A descriptive study of Mexican-Americans who were seen at the Adult and Child Guidance Center during the period, November, 1986-April, 1987

Lucy Medina
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DOI: https://doi.org/10.31979/etd.mmv5-czwh
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A DESCRIPTIVE STUDY OF MEXICAN-AMERICANS WHO WERE SEEN AT THE ADULT AND CHILD GUIDANCE CENTER DURING THE PERIOD, NOVEMBER, 1986 - APRIL, 1987

A PROJECT PRESENTED TO THE SCHOOL OF SOCIAL WORK OF SAN JOSE STATE UNIVERSITY

In partial fulfillment of the Requirements for the Degree MASTER OF SOCIAL WORK

by LUCY MEDINA

May, 1987
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ACKNOWLEDGEMENTS

I wish to acknowledge and thank my husband Phil and daughter Jeannette for their constant encouragement and support throughout these last two years. To Larry Soto M.S.W. and Al Swanson M.S.W. for being on my committee. To Rick Williams, Assistant Director of Adult and Child Guidance Center for his assistance and guidance in gathering data for this study. To Dr. John Brown, Chairperson of my committee for his valuable knowledge, guidance and support in the writing of this study. A very special thanks and appreciation to all of you.
A DESCRIPTIVE STUDY OF MEXICAN-AMERICANS WHO WERE SEEN AT THE ADULT AND CHILD GUIDANCE CENTER FOR THE PERIOD, NOVEMBER, 1986-APRIL, 1987

Chapter 1

Introduction

Purpose of Study

The purpose of this investigation is to identify the characteristics of Mexican-Americans who were seen at the Adult and Child Guidance Center in Santa Clara County during the period of November, 1986 - April, 1987.

Rationale for the Study

Existing literature strongly suggests the underutilization of social services by Mexican-American families. Reasons have been identified for this underutilization. However, it does appear that Mexican-Americans avail themselves of mental health services, and many of them do receive assistance from mental health agencies in the community. A need exists (1) to identify the types of social services
received by Mexican-Americans, (2) to identify referral sources, and (3) to identify the outcome of these service contacts. This study will seek to identify the characteristics of Mexican-Americans who seek mental health services as well as the problems which bring about agency contact. It would also be beneficial to determine if the mental health services provided take into consideration their cultural heritage, and if problems present themselves in maintaining Mexican-Americans in treatment. This knowledge may make it possible for the social worker to be more effective in social work contacts with this population.

Relevance to the Mission of the School

The mission of the School of Social Work at San Jose State University is to educate social workers for practice with oppressed minorities, particularly the Chicanos. Since this study focuses on Mexican-Americans, the route by which they become involved with mental health agencies, and the type of services provided, its findings will be extremely useful in planning and implementing programs for this population. It will also be useful in identifying the types of problems which necessitate mental health intervention and the outcomes of these mental health contacts with the Adult and Child Guidance Center.

Relevance to the Profession of Social Work

The profession of social work has a commitment to the
services of minority groups. The School of Social Work in attempting to carry out this professional mandate has developed a practice orientation which is referred to as Transcultural Practice. Two of the curricular themes of the School of Social Work are prevention and social development. If the findings of this study reveal knowledge which will be of importance to social workers in working with this population and in identifying and planning programs to meet their needs, then it will advance the knowledge base of intervention with this population, and will be of great benefit to social workers who work with Mexican-American clients.

Problem Statement(s)

The objective of this investigation are to answer the following questions:

(1) What are the typical problems presented by Mexican-American families involved with the Adult and Child Guidance Center?

(2) Is cultural knowledge incorporated into the intervention plan?

(3) Are Mexican-American clients assigned to bi-lingual, bi-cultural personnel?

(4) What methods of intervention are employed with this population, individual case work, group work, family therapy or some combination?
(5) What is the route by which these families become involved with the agency, i.e., the referral source?

(6) What is the time duration of treatment (short term, crisis, long term) and what is the disposition?

(7) Is termination planned or unplanned in the majority of cases analyzed?

Definition of Terms

For the purpose of this investigation, the following definitions are provided:

**Mexican-American** - persons born in Mexico, but who now reside in the United States or those born in the United States, who are of Mexican descent. The term Mexican-American may be used interchangeably with Latino, Hispanic, Chicano.

**Individual Casework** - Mental Health services to individuals to reduce or eliminate their emotional and psychological problems.

**Group Work** - Mental Health services to a group of individuals with similar problems who with the assistance of a group leader helps individuals develop skills through cultural, recreational, socialization and educational (i.e., parenting classes) group activities.

**Family Work** - Treatment of the family as a unit rather than individual treatment of one or more members of the family.

**Crisis Work** - Supportive therapy for the purpose of removing,
modifying or retarding existing trauma - usually 8 interviews.

**Planned Short Term Therapy** - Therapy designed to produce therapeutic change within a minimal amount of time - up to 12 interviews.

**Long Term Therapy** - Therapy designed to produce therapeutic change within a maximum amount of time.

**Adjustment Disorder** - An adjustment disorder results from tension between the person and his/her environment. This tension results in maladaptive behavior and is the result from some task or situation in the environment of the person.

**Unplanned Termination** - Treatment goals may or may not have been met; however for unexpected reasons, treatment services are ended, i.e., relocation of client, failure to keep appointments without advance notification or death of client; change of dependent child custody.

**Planned Termination** - Treatment goals may or may not have been completed yet by mutual agreement of client and therapist treatment services are ended.

**Location of the Study**

Adult and Child Guidance Center is located in Central San Jose. This agency serves residents throughout Santa Clara County. According to the 1980 Census, total population of San Jose is 1,295,075. In Santa Clara County 226,611 of the population is Spanish surname.

**Setting of Investigation**

The Adult and Child Guidance Center is a non-profit
Mental Health organization that provides counseling, therapy, education, prevention, and consultation services to the San Jose Community. Adult and Child Guidance Center was established by a group of concerned Santa Clara County resident who believed that everyone should have access to quality mental health care appropriate to their needs on a non-discriminatory basis.

The group began in 1940 under the leadership of the Chief Public Health Officer for the City of San Jose, Dwight Bissell, M.D. From the very beginning, the concept of accessible care has extended to include the provision of services in many different languages: English, Spanish, Eight Asian languages, French, and American sign, by multi-ethnic, multi-lingual staff which includes psychiatrists, psychologists, clinical social workers, and marriage and family therapists.

Services are provided for children and adolescents with behavioral and emotional problems, adults with problems ranging up to the most severe psychological disturbances, couples coping with stress or conflict, families in crisis, custody mediation problems, and parent counseling for individuals, families, or groups. Special services offered include psychological testing and evaluation, employee-assistance programs for industry, professional and community education, and medication services.
Services and programs are provided to all county residents regardless of ability to pay. Fees are based on a sliding scale, with medical and private insurance accepted. The majority of the center's clients are high risk, low income individuals who reside in all areas of Santa Clara County. Approximately forty-eight percent of the Center's clients are from minority backgrounds and seventy-five percent are from low income households. General counseling and guidance programs form the core of the agency's programs.

The agency is funded primarily by the County Bureau of Mental Health; fifty-one percent is government Short-Doyle and medical funds. Other funding is through United Way, State Department of Rehabilitation, Child Trust Fund, Valle Monte League, individual contributions, membership dues and client fees.
Mexican-Americans differ in genetic heritage as indicated by observable physical characteristics and cultural tradition. An example of this may be the difference in skin coloring; some Mexican-Americans may be white, brown or black. Because of prejudice to the color of skin, darker Mexican-Americans may experience greater discrimination than the lighter skinned Mexican-Americans. A large group of Mexican Americans are identified on the basis of language, values and tradition. Some of these values may be religious preference; most Mexican-Americans are Catholics which is the opposite in the dominant culture. Another characteristic may be the Mexican-Americans hold onto their Spanish language, although English is the languages spoken at work, school and in contacts with peers. Characteristics of the Mexican-American are very complex and difficult to variate from the dominant culture. The most significant characteristics are in the areas of family structure and particularly, the patriarchal role. An example of this may be a dominant father who rules the household and demands
respect. The formalized kinskip patterns of Los Compadres, in which the godparents take over family responsibility in the absence of the father or both, is also a characteristic of the Mexican-American culture.

In times of stress or family problems the Mexican families turn to each other before they would seek any outside help. Males are granted more freedom at an earlier age than the Hispanic female. Mexican-Americans prefer a handshake between acquaintances and embraces among friends upon meeting or leaving. Mexican-American clients prefer to use first names rather than formal titles in centers dispensing counseling and psychotherapy services (Kline 1969).

It is well known that Mexican-Americans are victims of poverty, depression and discrimination, less years of education, over representation in menial occupation and high rates of unemployment. Padilla, Ruiz and Alvarez (1975) have postulated that cultural insensitivity on the part of traditional mental health agencies plays a significant role in discouraging referrals by family members and friends within the Mexican-American community. Terry (1972) Edgeton and Karno (1971) and Karno and Edgeton (1969) and other authors (abad et al 1974; Kline 1969. Terry 1972; Yamamoto et al. 1968) have theorized that the process of counseling members of different socioeconomic, cultural classes requires an understanding of their cultural values.
Padilla and Ruiz (1973), have summarized arguments by others suggesting that Latinos refer themselves less often because of factors such as pride or some hypothetical characteristic of Latino culture that somehow functions to reduce the destructive effects of stress.

One factor which accounts for the underutilization of mental health facilities is geographical isolation. Mental health centers are often placed outside the barrio. The cost of transportation and the lack of child care facilities may discourage Hispanics from traveling to these centers (Torrey, 1972).

According to Anderson (1973), many mental health facilities are staffed only by Anglo therapists. Few Spanish speaking therapists are available (Torrey, 1972). Yet as many as fifty percent Hispanic patients may be Spanish speaking. The lack of Spanish speaking therapists may prompt many Hispanics to avoid or drop out of therapy (Edgerton and Karna, 1971).

Uneasiness or conflict about therapy may indicate that a Hispanic is operating with a belief in folk illness and faith healing. In some cases therapist have successfully combined folk concepts into modern treatment approaches. After studying curanderismo throughout the southwest, one well known transcultural psychiatrist concluded that folk treatment is particularly effective with depressive disorders, mild paranoid disorders and ambulatory schizophrenic
reactions (Kiev, 1972).

According to (Karno and Edgerton, 1969) Institutional policies may reduce the self-esteem of Hispanic clients. Minority clients are placed on waiting lists for longer periods of time than clients from the majority culture (Gordon, 1965). In one survey of child-guidance clinics, it was noted that as few as 23% of minority families received assistance, and they were forced to wait at least twenty-eight weeks for services (Wolken, Meriwaki, Mandel, Archuleta, Bunje, and Zimmerman, 1974).

The law may be associated with the institution of health and welfare located in Hispanic enclaves. Referrals are often part of a legal system. Because of this alliance with the legal system, mental health centers may be seen as aversive, punishing institutions and Hispanics may not avail themselves of their services voluntarily (Moore, 1970). Other Hispanics may fear deportation if they seek therapeutic assistance from social institutions that are co-joined with the legal system (Edgerton and Karno, 1970).

Because of the value of respeto (respect), the Hispanic client may not voice his or her dissatisfaction with an agency's services. Rather, the client may express silent discontent and not return to therapy. As Rodriguez (1973, p. 37) states:

When cases were closed because of lack of cooperation
on the part of the client, social workers did not consider that the client might wish to exercise his right to determine his own life. The rationale was that the client did not want to cooperate with the agency. This presupposed an underlying thought: the client must cooperate and accept what the agency offers, no matter how inadequate he thinks it is, or how different from his expectations, because the agency considers it good and should not be rejected. A study conducted by Arthur R. Sanchez and Donald R. Atkinson examined the preference for counselor ethnicity and willingness to self-disclose in counseling by Mexican-Americans. They concluded that continuation in counseling by the Mexican-American was related to cultural commitment with a preference for counselors of the same ethnic background.

Summary

Chicanos have been victims of oppression. They live primarily in five Southwestern states: California, Arizona, Texas, New Mexico and Colorado. (Brown and Arevalo, 1979). They are the largest groups of the growing Hispanic population which is projected as being nineteen million. (Brown and Arevalo, 1979). The estimated number in the United States is 7.2 million. This group has been and remained victims of social injustice and prejudices. Chicanos as a result of their experiences in American society have developed negative attitudes towards social institutions and are reluctant to use their services. The reluctance has led to the underutilization of social services even though it has been established that Chicanos face stress in American society which leads to mental health problems (Brown and Arevalo, 1979). A substantial amount of research has been done on the underutilization of social services by Mexican-American
families due to mental health facilities being placed outside the barrio. Another reason given for the underutilization is the lack of Spanish speaking therapist. Essentially many reasons are cited for this underutilization of mental health facilities by Mexican-Americans. This condition -- underutilization makes it extremely important to identify the characteristics of Mexican-American clients who do avail themselves of mental health services.
RESEARCH METHODOLOGY

Chapter 3

Type of Research

The research design which will guide this study is of an exploratory/descriptive nature. Since this is a descriptive study which seeks to identify the characteristics of a certain population, then this type of research design is appropriate for the purpose of this investigation. Best (1959) states descriptive research describes what is. It involves the description, analysis, and interpretation of the present nature, composition, or characteristics of a given phenomenon. Sellitz et al., (1959) states that a descriptive study attempts to portray accurately the characteristics of a particular individual, situation or group. While it may generate hypotheses, it does not have to have a specific initial hypothesis about the nature of these characteristics. Further, they state that another objective of descriptive research is to study community facilities and their use. In focusing on this characteristic, the investigator wants to make a statement about a defined group of people, their characteristics, and use of a mental health
facility, City of San Jose, which is located in Santa Clara County, State of California.

Objectives of Investigation

The objectives of this investigation are (1) To identify the typical problems presented by the Mexican-American families involved with Adult and Child Guidance Center for a specific period of time between November, 1986 - April, 1987, (2) To investigate if Mexican-American clients are assigned bi-lingual, vi-cultural personnel and if services are culturally relevant, (3) To identify what methods of intervention are employed with this population and what is the duration of treatment? (4) To identify how these families become involved with Adult and Child Guidance Center, and (5) To identify if client termination is planned or unplanned.

Data Gathering Instrument

These guides were applied in interviews with the therapist and also to cases to secure pertinent data for analysis.

Questions asked of therapists working with Mexican-American clients were:

1. Do you incorporate cultural knowledge into intervention plan?
   yes ________ no ________

   Narrative
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
2. Did your training include transcultural knowledge of the Hispanics?
   yes _________ no _________
   Narrative __________________________

3. Do you speak Spanish?
   yes _________ no _________
   Narrative __________________________

4. Are you bi-lingual, bi-cultural?
   yes _________ no _________
   Narrative __________________________

5. What methods of intervention do you employ with Mexican-American clients?
   Casework _________  Group work _________
   Family work _______  Combination _________

6. How did these families become involved with the agency?
   Self _________  Professional _________
   Crisis Line _______  Family/friends _________
   Legal System ______
7. What is the duration of treatment?

Crisis Intervention
Short Term
Long Term

8. What is the disposition of the case? (Status of case at this point)


9. Was termination planned or unplanned?

i.e., Who terminated treatment?

Therapist ___ Client ___ Mutual ___

Protocol

The investigator was known to the therapists at the agency. She is an intern doing her second year placement. She provided the therapist with an introductory explanation of the study and assured them that their responses would be treated in a confidential manner. She also informed the respondents that she had obtained the permission of the Assistant Director, Rick Williams, to conduct the study.

Time-Span

Cases for this study were selected from the time period of November, 1986 to April, 1987. The agency employs 27 therapists; of these 27 therapists, 20 were eligible for this study as a result of their involvement with Mexican-American clients. There others were excluded for their lack of involvement with this clientele.
Sample

Of the 259 cases surveyed during the period of November, 1986 to April, 1987, 47 of these cases involved Mexican-Americans. This number is almost one-fifth of the cases which were involved with the agency during this period and suggests that a large number of Mexican-Americans utilized the services of the agency.

The primary consideration in selection of these cases were that the names be of Spanish origin and they had been active or were active with the agency.

Limitations of Study

The findings of this study should not be generalized to other Mexican-American population in other geographical areas. The reasons for this limitation are (1) The size of the sample, (2) The particular geographical area in which the study takes place, Santa Clara County, and (3) The agency which provides the mental health services is private; therefore, the Mexican-Americans in this study may not be representative of Mexican-Americans in general, or those in other areas.
DATA COLLECTION AND ANALYSIS

Chapter 4

47 cases of Mexican-Americans who were seen at the agency during the period of November, 1986 through April, 1987 were analyzed. The following findings were obtained:

TABLE 1

<table>
<thead>
<tr>
<th>Number of Clients</th>
<th>Typical Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Adjustment disorder which included (1) Child Abuse/Abandonment and Neglect (2) situation of a loss and separation of a loved one either through death or a divorce.</td>
</tr>
<tr>
<td>6</td>
<td>Crisis Intervention (suicidal ideation)</td>
</tr>
<tr>
<td>16</td>
<td>Parenting Classes Psychological testing Marital counseling Depressive episode Interpersonal conflict with co-workers Individual in-family conflict</td>
</tr>
</tbody>
</table>

N = 47
Analysis

This data revealed that the majority of the Mexican-American clients (23) were referred for problems dealing with child protection, and loss and separation as a result of death or a divorce. 16 were referred for problems focusing on (1) parenting classes, (2) evaluation for psychological testing, (3) marital counseling, and (4) depression. 6 were referred for crisis intervention as a result of suicidal ideation, and 2 were referred for problems of an individual nature such as conflict with family members and co-workers. This suggests that Mexican-Americans encounter similar stressful situations which are not different from the majority population.
Although diagnosis was not specifically sought in this area, it is deemed important enough for discussion (refer to Chart 1 and Chart 2).

<table>
<thead>
<tr>
<th>Number of Clients</th>
<th>Diagnosis Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>309.28 Adjustment disorder with mixed emotional features.</td>
</tr>
<tr>
<td></td>
<td>309.24 Adjustment disorder with anxious mood.</td>
</tr>
<tr>
<td></td>
<td>309.00 Adjustment disorder with depressed mood.</td>
</tr>
<tr>
<td></td>
<td>309.90 Adjustment disorder with atypical features.</td>
</tr>
<tr>
<td></td>
<td>309.30 Adjustment disorder with disturbance of conduct.</td>
</tr>
<tr>
<td></td>
<td>309.40 Adjustment disorder with mixed disturbances of emotion and conduct.</td>
</tr>
<tr>
<td>24</td>
<td>309.81 Anxiety disorder chronic or delayed.</td>
</tr>
<tr>
<td></td>
<td>313.81 Oppositional disorder of childhood.</td>
</tr>
<tr>
<td></td>
<td>300.30 Obsessive compulsive disorder.</td>
</tr>
<tr>
<td></td>
<td>308.30 Anxiety disorder, acute.</td>
</tr>
<tr>
<td></td>
<td>300.40 Dysthymic disorder or depressive neurosis.</td>
</tr>
<tr>
<td></td>
<td>V61.10 Marital problems.</td>
</tr>
<tr>
<td></td>
<td>V61.80 Other specified family circumstances.</td>
</tr>
<tr>
<td></td>
<td>V71.09 No diagnosis on Axis II.</td>
</tr>
<tr>
<td></td>
<td>799.90 Diagnosis deferred on Axis I and II.</td>
</tr>
</tbody>
</table>

N = 47
Analysis

23 (48.9%) of the cases were diagnosed as adjustment disorders, and 24 (51.1%) were given a multiplicity of diagnoses which included marital problems, anxiety attacks, depression, diagnosis deferred and no diagnosis on Axis I.

It appears significant that all of the Mexican-American clients are given clinical diagnosis while it is recognized that this is agency practice for reimbursement, it does not provide information in the stressors which lead to agency's contact. Social workers generally have a variety of diagnostic classifications available to them. These include a problem classification, an etiological, a dynamic and a health classification (Perlman, 1959; Hollis and Woods, 1984). In view of the tendency to label clients and placing them in a diagnostic classification based on a psychiatric syndrome, misdiagnosing may occur when the label is attached to an individual from a different culture than that of the social worker. This is likely to occur if the social worker lacks cultural knowledge of the client's culture and value system, particularly since behavior is culture-specific. Consequently the social work may err in diagnostic assessment if he/she diagnoses the client's problem from his/her own cultural framework. The diagnosis may not reflect the true nature of the problem or identify the reasons for it. In this specific area, the question may be asked if these assessments reflect
the cultural orientation of the clients or the social workers? This appears an appropriate area for future research to determine if these diagnoses reflect a cultural bias.

I. Was Cultural Knowledge Included in the Intervention Plan?

Responses to this question were received directly from the therapists. From the 27 therapists employed by the agency, 20 of them were involved in providing services to this population. Three of these 27 therapists are Spanish speaking, and two of the 27 are bi-cultural. Fourteen of the cases were assigned to bi-lingual, bi-cultural personnel.
DISTRIBUTION OF DIAGNOSIS

Adjustment Disorders

309.28 34.8%
309.24 30.4%
309.00 8.7%
309.90 4.3%
309.40 13.0%
309.80 7.8%
309.30 0.8%
DISTRIBUTION OF DIAGNOSIS

Adjustment 48.9%

300.30 2.1%
313.81 2.1%
308.30 2.1%
309.81 4.3%
779.90 2.1%

300.40 6.4%
V61.10 2.1%
V61.80 2.1%
V71.09 2.1%

No diagnosis 25.5%

Chart 2
In response to this question - was cultural knowledge involved in the intervention plan - only six of the therapists stated "yes, I incorporate cultural knowledge in the intervention plan". Thirteen therapists did not feel it was important since all of the 47 Mexican-American clients spoke English with the exception of the two closed cases that were referred to another agency which could provide services in Spanish. One therapist felt the Mexican-American client was no different than the majority population. It was her experience that all clients who came for services at the agency come with the same type of problems as the majority population; she did not feel it was important to incorporate cultural knowledge into the intervention plan.

**TABLE 3**

<table>
<thead>
<tr>
<th>Therapists Who Had Contacts With This Population</th>
<th>Is Culture Knowledge important in working with Mexican-Americans?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>14</td>
<td>No</td>
</tr>
</tbody>
</table>

N = 20
Analysis

In effect, fourteen of the therapists did not feel cultural knowledge was important in intervention with Mexican-American clients. This lack of cultural knowledge may influence the intervention provided and consequently intervention may not be effective. It is surprising that this belief still exists in Santa Clara County which has a significant Mexican-American population. A lack of cultural knowledge makes it difficult to individualize the client, or understand his/her cultural values and perceptions of situation. This lack of cultural knowledge may lead to stress in the client relationship and premature termination of the client from the agency. It is worth pointing out that therapists with MFCC training reflected this view more than social workers.

II. Are Mexican-American Clients Assigned to Bi-lingual, Bi-Cultural Personnel?

Of the 47 Mexican-American clients, only 14 were assigned to bi-lingual, bi-cultural personnel. The other 33 were assigned to therapists from the dominant cultural group.
TABLE 4

<table>
<thead>
<tr>
<th>Bi-lingual Bi-cultural Personnel</th>
<th>Member of Majority Culture (English speaking)</th>
<th>Therapist Assigned to Mexican-American Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>33</td>
<td>N = 47</td>
</tr>
</tbody>
</table>

**Analysis:** Again, this data reveals that Mexican-American clients are being assigned in large numbers to therapists who are not bi-lingual or bi-cultural.

TABLE 5

| III What methods of intervention are being employed with this population? (Refer to Chart 3.) |
|-----------------------------------------------|---------------------------------|---------------------------------|-----------------|-----------------|-----------------|
| Individual | Group | Family | Crisis | Combination |
|------------|-------|--------|--------|-------------|----------------|
| 18         | 3     | 4      | 10     | 12           |

**N = 47**
METHODS OF INTERVENTION

Chart 3
Analysis

The majority of Mexican-Americans (18) were seen for individual casework. The next (12) were involved in a combination of either individual, group, or family therapy, followed by short term crisis intervention (10). What is most astonishing is that group and family therapy were in the minority of treatment interventions. Most therapists stated that intervention was flexible and may be revised after a period of time. The three clients involved in group therapy were also being seen for individual treatment through a private therapist or other agency that did not offer that particular type of group therapy. The four clients seen for family therapy were under court order for this type of service.

With the emphasis on the family in the Mexican-American culture, it is unusual that family therapy is not utilized as a treatment modality more often than is indicated here. The primary focus is on individual casework. A focus on the individual to the exclusion of the family is reportedly alien to the Mexican-American culture and will lead to ineffective treatment. Individual casework is the primary method of intervention with Mexican-American clients and the diagnostic classification focuses essentially on psychopathology (clinical assessments). This model, frequently referred to as the medical model, is more in evidence at Adult and Child Guidance than a systems approach or ecological orientation. Thus, it
may be stated that this agency follows a traditional casework approach in its provision of services to Mexican-American clients. Simultaneously, group work has been shown to be an effective intervention method with Mexican-Americans, Fanta (1986) Brown and Arevalo (1979) Boulette (1975) Delgado and Humm (1984) and Hynes and Werbin (1977).
TABLE 6

IV. What is the route by which these families become involved with the agency? (Refer to Chart 4.)

<table>
<thead>
<tr>
<th>Self-Referral</th>
<th>Family/Friends</th>
<th>Professional</th>
<th>Crisis Line</th>
<th>Legal Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10</td>
<td>14</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

N = 47

Analysis

This data reveal that no dominant referral source exists for the Mexican-Americans who came to the agency. They are referred by a variety of sources. What appears surprising is that a number of them (1) are self-referred, revealing not only a knowledge of the existence of the agency but also a willingness to use its services.

TABLE 7

V. What is the time duration of treatment and disposition? (Refer to Chart 5).

<table>
<thead>
<tr>
<th>Crisis Intervention 0-4 Sessions</th>
<th>Short Term 5-10 Sessions</th>
<th>Long Term 11-30 Sessions or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

N = 47
REFERRAL SOURCES

- Self Referrals: 10
- Family/Friends: 10
- Legal System: 9
- Crisis Line: 4
- Professionals: 14

Number of referrals: 50
Percentage of referrals: 21.3%

Chart 4
NUMBER OF VISITS
Breakdown by Sessions Attended

Chart 5
NOTE: For this question, Crisis intervention is 4 sessions or less; Short term treatment is 5 to 10 sessions; and Extended (Long term) treatment is 11-30 sessions or more.

Analysis

The majority of clients were seen for crisis intervention followed by short term treatment. The smallest number of clients were involved in extended sessions (long term intervention). This data reveal that the agency is more geared to short term, crisis oriented treatment with Mexican-Americans, instead of long term intervention. This view, the value of short term treatment with minority clients is supported in the literature (Atkinson, Morten, Sue, 1979).

TABLE 8

VI. Is termination planned or unplanned in majority of cases analyzed?

<table>
<thead>
<tr>
<th>Planned Termination</th>
<th>Unplanned Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

\[N = 8\]

NOTE: This question referred only to those cases which were closed.

Analysis

Planned termination suggests mutual agreement by client and social worker that services will be terminated. Unplanned termination means the client has terminated on his/her own without prior notification of discussion with the social worker. In the area of disposition of cases, two were
referred to another agency because Adult and Child Guidance Center was not able to assign them to a Spanish speaking therapist. Two cases focused on suspected child abuse and services were completed following evaluation of family. Four of the eight cases did not continue treatment with the agency due to transportation problems.

**TABLE 9**

<table>
<thead>
<tr>
<th>Referred</th>
<th>Services Completed</th>
<th>Closure due to Transportation Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

*N = 8*

**Analysis**

This data reveals that the numbers of unplanned and planned termination were equal. However, this should be an area of concern if unplanned termination with this population occurs as frequently as planned terminations, particularly if unplanned termination may be connected with dissatisfaction with agency services. In the disposition of the cases, it is interesting that 4 of the Mexican-American clients terminated as a result of transportation problems. This may suggest the importance of geographical location, or the need to assist these families in overcoming transportation problems so that they can make use of the agency services.
VII. Even though the study did not attempt to secure a Gender/Age breakdown, this information was secured and revealed the following. (Refer to Chart 6).

<table>
<thead>
<tr>
<th>Age</th>
<th>0-5</th>
<th>6-12</th>
<th>13-18</th>
<th>19-36</th>
<th>37-over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N = 28</td>
</tr>
<tr>
<td>Males</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N = 19</td>
</tr>
<tr>
<td>Total N</td>
<td>8</td>
<td>10</td>
<td>2</td>
<td>19</td>
<td>8</td>
</tr>
</tbody>
</table>

Analysis

The data revealed that 28 of the clients were females and 19 were males. The age range among the males and the females was interesting. More females came in the early ages (0-5) while more males were in the latency stage (6-12) and young adulthood (19-36). The greatest preponderance of females was in the age of young adulthood and older when they are involved in marriage, child bearing and rearing a family. Possibly the stress of family life, or marital conflict or family tension is intensified in this age level and the women are influenced to seek help either by self-referral or an outside referral source.
CLIENT DEMOGRAPHIC

Gender Breakdown by Age Range

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>12</td>
</tr>
<tr>
<td>6 - 12</td>
<td>14</td>
</tr>
<tr>
<td>13 - 18</td>
<td>10</td>
</tr>
<tr>
<td>19 - 36</td>
<td>14</td>
</tr>
<tr>
<td>37 - Over</td>
<td>8</td>
</tr>
</tbody>
</table>

- Males
- Females
CONCLUSIONS AND RECOMMENDATIONS

Chapter 5

The objectives of this investigation were to provide a description of Mexican-American clients who were seen at the Adult and Child Guidance Center for the period of November, 1986 to April, 1987. The research questions focused on (1) reason for referral, (2) presenting problem, (3) the incorporation, if any, of cultural information, (4) type of treatment provided, (5) diagnosis, and (6) client termination. The findings revealed that the majority of clients were diagnosed as having adjustment problem, and that a large number of therapists did not feel that cultural knowledge was important.

The problems focused on losses, marital conflict, child abuse and interpersonal relations. A large number of clients were self referred and some were mandated by the court to come to the agency for services. The primary treatment approaches were individual casework, and termination was equally divided between planned and unplanned. The primary duration of treatment was four sessions following a short term, crisis intervention approach. A primary recommendation is that the agency needs to incorporate more cultural knowledge into its practice
with Mexican-American clients. The agency's treatment approach to this population follows a traditional model, which is basically individually oriented with a focus on psychopathology. In as much as behavior is culturally specific, a lack of knowledge about the Mexican-American culture can lead to misdiagnosing and faulty treatment planning. This is particularly true if the therapist is evaluating the client from the therapist's culture and not the client's culture.

The agency is seriously in need of more Spanish speaking, culturally sensitive therapists if it is to effectively engage this population and to provide culturally relevant services. For example, two clients in this study were referred to another agency due to the lack of availability of a Spanish speaking therapist. It is unknown how many more clients may have applied for services if bi-lingual, bi-cultural personnel were available to work with them. The Agency also needs to look at its recording system. One of the problems which presented itself and necessitated a change of focus for this project was the lack of information contained in case records on the client's problems, their assessment, type of intervention, and the disposition of cases.

In addition to the above, the need for employment of more bi-lingual, bi-cultural personnel, the updating of agency's recording system, and the incorporation of cultural knowledge intervention with Mexican-Americans, the following recommen-
Recommendations are made:

1. This study should be replicated in the near future to see if the agency is incorporating cultural knowledge into its work with Mexican-American clients.

2. The replicated study should be expanded for a period of two years to determine the success or failure of the agency in maintaining these clients in treatment.

3. The staff of the agency needs in-service training on the culture of Mexican-Americans as a number of the therapists stated, cultural knowledge was not necessary and that Mexican-American clients were no different than Anglo clients.

4. The agency should develop a system of recording in which more thorough progress notes are included in a record and are kept current.

5. The agency is heavily dependent on clinical diagnosis assessment and should develop different assessment in working with Mexican-American clients to avoid misdiagnosing them.

6. The agency should conduct follow up studies on Mexican-American clients to gain their perception of the agency's services and how they can be improved.

7. The agency should experiment more with family and group therapy with this population due to the importance placed on the family in the Mexican-American culture.
Chapter 6


Reed, Katherine, _Mental Health and Social Services for Mexican-Americans_. Dallas, Texas: Mental Health Association of Dallas County, 1976.


Vega, William, and Meinhart, Kenneth., A method for estimating the level of underutilization of Mental Health services by Mexican-Americans and other minorities, San Jose, Santa Clara County, July 1986.