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Retaining Latino CD Patients to Treatment

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Abstract

The increase of the Latino population throughout the Unites States is an issue of concern to the substance abuse professionals. Researchers on the Latino population and substance abuse have attempted to study the impact of various cultural factors that must be considered when engaging them in treatment. However, research on the prevalence of substance use and abuse in the Latino population is limited. The use of the terms Hispanic and Latino creates many problems to researchers. Often research ignores the intracultural differences among subgroups. There are wide disparities among Mexican Americans, Puerto Ricans, Cubans, Central and South Americans in indices such as: educational attainment, socioeconomic status and labor force participation (Sanchez-Mayers & Kail, 1993). There is a clustering of the various Hispanic subgroups in different parts of the U.S.A. just as types of drug use vary around the country.

This research study focuses particularly on the retention rates in a metropolitan outpatient setting and explores the implications of ethnicity and cultural values which might influence retention and treatment outcomes.

Retaining Latino CD Patients to Treatment

Retention rates in outpatient settings and the high levels of client drop out is an issue of concern for substance abuse professionals. Very little is known in the Latino community because they are highly underrepresented in both clinical and research samples. Therefore, is important to explore the impact of retention rates in outpatient settings in the Latino community in order to address the different implications for individuals undergoing treatment. Particularly attention needs to be addressed at the stigma that is attached on substance use disorders and the role of cultural attitudes and values have on treatment seeking and treatment outcomes. This might influence retention rates and completion of outpatient treatment programs.

Review of the Literature

Completion rates vary by modality from 41 % for outpatient services to 73% for short- term (30 days or less) residential or hospital admissions (SAMHSA, 2003). According to Simpson (2004) a minimum of 90 days in treatment was necessary to obtain any significant benefit. After 3 months "outcomes increases in linear relation to time and treatment including; reduced substance abuse, risk behaviors, legal involvement and improved mental health and social functioning" (Amodeo, Chassler, Oettinger, Labiosa & Lundgren 2007 p. 101). The greater the time spent in treatment the greater the percent of successful outcomes (De La Rosa, Holleran, Rugh &MacMaster, 2005). Research on substance abuse in the Latino community is limited therefore it is important to identify factors which influence both retention rates and outcomes treatment to better address the needs of this underrepresented population. By identifying factors influencing retention rates the negative effects on health status, disability, legal, employment status and income could degrease. This literature review will inspect the literature in the following ways: 1) Definitions; 2) A profile of the Latino population; 3) The

prevalence of substance use and abuse among U.S. Latinos; 4) The role of acculturation and substance use; and 5) cultural attitudes and values that influence help-seeking by Latinos.

Definitions

Race and Ethnicity

In 1997 recognizing the increasing diversity of the U.S. population the Federal Office of Management and the Budget (1997) announced revised standards for federal data on race and ethnicity (Morrison & Hines, 2007). Currently the categories for race are: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other, Pacific Islander, White, and "Some Other Race" (Malley-Morrison & Hines, 2007). The two "ethnicity" categories are Hispanic or Latino and Not Hispanic or Latino. The term Race is considered "the category to which others assign individuals on the basis of physical characteristics, such as skin color, or hair type, and the generalizations and stereotypes made as a result (Morrison & Hines, 2007). According to Iturbide, Raffaelly, & Carlo (2009) (cited in Umaña-Taylor & Fine, 2004) ethnical identity has been identified as; physical appearance, accent or some other marks that sets a person apart and cause him or her to be labeled as Latino/Hispanic but the label does not to become an identity until it is embraced by the holder. When an individual calls themselves Latino/Hispanic is a statement of loyalty, affiliation, solidarity with a particular group rules. In addition, the term Latino is an exclusive term that has been used by people of Latino/Hispanic descent in the United States to allow themselves to be empowered in political arenas, humanities and literature (Torres-Rivera, E., Wilbur, P. M., Phan, L. T., Maddux, D. C., & Robert-Wilbur, J. 2004).

The term "Latino" versus "Hispanic" refers to the United States (U.S.) population that traces its descent back to the Spanish –speaking Caribbean and other parts of Latin America

(Sanchez-Mayers & Kail, 1993; Chavez & Swain, 1992). The term "Latino" is seen as more inclusive of the indigenous and African cultures throughout Latin America (Miranda, 2005).

Outpatient Clinics

Outpatient services are appropriate for individuals who have a diagnosis for substance abuse or dependence but do not require higher levels of care, such as; treatment in residential facilities, partial hospitalization or inpatient setting (Sussman, & Ames, 2001). These services are provided in group settings and individual sessions and case management. Outpatient settings are designed to assist individuals who are abstinent or adjusting to the community (Etheridge, Hubbard, Anderson, Craddock & Flynn 1997). Outpatient clinics and self-help programs require self-regulation, commitment to abstinence and a high level of motivation (Sussman, & Ames, 2001). Outpatient services may be best for individuals who have completed residential treatment and have acquired necessary coping skills. It is contraindicated if the individual is suicidal, assaultive, demonstrating any though disorder or behavioral crisis and when the individual reports difficulty maintaining sobriety without 24 –hour supervised treatment (Sussman, & Ames, 2001).

Drug Abuse and Dependence

The word substance abuse refers to "the use of a wide range of substances whose chemical composition physiological effects and legal consequences vary greatly" (Sanchez-Mayers & Kail 1993). Drug use pertains to the use of drugs that may be, smoked, sniffed, inhaled, used orally used intravenously (Sussman & Ames, 2001). The formal definition of substance abuse disorder is provided by the DSM-IV-TR (APA, 2000).

A. A maladaptive pattern of drug use leading to clinically significant impairment or distress, as manifested by one or more of the four symptoms occurring within a 12 month period:

1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or at home (e.g., repeated absences or poor work performance related to substance use; substance- related absences, suspensions, or expulsions from school; neglect of children or household).

2) Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

3) Recurrent substance-related legal problems (e.g., arrests fir substance-related disorderly conduct)

4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B) The symptoms have never met the criteria for substance dependence for this class of substance (p. 199).

There are seven other criteria that if met constitute substance dependence. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period (APA, 2000).

1. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect

   b. Markedly diminished effect with continued use of the same amount of the substance

2. Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for the substance (refer to criteria A and B of the criteria sets for Withdrawal from the specific substances)
   b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects
6. Important social, occupational, or recreational activities are given up or reduced because of substance use
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption) (p.197).

A Profile of the Latino Population

The 2000 Census reported that the Latino population at 35.3 million had surpassed the African American population of 34.7 million (Miranda, 2005). This is due because of the high birthrate and ongoing immigration patterns (Sue & Sue, 2008). The largest groups are Mexicans, Puerto

Ricans, Cubans and Nicaraguans (Gil, Vega, & Wagner, 2000). Latinos are also younger than the general population, 40% are under 21 years of age compared to 20% of the general population (Velencia & Johnson, 2008). Mexican Americans have the highest proportion of population under 18 years of age 38.4 % compared with Cubans who had the lowest at 19.2 % (Miranda, 2005). A 5.3% of the Latino population was 65 and older compared to non-Hispanics Whites 14% (Miranda, 2005). Meanwhile 32.4% of the Latino population was between the ages of 25 and 44 compared to 29.5 of non-Hispanic White population (Miranda, 2005). It is also estimated that 11 million illegal immigrants are from Latin America living in the U.S. (Sue & Sue, 2008). It is also expected the Latino population will increase from 35.3 million in 2000 to 60 million in 2020 (Miranda, 2005). Latinos are more likely to live in metropolitan areas, they can be found throughout the U.S. with some geographic areas having larger concentrations: California (11.01 million) Texas (6.7 million) New York (2.9 million) Florida (2.7 million) Illinois (1.5 million) Arizona (1.3 million) and New Jersey (1.1 million) (Miranda, 2005).

Poverty

Poverty is one of the most serious problems affecting the Latino population in the United States. Latinos have disproportionately low incomes about 23% have income below the poverty line and low levels of educational attainment (De La Rosa, Holleran, & Straussner, 2005; Miranda, 2005). More than 87% of all Latinos are employed in service, support or labor related jobs and although there are an equal number of Latino men and women in the U.S the unemployment rate for men is 12.2% versus 9.8% for women and 5.4% for non-Latino men (Torres-Rivera et al., 2004). The poverty rates for families headed by single females are high (De la Rosa, 2000) In 2001, the percent of Latino families headed by a single females living below the poverty rose from 36.4% in 2000 to 37%. Alberta and Peregoy (1995, p. 120) indicated that “high unemployment rate

among Latinos in poor communities forces many into the world of drugs therefore, it does not only provide an escape from the problems of poverty but also a means of obtaining additional income through dealing". More than 14.9% of all incarcerated individuals in the U.S. are Latinos and 23% of these Latinos are in prison for drug related offences (Torres-Rivera et al., 2004). Latino children and adolescents ages 18 and under, 28% were living in poverty in 2001 compared to 9.5% of non-Hispanic Whites (Miranda, 2005). However, the unemployment figures for Latinos are even higher in inner cities because of the lack of reporting by Latinos to the Census Bureau officials for the fear of penalty by the government (Bourgeois, 1995 cited in Torres-Rivera et al., 2004). According to the March of 2002 Current Population Survey, (U.S. Census Bureau 2003) out of Latinos aged 25 and over, 57% had completed four years of high school or more compared to 88.7% for non-Hispanic Whites. However, it has been noted in earlier literature that poverty is generally associated with greater substance abuse regardless of ethnicity (Sanchez-Mayers, & Kail, 1993). Some other research findings although limited also suggests that Latinos with some what higher incomes report more frequent drug use (De La Rosa, Khalsa, & Rouse, 1990).

The Prevalence of Substance Use and Abuse among U.S. Latinos

In light of this large representation among the U.S. population, knowledge of substance use among Latinos is becoming increasingly important. Counselors working with Latino clients will likely find some kind of drug use problem among some of their clients or their clients' families (Miranda, 2005). Consequently, it is important to address the different factors associated with substance use and abuse in the Latino community as well as possible barriers in treatment while taking into consideration protective factors. De La Rosa et al., (2005) noted that it is important to understand research findings exploring social, economic, and health variables. These variables

may not be accounted for between-group and within-group differences among the various Latino population subgroups because research in the Latino community may be misleading. This is important specially in trying to understand the prevalence of substance use and abuse among U.S. Latinos.

Smith and Stevens, (2001) indicated substance abuse as ranking number one as one of the major public health issues in today's society. The use and abuse of substances crosses all genders, socioeconomic levels, gender, religion, profession, ethnicity, geography, and most dimensions of human existence and background (Smith & Stevens, 2001). According to Gloria and Peregoy (1996) it only has been since the mid-1980's that research on Latino drug use has emerged, however, the literature often delineate among the various subgroups. Earlier generalizations emerged that Hispanics were more likely to use drugs than other groups (Smith & Stevens, 2001). It has been argued that subsections of the Latino community have drug problems, this population as a whole is no more likely to use drugs than other groups (Gloria & Peregoy, 1996).

Felix-Ortiz and Newcomb, (1999) noted that substance use among Latinos is a growing problem. An alarming trend has been identified among the Latino youth. In 2002 alcohol advertisers spend over $23 million to place advertisements in 12 television programs favored by Latino youth (Miranda, 2005). Additionally, emerging findings suggests that data from the combined 2000 and 2001 National Household Survey of Drug Abuse (NHSDA) show that rates of past –month illicit drug use in the Latino population (age 12 and older) ranged from 9.2% for Puerto Ricans to 3.6% to Central or South Americans (De La Rosa et al., 2005). Data from the same survey indicated that among persons 12 years and older in 2001 the rates for alcohol dependence and abuse were 7.8% among Latinos 7.5% among Whites and 6.2% among African

Americans. Also, data from Monitoring the Future (MTF) a school based survey indicates that Cuban adolescents have the highest reported 12-month illicit drug-use rates of any ethnic group in the U.S (Vega et al., 1998). Trend data from the MTF surveys reveals that during the past decade Latino youth 8th graders begin to display elevated prevalence rates for alcohol, marijuana, cocaine, heroin, tranquilizers, ecstasy and LSD (De La Rosa et al., 2005). The sample for the 2002 survey consisted of approximately 16,000 students within 133 schools throughout the U.S.

Furthermore, Felix-Ortiz and Newcomb (1999) noted Latinos have the highest usage rate for cocaine and for Latino males, drug related deaths occur earlier in the life span relative to other groups and usually involve multiple drugs. Moreover, research by Caetano and Galvan, (2003) indicated chronic liver disease and cirrhosis as the sixth leading cause of death for Latinos, the largest group of cirrhosis decedents was of Mexican background. The rate at which these disorders occurred in 1999, per 100,000 in the age range of 55 and 64 were; 34.7 for Whites, 45.3 for African American and 61.8 for Latinos (Caetano & Galvan 2003).

Prevalence of drug use patterns among Latinos in the U.S. have yielded mixed results. According to recent surveys conducted by the SAMHSA Latinos report slightly rates of lifetime illicit drug use than European and African Americans (Alvarez, Leonard, Bradley, Ferrari & Davis, 2009). Other studies found that Mexican-American men were more likely to drink large quantities of alcohol in any given drinking session than were Puerto Rican and Cuban men (Caetano, 1988). Similar findings were noted in a publication by the National Institute on Drug Abuse (NIDA) in the year 2003, Latinas reported lower alcohol use 32.2 % compared to 55.2% alcohol use by Latino men while Mexican were more likely to report heavy alcohol use 7.4 % (5 or more drinks on the same occasion on at least 5 or more days prior to assessment) followed by Puerto Ricans 6.4 %, Central and South Americans 4.1%, Cubans 1.7% (Miranda, 2005). When

broken down by age group, ages 18 to 25, South Americans reported higher for heavy alcohol use in the past month 17.2 %, Puerto Ricans 11.9% and Central Americans 10.7% (Miranda, 2005). In addition, South American youth ages 12 to 17 were more likely to report alcohol use in the past month 23.9% and heavy alcohol use 11.4% (Miranda, 2005). Although, it has been noted that Latinas are more likely than Latinos to abstain from using substances and that they are less likely to drink heavily and to become dependent on alcohol it has been also noted by data from SAMHSA (2002) that illicit drug use by Latinas equals that of other American women (Alvarez, Olson, Jason, Davis & Ferrari, 2004). Latinas who seek treatment report more serious medical, psychological and employment problems than Latinos prior entering substance abuse treatment. It has been argued that women might wait to seek treatment until their problems are more severe. Therefore Latinas who seek treatment represent those women with the most serious problems (Alvarez et al., 2004).

Several other surveys have found that Mexican American and Puerto Rican men and women report higher rates of alcohol and illicit drug use than other Latino/as (Amaro, Whitaker, Coffman & Hereen, 1990). As noted earlier demographics differences may explain the higher rates of substance use among Mexican-Americans and Puerto Ricans.

Researchers in the attempt to explain substance use and abuse in the Latino community have examined the influence of acculturation on alcohol consumption. However, acculturation is a multidimensional process and other cultural influences such as familial factors need to be examined.

The Role of Acculturation and Substance Use

Valencia and Johnson (2008) defined acculturation "as the process by which individuals adapt to cultural change". According to the most recent NSDUH study on Latino drug use

patterns the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2005 reported that Latinos born in the U.S are more likely to report use of illicit drugs than those born outside the U.S. the same findings suggests that acculturation might serve as an important role in substance use patterns of Latinos (Valencia & Johnson, 2008). A distinguishing feature of Latinos living in the U.S. is their level of adaptation to the mainstream culture. This acculturation process involves changes in behavior, attitudes, norms, and values as a result of exposure to a new culture (Gilbert, 1991). Gloria and Peregoy, (1995) identified this process of substituting one set of cultural practices with an alternative set as a "cultural shift". This is based on the premise that Latinos face intense societal pressures to assimilate to the dominant society and substitute their cultural characteristics. However, "this is often done out of necessity of survival rather than by choice" (Gloria & Peregoy, 1996, p. 120). This acculturative change may promote risk behaviors and maladjustments. These risk behaviors include alcohol abuse, cigarette smoking and illicit drug use (Castro, Garfinkle, Naranjo, Rollins, Brook & Brook, 2007; Santisteban & Mitrani 2003). The more extensive the changes required to accommodate to a new community or environment the greater the expected levels of acculturative stress (Berry, 2003).

For many Latino adolescents some developmental challenges such as; substance use and abuse are associated with acculturation –related stressors (Santisteban, Szapocznik, & Rio 1993; Sanchez-Mayers, & Kail,1993). Many Latino children and adolescents who are either recent or past immigrants, or whore parents are immigrants may experience conflicts over choices in values and personal identity as they struggle to conform to two conflicting sets of cultural norms, the American and the Latino (Castro et al., 2007). These developmental challenges may increase their risks for emotional distress and therefore the use and abuse of alcohol, tobacco and illicit drugs (Castro et al., 2007; Vega & Gil, 1998). Similar findings in young adults have

supported the hypothesis that higher acculturated Latino adults, relative to their lower acculturated peers, exhibit higher levels of cocaine use (Amaro et al., 1990). It has also been observed that when children of immigrant parents acculturate at a faster rate than their parents, family conflicts can emerge (Szapocznik & Kurtines, 1989).

Furthermore, Caetano (1989) noted that Latino men who are foreign born, acculturation is associated with a lower rate of abstention and a lower rate of frequent heavy drinking. Another study indicated that the least acculturated were more likely to abstain from alcohol than the more highly acculturated (Marin, & Posner, 1995). A study by Polednak (1997) indicated a positive association between Latinas but not Latino men. This positive association is due to the tendency that Latinas adapt to the American gender roles and drinking norms. However, some evidence indicates that the level of acculturation may not be associated with alcohol consumption among middle-aged Mexican-American women. Their consumption appears to be positively influenced by poverty and marital disruption (De La Rosa et al., 2005). On the other hand, Latino men do not change drinking patterns to match those of men in the United States (Polednak, 1997). In addition, Latino drug use in that U.S. -born Latino adolescents, especially those of Cuban origin higher rates of experimental drug use, abuse and dependence has been reported than do other immigrant groups (Vega, Alderete, Kolody & Aguilar- Gaxiola, 1998 cited in Vega, & Sribney, 2005). Vega et al., (1998) found that identification with culture pride in any culture may be associated with lower substance use. Therefore, youth who identify with peers having traditional and often conservative Latino values, language usage and social customs may be immersed within a sociocultural system that confers protection against antisocial conduct including the use of illicit drugs (Castro et al., 2007) On the contrary weak cultural identification is associated with greater substance use. Some findings suggest as intergenerational communication problems and

conflictive value orientation emerges it produces family instability and youth alienation, which can result in the adolescent early use of alcohol tobacco and illicit drugs (Castro et al., 2007).

In addition, the variety of drinking patterns that exist in the U.S and among Hispanics groups suggests that depending on national origin and place in the U.S. where the immigrant first locates acculturation may lead to abstention or perhaps more frequent drinking (Caetano, 1989). Differences in drinking patterns between Mexican Americans in Texas and California have been noted. These differences suggest that these two groups have common ways of drinking but also follow drinking norms of the general population of each state (Caetano, 1989). It is important to understand that different regions of the U.S. have their own drinking norms and customs. Therefore, individuals acculturate to different cultural environments (Galvan & Caetano, 2003). Although, research indicates acculturation to be a risk factor for substance use and abuse high acculturation was associated with higher risk for drinking to relieve stress for Puerto Rican but did not appear to be a direct contributor to drinking problems to Dominicans (Valencia & Johnson, 2008). According to Baez, (2005) Dominicans have a slow rate of acculturation and assimilation due to the rapid rate of new arrivals from the Dominican Republic and their settlement in close-knit communities. This creates an acculturative resistance that is advantageous in relation to problem use of alcohol (Baez, 2005). A study conducted by Drohan, Perez, Khan, Sullivan, Amaro and Samet (1997) interviewed 210 Hispanics in a primary care setting using the Alcohol Use Disorders Identification Test the CAGE questionnaire and the Composite International Diagnostic Interview to determine past or present occurrences of alcohol abuse or dependence. They found the lifetime prevalence of substance abuse disorders among Dominicans to be 22%, for Central Americans was 41% and for Puerto Ricans 47%.

Researchers have attempted to explore the role that family and personal stress is associated with the acculturation process to the American society by the Latino families. This acculturation process is important to explore in order to understand its role upon drug use and abuse behaviors in the Latino community. It is also important to understand how acculturation results in the erosion of strong family-related protective factors as, closeness with the family, and traditional values such as; *respeto,* (respect) and family pride (Miranda,2005; De La Rosa et al., 2005). It is also important to explore other cultural issues in the Latino family dynamics such as; *simpatia*, *personalismo* (personalism), gender roles, the role of spiritualism, and the role of *vergüenza*, (shame) (Gloria & Peregoy, 1996).

Cultural Attitudes and Values that Influence Help-Seeking

The family is the principle source through which cultural beliefs, cultural norms and life ways are transmitted. As children establish strong bonds with family, church, friends and community organizations they can draw on these sources for support and nurturance for adaptive growth and development (Wandersman & Nation 1998). In the Latino culture, the family and its interactions are the basis for support, identity and a sense of security, self-esteem and reference (Gloria & Peregoy, 1996). Strong social and family bonds serve as earlier antecedents of youth resilience, the capacity to respond to life's challenges with perseverance flexibility and optimism. Buckner, Mezzacappa and Beardslee (2003) defined resilience as "the capacity to achieve desirable outcomes in spite of significant challenges to adaptation n or development. These characteristics of resilience include; intellectual ability, high self-esteem, and good-problem solving skills the ability for empathy and attachment for good role models during critical developmental periods (Buckner et al., 2003 p.141). In the Latino culture the trait is knows as *"familismo"* (familism). This trait is believed to be a protective factor against negative

behaviors, including substance use and abuse (Gil, Wagner, & Vega, 2000; De La Rosa et al., 2005). This strong identification and attachment of Latino Families involves strong feelings of loyalty, reciprocity, and solidarity among family members (Delgado, 1998). On the other hand, lacking family support and family disruption has also been linked to higher drug use and abuse in Latino adolescents and young adults (Smith & Stevens, 2001; Buckner et al., 2003; Castro et al., 2007).

It is important to clarify that family for Latinos consists of parents, aunts, uncles, grandparents, cousins, *compadres,* (extended kin) *padrinos,* (godparents) and long life friends (Gloria & Peregoy, 1996: Sanchez-Mayers &Kail,1993). This reliance on family for social support may inhibit seeking help with substance use and abuse problems (Delgado, 1998). In addition, the strong role and value of the family may inadvertently exacerbate alcohol use/abuse of other substances. Torres-Rivera et la., (2004) indicated Latinos having an extensive reliance on personal and social support networks to learn how to use drugs, to gain information and resource exchanges, and how to cope with illegal drug use. This perspective may be viewed as enabling a family member with substances but within the Latino cultural context this is not the ca*se*. *Simpatia* is a "value for behaviors that promote smooth and pleasant social relationships" (Gloria & Peregoy, 1996, p 121). A person with *simpatia* behaves with dignity and respect toward others and strives to achieve harmony in interpersonal relations regardless of the circumstance. Dignity is a state of inner worthiness that can only be created by being paid respect. It demands recognition by others and carries a mutual obligation for both parties in a social interaction (Jimenez, 1980). This value of *simpatia* may be viewed by mental health providers as a client avoiding conflict and denial of substance use. The value of personalism in the Latino community is complimentary to the values of *simpatia* and familism. An individuals'

self-worth, self respect and dignity in oneself demands showing and receiving proper respect (Smith & Stevens, 2001). It is also important to indicate that with acculturation, urbanization and economic stress Latino traditional roles have changed because these standards change (Smith & Stevens, 2001).

Sue and Sue, (2008) indicated that traditional Latino males are expected to be strong and provide for the family. This is referred as *machismo/hembrismo*. While females are expected to be nurturing, self-sacrificing, and submissive to the male, this is referred as "*marianismo"*. However, when these traditional gender roles are changed, conflicts are created. Men are more likely to engage in high-risk behaviors such as consumption of alcohol and other substances, outburst of violence in self and others, promiscuonity and unsafe sex (Gloria & Peregoy, 1996). This is because Latino men may have difficulty in accepting that he is not fulfilling his role in the family unit. Moreover, in the attempt to fulfill the hierarchical roles of gender both the Latino male and female will attempt to avoid bringing shame *(vergüenza,)* to the family. When substance problems occur, the Latino family will often isolate to prevent shame and public humiliation (Caetano, 1989). In addition, Latinos tend to view substance use and abuse as an issue of moral weakness, thus they may avoid allowing other individuals know that a family member uses or abuses substances (Gloria & Peregoy, 1996: Torres-Rivera et al., 2004).

Finally, for many Latino families spiritual values and religion is a strong influence in their behaviors (Smith & Stevens, 2001). Most Latinos are Roman Catholic a religion like many others has powerful moral and social influences on the day to day living (Sue & Sue, 2008). Studies conducted in Texas have found out that 75% of Mexican-American use alternative therapies to treat their illnesses and while many incorporate traditional medicine into their healthcare practices few share this information with physicians and other health care providers

(Rivera, Lawson & Verma, 2002 cited inTafur, Crowe &Torres, 2009). In addition several theories suggest that this lack of communication exist because of language barriers, people's fear of being reproached by their physician or health providers or health provider's reluctance to believe in fork remedies to treat and cure illnesses (Gómez-Beloz & Chávez, 2001 cited in Tafur et al., 2009).

This is important for mental health service providers to be aware of as Latinos who may adhere to these values may endure suffering and self denial (Smith & Stevens, 2001). Therefore, may prevent Latino families to seek mental health treatment. This is based on the traditional religious beliefs that is, God's will, and they do not have any control over the issue (Acosta, et al., 1982). Gloria and Peregoy, (1996) identified three main healing/spiritual systems among Latinos in the U.S., *Curanderismo* for Mexican-American, *Espiritismo* for Puerto Rican, and *Santeria* for Cubans. Within each of these systems Latinos believe that life is governed by thoughts, intentions, and behaviors. The spirits can protect or cause illness therefore Latinos are expected to do charitable deeds to be protected by good spirits (Smith & Stevens, 2001).

Curanderismo

Curanderismo main core is the spirituality and the maintaining of harmony and balance with nature (Montiel-Tafur, Crowe & Torres, 2009). *Curandero/as* believe that healing is a gift from a higher power and it is common for healers to rely on religious paraphernalia such as pictures of saints, crosses and holy water to assists in the healing process (Montiel-Tafuret al., 2009). They believe that healers work by virtue of "a gift to heal" *el don.* Three areas of healing are identified (Trotter, 2001)1) *nivel material* (the material area) includes physical practices such as; midwifery, herbal treatment, and home remedies (*remedies caseros) 2*) *nivel espiritual* (the supernatural part) practice includes cures for common Mexican-American folk illness such as;

susto (fright of the soul), *empacho (*digestive blockage), *caida de mollera, espanto* (soul loss) and *mal de ojo* (evil eye) 3) *nivel mental* (mental level) individuals in an altered state of consciousness make contact with the spirit world by opening their mind to their voices and sending their spirits out of the body to gain knowledge at a distance or by allowing spirits to use their body to communicate with this world (p. 131). This has been described as the ability to transmit, channel, and focus mental vibrations in a way that affect the patient's mental or physical condition (Trotter, 2001).

Espiritismo (Spiritism)

The development of *espiritismo w*as influenced by the ideas of Allan Kardec (1804-1869) a French philosopher and educator who wrote several books about the called Spiritsime as the science that studies the nature, origin and destiny of spirits and their relations with the corporeal world. According to Núñez-Molina, (1996) it was introduced to Puerto Rico in the second half of the nineteen century by Puerto Rican intellectuals who returned to the island after studying in Europe (p.228). It is practiced and utilized by lower and upper-class individuals. Lowe class individuals were interested in Kardec's Spiritisme because it offered them a framework for understanding, healing and treating illness. They syncretized *espiritismo* with Catholicism, *curanderismo,* herbal medicine and other healing practices derived from their Indian and African heritage. They adapted it to their own cultural reality and needs thus creating a unique healing system (p.229).

According to Bettelheim (2005) the core of *espiritimo* involves communication with spirits of the dead and these spirits reveal themselves through spirit possession. These spirits have the capacity to intervene in human affairs (Núñez-Molina, 1996). *Espiritistas* believe that ignorant spirits can be cause of physical as well as mental illness. Therefore an individual

experiencing an obsession in under the influence of an ignorant spirit and they are subjected to that spirits' will. This spirits control the thoughts and actions of an individual. Water serves as a venue for communication (p.228).

Santeria

Santeria means "the way of the saints" also known as *La Regla de Lukumi* (Lukumi's Rule) and it is a syncretic religion created in the New World based on the West African religious beliefs which originated in the Yoruba region in Nigeria and combined with Christianity (Gill, Rainwater, & Adams, 2009). As slaves were brought to the Caribbean to work on sugar plantations they were subjected to conversion to Christianity however, they were able to preserve some of their African traditions by fusing them with Christian elements (Gill et al., 2009). According, to Vidal-Ortiz (2008) practitioners establish communication with the *Orishas,* spirituals beings who come to the various events through the possession of the practitioners bodies. There were estimated to be over 20,000 practitioners in the U.S.A. (Gill et al., 2009).

Summary

Latinos differ in their immigration history, settlement patterns and socioeconomic conditions leading to researches that Latinos can not be considered a homogeneous group. Therefore, given that as racial and ethnic composition of the United States population has changed dramatically in the past decades it is important to address the impact that drug use has on Latinos and treatment outcomes.

In order to improve services we need to learn about substance abuse at the subgroup level. One of the major obstacles to more effective treatment of substance abuse problems has been to be the lack of access to care because of the lack of knowledge of service providers. In addition the need for an increased awareness of the Latino cultural concepts in the professional

field has been identified to foster positive therapeutic experience for the Latino client is a predictor for better treatment outcomes.

Research also suggests that there is stigma attached to admitting that one has a problem with alcohol or drugs. Therefore, is important to develop a greater awareness and increase the knowledge of the impact of drug use on individuals, families and the community. In addition the literature has suggested that poverty, limited school and employment opportunities, acculturation stress contribute to drug use behaviors. The literature also indicates that services for a recent immigrant are different from those needed by a second or third generation immigrant. Given the review of the literature, the author will analyze the existing data in order to determine whether or not this chemical dependence treatment outpatient setting is effective in retaining Latino patients to treatment by exploring patient's characteristics that could account for differential retention rates.

Method

Patients admitted at the outpatient treatment setting serves individuals 18 and older with co-occurring mental illness and substance abuse disorders. Patients served come from different socioeconomic status. Patients are self referred to treatment, they are also referred by the Department of Corrections, the Department of Health and Social Services, or other health service providers.

The purpose of the present study is to analyze the existing data in order to determine whether or not this chemical dependence treatment outpatient setting is effective in retaining Latino patients to treatment by exploring patient's characteristics that could account for differential retention rates.

The study analyzes characteristics of Latino patients whom were admitted from 2007, 2008 and January -July 2009. These characteristics are;

1) Ethnicity
2) Age
3) Education
4) Employment status
5) Gender
6) Referral source
7) Length of stay
8) Discharge disposition
9) Treatment outcomes

These data comes from the New York State Office of Alcoholism and Substance Abuse Services database discharge statistics. It is from a community outpatient chemical dependence treatment setting located in a metropolitan area located in Western, New York. Years analyzed are from 2007 through July 2009.

Results

In the year 2007 the total number of patients admitted to treatment were 424, 52 identified as Hispanics (see figure 1). Out of 52 Hispanics 3 identified themselves as Hispanic Black, 3 identified as Hispanic White and 46 identified as Hispanic other. The patient's gender at admissions (see Figure 2) 44% were female and 56% were male. In the same year 17% of participants ages 18-24 were admitted, age group 25-34 was 23 %, 35-44, 39% and 45-54 was 21% (see Figure 3).

Figure 1) Patient's ethnicity in 2007, 2008 and July 2009.

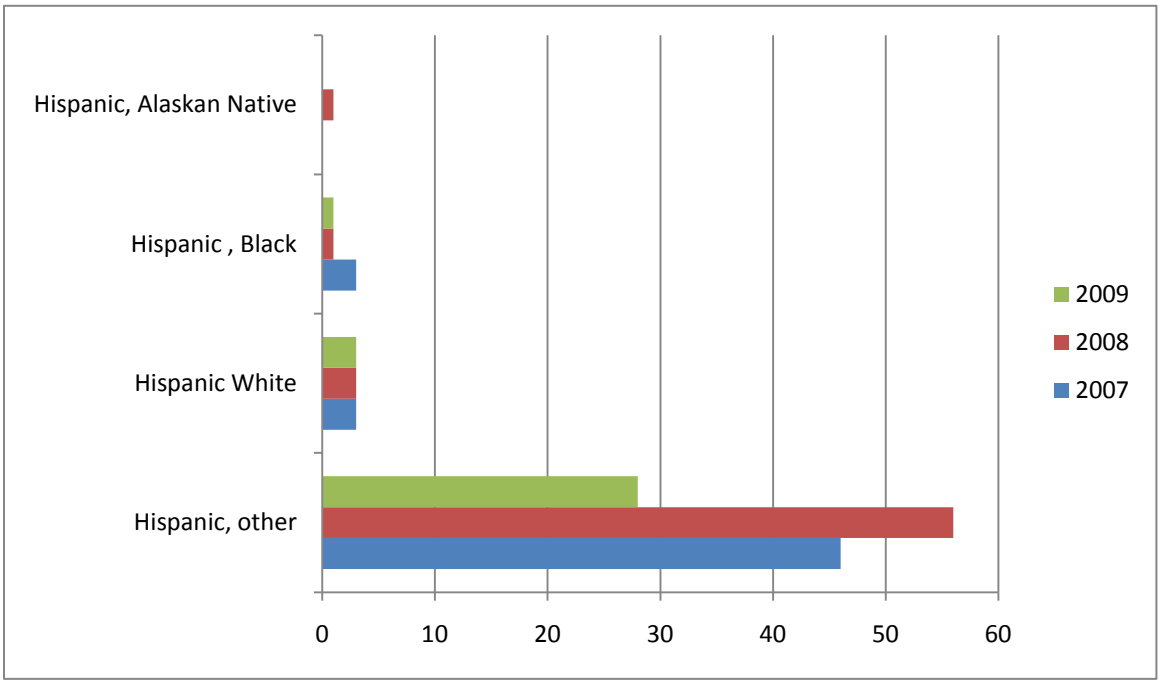


Figure 2: Patient's gender in 2007, 2008 and January-July 2009

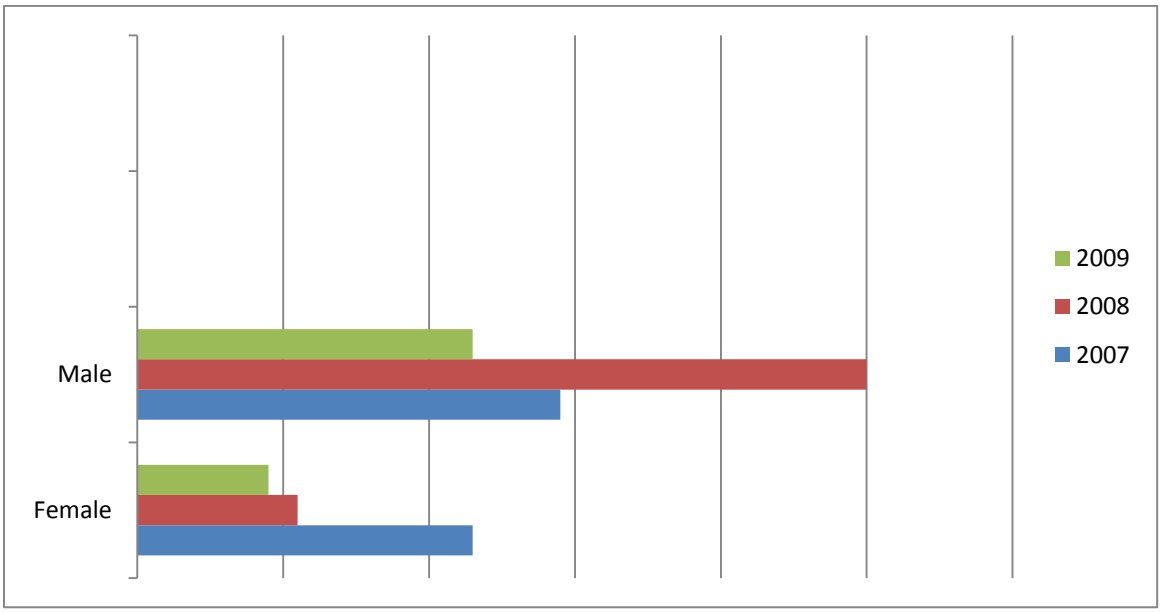
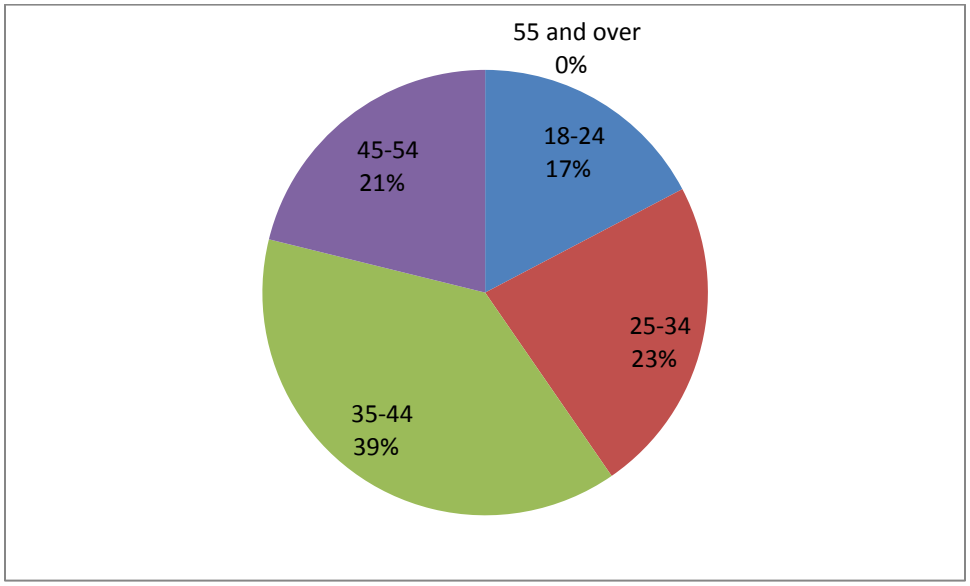
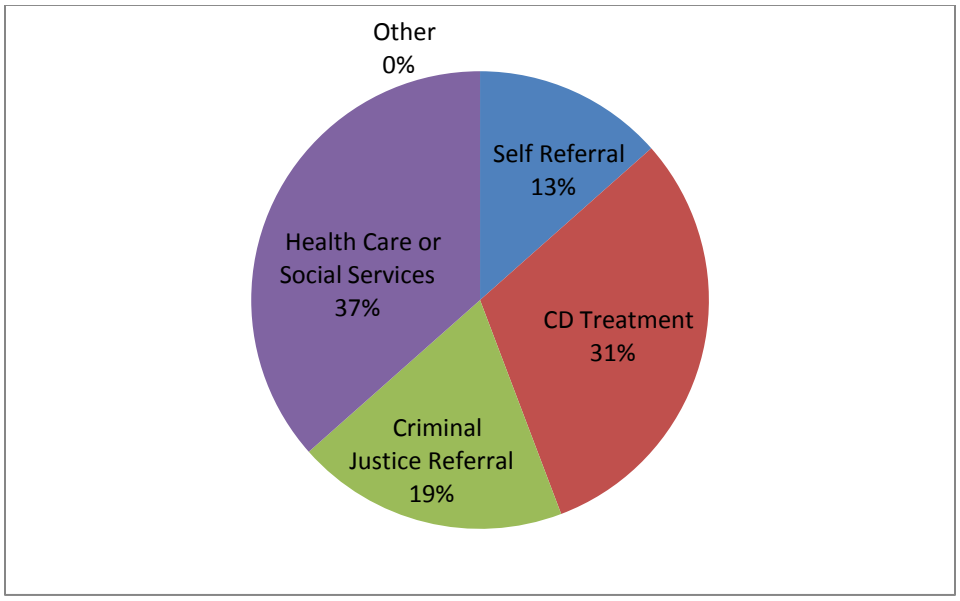


Figure 3: Age of participants in 2007



The referral source of patients admitted in 2007 as noted in Figure 12; 19% was referred by the criminal justice system, 31% was referred by other chemical dependence treatment facility, 37 % were referred by the health care system or social services and 13% were self-referred.

Figure 12: Patient's referral Source to treatment in 2007



In 2007 as indicated in Figure 6, 12% of the patient's admitted reported more than high school education, 38% reported high school graduate and 50% reported less than high school education (see Figure 6). Employment status at the time of discharge 71% were not in the labor force, 23% reported they were unemployed and 6% were employed (see Figure 9).

Figure 6: Level of Education Attainment in 2007

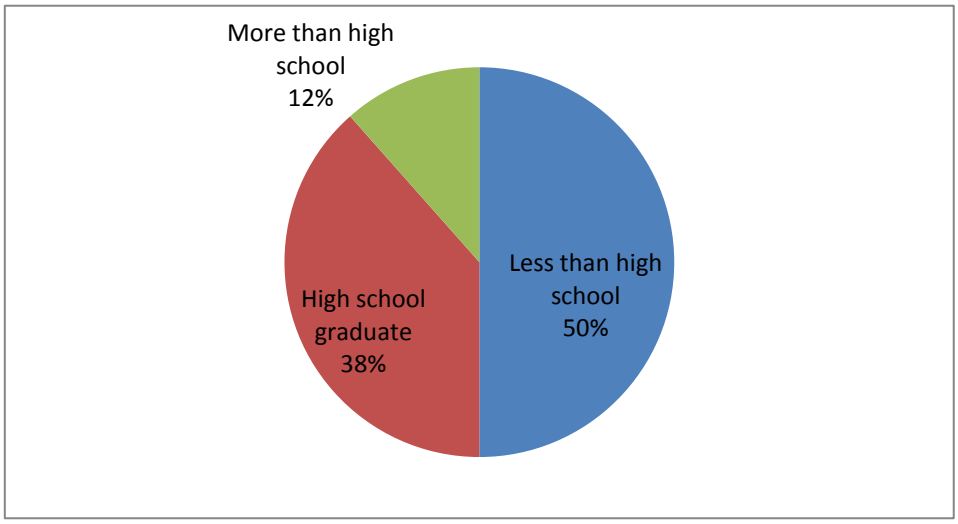
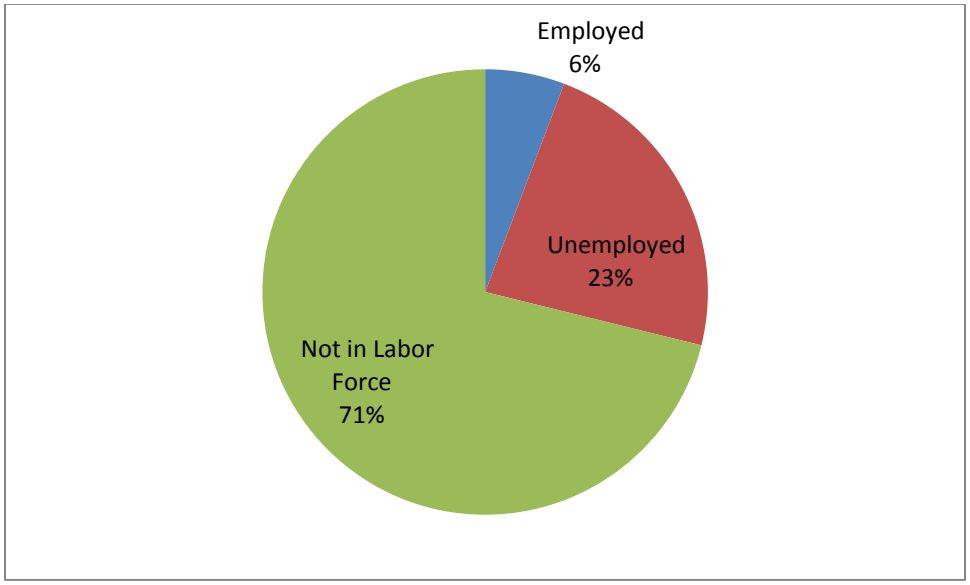
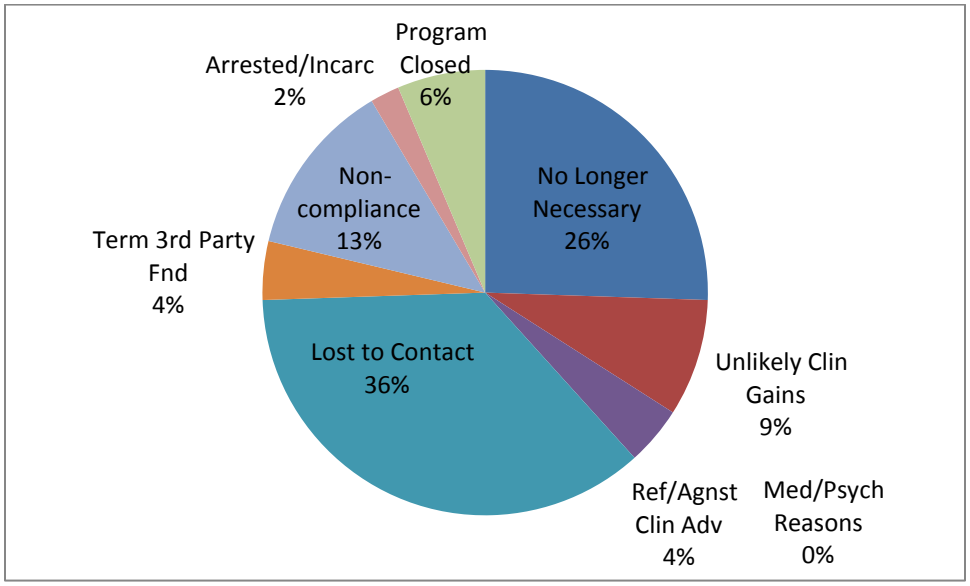


Figure 9: Employment Status at discharge in 2007



In 2007 as noted in Figure 15; patient's discharge disposition; 36% were lost to contact, 4% left against clinical advise or were referred to another CD outpatient facility, 9% were unlikely to gain clinical gains, 26% treatment no longer necessary, 6% program closed, 2% were arrested/incarcerated, 13% were discharged for non- compliance with treatment program rules and 4% were discharged because of termination of third party funds.

Figure 15: Patient's discharge disposition in 2007



Overall as noted in figure 18 in 2007; 28% of participants completed treatment successfully and 72% did not complete. The length of stay in days in treatment the Mean was of 143 days and the Median 88 (see Figure 19).

Figure 18: Treatment Outcomes for 2007, 2008 and January-July 2009

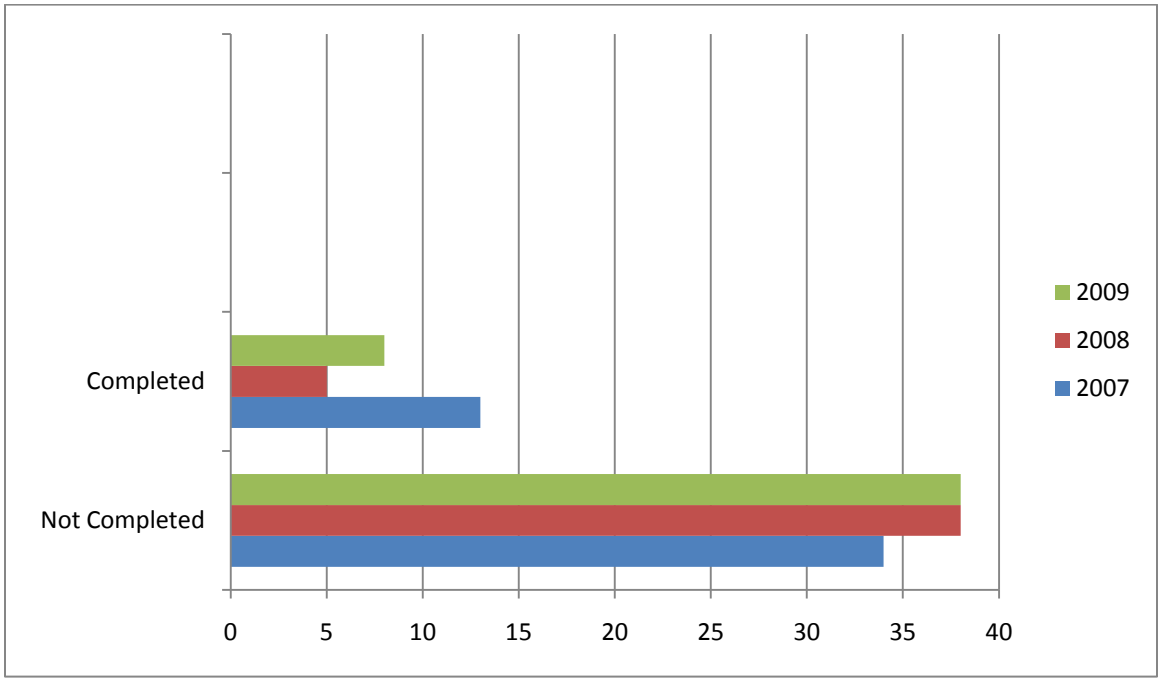
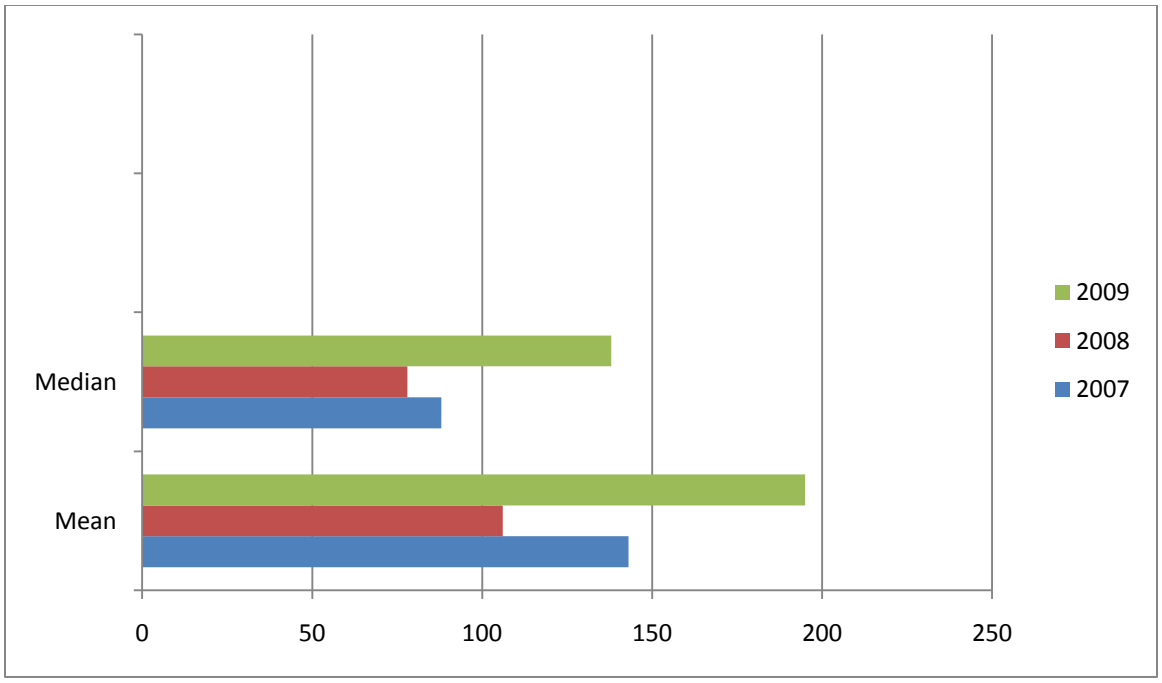
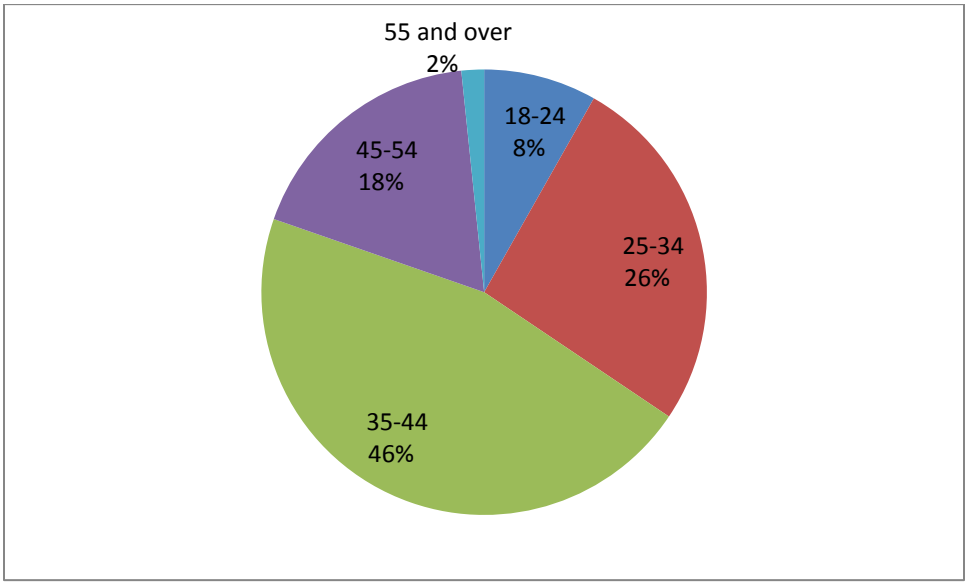


Figure 19: Length of days in treatment in 2007, 2008 and January –July 2009



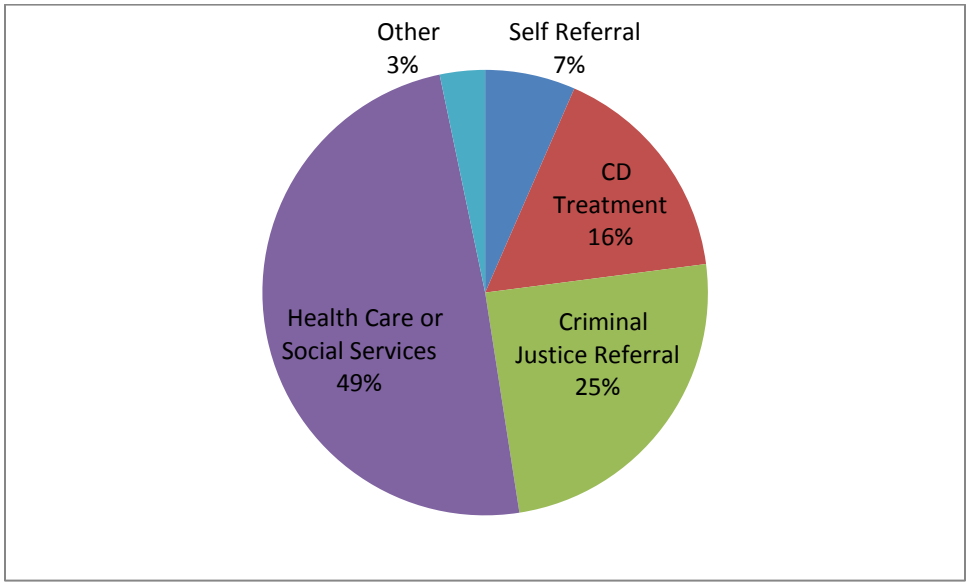
In 2008, 453 patients were admitted to treatment. As noted in figure 1, in 2008 the total number of patients admitted to treatment 61 identified as Hispanics. Out of 61 patients 1 identified as Hispanic, Alaskan Native, 1 Hispanic Black, 3 Hispanic White and 56 Hispanic other. The gender of participants at admissions (see Figure 2)18% reported being female and 82% were male. The age group 8% identified between 18-24 of age, 25-34 26%, 35-44 46% 45-54 of age 18% (see Figure 4).

Figure 4: Age of participants in 2008



The referral source for treatment seeking in 2008 (see Figure 13) 25% were referred by the criminal justice system, 16% were referred by health care providers or social services, 16% were referred by other CD treatment, 7% were self-referral and 3% were referred by other sources such as; family members.

Figure 13: Patient's referral Source to treatment in 2008



In 2008 patients admitted to treatment 36% reported high school graduate, 49% less than high school education and 15% more than high school education (see Figure 7). The employment status at discharge 18% reported being employed, 11% unemployed, 71% not in labor force (see Figure 10).

Figure 7: Level of Education Attainment in 2008

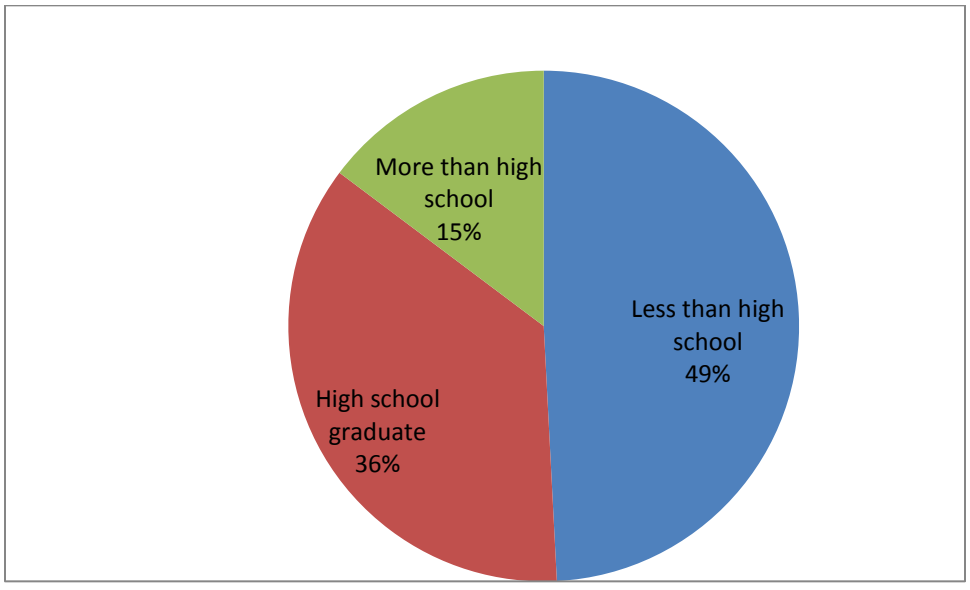
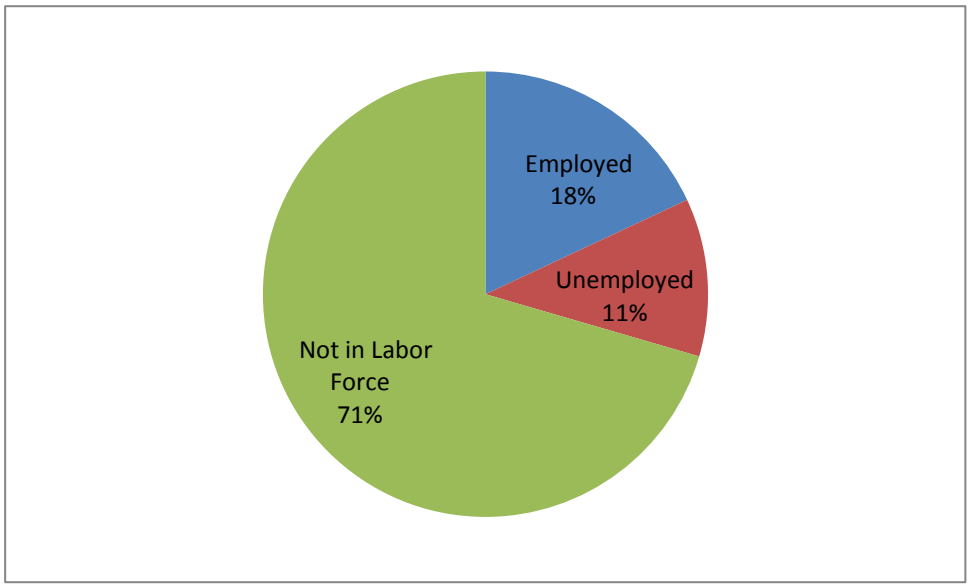
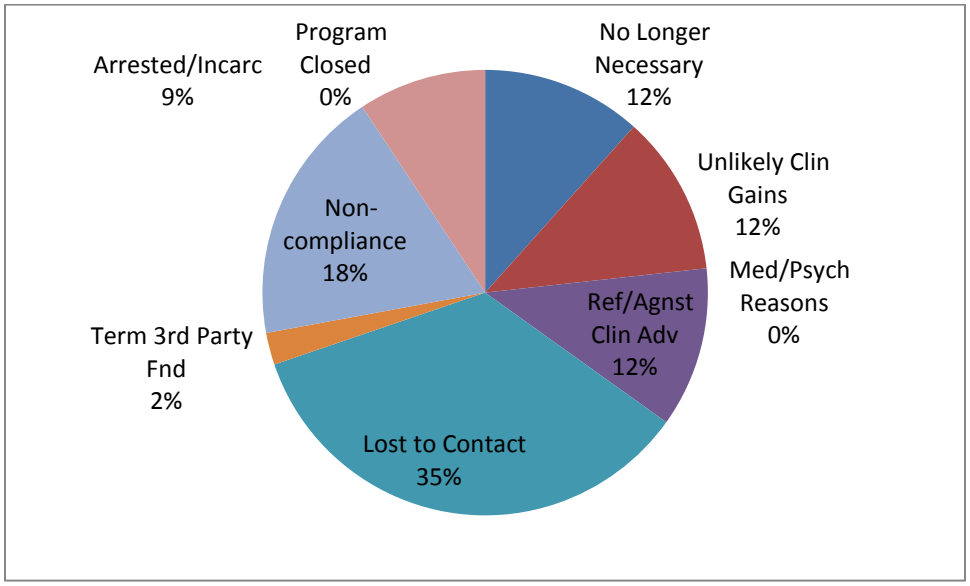


Figure 10 Employment Status at discharge in 2008



In the year 2008 patient's discharge disposition (see Figure 16) 35% of patients were discharged from treatment program due to lost to contact, 12% were either referred to another CD facility or left treatment against clinical advise, 12% were unlikely to gain clinical gains, 12% treatment no longer necessary, 9% were either arrested or incarcerated, 18% were non-compliance to treatment program rules, 2% funds from third party ended.

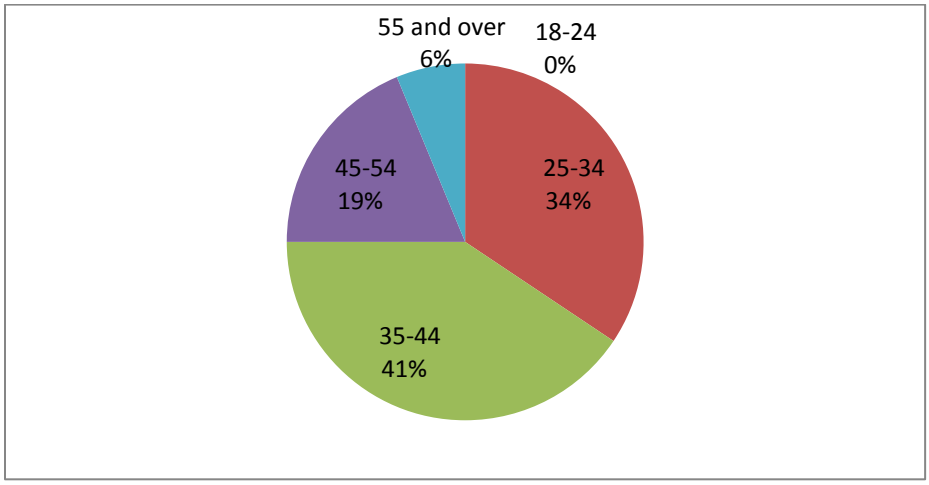
Figure 16: Patient's discharge disposition in 2008



The year 2008 12% of patient enrolled in treatment completed successfully and 88% did not complete (see Figure 18). The mean days in treatment in 2008 were of 106 days and the median was 78 days (see Figure 19).

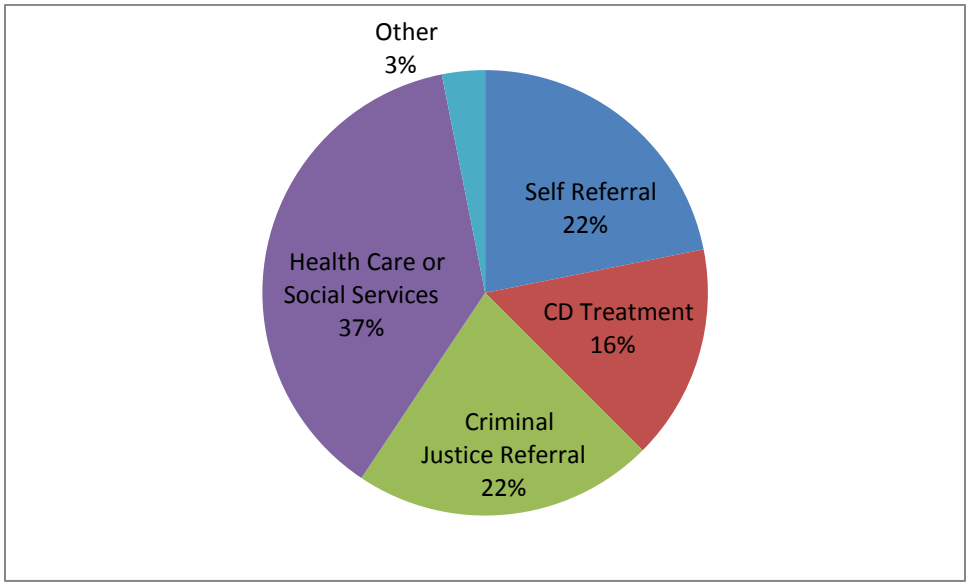
In the year 2009 from January through July 2009 232 was the total of patient admitted to treatment and 32 patients identified as Hispanics (see figure 1). 1 identified as Hispanic Black, 3 identified as Hispanic White and 28 identified as Hispanic other. The patient's gender at admissions 28% were female and 72 male (see Figure 2). Age group ages 18-24 0%, 25-34 34%, 35-44 41% and 45-54 19% and 55 and over 6% (see Figure 5).

Figure 5: Age of participants in January -July 2009



The referral source for patient's treatment seeking (please refer to Figure 14) 22% criminal justice referral, 16% was other CD treatment facility, 37% were either referred by their health care providers or social services,22 % were self-referred to treatment and 3% were referred by other such as; a family member.

Figure 14: Patient's referral Source to treatment in January –July 2009



The patients' educational attainment at the time of treatment 40% reported high school graduate, (see Figure 8) 44% less than high school education and 16% more than high school education. Their employment status at the time of discharge 62% reported not in the labor force, 22% unemployed and 16% employed (See Figure 11).

Figure 8: Level of Education Attainment in January –July 2009

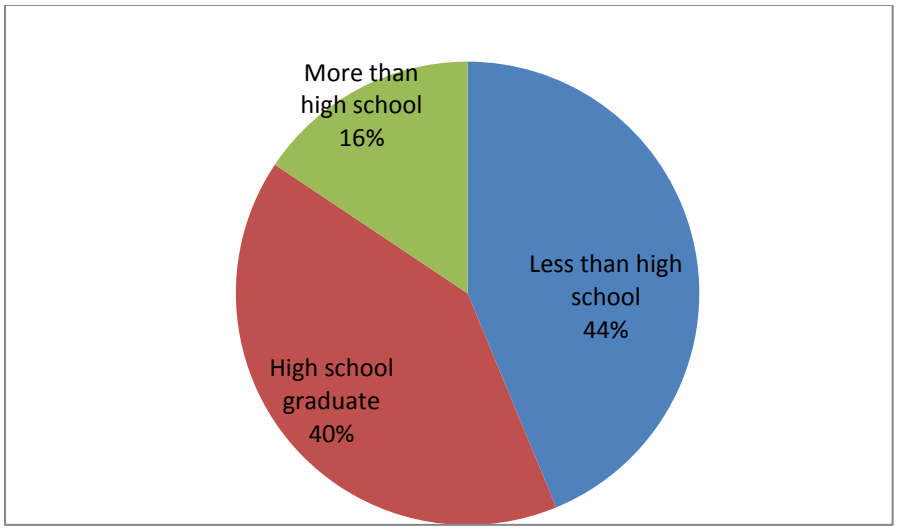
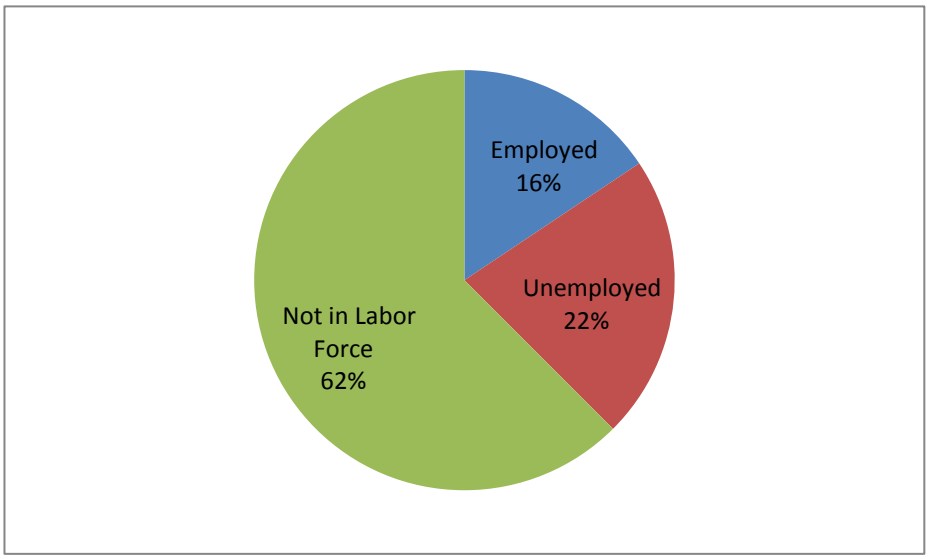
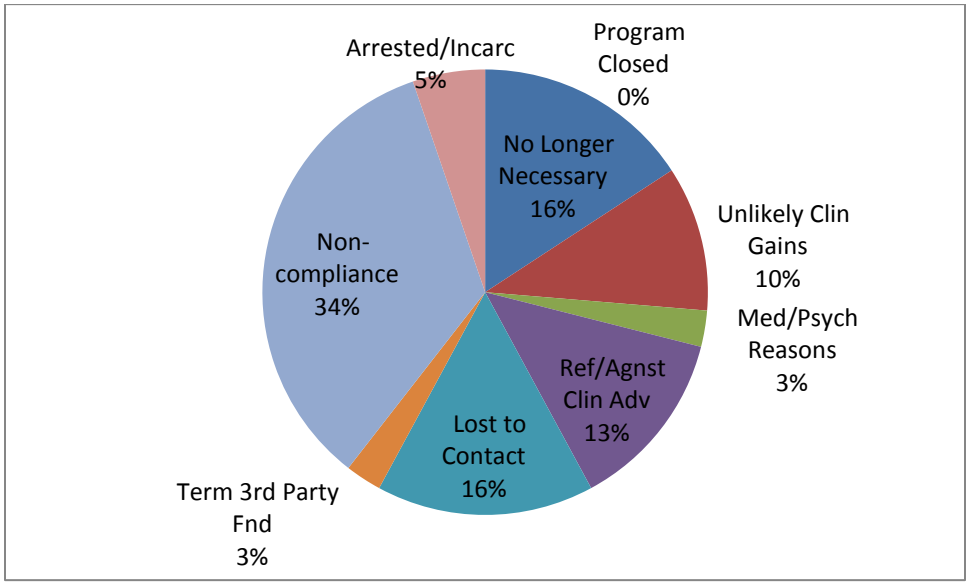


Figure 11: Employment Status at discharge in January-July 2009



In 2009 patients' discharged disposition as seen in Figure 17 16% of the patients were discharged from treatment because it was no longer necessary, 10% were due to unlikely clinical gains, 3% were discharged due to either medical or psychological reasons, 13% were either referred to other CD provider or left treatment against clinical advise, 16% were lost to contact, 3% termination of third party funds, 34% were discharged from treatment due to non-compliance with treatment program rules and 5% were either arrested or incarcerated.

Figure 17: Patient's discharge disposition in January –July 2009



As noted in Figure 18 the year 2009 from January through July 2009 21% of patients completed treatment successfully and 79% did not. The length of stays in days for the same time period was 195 mean and the median was 138 days (see Figure 19).

Findings

Given the findings these data analysis suggests multiple variables identified in the literature that could be considered as possible moderators of the impact in treatment retention and outcomes. These variables include; referral source, (criminal justice involvement, health service providers, social services or self) gender, employment status, education and age. These variables could have influenced both retention and treatment outcomes. Encounters with the criminal justice system often lead to detention and a primary source of care-court ordered treatment. Legal pressure has been associated with longer treatment stays (Anglin & Hser, 1991 cited in Amodeo et al., 2007). Therefore we can speculate that treatment completion could be associated with legal consequences faced if patients do not adhere to treatment recommendations. Patients can either go to jail/prison or loose their driving privileges. Additional factor associated with treatment completion is the patient's level of motivation in treatment seeking and the severity of the drug use that has caused them stress.

Our data analysis correlates with prior research findings. Fewer years of formal education and unemployment have been found to predict greater substance use among Latinos living in the U.S.A. However, it is important to note that the unemployment figures for Latinos tend to be higher in inner cities because of the lack of reporting by Latinos to the Census Bureau officials for the fear of penalty by the government (Bourgeois, 1995 & Garcia & Zea, 1997 cited in Torres-Rivera et al., 2004). Additionally, prevalence of drug use and need for treatment peak has been associated with increasing education 9^{th} grade to 11^{th} and decreases with increase education (Alvarez et al., 2007).

There appears to be gender differences in treatment seeking. Males appear to be highly represented in the three year of treatment. This could be accounted for the patterns of substance

use and abuse among Latino/as in need of substance abuse treatment. Latino men tend to engage in higher substance use both illicit and licit than Latina women (Chavez, & Swaim 1992). Previous studies have suggested that Latinas depending on their level of acculturation are less likely to become dependent on drugs. Cultural norms also discourage substance use and dependence by promoting abstinence. Latinas who eventually seek treatment report more serious medical, psychological and employment problems than Latino men prior entering substance abuse treatment. Therefore, Latinas might wait to seek treatment until their problems are more severe (Alvarez et al., 2004.) Some research suggests that co-occurring psychiatric disorders are related to poorer treatment outcomes and retention. Although these data did not analyze co-occurring disorders as a variable to measure treatment outcomes it is important in future research to examine its relationship to treatment outcomes.

These data analysis of patient's characteristics and overall treatment outcomes reflects that of earlier literature. Psychosocial stressors are associated with higher substance abuse and therefore treatment seeking. However, it is not clear what factors affect treatment outcomes and retention rates length of treatment does reflect that of earlier literature. As noted by Simpson (2004) a minimum of 90 days in treatment was necessary to obtain any significant benefit. After 3 months "outcomes increases in linear relation to time and treatment including; reduced substance abuse, risk behaviors, legal involvement and improved mental health and social functioning" (Amodeo et al., 2007 p. 101). The greater the time spent in treatment the greater the percent of successful outcomes (De La Rosa et al., 2005). In essence the mean for length in days in treatment for patient's admitted in 2007 the mean was 143 and the median was 88 for 2008 the mean was 106 and the median 78. For January-July 2009 the mean was 195 days in treatment

and the median 138 days. These data does reflect some significant benefit from treatment however we are not clear if patient's after completion continued to live a drug free life style.

Different factors affected treatment outcomes, for instance in 2009 a 5% of patients who were discharged from treatment were incarcerated either for not complying treatment recommendations or because new crimes were committed. 34% of patients were discharged from treatment for not complying with treatment program rules, 13% left treatment against clinical advised, 16 % were discharged due to lost to contact either patient relocated without giving proper notice to their therapist or made their own decision that treatment was no longer necessary. 3% left due to either medical or psychiatric reasons, 3% left treatment due to termination of third party funds either patients lost their health insurance through their employer or through the Department of Social Services. Therefore, health insurance availability may have influenced access to care. Other factors as stated in the review of the literature influencing substance abuse treatment outcomes are related specific to cultural values that play a role in the process of treatment seeking. The values placed on dignity, shame and respect, the tendency to rely on the extended family for support, personalism, *simpania*, the value placed on religion and spirituality and gender roles could account for treatment outcomes. Although many variables affect treatment outcomes it appears that patients who completed treatment could possible account for the clinician-patient relationship, their motivation to treatment and the value for trust and respect.

Discussion

Limitations

This study has many limitations. These data analysis does not address Latino attitudes both men and women regarding chemical dependence treatment. It is important to address this

population views regarding treatment in order to identify possible treatment barriers in seeking treatment. These data analysis did not identify patient's language preference or years of residence in the U.S.A. therefore, patient's level of acculturation was not address. This is important in order to identify and to address patient's values and attitudes regarding treatment and the impact it has on treatment seeking and outcomes. It also failed to identify co -morbidities faced by this population that could possible affect treatment outcomes and overall treatment completion.

The data analysis does not reflect group diversity given than the majority of patients identified as "Hispanic, other." Therefore, does not reflect the diversity of the Latino community, which could be a possible treatment barrier.

Suggestions for counseling practice

Some of the factors affecting treatment outcomes in the Latino community need to be addressed. It appears that Latino attitudes in treatment seeking and treatment outcomes is affected by the stigma attached to admitting that one has a problem with drugs. There appears to be a great tolerance of alcohol consumption than other chemicals. This tolerance has been traced back to the important role alcohol has played celebrating important life events such as; births, weddings and baptisms. Chemical dependence is seen as a moral issue rather than a disease for both men and women therefore making help seeking difficult (Delgado & Humm-Delgado 1993: Torres-Rivera et al., 2004). In addition alcohol consumption measures men's strength *(machismo)* in part by how much they can drink.

It has also been documented by Delgado & Humm- Delgado (1993) and Jimenez (1980) that Latinos tend to stress problem solving by actions rather than by a lengthy process of historical insight into ones' personal development. The action -oriented focus can derive from

poverty, crisis, unpredictable and hostile environment. The use of more directive and action-oriented approach can provide a basis from which to discuss emotions, beliefs, concerns and hopes.

In addition, since drug use and abuse has been positively correlated with different levels of acculturation by immigrants and U.S born Latinos is important for clinicians to be aware that acculturation appears to occur differently for Dominicans, Puerto Ricans, Mexican Americans, and Cuban Americans (Sanchez-Mayers & Kail, 1993: Valencia & Johnson, 2008, Miranda, 2005). Therefore, as a result of research findings (although limited) indicates the different levels of acculturation offers an explanation for drug use and abuse in the Latino families. It is important to be aware that acculturation among U.S. born Latinos may reduce traditional values, beliefs and attitudes. This creates a disposition to deviance behaviors (Gil, Wagner, & Vega, 2000: De La Rosa et al., 2005).

According to Schinke, Moncher, Palleja, Zayas Scilling (1988) Latino adolescents may benefit from an alcohol prevention program emphasizing aspects of their culture by focusing on ethnic pride.

Additionally, clinicians working with Latino/as need to take into consideration the role of protective factors such as; family values, attitudes and beliefs have regarding substance use. It has been argued that negative attitudes toward substance use, abstention from substance use by siblings and parents and family involvement and cohesion is itself associated with reduced risk of engaging in substance use over a lifecourse however the absence of one or more risk factors does not imply future substance use (Ojeda, Patterson, & Strathdee, 2008).

When working with Latinos researchers have identified skills that are culturally competent for substance abuse treatment. As cited in Paz (2002) Romero defines cultural

competence as "personal qualities of the care provider that are a function of personal growth and ongoing examination of one's own cultural influences such as; beliefs, values and attitudes and how it impact the therapeutic encounter" (p.126). The focus is to identify clearly elaborated skills and competencies that are observable and measurable. Skills are defined as "the ability to demonstrate a set of related behaviors and processes." Competency refers to the quality of performance and the focus is on what the clinicians can do. Therefore, it is focused on treatment service delivery and the ability for clinicians to demonstrate knowledge, values and skills when working with individuals from a different cultural background.

Researchers have identified skills that are culturally competent for substance abuse treatment when working with Latinos/as. For instance, a therapist who conveys *personalismo* can develop trust and obligation with the Latino patient (Smith & Stevens, 2001). This is important because by attempting to gain information without first establishing trust and personal connection can lead to premature termination of therapy. *Respeto* is the ability for the clinician to demonstrate respect to patients. *Simpatia* is the ability to connect with the patient by demonstrating empathy, sincerity and warmth. *Confianza* is the ability to establish and maintaining trust. *Dignidad* is the ability to support the dignity and worth of an individual. *Platicas* are the ability to of the clinician to engage in therapeutic conversations that are more relaxed. *Dar Animo* is the ability to at helping the client work through his/her issues through affirmation, validation and motivation (Paz, 2002: Sanchez-Mayers & Kail 1993: Torres-Rivera et al., 2004: Alvarez et al., 2007). Also, the need to enlist the support of the church pastor or priest as well as spiritual healers would allow for effective treatment by working within the client's cultural and religion framework (Gloria & Peregoy, 1996).

Smith and Stevens, (2001) indicated Hispanics/Latinos underutilize mental health services and tend to terminate therapy early because of ineffective and inappropriate counseling approaches to the values held by this community. Early termination by therapy of Latinos is that the Western model of addiction treatment is often not adequately culturally responsive (Paz, 2002). Latinos who are not acculturated and who have not been socialized into the medical model of chemical dependence, stigma will be difficult to address. The negative perception of dependence will impact the acknowledgment of denial and recovery because of shame (Delgado & Humm-Delgado, 1993).

Therefore, it is important for preventive programs to be consistent with the Latino values, attitudes, and beliefs. Miranda, (2005) suggested that service providers need to take the first step in asking appropriate questions that show receptivity to include friends and neighbors as part of the family unit. Therefore, an increased awareness of the Latino cultural concepts can foster a positive therapeutic experience for the Latino client (Smith & Stevens, 2001). In addition, premature termination is also due to the lack of bilingual and bicultural therapists, ineffective counseling approaches, failed outreach and retention strategies (De La Rosa et al., 2005).

Suggestions for future research

Researchers have called for attention to the role of cultural factors as influences in treatment seeking and treatment outcomes more definite studies need to be conducted. Variables to take into consideration are language of preference, years of residency in the U.S.A., ethnic group, primary substance use, education, employment status, gender, age, immigration status, attitudes toward substance use disorders (both men and women) and existing co- morbidities. Future research needs to analyze different variables for longer period of years to better assess

Latino needs and the impact it has on treatment outcomes and retention rates. This is important as demographics keep shifting throughout the U.S.A.

Conclusion

Research and retention outcomes in the Latino community are limited however more attention needs to be paid in order to address the different needs that are affecting this growing population. Further research is needed to address the complexity of substance and successful treatment outcomes. Treatments outcomes vary by patient's type of drug used, gender, employment status, Hispanic subgroup, educational attainments and referral source. In the present study other variables were not taken into consideration therefore, the results obscure important differences that occur across subgroups.

In addition given the aforementioned issues regarding substance abuse in the Latino population key questions have been developed by Sanchez-Mayers and Kail (1993, p.15) to evaluate future treatment outcomes for Latinos;

1) What factors enter into decisions to seek treatment and to stay in treatment? And to maintain a drug free style?
2) What differences between those Latinos who seek treatment and those who do not?
3) What role does gender play in treatment decisions?
4) What are the responses to these questions unique to Latinos compared with Whites and what intercultural differences exist?

References

Acosta, F. X., Yamamoto, J., & Evans, L.A. (1982). *Effective Psychotherapies for low income and minority patients.* New York: Plenum Press.

Alvarez, J., Olson, D. B., Jason, A. L., Davis, M. I., & Ferrari, J. R. (2004). Heterogeneity among Latinos entering substance abuse treatment: findings from a national database. *Journal of Substance Abuse Treatment, 26,* 277-284.

Alvarez, J., Olson, D. B., Jason, A. L., Davis, M. I., & Ferrari, J. R. (2007). Substance abuse prevalence and treatment among Latinos and Latinas. *Journal of Ethnicity in Substance Abuse, 6,* 115-141.

Amaro, H., Whitaker, R., Coffman, G., & Heeren, T. (1990). Acculturation and marijuana and cocaine use: findings from HHANES 1982-1984. *American Journal of Public Health, 80,* 54-60.

American Psychiatric Association. (2000). *Diagnostic and Statistic Manual of Mental Disorders.* Fourth edition, Text Revision. Washington, DC: American Psychiatric Association.

Amodeo, M., Chassler, D., Oettinger, C., Labiosa, W., & Lundgren, L. M. (2007). Client retention in residential drug treatment for Latinos. *Evaluation and Program Planning, 31,* 10-112.

Baez, A. (2005). Alcohol use among Dominican-Americans: an exploration. In Delgado, M. (Eds.), *Latinos and alcohol use/abuse revisited: advances and challenges for prevention and treatment programs* (pp. 53-63). New York: The Haworth Press.

Berry, J. W. (2003). Conceptual approaches to acculturation. In K.M. Chun, P. Balls-Organista, & G. Marin (Eds.), *Acculturation: advances in theory, measurement, and applied research* (pp.17-37) Washington, DC: American Psychlogical Association.

Bettetheim, J. (2005). *Caribbean espiritismo altars: the Indian and the congo*. San Fransico, CA: College Art Association.

Buckner, J. C., Mezzacappa, E., & Beardslee,W. R. (2003). Characteristics of resilient youth living in poverty: the role of self-regulatory process. *Development and Psychopathology, 15*, 139-162.

Castro, G. F., Garfinkle, J., Naranjo, D., Rollins, M., Brook, J. S., & Brook, D. W. (2007). Cultural traditions as protective factors among Latino children of illicit drug users. *Substance use and Misuse, 42*, 621-642.

Caetano, R. (1988). Alcohol use among Hispanics in the United States. *American Journal of Drug and Alcohol Abuse, 14*, 293-308.

Caetano, R. (1989). Concepts of alcoholism among Whites, Blacks, and Hispanic populations. *Journal of Studies on Alcohol, 50*, 580-582.

Caetano, R., & Galvan, F. (2003). Alcohol use and related problems among ethnic minorities in the United States. *Alcohol Research and Health*, 87-94.

Chavez, L., E. & Swaim, C., R. (1992). *Hispanic substance use: problems in epidemiology.* In E. J. Trimble, C. S.,Bolek, & S. J. Niemcryk (Eds.), Ethic and multicultural drug abuse: respective on current research (pp. 211-230). Binghamton, New York: Harrington Park Press.

Delgado, M. (1998). *Alcohol use/abuse among Latinos: Issues and examples of culturally competent services.* New York: The Haworth Press.

. Delgado, M., & Humm-Delgado, D. (1993). *Chemical dependence, self-help groups, and the Hispanic community*. In R. Sanchez-Mayers, B. Kail, & T. D. Watts (Eds.), *Hispanic substance abuse* (pp. 145-156). Springfield, Illinois: Charles C. Thomas.

De La Rosa, M., R. (2000). An analysis of Latino poverty and a plan of action. *Journal of Poverty, 4,* 27-62.

De La Rosa, M.,R. Holleran, K.L., Rugh, D., & MacMaster, A. S. (2005). *Substance abuse among U.S. Latinos: a review of the literatura.* In M.R. De La Rosa, L.K. Holleran, & S.L.A.Straussner (Eds.), *Substance abusing Latinos: current research on epidemiology, prevention, and treatmen*t (pp.1-20). Binghamton, NY: The Haworth Press Inc.

De La Rosa, M., Khalsa, J. H., & Rouse, B. A. (1990). Hispanics and illicit drug use: a review of recent findings. *The International Journal of the Addictions, 26,* 665-691.

Drohan, D. A., Perez, O. M., Khan, A., Sullivan, A. N., Amaro, H., & Samet, J. H. (1997). Alcoholism in Latinos in the U.S.: prevalence and screening. *JGIM, 12,* 124.

Etheridge, R., Hubbard, R., Anderson, J., Craddock, S., & Flynn, P. (1997). Treatment structure and program services in the drug abuse treatment outcome study (DATOS). *Psychology of Addictive Behaviors, 8,* 244-260.

Felix- Ortiz, M., & Newcomb, M. (1999). Vulnerability for drug use among Latino adolescents. *Journal of Community Psychology, 27,* 257-280.

Gilbert, M. J. (1991). Acculturation and changes in drinking patterns among Mexican-American women: Implications for prevention. *Alcohol Health and Research World,15*, 234-238

Gil, A. G., Wagner, E. F., & Vega,W. A. (2000). Acculturation, familism, and alcohol use among Latino adolescent males: longitudinal relations. *Journal of Community Psychology, 28,* 443-458.

Gil, R. J., Rainwater, W. C., & Adams, B. J. (2009). Santeria and palo mayombe: skulls, mercury and artifacts. *Journal of Forensic Sciences, 54,* 1458-1462.

Gloria, A. M., & Peregoy, J. (1996). Counseling Latino alcohol and other substance users/abusers. *Journal of Substance Use Treatment,13,* 119-126.

Iturbide, I. M., Raffaelli, M., & Carlo (2009). Mexican American College Students' Psychological Well-Being. *Hispanic Journal of Behavioral Sciences,* 31, 536-552.

Jimenez, R., D. (1980). *A comparative analysis of the support systems of White and Puerto Rican clients in drug treatment programs.* Saratoga, CA: Century Twenty One.

Malley-Morrison, K., & Hines, D. A. (2007). Attending to the role of race/ethnicity in family violence research. *Journal of Interpersonal Violence, 22,* 943-972.

Marin, G. & Posner, S. F. (1995). The role of gender and acculturation on determining the consumption of alcoholic beverages among Mexican-Americans and Central Americans in the United States. *The International Journal of Addictions 30,* 183-205.

Mayo-Quiñones, Y., & Helfgot, R. P. R. (2003). Immigrant population in the United States: Developing a cross- cultural perspective for social work education. *The Social Work Forum, 36,* 35-57.

Miranda, C. (2005). Brief overview of Latino demographics in the twenty-first century: implications for alcohol-related services. In Delgado, M. (Eds.), *Latinos and alcohol use/abuse revisited advances and challenges for prevention and treatment programs* (pp. 9-27). New York: The Haworth Press.

Montiel-Tafur, M., Crowe, K., & Torres, E. (2009). A revise of Curanderismo and healing practices among Mexican and Mexican Americans. *Occupational Therapy International,16,* 82-88.

Moret, E. (2008). Afro-Cuban religion, ethnobotany and healthcare in the context of global political and economic change. *Bulletin of Latin America Research, 27,* 333-350.

Núñez-Molina, M. (1996). Archetypes and spirits: a jungian analysis of Puerto Rican espiritismo. *Journal of Analytical Psychology, 41,* 227-244.

Ojeda, V. D., Patterson, T. L., & Strathdee, S. A. (2008). The influence of perceived risk to health and immigration-related characteristics on substance use among Latino and other immigrants. *Research and Practice, 98,* 852-868.

Paz, J. (2002). Culturally competent substance abuse treatment with Latinos. *The Journal of Human Behavior in the Social Environment, 5,*123-136.

Polednak, A. P. (1997). Gender and acculturation in relation to alcohol use among Hispanic adults in two areas of the northeastern United States. *Journal of Substance Use and Misuse, 32,* 1513-1524.

Sanchez-Mayers, R., & Kail, B. (1993). *Hispanic substance abuse: an overview*. In Sanchez-Mayers, R., Kail, B., & Watts, T. D. (Eds.), *Hispanic substance abuse* (pp. 5-16). Springfield, Illinois: Charles C. Thomas.

Santisteban, A. D., Szapocznik, J., & Rio, A. T. (1993). Family therapy for Hispanic substance abuse youth. In Sanchez-Mayers, R., Kail, B., & Watts, T. D. (Eds.), *Hispanic substance abuse* (pp. 157--173). Springfield, Illinois: Charles C. Thomas.

Simpson, D., D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment.27,* 99-121.

Substance Abuse and Mental Health Services Administration. (2003). *Drug and alcohol services information system (DASIS) report: Treatment completion in the treatment episode data set (TEDS).* Office of Applied Studies, US Department of Health and Human Services.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice (5th Ed.).* Hoboken, NJ: John Wiley & Sons, Inc.

Sussman, S., & Ames, L. S (2001). *The social psychology of drug abuse.* Philadelphia, PA: Open University Press.

Schinke, S. P., Moncher, M.S., Palleja, J., Zayas, L.H, & Schilling, R. P. (1988). Hispanic youth, substance abuse, and stress: Implications research. *International Journal of Addictions, 23*, 809-826.

Stevens, P., & Smith, R.L. (2001). *Substance abuse counseling: Theory and practice (2nd Ed.).* 266-269. New Jersey: Merrill Prendice Hall.

Szapocznik, J., & Kurtinez, W. M. (1989). *Breakthroughs in family therapy with drug abusing and problem youth.* New York: Springer.

Torres-Rivera, E., Wilbur, P. M., Phan, L. T., Maddux, D. C., & Robert-Wilbur, J. (2004). Counseling Latinos with Substance abuse problems. *Journal of Addictions and Offender Counseling, 25,* 26-42.

Trotter, R.T. (2001). Curanderismo: a picture of Mexican-American folk healing. *The Journal of Alternative and Complementrary Medicine, 7,* 129-131.

Umaña-Taylor, A.J., & Fine, M. A. (2004). Examining ethnic identity among Mexican-Origin adolescents into one collective ethnic group. *Hispanic Journal of Behavioral Sciences,* 23, 36-59.

Valencia, E.Y., & Johnson, V. (2008). Acculturation among Latino youth and risk for substance use: issues of definition and measurement. *Journal of Drug Issues,* 37-68.

Vega, W. A., Alderete, E., Kolody, B., & Aguilar, G.S. (1998). Illicit drug use among Mexican-Americans and Mexican-Americans in California: The effects of gender and acculturation. *Journal of Addictions,* 93, 1839-1850.

Vega, A. W., & Sribney, M. W. (2005). Seeking care for alcohol problems: Patterns of need and treatment among Mexican-origin adults in Central California. In Delgado, M. (Eds.),

Latinos and alcohol use/abuse revisited: advances and challenges for prevention and treatment programs (pp. 29-51). New York: The Haworth Press.

Vidal-Ortiz, S. (2008). *The Puerto Rican way is more tolerant: constructions and uses of the homophobia among Santeria practitioners across ethno-racial and national identification*. Washington, DC: Sage Publications Inc.

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist, 53,* 648-649.