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Exploring the Therapy Experiences of Latinx Individuals Working with Non-Latinx Therapists

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EXPLORING THE THERAPY EXPEREINCES OF LATINX INDIVIDUALS
WORKING WITH NON-LATINX THERAPISTS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in Family Sciences in the
College of Agriculture, Food and Environment
at the University of Kentucky

By

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Lexington, Kentucky

Director: Dr. Nathan Wood, Associate Professor of Family Sciences

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2023

ABSTRACT OF THESIS

EXPLORING THE THERAPY EXPEREINCES OF LATINX INDIVIDUALS
WORKING WITH NON-LATINX THERAPISTS

Latinos are the largest minoritized ethnic group in the United States. Despite having a population of 62.1 million Latinos in the United States, the representation of Latinx therapists remains low. Therefore, the chance for Latinx individuals and families to receive mental health services from a Latinx therapist is very low. This phenomenological study examines the experiences of six Latinx individuals who worked with non-Latinx therapists. The resulting themes included therapist client match, awareness, respect for boundaries, and genuineness. These themes informed by the personal stories of people who have gone through the therapeutic process will aid professionals in the field by providing firsthand perspectives of what was beneficial for this population in therapy.

KEYWORDS: Latinx, Therapy, Experiences, Non-Latinx, Therapists

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04/19/2023

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By

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CHAPTER 1. STUDY BACKGROUND

1.1   Introduction

There are over 62 million Latino/as in the United States which makes them 18.5% of the total population as well as the second largest racial/ ethnic group in the United States (U.S Census Bureau, 2021). The experiences of members within this population are unique and important, as are those for all other ethnic groups. With an increasing presence of Latinos in the U.S., an increased awareness of their mental health needs should also be taken into consideration. While demographic data is unavailable for all mental health fields, Smith (2018) found that Latinos/ Hispanics only made up for 5% of all licensed psychologists. Therefore, representation of Latinos in mental health still remains low. Studies have found that many individuals who come from underrepresented ethnic groups want to find a therapist who identifies as being part of their own racial/ethnic group (Meyer & Zane, 2013); this is known as racial match. Racial match has been associated with lower treatment dropout, increased utilization, and greater satisfaction amongst clients (Meyer & Zane, 2013). Again, since the number of Latinos in the field is disproportionately small, Latinos seeking mental health services tend to see non-Latinx therapists.

To better understand the experiences of Latinx individuals in therapy who worked with non-Latinx therapists the present study used a phenomenological approach to assess which components of those experiences made them have a certain outlook on their overall therapeutic experience. Since the representation of mental health professionals who identify as Latinx is small, the possibility of Latinx clients having a therapist with the same ethnic identity is also low. Therefore, due to probability, Latinx individuals are

likely to have a non-Latinx Therapist. It was important to focus on non-Latinx Therapists to bring awareness on how they can serve Latinx populations effectively despite cultural and ethnic differences. The study examined what characteristics and actions of non-Latinx therapists, individuals believed contributed to a positive and helpful therapeutic experience while also providing a safe space for those to share their experiences even if they did not believe them to be positive. Since this study highlighted what non-Latinx therapists are currently doing and the actions they are taking to contribute to the field which Latinx individuals believe to be helpful, those actions can be endorsed. By bringing awareness of what is currently working, a greater understanding of how to provide quality care for this population was gained.

1.2   Literature Review

There are many ways the literature has focused on Latinx populations within therapeutic settings. Existing studies tend to emphasize the development of cultural competency in therapists working with Latinos (Bean et al., 2001; Platt, 2012; Taylor et al., 2006). Cultural competency refers to having awareness of our own culture, the culture of others, and effectively working and engaging with others (Bean et al., 2001). Most of these studies gathered stories and opinions from therapists rather than perspectives from the clients. To address the gap in literature, the current study solely focused on the experiences told by Latinx clients. By having these experiences told first handedly by clients who have personally been through the therapeutic process and worked with non-Latinx therapists, a better understanding of what constitutes to their experience was gathered. With this understanding, other professionals in the mental health field would be

aware of those components that provide quality care for these populations and those

actions or approaches that may not be appropriate.

1.2.1   Current Challenges for Latinx Individuals and Families

When looking at Latinx populations, there are some challenges that can be shared

amongst these groups regarding their experiences. Some of these challenges are presented

as themes in therapy which therapists could help with. Discrimination is one of the

biggest challenges that can have a great impact on Latinx individuals and families.

Ethnic/ racial discrimination is shown to have negative impact on people's mental health

which can then lead to depression (Lazarevic et al., 2018). Societal and media

representation of Latinx individuals influence the discrimination present towards this

group of individuals. The way Latinx individuals are described and viewed by other

racial groups can also lead to the normalization of stereotypes and discriminatory labels

(Lazarevic et al., 2018). Many factors can contribute to the discrimination that Latinos

face, but the depression and effects associated with it, can be challenges a therapist may

be able to help with. Another challenge present is the acculturation process for Latinx

immigrants (Perreira et al., 2006). Anxiety towards new environments, challenges for

their children and balancing work and family are all things immigrant parents can find

themselves struggling with. Coping with loss and family changes including losing family

connections, changing family roles, changing social status, and breaking old traditions are

also things that are present for Latinx immigrant families and challenges which therapists

could help with (Perreira et al., 2006). Since the Latinx population is a diverse cultural

group and individuals may have different experiences and backgrounds, the challenges

faced by this group are also diverse. Therefore, the challenges and distresses a therapist

can encounter cover a vast range of themes and topics including the ones mentioned above.

1.2.2 Help Seeking Factors and Approaches

The way people address mental health needs can vary depending on the way those needs are perceived. This perception is often influenced by societal and cultural expectations as well as stigma relating to how mental health is defined. When examining Latinx populations, it has been found they are less likely to seek mental health services overall but especially Latino men, Latinx immigrants and those from lower socioeconomic backgrounds (Ishikawa et al., 2010). Several factors influence why Latinx individuals may not seek mental health services such as language barriers and specific cultural values. English proficiency is commonly found amongst Latinx individuals who seek mental health services. Those who do not speak English proficiently, are less likely to initiate the process of seeking mental health services (Delgado et al., 2006). Familism is an important cultural value present in Latino/as that promotes loyalty, respect, and feelings of unity and cohesiveness in the family (Stein et al., 2015). Since familism is a value that pays great importance to honoring family it is less likely that individuals will seek help outside of their families (Ishikawa et al., 2010). The unity and loyalty of family is very important, and hesitation to reach out to someone outside this system can be present thus, affecting how individuals perceive seeking therapy. There are many factors contributing to the hesitancy of Latinx individuals to seek mental health services, so it is important to note how they do when they decide to do so. Ishikawa et al., (2010), noted how Latinos engage in multiple help-seeking efforts in simultaneous ways through the utilization of multiple sources of care (e.g., church involvement, therapy, and drug

rehabilitation groups). Psychologists and psychiatrists may be viewed as resources for certain cases or needs. The way referrals are made through medical professionals, churches, support groups, and peers can influence how individuals receive and seek help (Ishikawa et al., 2010). When studying Latinx individuals and families, it is important to note that the legal status of a person may be a barrier when seeking resources. For example, Florian (2022), found that it is extremely difficult for undocumented immigrant women to seek and receive services to overcome intimate partner violent (IPV). Anecdotally many Latinx clients served at the UK Family Center found themselves with a barrier when seeking treatment because of their legal residency. Once in therapy, clients were hesitant to be fully open in therapy out of fear of their family being disrupted and because of their legal status overall (N. Wood, personal communication, July 19, 2022). It is important to note the factors that contribute to the hesitancy for seeking mental health services in the Latinx population to then relate those factors to how they view their overall therapeutic experience.

1.2.3 Therapist Training in Working with the Latinx Population

Much research has been conducted to determine how to create culturally competent therapists. Different approaches have been taken to make this determination. A method taken to obtain cultural competency is therapist self-disclosure. Self-disclosure is believed to strengthen therapeutic alliance between client and therapist by normalizing all human experiences (Bitar et al., 2014). When using self-disclosure, appropriateness is important to consider specifically related to assessing authenticity of therapists, collaboration between therapist and clients, normalization of all experiences, and modeling of disclosing sensitive emotions in therapy. Other studies such as one

conducted by Bean, Perry, and Bedell (2001), focused on developing culturally

competent therapists by emphasizing the literature surrounding this population to learn

about important aspects and values of their culture. Bean et al. (2001), assessed such

literature and found that for cultural competency to emerge, certain things should be done

including being an advocate for families in other settings, assessing for levels of family

acculturation, being bilingual, providing families with concrete suggestions for solutions

to implement and engaging the family with warmth. Along with this study, others have

focused on developing an understanding of how therapists construct the idea of cultural

competency. Such studies focus on the therapists' understanding and perceptions on the

appropriate and useful skills to use with Latinx families. Taylor et al. (2006), found

therapists believed being proficient in Spanish is important to Latino families and issues

of gender and power specifically understanding and accepting traditional gender roles is

important when working with Latinx individuals. Such findings were assessed from

therapists' perspectives based on their narratives of what seemed important to their

clients. Other studies regarding developing cultural competency have even investigated

ways to train mental health professionals in Latin American countries. Platt (2012)

investigated the effects of immersion programs where participants included graduate

marriage and family therapist students. Attendees of the program reported how being

directly part of their culture and environment helped with increasing awareness of their

own culture, assessing power dynamics in relation to challenges of Latino/as, breaking

down unconscious stereotypes, and developing understanding of core values possessed

by Latinx individuals (Platt, 2012). These studies focus on important factors to consider

when working with Latinx individuals and families based on therapist perspectives but do

not take into consideration the client's own testimonies and stories. The understandings

of therapists are important to consider, but mainly focusing on these creates a gap in

existing literature. Therefore, this study focused on the experiences and testimonies of

Latinx clients who have been in therapy with non-Latinx therapists. Having these direct

stories, allowed for a deeper understanding of complex occurrences present during the

therapeutic process when Latinx individuals work with non-Latinx therapists. These

experiences were important to note when racial match was not possible and to note what

constituted the formation of their opinion regarding their therapeutic experiences.

Much of the other research focusing on Latinx populations studied the therapist's

experiences when working with Spanish speakers and having to switch languages in

therapy. Studies such as those conducted by Santiago-Rivera et al. (2009), used language

switching to establish a bond with clients. This study interviewed bilingual therapists

who used language switching from English to Spanish and vice versa and determined

how, when, and why they used it. The results of the study showed that language

switching increased emotional expression and provided more access to client experiences

(Santiago-Rivera et al., 2009). Other studies such as the one conducted by Verdinelli and

Biever (2013), studied this same concept but focused on therapists who self-identified

with an ethnic background other than Latino/a and whose first language was English.

This study examined the therapists' views of their experiences with working with Latinx

populations and the reasons surrounding the decision of becoming fluent in Spanish. The

current study filled in the gap of how therapists who did not use language switching as a

bonding technique provided a positive experience given the clients own personal

testimonies. The study also provided individuals a space to share their experiences and

express their thoughts about what they wished was present throughout the therapeutic process. The current study did not limit the sample to those individuals who had bilingual therapists and therefore, allowed for a more insightful view of how people established a bond even when their therapists did not speak Spanish.

1.2.4 Client Perspectives About Therapy

Other less common studies examining the Latinx population in therapy focused on the ideologies and attitudes of individuals towards therapy. Specifically relating to help- seeking attitudes, studies described the opinions of Latinos on the preconceived notions regarding their values that exist in therapy literature. While some therapy literature describing Latinos seemed to be accurate according to Latinos themselves, others do not completely agree. For example, spiritualism and having a sense of hierarchy which are believed by therapists to be very aspects in Latino/as lives are not as present according to Latinos themselves (Bermúdez et al., 2010). Such assessments made by Latinx individuals of the inferred and established ideologies of values of Latino/as in therapy influence their help seeking attitudes (Bermúdez et al., 2010). The importance of being proficient in Spanish while working with Latinx families has been challenged in other studies who have examined the views of Latinos themselves on this subject. Villalobos et al. (2016), found in their study how all participants reported they had a good relationship with their therapist regardless of being bilingual or not. They expressed preference for bilingual therapists but also agreed that interpreters were a more suitable alternative to not receiving services due to not having a bilingual therapist (Villalobos et al., 2016). Literature about Latinos in therapy tends to assess how much they agree or disagree with current practices and ideologies.

1.3   Present Study

   This study sought to obtain a holistic idea of individuals experiences in therapy to provide a safe space to share their opinions and perspectives of their overall experience. By taking this approach, this study highlighted aspects of therapy that Latino/as believe to be beneficial, and potential challenges when working with non-Latinx therapists. The continuation of focusing on the stories and personal testimonies of actual Latinx clients, allowed for a deeper understanding of how mental health professionals can continue to help Latinx individuals in therapy.

CHAPTER 2. METHOD

2.1   Qualitative Approach

The current qualitative study took a phenomenological approach to focus on the meanings of the experiences of Latinx individuals in therapy. With taking a phenomenological approach, the experiences of individuals in therapy who worked with non-Latinx therapists were explored. The participants' stories were the focus of the study and used to assess the common themes present in their therapeutic journeys and experiences. A desired goal with taking this approach was to increase awareness of shared experiences amongst Latinx individuals in therapy and thus, bring awareness to mental health professionals who work with Latinx populations.

2.2   Researcher as Instrument

I identify as Latinx and am currently studying to become a licensed marriage and family therapist and therefore, am interested in bringing to light the experiences of other Latinx individuals when seeking mental health services. My knowledge of the culture allowed for a deeper understanding of some of the stigma and ideologies that exist about mental health. This hopefully aided in creating a safer environment and allowing the participants to feel more comfortable when sharing details of their experiences during the interviews. Since I am bilingual in Spanish and English, interviews in both languages were available for individuals who may not speak English. This ensured the experiences of a more diverse sample were examined and that the effects of a possible language barrier in therapy were considered. Since I shared some cultural characteristics and values with the participants, it was important to monitor and ensure my biases based on prior experiences did not interfere with the assessment and coding of the data.

2.3   Procedures

2.3.1   Participant Selection and Recruitment Process

Inclusion criterion for the sample included adult participants (ages 18+) who identified as Latinx. Additionally, participants must have been in therapy, have completed the therapeutic process, or have terminated therapy with a non-Latinx therapist. Participants were recruited using convenience and snowball sampling techniques. An advertisement email was sent to the directors of Latino student organizations at higher education institutions (including public and community) in Kentucky and bordering states (i.e., Indiana, Ohio, Tennessee, West Virginia). Directors were asked to forward this email to students in their organizations. Digital and printable recruitment material was also sent to organizations in the community that are known resources for Latinx populations, such as the Kentucky Dream Coalition. Advertisement posters were posted throughout the Lexington community in public places that attract a large Latinx populations such as public libraries, Hispanic/Latino grocery stores, and bakeries. The individuals who responded to the advertisements by clicking a link or scanning a QR code, were directed to an initial Qualtrics survey that provided them with further details of the study. At the beginning of the survey, the cover letter served as the informed consent for the study and if the participant proceeded, completed the survey, and provided their email address, they were contacted within two weeks to set up a day/time for a Zoom interview.

2.3.2   Data Collection and Procedures

The study had two components. The first had the participant complete the online survey which took 5-10 minutes to complete. This initial survey gathered background

information about the participants such as demographics and details about their therapy experiences. Such information covered how they sought therapy services, the type of therapist they saw (i.e., MFT, LCSW, etc.), how much time they were in therapy including how many sessions they had, and how they classified their overall therapeutic experience (i.e., positive, negative, neutral). The initial survey was needed to obtain background information and to see if there are certain patterns or overlaps between certain Latino groups or between mental health professionals with similar credentials or ethnic/ racial backgrounds. Eleven individuals filled out at least some part of the demographic survey. Nine of those eleven identified as female and the other two as male. The age range for the respondents was 21-35. All who responded to the nationality question on the demographic survey identified as Mexican. Of the eleven who responded to the survey, only six completed the Zoom interview primarily due to scheduling conflicts and lack of responses to the initial email to set up the interview. All the participants that completed the study also had some college education. It is important to note that while the final sample appears small, I am confident that the goal saturation was met in that there was remarkable consistency in participants' responses and cohesive themes were readily identified.

Once participants completed the demographic survey, they were asked if they were willing to go through the interviewing process where they were asked a series of detailed questions regarding their experiences. The interviews were held via Zoom since there was potential for out-of-state participants. It is shown Zoom can reduce the formality of interviews (Oliffe et al., 2021) and therefore could make it more comfortable for participants when sharing personal experiences. Participants were also allowed to turn

off their camera or exit the interview if they wished to do so. These interviews lasted

from 15-25 minutes. Semi-structured questions were asked to begin the conversation and

investigate certain perspectives of the participants, but questions were also open ended to

assess each individual experience. Certain semi-structured and opened ended questions

were asked such as "What actions did your therapist take that affected the way you

viewed your therapeutic experience?", "How often do you think your therapist allowed

for conversations about your culture to emerge?", and "How comfortable were you in

bringing up topics about your cultural background with your therapist?" It is important to

note most of the interviews were conducted in English with some "Spanglish". These

interviews were used to obtain the most important information for the study, which were

the specific experiences of the participants. This information was transcribed and coded

to find similar themes between participants' experiences.

2.4   Coding the Data

Data analysis was conducted by using a thematic approach to uncover which

experiences were shared amongst participants. As Creswell (2013) pointed out, the

thematic analysis was used to gather the themes directly told by the participants. The

common themes amongst the answers and stories provided were coded to assess for

patterns in experiences. The process of conducting a thematic analysis was informed by

the combination of work between scholars Creswell (2013), Maguire & Delahunt (2017),

and Braun & Clarke (2006), who have contributed to the study of thematic analysis in

qualitative research. The first step of the coding process consisted of getting familiar with

the data through transcribing each interview individually. The transcription service on

Zoom was utilized to create a first draft of the transcriptions and I went back to ensure it

was correctly transferred, especially since some of the participants answered in Spanish and Zoom did not recognize what they had responded. This was one way to familiarize myself with the interviews. Notes were taken during the interviews regarding my initial impressions. By writing down memos or theoretical notes throughout data collection, I was able to reflect on my own engagement with the data and acknowledge previous perceptions that may have influenced the way this new information was interpreted. After all interviews were transcribed, the generation of initial codes occurred through line-by-line coding of all interviews separately. An inductive approach (Maguire & Delahunt, 2017) was taken by taking the line-by-line coding where each line of the interviews was assessed, and a descriptive code was generated. The list of initial codes was written at the bottom of the interview and those initial codes were then used to create broad preliminary themes that captured similarities between participant's responses. Each theme was reviewed to ensure it captured what the participants shared and ensured the data supported it. Preliminary themes were created for each interview and then these preliminary themes were reviewed to create secondary level themes. These themes were formed based on the patterns that were present in the preliminary themes and used to capture more in detail what those descriptive themes were portraying. A list of those second level themes was created for each interview and used to construct the finalized themes for the study. The finalized latent themes were created according to what the overall messages the participants were trying to relay. In other words, these themes captured a deeper understanding of what was said and the intent of the participants' experiences (Maguire & Delahunt 2017). A holistic understanding of the participants' experiences and their hopes for future therapists were also inferred by these themes.

To reduce bias and reinforce the validity of the current study, credibility was also strengthened by member checking which is the process of ensuring the accurate portrayal of participant voices by allowing them to confirm or deny the accuracy and interpretations of what is being said during the interviews (Candela, 2019). The subject's voices were the most important parts of this research and ensuring their stories are being interpreted accurately was crucial. Therefore, letting them know of the interpretation of their experiences and the accuracy of the interpretations ensured the data was accurately coded. Transferability was validated for this study since different organizations and locations were used to recruit participants and different experiences for different participants located in different settings were assessed. A confirmability audit was performed by a fellow researcher which strengthened the confirmability aspect of the study to ensure the observations of the researcher were not biased or interpreted in a skewed manner.

CHAPTER 3. RESULTS

3.1   Overview of Results

The themes formulated from the thematic analysis are shown in Table 1. A total of four themes and three subthemes were generated. The themes represented in Table 1 describe the overall experiences participants reported having as well as the latent themes that will be used to infer what would have improved their therapeutic experiences with non-Latinx therapists.

Table 1. Thematic Analysis Results

Theme 1: Therapist Client Match	Theme 2: Therapist Awareness	Theme 3: Respect for Boundaries	Theme 4: Genuineness
Definition: The participants' perception of their overall experience and compatibility with the non-Latinx therapist	*Definition:* The cultural awareness built from cultural sensitivity and cultural competency.	*Definition:* Therapist demonstrating respect of cultural values and boundaries, while asking appropriate questions to increase cultural knowledge.	*Definition:* The therapists' sincere acceptance of differences and the empathy shown towards the hardships experienced due to ethnic and cultural identities
Subtheme: Comfortability and Safety *Definition*: Participants' feelings of being comfortable and safe with the non-Latinx therapist		**Subtheme: Violation of cultural boundaries and values** *Definition:* Therapist ignoring participants' boundaries set in therapy.	
Subtheme: Distress *Definition:* Participants' feelings of frustration, lack of connection and fear during their time with the non-Latinx therapist			

3.2   Therapeutic-Client Match

The therapeutic match between client and therapist sets the foundation for effective therapy or creates challenges to therapeutic growth where there is a perceived mismatch which can result in client distress. Thus, the first latent theme formulated relates to the perceived compatibility, or match, between the Latinx client with their non-Latinx therapist given the presence of two subthemes classified as *comfortability and safety* and *distress*.

3.2.1   Comfortability and Safety

Out of the six participants there were three participants who described having at least one positive experience with a non-Latinx therapist which was due to the feelings of safety and comfortability in the therapeutic room. These participants found themselves feeling safe when it came to sharing aspects of their identities and the challenges of what those entailed. The way they perceived the connection between them, and their therapist was in light to the responses of the therapist creating a welcoming environment. It is important to note that two of the three participants who reported having a safe therapeutic relationship with their therapist had a therapist of another underrepresented ethnic or racial group. The third participant had a white therapist, and all participants had a therapist who identified having the same gender as them. The importance of safety was highlighted throughout the interviews since those who did not describe having a good therapeutic relationship with their therapist reported being in distress, feeling frustrated and experiencing fear.

3.2.2 Distress

Half of the participants reported feeling unsafe with multiple non-Latinx therapists when it came to sharing about their cultural identity and not believing they were a suitable therapeutic match. For example, "Cecilia" reported, "I would get out of there feeling frustrated like I was like, I was still sad and depressed, I could say but it, it was like a lot of like like UGH! Why, why is it so hard?" It is important to note how other participants also reported feeling how the therapeutic relationship felt superficial and as their therapist was dismissing of their experiences and feelings. This created a barrier between the participant and therapist since the therapeutic alliance was never developed. The lack of compatibility and safety led participants to drop out of therapy. It is also important to note that 5 of the 6 participants reported dropping out of therapy at least once when working with a non-Latinx therapist, more specifically, a White therapist.

3.3 Therapist Awareness

Those who reported having a positive experience in therapy emphasized the therapists' awareness expressed through "cultural sensitivity" and "cultural competency". Those who did not have a good experience in therapy cited the lack of these elements as a key reason why they had a difficult time in therapy. "Cultural competency" and "cultural sensitivity" were used interchangeably by the participants to highlight the importance and need for these qualities in therapists working with clients of different ethnic and racial identities.

Participants described cultural sensitivity as the therapist's ability to be aware of differences between cultures and creating a space where those were accepted.

Acknowledging those differences and the challenges that can come with having a different cultural identity pointed to a sense of cultural awareness by the therapist. The participants described cultural competency in a similar way where they highlighted the importance of the therapist's ability to understand who they are in a cultural context and not allowing the difference in culture be a barrier when working with them. Participants reported culture competency being demonstrated by their therapists through the implementation of respecting cultural values that are important to them, and values used to inform their decisions. Participants felt safe when sharing about how their lives are directed differently from those identifying with a different culture when they believed their therapist had knowledge about cultural values which were important to them. Participants who reported their therapist as lacking cultural competency and awareness emphasized how the therapist did not ask the appropriate questions relevant to their cultural identities. The ability to ask appropriate questions related to one's culture is a sign of cultural competency given the participants' testimonies.

The awareness that is produced by cultural sensitivity and competency is something that was important to all the participants. When asked what could have improved their therapeutic experience, participants mentioned in one way or another how their therapist could have improved or increase their cultural awareness and competency. The therapist's ability to work with people who represent ethnic diverse populations was said to be reflected on the awareness they had of the challenges others experienced but also the lack of self-examination. This perceives lack of self-examination demonstrated by the therapist was described as the inability to assess how their cultural values were informing their therapeutic recommendations despite the differences in how the

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participant's culture viewed those recommendations. In other words, the lack of awareness was demonstrated by the lack of sensitivity to the differences in cultural values. For example, the importance of family relationships and unity is an important cultural value that some of the therapists were not aware of how much so. An example of this was when a therapist recommended a participant to talk to her parents about her concerns and the status of her mental health. The participant shared the difficulty of doing this because of the stigma around mental health and the way this would affect the bond between her and her parents. The therapist would push her to implement her recommendations such as this one and would tell her to not "knock it until you try it". This insistency on implementing what the therapist thought was best rather than being sensitive to cultural beliefs that were relevant to the participant's situation demonstrated the lack of cultural competency and awareness of the therapist. Therefore, it is important to highlight the meaning of gaining cultural competency and awareness by being intentional. On the contrary, those therapists who exemplified cultural competency were reported to respect the participants' strong sense of family unity and respected the fact how some of their personal beliefs did not apply to them. The active efforts therapists could take such as through research to build cultural awareness and competency were also highlighted by the participants.

Participants stated they had some therapists who conducted their own research in between sessions without asking their therapists directly to do so. Participants knew therapists had conducted research since the therapist continued the conversation where they had left off after the last session and elaborated on their findings related to that topic. This extra effort was received very well by the participants as evidence of the therapists'

awareness. This self-initiated research conducted by the therapists was also expressed by the participants as a recommendation as something therapists could have done to improve their therapeutic experiences. When it comes to building awareness, participants underscored that there is a sense of initiation and drive that must be had by the therapist, whether this is by self-initiated research, or the intentional use of questions to gain further cultural knowledge. The participants who described their therapists as having a high sense of cultural competency showed interest in their cultural identities and made conscious efforts to expand on this knowledge by asking questions and conducting research outside of the therapeutic room. "Carla" described her therapist as being very culturally sensitive,

> I think the main thing that I can think of is research, because, since she doesn't, you know fully understand my culture, or like where I come from or my personal experiences. I've noticed that she, she does a lot of research on her own, and it just I mean she doesn't outwardly say I've done research. It's just um. If we talk about something that she might not completely understand. Then the next session she'll bring it up again and have more information on it, and I can tell it's not something that she's I don't want to say comfortable with, but really comfortable with, that she just learned. But I can tell that she does put forth the effort to understand me. I think that's one of the main things that she does that I think really, really kind of push me to come back to her, or like to stay with her, from because you know it, I feel like I do matter, and that she's willing to put in an effort to understand where I'm coming from.

The cultural competency that is gained from research is something that constituted to a positive experience with their non- Latinx therapists as shared by the participants. This awareness was also reported to be gained from conversations about culture in therapy. Participants described this type of awareness as not only strengthening cultural awareness but also showed therapist interest in understanding them. Creating a space and allowing conversations about culture and cultural values to be held was something important to most of the participants. These conversations allowed for the participants to feel heard and know how the therapist wanted to understand them on a meaningful level. Another aspect participants described as creating awareness and sensitivity included the therapist's curiosity by asking appropriate questions when something was not known. Again, those who considered having a negative experience with their therapists reported the lack of cultural awareness in some way or another due to the lack of the therapist's efforts to understand the importance of their cultural identity and values. "Angel" reported the importance of building cultural competency and how the therapist could do this such in a way as "prepare on their own and go above and beyond from what is taught in school". This related to her early therapeutic experiences with non-Latinx therapists where she reported not having conversations about culture at all. The therapist did not proactively try to incorporate culture in the therapeutic discussion or ask how she wanted culture to be implemented in her therapeutic journey. This also included the lack of the therapist's initiative to ask questions about her culture at all. "Angel" defended the idea that if those conversations about culture had been present it would have changed her perspective on therapy and it would have been beneficial to her therapeutic journey. Participants reported the lack of understanding and

cultural competency contributed to the overall view of their negative experience rather than the ethnicity or race of their therapist. Some participants concluded they would have no problem meeting with non-Latinx therapists as long as the awareness was present.

3.4   Respect for Boundaries

The importance of respecting cultural boundaries by therapists was highlighted by the participants in relation to creating a positive therapeutic experience. It is important to note that participants' use the term "boundary" was very similar to the idea of "personal boundaries" and are formed by deeply held cultural values, cultural rules, and expectations (i.e., dos and don'ts) that are fundamental to core aspects of their identity and decision making. These boundaries are held by the participants and were brought into the therapy room expecting them to be respected.

Participants who reported having a valuable therapeutic connection with their therapist emphasized the therapist's conscious efforts to respect their boundaries. This was done through various methods such as not recommending therapeutic interventions to break cultural rules and beliefs, asking appropriate questions, and validating participants' feelings of respect towards their cultural values. The experience of having their therapist respecting cultural boundaries was reported by two participants who had therapists of underrepresented racial groups. Certain cultural values were shared between participants and therapists and therefore, were understood at a deeper level. These participants reported that despite their cultural similarities, specifically relating to the importance of family, they still asked questions to *clarify* other cultural values and expectations. The intentionality behind asking questions and achieving a level of

understanding to connect and be empathetic towards the participant strengthened the therapeutic alliance.

Participants also described feelings of deep offence and discomfort when therapists directly or indirectly asked them to violate their culture identity and norms (i.e., boundaries). Participants described instances where these experiences were exacerbated by the therapist ignoring their boundaries because the therapist thought it would be beneficial. For example, participants were not comfortable doing things that would specifically violate cultural values such as having conversations with family members about placing their own needs ahead of the family. This constituted a violation of their cultural boundaries since it is not something they could do according to their values and cultural teachings. When therapists overstepped and violated important cultural values, participants felt discouraged and disconnected from their therapists. This violation constituted a severe strike to the therapeutic alliance since it was experienced as a message of disapproval and judgement towards the participants. Some even felt disappointed when they knew they could not do what the therapist wanted them to do, which added to the negative way they viewed themselves. Instead of feeling validated during their time in therapy, participants experienced feeling disappointed in themselves when they felt they had let their therapists down by not meeting their expectations.

3.5   Genuineness

The last theme, genuineness, can be defined as the therapist's sincere acceptance of the differences between themselves and the participants while also showing empathy towards the hardships endured related to their cultural and ethnic identities. This theme highlights the importance of the previous two themes: awareness and respect for

boundaries since it incorporates those elements to demonstrate the development of a true empathetic warmth and sense of understanding. This empathy was described by participants as being demonstrated through the sense of togetherness in light of certain situations and is sensed by the participant. The idea of being "happy because you are happy" and "sad because you are" even if the situations themselves are not shared is what unifies the participants and therapists. Those participants who reported having a beneficial and true connection with their therapists, shared how safe, heard, and understood they felt by them. They described these therapists as showing pure interest in their hardships, their cultural identities, the roles, and expectations they live with and so much more. This included sincere interest in their identities and how it is like to navigate life as a person who identifies as Latino/a/x while demonstrating empathy for the hardships that come with this identity.

The participants who reported having a negative experience with a non-Latinx therapist shared the desire for their therapists to understand them for who they truly are. The desire for the therapist to want to know more and be genuinely accepting of the differences that exist was something participants expressed as missing. This also entails therapists not wanting to change or persuade the participants to act and think similarly to them but rather demonstrate acceptance for who they are. The therapist's sincerity in having mutual feelings of hurt when participants shared hardships relating to their cultural identity could aid in demonstrating this genuineness that strengthens the alliance between them.

CHAPTER 4. DISCUSSION AND CONCLUSION

While many existing studies examine the challenges faced by the Latinx communities and the help seeking behaviors (Lazarevic et al., 2018; Perreira et al., 2006; Ishikawa et al., 2010; Delgado et al., 2006; Florian, 2022), this study gathered firsthand testimonies of the experiences of Latinx clients in therapy. The data was not gathered by interviewing therapists as many studies have done (Taylor et al., 2006; Platt, 2012; Santiago-Rivera et al., 2009; Verdinelli & Biever, 2013), but rather this study examined the experiences told by clients who have worked with non-Latinx therapists. The challenges that come with identifying with a marginalized ethnic cultural group have been studied and examined in relation to oppression and stereotypes assigned (Lazarevic et al., 2018). This study added to the literature by highlighting what happens with Latinx clients come into the therapy space with these challenges and the level of acceptance of these by non-Latinx therapists.

This study added a layer to the research when examining the experiences in therapy and how their ethnic identities were accepted or not in a therapeutic setting. The sense of acceptance perceived by participants emphasized the intentionality that can be displayed by therapists to create a welcoming environment. The actions taken by therapists were seen to affect the way participants perceived their overall therapeutic experience. The sense of acceptance in therapy with a non-Latinx therapist was seen to either encourage or discourage participants to continue therapy, thus highlighting the importance of client-therapist match. This sense of acceptance was perceived by the participants to be related to the cultural competency displayed by the therapists. The importance of cultural competency when working with Latinx individuals has been

examined in previous studies as well (Bean et al., 2001; Platt, 2012; Taylor et al., 2006)

but the importance and methods of developing cultural competency therapists were

highlighted by clients themselves in this study. For example, asking appropriate questions

and allowing conversations about culture to be present, increases the therapists'

knowledge about the cultural values that inform people's decision making as well as the

expectations set for themselves and others. This added a level of profoundness since the

emphasis is on the client's voices stating what they need and want and what works and

what does not when working with non-Latinx therapists. There is no need to infer what

clients want and need when evaluating studies written from therapists' perspectives. The

need for cultural awareness, respect, and genuineness was supported by all the

participants and since these themes overlap in each interview, it can be inferred these

themes would be related to other Latinx identifying clients in therapy.

4.1   Implications

4.1.1   Prioritization

The experiences of these Latinx identifying individuals in therapy pointed to

several takeaways. There were mixed reviews of the overall satisfaction and perception

of the effectiveness of therapy with non-Latinx therapists. As described with the theme of

therapist-client match, there were factors that contributed to this compatibility. Some of

the participants linked the incompatibility to the difference in race or ethnicity, while

others argued it was the lack of knowledge and awareness. All the participants concluded

it would be ideal to have a Latinx identifying therapist but know the availability of them

is very limited. Therefore, participants discussed a "decision tree" type of idea. In other

words, if "I can't get this, I would at least want this in a therapist" concept. While

participants wished to have a Latinx therapist because of the assumed similarity in cultural backgrounds and experiences, they are cognizant of the limited availability of such therapists. Therefore, many opted to have at therapist who identifies as "a person of color" or a person having a perceived marginalized status. This is due to the similarity of experiencing hardships, oppression and even having similar cultural values as them. If this was not possible either, every participant agreed having a therapist of the same gender was the absolute minimum requirement. Gender matches were the thing some participants looked for first, while others had this as the last requirement. Cabral and Smith (2011) found similar results when conducting a meta-analytic review of literature studying racial/ethnic matching preferences of clients and therapists. They concluded individuals representing different minoritized ethnic/ racial groups have different views of the importance of obtaining racial match with their therapists as well. The therapists' skills were seen to impact the way clients perceived if not having the same ethnic or racial identity was detrimental to the therapeutic relationship (Cabral & Smith, 2011). Similarly, as some of the participants in this study shared, it can be inferred many people of minoritized ethnic groups do not necessarily seek therapists with the same ethnic identity but wish to connect with their therapists on some level. This may include sharing similar experiences, gender identities, or simply feeling genuinely accepted by their therapist for who they are in the therapeutic space.

It is interesting to note how individuals are cognizant of the lack of Latinx available therapists and therefore are willing to look for other characteristics in therapists. This is important to note, because since individuals are aware of the lack of Latinx therapists, those representing other races and ethnicities should make a conscious effort

to increase their cultural competency and awareness not only of the Latinx culture but of other cultures as well. Clients come to therapy with the stigma imposed by their cultures about therapy and mental health services, and being greeted with the lack of understanding and awareness may be a reason why individuals are hesitant to continue or seek future therapy. The awareness that can be built about others' cultures can help alleviate the nerves and stress that comes with being emotionally vulnerable with a therapist of a different race or ethnicity. It is important to be sensitive to the fact that a client may be coming in knowing they are sharing important and dear cultural values and presenting them to someone who may have completely different ones.

4.1.2 Intentionality

Understanding that individuals may be coming from a place where they are hesitant to share vital aspects of their identities related to their cultural values because of the fear of being judged, may aid therapist with being intentional with how they bring themselves into the therapy space. The lack of trust clients come into therapy with could be justified due to previous hurtful experiences with therapists of different race or ethnicities. Being accepting of this fear and validating it is crucial. Creating an environment without shame and adding to this predisposed fear is important for therapists to keep in mind when working with individuals of underrepresented ethnic groups. By focusing on the other person rather than on themselves, therapists can diminish ethnocentric tendencies and allow for a deeper understanding of their clients to emerge (Mosher et al., 2017). It is important for therapists to recognize their lack of awareness and understanding. There is only so much that can be learned and will never be the same as living the hardships that may come from being part of that ethnic or cultural group.

This especially is something that must always be kept in mind as a White or privileged clinician to break barriers that exist. Always being genuine in this regard and being empathetic to the experiences that are specific to underrepresented minority groups.

It is important for therapists to be aware of what Latinx clients may be looking for when seeking therapeutic services. This relates to the expectations they have for their therapists when it comes to the attitudes and their essence when working with individuals of this cultural group. As described by Fife et al. (2014), the person of the therapist as experienced by clients is a key part of the therapeutic alliance. If the clients perceive the therapist to be flexible, respectful, trustworthy, interested, affirming, and open, they are more likely to develop a meaningful therapeutic relationship with the therapist and therefore feel safe. The therapist's way of being refers to in-the-moment attitude that therapists have toward clients including genuineness and openness to the humanity of the client (Fife et al., 2014). Therapists' ways of being influences how clients perceive and experience their time in therapy. When therapists work with individuals who hold different cultural identities, it is important for the therapist to demonstrate who they really are to overpower the apparent differences. If Latinx clients can feel the therapist's genuineness and true way of being, they will feel safe and therefore find themselves connecting to their therapist, even if their backgrounds and values are different. As discussed earlier, some Latinx clients are not eliminating the idea of working with non-Latinx therapists, as long as they hold characteristics such as cultural competency and respect which reflect the therapist's true way of being.

Therapists and mental health professionals working with Latinx individuals and individuals who are in some way different than they are should always be intentional.

Intentionality is key to building an effective therapeutic alliance. Intentionality can be demonstrated as the therapist who took it upon themselves to gain knowledge through research outside of the therapy room without being dictated by the client. It can also be shown by asking appropriate questions to gain further knowledge about something that is important to the client. Engaging in a lifetime process of examining one's perceptions and biases can also be a way of being intentional. This concept aligns with cultural humility. This involves a lifelong motivation to learn about others, critical self-examination of cultural awareness, interpersonal respect (e.g., being other- oriented), and developing mutual relationships that address power imbalances (Mosher et al., 2017). It is also important to be aware of the significance of the role that cultural and ethnic identities play in someone's life. Therefore, it is important to be intentional in asking the client how culture and ethnicity is desired to be implemented in their therapeutic process. This is something the client has the right to have complete control over. There may be some individuals that consider culture to be more important to their presenting problem than others, therefore it is crucial to ask about the role of it. Being respectfully curious can help therapists convey genuineness while also increasing their own awareness. Therefore, conveying intentionality is key in creating a welcoming and safe environment for clients who represent an ethnically or racially diverse background. Recognizing that cultural differences lie within the therapist-client relationship, and they are part of the bond that can be formed is an aspect of cultural humility (Whalley Hammell, 2013). Allowing these differences to exist in the therapeutic space, while intentionally binging them into the conversation and respecting the client because of them, will allow the client

to truly bond with their therapist, even if they do not share the same ethnic or racial background.

4.2   Limitations

The size of the sample can be seen as a limitation. Originally, the expected sample size consisted of about 10-15 participants and only 6 were recruited. I am confident we reached saturation within this sample since the themes were backed up by all participants whether it came to things that were present in their experiences or things they wish for in future therapeutic journeys. I attribute the lack of responses to the survey due to the stigma that still exists towards mental health in Latinx communities. More participants might have been recruited if the study was sent to institutions in states with higher Latino populations. It would be important to gather a bigger sample if this study were to be replicated to represent a more diverse Latinx population. A sample size of six participants is small, however other qualitative work with a Latinx sample (Grames, 2006; Elias-Juarez & Knudson-Martin, 2017; Farrell & Gibbons, 2019) also have small sample sizes. The only represented nationality was Mexican. This also constituted as a limitation since different cultural values can exist within different Latinx nationalities. Statistically Mexicans represent the largest percentage of Latinos in the U.S (U.S Census Bureau, 2020). So, this may provide an answer as to why all the participants identified as Mexican. Most participants identified as female. Only one male identifying participant conducted the interview which could be seen as a lack of representation between genders. According to the Center for Disease Control and Prevention (2020), on average, women are found to seek therapeutic services more than men. So, this may explain the difference in gender representation of the study. The age group of respondents was also very

confined. This again could be attributed to the hesitancy of older generations to seek mental health services. Those who are younger and have a higher level of education may have more of an open mind to seek mental health services. With more progressive ideas being presented in higher education and outside of traditional values about mental health, younger people may be inclined to seek therapeutic services.

4.3   Conclusion

This phenomenological study sought to highlight the themes found in the experiences of Latinx individuals working with non-Latinx therapists. The experiences of Latinx clients in therapy were shared first handedly to highlight the type of experiences they had with their non-Latinx therapist. The factors that influenced their perception of their therapeutic experience were assessed in relation to what they believed was beneficial and what was lacking in their experience. The themes that surfaced after conducting the interviews were therapist client match, awareness, respect for boundaries, and genuineness. These concepts were either present in the therapeutic experiences of the participants or were things they looked for in future therapists. Therapist's awareness of client's culture and identities was noted as crucial to working with Latinx clients. This awareness was built through the active process of initialing conversations about culture, asking appropriate questions, respecting cultural boundaries and being genuine by showing empathy towards their clients. Those participants who reported having a difficult experience in therapy constituted this to the therapist's lack of cultural awareness and sensitivity to their cultural and ethnic identity. The feeling of being dismissed and fearing sharing their cultural values added to the perceived negative experience.

On the contrary, those who reported having a positive therapeutic alliance with their therapist shared experiencing a sense of acceptance and understanding from their therapist. It is not guaranteed that these experiences are specific to clients working with non-Latinx therapists versus those in therapy in general (regardless of therapist characteristics). Some of this study's findings may apply to clients when seeking therapy with therapists of all backgrounds. Similarly, it would be inappropriate to assume these experiences would have been completely different if the participants had been working with Latinx identifying therapists. It is hoped however, that this study contributed to the field by providing non-Latinx therapists tools when working with Latinx clients. Previous studies focused on the testimonies of therapists themselves while this study gathered the experience lived directly from therapists. With an increased and heightened focus on what current therapists are doing to help Latinx clients and create an inclusive environment, other therapists can implement similar characteristics. With the awareness of what lacked in negative therapeutic experiences and what would improve them, changes, and efforts to implement such features may exhort more Latinx individuals to seek therapeutic services with non-Latinx therapists.

APPENDICES

APPENDIX A. INTERVIEW GUIDE

1. To start off, could you tell me about how you found the therapist you worked with?

2. What are some of the things that your therapist did that shaped the way you viewed your therapeutic experience?

3. To what extent was your therapist sensitive to your cultural/ ethnic background? Please elaborate.

4. Did you have any conversations with your therapist about your culture or ethnicity?

a. If yes, could you tell me more about those conversations? What did it mean to you that those conversations were present?

b. It not, how important would it have been to you to have those conversations? Could you tell me more?

5. Did the difference in race/ ethnicity affect the way you bonded with your therapist? Why or why not?

6. Overall is there anything you believe would have improved your overall therapeutic experience?

a. Is there anything your therapist could have said or done that would have contribute to this improvement? If so, what would that be?

7. How likely is it that you will seek services in the future? To what extent is this conclusion related to your previous therapeutic experience? Could you tell me more about that?

8. How important would it be for you to find a therapist with that shared the same cultural ethnic background as you? Please explain.

APPENDIX B. DEMOGRAPHIC SURVEY

Name, Age, gender (if applicable)

Email address/ Phone number

What Hispanic/ Latinx group do you associate with? (e.g., Cuban, Puerto Rican, Mexican
   etc.

FILLL IN THE BLANK)

How many non-Latinx therapists have you worked with?

Are you currently in therapy? Y/N (if yes: For how long?)

If not: How long ago was it since you were last in therapy?

What type of therapist/ mental health professional have you been seeing/ saw? List
   credentials/ titles below

How did you find your therapist? (Referral, Word of mouth, Internet, Other/ specify)

Please provide a brief description of the presenting problem (the reason/s that led you to
   seek therapy).

How many sessions did you have with them/ (have you had if currently in therapy)?

Did therapy terminate upon mutual agreement? y/n or N/A (if currently in therapy) If no:
   please list the reason for termination.

What was the race/ ethnicity of your therapist? (FILL IN THE BLANK or N/A)

Did ethnicity factor in your selection of a therapist? (yes/no/ somewhat) (if somewhat-
   please explain)

How important was it for you to find a therapist that shared your same ethnic cultural
   background? (Not important at all, somewhat important, very important)

How would you describe your therapeutic experience overall with having a non-Latinx

therapist? (POSITIVE, NEGATIVE, NEUTRAL)

Would you be willing to be part of a zoom interview where we would discuss your

experience in more detail? Y/N. If yes, the email address provided above will be

used to contact you to set up the Zoom interview.

APPENDIX C. COVER LETTER

To Whom It May Concern

Researchers at the University of Kentucky are inviting you to take part in a pre-interview survey and a possible zoom interview about your experiences as a Latino/a/x individual in therapy, working with a non-Latinx therapist. This study seeks to obtain a deeper understanding of the experiences of Latinx individuals in therapy with a therapist of a different ethnic cultural background. By proceeding, you are agreeing to have read all the information below including the risks and benefits of this study and you identify as Latino/a/x. You will be prompted to fill out a demographic survey and then possibly hold a Zoom interview with the researchers to share your experiences more in detail.

Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about the current experiences of Latinx individuals in therapy when working with non-Latinx therapist. This understanding will hopefully aid in the improvement of mental health services by promoting what is currently benefiting this population or what is needed to improve their therapeutic experiences. Some volunteers experience satisfaction from knowing they have contributed to research that may possibly benefit others in the future.

If you do not want to be in the study, there are no other choices except not to take part in the study. If you wish to not participate in a zoom interview, you may still participate in the pre-interview survey. The survey/questionnaire will take about 5 minutes to complete, while the zoom interview is expected to last from 20-40 minutes.

Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them. If some questions do upset you, we can tell you about some people who may be able to help you with these feelings.

Your response to the survey will be kept confidential to the extent allowed by law. When we write about the study you will not be identified.

Your information collected for this study will NOT be used or shared for future research studies, even if we remove the identifiable information like your name, clinical record number, or date of birth.

We hope to receive completed questionnaires from about 10-15 people, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time. You will not be penalized in any way for skipping or discontinuing the survey. If you agree to take part of the Zoom interview, you will always be free to skip a question or discontinue at any time without penalization.

Please be aware, while we make every effort to safeguard your data once received from the online survey company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey company's servers, or while in route to either them or us. It is also possible the raw data collected for research purposes will be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

If you have questions about the study, please feel free to ask; my contact information is given below.

Thank you in advance for your assistance with this important project. You are expected to hear from us via phone or email to conduct the Zoom interview approximately 2 weeks after we receive your demographic survey. We will set an appropriate mutually agreed upon day and time to hold the Zoom interview.

Sincerely,

Edith Del Moral
Family Sciences- Marriage and Family Therapy. College of Agriculture, University of Kentucky PHONE: 859-412-1813
E-MAIL: ede238@uky.edu

If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866- 4009428.

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VITA

Edith Del Moral

EDUCATION

M.S., University of Kentucky (UK), Family Sciences   Expected May 2023

    Emphasis: Couple and Family Therapy

B.S., Eastern Kentucky University (EKU), Family Sciences   Dec 2020

    Emphasis: Child and Family Studies

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PROFESSIONAL POSITIONS

Intern Therapist at the UK Family Center   Aug 2021- May 2023

AWARDS AND CERTIFICATIONS\

Certification in Technology Assisted Therapy Services   April 2022

Lyman T. Johnson Diversity Fellowship, University of Kentucky   Aug 2021- May 2023

Honors Program, Eastern Kentucky University   Aug 2017 - Dec 2020

RESEARCH

Projects

Masters Thesis: **Del Moral, E**., Wood, N., Huff, N., & Kostelic, A. (2023). Exploring the
therapy experiences of Latinx individuals working with non-Latinx therapists.

Undergraduate Honors Thesis: **Del Moral, E**., & North, T. (2020). Raising awareness:
Creating a children's book to reveal the responsibilities and cultural values of Latino/a
children.