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# Solution-Focused Brief Therapy with Hispanic Families

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## Introduction

According to the 2019 United States (U.S.) Census Bureau data, the Hispanic population is the fastest-growing minority group, accounting for 18.5% of U.S. population (Grames, 2006; Kouyoumdjian et al., 2003; González-Suitt et al., 2016; Zamarripa, 2009). When working clinically with Hispanic families it is imperative to take the culture's values, stereotypes, and norms into consideration in order to provide high quality therapy interventions that are culturally sensitive and informed. We utilize a case study to demonstrate how solution-focused therapy can be applied to working with Hispanic families, with marriage and family therapists (MFTs) that are skilled in cultural sensitivity and have a good understanding regarding the client's culture.

## Solution Focused Therapy

Solution-focused brief therapy (SFBT) was developed by psychotherapists Steve de Shazer and Insoo Kim Berg, in the 1980s at the Brief Family Therapy Center in Milwaukee, Wisconsin (de Shazer, 1985; González- Suitt et al., 2016; Mullet et al., 2018; Reddy et al., 2015). SFBT is an approach that focuses on the future, rather than the past. Focusing on a problem-free future has been proven to aid the client more in finding resolutions to their problems, than exploring their past in detail (Seidel & Hedley, 2008; Springer et al., 2000; Zamarripa, 2009). SFBT is a strength-based model of therapy that helps clients find solutions to present problems by teaching clients to utilize previous solutions that have already been applied and proven successful at some point in their lives, and by building on their existing strengths and competencies (Dermer et al., 1998; Reddy et al., 2015; Seidel & Hedley, 2008; Springer et al., 2000; Zamarripa, 2009). As the name implies, SFBT is more concerned with conversations that are concentrated on solutions rather than problems. Knowing the cause of the problem is not necessary in finding a solution. Problem formulation and solution-goal setting were concepts that were originally formulated by the Milwaukee group, which were a group of family and marriage therapists that collaborated in the mid-1970s to 1980s, and are more commonly acknowledged for the use of positive feedback within the Milwaukee model (de Shazer, 1985).

In SFBT, the solution does not come from the problem; SFBT does not aim to solve any problems, instead it aims to create a vision of a preferred future and work towards that through small changes (de Shazer, 1985; de Shazer & Berg, 1997; Richmond et al., 2014; Seidel & Hedley, 2008; Zatloukal et al., 2020). Small, but realistic and achievable, changes lead to bigger changes, and bigger changes lead to the realization of the client's preferred future (Dermer et al., 1998; Tadros, 2019). By highlighting a client 's strengths and exceptions, forming a mutually trusting bond, and describing the client's problem in a way that hope is inculcated in the problem-solving, SFBT explains the client's problems in a positive manner (de Shazer, 1985). SFBT views the client as the expert in his or her life and the therapist as a conversation facilitator, and not an expert. The ideology behind the client being viewed as the expert and the therapist as the conversation facilitator is due to clients being the most knowledgeable on their lives. Clients need someone to help them find exceptions so they can come up with their own solutions (Dermer et al., 1998; Tadros, 2019; Zamarripa, 2009). Allowing the client to be an expert in their own life provides them a sense of agency. In SFBT it is very important that the therapist comes from a not knowing point of view and the strategies that are developed are the clients because clients

are more likely to follow through with the strategies if they are the ones that came up with them (Zamarripa, 2009). An intervention strategy that is used in SFBT is the use of questions.

There are three main types of questions that therapists use, exception-finding questions, scaling questions, and the miracle question. Exception-finding questions are helpful because they prompt clients to think of times where the problem was not so much of a problem; it allows clients to find solutions (Bavelas et al., 2014; González- Suitt et al., 2019; Zatloukal et al., 2020). Scaling questions are used to track progress that has been made towards the goal, and that progress acts as positive motivation to continue making more changes until the preferred future is achieved (Richmond et al., 2014; Springer et al., 2000). According to Tadros (2019) and Reddy et al. (2015), scaling questions are also effective in finding out the client's therapy expectations. The miracle question is a future preferred question that prompts clients to think of what their life would be like in a perfect world, where their problems did not exist; the question should be adapted to each client's individual characteristics and preferences, and it is often used to set therapy goals (Kayrouz & Hansen, 2019; Springer et al., 2000; Zatloukal et al., 2020). As stated by Yu (2019), the miracle question is usually asked by a similar verbatim as:

> "This may seem a very strange question for you, but please bear with me. Let's say that tonight when you go home, you go to sleep as usual, but when you awaken a miracle has occurred and the problem that brought you in today is no longer a problem. What would be the first difference you notice in your life that lets you know there is no longer a problem?"

Asking the miracle question allows therapists insight of what the preferred future of the client is, as well as expected treatment outcomes (Bavelas et al., 2014; Mullet et al., 2018).

## Case Description

### Demographics Information and Presenting Problem

Cassandra Sanchez is a 47-year-old heterosexual, Mexican immigrant, catholic, lower middle-class female who sought help at a local clinical mental health agency. Cassandra immigrated from Mexico to the U.S. with her husband to start a family and offer their family a better future. While in the U.S., Cassandra got pregnant with her son Emilio. Shortly after Emilio was born, Cassandra's husband lost his job and began to drink alcohol very heavily daily. He soon developed alcohol use disorder. Cassandra's husband was involved in a car accident while driving under the influence; the accident subsequently cost him his life. She was left alone in the world with no family other than her very young son Emilio. Cassandra never disclosed to her son exactly how his father died because she wanted to protect the image her son had of his father. Instead, Cassandra told her son stories of how hard-working and responsible his father was.

Cassandra's son is Emilio Sanchez. Emilio is a 26-year-old heterosexual, Mexican American, catholic, lower middle-class male. Emilio married his high school sweetheart at the age of 18 but has recently divorced due to infidelity issues on his partner's side. Emilio states that he believes his ex-wife was unfaithful to him because he was much too focused on school, and he was too uptight about having fun. Despite the infidelity, Emilio and his wife divorced amicably and having both decided that it was the best option for them both. After his divorce, Emilio moved back in with his mother and is now paying half of the rent and bills even though he was recently demoted to being a part-time employee instead of a full-time employee; he has been financially struggling for a few months. Emilio reports feeling stressed due to once again living with his mother and states that he only drinks to relieve his stress and anxiety caused by returning to his mother's home after his divorce. Additionally, Emilio grew up with only one very strict parent who tried to control every aspect of his life; he remembers that she was not very affectionate and was very avoidant in talking about his father.

Cassandra Sanchez and her son, Emilio Sanchez, presented at a family therapy center reporting family problems. Cassandra is very hesitant in participating in therapy, but ultimately complies thinking that it is what is best for her family. Cassandra states that she is very concerned with her son's overall health and safety; she fears that she will lose Emilio to alcohol. Cassandra ultimately believes that Emilio is suffering from alcohol use disorder and accuses him of drinking heavily on a regular basis. Ultimately, Cassandra fears that Emilio will end up like his father and she will again lose someone she loves. Emilio on the other hand, states that his mother is too over-protective, and she is overreacting for no good reason. Emilio does in fact admit that recently he has been drinking more than usual, but ultimately believes that his drinking is under control and very normal for his age. Emilio states that he has been feeling anxious recently and only drinks to relieve his stress. Emilio ultimately reports feeling annoyed because he feels his mother is "too

nagging" and she should just leave him alone because he is paying half of the rent and bills, despite being financially unstable.

## Case Conceptualization

### First Session Conceptualization

Conducting an initial intake interview, a MFT made sure to ask questions about factors that may have an effect on family structure and homeostasis. The concept of homeostasis is important to many individuals because many families seek therapy to maintain or restore their familial organization and functioning over time. When families are able to actually maintain consistency and equilibrium despite emerging challenges, that concept is called morphostasis. Many problems in families surge when some individuals want to maintain stability and equilibrium, while others want to introduce changes to accommodate the changing needs of family members. The family's ability to adapt to changing needs is known as morphogenesis and all concepts are possible solutions in SFBT (de Shazer, 1985). According to Tadros and Finney (2018), it is imperative to inquire about the family's history; the MFT must know all information relevant to history of suicides, domestic violence, child abuse, substance/alcohol use or abuse, and any mental health issues within the family on the initial session. In the initial intake session, Cassandra asked to speak in private; in the session, she disclosed the family history of alcohol use disorder and explained that was the real reason she was concerned. Other than the history of substance use disorder, there was no history of child abuse, suicidal ideations, or mental disorders. Cassandra did also explain that she believed her son was suffering from depression due to his ex-wife's infidelity and subsequent divorce; she adamantly blamed the infidelity and divorce on her son's excessive drinking. Cassandra spoke a lot of her experiences with Emilio's father while he suffered through alcohol use disorder; she wanted to make sure the MFT understood her fear of losing her only son.

While conducting the initial interview with Emilio, he disclosed that he believed there was a history of child abuse in his family; he stated that his mother often told him that her parents were not affectionate at all with her when she was a child. Emilio also states that his mother was always a great mother, but she was also never affectionate. According to Emilio, his mother's life revolved around him, and she never had any friends or romantic partners in her life. It became clear that Emilio was feeling overwhelmed with his mother's attachment to him.

### Theory-Based Case Conceptualization

Before making any type of treatment plan, it is imperative that a MFT join the family to build rapport and a trusting therapeutic alliance with each of the clients (Tadros & Finney, 2018). To build a good rapport, the MFT engaged both Cassandra and Emilio individually into problem-free talk. Problem-free talk is a way to get to know clients on a more personal level where clients discuss aspects of their lives that are non-problematic and they are content with. Problem-free talks are imperative for both the MFT and the client to form a trusting bond along with giving the MFT insight to valuable qualities and resources the client possesses, but is not aware of or utilizing that can be used in the future (George et al., 2010). A MFT must understand how their clients interact with one another and the structure of the family dynamic. To get a clearer picture of what the clients hoped to obtain from therapy, a MFT asked both Cassandra and Emilio the miracle question and allowed each to carefully listen to the other person's response, even though it is often suggested to ask the miracle question privately (Yu, 2019). Through both responses to the miracle question, the clients were able to clarify what was needed of the other and place themselves in each other's position, becoming more empathetic to each other's feelings.

When asked the miracle question, Cassandra responded by saying that her husband would still be alive, which is a common answer for an individual who has suffered a loss. Many MFTs deter from using the miracle question when an individual has suffered a loss or had a terminal disease like some cancers, because it is believed that the miracle question will be counterproductive and offer no benefits (Kayrouz & Hansen, 2019; Springer et al., 2000). Cassandra's husband died more than 20 years ago so the miracle question was suitable to be asked and directed in a way that would be beneficial and offer some clarity and goal setting in the process. The MFT then asked what would be different if her husband was still alive, to which she answered that she would have support and guidance regarding how to talk to her own son. Cassandra visualized a future where her son did not drink and where she felt supported.

When Emilio was asked the miracle question, he also stated that he would know a miracle had occurred because his father would still be alive. The MFT then asked Emilio the same question, "what would be different if your father was alive?" To which Emilio answered that he would have someone to understand him and guide him the way only a man could, and that he would have someone to speak to when his mother was hovering over him like an overprotective mom or overreacting.The MFT followed by asking him what else would be different in his life and Emilio also answered that he would have an overall better relationship with his mother in which she did not worry about his every movement and there was mutual trust between them.

Asking the miracle question defined goals for both Cassandra and Emilio that are realistic and can be worked towards. It is imperative for MFTs to guide the conversation towards realistic and achievable goals when clients answer the miracle question with things that are simply not plausible. The idea is to focus the conversation on the client's feelings and continue to ask questions that will lead them to attainable goals, however small those goals may be (Yu, 2019). An example of a follow up question for Emilio would be "what would you feel would be different in you as a person had you grown up with your father, and what things can you do now to help you become that person?" The answer to that question would be great in assessing Emilio's commitment to change and problem solving, which is also a goal of the miracle question (Kayrouz & Hansen, 2019; Yu, 2019).

**Case Application/Treatment Plan**

After joining the family and observing the interactional patterns between the two clients, a MFT can implement a treatment plan. The client's goals really have nothing to do with the problem that initially brought them in, and in SFBT, that is actually very common. In SFBT, the therapist is not concerned with the presenting problem; the therapist is interested in the client's goals for therapy that will lead to a preferred future (de Shazer, 1985). A MFT asked both of the clients to think of people in their lives that are already or could be offering the social support and communication that both expressed to need; that allowed the clients to identify people in their lives that served as social support systems to them. A MFT also asked exception-finding questions and prompted the clients to think of times when things were better, or the problem was not much of a problem in order to amplify change.

One of the main issues that Cassandra and Emilio were having was that they both had poor communication skills. Emilio reported feeling that he could not have a conversation with his mother because he did not feel understood by her, and Cassandra reported that Emilio did not talk to her about his emotions after his divorce, so she did not know how to help him. The miracle question allowed them both to explore their feelings and be able to express their emotions more openly. During therapy, Cassandra felt safe enough to disclose to Emilio how exactly his father passed away and Emilio admitted that he had a problem with alcohol consumption; he also was able to express his feelings of sadness by having to move back home with his mother. Emilio expressed that he felt emasculated and did not know how to talk to his mother about it because he felt that as a woman, she would not understand. As a result both clients were able to obtain small goals that led to big changes, and frame further smaller goals around solutions, rather than problems.

Working through smaller goals Emilio was able to stop drinking so heavily, which in return helped Cassandra not nag him or worry about his drinking habits. Emilio was also very impacted by his mother's confession regarding his father, which was also a big aid in getting him to control his drinking habits. Cassandra's confession allowed Emilio to place himself in her shoes and realize that his mother's fears regarding his heavy drinking were justified. Cassandra also realized that holding secrets was not very effective. Both Cassandra and Emilio set the small goal to be more honest with each other, and as a result their communication skills greatly improved, proving that small goals lead to big changes.

Taking into consideration the miracle question, Cassandra was able to identify a few people in her life that she could count on for support. Opening up to people who are already in her life and finding out that she was able to get the support that she desperately felt she needed, Cassandra was able to open up to other people as well and form several new relationships. Emilio also took the miracle question into consideration a great deal as well as his mother's response; he was also able to work towards identifying people in his life who he could talk to and feel supported. Emilio sought out an uncle to talk to about the things that he felt only a man could understand, and he was also able to rekindle past relationships with friends and coworkers that became estranged due to his drinking. Overall, SFBT helped both Cassandra and Emilio work towards their own version of a preferred future, and by putting themselves in

each other's situation, they were both able to achieve small goals that led to big changes in their quality of life and family satisfaction.

**Culturally Informed Therapy**

In mental health's efforts of diversity and inclusion among various ethnicities and cultures, SFBT is a crucial treatment model for several reasons. First, SFBT gives clients the power of being experts in their own lives, which can be a very important thing for many cultures (Beyebach, 2014; Dermer et al., 1998; Tadros, 2019). Allowing clients to be experts in their own lives then allows the client's "best hopes" to be supported and validated. Belonging to Mexican American culture, it is crucial for both Cassandra and Emilio to feel in control of their own lives and that no one presumes to be more of an expert than themselves. Second, SFBT does not aim to interpret the meaning of the client's language, instead it focuses on using the client's own language; the client's language is their reality. Acknowledging and honoring the cultural reality and beliefs of the client facilitates the application of culturally appropriate therapy (Grames, 2006). Third, treatment effectiveness among various cultures demonstrates that SFBT is in fact culturally sensitive as a multicultural approach.

SFBT naturally encompasses a multicultural approach in which collaboration and respect are key components. A multicultural approach allows for SFBTs to exhibit empathy, as well as genuine curiosity regarding the client's culture. With genuine curiosity, SFBTs are able to gain insight into the client's culture and form collaborative relationships with the clients by incorporating values and customs that are of importance to them into the therapy sessions. Honesty and transparency were very important to Cassandra and she was more open to further engaging into conversation as she felt listened to and understood. To provide ethical and quality therapy it is imperative that a SFBT have at least some basic knowledge regarding the culture of the family they are working with; further, prior knowledge regarding the client's culture is beneficial in diminishing the burden that is typically placed on clients who are part of racially minoritized individuals and expected to retell and explain their experiences (Tadros & Finney, 2019; Finney et al., 2020).

SFBT can be culturally sensitive in a variety of ways. There is no normative assumption of what the problem is; SFBTs acknowledge and refer to the problem by the client's own definition (Zamarripa, 2009). Acknowledging the client's own definitions demonstrates respect for the client's cultural contexts. Similarly, mirroring the language of the client displays that the therapist is accepting the client's own definition of the problem. As an SFBT, one should never try to convince a client that their problem is not a problem or impose their own personal views. Rather, MFTs should focus on how the client's perceived problem is a concern and not impose his/her views because that can cause the client to feel a loss of self-determination (Tadros et al., 2021; Tadros & Owens, 2021). There is also no normative assumption of what a solution or goal to the issue is. Client's goals are based on their version of a preferred future, and often their preferred future is highly influenced by their cultural values and norms (Zamarripa, 2009). For example, Emilio's culture dictates that he is a man and he strongly believed that his mother should treat him as such while respecting and trusting him. SFBT focuses on identifying individual and family strengths and resources through their culture that can in return be beneficial in identifying adequate therapy goals. Oftentimes strengths and resources have been regarded as deficits rather than strengths by other therapists, or not acknowledged as strengths at all (Zamarripa, 2009). SFBT not only acknowledges those cultural strengths and resources, but it utilizes them to their full potential. Due to the cultural hierarchy, Emilio's respect for his mother was a key strength in being able to put himself in her shoes and understand her position.

**Specific to Hispanic Families**

Kayrouz and Hansen (2019) developed a nine question guideline to help therapists adapt their therapy techniques in a culturally informed and sensitive manner, and ensure that interventions align with the client's cultural needs and preferences. SFBT helps manage the questions necessary for cultural adaptation very well because the client is viewed as the expert and the MFT as just the facilitator, and because SFBT can be accommodated to meet the needs of each client while taking advantage of resources they already possess (Reddy et al., 2015). The therapy intervention's success will largely be dependent on the therapist's ability to adapt their therapy techniques to their client's culture and values. The first question in the guideline is whether the treatment needs to be delivered in the client's native

language. Part of therapy technique adaptation is determining what language will provide the client with the best understanding. The second question in the guideline is whether the therapist's ethnicity and gender need to match the client; it is an important consideration because there are some cultures in which women do not feel comfortable talking to men, for example. The third question is whether the location where the treatment is being delivered is culturally appropriate. For example, in an incarcerated setting one must consider not just the racial and ethnic implications but the culture of incarceration. The fourth question is what cultural symbols and sayings of the client can be used in adapting the intervention. The fifth question is what cultural customs and traditions of the client can the therapist draw from when adapting the intervention. The fifth question helps therapists adapt the intervention because it pinpoints what cultural customs, traditions, and values are important to the client (Kayrouz & Hansen, 2019).

The sixth question is a series of sub questions used to find out about how the client's culture defines, expresses and treats physical, social and behavioral problems and builds into treatment conceptualization. One of the sub questions for question six is where the client lies on the individualism-collectivism continuum. Culture makes a person part of a group, but the person does still have individualism, and certain people place more importance to their individualism than the collectivism of their culture (Grames, 2006). Another sub question is what the role of cultural hierarchies is in the client's life. For example, Hispanic cultures tend to be patriarchal as far as hierarchies, and respect is owed to the family patriarch as well as other elders in the family. The advantage of SFBT in this particular case is that there are no tensions regarding hierarchy between the clients and the MFT because the MFT is not presumed to be the expert, nor do they dictate what actions must be taken by the clients. Hierarchy is very important to this family because Emilio was raised by single mother Cassandra; Cassandra took over the patriarch role in the family hierarchy and demanded the respect she felt she deserved according to her culture, which only made it more difficult for Emilio to talk about his problems. The last two sub questions are what the client's time-orientation is, and what the role of spirituality in explaining and treating the problem is. The seventh question is more of a prompt; it asks to create goals of treatment with consideration for the culturally bound and gender-bound definitions of success of the client. Number seven is very important because the client may have a different definition of success when it comes to therapy. A good example from Kayrouz and Hansen (2019) was regarding the collectivist goal of protecting nature and tribal loyalty that Native Americans have, which may outweigh the client's individualistic goal. Question eight is whether the treatment method simplifies the achievement of goals and considers the client's cultural and gender norms; if not, treatment should be adjusted. Finally, the ninth question is what the broader social, economic, and political realities for the client are. Altogether those nine questions serve as a great guideline to culturally adapt any intervention with success and cultural sensitivity.

Belonging to a collectivistic culture, Hispanics place a higher value on the needs and wants of the whole family rather than the needs and wants of one individual; the thought behind that is that individuals are interdependent and part of a family who should function together. According to Tadros and Owens (2021), it is important for therapists to consider intersectional identities that may be directly related to a family's roles, norms, hierarchies and boundaries. Family, in particular extended family members, are very important to a Hispanic individual. Hispanic families place trust as a priority in their way of life, but often are distrustful with outsiders, which can be a challenge for a SFBT therapist attempting to gain the trust of their Hispanic client to build rapport. Respect is also something that Hispanics place as a priority in their lives; it is a very common theme in their culture and family structures. Most Hispanics have very patriarchal family structures and respect is given to the family members according to that hierarchy, as well as with older individuals; parents and elders are the most respected in Hispanic families. SFBT is adaptable to deep-rooted aspects of Hispanic culture not only when talking about trust and respect, but also loyalty, commonality, spirituality and religiosity, and interdependence between family members (González-Suitt et al., 2016). A SFBT therapist should be well aware of a Hispanic client's culture and norms, and must also display understanding and sensitivity in providing ethical, great quality services.

**Barriers to Treatment**

Hispanics tend to underutilize all general medical services, in specific mental health services; they commonly seek help from other family members or nontraditional helpers when experiencing any familial dysfunction, rather than seeking a professional due to economic or structural barriers (Prieto et al., 2001; Zamarripa, 2009). A study conducted by Beyebach (2000) suggests that when clients do not perceive and value the relationship between themselves and

their MFT, therapy continuation and compliance with homework tasks is much less likely to occur; strong therapeutic relationships and ensuring that clients take credit for accomplishments and solutions seem to have a positive effect on therapy continuance. Economics was a huge barrier to treatment for Cassandra and Emilio as they identified themselves as a low-income family. Cassandra as a Mexican immigrant does not have medical insurance to cover therapy and due to Emilio's employment now being only part-time, he also does not qualify for medical insurance. According to Rastogi et al. (2012) and Reddy et al. (2015), Hispanics with low socioeconomic backgrounds experience various challenges including time, affordability, and transportation limitations when attempting to utilize mental health services. SFBT is a brief form of therapy and usually a great option for many individuals, but when there is no medical insurance or adequate employment, it can be a huge barrier to treatment; underutilization of mental health services by Hispanics are more due to economic barriers than their unwillingness to participate (Zamarripa, 2009). After admitting that he had a problem with alcohol Emilio would have ideally sought a rehabilitation center, but rehabilitation centers are very costly for individuals who do not have medical insurance. Although Emilio's alcohol use was not severe, it was recommended he attend Alcoholics Anonymous meetings and potentially other free support groups.

Another barrier to treatment is that Cassandra is a Mexican immigrant who despite being in the United States for more than two decades, has not learned English fluently. Cassandra's English is very basic and language adaptation is necessary to ensure that she fully understands the questions that are being asked. Linguistic adaptation is not as simple as getting a translator all together. Often simplifying questions and phrases is enough to help clients with basic English skills understand them better; a MFT can use fewer or simpler words or try different variations of the same question, rather than try to explain the question because that can cause more confusion to the client (González-Suitt et al., 2019). It is also important to note that although many different countries and regions share the Spanish language, the language can vary widely and it is not universal to every Spanish-speaking individual. Despite the language being similar enough to understand basic needs, it is imperative that MFTs know their client's specific language in order to transmit therapy in the most accurate form (González-Suitt et al., 2016; Grames, 2006). Language barriers can be very problematic for Hispanic communities, specifically individuals attempting to get mental health services. Language barriers place Hispanic populations at a disadvantage, making it very difficult to get quality therapy. Hispanics often lose hope that therapy will be beneficial at all due to previous negative experiences associated with language barriers; language barriers tend to lead to poor treatment outcomes and higher risks of the individual not returning for therapy (Finney et al., 2020; Kouyoumdjian et al., 2003; Rastogi et al., 2012). As therapy progressed, Emilio was able to stop his drinking and find a full-time job which made it difficult to schedule therapy meetings with both him and his mother. The MFT was able to work around their conflicting schedules with their help and accommodations, to be able to make therapy possible. There were no further barriers to treatment.

**Future Directions**

Despite being the largest and fastest growing minority population in the U.S., the Hispanic population is at a great disadvantage in getting quality health care and therapy. Hispanics remain a vulnerable population due to lower socioeconomic status and less access to health insurance and citizenship status (González-Suitt et al., 2016; Grames, 2006; Zamarripa, 2009). There is, however, much research demonstrating the efficacy of SFBT when working with Hispanic populations. González-Suitt (2016) found that in combination with other approaches, SFBT worked well with adult behavioral health, children and adolescents at school, and couples intervention. A different study aimed to attempt a linguistic adaptation of SFBT, and determine its efficacy for Chilean primary care patients. The results of the study suggest that Chilean patients did not understand the majority of SFBT questions at first, but after a few linguistic adaptations they understood most if not all SFBT questions and tools (González-Suitt et al., 2019). Both of the studies above not only highlight the efficacy of SFBT within Hispanic cultures, but they also epitomize the importance of adapting SFBT interventions according to specific cultures.

The case study above exemplified how SFBT can be successfully utilized within the Hispanic community. Rather than demonstrating how the approach can be modified to fit the Hispanic population, the case study demonstrated how the unmodified approach can fit with different cultures as long as the MFT follows culturally appropriate guidelines. Overall, with the changing demographics of the U.S., the Hispanic community needs appropriately trained, culturally sensitive, and bilingual MFTs who are able to successfully use SFBT tools to help Hispanics. The Hispanic

community needs MFTs who are culturally trained to reduce barriers to treatments; whether it be by modifying linguistics to fit Hispanic's language or utilizing a linguistically unmodified approach.

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