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## Undocumented Latino immigrants' opinions on seeking counseling from non-Latino clinicians and their views of what would constitute culturally competent services

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Maria Angelica McCoy  
Undocumented Latino Immigrants'  
Opinions on Seeking Counseling  
from Non-Latino Clinicians and their  
Views of What Would Constitute  
Culturally Competent Services

ABSTRACT

This study was undertaken to allow Latino immigrants who have lived undocumented in the U.S. and never received mental health services, describe their experiences in the U.S. and views of mental health services to an audience of mental health providers.

Six men were interviewed individually. In addition to demographic questions, they were asked about their daily experience of being undocumented, how they related to non-Latinos, where they normally turned for emotional support, whether they would seek mental health services from a Latino or non-Latino clinician and what advice they would give the clinician regarding how to best help them.

The findings were compared to guidelines for multi-cultural competency with Latinos, and the cultural concepts of *familismo*, *personalismo* and *respeto* emerged as important themes. The findings showed that the participants perceived life difficulties related to their immigration status, experienced both positive and negative relationships with non-Latinos, and tended to rely on community supports during difficult times. Most would seek counseling as a last resort and believed that a Spanish-speaking therapist, Latino or not, by virtue of being a trained professional, would be automatically helpful to them and interested in learning from them about their life circumstances as an immigrant.

UNDOCUMENTED LATINO IMMIGRANTS' OPINIONS ON SEEKING  
COUNSELING FROM NON-LATINO CLINICIANS AND THEIR VIEWS OF WHAT  
WOULD CONSTITUTE CULTURALLY COMPETANT SERVICES

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2007

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## CHAPTER I

### INTRODUCTION

Well, sometimes with immigrants it's very different, it's like, OK, "You are an immigrant, fine, go over to one side. You speak Spanish so "whatever." We know your position and we will help you. That's different than "I need to know what you think and feel. What do you feel? Who are you? Why did you immigrate?" . . . You don't speak English or know the system, they don't care what you think. They need to know how you feel [only] if you speak English, have a degree.

-male study participant

The Latino<sup>1</sup> population, both citizens and undocumented and documented immigrants, is rapidly growing and now represents the largest minority group in the United States. At the same time, the percentage of Latino licensed social workers has not grown accordingly, as most are white Americans (see Appendix A of this document for the racial composition of social workers in the U.S.). This study is an attempt, by a white future social worker, to discover from immigrants who have been undocumented, and their voices rarely heard, what their daily experience of being undocumented in this country has been and their opinions regarding seeking mental health services from a non-Latino clinician. It is also an attempt to discover what actions and behavior on the part of dominant clinicians would make these services appealing to them. In other words, what constitutes multi-cultural competency for this population? The study is also an attempt to compare these responses with the standards for multi-culturally competent practice for

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<sup>1</sup> Latino will be used unless a specific citation which uses the word Hispanic is used, in which the citation will be cited as so. There is disagreement as to which term is most appropriate to use. They will be assumed to mean the same thing in this study: someone from a Latin-American country, Spain or Portugal.

mental health practitioners working with Latinos as described by Arredondo (2006) and Falicov (1998).

Many undocumented Latino immigrants come to the U.S. for economic reasons and readily find employment in spite of their status. A lack of opportunity for them to immigrate legally causes many people to arrive illegally, often at great personal risk. A large number of them send remittances to family members in their home country. In addition to the difficulty of the journey for many of these immigrants, living undocumented in the United States creates many hardships for these Latinos (Carbonell, 2005; Chavez, 1998), making it difficult for them to access services available to “legal” Americans. Social workers help undocumented immigrants overcome the obstacles they are faced with in a variety of support capacities (Morris-Compton, 2006).

In spite of the stressors they face, however, Latino immigrants traditionally under use mental health services (Falicov, 1998; Lu, Organista, Manzo, Wong & Phung, 2001; Rosenthal, 2000; Miranda, Azocar, Organista, Muñoz & Lieberman, 1996; Smith, Bakir & Montilla, 2006). While undocumented immigrants’ needs for services are great, immigration reform is one of the most debated policy areas at the time of this study, polarizing opinions within the United States. The National Association of Social Workers (NASW) has urged advocacy amongst social workers against the passage of punitive immigration reform.

Carbonell (2005) underscores the ethical obligation of mental health providers to help all people in a culturally sensitive and informed manner, regardless of their legal status. She writes that, “Human compassion and good intentions are not enough; cultural competence and political consciousness are requirements to serve this population

effectively” (p. 444). The NASW Code of Ethics underlines the obligations of social workers to help all clients through becoming informed of the policies that affect them as well through advocacy on their behalf in the following sections:

#### 1.05 Cultural Competence and Social Diversity

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion and mental or physical disability. (p. 9)

#### 6.01 Social Welfare

(a) . . .Social workers should advocate for living conditions conducive to the fulfillment of basic human needs, and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. (pp. 26- 27)

These guidelines apply equally to helping undocumented immigrants and any other marginalized population.

In spite of their desire and duty to help, however, mental health service providers are in a position of dominance due to the lopsided nature of the therapeutic interaction in which the client entrusts the clinician with personal information. Most mental health practitioners, in particular social workers, are non-Latino white Americans. The NASW’s March 2006 report on *Licensed Social Workers in the United States, 2004*, advocates more recruitment of minority social workers, stating that,

The implications of racial-ethnic balance are also linked to the cultural competence of the front-line workers providing services to racial-ethnic minorities. Imbalances can be overcome to some extent by appropriate education, but some people respond better to providers with the same heritage and background. (Chapter 2, p. 2)

While the number of Latino social workers is increasing, the reality of the situation is that most social workers are not Latino, and the majority of them are from the dominant white racial group. This means, that Latino clients will often not have access to a Latino



social worker. In addition to the lack of a cultural match, this fact adds the additional layer of potential racism into the clinician-client interaction, which is not often addressed. The Latino population becomes even more vulnerable in these interactions when the clients are undocumented. This study addresses the role and affect of the power differential between “legal” social workers from the dominant culture and undocumented immigrants through the questions asked in the interview and in the subsequent analysis of the collected data.

The literature, through its lack of inclusion of the voices of undocumented Latino immigrants, particularly non-Mexican ones, and the issue of power differential between them and non-Latino mental health service providers, underscores the need for such a study (Rosenthal, 2000, Falicov, 1998). Studies have been done examining the help-seeking behaviors of Latinos and they are often conducted by bilingual and/or bicultural interviewers (Berk & Schur, 2001; Stanton-Salazar, Chávez & Tai, 2001; Oliva, 2000). There is also a growing body of literature regarding cultural competency of clinicians in cross-cultural dyads (Gorkin, 1996; Lu, et al., 2001; Pérez-Foster, 1998; Russell & White, 2001; Schnikkter, 2004; Arredondo, 1999) as well as with Latinos in particular (Falicov, 1998; Arredondo, 2006; Smith, Bakir & Montilla, 2006). There have been several studies about the connection between immigration status and mental health (Kurz, Malcom & Cournoyer, 2005; Rodriguez & DeWolfe, 1996; Wolff, 2002). Studies have also been conducted regarding the recruitment and retention of Latino participants for research (Miranda, et al., 1996; Rodríguez, Rodríguez & Davis, 2006). Undocumented Latinos are rarely singled out in these studies, making it crucial for social workers to hear from them in order to best serve them. This literature will be addressed next.

## CHAPTER II

### LITERATURE REVIEW

The recent literature on Latino immigrants and their access to mental health and other services will be discussed along with its strength and limitations. Attention will be paid to the issue of legal status of the participants in these studies as well as to strategies that have been employed to retain this population in studies and therapy. Literature will be examined regarding 1) demographic trends and current immigration policy, 2) cultural competency theory in mental health practice, 3) cultural competency as applied specifically to Latinos, 4) studies regarding the help-seeking behaviors of Latinos and barriers to their access to services, and 5) strategies for retaining Latinos in therapy. The strengths and weaknesses of the studies will be examined, especially in terms of their failure to include undocumented and non-Mexican Latinos amongst the participants. The identities of the researchers and clinicians will also be examined in terms of how this may have affected the outcomes.

#### *Demographics and Current Immigration Policy*

##### *Demographic Trends*

The Latino population, both citizens and undocumented and documented immigrants, is rapidly growing and has passed African-Americans as the largest minority group in the United States. According to the 2000 U.S. Census, 12.5% of the U.S. population was Hispanic or Latino and 12.1% were Black or African American (Grieco & Cassidy, 2001). Five years later, according to the 2006 report, *Hispanics at Mid-Decade* published

by the Pew Hispanic Center, 14.5% of the U.S. population was Hispanic and only 11.9% were Black, non-Hispanic (Table 1. *Population by Race and Ethnicity: 2000 and 2005*). According to the same report, in 2005, within the Hispanic population, 63.9% were of Mexican origin, 7.5%, were of Central American origin, 5.4 % of South-American origin and 15.3% of Caribbean origin (Table 3. *Detailed Hispanic Origin: 2005*).

While Mexicans represent the largest group of both documented and undocumented Latino immigrants, and have received the most attention, there are large numbers of immigrants from other Latin-American countries as well. For example, according to a report by the Mexican consulate in October of 2006, in 2005, there were estimated 2.7 million Central Americans residing in the U.S. and 4 million total when including their U.S.-born children. Most undocumented immigrants are from Latin America. In fact, the Pew Hispanic Center, in its April 26, 2006 *Fact Sheet*, estimated that as of March 2005, there were between 10.7 and 11.5 million “unauthorized migrants” in the US and that by March 2006, there would be an estimated 11.5 to 12 million. In this same *Fact Sheet*, the Pew Hispanic Center (2006) also estimated that Massachusetts, the state in which this study took place, had an estimated 150 to 250 thousand undocumented residents. According to a report published by the Office of Policy and Planning of the U.S. Immigration and Naturalization Service, *Estimates of the unauthorized immigrant population residing in the United States: 1990 to 2000*, in 2000, eight of the top ten countries of origin for unauthorized residents were in Latin America, showing that Latin Americans clearly comprise the majority of the unauthorized immigrant population in the United States (see Appendix B).

Many undocumented immigrants come to the U.S. for economic reasons and readily find employment in spite of their status. Lack of legal opportunities to come to the US and work cause these immigrants to arrive illegally, often at great personal risk. A large number of them send remittances to family members in their home country. For, example, the Inter-American Development Bank (IADB) estimated that in 2004, Central Americans abroad, mostly in the United States, sent \$7.8 billion in to their countries “through official channels”, meaning the estimate is probably low (Aguinias, 2006). Aguinias also reported that the IADB estimated that this income constituted 10% or more of the Gross Domestic Product (GDP) of Guatemala, El Salvador, Nicaragua and Honduras.

#### *Status of Immigration Reform*

While undocumented immigrants’ needs for services are great, immigration reform is one of the most debated policy areas at the time of this study, polarizing opinions within the United States. The proposal of punitive legislation was the source of widespread protest marches in April and May of 2006, and again in May of 2007, across the country. Congress was unable to agree on and pass comprehensive immigration legislation in 2006. At the end of 2006, the Senate passed a bill to build a fence along 700 miles of the US-Mexico border (the Secure Fence Act of 2006), without appropriating the funds to complete the project. The majority Democrat Congress, which convened in early 2007, will try again to pass a comprehensive immigration reform bill. Various states such as Arizona, Colorado and Georgia have passed laws which would keep undocumented immigrants from being eligible for a variety of services (Costantini, 2007). During the time of this study, deportations also increased significantly, with the most notable in the

area of this study being a raid on a leather factory in New Bedford, Massachusetts.

According to the Immigration and Customs Enforcement Agency (ICE), there were in fact, a “record” 195,024 deportations in 2006, while in just the first trimester of 2007 there had been 125,405 deportations nationally, which the agency attributed a higher budget and increased enforcement staff size (Rodríguez, 2007).

### *Cultural Competency Theory*

Anderson (1993) addressed the importance of a white researcher addressing the power dynamic in doing research with traditionally oppressed groups as a factor in gaining the trust of participants, rather than pretend it is not there. Pérez-Foster (1998) highlighted the importance of addressing power dynamics in cross-cultural dyads during psychotherapy. Pérez-Foster noted that the therapist already has more power than the client, even without taking into consideration racial and cultural differences. Both Anderson (1993) and Pérez-Foster (1998) stressed the importance of acknowledging and respecting the power a clinician and researcher has in order to do ethical research and culturally sensitive therapy.

Gorkin (1996) described the cultural countertransference and power differential existing between Israeli therapists working with Arab clients and common difficulties that arise. The author recommended that the therapist make room for the client to deal openly with these issues. Although they are a separate group and their situation is not the same, undocumented Latinos are, like Arabs in Israel, marginalized and powerless in the United States. Gorkin (1996) also cautioned against imagining cross-cultural therapy in the context of a racially divided society as an “island,” where individual prejudices and power differentials cease to apply.

The Multi-Cultural Competencies (MCC) were designed as a standard to make cross-cultural therapy culturally sensitive (Arredondo, 1999, 2006). These competencies were adopted by the ACA (American Counseling Association) in 1992. The basic principles hold that in order to be multi-culturally competent, a clinician needs to be aware of his or her own cultural formation and biases, respect the cultural differences of their clients, be knowledgeable about the world view of their clients and design “culturally synergetic and relevant interventions” accordingly (Arredondo, 2006, p. 80). Echoing Pérez-Foster’s (1998) discussion of cultural countertransference, Arredondo (1999) noted that “all counseling is cross-cultural and occurs in contexts that are influenced by various sociopolitical and world views” (p. 102). In examining the effectiveness of therapy with immigrants from the client’s and therapist’s perspective, Russell and White (2001) also highlighted the need for the clinician to be aware of his or her own cultural background.

Regarding multi-cultural competency, the NASW Code of Ethics (1996) states that, “Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures” (1.05.(b), p. 9). The principals defined in the NASW Code of Ethics and the MCC can be applied in particular to working with the marginalized population of undocumented Latinos in that non-Latinos should be aware of their own cultural biases and examine and acknowledge their own personal views of immigrants and immigration policy as it may affect their work with clients. At the same time, non-Latino clinicians are obligated to learn as much as possible about the cultural background of this population. It is also important to recognize the power differential between therapist and

client in designing culturally competent interventions that take into account the factors listed below.

#### *Cultural-Competency Theory and Latinos*

In describing culturally competent practice with Latino clients in particular, Arredondo (2006) highlighted the importance of the clinician understanding and respecting the cultural values of *familismo*, *personalismo*, *respeto*, and *espiritismo*. *Familismo* is “the emphasis of family interaction” and that “family loyalty and *hermandad* (friendship) with friends and family members trump individuality” (Arredondo, 2006, p. 80). *Personalismo* represents the importance of personal interaction within any type of encounter (Arredondo, 2006) and *respeto* refers to the importance of respect to authority figures within and outside of the family structure (Arredondo, 2006; Zea, Belgrave, García & Quezada, 1997). *Respeto* may also be defined as an “unquestioning deference to authority figures” such as health care providers (Zea, et al., 1997, p 229). *Espiritismo* refers to the belief that “spiritual forces” may “cause physical and emotional suffering” and may be treated by practices such as *santería* or through the use of a healer or *curandero*, as well as the importance of spirituality to Latinos in general (Arredondo, 2006, p. 81). Falicov (1998) also highlighted the need to take into account these values in working with Latino families as well as the concept of *fatalismo*, or the belief that one’s destiny is externally controlled and that one must *controlarse*, or assume the personal responsibility of “mastering the challenges of life by controlling one’s moods and emotions, particularly anger, anxiety and depression” (Falicov, 1998, p. 150).

Falicov (1998) has developed a model to use especially with Latino immigrants. It is called the MECA approach, which stands for the Multicultural Ecosystemic Approach. She writes that in order for cross-cultural therapy to be affective with this population, that the definition of culture must be expanded in order to find commonalities between therapist and client such as they are both parents, or they are around the same age. She states that all of the environmental context of this population should be taken into account with special care taken to address the domains of “the journey of migration and culture change,” the context of the family within its “broader environment,” “family organization” and the “family life cycle” (Falicov, 1998, pp. 16-18). Rosenthal (2000) and Smith, Bakir and Ricard (2006) noted the need for more research studies on culturally competent practice with Latinos.

#### *Culturally Competent Research and Practice with Immigrants and Latinos*

Lu, Organista, Manzo, Wong and Phung (2001) noted the importance of relational style in comparing the cultural competence of Latino and white, non-Latino therapists in working with Latino clients and conclude that the Latino therapist’s relational style is more effective. Relational style is defined as the use of collaboration with clients on the setting of goals and allowing “clients to select or decide on the means and ends of their goal accomplishments” (Lu et al., 2001, p. 47). There is little discussion in this study, however, of the use of Spanish in therapy by white non-Latino clinicians, and the authors conclude that non-Latino clinicians can increase their effectiveness through “becoming aware of their own styles” and also attempting “to match their personal styles appropriately with the clients styles” (Lu et al., 2001, p. 64).



Although not specifically addressing work with Latinos, Russell and White's (2001) study comparing the cultural competency practices of mental health providers in Canada with the perceptions of their immigrant and refugee clients about what made therapy successful, offers valuable insight. Although most of the dyads were from the same cultural group, the therapists were seen as an authority. This made the therapists uncomfortable while the clients were positive about this fact and grateful for the help of the therapist. The study also determined that clients and therapists defined their cultural similarity differently and that "it was through mutual identification of similarity that the productive helping relationship was established" (Russell & White, 2001, p. 80). The therapists felt that the success of therapy with immigrant and refugee clients was increased by their being sensitive to the client's lack of understanding of the counseling process as well as the importance of helping clients with concrete needs and in their adjustment to mainstream society. The therapists also felt that they had to do extra work and advocacy for these clients in society. Russell and White (2001) concluded that, "simple and obvious cultural matching [between therapist and client] was as likely to be irrelevant as it was to be productive" (p. 82).

Wolff (2002) addressed issues of cultural and power mismatch between herself and the undocumented Mexican immigrants that she interviewed by naming her identity as a white woman to the participants and in her analysis. Wolff interviewed these immigrants about their experience of crossing the border. She found that the participants in her study were eager for a chance to tell their story, in spite of the fact that she was a non-Latina. She provided anger management classes at a site working with immigrants in order to be able to get personal access to her sample but stated she probably could have

found as many men without the classes. She also stated that it was harder for her to find female participants. Overall, she found that the participants did not meet the criteria for the DSM IV classification of PTSD although the experiences described to her were traumatic.

Wolff (2002) strengthened her analysis through discussing her identity, while Oliva (2000), on the other hand, weakened her study of undocumented Mexican women and their needs and use of services by not disclosing her background in the analysis of her interviews. The reader must infer that she is bilingual. Knowing how she addressed her identity with her interview subjects would be helpful in interpreting the possible effect her identity had on the responses of those interviewed.

#### *Latinos and Help-seeking Practices*

Help-seeking behaviors of Latinos have been examined by Stanton-Salazar, Chávez and Tai (2001), in the context of an urban high school setting. Their study was conducted in a school that was predominantly Latino and distinguished between Spanish dominant, mostly immigrant Latinos and English dominant first or second generation Latinos. Help seeking activity is defined by the authors as “a person’s proclivity to resolve personal and academic problems through the seeking of social support (i.e. coping by seeking help)” (Stanton-Salazar, et al., 2001, p. 49). The results were categorized into the three variables of “confidence in the support process, interpersonal openness, and desire for academic support” (Stanton-Salazar, et al., 2001, p. 59).

Spanish dominant Latinos scored lower than they other groups in desire for support and interpersonal openness although they scored higher than the other groups in perceived support. In the other cases, high scores in perceived support correlated

positively with actual help-seeking behavior. The study hypothesizes that Spanish-dominant (i.e.) recent immigrant Latinos did not seek more help because,

They are particularly prone to regulating their own marginality to institutional sources of support. . . their own disinclination toward help-seeking may be rooted in their distinctive and temporary sense of social and psychological marginality within the cultural and linguistic mainstream of the school—a marginality that seems to easily co-exist with positive appraisals of the school environment overall. (pp. 74-75)

This marginality is only intensified if the student is undocumented. If the high school setting is viewed as a microcosm of society as a whole, albeit a setting where help is more readily available, this study is relevant to the topic at hand.

It is widely accepted that while they have many stressors in their lives and are at high risk for psychological problems, Latinos traditionally under use the help provided through mental health services (Falicov, 1998; Lu et al., 2001; Rosenthal, 2000; Miranda et al., 1996; Smith, Bakir & Montilla, 2006). Falicov (1998) stated that the two theories about why the services are not used are due to barriers such as cost and limited services available in Spanish. The other theory for why this is so is that Latinos traditionally use other resources for treatment such as *curanderos* (healers) or priests. Falicov (1998) states that Latinos traditionally seek services only in extreme states of crisis. Berk and Schur (2001) found that fear of deportation was a deterrent to undocumented immigrants seeking the health services they needed.

Writing specifically about mental health services, Echevarry (1997) included geographic location, schedule of services and types of services as further examples of the first type of barriers to services. This author also added client variables such as age, gender, educational level, legal status in the U.S., degree of acculturation, national origin, English proficiency level and resource preference as “factors that may influence access to

and acceptance of professional help by Latinos in the United States” (Echevarry, 1997, p. 95). Smith, Bakir and Montilla (2006) stated that the main area in which the research is lacking appears to be “getting Latinos into treatment and keeping them there. . . [This] involves addressing . . . barriers. . . Providing bilingual/bicultural therapist to Latinos may keep them in care longer; this needs additional research to draw solid conclusions” (Smith, Bakir, & Montilla, 2006, p. 211). Carbonell (2005) and Chavez (1998) describe ways Latino immigrants may adapt to undocumented status as well as actual barriers to receiving services.

Oliva (2000) explored the barriers undocumented Mexican women in Atlanta, Georgia perceived as keeping them from receiving services, what types of services they felt they needed and what effect they perceived immigration policy as having on their access to these services. Her study compared what the women themselves said with the perceptions of the service providers who would help them in order to test the effectiveness of the service providers in meeting their clients’ needs. The women did not have a good understanding of immigration policy and “Their lack of knowledge and awareness of the law, coupled with their current status as ‘immigrant,’ prevents them from seeking needed services due to their fear of deportation or harm to themselves or their families” (Oliva, 2000, p. 31). When asked about unmet needs for service, 84% of the women stated that they had “no need for services” (Oliva, 2001, p. 34).

The providers interviewed by Oliva (2000), on the other hand, were fairly knowledgeable of immigration policy and felt that agency policy was a barrier to their providing clients with needed services. Seventy-one percent of the providers believed that the undocumented women did not get the services they needed. Forty-two percent of

the women stated they had problems in seeking services with the stated reasons as “racism and prejudice, language barriers, illegal status, policy and lack of understanding about how things work in the United States and social isolation” (Oliva, 2000, p. 38).

When asked about any barriers to the delivery of the services, the top five answers of the providers were that the women had trouble paying, they did not speak English, there were no barriers to providing services, the women’s uninsured status and noncompliance.

When asked about their perception of the barriers to the women obtaining services, the top five reasons given by providers were language, inability to pay, fear of deportation, no knowledge of resources and policy. This study is interesting in that the lack of agreement between the perceptions of providers and clients highlights the need for more knowledge in the health care community about the needs of undocumented clients.

In examining mental health in particular, Rodríguez and DeWolfe (1996) explored the effect of immigration status on the mental health of Mexican immigrants as related to the 1986 Immigration Control and Reform Act (IRCA). The study concluded that those who did not qualify for amnesty in 1986 reported higher levels of hostility and psychological distress than those who did qualify. Regardless of their immigration status, the women with high levels of social support reported less psychological distress. The study recommended that clinicians working with Mexican-American immigrants “explore whether the Immigration Reform and Control Act (IRCA) affects their patients in any way” (Rodríguez & DeWolfe, 1996, p. 552). Given the current debate over a new immigration reform act with the possibility of an amnesty of sorts for undocumented residents, this finding is relevant today as well. Uncertainty over receiving amnesty may have affected willingness to participate in my study and possibly in therapy in the

future with non-Latino service providers, thereby constituting another barrier to using services.

### *Identity of Interviewers*

The question remains as to whether research and therapy with undocumented Latinos can be done effectively by bilingual non-Latino researchers and clinicians. If so, what qualities must they possess? The research is not always clear. For example, several studies where Latinos are interviewed acknowledge the importance of having bilingual and bicultural interviewers, yet do not clarify what is meant by “bicultural” (Miranda et al., 1996; Rodríguez, Rodríguez & Davis, 2006).

Berk and Schur (2001) completed an extensive survey of undocumented Latino immigrants through personal interviews in Texas and California which determined that fear of deportation was a deterrent to receiving medical services. The study was conducted by “carefully trained Latino interviewers fluent in Spanish” (Berk & Schur, 2001, p. 153). Kurz, Malcolm and Cournoyer (2005), in their study of mental health of low-income women, stated that the surveys were available in Spanish and that “the primary interviewer spoke both English and Spanish” (p. 438). Lu et al. (2001) distinguished between bilingual and monolingual white clinicians working with Latinos but made no comment on the level of their background in cultural awareness (i.e. training and personal experience) in comparing them with Latino clinicians, who are broken down by country of origin. On the other hand, Schnikkter (2004) concluded that Hispanics and other minorities are less trusting than whites of physicians, but does not indicate whether the phone interviews were even available in Spanish, which could have affected the results. Also, phone interviews are impersonal which might skew results from the

participants. Stanton-Salazar et al. (2001) made their surveys of Latino students and their propensity to seek academic and social supports available in Spanish.

### *Strengths and Omission of Samples*

Oliva (2000) and Berk and Schur (2001) specifically targeted undocumented Latinos in their study of their use of benefits and services while Rodríguez, et al. (2006) highlighted fear of deportation among undocumented immigrants as a factor in their participation in their behavioral observation study of Latino parents and their children. Wolff (2002) also specifically defined her Latino participants as having arrived in the U.S. without documents. Only Wolff (2002), Rodríguez and DeWolfe (1990) and Oliva (2000) specifically stated the national origin of its participants as Mexican and one of the studies reported by Miranda et al. (1996) stated that its participants were of Mexican and Central American origin. The studies described by Miranda et al. (1996) focused on “low-income and less acculturated Latinos” (p. 871) without mentioning legal status and Stanton-Salazar et al. (2001) differentiated between “recent immigrants vs. more acculturated Latinos” who were second and third generation, mostly of Mexican background, but did not discuss legal status (p. 61).

Kurz et al. (2005) differentiated between immigrant and non-immigrant Latinos as criteria for analyzing data on mental health status without referencing the legal status, or national origin of the immigrants. A more striking example of these omissions can be found in Lu et al. (2001) where no description of the Latino clients served by the non-Latino and Latino clinicians is given beyond the fact that they are Latino. Schnittker (2004) does not break down Hispanics by country of origin, immigration status or even language ability, severely compromising the effectiveness of his study. This current

study, in contrast to those reviewed above, very clearly identifies the demographics of its participants.

### *Implications for Current Study*

The literature is incomplete insofar as it does not address the practices of non-Latino interviewers and clinicians in working with undocumented Latino immigrants in particular and how this affects the accuracy of the results of studies and the effectiveness of treatment. The cultural concept of *respeto*, or “unquestioning deference to authority figures” such as health care providers is “frequently disempowering” to Latino clients (Zea, et al., 1997, p. 229) and may in fact be aggravated by the undocumented status of a client. The research also tends to group Latinos as a whole into one category and does not give adequate attention to the cultural sensitivity of the methodology and the effect of the identity of the interviewer or clinician. In fact, Rosenthal (2000) highlights the relative lack of research on effective practice specifically addressing Central Americans. The research used for this study was published mostly after Rosenthal’s (2000) analysis and also pays little attention to the experience of Central Americans, or other non-Mexican groups, in particular.

The literature does not take into account the effect of the current debate around immigration reform and the effect of that upon the undocumented community, all indicating a need for this study. This debate makes the question of legal status very relevant in helping Latino immigrants in a culturally competent manner and could affect participation both in this study and in therapy in general, by undocumented immigrants. Smith, Bakir and Ricard (2006) highlighted the fact that research on how to work with Latino populations needs to take into account “migrant status and socioeconomic



status(es)” (p. 211). This current study takes into account migration status by asking undocumented immigrants themselves what barriers they perceive in seeking and taking advantage of mental health treatment. The following section will address the study’s methodology, as it seeks to fill in some of the gaps in the current literature on this topic.

## CHAPTER III

### METHODOLOGY

The purpose of this study is to discover from Latino immigrants who have been undocumented, what has been their daily experience of being undocumented in this country and their opinions regarding seeking mental health services from non-Latino service providers. It is also an attempt to discover what actions and behavior on the part of non-Latino clinicians would make these services appealing to them. The study uses a flexible, qualitative research design to explore the how the participants' legal status has affected their lives and help-seeking, whether they would seek mental health services, and if so, what could the mental health providers do to serve them in as culturally competent manner as possible. The flexible interview format was chosen to allow for language clarification and explanations of cultural differences between interviewer and participant given the fact that the interviewer is not Latina and that Spanish is not her first language as well as to allow the participants to share their experiences in as extensive a manner as they chose. The participants were particularly vulnerable given their legal status which made recruitment a challenge. Knowing where to find people was not as difficult as ethically gaining their trust.

#### *Recruiting Latino Participants for Research*

There have been studies and outreach programs for Latino immigrants, which have discussed successful recruiting and retention strategies for participants in order to help reduce the barriers to their participation (Rodríguez, et al., 2006; Miranda, et al., 1996).

These highlighted the importance of personal contact with clients and participants and the importance of taking into account needs of participants such as child care and transportation. Rodríguez et al. (2006) noted the effectiveness of using networks within the Latino community to recruit participants and Miranda et al. (1996) noted the effectiveness of recruiting participants through already formed trusting relationships with health providers. Both studies mentioned the use of small cash reimbursement for study participants as well although Rodríguez, et al. (2006) stated that this became ethically problematic due to the low socio-economic status of the participants and that it was in fact one of the limitations of their study. Having participants from a poor socio-economic background, particularly if they are undocumented, participate because of the possibility of reimbursement is a kind of coercion and could be seen as a form of exploitation.

### *Hypotheses*

The concept of *confianza* or trust was expected to be important to those interviewed and it was expected that *personalismo* or personal attention would be described as important by the participants, according to the literature. Trust was not specifically mentioned in the questions although it was expected to be important to the participants. Given the protests from the year before, it was also expected that the participants would express being angry and ready to fight for change in immigration policy and that they would not see therapy as what is most immediately helpful to them.

### *Recruitment*

The recruitment consisted of two stages: institutional and personal. At first, given the two previous theses cited (Wolff, 2002, Oliva, 2000), an attempt was made to recruit

through organizations providing services in the greater Boston area which were far enough from where the author lived and worked to allow for further protection of the participants. It was hoped that this would reduce the likelihood of future contact between the investigator and participants. First, the director of an agency near the author's field placement site was contacted through a professional contact of the author. The director then recommended someone in another agency to contact. This author communicated via phone and email with the director of *Centro Presente*, a Latino immigrant advocacy organization located in Cambridge, Massachusetts. She also sent her a copy of the Human Subjects Application, the Informed Consent form and the Interview Guide. The director asked several questions about the study then gave her permission for this author to recruit from the language and computer classes offered by the agency. The director then put this author contact with the director of the education program at the center to help coordinate her visits to the classes.

This author visited *Centro Presente* several times to speak to classes on Saturdays and weekday evenings. The education coordinator introduced the author to the classes and allowed her several minutes to explain the purpose of the study and the criteria for participation. Afterwards, the director of education, and often the teachers themselves, encouraged the students to participate as a chance of sharing their story and to contribute their voice to the immigration debate. The study was presented to the students as an opportunity to share with social workers their experience of being undocumented so they could learn how to better help them and why it is so important to advocate for immigration reform.

After realizing the difficulty in recruiting even from this organization which is considered trustworthy by the community and encourages its members to be politically active, the author decided to keep visiting the center and its classes in order to become a familiar face to the members and to be available for them to ask questions about the study. Those who were interviewed expressed interest soon after hearing about the study. Five copies of the informed consent form were distributed to people who expressed interest in the study, but none followed up to schedule a meeting time for an interview. The staff was very supportive and the author spent a lot of time talking to them about her motivations and experience. Finding people to interview, however, was difficult. The author chose not to attend an overnight trip with people from the center to Washington, D.C. to advocate for immigration reform. She was told by the staff that she should have participated in the classes in a more regular or formal way or have gone to Washington, D.C. in order to gain trust of the students so they would agree to participate.

The deadline was extended and the word-of-mouth or personal stage of recruitment began. The author explained the criteria for participants and the purpose of the study to several friends and co-workers so they could approach people they knew about participating and then arrange for the interested person and the author to get in contact with each other. This method only yielded two more interviews, both of whom now had secure immigration status.

### *Sample*

The sample was one of convenience and was acquired by the use of non-probability method. It was attained through direct invitations to participants' classes and through word-of-mouth recruitment on an individual basis through friends and colleagues.

Perhaps due to the sensitive nature of the subject matter, none of the participants were recruited through the snowball method. The original sample sought by the author was 12 Central-American immigrants, men and women, who acknowledged having been undocumented at some point in time. This last clause was included to avoid requiring participants to disclose their current status. The author intended to limit the study to Central Americans due to their relative absence in the current literature as well as a high concentration of this population in the Boston area. Difficulty in recruitment, however, and interest shown by non-Central-Americans in the study, influenced the decision to expand the criteria to include any Latino immigrant a couple of weeks into the study. The study was also limited to immigrants who had not previously sought mental health services in the U.S. to give more of a voice to this population that has been largely invisible and is new to the mental health system. Due to time constraints, the study was limited to 12 participants and the author interviewed anyone expressing interest that met the criteria.

Due to difficulty in recruitment, however, only 6 people were interviewed, all of them men. Three of them volunteered to be interviewed after the author's invitation to their classes by speaking to her after the class was over or prior to the next class. One was recruited through the Worker's Rights meeting held at the center, one by word of mouth through the friend of a friend and one through a colleague at the author's field placement. The participants ranged in age from 20 to 48 and had been in the U.S. between 3 and 23 years. Half were currently living in the U.S. undocumented, while the other half now had TPS (Temporary Protective Status) or their residency. They came from 4 different countries; El Salvador, Guatemala, Colombia and Mexico. Their level of education

ranged from 6 years of school through having earned a Bachelor's degree from a university.

### *Data collection*

Five of the men were interviewed at *Centro Presente*, as it was determined to be a safe place conducive to privacy which most of the participants already attended on a regular basis. One participant was interviewed in his car. The shortest interview lasted 12 minutes and the longest lasted 49 minutes. Five were conducted in Spanish and one in English by mutual consent. With the participants' consent, the interviews were taped and the author took written notes of five of the interviews. Handwritten notes only were taken during the English interview due to difficulties with the voice recorder. Four took place immediately following the participant's class or a meeting they were attending at *Centro Presente*, one took place there by mutual agreement and one took place in the participant's car. The research proposal, as well as the amendments to the search criteria, was approved by the Human Subjects Review Board of Smith College. The approval letter is included in Appendix G of this document.

The participants were given a copy of the informed consent form in Spanish (see Appendixes C and D of this document) which the author reviewed with them to allow for clarification and varying levels of literacy and she answered any questions they had before the interview began. The form explained that the interviewer was a social work student who was writing this thesis as a requirement for graduation and that she was seeking to learn about their experiences as undocumented immigrants in order for mental health workers to be better able to serve immigrants like them in the future. The form also explained the safeguards that I would take to protect their confidentiality, which

included taking only a first name from them, numbering their data, removing any identifying details and keeping the data locked for three years. It further explained that their participation would include a taped interview with me that would last no more than an hour, that their participation was completely voluntary and that they could decline to answer any question and request to withdraw their participation anytime before the date listed on the form. Finally, they were given a list of agencies in the area which provide counseling in Spanish, which the author explained to them were available should they choose to seek counseling as a result of feelings generated by the interview or for any other reason in the future. This list of referrals is included in Appendix H of this document. One declined to review the form with the author before signing. The participants were given the option of signing with only a first name. The interviewer and participant signed the forms and the author numbered them in the order in which they were interviewed.

In order to provide a background understanding for the data that was collected through the open-ended interview, certain demographic information was collected from the participants. Which information collected was based in part on the previous studies of Wolff (2002) and Oliva (2000). Participants were asked about their age, country of origin, length of time in the U.S., reason for immigrating, type of work they do, level of education, and whether they had children. The interview was based on a guide developed by this investigator, which was based on previous studies and the literature. The full interview guide and a translation are included in Appendixes E and F of this document. The questions explored their experience of being undocumented and whether their status affected their willingness to seek the services of a bilingual, white clinician and what



these clinicians could do to serve them in a culturally-competent way. The questions in the second section were open-ended where the participants could choose how much to share. The author tried to elicit as much information as possible through follow-up questions. None of the participants asked to stop the interview, declined to answer any question or called to withdraw their participation. No one spoke to the author or left a voice mail on her work phone, including those who were given a copy of the informed consent form after they expressed interest.

### *Data analysis*

After the interviews, the author transcribed and then translated into English all but the one interview conducted in English. She did both myself to help protect the confidentiality of the participants and consulted help from relatives and colleagues regarding the translation of certain words and phrases. The transcripts were then separated into the answers to the different questions, and the answers of the different participants to the same question were grouped together.

The answers were analyzed for common themes within the answers to each question and then the answers of all of the interviews as a whole were compared for overarching themes. I used descriptive statistics for the compilation of the demographic data and content or thematic analysis to analyze the open-ended questions. The answers to the open-ended questions represented qualitative data and called for content analysis as there was no discrete variable being measured.

Content and thematic analyses were used to describe the data according to the common themes that emerged. First, content analysis was used to record the overlapping of occurrence of actual words and concepts mentioned by the participants, without

interpretation. The analysis was then expanded through the grouping of this content into themes, thereby employing thematic analysis. Grounded theory was then used to interpret the data in order to form theory. The main objective of this method, as described by Anastas (1999) is “to ensure that theory is adequately grounded in ‘reality’ or empirical data, particularly in the complex, contextual data that are generated by flexible method research” such as this study (p. 423). The categories that emerged directed the analysis and interpretation, resulting in a formation of theory. The data was also compared to the data from the questions to the guidelines for culturally competent practice with Latinos as described in the Literature Review chapter of this study.

### *Limitations*

As the sample is small, represents such a large variety of people and is necessarily one of convenience, the results cannot be generalized in a scientific manner. The sample is not representative. Also, those interviewed all live in the Boston area and their experiences may be different from immigrants living in other areas, such as Los Angeles, with a much larger Latino population. Furthermore, as several other studies have noted, the results could be skewed by the possibility that those who declined to participate did so for one of the key variables being studied, possible fear or a lack of trust in me and the study and the possible breach of their identity. Finally, it is not possible to directly compare in a scientific way the current experience of those participants who are currently living undocumented versus those who were in the past. The findings from the interviews with the participants will be described in the following chapter.

## CHAPTER IV

### FINDINGS

The purpose of this study was to explore undocumented Latino immigrants' opinions about seeking counseling services from non-Latino service providers and their views of what would make these services more culturally competent, or appealing to them. This study explored the participants' daily experience of living undocumented in this country and elicited the factors affecting their seeking or not seeking counseling services in order for social workers to be able to better serve them. This information was then analyzed for similarities and compared to the standards of multi-cultural competency outlined by Arredondo (1996; 2006) and Falicov (1998). The participants answered questions regarding their experience of being undocumented, their use of services, and how they interact with non-Latino Americans to provide a larger context for their views on mental health services, particularly those provided by non-Latinos. The following section describes the findings from the six interviews that were conducted with Latino immigrants who have been undocumented currently or in the past and who have not previously sought mental health services in this country. First, the demographic information will be described. Afterwards, a summary of the participants' answers to the interview questions will be described, organized into the general categories of: 1) the experience of being undocumented, 2) emotional support seeking, 3) opinions about mental health services and 4) opinions regarding the study in general.

### *Demographic Information*

The participants were all male. They were between the ages of 21 and 48. All but one stated that they were single. Two had children who lived in their country of origin. They came from four different countries and had been in the United States between 3 and 23 years. All listed some sort of economic reason for immigrating to the United States. For example, there was a scarcity of jobs in their home country, or the jobs that could be found did not pay enough to support a family. Other reasons listed were war and violence in their home country. Additional reasons given were to study, “do projects,” and travel. The participants had between 6 and over 12 years of education. Three identified as Latino or Hispanic, one as Spanish, one as indigenous and one as *mestizo*, which signifies a mixture of Spanish and indigenous heritage. All were currently working, although some stated it was only part-time for the moment. They worked in food preparation, cleaning, construction, part-time/seasonal work and another type of job which is not being described for reasons of confidentiality. Please see Tables 1 and 2 at the end of this chapter for a summary of the demographic information of the participants.

### *Motivations for Participation*

The participants listed various reasons for agreeing to participate in the study. Several mentioned wanting to help the investigator with her thesis project and several stated that they thought it would be good for themselves as well as for non-immigrants for them to share their experiences as immigrants. Several also specifically highlighted their desire to help support other immigrants through their participation. One participant stated he wanted to learn more about social work through his participation. The themes of supporting the purpose of the thesis and being happy that someone would take an interest

in their story appeared in other parts of the interview as well. For example, in giving his reasons for participating, one man stated, “I think that, for me, . . . it is always good for me to, well, talk about my experiences in the past and about my present situation.” And at the end of the same interview, while describing his feelings about having participated, he stated that he felt good because, “Sometimes it is very necessary, this, to talk to someone, to unburden yourself . . . about the problems you feel, the problems you have been through.”

### *The Experience of Being Undocumented*

#### *Daily Experience*

In order to provide social workers insight into the environmental context of their lives, the participants were asked to describe how being undocumented, either currently or in the past, affected them on a daily basis. All participants stated that the experience of being undocumented was difficult. Two participants stated that not being able to speak English was one of the most difficult parts of being undocumented. Three described their frustration at not being able to obtain the necessary identification to be able to travel freely, get a driver’s license or medical insurance. Two specifically mentioned difficulties caused by not being able to work legally or get a good job. One man stated he was afraid to go anywhere but work and home for fear of being caught and deported. Two of the participants who now have secure status spoke about the frustration and uncertainty of the legalization process itself. One man described how his immigration status may keep him or other immigrants from making use of certain services such as counseling. He said,

[The fact that] you are in this country undocumented, you know what I mean, [is] one

of the main things that holds you back, maybe, from seeking help, or going to a counselor. It's mainly for this reason . . . it's one of the things that maybe keeps you from looking for help or going to those people who only seek to help you.

This same man described how he would be wary of the possibility of a potential therapist who is not Latino or an immigrant using his status against him. He said,

Yes, you think that, yes, I think that, you know what I mean? First of all, because of all that you don't know. . . or I haven't gotten enough information to know if these people will help and support us or not try to hurt us.

The commentary of this participant highlights the need to educate undocumented immigrants who would potentially participate in therapy or research about the intended purpose of counseling in the United States.

*Benefits or Services Used or Applied for in the U.S.*

The participants were asked what kind of services or benefits they have used in the United States to further assess their experience of living in this country. The question was asked in an open-ended way where the participants could define what they considered services. They were then asked whether their status affected their seeking or not seeking services. Three of the men mentioned having used Free Care, the state-provided insurance that is based solely on income. One man initially stated he had not used any services and that just having a job was a benefit to him. Two of the men mentioned learning about their rights as workers from *Centro Presente* as a benefit. One man said that he did not have to use any government services because he was informed about the rights he had through his job because of *Centro Presente*. One man volunteered that taking English and computer classes was a service he had used. When asked, the others agreed that they had taken advantage of English classes at *Centro Presente* and elsewhere and considered that to be a service. Two men named *Centro*

*Presente* as a benefit due to the legal services it provided around issues of immigration. Another man named a negative experience with a lawyer who was unable to help him obtain legal status when he was detained at the border.

One man stated that he did not apply for more services because of his status and because of his lack of language abilities. Another man stated that he knew certain benefits, such as getting a driver's license, would be impossible for him to attain, so therefore he did not attempt. One man stated that when his status was uncertain, he applied for everything he could because he did not know how the system worked, while another stated that he did not apply for anything at first until connecting with *Centro Presente* because he did not know which ones were available to him. This man states that now there are services like trainings or getting a certificate that he does not take advantage of because of working so much. Another stated that he has tried to obtain services but that it has been "difficult."

#### *Interacting with Non-Latinos*

The participants were then asked about their interactions in general with non-Latinos in order to provide potential non-Latino therapists insight into power differences between themselves and potential undocumented clients as well as to provide more of an understanding of their daily experience of living in this country. The question also was intended to lead up to asking about their views on seeking mental health services from non-Latinos. Most of the participants divided non-Latinos into those who make an effort to be helpful and communicate with them and those that do not. In fact, two of the six participants volunteered the word "racist" or "racism" in describing their interactions with

non-Latinos without the interviewer first mentioning it and one described being “discriminated against” because of race. For example one man stated that,

P: There is always this racism that that see you with, like for the color of your skin. . . And language.

I: And language. So, how, how do you know the difference between people that reject you and those that offer their friendship....?

P: Because there are those that we meet on the street and ask for directions, and they tell you, and others, they don't even turn to look at you.

I: They don't even look at you?

P: No. They ignore you. . . . other people, . . . in the street look at you like a dirty rag.

Another described similar treatment and how it makes him feel in the following way;

P: There are Americans who wait on us and everything but there are Americans that reject us. Sometimes we feel bad when they do this, but. . . They look at us like, like, like, discriminating, like discriminating against us, maybe because of our race.

I: Only by the way they look at you ...how. .?

P: I think it's also because, because we haven't learned English, and that is why many people discriminate against us.

I: They discriminate, how, in what way?

P: In that, sometimes, they don't pay attention to us. . . they think badly of us.

Another man described how he feels when he is mistreated by non-Latinos in this way:

P: You can feel it, it's what they say, how they make you feel. . . If they are contemptuous, or friendly. . .

I: Contemptuous, like.....

P: I don't talk to you, I don't like you, or if they are nice or smile.

Another man stated that he has been made aware of racism by how he and the other undocumented people at his work are given the hardest assignments. This man also gave some hint of internalized racism within himself when he stated that it makes him feel bad when people tell him “You are in our country so learn our language” yet felt that they tell him this “for my own good.” He then described how much he longs to learn English but that working so much keeps him from being able to do so.



On the other hand, one man spoke positively about being able to have an intercultural exchange with non-Latinos, one stated he had no problems with non-Latinos now that he was fluent in English and three spoke about positive experiences with non-Latino employers and with other non-Latinos who made an effort to communicate with them even though they did not speak English. Several men shared that at times non-Latinos were friendly to them, and others noted appreciating when non-Latinos paid attention to them and gave them “trust.” Another man described his experience with non-Latinos, both positive and negative, in the following way;

P: You realize that the person is not discriminating against you. . .they don't, try to make you feel like less because you are in this country as an immigrant, or try to exploit you. There are people, eh, Americans, that offer you this support, they also try to communicate in our language, and this is good. Why? Because they offer us this trust, well, that's how I see it, and this gives you energy to be able to excel/succeed here. Work harder...Because there are people here who value you as a person

I: They show they value you by making an effort...

P: To communicate.

### *Seeking Emotional Support*

The participants were asked about what they normally did to find support or relief when feeling bad emotionally in order to gauge what they do naturally apart from seeking counseling to feel better. This was also intended to respect these other sources of support, some of which may be culturally determined. Two named their faith in God and going to church as supports for them. One also named his siblings and friends as supports. Two mentioned calling to speak to relatives in their home country when feeling bad emotionally. One mentioned going to his girlfriend here in the U.S. for support and another mentioned listening to music from his home country to feel better. One looked

for support of all kinds from other immigrants, documented or not and provided the same support to other immigrants. In describing this support, he stated;

Usually we, as, well, personally I look for my friends, no, who are people who have the same status as I do and also people who have, who are here, but legally, you know what I mean. You try to be close to them or be with them when you maybe feel a little nostalgic, or sad, you look for shelter with them and we know that we among ourselves care for and give support to each other. And this is the same thing that I do for my friends, for my, for people who I maybe don't know, but I know that they are in the same situation. We try to help each other in order to be able to excel/succeed in whatever situation we may be in. . . Or rather, as immigrants we, regardless of where we are from, from what country, and sometimes language doesn't matter, you know what I mean. We try to help each other, give each other that support, if someone is not doing well, or needs work, we try to help each other amongst ourselves. And that is the way you look for or unite with those people to be able to reenergize each other and excel/succeed and be OK.

This expresses the value of the collective over the individual and may also partially explain the participants appearing to view therapy as a last resort.

Seeking support from within their own group also reflects the definition of *familismo* by Arredondo (2006) which is “the emphasis of family interaction” and that “family loyalty and *hermandad* (friendship) with friends and family members trump individuality” (p. 80). Along these lines, another man saw attending the Worker’s Rights meetings at *Centro Presente* with other immigrants as a sense of support. He states that this helps him “because it not only gives you the chance to express yourself but at the same time, to learn . . . about, things like, workers rights, globalization and . . . the current situation here or in our countries.” Another man stated that Latinos can grow stronger and more unified by learning about their rights and responsibilities in the U.S.

Other participants described the pleasure that they took in being able to help their fellow immigrants. One participant who currently has his residency stated that his current method of coping and feeling better was in helping other immigrants who were in

a similar situation to one he had been in before whereas he looked for support from fellow Spanish-speakers before he spoke English fluently. Another participant who had his residency now spoke at great length of the pride he took in being able to represent his fellow immigrants as a part of an international committee of immigrants from his country. In fact, he was able to return to his country as a part of this committee and help implement an exchange program between the U.S. and his country of origin. He shared that, after all he has endured and as hard as he has worked over the years to obtain his current status that, "I have enjoyed dedicating my free time to helping my community." He also expressed the desire to help counteract many of the negative images of immigrants that are seen in the culture of the U.S. One man stated that there was a network of helpers within the community that people like him go to for a variety of kinds of help. Two stated that there was no one in particular in the U.S. that they would go talk to for support.

### *Seeking Mental Health Services*

Three of the participants readily answered that they would see a Latino or non-Latino counselor if it were necessary and felt like there would be no difference in the help offered. One stated he would go to either one and that they both would be helpful although he appeared reluctant to the idea of counseling in general. One stated that "maybe" he would visit a non-Latino counselor depending on what the session was about and on what kind of information was exchanged between them. This same man stated he would without a doubt see a Latino therapist because he would know that he or she was interested in his problems and helping him. One man was adamant about the fact that

therapy with a non-Latino would not work because of language differences and because he was sure a non-Latino would not be interested in his problems or in helping him. This man stated it would probably be easier for Latino counselors to understand his problems due to language and cultural similarities.

In fact, the participants appeared to see therapists as similar to doctors, who would treat them for a problem and were therefore to be respected. This is reflective of the cultural value of *respeto*, described as the importance of respect to authority figures within and outside of the family structure (Arredondo, 2006; Zea, et al., 1997) or as an “unquestioning deference to authority figures” such as health care providers (Zea, et al., 1997, p. 229). When asked about the difference in seeing a Latino or non-Latino therapist, one participant stated that,

P: At this point, I would appreciate that kind of advice from either one.

I: Is there a difference?

P: Yes, but it's the same concept. The atmosphere is helping. It doesn't matter- someone is Indian, Russian whatever. It doesn't matter. I have been to all kinds of doctors.

I: But you have never been to a counselor, right?

P: No, thank God I haven't had to yet. (smiling)

The comments of this participant also reflect the cultural concept of *controlarse*, or assuming the personal responsibility of “mastering the challenges of life by controlling one's moods and emotions, particularly anger, anxiety and depression” (Falicov, 1998, p. 150). The concept of *controlarse* can also be seen in the hesitation of other participants in seeking counseling, whether it is from a Latino or non-Latino therapist. For example, this same man stated that, “There are pressure points in immigration, for all immigrants- they don't go to consulting [counseling] when they need to- they, I think, ‘I have already

been through so many hard things, I can go through anything alone.’’ Another stated that,

P: Yes, yes, fine, if it was necessary I will do it, right, but there hasn’t been a reason, a serious reason, you know

I: OK and why would you do it?

P: Well, only if there were something, for example, something that had hurt me too much emotionally, yes I would go to a psychologist.

I: But until now you have found another way of....?

P: . . Yes, you get over it (*se supera*), it’s not such a serious situation, you know.

### *Suggestions for Potential Therapists*

There were a variety of answers given to the question about what a potential non-Latino therapist could do to best help the participants in a hypothetical counseling session. One said to be patient and empathic with him due to his frustration at his limitations from being an undocumented immigrant, stating,

Because of my situation as an immigrant, I have limitations and that I can’t extend myself in all the ways that I would like to, that sometimes I am frustrated because of this. . . So, to exercise patience, and courage, which is most appropriate in my case, as an immigrant, to apply, in my frustration from at times not being able to continue, to not go further to where I would like to go.

After reluctantly agreeing that he would seek counseling if he had no other choice, the man who was adamant about non-Latinos not being able to help him advised counselors not to threaten or accuse him, or to use his status against him. He said that,

Well, because of being undocumented, to not *insinuarlos* [accuse them, give them up], not *amedrentarlos* [frighten or intimidate them]. . . *Amedrentarlo* is like threatening you, threatening you, like, ‘Ah, if, if you all don’t do this, we will throw you out of the country, we will turn you over to *la migra* [immigration authorities], or we will fire you from your job.

Two participants answered by describing what the potential therapist would want to know about them as immigrants, and what they would need to explain to the therapist

about themselves. For example, one man stated that a potential therapist who was not Latino but spoke Spanish would,

Try to understand us and try to find out what are the causes or reasons that you left your country, or try to find out what are the obstacles that hold you back here once in this country, and how you are living now in this country. And those are some of the things these people would be interested in because I know that they are interested in your well-being, in how to excel/succeed, and these are ... the things that these people try to do for us.

He also stated the fact that the therapist was bilingual would be helpful in establishing trust. Another stated he would have to explain about his children and family and what he has been through for the counselor to be able to help him, Latino or not. One specifically stated that he did not want any “special treatment” in therapy but rather be treated the same as anyone else as he is already always conscious of being different. Another stated that he would tell a therapist about “all of the problems one has been through and is going through” in order to obtain advice “about how, or what you could do.” Another stated that he would choose a therapist as he would a doctor and described what the therapist would need to do to make him want to keep visiting him in the following way;

P: Yes, they have a *dinámica*, [rapport/way of being]. . . well, that makes you feel, attracted, to visit them frequently.

I: And how would you feel this?

P: Well, eh, they tell you the truth, like when you are a doctor’s, a psychologist’s, doctor’s patient- Well, they just have a *dinámica*, that’s all, yes.

### *Opinions Regarding the Study*

#### *Feelings Regarding Participation*

At the end of the interview, the participants were given the opportunity to comment upon the study, to ask any remaining questions they may have about the study, and to describe how they felt about the experience of participating. This provided the them the

opportunity to evaluate the experience and a chance for them to express anything they wanted to say that was not specifically asked about in the study. This also provided them a chance to share more of their story should they so choose. All provided positive feedback around having participated in the study. The words used to describe how they felt were “good”, “very good”, “pleasant”, “normal, fine” and that participating was “an honor” for him.

One stated that he felt safe as he realized that he was not in danger through his participation as the questions were not asking very specific information and that he knew the investigator would not use it against him because of the safeguards built into the study. One stated that telling about his experience was necessary for the purpose of cultural exchange and three expressed gratitude at being able to talk about the experiences they had been through. Two specifically mentioned the value of “unburdening themselves” and one expressed pleasure in someone taking interest, for the first time, in what he has experienced as an immigrant in this country. When asked, two stated they felt positive in spite of knowing that the investigator was not a Latina because they felt protected and because she spoke Spanish, easing the communication between them.

When asked whether they had any questions about the study, two asked for clarification of its purpose and how it would help immigrants, one just said “no”, three said “no” because they understood that it was for the investigator’s thesis, and two also expressed their approval of the purpose of the thesis. Time was also spent in the recruiting process before the interview in explaining the purpose of the thesis, although this was done to varying degrees as some had more questions beforehand than others.

### *General Comments*

When asked about whether they wanted to say anything else about the topic, the participants gave a variety of answers. Three expressed their approval of the purpose of the study which they understood to be seeking to discover their experiences as immigrants, trying to help others learn and for them to be able to unburden themselves. One described the pride he felt in now being able to actively give back to the immigrant community. One expressed concern over the work difficulties his two undocumented brothers were having and another expressed the opinion that Latinos would be twice as strong and capable of helping others, Latino or not, if they learned English.

There was some conversation following the questions in several of the interviews. One man offered to help the investigator in any way he could with the rest of the study. This man was asked whether he thought it would be helpful for other potential participants to have a clearer understanding of what a social worker did and he replied that he felt it would as not everyone had a good understanding. At the end the investigator requested help from the participants in recruiting more people. One explained in detail the fear that he felt some of his classmates felt about participating. He stated that,

*P:* There are a lot of people, that the same, for the same reason I was telling you about before, its because of fear... I know, for example, I know that you writing a thesis will not hurt me and I know that the information I gave you will not affect me and that you are not going to use it to harm me or to harm other people ...And I know that you, by sharing or extending this information, I know that this won't affect me either. But there are people that don't know this. There are people that maybe, how could I explain, that could take you for someone working undercover, you know what I mean? But I know that isn't true. . .

*I:* Undercover, like...?

*P:* (laugh) Like so you can hurt us (turn us in), you know what I mean? . . . Like to call you, an immigration agent or something like that, you know what I mean,



but I know that that's not true. . . And if it's true, it doesn't matter, you know that I, by being here, I know that it is difficult, and if someday they return me to my country, it's not a problem for me- Why? Because I know that I can also succeed in my country- I know that it will take more effort and that it is more difficult but I know I can do it.

*I:* That you are not risking as much?

*P:* I know that as long as I am in this country, that I am a person who likes to work, and, how can I say it, does so without causing problems, that they are not going to single me out among all the other people. You know what I mean?

*I:* So, you are not afraid, but other people are?

*P:* There are a lot of people, like the people in my group, for example, my classmates- I told a friend there- you can help her- I said, she is only asking for information that is not going to affect you- but they don't understand- they say "no."

The overall climate due to the current immigration situation was a factor that influenced many aspects of this study and will be analyzed in more detail in the Discussion chapter that follows.

Table 1

Demographic Information of Participants (Part One)

---

	Number of Participants
n=6	
*n>6(multiple answer)	
<hr/>	
Sex	
Male	6
Female	0
Age	
18-25	1
26-35	2
36-45	2
46-55	1
Country of Origin	
Guatemala	1
El Salvador	2
Colombia	2
Mexico	1
Racial/Ethnic Group	
Latino	2
Hispanic	1
Spanish	1
Mestizo	1
Indigenous	1
Education Level*	
Middle School	3
Some High School	1
High School Graduate	1
College Degree	1
Other Courses	1

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Table 2

Demographic information of participants- (Part 2)

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	Number of Participants
n=6	
* n>6 (multiple answers given)	
<hr/>	
Time in the United States	
0-5 years	1
6-10 years	4
11-15 years	0
16-25 years	1
Reason for immigrating to the United States*	
Improve Economic/Work Situation	4
Support family back home	2
Violence in country of origin	2
Study/do projects	1
Get to know country	1
Do you work?	
Yes	6
No	0
Type of work*	
Food Preparation	2
Part-time/Seasonal	2
Construction	1
Cleaning	2
Other	1
Do you have children?	
Yes	2
No	4
Where do they live?	
Country of Origen	2

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## CHAPTER V

### DISCUSSION

This thesis is a qualitative study in which Latino immigrants who are currently, or have been undocumented in the past and have not previously used mental health services in the U.S., were interviewed with the purpose of allowing mental health providers to learn more about their experiences and how to help them in the most culturally-competent manner possible. It attempted to discover their experience of living undocumented in this country and elicited the factors affecting their seeking or not seeking counseling services. This included how they interacted with non-Latinos and what their normal means of seeking support were, whether they would seek counseling from a non-Latino and if so, what these clinicians could do to best help them. The findings, as described above, can be grouped under the categories of: 1) the experience of being undocumented, 2) emotional support seeking, 3) opinions about mental health services and 4) opinions regarding the study in general.

The concepts of *confianza* or trust and *personalismo* or the importance of personal interaction within any type of encounter (Arredondo, 2006) were expected to be important themes in the answers of those interviewed. It was also expected that the participants would express being angry and ready to fight for change in immigration policy and that they would not see therapy as what is most immediately helpful to them when they required emotional support. These hypotheses proved to be true to varying degrees except for the expectation that the participations would show anger towards the

current immigration policy. In this chapter, a brief summary of the results will be given next, followed by an analysis of their correlation with the hypotheses and their relationship to the literature regarding multi-cultural competency. Then an analysis of the reasons for difficulties in recruitment as it relates to the literature will be offered and then followed by suggestions for future research. Finally, the implications of this study for social work practice will be described.

### *Summary of the Results*

#### *The Experience of Being Undocumented*

The participants shared that being undocumented affects their lives in ways varying from fear of deportation, to not receiving or seeking needed services, difficulty in communicating and experiences of racism and discrimination in their encounters of non-Latinos. Their backgrounds and individual characteristics varied yet many of them would be willing to seek counseling, even from non-Latinos. Some would be more hesitant to accept help from non-Latinos and most offered ideas of what a non-Latino therapist should know or do in order to work with them. The results ranged from being patient at their frustration, to not using their status against them to just listening and being interested in their current and pre-immigration circumstances. The participants did appear to assume a certain amount of understanding and interest from a Latino clinician indicating that non-Latino clinicians need to more consciously strive to help undocumented immigrants in a culturally sensitive manner. The majority of participants, however, while welcoming the opportunity to express themselves in the interview, appeared to view seeking therapy only as a last resort solution, preferring rather to use resources within their own community.

### *Comparison of Hypotheses and Results*

Before beginning the study, it was expected that the concept of *confianza* or trust and *personalismo*, or the importance of personal interaction within any type of encounter (Arredondo, 2006) would prove to be important themes regarding what the participants would want in a therapist. The concept of trust was not specifically mentioned in the initial questions and the participants mentioned it in the context of interactions with therapists and non-Latinos less than was expected. Interactions with non-Latinos appeared to be more affected by language barriers and the negative treatment from non-Latinos experienced by the participants as described above. Speaking Spanish or attempting to communicate appeared to increase the amount of trust the participants perceived having with non-Latinos. In fact, this criterion for trust mirrors the importance of *personalismo* in their interactions with others. This concept emerged as important theme in the interviews as expected before the study began. The existence or lack thereof, of *personalismo* and respectful treatment, was an important theme in the descriptions of interactions with non-Latinos, real or hypothetical, as mentioned throughout the interviews by the participants.

It was also expected that the participants would be angry and want a change in the current immigration policy and that they would not see therapy as the most immediately helpful option to them when they were in need of emotional support. Although the current immigration situation was clearly a factor throughout the study, immigration policy, and a desire to help change it was rarely mentioned directly. The participants, while expressing an interest in obtaining the benefits of being documented, for the most part, did not appear angry. This ran contrary to the hypotheses formulated prior to the

study. However, several spoke of the importance of knowing their rights through *Centro Presente*, attending worker rights meetings there as well as the possibility of legal help with immigration issues through this organization, all of which reflect an acknowledgement of the effect of the current immigration situation on their lives. The discussion of community supports and hesitance expressed by most of the participants about actually attending therapy appear to support the hypothesis that the participants would not view therapy as most immediately helpful to them in times of distress.

#### *Participants' View of Culturally Competent Therapy*

The results show clearly that the participants desire to be treated with respect by non-Latinos and paid attention to as valuable individuals, rather than a group to be exploited. In general, they were much more forthcoming describing the differences in how they were treated in general than how they would want therapists would treat them. The following themes, however, emerged as to how they would like potential therapists to be with them. First of all, a non-Latino therapist who could speak Spanish was viewed as a huge advantage in their ability to communicate and understand them. They were also clear about what they assumed Latino workers would want to know and what non-Latinos should want to know. For example, it would be important for a potential therapist to want to know about their history of immigration, their current circumstances, including how their status affects their lives and the obstacles it presents them.

These results mirror Celia Falicov's (1998) description of the MECA model of treatment in which she states that all of the environmental context of this population should be taken into account with special care taken to address the domains of "the journey of migration and culture change," context of the family within its "broader

environment,” “family organization” and the “family life cycle” (Falicov, 1998, pp. 16-18). Also, the organization of their family structure has been affected by their immigration as their families have been divided. Yet, from the answers of the participants, their families are clearly very much a part of their lives. The family life cycle has also been affected. It is possible that most of these men do not have families because of immigrating and the difficulty of their lives as immigrants. And several of the participants also mentioned the cultural differences between the United States and their countries of origin and their difficulties in adjusting in the course of the interview. Paying attention to the total context of these participant’s lives as advocated by Falicov would also clearly include the impact of racism on their lives as evidenced by their responses as described in the previous chapter. Therapists working with undocumented immigrant clients need to be aware of and design interventions sensitive to these elements of their client’s lives.

The NASW Code of Ethics (1996) states that social workers “should have a knowledge base of their clients’ cultures” in order to be culturally competent (1.05.(b), p. 9). The participants did not ask that a potential therapist know all about their culture already although some seemed to feel that therapy with a non-Latino would not work due to cultural differences. What they requested was to be treated respectfully by therapists and for the therapist to want to discover how their situation as a currently or previously undocumented immigrant affects their lives and to know why they immigrated. This means the therapist should also want to know about the client’s life in their country of origin, mirroring Falicov’s (1998) MECA approach. A couple of the men felt that the therapist should know in advance that being an immigrant was difficult for them. They



want a therapist to be interested in their culture and how it affects them. Speaking Spanish appeared to indicate such an interest to the participants.

The Multi-Cultural Competencies (MCC) state that in order to be culturally competent, that a clinician needs to be aware of his or her own cultural formation and biases, respect the cultural differences of their clients, be knowledgeable about the world view of their clients and design “culturally synergetic and relevant interventions” accordingly (Arredondo 2006, p. 80). According to the participants in this study, one of the cultural differences that non-Latino clinicians may need to respect is that Latinos may prefer to get help outside of therapy within their own community. Clinicians also need to respect and design interventions that respect what these clients see as helpful to them, which based on their interviews, is to tell their story to someone. A therapist would also need to keep in mind that these clients would be seeking some kind of advice from a therapist, similar to what they would look for with a medical doctor.

Schnittker (2004) found that Hispanics trusted their physicians less than white Americans or African-Americans. There are two problems, however, in comparing the results of that study with those of the current one. First of all, the current study is not specifically measuring trust and is not comparing the opinions of the immigrants interviewed with those of another group. Also, the sample taken by Schnittker was not defined beyond being Hispanic and the instrument used to measure trust was not clearly defined or described in terms of cultural sensitivity.

### *Respeto*

The importance of *respeto*, another of the cultural concepts described in the literature as important when working with Latinos, manifested itself in several ways throughout the

interviews. *Respeto* refers to the importance of respect to authority figures within and outside of the family structure (Arredondo, 2006; Zea, et al., 1997) or an “unquestioning deference to authority figures” such as health care providers (Zea, et al., 1997, p .229). First of all, although the investigator tried to make the participants feel free to share their negative as well as positive interactions with non-Latinos with her, it is possible that they were not completely honest out of *respeto* for her as a researcher or perceived professional and as non-Latina due to internalized racism. Most expressed an understanding of what a thesis was and what the study was attempting to accomplish, which may reflect their relatively high average level of education. This is most clear by the comment that one man made at the end of the interview after stating that it was a positive experience. He said “I felt as if you were my teacher and I were your student.”

### *Familismo*

The importance of the concept of *familismo* or “the emphasis of family interaction” and that “family loyalty and *hermandad* (friendship) with friends and family members trump individuality” (Arredondo, 2006, p. 80) can be seen through frequent mention of family and what a great part it still play in the lives of the participants, regardless of where the family lives. It can also be seen by how often the participants discuss a variety of kinds of supports within the community as well as how they attempt to support each other. Their emphasis on their investment in the well-being of Latinos and immigrants in general and the joy they take in helping their fellow immigrant reflects a more communal and collective orientation rather than a focus on their individual well-being. Also they seek what could be mental health services from within their community in the form of emotional support. In fact, a woman seen as a leader in the community was listed as a

resource for any sort of problem one might have, be it concrete or emotional. Several staff members of *Centro Presente* shared with me that although that is not their official role, they often serve as a counselor or therapist for the Center's clients. The mental health profession could help shoulder this load with increased education of immigrants as to the fact that mental health counselors function in much of the same way as more informal counselors within their community and therefore represent an additional resource. Their communal orientation, however, may continue to represent a barrier to seeking this kind of help outside of the Latino community.

#### *Implications for Social Work Practice*

##### *Advocacy*

In addition to constantly expanding their knowledge of how to best treat clinically various vulnerable populations, the NASW has urged legislative advocacy on behalf of these populations. For example, it has strongly encouraged social workers to advocate against the passage of immigration reform legislation such as the Secure Fence Act of 2006, stating that, "Though America's immigration system is flawed and in need of reform, reactionary proposals that would further exploit the most vulnerable among us do not constitute a rational solution" (NASW Government Relations Action Alert, September, 2006). This alert urges social workers to tell their Representatives that,

The social work community supports comprehensive immigration reform, and not increasing anti-immigrant legislation that deprives human beings of their dignity as well as their capacity to become stakeholders in American society. NASW contends that realistic security derives only from comprehensive reform and not intolerance. (NASW, 2006)

Darnell Morris-Compton, in *Social Work Today* (2006) described how social workers from a variety of approaches have united in advocacy for a fair immigration reform, as

many of them are helping the undocumented immigrants whose well-being the policies would negatively affect. Additionally, some of the proposed policies, such as HR 4437, would have jeopardized their ability to help undocumented immigrants by criminalizing them for doing so.

The NASW, in its Code of Ethics (1996), also stresses the responsibility of social workers to advocate for immigrant rights in the following section;

#### 4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion and mental or physical disability. (pp. 22-23)

#### *Value of Sharing Story/Unburdening*

The value of sharing their story, whether it is to help themselves or others, is a theme that runs throughout the interviews, appearing in the answers to several different questions, including the reasons given for participating and the participants' evaluation of the experience. It was not necessarily connected to their perception of therapy, as several of them, as described above, appeared to view therapy as a "last resort" or to view it as a place to get answers and advice to their problems from a professional. The apparent hesitation of the clients in seeking therapy appears to correlate with the importance of the concept of *controlarse*, in Latino culture. *Controlarse* can be defined as assuming the personal responsibility of "mastering the challenges of life by controlling one's moods and emotions, particularly anger, anxiety and depression" (Falicov, 1998, p. 150). It also confirms Falicov's (1998) assertion that Latinos traditionally seek mental health services in states of extreme crisis, first seeking relief in other forms. One of these forms is from within their own community as described above.

The participants appeared to see the value of telling their story outside of therapy. One woman, whom was screened out for participation, was happy to sit and have a conversation with the investigator talking about her family's migration story and what it was like returning to her home country even though she knew it would not be used in the study. As they recognize telling their story or unburdening as valuable to them, therapy with these clients needs to be a place where they feel comfortable doing so, particularly if they have not already identified forums in their life in which this is possible.

#### *Barriers to Receiving Services*

Several of the barriers keeping Latinos from seeking treatment, mental health or otherwise as described in the literature can be seen in the responses of the participants, while some do not appear to be factors. The barriers of cost and lack of services in Spanish as described by Falicov (1998) and schedules and location as described by Echevarry (1997) are not present as cost, schedule and location are not mentioned by the participants and the hypothetical services being discussed would be provided in Spanish. The second theory described by Falicov (1998) that Latinos traditionally use other resources for treatment is seen as accurate in the results of the interviews, as described above. Berk and Schur's (2001) findings that fear of deportation was a deterrent to undocumented immigrants seeking the health services they needed appeared to be true in the case of some of the participants and was likely a barrier to the participation of other immigrants in the study.

Echevarry (1997) also added as barriers to immigrants' accessing and accepting mental health services the client variables of age, gender, educational level, legal status in the U.S., degree of acculturation, national origin, English proficiency level and resource

preference. In this study, educational level, legal status and resource preference appeared as barriers for the participants. Even the participant who spoke fluent English and had a high level of education and the immigrant who had been in the United States 23 years expressed hesitation at the idea of going to therapy in general showing that the barrier of resource preference was present in most of the participants. The barrier of having a lower educational level may have prevented potential participants from volunteering to participate, in part due to a lack of understanding of the purpose of a thesis and its safeguards.

Regarding Smith, Bakir and Montilla's (2006) assertion that having a bilingual/bicultural therapist may keep Latinos in therapy longer, this appears to be true, provided the client agree to attend therapy in the first place. Many participants appeared equally willing to see a Latino or bilingual non-Latino therapist. Whether the fact that a researcher was not Latino was a barrier to participation requires further study. All of the barriers described by the undocumented women interviewed in Oliva's (2000) study can be seen in varying degrees in the answers of the participants to this study. Oliva (2000) stated that, "Their lack of knowledge and awareness of the law, coupled with their current status as 'immigrant,' prevents them from seeking needed services due to their fear of deportation or harm to themselves or their families" (Oliva, 2000, p. 31). This fear of harm to their families may have been a reason that more potential participants with children, particularly women, did not volunteer to participate. Many of the women in Oliva's (2000) study also stated that they had problems in seeking services due to "racism and prejudice, language barriers, illegal status, policy and lack of understanding about how things work in the United States and social isolation" (Oliva, 2000, p. 38). These

reasons, particularly status, racism and prejudice, can be seen in the responses of the participants in this study.

#### *View of Therapy vs. View of Non-Latinos*

The participants' view of therapy and preference for Latino or non-Latino therapists appears to correlate with their views of non-Latinos. The two participants who were most forthcoming about their fear and mistrust of and mistreatment at the hands of non-Latinos were the most ambivalent about therapy with a non-Latino. The most vocally distrustful man conceded that "maybe it would be easier" to do therapy with Latinos and the other stated he would definitely see a Latino therapist. Yet the first did not state directly he would go to therapy and the second talked at great length about community support. The two who stated they would see definitely see a therapist, Latino or not, had less specific complaints about non-Latinos. One had a conversation with me before the interview to clarify what the role of a social worker was, comparing it with social workers in his country. The two who stated they felt they would get the same help from Latinos or non-Latinos, however, appeared to view therapy as a last resort. In fact, four participants appeared hesitant to consider therapy, regardless of who was doing it, showing that an understanding of the purpose of therapy and their opinion of seeing a counselor was more indicative of whether they would attend than if they were working with a Latino or a non-Latino.

#### *Recruitment Process*

Recruiting participants was the most challenging part of conducting this study and in fact the research concluded with only half of the amount of participants that were originally required. Contrary to what was expected prior to the study, no participants

were obtained through a snowball sample. Also, some of the people approached by the investigator to help recruit participants commented on the fear with the undocumented immigrant community. One man stated that he had not seen many of his friends lately and thought they were afraid to go out. It is the opinion of this author that fear within the community, combined with taking the wrong approach, were the principal reasons for difficulties in recruitment. Due to the changing criteria, people were initially screened out as participants who could have qualified under the expanded criteria. Unfortunately, it was difficult to track these people down again after they were initially told they were ineligible to participate. Also, knowing about the legitimate fear in the community of deportation caused the investigator to feel personally protective of potential participants and hesitant about even approaching people to participate.

Fear of the risk of deportation may explain why five of the six people who volunteered to participate were single men. The one supporting children had Temporary Protective Status. Potential participants with families in the United States, especially women, may have been afraid to participate because they would be risking not only their, but their families' safety through participating. A handful of students initially expressed interest and were given a copy of the Informed Consent to look over and contact the investigator, but none did so. In retrospect, if the criteria for participation had included anyone Latino, not just Central-American, from the beginning, the study may have included more participants. Also, if the investigator had tried to make appointments to talk with people when they initially expressed interest rather than expecting them to make the contact by calling the phone number on the informed consent form, the number of interviews obtained would also more likely have been higher. It is possible that some people



expressed interest to please their professors who so openly supported the study or as an expression of *respeto* or respect for or deference to the researcher. The investigator was also very cautious of not coercing people to participate in any way.

The recruitment process for this study reflects and confirms studies of Rodríguez et al. (2006) and Miranda et al. (1996), which highlighted the importance of personal contact with clients and participants. They also underscored the importance of taking into account needs of participants such as child care and transportation. Although both of these factors were anticipated in advance, as most of the participants were single men, it is unlikely that they had much affect on the study. It is possible, however, that concerns regarding child care or transportation could have kept some people from expressing interest in participating but if so, they did not tell the investigator. The amount of time required for the interview was a factor that a couple of participants mentioned in declining to participate.

Rodríguez et al. (2006) also noted the effectiveness of using networks within the Latino community to recruit participants which was attempted by the investigator with some degree of success. In retrospect, word-of mouth recruitment should have also been employed from the beginning. It is the opinion of this investigator, however, that the climate of fear, kept this from being a more effective method. Also, the fact that the investigator was not Latina may have also played a part, although it is likely that their not previously knowing her was a bigger factor in keeping people from asking to participate. Miranda et al. (1996) also noted the effectiveness of recruiting participants through already formed trusting relationships with health providers. In this study, the trusting relationship that many of the participants already had with *Centro Presente*, a well-

known and trusted resource within the Latino community, was substituted for relationships with health providers.

Given the current climate of fear, however, these strategies were not enough. The question arises as to whether as an outsider, the investigator should have been more personally involved at *Centro Presente* for the students to be able to get to know her and for her to prove to them how important immigration reform and helping the immigrant community were to her. The investigator spoke to several staff members in great detail about her background and motivations and it appears that they were personally convinced of her intentions and dedication to the subject matter. Several of them, however, shared with the investigator that the students at *Centro Presente*, due to its proximity to many local colleges and universities, were accustomed to outsiders arriving to survey them and leaving when finished. The staff commented that they believed the students at times felt like they were “lab rats” to the researchers and that their individual circumstances were not necessarily important to the researchers. Anderson (1993), a white researcher interviewing Black residents in the Chesapeake Bay region about racism, served as a volunteer in the community to prove her trustworthiness. She advocated a more flexible view of the role of the researcher when she is from the dominant group working with members of an oppressed population.

But is such involvement ethical and within the guidelines of research norms? The researcher felt naturally inclined to be more personally involved with potential participants, to let them know more about her and why she was trustworthy, especially as it seems that were she a Latina, they would have automatically assumed certain things about her that a non-Latina would need to prove. The investigator received mixed

feedback over whether to get more personally involved. The decision was made for the investigator to try to find participants while maintaining as much as possible the traditional objective role of a researcher. After returning various times to make the invitation to participate and give students a chance to inquire about the study, the investigator had obtained an insufficient number of participants. At this time, several of the staff members expressed to the investigator the opinion that she would have found more participants had she been more personally involved with the students, whether through participating in the classes or serving in another capacity at the Center. There were, in fact, many non-Latinos volunteering at the Centro. The investigator would have liked to be more involved had she not been conducting a study. She was not comfortable with helping out “just to get participants” or with the students feeling obligated to help her as their teacher, and therefore an authority figure of sorts.

The investigator also felt similarly conflicted about the invitation to visit Washington D.C. with a group from the Center to lobby Congress for immigration reform. Although she was strongly encouraged by a staff member to do so to “prove” her dedication to potential participants, she decided not to go. Could it have helped gain more participants had she been more involved? The answer is likely “yes” and this investigator would consider a different approach to recruitment for the next study with this population.

An added difficulty with recruitment was that, even just expressing their interest in participation, and acknowledging their status to the investigator, could potentially place the participants at risk of exposure as she would then be able to identify them by sight. She would know who they were even if they decided not to participate. The investigator did, however, employ *personalismo* by engaging in personal interaction, both in her

invitations to the students and in her contact with them outside of the class, although she did not disclose specific information about herself beyond her identity as a student. The investigator treated potential participants with respect, showed interest in them as people and was able to communicate with them, all of the criteria listed by those who did participant as to what constituted the action of a non-Latina who was “on their side.” They all received the investigator graciously and greeted her as they entered and left their classes. This author is therefore of the opinion that the level of education of the participants and their understanding of what a thesis was and how its safeguards worked as well as their security of residency, played a factor in their participation. It is possible that those who did not participate did not have this same educational background and understanding as those who did agree to participate. This could be corrected in the future by finding a way to explain the process and purpose of a thesis better to potential participants in the future as well as explain in greater detail the role of a social worker.

#### *Limitations of the Study*

In fact, the small sample size and the lack of participation by females and those with families is one of the main limitations to generalizing the results of the study. The need to expand the criteria for safety reasons to people who were not currently undocumented also diluted the homogeneity of the sample as those who now had secure status were not describing their current situation. Also, the climate when they were undocumented may have been very different from the current one. However, the difficulty in recruitment itself could reflect the fear of immigrants to talk about their status.

### *Effect of Identity of Interviewer/Personal Perspectives*

The investigator specifically asked those who expressed the most wariness towards non-Latinos why the experience was positive in spite of the investigator not being Latina. Beyond the fact that she was not a Latina, all the participants knew about the investigator was that she was writing a thesis, was a social work student and supported immigration reform. They did not know about her extensive previous history living abroad and working with immigrants in the U.S. Perhaps, knowing this may have helped more people trust her. Those that did agree to be interviewed stated that the fact that she spoke Spanish helped them feel more comfortable and that the interview felt like a safe forum for them to express themselves.

The investigator had to be conscious of not letting her bias, based on her investment in the rights of undocumented immigrants, interfere with the level of objectivity needed to be an effective interviewer. This bias stemmed from personal relationships and having lived in Guatemala where she knew many people who benefited from the money earned by undocumented immigrants. The investigator also needed to guard against letting personal curiosity deter her from the purpose of the study. The investigator attempted to balance the *personalismo* or need for personal interaction with potential participants, including the possible self-disclosure needed to establish rapport and build trust against her professional stance as an interviewer. The investigator also needed to guard against making assumptions about the experiences of the participants based on those of people she knew personally or with whom she had worked with as a therapist.

### *Recommended Future Studies*

It would be helpful to do another similar study in the future, taking into account the findings described above regarding recruitment and adjusting the process accordingly to obtain a larger sample. It would also be beneficial to study in more detail the process of recruitment with undocumented immigrants and Latino immigrants in general to test the importance of whether the interviewer is Latino and the differences in information obtained if the researcher is bilingual but non-Latino or is Latino. Future research should also clarify from the beginning potential participants' understanding of what therapy consists of and what a social worker does in order clear up any confusion they may have. This is important so participants will see how this particular topic can be relevant for them. It would be helpful to explain therapy as a way of telling their story if they need more support beyond their traditional resources within the community. Studies are also needed concerning the affect of being undocumented on the identity, employing a narrative perspective as many of the participants described the value of expressing themselves.

### *Conclusion*

In conclusion, given the current political climate and the oppression experienced by documented and undocumented Latino immigrants, this study is important for social work practice as well as education. The NASW Code of Ethics (1996) highlights the responsibility to help oppressed groups. Social workers, whether still in school or not, have an ethical obligation as well to continue to educate themselves as to culturally competent practice with all people. The results of this study will contribute to this continuing education, particularly for white clinicians, who comprise the majority of the

profession. Social workers have the obligation and responsibility to help this population, whether it is through traditional counseling or through the provision of other services and advocacy that meet this population's needs.

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## Appendix A

Racial/Ethnic Composition of Selected Groups of Social Workers and the U.S. Population (from Table 3 of *Licensed Social Workers in the United States, 2004*, Chapter 2, Demographics.) Center for Health Workforce Studies- School of Public Health, University at Albany, Rensselaer, NY & NASW Center for Workforce Studies, National Association of Social Workers, Washington D.C. (2006, March).

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Race-Ethnic Category	Licensed Social Workers 2004	Social Workers (Self-Report), 2001	U.S. Population, 2001
Non-Hispanic White	84.5%	64.6%	71.0%
African-American	6.8%	23.2%	12.2%
American-Indian	0.5%	1.3%	0.7%
Asian American	1.4%	2.6%	4.0%
Hispanic	4.3%	8.3%	12.1%
Other	1.4%	-	-

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## Appendix B

Estimated Unauthorized Immigrant Population, Top 10 Countries: 1990 and 2000 (from Table B of *Estimates of the Unauthorized Immigrant Population Residing in the United States: 1990 to 2000*). Office of Policy and Planning- U.S. Immigration and Naturalization Service.

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Country of Origin	Estimated Population		Percent of Total Population	
(Numbers in thousands)	2000	1990	2000	1990
Mexico	4,808	2,040	68.7%	58.3%
El Salvador	189	298	2.7%	8.5%
Guatemala	144	118	2.1%	3.4%
Colombia	141	51	2.0%	1.4%
Honduras	138	42	2.0%	1.2%
China	115	70	1.6%	2.0%
Ecuador	108	37	1.5%	1.0%
Dominican Republic	91	46	1.3%	1.3%
Philippines	85	70	1.2%	2.0%
Brazil	77	20	1.1%	0.6%

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Numbers from Central American countries affected by granting of Temporary Protective Status (TPS) to many Central Americans in 1997 and 1998, effectively making them change from unauthorized to authorized status.

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## Appendix C

### Consentimiento de participación

Al participante potencial:

Me llamo María McCoy y soy un estudiante de Trabajo Social en Smith College. Hago este estudio para escribir mi tesis, que es uno de los requisitos para poder graduarme del programa. Aunque no soy latina, hablo bien el español. El estudio será publicado para la biblioteca de la escuela y posiblemente en otras publicaciones profesionales y será utilizado para presentaciones en el futuro sobre los inmigrantes latinos indocumentados.

Hago este estudio para entender mejor qué piensan los inmigrantes latino-americanos, como Ud., de los servicios ofrecidos por consejeros americanos que no son latinos, qué haría Ud. sentir más cómodo en buscar estos servicios y como esos consejeros le podrían ayudar mejor si Ud. decidiera visitarlos. No soy conectada con el INS (la migra), la policía, ni ningún otro servicio de control migratorio.

Me gustaría entrevistarle a Ud. como un inmigrante Latino quien haya vivido indocumentado en este país. Haré todo lo posible para que su participación en este estudio no le identifique a nadie como alguien que haya sido indocumentado. Haremos la entrevista en un lugar en que nos acordamos que nos ofrezca la privacidad necesaria para proteger su confidencialidad. La haremos a una hora que nos convenga los dos. No le preguntaré su nombre, dirección ni detalles específicas acerca de cómo Ud. llegó al país. Ud. puede darme su nombre sin apellido y después usaré un número en lugar de su nombre para identificar sus respuestas, así manteniendo su anonimidad. Este número le diré a Ud. para poder identificar su información por si acaso decida quitar su participación. Ud. puede cancelar su participación a cualquier momento hasta el 16 de abril, 2007.

Con su permiso, grabaré la entrevista. También, tomaré notas escritas. Usaré el mismo número mencionado arriba para identificar la información grabada y quitaré de los transcritos toda información que le pueda identificar, así protegiendo su confidencialidad. Transcribiré la información grabada por medio de escribir por computadora el contenido y después imprimirlo. Es posible que mi asesora del proyecto tenga acceso al información después de que quite toda información que le pueda identificar. Guardaré la información grabada, los apuntes y los transcritos cerrado con llave y los destruiré dentro de 3 años.

La entrevista durará aproximadamente una hora. Le pediré información básica como su edad, su país de origen, su grado de estudio más alto, cuándo vino a los Estados Unidos y por qué, si tiene hijos y qué tipo de trabajo hace. Le haré preguntas acerca de su experiencia de ser indocumentado y cómo esto le ha afectado su deseo de buscar ayuda

de una consejera americana que no es latina, como yo. Todo eso para que pueda recibir ayuda de una manera más respetuosa posible.

No hay recompensa ninguna para la participación en este estudio. Su participación le dará la oportunidad de expresar sus opiniones a alguien quien le escuche confidencialmente. Cualquier información que yo compartiré con otros será de una manera general para que puedan mejor entender su experiencia y la de otros como Ud. Deseo que esta estudio pueda ayudarme a mí y a otros como yo mejor ayudarles de una manera más respetuosa posible.

Es posible que participar en el estudio le cause sentir sentimientos de frustración, tristeza o otros sentimientos o emociones difíciles. Le daré una lista de organizaciones donde se habla español donde puede irse o llamar si decide buscar la ayuda un consejero. Ud. tendrá que arreglar el tiempo suficiente para su transporte y tal vez encontrar a alguien quien cuidara a sus hijos. Haré lo posible para ayudarle en esto. Una vez más haré todo lo posible para proteger su confidencialidad y reducir los riesgos legales de participar.

Su participación en esta entrevista es completamente voluntaria. Ud. puede cancelar su participación en el estudio en cualquier momento antes, durante o después de la entrevista hasta el 16 de abril, 2007 cuando escribiré el reporte. Si Ud. decide cancelar su participación, destruiré toda su información. También puede parar la entrevista en cualquier momento o negar de contestar cualquier pregunta. Su participación no afectará su acceso a cualquier servicio que pueda recibir de la organización de donde yo solicité su participación.

**SU FIRMA INDICA QUE HAYA LEIDO Y ENTENDIDO LA INFORMACION EN ESTE DOCUMENTO, QUE HAYA TENIDO LA OPORTUNIDAD PARA HACER PREGUNTAS ACERCA DEL ESTUDIO Y SUS DERECHOS Y QUE UD. ESTA DE ACUERDO EN LA PARTICIPACION EN EL ESTUDIO.**

Firma del participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Si tiene cualquier pregunta o quiere cancelar su consentimiento antes del 16 de abril, 2007, favor de llamar a (617) 887-4122. Favor de dejar un mensaje si no contesto y le llamaré tan pronto posible.

Favor de guardar una copia de esta para que pueda referir a la información más tarde.

Firma de investigadora: \_\_\_\_\_ Fecha: \_\_\_\_\_

Revised 2/17/07

## Appendix D

### Informed Consent (translation)

Dear Potential Research Participant:

My name is Maria McCoy and I am a social work student who is completing this study to write my thesis in partial fulfillment of the Master's in Social Work degree at the Smith College School for Social Work. Although I am not a Latina, I am fluent in Spanish. The study will be published for the library at my school and possibly in other professional publications and used in future presentations about undocumented Latin-American immigrants.

I am conducting a study to better understand how undocumented Latin-American immigrants such as yourself perceive counseling services provided by non-Latinos, what would make it more comfortable for you to seek out these services and how these counselors could better help you if you chose to meet with them. I am not at all affiliated with the INS, the police, or any other immigration control service.

I am asking to interview you as a Latin-American immigrant who has lived undocumented in this country. I will do everything in my power to assure that your participation in this study does not identify you as undocumented to anyone. The interview will take place in a place we both agree upon that will allow us the necessary privacy to maintain your confidentiality. The interview will take place at a mutually agreed upon time. I will not ask your name, address or any identifying details about how you arrived in the country. You may give me your first name only and afterwards, I will use a number to identify your answers in order to maintain your anonymity. I will give you this number to identify your information should you choose to withdraw later. You may withdraw from the study at any time before April 16, 2007.

With your permission, I will tape record the interview. I will also take written notes. I will use the number mentioned above to identify the taped information and will remove all identifying information from the transcripts, thereby protecting your confidentiality. I will transcribe the data from the recorded information by typing the words and printing them out. My advisor may have access to the data after the identifying information has been removed. I will keep the recorded information, notes and transcripts secure under lock and key and I will destroy them in three years.

The interview will last approximately one hour. I will collect basic information such as your age, country of origin, your level of education, how long ago you came to the US and why, whether you have children and what kind of work you do. I will ask you questions around your experience of being undocumented and how this has affected your seeking counseling from a non-Latina American such as me. This is all in order to assure that you receive help in the most respectful way possible.



There is no financial compensation for participation in this study. Participating in this study will be a chance for you to express your opinions to someone who will listen confidentially. Any information that I will share with others will be done in a general way in order for them to better understand the experience of yourself and others like you. I hope that this study will allow me and others like me to be able to better help you in as sensitive a way as possible.

It is possible that participating in this interview may bring up feelings of frustration, sadness or other difficult feelings and emotions. I will provide you with a list of Spanish-speaking organizations where you can go to or call for help should you wish to seek counseling. You will have to allow sufficient time for transportation and possibly need to arrange for child care. Once again, I will do everything I can to protect your confidentiality and reduce any legal risks of participating.

Your participation in this interview is completely voluntary. You may withdraw from the study any time before, during or after the interview until April 16, 2007 when I will write the report. If you withdraw, I will destroy all of your data. You may also stop the interview at any point or decline to answer any questions. Your participation will not affect your access to any services you may be receiving from the organization from which you were recruited.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or wish to withdraw your consent before April 16, 2007, please call (617) 887-9445. If I do not answer, please leave a message and I will call back as soon as possible.

Please keep a copy of this form to refer to the information later.

Signature of researcher: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 2/17/07

## Appendix E

### Guía de entrevista

#### Información demográfica

¿Cual es su género?

¿Cuántos años tiene?

¿Cual es su país de origen?

¿Con qué raza/grupo étnica se identifica?

¿Hasta qué grado ha estudiado?

¿Por cuánto tiempo ha estado en los Estados Unidos?

¿Por qué vino a los Estados Unidos?

¿Tiene hijos? ¿Viven en los Estados Unidos con Ud.? ¿Si no, dónde?

¿Trabaja Ud.? ¿Si sí, en qué trabaja?

#### Guía de entrevista

¿Por qué decidió participar en este estudio?

¿Cómo le afecta su vida diaria ser indocumentado/a?

¿Qué tipos de servicios/beneficios ha buscado/usado?

¿Es su estatus legal una razón que busca o no busca servicios?

¿Cómo se acerca a o reacciona con americanos que no son latinos?

¿Qué hace o con quién busca alivio cuando se siente mal emocionalmente?

¿Iría a hablar con una consejera no latino bilingüe? Un latino? ¿Por qué sí o por qué no?

Si visitas a un consejero, ¿Qué debe saber de Ud., como alguien quien haya vivido indocumentado en este país, para poder ayudarle de la mejor manera posible?

¿Hay algo más que le gustaría decir acerca de este tema?

¿Tiene algunas preguntas para mi acerca del estudio?

¿Cómo sintió Ud. al hablar conmigo acerca de este tema?

Revised 2/17/07

## Appendix F

### Interview Guide (translation)

#### Demographic Information

What is your gender?

How old are you?

What is your country of origin?

How would you describe your racial background/ethnicity?

What is your highest level of education?

How long have you been in the United States?

Why did you come to the United States?

Do you have children? Do they live in the U.S. with you? If not, where?

Do you work? If so, what type of job do you have?

#### Interview Guide

Why did you agree to participate in this study?

How has being undocumented affected your daily life?

What type of social services/benefits have you sought?

Has your legal status been a factor in your seeking or not seeking services?

What is the way you approach or interact with non-Latinos?

What do you normally do or who do you turn to when you feel upset?

Would you seek counseling from a bilingual non-Latino counselor? A Latino? Why or why not?

If you visited a counselor, what should they know about you, as someone who has lived undocumented in this country, to be able to help you in the best way possible?

Is there anything else you would like to say about this topic?

Do you have any questions for me about the study?

How did you feel while talking to me about this topic?

Revised 2/17/07

## Appendix G

### Human Subjects Committee Approval Letter

January 18, 2007

Maria McCoy  
33 Falcon Street  
Boston, MA 02108

Dear Maria,

We have reviewed your amended materials and you have done a great job in explaining exactly what you plan to do in recruitment. I do think the “non-Latino” works better. We also received the permissions.

Everything is now in order and we are glad to give final approval to your study

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Terry McDowell, Research Advisor

## Appendix H

### Referral List

#### **Organizaciones donde se puede ir a hablar con un consejero en español**

##### **Cambridge Health Alliance**

Central Street Health Center  
26 Central St.  
Somerville  
(617) 665-3900 (para ayuda)  
(617) 591-6033 (número principal)

Windsor Street Health Center  
119 Windsor St.  
Cambridge  
(617) 665-3900 (para ayuda)  
(617) 665-3600 (número principal)

##### **North Suffolk Mental Health Services**

Chelsea Counseling Center  
301 Broadway  
Chelsea  
(617) 889-3300

East Boston Counseling Center  
14 Porter St.  
East Boston  
(617) 569-3189

Revere Counseling Center  
265 Beach St  
Revere  
(781) 289-9331

##### **MGH-Chelsea Healthcare Clinic**

151 Everett Ave.  
Chelsea  
(617) 887-3512

##### **Beth Israel Deaconess Medical Center**

330 Brookline Ave.  
Boston  
(617) 667-4733

##### **Latino Health Institute- Caminos**

95 Berkely St.  
Boston  
(617) 350-6900 ext. 118 pregunte por - Alberto Rodríguez

##### **Bowdoin St. Health Center**

230 Bowdoin St.  
Dorchester  
(617) 754-0100