Predictors of family therapy persistence in a predominantly Latino/a sample

Christina Wise and Cynthia Spering

Abstract

This study examined the predictors of persistence in outpatient family therapy in a sample of predominantly Latino/a clients. Several predictors emerged as more predictive of persistence in therapy, including older client age, younger child age, fewer perceived external barriers to treatment, and less of a tendency to blame others for one’s problems.

Introduction

• Attraction from therapy is a significant problem, particularly for the most vulnerable, at-risk clients (Overholser, 2005). Latinos tend to underestimate psychotherapeutic treatment in general due to a range of socioeconomic and cultural factors (Kouyoumdjian, Zamboanga, & Hansen, 2003). Moreover, they also tend to terminate therapy early more often than white clients do (Sue & Sue, 1977).
• Previous research has identified numerous client-level predictors of dropout from therapy, with lower socioeconomic status and its correlates (i.e., low income, low levels of education) emerging as consistent predictors (Koos & Werbart, 2011), as well as minority ethnic status (Warnick et al., 2012), younger adult client age (Swift & Greenberg, 2012), younger child age (Eslinger et al., 2014), and a number of family-system related variables such as parental stress, parental perceptions about therapy, or barriers to treatment (e.g., Luk et al., 2009; Kazdin, Holland, & Crowley, 1997).
• Despite these known predictors of therapy dropout, few studies have examined predictors of family therapy persistence within a predominantly Latino/a, low-income sample of child caregivers.
• Our research question was: for some of the people most vulnerable to therapy dropout, what predicts which clients persist in family therapy?

Method

Participant demographics:
• 218 primary caregivers
  • (186 women and 32 men, age M = 38.33, SD = 9.28)
  • with at least one child in the home
    • (primary child age M = 11.82, SD = 3.43)
    • most identified as Latino/a (73.1%)
  • with lower levels of education
    • (40.4% with less than a high school education and other other 59.6% completed high school/GED)
  • and lower incomes
    • (gross household income was $40,000 or less for 79.1%)

Therapy usage:
• All participants sought treatment at an outpatient community mental health clinic.
• 71.6% attended therapy through the 6th session.

Method:
Clients beginning services were asked to complete the Initial Systemic Therapy Inventory of Change (STIC, Pinsel et al., 2009) in English or Spanish before their first meeting with a therapist.

Analysis:
A stepwise discriminant analysis was conducted to test the hypothesis that:
Caregivers who persist in therapy would differ significantly from those who do not persist based on a linear combination of variables (age, child age, education, ethnicity, income, percentage of family systems affected, perceptions about counseling, length of time the problem was present, perception of the problem, perception of barriers to treatment, and motivation for treatment).

Results

The overall Chi-square test was significant and the model was a good fit for the data (Wilk’s λ = .90, Chi-square [4, N = 209] = 22.13, p = .000). Four variables were selected for the final model: age, child age, perception of the problem, and therapists’ views towards personal responsibility impedes therapeutic success (Tracey, 1988).
• A culturally-sensitive therapist could approach these findings and work to address issues of personal responsibility in a framework that is relevant to, and respectful of, the client’s cultural values and needs. For example, considering traditional cultural views of interdependence between parents and children (La Roche, 2002), a therapist and client might discuss the ways that each contributes to the parent-child relationship. This may help shift the dynamic away from blaming another person and instead accepting responsibility for one’s own role in the problem.
• For our sample, practical barriers such as transportation were also a critical predictor of therapy termination. As early as the first session, therapists could attempt to work to address possible practical barriers to therapy and support clients as possible. If mental health agencies are not easily accessible by public transportation, transportation could be arranged, or therapists could go to the community (Leong et al., as cited in Kouyoumdjian, Zamboanga, & Hansen, 2003).

References


Note: PPV = Positive Predictive Value, NPV = Negative Predictive Value.

Please address all correspondence to Christina Wise: cwise@momentousinstitute.org.