

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2000

Diagnostic differences of Mexican American clients due to clinician's ethnicity

Anthony Perez Ortega

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Race and Ethnicity Commons](#), and the [Social Work Commons](#)

Recommended Citation

Ortega, Anthony Perez, "Diagnostic differences of Mexican American clients due to clinician's ethnicity" (2000). *Theses Digitization Project*. 1638.

<https://scholarworks.lib.csusb.edu/etd-project/1638>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

DIAGNOSTIC DIFFERENCES OF MEXICAN AMERICAN CLIENTS
DUE TO CLINICIAN'S ETHNICITY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Anthony Perez Ortega

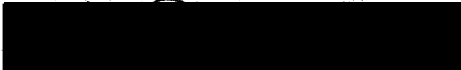
June 2000

DIAGNOSTIC DIFFERENCES OF MEXICAN AMERICAN CLIENTS
DUE TO CLINICIAN'S ETHNICITY


A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Anthony Perez Ortega

Approved by:


Astrid Reina-Patton, Research Advisor,
Department of Social Work

6/14/00
Date


Dr. Federico Parres, Department of
Behavioral Health, San Bernardino Co.


Dr. Rosemary McCaslin,
Coordinator Research Sequence

ABSTRACT

Diagnostic differences among Mexican-American (M.A.) clients, due to the clinician's ethnicity were investigated. The purpose of this study was to investigate how the ethnicity of the clinician affects the diagnoses of Mexican-American clients. The study used 15 Latino and 15 non-Latino clinicians, from various disciplines and clinics within the Department of Behavioral Health, San Bernardino County. The main research material used in this study was a clinical vignette. Participants were asked to diagnose the person in the vignette on Axis I and II, and to provide a Global Assessment of Functioning Score (GAF). It was hypothesized that non-Latino clinicians would assign more severe diagnoses to M.A. clients than would Latino clinicians; this hypothesis was not supported. Possible implications for social work practice include the recognition and importance of culture in clinical assessments of ethnic clients.

ACKNOWLEDGMENTS

I would like to acknowledge those persons who assisted in the completion of this research project. First, I would like to thank Mr. Rudy Lopez, Department of Behavioral Health, for his approval to conduct this research project with San Bernardino County. His swiftness and professionalism made this research project possible. I truly thank you for your assistance.

Second, I would like to thank Dr. Federico Parres, Department of Behavioral Health, San Bernardino County, for all of his assistance and guidance throughout this research project. I am completely indebted to Dr. Parres for his understanding, knowledge, friendship, and his passion for helping Latino students achieve their highest goals. Without Dr. Parres, this research project could not have ever happened. Thank-you!

Finally, I would like to thank those clinicians from the Department of Behavioral Health, San Bernardino County, for their participation in the study. Your professionalism and interest in the advancement of knowledge in mental health was truly appreciated. I deeply thank you for your time and corporation.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
CHAPTER ONE INTRODUCTION	1
Problem Statement	2
Latino Population	3
Problem Focus	4
Literature Review	7
Mexican Americans and Mental Health	9
Cultural and Ethnic Factors in Diagnosing Mexican American Clients	12
CHAPTER TWO METHODS	15
Study Design	15
Participants	15
Materials	16
Procedure	17
Protection of Human Subjects	19
CHAPTER THREE RESULTS	20
CHAPTER FOUR DISCUSSION	21
Limitations	22
Implications	23
APPENDIX A: Vignette	25
APPENDIX B: Informed Consent	27
APPENDIX C: Debriefing Statement	28
APPENDIX D: Table 1	29
REFERENCES	30

CHAPTER ONE INTRODUCTION

American psychology in the past has recognized the significance of culture and its effects on assessment and diagnosis (Jone, Throne, 1987; Rogler, Malgady, & Rodgriguez, 1989). Currently, there is a growing awareness of the cross-cultural generalizability of psychological theories and clinical interventions. This growing movement is known as, ethnopsychology (Padilla, 1984; Diaz-Guerrero, 1986). However, despite this growing awareness among researchers and clinicians, cultural factors are often put in the backseat of mainstream psychology. The research findings on this issue have either been marginalized or neglected by mainstream psychology (Velasquez, Arellano, & Padilla, 1999). This has done a great disservice to a society that is composed of many different types of cultures. In the area of mental health, a client's cultural background is often sidestepped or dealt with in manner that is grossly incorrect. This affects areas of assessment, diagnosis, and treatment of ethnic clients in mental health facilities. It seems obvious that culture should be accounted when making an assessment of a client, but it continues to be a variable that is often overlooked among mental health practitioners (Cuellar, 1998; Padilla, 1984; Roll, Millen, & Martinez, 1980).

Problem Statement

The purpose of this research project is to examine how the ethnicity of the clinician affects the diagnosis of the client. Specifically, do non-Latino clinicians assess the severity of symptoms among Mexican clients higher than Latino clinicians? This poses a serious problem for Mexican Americans clients who may have been greatly affected by these erroneous assessments.

There are many cultural variables that may have an effect on a person's mental stability. For example, acculturation, racism, language barriers, cultural norms, and personality factors are just a few elements that impose certain stresses (Burna, Hough, Karno, Escobar, & Telles, 1987; McGoldrick, Giordano, & Pearce, 1996; Miranda, & Umhoefer, 1998; Padila, Olmedo, & Loya, 1992). Initially, the client's intake assessment and diagnosis are crucial, for it sets the tone and guidelines of the treatment plan for the client who is seeking treatment. If a client is misdiagnosed or over-pathologicalized, it then paves the road for an inappropriate therapeutic treatment. Therefore, the validity of the assessment of the client is questionable, if the clinician does not consider or is not aware of cultural specific behaviors.

From the statements mentioned above, the importance for agencies to acquire this information on the effects of the clinician's ethnicity on diagnosis of M.A. clients is

vital. Some individuals feel that the only way to provide adequate services in this area is to provide Mexican American clients with Mexican American or Latino clinicians. This may solve the problem, however this is a very unrealistic approach. Even with the implementation of affirmative action programs in our universities, it has not significantly increased the number of Latino students. Those who achieve admission into the universities, often filter into other disciplines. As a result, there are less Mexican Americans or Latino students entering psychology or social work programs to mend this gap in mental health (Solorzano, D., 1995). One way to approach this problem is by educating current clinicians in order to bring some awareness to this issue. The information from this study could demonstrate the need for better training programs, as well as, bring some acknowledgment to the special needs of the Mexican American population. If the findings of this study show that racial factors do affect psychiatric diagnoses, then agencies could implement possible solutions to counter this affect.

The Latino Population

Today, the Latino population is the fastest growing ethnic group in the United States. The 1990 Census (U.S. Department of Commerce, Bureau of the Census, 1991b) counted 22,354,059 Latinos, which is 9% of the total population. The Latino population in the past had

increased by 53% between 1980 and 1990 (Chapa & Velencia, 1993). Also, it is important to note that it is suspected that a large number of Latinos were not counted due to various reasons (e.g. fear of being deported, illiteracy, migratory families). Therefore, the number of Latinos could actually be higher than the numbers presented by the 1990 census. According to a 1986 Bureau of the Census report titled, Projections of the Hispanic Population: 1983 to 2080, the Latino population will continue to grow at a faster rate than the general population (U.S. Department of Commerce Bureau of the Census, 1986). With this rapid growth, it is vital to obtain specific cultural information in order to meet the special needs of this growing population.

The term "Latino" is a generic term to describe all people from Latin American countries. Mexican Americans compose the largest sub-group in this Latino population. Due to the population growth, the demand is present for a better understanding of how to assist Mexican Americans in mental health facilities and agencies. Therefore, the issue of variance between non-Latino and Latino clinicians' diagnoses of M.A. clients is a valid issue to examine.

Problem Focus

Various studies have examined why Mexican Americans underutilize mental health services (Jacob, 1960; Karno &

Edgerton, 1969; Padilla, Carlos, & Keefe, 1976; Padilla Ruiz, 1973; Padilla, Ruiz, & Alvarez, 1975, Roll, et al.). Many Mexican Americans are faced with environmental stressors such as, poverty, unemployment, racism, acculturation, and discrimination, which affect this particular population (Massey, 1993; Chappa & Valencia, 1993). Due to these various environmental stressors, Mexican-Americans could be at a higher risk for psychological stress. Therefore, the need for mental health services for Mexican Americans are needed and important. However, the question of why Mexican Americans underutilized mental health services still needs to be answered.

There are three factors that may contribute to this dilemma. First, Mexican Americans generally have mistrust for social or public agencies. This trait is known in the culture as *personalismo*, which means in general, "to relate to and trust persons rather than institutions and to dislike formal, impersonal structures and organizations" (Roll, Millen, & Martinez, 1980, p.267). This mistrust of public agencies could also be the result of the negative treatment of Mexican Americans in U.S. history. Secondly, M.A.'s usually have difficulties discussing personal issues outside the family, "What happens in the family, stays in the family." This is known as *familismo* or family interdependence, which means that

there is a low reliance on institutions and outsiders (McGoldrick, et al., 1996). Third, Mexican American clients may simply be dissatisfied with the mental health system due to the inadequate psychotherapy process they receive (Brinson, & Kottler, 1995). This inadequacy may be the result of an incorrect diagnosis given initially during the intake. It can also be the result of agencies not providing culturally sensitive services to this specific population. Research has shown that Mexican-Americans who do seek counseling drop out at a rate of 40%, compared to 30% for Anglo-Americans (Atkinson, Casas, & Abreu, 1992). It is evident that Mexican Americans have a need for mental health services; however, inadequacies within the system may cause them to avoid these services. This factor will be further explored in the latter part of this paper.

The findings from this study may change social work practice in regards to the clinical treatment of Mexican American clients. It could substantiate the idea that culture has an active role in the process of determining the diagnoses of Mexican American clients.

The ethnicity of the clinician may have an effect on the diagnosis of Mexican American clients. A culturally sensitive diagnosis may change social work practice by providing culturally specific treatment plans. For example, immediate family members and extended family

members could be included into the treatment plan of the individual. As mentioned above, Mexican Americans depend highly on family members for support and sustenance during difficult times. The use of the extended family members could actually be a very good source of information for establishing an accurate diagnosis of the client. This idea is consistent with the social work doctrine of taking an ecological or holistic approach when working with individuals (Bisman, 1994). This perspective puts the clinician in a position to examine the person in its environment and the relationship between each other.

It may also change practice by having Mexican American or Latino clinicians look over assessments of Mexican clients for the purpose of identifying any behaviors that are culturally appropriate. Agencies could also develop better training programs to facilitate the growth of culturally sensitive therapists in their agencies. For the reasons mentioned above, the question, "do non-Latino clinicians tend to over diagnosis Mexican American clients when compared to Latino clinicians?" is an important one to investigate.

Literature Review

Research on Mexican Americans in mental health particularly, in the area of how cultural factors affect the assessments of Mexican Americans, is sparse compared to other ethnic groups (Arroyo, 1996). However, as

cultural awareness becomes more acceptable in our society, researchers are now conducting more studies on the subject (e.g., Arroyo, 1995; Atkinson, 1985; Cuellar & Glazer, 1995; Lopez & Hernandez, 1987; Westermeyer, 1990;). Mexican Americans that are now entering the field are interested in looking at various issues in regards to Mexican Americans and mental health. M.A.s and Latino researchers have provided much of the information available on this subject. In May 1972, many of these early Chicano researchers came together at the University of California, Irvine, for the *First Symposium on Chicano Psychology* to discuss various mental health issues regarding Mexican Americans. These researchers included: Manuel Ramirez, Rene "Art" Ruiz, John Garcia, Albert Ramirez, Eugene Garcia, Frank Acosta, Joe Martinez, Ray Garza, Maria Senour, and Amado Padilla. Another conference was held in 1982 at the University of California, Riverside, where a second generation of Chicano psychologists discussed issues related to Latino mental health, (e.g., Melba Vasquez, Manuel Barrera, Miguela Rivera, Richard Lopez, Manuel Casas, Raymond Buriel, and Carmen Carrillo) (Valasquez, Arellano, & Padilla, 1999). Since the 1982 symposium, the tradition has continued by having a symposium every five years. The purposes of these symposiums are to discuss various issues of mental health and Mexican Americans. But, it could also

be evidence to the growing awareness of culture and it's effects on ethnic clients who are receiving mental health services.

Mexican Americans and Mental Health

There have been some specific studies done in the area of M.A. mental health. A series of empirical studies have used films, videotapes, and case reports of patients to compare the diagnoses made by clinicians of various ethnic backgrounds. These various ethnic backgrounds included M.A.'s (Arroyo, 1996; Russell, & Fujino, 1996), African Americans (Neighbors, Jackson, Campbell, & Williams, 1989), and Asians (Westermeyer, 1987). The fact that there have been studies conducted on this subject validates that this issue is a legitimate concern in the field.

Researchers have investigated the importance of matching ethnically similar clinicians to clients and the client's ethnic preference (Lopez, Fong, & Lopez, 1991; Sanchez & Atkinson, 1983). To examine this issue of preference both studies conducted by, Lopez, Fong, and Lopez (1991) and Sanchez Atkinson (1983), used college students as subjects. The results of the study conducted by Lopez et al., (1991), showed that there was a preference among Mexican college students to seek help from an ethnically similar therapist. Similarly, Sanchez and Atkinson (1983) found that this might be true for some

Mexican clients, but not all. The determining factor for these researcher's findings involved the client's level of commitment to the Mexican American culture. The greater the commitment, the greater the preference was for an ethnically similar clinician. This may be the reason why some studies have found that some Mexican Americans prefer Anglo therapists, rather than ethnically similar therapist (Akinson, Casas, & Abreu, 1992). Additionally, a study by Russell and Fujino (1996), indicated that the clients who were ethnically matched with their therapist were judged to have higher psychological functioning than those who were mismatched.

In light of these mixed results, there are other reasons why a Mexican American client may prefer a M.A. practitioner. One reason may be that Mexican clients fear that a clinician who is ethnically different from them will not understand their issues (Brinson et al., 1995). Another reason may be the language barrier for those Mexican American clients who are monolingual Spanish speakers. Based on these reasons, it is important to recognize that Mexican Americans, who enter the mental health system, have a general fear of not being understood and that ethnicity is a tool they use to assess this possibility. This is a valid concern especially for those who are monolingual speakers. The problem that exists is that there are not enough Spanish-speaking therapists,

which means interpreters are often used. However, the use of an interpreter may create more fear having to work through a third party on such personal matters. As mentioned above, the issue *personalisimo* can become a problem if more people are added to a sensitive issue. As clients, people want to be helped and be understood. People come to therapy because they need assistance in understanding themselves and their fears. Therefore, it is valid to say that clients, Mexican or not, share a similar fear of not being understood by their therapist and not receiving the help they need.

There are other problems associated with language and its effects on assessment. For example, those clients who speak English as their second language are often assessed in English, which can create problems in the assessment of the client. A study done by Marcos, Albert, Urcuyo, and Kesselman (1973) looked at the type of language used in the interview and its effects on the assessment of clients. Their findings revealed that bilingual patients were judged to demonstrate more pathology when interviewed in English. When the patients in the study were interviewed in their native language, they were rated with less pathology. This clearly demonstrates that M.A.s concerns of not being understood are legitimate. However, if Mexican American clinicians who only speak English conduct their sessions in English,

the bi-lingual client could have a better chance of being assessed correctly. The reasoning behind this idea is that the Mexican-American clinician could make better use of the clients' statements within the context of their Mexican American culture. It is intended that the results of this research project will support this idea.

Cultural and Ethnic Factors in Diagnosing Mexican American Clients

Other research studies have examined culture and its influence on the assessment of pathology using the ecological theory (Cuellar, 1998; Foster, 1998; Lopez, Hernandez, 1986; Malgady, & Costantino, 1998; Westermeyer, 1987). Ecological theory recognizes the interconnectedness and interdependence of individuals, their families, and their environment (Jung, 1999). The clinical implication of these studies is that clinicians should incorporate culture into their assessments of their ethnic clients. This consideration is important since culture has such an influence on a person's mental health. The overall clinical implication is that ethnicity itself plays an important role in clinical practice. However, in this research project it is suggested that ethnicity should not be viewed as a separate entity from culture, but could be conceptualized as representing culture.

The studies mentioned above have examined the explicit issues surrounding ethnicity and assessment.

However, what about the implicit function of ethnicity on diagnosing? This is the focus of this particular study, which explores if the ethnicity of the therapist has an effect on the diagnoses of Mexican American clients

Why does culture play an important part in diagnosing? The Diagnostic Statistical Manual 4th edition, the DSM-IV, (American Psychiatric Association, 1994.) recognizes that there are specific disorders that are culturally specific. For example, *Ataques de Nervios* is a sudden, dramatic, but transient change in behavior observed in people from Spanish-speaking countries following the occurrence of major stress. This is a culturally bound disorder that is specific to a particular culture. Therefore, the idea of using diagnoses across cultures is invalid (Castillo, 1994). Another example is the view on hallucinations and delusions. Some cultures view hallucinations and delusions as divine interventions or religious mediums to communicate to a higher being (AL-Issa, 1977). If the clinician is unfamiliar with the range of normal beliefs within that culture, the client may be inappropriately diagnosed as being psychotic and suffering from a severe mental illness. From this research, it is clear that culture plays an important role in diagnosing clients of ethnicity.

The perspective of the ecological theory is consistent with the idea that a person's environment

affects people in significant ways. From this theoretical perspective, the idea is that non-Latino clinicians who are unfamiliar with Mexican cultural norms and beliefs will tend to over-pathologize Mexican American clients due to this lack of understanding of crucial cultural factors. The results of this study may add knowledge and support to the idea that people are influenced and depended on their environment (culture), which makes them who they are today.

Research has been conducted that supports the notion that clinicians do use or incorporate culture into their assessments when necessary (Lopez & Hernandez, 1986). Lopez and Hernandez (1986) showed that 83% of their sample indicated that they considered culture when assessing culturally different clients. This research has provided support for the idea that clinicians do consider culture when assessing ethnic clients. Considering the year in which the study was conducted (i.e., 1986), the numbers may actually be higher today. It is possible that clinicians today are better prepared and trained to assess culturally specific behaviors with ethnic clients. However, it is the hope of the present researcher to demonstrate that M.A. clients are differentially diagnosed as a function of the clinicians' ethnicity.

CHAPTER TWO METHODS

Study Design

This study was designed to explore the effects of the clinician's ethnicity on the Global Assessment of Functioning (GAF) score and diagnosis of Mexican American clients. It was hypothesized that non-Latino clinicians would be likely to give a lower GAF score to M.A. clients than would Latino clinicians. This implies that non-Latino clinicians will tend to see M.A. clients as more dysfunctional. Research materials containing a vignette in which participants diagnosed a M.A. client was administered. Based on the client presented in the vignette, the participants were asked to give an Axis I diagnosis. The participants of the study were also asked to give an Axis II diagnoses, as well as an Axis V diagnosis. Other information like gender and credentials (PsyD., Ph.D., L.C.S.W., M.S.W., M.F.T.) of the clinicians were asked as well.

Participants

The study consisted of 30 (11 males 36.7% and 19 females 63.3%) Latino and non-Latino clinicians from the Department of Behavioral Health in San Bernardino County. The study used 15 Latino and 15 non-Latino clinicians. The group of non-Latino clinicians included every ethnic group and the Latino group included all those individuals

who identified themselves as Latino or Hispanic. Many Latino groups share similar cultural views and have similar culturally specific behaviors (i.e. strong family interdependence, spiritual beliefs and family values). Therefore, it was expected that Latino clinicians in general would have the same clinical assessment of the client, regardless if they were Guatemalan, Cuban, Nicaraguan, or Mexican. The participants of the study were selected from various outpatient clinics throughout the County of San Bernardino. The discipline of practice and degrees of the participants also varied (4 M.S.W., 13.3%; 7 L.C.S.W., 23.3%; 2 Psy.D., 6.7%; 5 Ph.D., 16.7%; 12 M.F.T., 40.0%). The participants of the study were all volunteers and did not receive any monetary compensation for their participation.

Materials

This study used one instrument: a vignette which asked participants a series of questions, one of which was the Global Assessment of Functioning scale from the DSM-IV (1994) multi-axial assessment diagnosis.

Vignette. The vignette described a 28-year-old Mexican-American, college female client, suffering from Major depression/single episode/moderate. Incorporated into the vignette were culturally specific behaviors (i.e. spiritual vision, psychosomatic illnesses and family interdependency). Some culturally appropriate behaviors

such as a spiritual vision could be incorrectly viewed as a psychotic symptom or the cultural value of family interdependency could be interpreted as features of a dependent personality disorder. Therefore, these behaviors were included into the vignette in order to investigate this idea.

The symptoms that were described in the vignette included, difficulties in concentrating on schoolwork, sleep disturbances, fatigue, and an overall depressed mood. The participant of the study was asked to diagnosis the client on Axis I, Axis II, and Axis V diagnoses from the DSM-IV (1994). It was up to the clinician's discretion, based on the information in the vignette to provide what they believe were the appropriate diagnoses in those three areas.

Global Assessment of Functioning GAF. According to the developers of the DSM-IV (1994), the GAF score was designed to report "the clinician's judgment of the individuals overall level of function" (p.30). The GAF score is based on a scale ranging from 0 to 100. The scale is divided into 10 point increments and contains one section of "0", representing "inadequate information."

Procedure

Fifteen Latino clinicians and fifteen non-Latino clinicians were chosen from various clinics throughout San Bernardino County. Some participants were approached

individually and contacted during case conference meetings. Once they were contacted, they were asked to participate in the study. First, the participants were given the informed consent form. Upon agreeing to participate, a non-Latino therapist at the same site was asked to participate in the study. In order to protect the study from confounds related to each site, only sites that had both parties who were willing to participate were used. The clinicians were then asked to read the vignette and give a diagnosis on Axis I, as well as on Axis II and also provide a GAF score. Other information such as, the clinician's ethnicity, credentials, and gender were also asked on the vignette. This survey was a self-administered. The clinician's names and identifying information were not collected. The vignette took approximately 10-20 minutes to complete. A debriefing form was given to each participant who completed the research materials.

There were also some clinicians that were contacted via the phone and were faxed the study material. First, the inform consent was sent with the vignette. After they completed the vignette and sent back the inform consent, the debriefing statement was faxed to the participant. Other clinicians who knew Latino therapist within the County system selected some participants. The researcher contacted them via the phone and asked if they were

willing to participate in the study. When they agreed, the researcher faxed them the materials and waited for their response.

Protection of Human Subjects

All surveys were confidential. Participants were not required to provide the investigator with their names. Only information relating to the vignette and the clinician's credentials, ethnicity and gender were collected. These precautions were taken to insure confidentiality of the participants and ethical treatment in accordance with the "Code of Ethics" (National Association of Social Workers, 1997).

CHAPTER THREE RESULTS

First, in order to test the hypothesis that Latino clinicians would give less severe diagnoses than would non-Latino clinicians, a chi-square was conducted in which all Axis I diagnoses were collapsed into three categories: (1) major depression, severe; (2) major depression, mild; and (3) bereavement/adjustment disorder. Results from this analysis were not significant ($X^2 (2)=4.905, p=.086$), showing that Latino clinicians did not give the client described in the vignette less severe diagnoses than the non-Latino clinicians.

Second, in order to assess if Latino clinicians would assign higher GAF scores to the client than would non-Latino clinicians, an independent sample t-test was conducted using ethnic membership (Latino vs. non-Latino) as the independent variable and the GAF score as the dependent variable. The results of the t-test ($t (28) = -.434, p = .668$) were not significant, showing that Latino clinicians did not give higher scores (Mean=65.53, SD=10.87) than did non-Latino clinicians (Mean=67.07, SD=8.34). See Table 1 in appendix D for this result.

CHAPTER FOUR DISCUSSION

The purpose of the study was to examine effect of the therapists' ethnicity on the diagnoses of Mexican American clients. Results of the present study showed that Latino clinicians did not differ from non-Latino clinicians in their diagnoses of Mexican-American clients. It was hypothesized that the diagnoses of M.A. clients would differ between Latino and non-Latino clinicians as a function of the ethnicity of the clinician. These results were not consistent with other studies such as, Russell et. al. (1996), which indicated that ethnically matched therapist judged clients to have higher psychological functioning than did mismatched therapist. Other studies that have examined the effects of the ethnicity of the clinician on the diagnoses of ethnic clients (Arroyo, 1996, Neighbors et. al., 1989; Westermeyer, 1987) found that ethnically matched therapist-client dyads do have an effect on the diagnoses of the client.

Although it has been shown that the ethnicity of the clinician appears to be important in the assessment of certain ethnic groups, the findings of this study do not support this idea. However, these results may add support that clinicians today are more consciensous of cultural variables when working with ethnic clients in mental health settings. A study conducted by Lopez et.al. (1986), showed 83% of their sample of clinicians reported that

they considered culture when assessing culturally different clients. The present study was assuming that, therapists who were ethnically similar with their clients would be better able to understand the behaviors of their clients within the cultural context that was appropriate. However, results indicated that clinicians today, regardless of ethnicity, do consider culture when working with ethnically different clients. With the growing awareness of culture and its impact on individuals, clinicians may be better trained to assess behaviors of ethnic clients within the appropriate cultural context.

Limitations

Several limitations can be identified for the present study. First, the sample size (N=30) may have been too small to indicate a difference between Latino and non-Latino clinicians. The larger the sample size, the more confident the researcher can be that the results of the study reflect the population they are studying. In this study, the sample size of thirty subjects would be too small to confidently say that the results reflect accurately the non-existing clinical differences between Latino and non-Latino clinicians. It was very difficult finding enough Latino clinicians within the County of San Bernardino to create a larger sample size. A suggestion for further research on this question of diagnostic differences between Latino and non-Latino clinicians would

be a larger sample size. This could be achieved by conducting this study in a county that has a higher population of Latino clinicians (i.e., Los Angeles County).

Second, the results could have been confounded by demand characteristics of the measurement. It was suspected that the participants of the study were able to obtain cues from the vignette that the study was examining ethnicity and cultural issues. This may have encouraged subjects to be more culturally sensitive in the assessment of the client described in the vignette.

Third, the variable of level of experience of the clinician should have also been included in the measurement. The diagnostic differences of clinicians may not be a function of ethnicity, but rather a function of experience. A suggestion for future research, would be to take into consider the level of experience of the clinician, which may actually have an impact on how Mexican-American clients are clinically assessed.

Implications

The findings of this study have implications for social work practice by indicating the importance of incorporating culture when working with Mexican-Americans clients. The result of not having a significant difference between Latino and non-Latino clinicians indicates that culturally specific behaviors are being

recognized in clinical assessments. As mentioned before, the diagnosis of the client is crucial, for it sets the tone and direction of the treatment plan. If there was a significant difference between both groups, then it would be important to stress the need to better educate clinicians on working with Mexican-American clients. However, since there was no difference, it is important to recognize that clinicians from San Bernardino County may recognize and incorporate culturally specific behaviors of Mexican-American clients. In doing so, the client can receive adequate treatment and services.

In conclusion, the findings show that there are no significant differences of diagnoses of Mexican-American clients between Latino and non-Latino clinicians. The results do not support the idea that ethnically matched clinicians assign less severe diagnoses of Mexican American clients, at least in San Bernardino County. Regardless, the results do indicate that clinicians in San Bernardino County do recognize cultural variables when assessing M.A.s. These findings are important because it may show that clinicians today are more culturally sensitive. Considering the vast diversity of the United States population, these results are encouraging

APPENDIX A: Vignette

Didra is a 28 year old, Mexican American female that presented to the clinic as suffering from depression. Didra is recognized as a bright, articulate student who is proud of her heritage. She is currently a sophomore in college, majoring in Liberal Arts. Didra is known around her department as a hard working student who has made the Dean's List several times. She currently lives with a female roommate and frequently visits her family who live quite a distance from her. She is the oldest of four children and comes from an intact family. She states that she has been feeling depressed since her grandmother died a year ago. However, she feels that her depression has become worse during the last three weeks. Didra states, "I feel guilty because I cannot be with my family during this hard time." Even though she is excited about pursuing her education, she feels "guilty" about leaving home. Her academic counselor became alarmed about her condition and suggested that she make an appointment at the student health center. At first, Didra was reluctant to go because she felt that, "they will not understand me." Regardless, she made an appointment to see a counselor.

Didra complained of having difficulties sleeping, concentrating on her schoolwork, fatigue, and overall loss of interest in things she enjoyed. Didra also complained of physical problems like headaches and abdominal pains as well. Didra continued to explain that she feels really guilty about leaving home and she believes that her grandmother, who passed away a year ago, wants her to go back home. Didra began to describe that late one night while she was studying for a test, she suddenly felt warm hands embrace her. In terror, she immediately got up from her chair and turned on all the lights. This experience really frighten her since no one else was in the room.

Didra reported that after a while, she calmed down and started studying again. She studied for a while and then got ready for bed. As Didra begin to tell this part of her story, she suddenly became tearful and emotional. She continued with her story and said that she entered her room and saw a vision of her grandmother sitting on her bed. At that moment she screamed for her roommate and ran out of the room. Very distraught and shaken by

this experience, she called her mother. To Didra's surprise, her mother told her that her aunt once had a similar experience after their grandmother died many years ago. Her mother explained to Didra that this happens to people at times and that she should consider her experience an enlightening spiritual encounter. Her mother also told Didra that she believes that her grandmother was trying to tell her something or give her some personal message.

When Didra left home for college, she felt as if she was abandoning her family. She was really afraid that she would not be able to function without the close support of her family. She also felt that she had a responsibility to her family and that she should be there to take care of her parents. As mentioned before, she would frequently visit her family despite the three-hour drive. On the weekends, she would go home and help around the family's business, even if she had a lot of schoolwork. Didra claims that her mother has always been there for her and that she has relied on her for helping her make major decisions about her life. Even though her family was supportive of her pursuing her education, Didra continues to feel guilty about leaving home. Now, Didra strongly believes that her grandmother was trying to remind her of her commitment and responsibility to her family.

Please circle or write in your answers below.

Axis I Diagnosis (Please write it in):

Axis II Diagnosis (Please write it in):

Axis V: Diagnosis (GAF score, please specify between 0 and 100): _____

Your Ethnicity (Please specify): _____

Your Credentials (Please circle the one that best describes you): 1. PsyD. 2. Ph.D. 3. L.C.S.W. 4. M.S.W. 5. M.F.T. 6. Other (Please specify): _____

Your Gender (Please circle): 1. Male 2. Female

APPENDIX B: Informed Consent

You are being asked to participate in a study that is designed to investigate the impact of ethnicity on clinical practice. This study is being conducted by Anthony P. Ortega, a graduate student in the Department of Social Work, at California State University, San Bernardino, under the supervision of Astrid Reina-Patton, M.A. with the guidance of Dr. Rosemary McCaslin (909-880-5500).

If you agree to participate in this study, you will be asked to read a vignette of an individual suffering from a mental disorder. After you read the vignette, you will be asked to render a diagnosis. You will also be asked to give Global Assessment of Functioning (GAF) score and an Axis II diagnosis if appropriate. No name or other identifying information will be necessary. The vignette will take about 10 to 20 minutes to complete.

The benefit of participating in this study includes increasing the awareness of cross-cultural psychology and clinical practice. No money or material benefit will be gained from your participation. Your decision to participate will have no effect on your employment with your agency.

All the information collected will be strictly confidential. You will not be asked to give us your name at any time. You will only be asked to list your ethnicity and credentials (M.S.W., M.F.T., L.C.S.W., PsyD., Ph.D.). Other identifying information will not be necessary for this study. Your participation is voluntary and you may withdraw at anytime.

By my mark below, I acknowledge that I have been informed of, and understand, the nature of the study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. DO NOT WRITE YOUR NAME OR USE INITIALS.

Participant's Mark: _____

Date: _____

APPENDIX C: Debriefing Statement

Thank you for your participation in this study. This study examines the ethnicity of the clinician and its affects on the diagnosis of Mexican American clients. It is intended that this will lead to new ideas for the incorporation of culture into clinical practice. It is also hoped that this study may bring some awareness to the special issues when working with Mexican American clients. If you have any questions or concerns about this study, feel free to contact Astrid Reina-Patton, M.A., at the Department of Social Work, California State University, San Bernardino at (909) 880-5500. You may also contact us through this number if you wish to have a copy of the study when completed. Please do not discuss with others the content of the vignette or the questions you answered so that other potential participants will not be influenced. Again, thank you for your participation.

APPENDIX D: Table 1

T-test For Equality of Means of GAF Score
Between Latino And Non-Latino Clinicians.

$t(28) = -.424, p = .668$

<i>t-test</i>		
$t = -.434 \quad DF = 28 \quad p = .668$		
	Latino Clinicians N=15	Non-Latino Clinicians N=15
	Mean / (SD)	Mean / (SD)
GAF Scores	65.53 / (10.87)	67.07 / (8.34)

REFERENCES

- American Psychiatric Association, (1994). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C.: American Psychiatric Association.
- Arroyo, A.J., (1996). Psychotherapist bias with Hispanics:An analog study. Hispanic Journal of Behavioral Science, 18, p.18.
- Atkinson, D.R., Casas, A., & Abreu, J. (1992). Mexican American acculturation, counselor ethnicity and cultural sensitivity, and perceived counselor competence. Journal Counseling Psychology, 39, 515-520.
- AL-Issa, I. (1977). Social and cultural aspects of hallucinations. Psychological Bulletin, 84, 570-587.
- Bisman, C., (1994). Social Work practice; Cases and principles. Belmont, Ca: Brooks/Cole Publishing Co.
- Brinson, A.,J., & Kotter,A.J., (1995). Minorities' underutilizations of counseling centers' mental health services: A case for outreach and consultation. Journal of Mental Health Counseling, 17, 371.
- Burman,M.A., Hough, R., Karno, M., Escobar, J. & Telles, C. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. Journal Of Health and Social Behavior, 28, 89-102.
- Castillo, R. (1996). Culture and Mental Illness. Pacific Grove, Ca: Brooks/Cole Publishing Co.
- Chapa, J., & Valencia, R. (1993). Latino population growth, demographic characteristics and educational stagnation: An examination of recent trends. Hispanic Journal of Behavioral Science, 15, 165-187.

- Cuellar, I., (1998). Cross-cultural clinical psychosocial assessment of Hispanic Americans. Journal of Personality Assessment, 70, 71-78.
- Diaz-Guerrero, R. (1986). A Mexican ethnopsychology. *Indigenous psychology*. Symposium presented at the 8th Congress of the International Society of Cross Cultural Psychology, Instabal, Turkey.
- Jaco, E. G. (1960). Mental health of Spanish Americans in Texas. Culture and mental health: Cross-cultural studies. New York, MacMillian.
- Jones, E. E., & Throne, A., (1987). Rediscovery of the subject: Intercultural approaches to clinical assessment. Journal of Counseling and Clinical Psychology, 55, (4), 488-459.
- Jung, M. (1999). The application of marital mediation to Chinese American immigrants. Family Therapy, 26.
- Karno, m. & Edgerton, R. B. (1969). Perceptions of mental illness in a Mexican American community. Archives of General Psychiatry, 20, 233-238.
- McGoldrick, M., Giordano, J., & Pearce, J. 1996. Ethnicity and Family Therapy. New York: Guilford Press.
- Miranda, O.A., & Umhoefer, L., D. 1998. Depression and social interests differences between Latinos in dissimilar acculturation stages. Journal O Mental Health Counseling, 20, 159.1; //
- Lopez, S. R., & Hernandez, P. (1986). How culture is considered in evaluation of psychopathology. The Journal of Nervous and Mental Disease, 176, 598-606.
- Lopez, S.R., Lopez, A.A., & Fong, K. T. (1991). Mexican Americans' initial preference for counselors: The role of ethnic factors. Journal of Counseling Psychology, 38, 487-496.
- Massey, D.S. (1993). Latinos, poverty, and the underclass: A new agenda for research. Hispanic Journal Of Behaviroal Science, 15, 449-475.

- Marcos, L.R., Murray, A., Urcuyo, L., & Kesslman, M. (1973). The effects of interview language on the evaluation of psychopathology in Spanish American schizophrenic patients. American Journal of Psychiatry, 130, 549-552.
- Neighbors, H., Jackson, J., Campbell, L., & Williams, D. (1989). The influence of racial factors on psychiatric diagnosis: A review and suggestions for research. Community Mental Health, 25, 301-311.
- Padilla, A. M. Ruiz, R.A., & Alvarez, R. (1975). Community mental health services for Spanish-speaking/surname population. American Psychologist, 30, 892-905.
- Padilla, E., R., Olmedo, E., & Loya, F. 1982. Acculturation and the MMPI performance of Chicano and Anglo college students. Hispanic Journal of Behavioral Sciences, 4, 451-466.
- Rogler, L.H., Malgady, R.G., & Rodriguez, O. (1989). Hispanics and mental health: A framework for research. Malabar, FL., Robert E. Krieger.
- Roll, S., Millen, L., & Martinez, R., (1980). Common errors in psychotherapy with Chicanos: extrapolations from research and clinical experience. Psychtherapy: Theory, Research and Practice, 17, 158-168.
- Russell, L.G., & Fujino, D.C., (1996). The effects of therapist-client ethnic match in the assessment of mental health functioning. The Journal of Cross-Cultural Psychology, 27, 598.
- Sanchez, A.R., & Atkinson, D. R. (1983). Mexican American cultural commitment, preference for counselor ethnicity, and willingness to use counseling. Journal of Counseling Psychology, 30, 215-220.

United States Department of Commerce, Bureau of the Census (1986). *Projections of the Hispanic Population: 1983- 2080*. (Current Populations report Services p-25, No. 995) Washington D.C.: U.S. Government Printing Office.

United States Department of Commerce, Bureau of the Census (1991). Census Bureau releases 1990 Census counts on Hispanic Population Groups. U.S. Department of Commerce News. Washington D.C.: Author.

Velasquez, R., Arellano, L., Padilla, A., (1999). Celebrating the future of Chicano Psychology: Lessons from the recent National Conference. Hispanic Journal of Behavioral Science, 21, n.1.

Westernmyer, J. (1987). Cultural factors in clinical assessment. Journal of Counseling and Clinical Psychology, 55, 471-478.