expectation that group leaders will be direct when addressing conflict. The fourth ranked item for all Latino college student participants was the expectation that group leaders will grant them their undivided attention. The fifth ranked item for all Latino college student participants was the expectation that group leaders will acknowledge them if they run into each other outside of group. The sixth ranked item for all Latino college student participants was the expectation that group leaders will self-disclose personal things. For the sixth ranked item, only male participants ranked it high enough to suggest that this was an important expectation for them. The last ranked item for all Latino college student participants was the expectation that group leaders will

solve their problems. None of the participants ranked the last item high enough to suggest they agreed with that expectation.

What are the multicultural considerations to take into account when referring a Latino client to group therapy? Survey items 34-44 asked participants regarding multicultural considerations related to group therapy. Frequencies and means were calculated for each question and ranked according to their rating (see Tables 10a-10b below). Results were broken down in two ways. First, results were provided as a general analysis of the sample. Second, given the differences that may occur according to gender, responses were broken down into male and female categories (No respondents endorsed the "Other" category).

Table 10a

Multicultural Considerations - Overall, Female and Male Categories

Multicultural Considerations	Yes		Undecided		No	
	Male	Female	Male	Female	Male	Female
I can share feelings about racism	16	48	3	5	1	8
Percentage	19.75%	59.26%	3.70%	6.17%	1.23%	9.88%
Leaders understand Latino culture	16	38	3	10	1	13
Percentage	19.75%	46.91%	3.70%	12.35%	1.23%	16.05%
Leaders experience in group with Latinos	14	34	1	15	5	12
Percentage	17.28%	41.98%	1.23%	18.52%	6.17%	14.81%
With Latino leaders	10	29	5	14	5	18
Percentage	12.35%	35.80%	6.17%	17.28%	6.17%	22.22%
with other Latino members	11	28	5	15	4	18
Percentage	13.58%	34.57%	6.17%	18.52%	4.94%	22.22%
Group as last resort	7	25	8	15	5	21
Percentage	8.64%	30.86%	9.88%	18.52%	6.17%	25.93%
Expect Latinos participation	6	23	6	20	8	18

Percentage	7.41%	28.40%	7.41%	24.69%	9.88%	22.22%
Fluent in Spanish	7	16	7	19	6	26
Percentage	8.64%	19.75%	8.64%	23.46%	7.41%	32.10%
Expect discrimination by other members	1	14	7	11	12	36
Percentage	1.23%	17.28%	8.64%	13.58%	14.81%	44.44%
Concerned about family judgment	5	13	4	13	11	35
Percentage	6.17%	16.05%	4.94%	16.05%	13.58%	30.86%
Expect to be discriminated by leaders	3	9	6	11	11	41
Percentage	3.70%	11.11%	7.41%	13.58%	13.58%	50.62%

Note. Please see mean scores below (Table 10b).

Table 10b

Mean Scores for Multicultural Considerations

Multicultural Considerations	Male	Female	Overall
I can share feelings about racism	4.05	3.89	3.99
Leaders understand Latino culture	3.95	3.61	3.69
Leaders experience in group with Latinos	3.50	3.43	3.44
With Latino leaders	3.30	3.33	3.32
with other Latino members	3.40	3.33	3.35
Group as last resort	3.20	3.13	3.15
Expect Latinos participation	2.85	3.13	3.06
Fluent in Spanish	3.05	2.84	2.89
Expect discrimination by other members	2.20	2.49	2.42
Concerned about family judgment	2.50	2.43	2.44
Expect to be discriminated by leaders	2.35	2.21	2.42

In terms of multicultural considerations, similarities and differences were observed between the overall sample, male participant and female participant responses (see Tables 10a-10b). The first three categories for all Latino college student participants were ranked in the same order. The highest ranked multicultural consideration for all Latino college student participants was that group therapy will be a place where they can share their feelings on identity, racism and discrimination. The second ranked multicultural consideration reported that Latino college students expect group leaders to

understand Latino culture. The third ranked multicultural consideration proposed that Latino college students place a high expectation on group leaders having had experience leading groups with Latino individuals. Both the overall sample and male participant categories emulated each other in the order they ranked their fourth and fifth items. The fourth ranked multicultural consideration for the overall sample and male participant categories was that they would be more likely to join a group that has Latino members. The fifth ranked multicultural consideration for the overall sample and male participant categories indicated that they would be more likely to join a group in which the group leader is also Latino. Meanwhile, the fourth ranked multicultural consideration for female participants in this study was that they would be more likely to join a group in which the group leader is also Latino. The fifth ranked multicultural consideration for female participants was that they would be more likely to join a group that has Latino members. The sixth ranked multicultural consideration for all participants was that they expect Latino college students to utilize group therapy as a last resort after exploring other options. The seventh ranked multicultural consideration for the overall sample and female participants was the expectation that Latinos will participate in group. Meanwhile, the seventh ranked multicultural consideration for male participants was that they would be more likely to join a group in which the leaders were fluent in Spanish. The eighth, ninth, tenth and eleventh categories were not ranked high enough to suggest that they are important considerations for any of the Latino college students in this study. The eighth ranked multicultural consideration for the overall sample and female participants was that they would be more likely to join a group in which the leaders were fluent in Spanish. In contrast, the eighth ranked multicultural consideration for male participants was the

expectation that Latinos will participate in group. The ninth ranked item for the overall sample and male participants was that they would be concerned about what their family would say if they found out they were attending group. Meanwhile, the ninth ranked item for female participants was the expectation that they would be judged or discriminated against by other group members for being Latino. The tenth ranked item for the overall sample was that they would be judged or discriminated against by other group members for being Latino. Meanwhile, the tenth multicultural consideration for female participants was being concerned about what their family would say if they found out they were attending group. In contrast, the tenth ranked multicultural consideration for male participants was that the expectation of being judged or discriminated against by the leaders of the group for being Latino. The eleventh ranked item for the overall sample and female participants was the expectation that they would be judged or discriminated against by the leaders of the group for being Latino. Meanwhile, the eleventh ranked multicultural consideration for male participants was that they expect that they would be judged or discriminated against by other group members for being Latino.

Chapter V

Discussion

The purpose of this study was to examine the barriers to group therapy for Latino college students in the United States. Specifically, the study examined willingness to attend group therapy, coping strategies, group expectations and group-related multicultural considerations. The discussion begins with a summary of the results and relates them to the hypotheses of the study. Next, limitations of the present study are addressed, followed by directions for future research.

Willingness to Attend Group Therapy

The hypothesis that "Latino college students' willingness to attend group therapy increases if they have been involved in individual therapy" was found to be not significant. This finding suggests that there is no relationship between prior individual therapy involvement and willingness to join group therapy. In fact, when compared to other treatment forms, Latino college students who had been involved in prior individual therapy treatment or psychiatry were found to be the least willing to attend group therapy. However, when weighed against the level of endorsement of individuals with no prior psychological treatment, Latino college students who have been involved in individual therapy do show some more willingness to attend group therapy. To date, there is no other research on the effects of prior individual therapy on group therapy attendance with the Latino college student population. Research with the dominant population has raised

mixed results. Kotkov's (1955) study found that prior individual therapy discouraged group therapy attendance. However, Connelly, Piper, De Carufel, and Debbane (1986) indicated that group therapy dropout was less likely if individuals had prior individual therapy experience.

The hypothesis stating that "Latino college students' willingness to attend group therapy increases if they have been involved in group therapy in the past" provided varied results. The chi-square test proposed that prior group therapy participation does not increase willingness to participate in group therapy. However, one of the assumptions for a chi-square was violated, as nearly half of the cells were affected and the lowest expected count was 1.73. Therefore, results for this test are not highly reliable. Moreover, when compared to no prior treatment or other treatment modalities, respondents who had been involved in group therapy were found to endorse a slightly higher agreement with willingness to attend group therapy in the future. Nevertheless, even though Latino college students who had some type of prior group therapy experience endorsed higher willingness to attend group therapy, their level of endorsement was not rated high enough to suggest they would attend group when no information about the group was given. This assertion is critical, as it may be that these Latino college students were not satisfied with their past group experience. This survey did not ask for information about the content or type of prior group experiences, nor the participant's level of satisfaction with prior group participation. This information would be useful in order to assess why Latino college students did not endorse that they would return to group. According to Jenkins (1999), "many" Latinos use group therapy at some point in college. However, this author noted that no formal documentation has been made with regards to what percentage of Latino

students utilize group and how they benefit from these services. Thus, future research needs to be done in this area.

The hypothesis suggesting that "Latino college students do not generally know what group therapy consists of and their willingness to attend group increases when a description about the group is provided" was supported by the participants' responses. Latino college students' interest in group therapy significantly increased when they were provided with more information about types of groups and asked if they would be willing to attend. This finding remains constant when the hypothesis is challenged throughout overall sample, gender differences and prior or no prior psychological treatment. This ascertainment matches prior research that suggests a lack of information, or receiving misinformation regarding how therapy works, may be among the barriers for ethnic minorities' mental health under-utilization (Acosta et al., 1983). To date there is no research regarding similarities or differences with majority clients. Given the increase that exists when more information about group therapy is given to Latino college students, therapists working at UCCs should be trained to speak to different types of groups and their benefits for clients, starting at intake. Furthermore, this finding reinforces the importance of pre-group preparation in clarifying misconceptions about group therapy (Yalom, 2005). Moreover, it strengthens the value of task and goal agreement as two aspects that are important when building the group therapy working alliance (Yalom 2005). Beyond pre-group preparation, UCCs should engage in outreach to the Latino college student population as a key strategy in demystifying misconceptions about group therapy. Similar to Harris' (2012) suggestions with barriers to group therapy for African American college students, UCCs should be intentional with their

publicity/marketing to Latino college students about group therapy services. Furthermore, it is essential that UCCs work collaboratively with multicultural offices, Latino fraternities and sororities, Latino college student groups, and retention and recruitment committees to provide Latino students with information about group therapy.

One more interesting finding that emerged through the analysis of willingness to attend group therapy when provided more information is the types of groups that Latino college students appear to be drawn to the most. An analysis was done to account for differences between the overall Latino college student sample, gender differences and prior vs. no prior psychological treatment. Information for four types of groups was provided and Latino college students in this study were asked to rank their level of willingness to attend these groups. When reviewing responses for all analyses, items were ranked in the following order: first, "process" groups where students could learn more about themselves and how to relate to others; second, "stress relief" or "psychoeducational" or "skills" groups where students could learn techniques to relieve stress; third, "support" groups where students could receive emotional and moral support; and groups that discuss "family issues." This information is useful, in that the most employed group modalities used, to date, with Latinos have been psychoeducational groups or support groups (e.g., Belitz & Valdez, 1997; Gloria, 1999).

The finding that process groups ranked first may be related to the importance of *familismo* as an important value for Latinos. Latino college students who do not feel like their college environment provides them with a family structure or sense of belonging may incur interpersonal distress. Thus, Latino students may find it helpful to be involved in process groups that explore relationship issues. "Family issues" groups were rated as

less attractive, a finding that matches those of Duarte (2002) that for Latino college students, family problems are not to be discussed outside of the family. Kuneman (2010) noted that it may not be unlikely for Latinos to present as "guarded and resistant to disclose personal or family issues if seeking professional help" (p. 60). Thus, discussing family issues may be a significant barrier to group therapy. This affirmation has serious implications for group therapy, as to date, group leaders have recommended discussing family issues while in group therapy with the Latino population (DeLucia-Waack et al., 2004). Nevertheless, it is important to note that only male participants rated groups that discuss family issues low enough to suggest participants would not engage in this form of therapy. It may be that Latino (male) college students feel deeper pressure not to talk about family issues, as through *machismo* Latino males are expected to project images of strength and self-reliance for their families (Torres, Solberg, & Carlstrom, 2002). Future research should investigate at a deeper level Latino college student involvement in different types of groups.

The hypothesis stating that "Latino college students are more willing to join group therapy the more acculturated they are" was contradicted by the results of this study. No relationship was found between the level of acculturation of Latino college students and their willingness to participate in group therapy. This finding is inconsistent with the findings of prior research that state that individuals who are more acculturated tend to seek mental health services more often (Mena, Padilla, & Maldonado, 1987). Thus, these results may imply that contrary to findings with individual therapy, level of acculturation does not have an effect on willingness to attend group therapy. However, this study did not compare differences between levels of acculturation and an individual's willingness

to attend group therapy when more information was given about different types of groups. Therefore, future research should address this difference.

Coping Strategies of Latino College Students

In the present study, Latino college students reported a number of coping strategies that they would use prior to seeking psychological treatment. Coping strategies were analyzed to assess for differences between the overall sample, gender, and individuals with some form of prior psychological treatment vs. no treatment. All analyses consistently found that three of the most important coping strategies for Latino college students are: seeking help or advice from family and friends and addressing problems directly on their own. Flores and Carey (2000) described community and family as protective and "inoculating" factors for Latinos. Additionally, Schneider and Ward (2003) described the importance of peer social support on Latino college students' better social adjustment. Furthermore, if Latino college students choose to seek help outside of family and close friends (who may be perceived as family), they may incur in a dilemma, as Latino values emphasize the importance of keeping personal matters within the family (Altarriba & Bauer, 1998; McMiller & Weisz, 1996). Thus, it may be important for group leaders to understand and be able to speak to this barrier to group therapy with potential Latino group members. These findings suggest that during the pre-group process it is important for therapists to accept positive coping strategies that Latino college students may use and encourage them to continue using these strategies, in addition, to the support they will receive from participating in group therapy.

Additionally, given that connections with family, peers, and university personnel have been linked to educational coping for Latino college students (Gloria & Castellanos,

2012) and that their social networks may have a high influence on how they cope when dealing with distress by facilitating or interfering with the use of mental health treatment (Pescosolido et al., 1998), it is imperative that UCCs market their group therapy services to the Latino community to facilitate referrals. Moreover, given that family structures are so important to Latino college students, therapists at UCCs who want to work effectively with this population "need to become part of the Latino family to reach the working stage in the group process" (DeLucia-Waack et al., 2004). As Yalom and Leszcz (2005) noted, building a bond with Latino college student clients during pre-group is imperative.

Ranking of other coping strategies changed, to some extent, depending on the overall sample, gender, and whether the participant had participated in prior psychological treatment. Most other coping strategies were not rated high enough to indicate that Latino college students would actually utilize them. Nevertheless, males and individuals with prior psychological treatment in this sample endorsed that they "would likely attend individual therapy if [they were] in distress" at a level high enough to suggest they would actually use these services. The overall sample of Latino college students was also found to rate individual therapy as the next coping strategy they would be willing to try; however, the level of endorsement was not high enough to indicate that they would actually use it. Latina (female) college students and individuals with no prior psychological treatment ranked seeking help from their faith or religion higher than individual therapy. However, none of the groups ranked seeking help from their faith or religion, as high enough to indicate that they would exercise this coping strategy. Although the present study did not find seeking help from faith or religion as a commonly used coping strategy among Latino college students in the sample, previous

research has suggested that religion is an important coping mechanism for Latino individuals (Moreno & Cardemil, 2013). Moreover, religiosity has been associated with negative perceptions toward formal mental health treatments (Harris, Edlund, & Larson, 2006). It may be that the sample being studied was not religious or that level of education had some influence in the participant's responses about seeking help through their faith or religion.

Out of the various types of professional psychological help that Latino college students endorsed as having some willingness to use, group therapy was ranked as the lowest when analyzing the general sample, female participant responses and individuals with no prior psychological treatment. This occurrence confirms the hypothesis that suggests "Group therapy is the last healthy coping strategy a Latino college student is willing to consider." However, the ranking of group therapy as one of the last professional psychological treatments Latino college students would use for coping, may be related to a lack of information, or misinformation regarding what group therapy entails (Acosta et al., 1983). When performing analyses of male respondents and participants with no prior psychological treatment, the last rated professional psychological treatment, used as a coping strategy, was family therapy followed by group therapy.

A noteworthy finding is that Latino college students with no prior psychological treatment did not rank individual therapy high enough to suggest they would utilize this service. This finding may be related to previous research which suggests that Latinos do not seek mental health services unless they see their problems as severe (Moreno & Cardemil, 2013). In contrast, individuals with prior psychological treatment ranked

individual therapy high enough to suggest they would use it as a coping strategy. Thus, prior psychological treatment may increase the likelihood of a Latino college student seeking professional psychological help in comparison to individuals with no prior treatment.

The last coping strategy observed to be rated by Latino college students, through all analyses, was consuming alcohol or drugs. This finding is consistent with research that proposes that more acculturated Latinos are not motivated to consume alcohol as a way to cope (Marin, Posner, & Kinyon, 1993). However, it should not be assumed that Latino college students do not drink, as previous research suggests there is a link between higher degree of acculturation and increase in the consumption of alcohol (Black &Markides, 1993). As for drug consumption, higher degrees of acculturation have been related to lower levels of drug use (Garcia, 1999). Thus, Latino college students may not see or admit their drinking or drug consumption as a coping strategy.

Group Therapy Expectations

Expectations of group members. In terms of Latino college students' expectations of group members, some gender differences were noted. For females, the highest expectation was that other group members would be welcoming and friendly, while for males the highest expectation was that other group members would maintain confidentiality. However, both genders rated the expectation of maintaining confidentiality and other group members being welcoming and friendly, as the highest expectations. Thus, a barrier to group therapy may happen if Latino college students perceive group therapy as a place where confidentiality is not kept. Yalom and Leszcz (2005) highlighted the importance of discussing confidentiality with the general

population, as it increases group success and decreases drop-out rates. Furthermore, it may be imperative to talk about confidentiality with Latino college students who may fear others finding out that they are involved in therapy. As a way for group members to gain Latino college students' trust, it may be important that group members present themselves as welcoming and friendly. For Latinos, trust is built through *simpatía* and *personalismo*, two important cultural values. *Simpatía* can be achieved by engaging others in a friendly, warm and genuinely concerned manner (Santiago-Rivera et al., 2002). *Personalismo* is described as close personal relationships and occurs through the perception of well-meaning, objective, caring and respectful characteristics in another (Santiago-Rivera et al., 2002). Hence, if Latino college students do not perceive their group members as welcoming and friendly, they may be at risk for early termination in group therapy.

Another group member expectation rated as central to Latino college students satisfaction was that other group members share some of the similar personal issues they have. Flores and Carey (2000) agreed that one variable that makes group therapy valuable to Latino students is "universality." Through universality, group members learn that they are not alone with their struggles, whether they are in a group with individuals from other ethnic/racial backgrounds who are struggling with independence and interdependence, or whether they are in a group with members of their same ethnic background struggling with acculturation, discrimination, etc. (Flores & Carey, 2000; Yalom & Lezcz, 2005).

Additionally, Latino college students participating in this study reported that an important expectation would be that other group members self-disclose about their issues. Self-disclosure may provide Latino college students with a sense of personal interaction

that is needed for *personalismo.* Therefore, in order to experience "universality," Latino college students may find it necessary for other group members to self-disclose.

Furthermore, Latino college students ranked as important the expectation of other group members developing peer relationships with one another outside of group. This expectation may also be related to the value that Latinos place on personal relationships through *personalismo.* Thus, this expectation may be important to take into consideration when referring Latino college students to different types of groups, as some groups may encourage group member relationships outside of group and other groups may disapprove of such interactions. Moreover, it is important that during pre-group, leaders discuss what their group relationships typically look like, as not being able to form relationships outside of group could be a barrier to group therapy for Latino college students.

Latino college students rated some expectation that other group members would drop out of group. This finding may be related to previous research that has found minorities are more likely to drop out of services if they do not believe that their unique cultural needs are met (Flaskerud, 1986; Sue & Morishima, 1982; Vermon & Roberts, 1982). This finding may be a barrier to group therapy as Latino college students could possibly believe that group therapy does not address their unique cultural variables.

Very low expectation was marked in terms of other group members causing conflict in the group. This item response is compatible with Latinos' value of affiliation over confrontation, which was noted by Flores and Carey (2000) to be a characteristic that facilitates the development of group cohesion and strength. Moreover, Latinos experience conflict as embarrassing and demeaning (Berrios-Allison, 2011). Thus, Latino college students may be less likely to participate in group therapy or terminate group if

they believe or experience conflict within the group. However, conflict was not defined in the survey and thus, it is unknown how participants defined or understood this term. Nevertheless, results from this study suggest fear of conflict is very important to Latino college students. This observation is noteworthy, as in traditional group work, group leaders may often implement interventions that encourage confrontation. For example, Yalom and Leszcz (2005) proposed that conflict within a group is needed to foster and promote change. However, when working with such interventions, group leaders may overlook multicultural variables (Greeley, Garcia, Kessler, & Gilchrest, 1992). Conflict is an important barrier to Latino college students in group therapy. Thus, it is suggested that during pre-group and the first group meeting, the possibility of conflict is addressed with group members. Group leaders should discuss the inherent nature of conflict in groups. Moreover, potential group members should be assured that conflict that hinders the group process will be appropriately addressed by the group leaders

Group leader expectations. In relation to Latino college students' expectations of group leaders, gender differences were observed in terms of the highest rated item. The highest group leader expectation for females was that they are direct when addressing conflict. Meanwhile, the highest group leader expectation for males was that they are experts at what they do. However, both genders ranked these items as their two highest items.

Group therapy directness when addressing conflict may be related to Latino college students' fear of group member confrontations. This expectation is important as it links to the expectation of group therapists providing a "holding environment" that is safe for clients (Yalom & Leszcz, 2005). In contrast to this finding, DeLucia-Waack (2004)

recommended that group leaders are non-direct but firm when approaching Latino clients. Thus, more research needs to be done regarding Latino college students' definition of directness and how they would prefer group leaders to address conflict. A barrier to group therapy for Latino college students may be if they perceive their group leader not to address conflict appropriately.

The expectation that group leaders must be experts has been backed up by past literature that highlights the great respect imparted to leaders as figures of authority and the assumption that they are people of knowledge and wisdom (Torres-Rivera, 2004; Torres-Rivera, Wilbur, Roberts-Wilbur, & Phan, 1999). Group leader expertise may be related to another important expectation of group leaders that was found in this study, namely that Latino college students expect group leaders to provide group members with helpful observations about their behavior.

Another important finding was that Latino college student participants reported the expectation that group leaders will provide them with their undivided attention. However, no definition was provided for what "undivided attention" meant. It may be that Latino college student participants answered this question keeping in mind their needs to facilitate *desahogo* (getting things off one's chest), which is typically assisted by other people's receptiveness and providing Latino clients with time to describe their thoughts or events using a lot of detail (Santiago-Rivera et al., 2002). It is essential to highlight that Latinos have been found to value leadership styles that involve egalitarian relationships with importance placed on responding to individuals equally and with respect (Padilla, 1995). Hence, participants' response to receiving "undivided attention" by their group leader should not be judged as self-centered.

One more finding suggests that Latino college students expect that group leaders speak to them or demonstrate that they know them if they see them outside of group. This finding may be related to *personalismo* as a value that Latinos hold. Latinos may see it as a sign of respect to greet group leaders outside of group and for them to do the same. A barrier to group therapy may be that Latino college students find their group leader not saluting them outside of therapy as a sign of disrespect. Thus, it is essential that group leaders explain confidentiality as it pertains to greeting clients outside of therapy.

Latino college students endorsed two items with very low expectation in terms of group leadership. One item that was endorsed with low expectation proposed that group leaders would self-disclose personal things about themselves. Out of all participants, males were more accepting of leader self-disclosure. Yalom's (2005) therapeutic factors for group therapy involve a certain degree of leader self-disclosure. Thus, it is possible that a barrier to group therapy for Latino college students could arise if a group leader self-discloses and the Latino college student is not prepared for this type of interaction. Moreover, the impact of group leaders' possible self-disclosure should be assessed and discussed with Latino college students.

The item marked as the lowest expectation for group leaders was that they would solve their personal problems. This finding contradicts Torres-Rivera's (2004) affirmation that Latinos assume group leaders will be in control and have the answers to all their problems.

Group-Related Multicultural Considerations

It is important to note that this sample of Latino college students had differing reactions when being asked about race. More than half of the Latino college student

participants in this sample stated their race as Latino/Hispanic, mestizo or their cultural heritage (e.g., Mexican-American). Masuoka (2007) noted a similar observation through his study, as half of the participants identified as Latino or Hispanic as their racial descriptor (p. 47). This finding is important as some Latino college students could become offended if an incorrect term is used to describe their race or ethnicity.

A variety of other multicultural variables were found to be important to Latino college students in this study. Latino college students acknowledged the expectation that group be a place where they can share their feelings on identity, racism, and discrimination. This finding is congruent with Flores and Carey's (2000) statement which suggests group therapy with Latino students "must consider the complex contextualism for understanding the effects of culture, ethnicity, race, gender and class as these factors represent critical influences on socialization and identity development" (p. 159). Moreover, Torres-Rivera (1999) asserted that when working with Latinos from a multicultural perspective, it is imperative to listen to them as possible victims of social justice and trauma. Furthermore, Latinos who perceive themselves as victims of discrimination should be encouraged to express their thoughts, experiences and stories related to the trauma of prejudice. Group therapy that fails to include these types of discussions may result in early termination by Latino college students.

Another multicultural consideration is that Latino college students expect group leaders to be knowledgeable about their culture. Additionally, Latino college students expect that group leaders have experience running other groups with Latino members. Constantine and Arorash (2001) suggested that Latino and African-American college students report higher expectations of receiving multicultural counseling services than

other ethnic/racial background students, when presenting to therapy. Thus, a barrier to group therapy for Latino college students may be that they do not perceive group therapy to address their unique cultural needs. Moreover, Berrios-Allison (2011) recommended that group leaders be culturally and linguistically competent. Hence, it is imperative that UCC staff demonstrate proficiency about these students' cultural backgrounds. Furthermore, therapists should show cultural competence by addressing Latino college students' cultural needs since they first meet these clients.

Another multicultural variable is that about half of the participants reported more willingness to attend group therapy if the group leader was Latino or there was another Latino group member. This finding is supported by previous findings that suggest ethnically similar therapists increase the likelihood of Latino college student interest in attending UCCs (Mack, 1989). According to Martinez (2000) and Sue and Sue (1999), ethnic matching helps strengthen the therapeutic alliance, reduce attrition, maximize treatment adherence and enhance identity development and modeling. Moreover, since ethnic matching is an important consideration for Latino college students, this finding further reinforces the importance of group leaders being knowledgeable about Latino culture, as credibility may be lost if the group leader belongs to another ethnic background and does not show familiarity with the Latino culture.

Results for this study suggest that Latino college students have a minimal expectation that other Latino individuals will join group. Additionally, there is some expectation that Latinos will only attend group therapy as a last resort. Thus, given the previously mentioned finding that proposes interest in group therapy may increase if

another Latino group member is present, it may be important for group leaders to highlight if other Latinos usually attend their groups.

This sample of Latino college students reported low endorsement of the following multicultural variables: willingness to attend a group in which the leaders are fluent in Spanish; concern about what their family would say if they found out they were involved in group therapy; expectation that they would be judged or discriminated against by group members; or expectation that they would be judged or discriminated against by group leaders.

This sample of participants may have not found it relevant for group leaders to speak Spanish, as results indicate Latino college students in this study were highly acculturated and most elected to complete the survey in English. However, according to Maldagy (1987), among college students who have higher acculturation levels and proficiency of English language, clients preferred to go to a therapist who could speak the language of their country of origin regardless of their decision to actually speak in that language within the therapeutic session. Thus, future research needs to be done to address this discrepancy by comparing individuals from different levels of acculturation. Another finding that may be impacted by the level of acculturation of participants in this study is that Latino college students did not express a concern about their family knowing they were involved in group therapy. This finding may be different with a less acculturated set of participants, as Latinos have been found to hold the belief that family problems should not be discussed outside of the family (Duarte, 2002).

The low expectation that Latino college students in this sample articulated about group leaders and other group members may be related to their expectation that members

of the group will be welcoming and friendly. Again, these results may be related to Latinos' value of *personalismo.* Moreover, these results may be reflective of trust in the group as a safe space where individuals should not fear dealing with racism. However, given that groups are a microcosm of the larger society, prejudice, racism, and discrimination may manifest during sessions (Anderson, 2007; Marbley, 2004). Group leaders need to be aware of this possibility and be prepared to address such instances in a multiculturally sensitive way. Perceived judgment or racial discrimination by members of the group or leaders represents an important barrier to group therapy.

Chapter VI

Limitations and Future Directions

Limitations of this Study

There are several limitations to this study that must be acknowledged. Given that the researcher for this study was located in Midwest Ohio, where the population studied is limited, a Snowball Sampling technique was employed in order to reach Latino college students across the country. One limitation of the research method is that the true distribution of the population of participants is unknown. Furthermore, it is likely that a "sampling bias" occurred as a result of participants sending the survey to individuals who share their same traits and characteristics, thus, it is possible that the sample might only relate to a subgroup of people. Additionally, as research data were collected via e-mail through list-serves the true identity and responses of participants are not verifiable.

Another limitation of this study is the small sample size, which limits the generalization of the research findings. In other words, results from this study should not be interpreted as generalizable to all Latino college students. Likewise, in terms of a lack of generalization, there was a limitation with regard to the diversity of the sample, including: influence of interpersonal styles, environmental context (e.g., predominantly white institutions vs. more diverse institutions), socioeconomic status, sexual orientation status, disability status, religious status, and so forth. These diversity variables were not included in the demographic survey. Moreover, the number of male participants in this study was significantly lower than the number of female participants willing to complete

the research survey. Additionally, even though the demographic page provided participants with an "other" category to account for individuals who may identify as transgender, intersex or any other gender label, no participants marked that category. Additionally, in order to protect participants who may be undocumented, this researcher decided not to include questions about immigration status or generation in this country. Furthermore, the research sample was composed of highly acculturated individuals and therefore may not be reflective of individuals who are less acculturated.

One more limitation is that the number of participants who were involved in prior group therapy was small and thus statistical regressions could not be conducted to address those questions in this study. Results involving this group of participants were not highly reliable, as the assumption for the chi-square was violated when half of the cells were affected and the lowest expected count was 1.73. Thus, future research needs to identify what perceptions of group therapy Latino college students have if they have been involved in prior group therapy.

One more limitation is that the acculturation scale used in this study included responses which may appear to be biased and/or confusing, such as the term "American." Many Latinos in South America, Central America and North America view themselves as "American" (they all live on the American continent). This could be even more confusing for those Latinos born in the United States. Furthermore, given that the acculturation scale is intended to be used with Latinos in general, many of the questions used to determine the level of acculturation asked only about language usage and not about traditions, food, etc. which are other important factors of acculturation.

Another limitation is that results from this researcher may be only applicable as barriers to group therapy for an individual that is not presently involved in group therapy. However, there are many layers to group that still need to be addressed at distinct stages of group therapy. According to Chen and Han (2001), group therapy is not static; rather, it is dynamic in nature with discrete stages suggesting inherent differences.

Future Directions

One suggestion for future research includes replicating the present study with a larger, more statistically relevant sample size in order to cross-analyze its variables. Specifically, in order to draw firm, reliable conclusions about the impact that prior group therapy involvement has on future willingness to attend group therapy, upcoming research should examine this question more closely based on a filter for a minimum quota of said subjects. Furthermore, the current study included Latino college students who presented as more acculturated. Future research should also study Latino college students who are less acculturated in order to draw comparisons between Latino college student barriers to group therapy from distinct levels of acculturation. This research needs to speak to types of groups these individuals have been involved with an in-depth study of different types of groups that Latino college students are interested in joining and reasons why.

Future studies should include other methods of coping such as support from university personnel and address how these strategies might relate to group therapy utilization. Gloria and Castellanos (2012) reported that university personnel have been found to be a useful source of support for Latino college students. Although this research asked about religion as a coping strategy this research did not assess participants' level of

religiosity, and thus, future research should include this demographic question. Additionally, the present study did not compare differences between levels of acculturation and individual's willingness to attend group therapy when more information is given about different types of groups. Thus, future studies should address this area.

This study also has made suggestions regarding pre-group preparation, marketing, outreach and group therapy interventions. It is recommended that future research be done to evaluate the effectiveness of these suggestions. For example, this researcher suggested that UCCs market their group services to the Latino community. Thus, research should assess the effectiveness of marketing strategies in increasing group referrals.

Because Latino subgroups have been found to present with differing experiences, future studies should look at individual Latino subgroups in order to gain more knowledge about the diversity of Latino college students' subgroup needs as related to group therapy.

Finally, UCCs need to document the percentage of Latino students that are presenting to group, dropout rates, and group therapy completion rates. Future research needs to examine why Latino college students who have been involved in individual therapy are reporting a low willingness to attend future group therapy. Specifically, future studies should ask about the types of prior therapy experiences and the participant's level of satisfaction with it.

Appendix A

Demographic Page (English Version)

How old are you? ☐ between 18 and 25
☐ between 26 and 33
☐ between 34 and 41
☐ between 42 and 49
☐ between 50 and older

Gender: ☐ Female
☐ Male
☐ Other

In what state or U.S. territory do you live? _____

Are you currently enrolled in college? ☐ Yes ☐ No

Academic classification: ☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate

What is your major? _____

In college, are you considered an International student? ☐ Yes ☐ No

Are you the first person in your family to attend college? ☐ Yes ☐ No

Are you of Hispanic, Latino, or Spanish origin? Mark all that apply.
☐ No, not of Hispanic, Latino, or Spanish origin.
☐ Yes, Mexican, Mexican American, Chicano.
☐ Yes, Puerto Rican.
☐ Yes, Cuban.
☐ Yes, another Hispanic, Latino or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, and so on.
_____

What is your race? Mark ☒ on one or more boxes.
☐ White.
☐ Black or African American.
☐ Other – Print race below.
_____

Appendix B

Demographic Page (Spanish Version)

¿Qué edad tiene? ☐ entre 18 y 25
☐ entre 26 y 33
☐ entre 34 y 41
☐ entre 42 y 49
☐ entre 50 o mayor

Género: ☐ Femenino
☐ Masculino
☐ Otro

¿En cuál estado o territorio de los Estados Unidos vive usted?

_____

¿Está usted actualmente registrado en la universidad? ☐ Sí ☐ No

Clasificación académica: ☐ Estudiante de primer año
☐ Estudiante de segundo año
☐ Estudiante de tercer año
☐ Estudiante de cuarto año
☐ Estudiante de postgrado

¿Cuál es su carrera? _____

¿Es usted considerado/a estudiante internacional en su universidad? ☐ Sí ☐ No

¿Es usted la primera persona en su familia que ha asistido a la universidad? ☐ Sí ☐ No

¿Es usted de origen Hispano, Latino, o Español? Marque todas las que correspondan.
☐ No, no tengo origen Hispano, Latino o Español.
☐ Sí, Mexicano, Mexicano Americano, Chicano.
☐ Sí, Puertorriqueño.
☐ Sí, Cubano.
☐ Sí, otro origen Hispano, Latino o Español – Escriba el origen, por ejemplo, Argentino, Colombiano, Dominicano, Nicaragüense, Salvadoreño, etc.

_____

¿Cuál es su raza? Marque ☒ en una o más de los casilleros.
☐ Blanco
☐ Negro o Afro-American.
☐ Otro – Escriba el nombre de su raza abajo.

_____

Appendix C

Barriers Scale Survey (English Version)

Barriers to Group Therapy for Latino College Students in the United States

The purpose of this survey is to learn more about how Latino college students in the United States perceive psychological group therapy. Whether you have participated in group therapy or not, we appreciate your completing this survey. Please indicate how much you agree with each of the statements below. Please answer all questions.

A. Psychotherapy Participation

1.	Have you ever participated in individual therapy?	Yes	No
2.	Have you ever participated in group therapy?	Yes	No
3.	Have you ever gone to a psychiatrist?	Yes	No
4.	Have you ever used medication that was prescribed to you in order to treat a psychological disorder?	Yes	No
5.	Have you ever participated in family therapy?	Yes	No

B. Coping Strategies

6.	If I were in distress I would likely address the problem directly on my own.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
7.	If I were in distress I would likely attend individual therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
8.	If I were in distress I would likely attend family therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
9.	If I were in distress, I would likely seek help or advice from my friends.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

10. If I were in distress, I would likely seek help or advice from my family.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
11. If I were in distress I would likely seek help from my faith and/or religious leaders.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
12. If I were in distress I would likely ignore it and do nothing about it.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
13. If I were in distress I would likely seek help from my physician.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
14. If I were in distress I would likely deal with my problems through the use of drugs and/or alcohol.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
15. If I were in distress I would likely attend group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

C. Group Psychotherapy Participation

16. I would attend groups that primarily teach me techniques to relieve my distress.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
17. I would be willing to attend a group in which I would learn more about myself and how to	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

relate to other people.

18. I would be willing to attend a group that discusses family issues that impact my mental health.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
19. I would be willing to attend a group which's aim is to provide members with emotional and moral support.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

D. Expectations of Group Members

20. I expect that what I say in group therapy will be kept confidential by other group members.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
21. I expect that group therapy members will be friendly and welcoming.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
22. I expect that group therapy members will cause conflict within the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
23. I expect that group therapy members will have some of the same personal issues as I do.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
24. I expect that group therapy members will drop out of group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
25. I expect that members of group therapy will self-disclose about their issues.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

26. I expect that group therapy members will have peer relationships with one another outside of group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

E. Group Leader Expectations

27. I expect that group psychotherapy leaders will be experts in the field of group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
28. I expect group therapy leaders to give me their undivided attention in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
29. I expect group therapy leaders to be direct when addressing conflict within the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
30. I expect group therapy leaders to solve my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
31. I expect group therapy leader to provide me with direct helpful observations regarding my behavior.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
32. I expect group therapy leaders to self-disclose personal things about themselves.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
33. I expect group therapy leaders to speak to me and/or demonstrate that they know me if I see them out of	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

group.

F. Multicultural Considerations

34. I am more likely to join a group that has Latino members.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
35. I am more likely to join a group whose leaders are also Latino.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
36. I am more likely to join a group whose leaders are fluent in Spanish.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
37. I expect that I would be judged or discriminated against by other group members for being Latino/a.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
38. I expect that I would be judged or discriminated against by the leaders of the group for being Latino/a.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
39. I expect Latinos to participate in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
40. I expect group leaders to have led groups with Latino participants.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
41. I expect group leaders to understand my Latino culture.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
42. I expect group therapy to be a place where I can share my feelings on identity, racism and discrimination.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

43. I expect Latino college students to utilize group therapy as a last resort after exploring other options.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
44. I would be concerned about what my family would say if they found out I am attending a group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

Appendix D

Barriers Scale Survey (Spanish Version)

Las Barreras de Terapia en Grupo para Estudiantes Universitarios Latinos en Los Estados Unidos

El propósito de esta encuesta es aprender más sobre como estudiantes universitarios Latinos en los Estados Unidos perciben la terapia en grupo. Haya usted participado en terapia de grupo o no, le agradecemos el completar esta encuesta. Por favor, indique que tan de acuerdo está con cada una de las siguientes declaraciones. Por favor conteste todas las preguntas.

A. Participación en terapia

1.	¿Alguna vez ha participado en terapia individual?	Sí	No
2.	¿Alguna vez ha participado en terapia de grupo?	Sí	No
3.	¿Alguna vez ha ido al psiquiatra?	Sí	No
4.	¿Alguna vez ha usado medicación que fue prescrita para usted para tratar un desorden psicológico?	Sí	No
5.	¿Alguna vez ha participado en terapia familiar?	Sí	No

B. Estrategias de Afrontamiento

6.	Si yo estuviera angustiado/a probablemente abordaría el problema directamente por mi cuenta.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
7.	Si yo estuviera angustiado/a probablemente asistiría a terapia individual.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
8.	Si yo estuviera angustiado/a, asistiría a terapia familiar.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

9.	Si yo estuviera angustiado/a, probablemente solicitaría ayuda o consejo de mis amigos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
10.	Si yo estuviera angustiado/a, probablemente solicitaría ayuda o consejo de mi familia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
11.	Si yo estuviera angustiado/a probablemente solicitaría ayuda de mi fe y/o líderes religiosos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
12.	Si yo estuviera angustiado/a probablemente lo ignoraría y no haría nada al respecto.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
13.	Si yo estuviera angustiado/a probablemente solicitaría ayuda de mi médico.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
14.	Si yo estuviera angustiado/a probablemente trataría mis problemas mediante el uso de drogas o alcohol.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
15.	Si yo estuviera angustiado/a probablemente atendería a terapia de grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

C. Participación en Terapia de Grupo.

16. Yo estaría dispuesto a asistir a un grupo que principalmente me enseñe técnicas para aliviar mi angustia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
17. Yo estaría dispuesto/a a asistir a un grupo en el cual aprendería más sobre mí mismo y cómo relacionarme con otras personas.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
18. Yo estaría dispuesto/a a asistir a un grupo que discute problemas familiares que impactan mi salud mental.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
19. Yo estaría dispuesto/a a asistir a un grupo que tenga como objetivo el proporcionar a sus miembros con apoyo emocional y moral.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

D. Expectativas de los Miembros del Grupo

20. Mi expectativa es que lo que diga en el grupo de terapia se mantenga confidencial por los otros miembros del grupo	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
21. Mi expectativa es que los miembros del grupo de terapia	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

sean amables y acogedores.					
22. Mi expectativa es que los miembros del grupo de terapia causen conflictos dentro del grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
23. Mi expectativa es que los miembros del grupo de terapia tengan algunos de los mismos problemas personales que yo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
24. Mi expectativa es que miembros del grupo de terapia abandonaran el grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
25. Mi expectativa es que miembros del grupo de terapia auto-revelaran acerca de sus problemas.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
26. Mi expectativa es que los miembros del grupo de terapia tendrán relaciones amistosas entre sí fuera del grupo de terapia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

E. Expectativas hacia Lideres del Grupo

27. Mi expectativa es que los líderes del grupo de terapia sean expertos en el campo de terapia en grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
28. Mi expectativa es que los líderes del grupo me den toda su atención en el grupo de terapia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

29. Mi expectativa es que los líderes del grupo de terapia sean directos al abordar conflictos dentro del grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
30. Mi expectativa es que los líderes del grupo de terapia resuelvan mis problemas personales.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
31. Mi expectativa es que los líderes del grupo de terapia me proporcionaran directamente con observaciones útiles acerca de mi comportamiento.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
32. Mi expectativa es que los líderes del grupo de terapia auto-revelaran cosas personales sobre ellos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
33. Mi expectativa es que los líderes del grupo de terapia hablaran conmigo y/o demostraran que me conocen si yo los veo fuera del grupo.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

F. Consideraciones Multiculturales

34. Soy más propenso/a a unirme a un grupo que tiene miembros Latinos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
35. Soy más propenso/a a unirme a un grupo cuyos líderes también son Latinos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

36. Soy más propenso/a a unirme a un grupo cuyos líderes hablan español con fluidez.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
37. Mi expectativa es que seré juzgado/a o discriminado/a por otros miembros del grupo por ser Latino/a.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
38. Mi expectativa es que seré juzgado/a o discriminado/a por los líderes del grupo por ser Latino/a.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
39. Mi expectativa es que Latinos participaran en grupos de terapia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
40. Mi expectativa es que los líderes del grupo hayan liderado grupos con participantes Latinos.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
41. Mi expectativa es que los líderes del grupo entiendan mi cultura como Latino/a.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
42. Mi expectativa es que el grupo de terapia sea un lugar donde puedo compartir mis sentimientos sobre identidad, racismo y discriminación.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo
43. Mi expectativa es que los estudiantes universitarios latinos usaran grupos de terapia como su último	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

	recurso, después de explorar otras opciones.					
44.	Yo estaría preocupado acerca de que diría mi familia si se enteraran que estoy atendiendo a un grupo de terapia.	1 Muy en desacuerdo	2 En desacuerdo	3 Indeciso	4 De acuerdo	5 Muy de acuerdo

Appendix E

Acculturation Scale for Hispanics (English Version)

A. English

1. In general, what language(s) do you read and speak?

1	2	3	4	5
Only Spanish	Spanish better than English	Both Equally	English better than Spanish	Only English

2. What was the language(s) you used as a child?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

3. What language(s) do you speak at home?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

4. In which language(s) do you usually think?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

5. What language(s) do you usually speak with your friends?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

6. In what language(s) are the T.V. programs you usually watch?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

7. In what language(s) are the radio programs you usually listen to?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

8. In general, in what language(s) are the movies, T.V. and radio programs you prefer to watch and listen to.

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

9. Your close friends are:

1	2	3	4	5
All Latinos/Hispanic	More Latinos than Americans	About Half & Half	More Americans than Latinos	All Americans

10. You prefer going to social gatherings/parties at which the people are:

1	2	3	4	5
All Latinos/Hispanic	More Latinos than Americans	About Half & Half	More Americans than Latinos	All Americans

11. The persons you visit or who visit you are:

1	2	3	4	5
All Latinos/Hispanic	More Latinos than Americans	About Half & Half	More Americans than Latinos	All Americans

12. If you could choose your children's friends, you would want them to be:

1	2	3	4	5
All Latinos/Hispanic	More Latinos than Americans	About Half & Half	More Americans than Latinos	All Americans

Appendix F

Acculturation Scale for Hispanics (Spanish Version)

1. Por lo general, qué idioma(s) leé y habla usted?

1	2	3	4	5
Solo Español	Español mejor que Inglés	Ambos por igual	Inglés mejor que Español	Solo Inglés

2. Cuál fué el/los idioma(s) que habló cuando era niño(a)?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

3. Por lo general, en qué idioma(s) habla en su casa?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

4. Por lo general, en qué idioma(s) piensa?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

5. Por lo general en qué idioma(s) habla con sus amigos(as)?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

6. Por lo general, en qué idioma(s) son los programas de televisión que usted ve?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

7. Por lo general, en qué idioma(s) son los programas de radio que usted escucha?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

8. Por lo general, en qué idioma(s) prefiere oir y ver películas, y programas de radio y televisión?

1	2	3	4	5
Solo Español	Más Español que Inglés	Ambos por igual	Más Inglés que Español	Solo Inglés

9. Sus amigos y amigas más cercanos son:

1	2	3	4	5
Solo Latinos	Más Latinos que Americanos	Casi mitad y mitad	Más Americanos que Latinos	Solo Americanos

10. Usted prefiere ir a reunions sociales/fiestas en las cuales las personas son:

1	2	3	4	5
Solo Latinas	Más Latinas que Americanas	Casi mitad y mitad	Más Americanas que Latinas	Solo Americanas

11. Las personas que usted visita o que le visitan son:

1	2	3	4	5
Solo Latinas	Más Latinas que Americanas	Casi mitad y mitad	Más Americanas que Latinas	Solo Americanas

12. Si usted pudiera escoger los amigos(as) de sus hijos(as), quisiera que ellos(as) fueran:

1	2	3	4	5
Solo Latinos	Más Latinos que Americanos	Casi mitad y mitad	Más Americanos que Latinos	Solo Americanos

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