

# Language Preference Predicts Family Problems and Strengths in a Latina/o Clinical Sample

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## Abstract

- This study sought to identify family factors that vary based on language preferences for a clinical sample of Latina/o families in a community mental health treatment setting. Results indicated Spanish speaking families reported greater family positivity and lower family negativity than English-speaking households, as well as more difficulty with boundary clarity within the family.

## Introduction

- The family is an important component in the lives of many Latina/os (Marin & Marin, 1991 as cited in Ayón et al., 2010; Ayon et al, 2011) as evidenced by the value of *familismo*.
- Strong ties to family have been shown to have a direct, protective effect on Latina/o mental health (Ayón et al., 2010).
- Individual differences in acculturation among family members such as speaking different languages or embracing different values may create stress and conflict within the family (Haack, Gerdes & Lawton, 2014).
- Few studies have examined family factors in a Latino/a clinical sample according to individual language preference.

## Method

### Participants

- N= 319 Latina/o-identified individuals (256 women; 63 men, age M= 34.14, SD= 11.52) who sought mental health treatment at an outpatient community clinic.
- Participants self-selected to participate in research as part of the ongoing treatment process.
- 182 (57.05%) Participants completed the questionnaire in English.
- 137 (42.95%) Participants completed the questionnaire in Spanish.

### Measures

- The initial questionnaire of the Systemic Therapy Inventory of Change (STIC; Pinosof et al., 2009) a comprehensive assessment of the family environment that measures socioeconomic status, family functioning (negativity, decision-making, physical abuse) of the nuclear family as well as the family of origin, and child strengths and problems (anxiety, depression).

### Procedure

- Participants filled out the Initial STIC prior to their first appointment for mental health services.
- Participants chose to complete the questionnaire in either English or Spanish.
- Language preference was used as a proxy for acculturation (Folsom et al., 2007).

## Analysis

- A Multivariate analysis of covariance (MANCOVA) was conducted to examine group differences between participants completing the questionnaire in English and those completing the questionnaire in Spanish.
- Age was used as a covariate, as age was shown to be significantly correlated with dependent variables.

## Results

- Latina/o Spanish speaking parents report greater family positivity and less family negativity than their English speaking counterparts.
- Latina/o families with Spanish speaking parents indicate more difficulties creating boundaries at home than their English speaking counterparts.
- Latina/o Spanish speaking parents overall report clinically significant difficulty with developing boundaries in their homes at initial intake.
- Latina/o English speaking parents overall report clinically significant scores of family negativity in their homes at initial intake.



Family Problems and Strengths Multiple Analysis of Covariance Results for Corrected Model

	df	df error	F	Significance
Boundary Clarity	2	316	4.57	.011
Decision Making	2	316	9.63	.000
Family Pride	2	316	2.93	.055
Family Positivity	2	316	6.93	.001
Family Negativity	2	316	11.76	.000
Household Misunderstanding	2	316	4.86	.008

Family Problems and Strengths Multiple Analysis of Covariance Results for Language

	df	df error	F	Significance
Boundary Clarity	2	316	8.62	.004
Decision Making	2	316	.33	.566
Family Pride	2	316	.26	.611
Family Positivity	2	316	7.19	.008
Family Negativity	2	316	13.93	.000
Household Misunderstanding	2	316	1.62	.205

Means and Standard Deviations for Family Problems and Strengths

	Minimum	Maximum	M	SD
Boundary Clarity (Spanish)	-2.99	1.36	-.27	.92
Boundary Clarity (English)			.04	.90
Decision Making (Spanish)	-2.88	1.91	> -.00	1.01
Decision Making (English)			-.22	1.13
Family Pride (Spanish)	-4.33	.67	-.37	1.18
Family Pride (English)			-.52	1.20
Family Positivity (Spanish)	-4.72	1.00	-.27	1.01
Family Positivity (English)			-.71	1.25
Family Negativity (Spanish)	-1.24	4.46	-.12	.89
Family Negativity (English)			.43	1.22
Household Misunderstanding (Spanish)			.32	.98
Household Misunderstanding (English)	-.97	2.83	.58	1.22

## Discussion

This research study revealed several family differences for Latina/o families across language preference that can have clinical impact for family therapists.

- Shared culture in Latina/o families continues to be shown in research to be a strength our families (Ayón et al., 2010). It is important for clinicians to tap into this strength in therapeutic settings and encourage family connection and identity.
- When considering boundary clarity concerns for Spanish responders, it is important to note that this may be a cultural difference presenting as a clinical concern. A culturally-responsive therapist could work from the family's identified culture and values to examine how the boundary concerns are impacting family functioning (positively or negatively).
- When working with English-speaking Latina/o families, it may inform therapy to support the family in determining their family culture and values to create cohesion and connection.

## Limitations and Future Directions

### Limitations

- Results represent only the respondents initial responses at a single period in time and do not reflect longitudinal changes.
- Respondents in this sample primarily identified their home country as Mexico. Therefore the sample, may not represent heterogeneous groups of Latina/o families.

### Future Directions

- Clinically norm the STIC measure on Spanish Responders to determine appropriate clinical cutoffs.
- Examine other system scales within the STIC to determine language difference
- Research the clinical impact of this information when working with Latina/o families

## References

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