momentous institute
Powered by Salesmanship Club since 1920

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

Christina Wise and Cynthia Spering

Abstract

This study examined the predictors of persistence in outpatient family therapy in a sample of predominately 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

- Attrition from therapy is a significant problem, particularly for the most vulnerable, at-risk clients (Overholser, 2005). Latinos tend to underutilize 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 (Roos & Werbart, 2013), 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 systems related variables such as parental stress, parental perceptions about therapy, or barriers to treatment (e.g., Luk et al., 2001; Kazdin, Holland, & Crowley, 1997).
- Despite these known predictors of therapy dropout, few studies have examined predictors of family therapy persistence within a predominately 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 levels of income
  - (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; Pinsof et al., 2009) in English or Spanish before their first meeting with a therapist.

Analysis:

A stepwise predictive 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

Table 1. Wilk's Lambda

Wilk's Lambda	*Chi-square*	*df*	*p*
.90	22.13	4	.000

Table 2. Standardized Canonical Discriminant Function Coefficients

Factor	Function
Client Age	-.52
Child Age	.71
Barriers to treatment	.48
Problems: others	.67

Table 3. Structure Matrix

Factor	Function
Problems: others	**.62**
Child Age	**.43**
Barriers to treatment	**.41**
Others pressured me[a]	.23
Client Gender[a]	.14
Client Age	**-.14**
Education[a]	-.12
Percentage overall[a]	.09
Will counseling help[a]	.07
History of problem[a]	.05
Income[a]	-.05
Latino ethnicity[a]	-.03

Note. [a] This variable was not included in final analysis.

Table 4. Group Statistics

	Did not persist	Did persist
Factor	*M (SD)*	*M (SD)*
Client Age	37.59 (7.98)	38.58 (9.56)
Child Age	12.62 (3.54)	11.51 (3.39)
Barriers to treatment	2.14 (1.21)	1.81 (1.00)
Problems: others	2.59 (1.07)	2.06 (1.11)

Table 5. Classification Results: Original

		Predicted Group Membership		
	Had a 6th session	No	Yes	Total
Count	No	11	51	62
	Yes	10	146	156
Percentage	No	17.7	82.3	100.0
	Yes	6.4	93.6	100.0

Note. 72.0% of original cases were correctly classified.

Table 6. Classification Results: Predicted

		Predicted Group Membership		
	Had a 6th session	No	Yes	Total
Count	No	10	52	62
	Yes	11	145	156
Percentage	No	16.1	83.9	100.0
	Yes	7.1	92.9	100.0

Note. 71.1% of cross-validated grouped cases were correctly classified.

Table 7. Sensitivity, Specificity, Positive Predictive Value, and Negative Predictive Value for Classification

Sensitivity	17.7%
Specificity	93.6%
PPV	52.3%
NPV	74.11%

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

Results Summary

The overall Chi-square test was significant and the model was a good fit for the data [Wilks 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 perceived barriers to treatment. The cross-validated model, using only values for the four predictor variables, classified 71.1% of grouped cases correctly (with 92.9% specificity for correctly classifying treatment persisters and 16.1% sensitivity for predicting dropout). Follow-up ANOVAs revealed that therapy persisters were less likely to believe their problems were caused by others [*F*(1, 216) = 8.24, *p* = .004] and perceived less external barriers to treatment [*F*(1, 216) = 5.80, *p* = 0.017].

Discussion

This study revealed several factors that may predict family therapy persistence in a predominantly Latino/a population. By identifying the factors that may most specifically predict therapy persistence, these findings may have practical implications for therapists working with these vulnerable families.
- For example, encouraging personal responsibility in psychotherapy can motivate clients to grow and change (Overholser, 2005) and a mismatch of client and therapist's 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

Eslinger, J. G., Sprang, G., & Otis, M. D. (2014). Child and caregiver dropout in child psychotherapy for trauma. *Journal of Loss and Trauma*, *19*(2), 121-136.

Kazdin, A. E., Holland, L., & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology*, *65*(3), 453.

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, *10*(4), 394-422.

La Roche, M. J. (2002). Psychotherapeutic considerations in treating Latinos. *Harvard Review of Psychiatry*, *10*(2), 115-122.

Luk, E. S., Staiger, P. K., Mathai, J., Wong, L., Birleson, P., & Adler, R. (2001). Children with persistent conduct problems who dropout of treatment. *European Child & Adolescent Psychiatry*, *10*(1), 28-36.

Overholser, J. C. (2005). Contemporary psychotherapy: Promoting personal responsibility for therapeutic change. *Journal of Contemporary Psychotherapy*, *35*(4), 369-376.

Roos, J., & Werbart, A. (2013). Therapist and relationship factors influencing dropout from individual psychotherapy: A literature review. *Psychotherapy Research*, *23*(4), 394-418.

Sue, D. W., & Sue, D. (1977). Barriers to effective cross-cultural counseling. *Journal of Counseling Psychology*, *24*(5), 420.

Swift, J. K., & Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: a meta-analysis. *Journal of Consulting and Clinical Psychology*, *80*(4), 547.

Tracey, T. (1988). Relationship of responsibility attribution congruence to psychotherapy outcome. *Journal of Social & Clinical Psychology*, *7*, 131–146.

Warnick, E. M., Gonzalez, A., Robin Weersing, V., Scahill, L., & Woolston, J. (2012). Defining dropout from youth psychotherapy: How definitions shape the prevalence and predictors of attrition. *Child and Adolescent Mental Health*, *17*(2), 76-85.

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