Dónde están les Latinxs? A Content Analysis of Latinx Representation Across Three Clinical Disciplines

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Latinx, or Hispanic/Latino, minoritized groups experience a broad spectrum of mental health challenges, disparities, and risks at a disproportionate rate compared to both their non-White counterparts and compared to other minorized groups in the U.S. (U.S. Department of Health and Human Services, 2018). They also experience a number of cultural and individual strengths associated with their values, practices, and resiliencies (Calzada et al., 2020; Gennetian et al., 2021; Leyva et al., 2022). However, given the substantial percentage of Latinxs who live in the United States (18.7%), the mental health needs of this minoritized group are not sufficiently addressed in social science literature, as a number of systemic factors limit the inclusion of Latinxs in participant pools (DeJesus et al., 2019; Roberts et al., 2020). Across 13 high-impact journals and three clinical disciplines, a mere 2.5% of all scholarship published focused on Latinxs. Through qualitative content-analysis of key topics, methodology, funding sources, and sample characteristics across 20 years of literature (n = 7, 061), this paper seeks to highlight both the strengths and weaknesses of Latinx representation in the current literature with the hope to better prepare policy makers, program interventionists, and clinical practitioners to competently serve this marginalized population.

Keywords: content analysis, Latinxs, mental health disparities, marginalized groups
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The Census Bureau estimates that Latinxs (see important terms) make up 18.7% of the U.S. population (U.S. Census Bureau, 2022), making individuals of Latin American and Spanish descent America’s largest minoritized group. By 2024, it is estimated that Latinxs will compose 20% of the U.S. labor force, with continued population growth expected (U.S. Bureau of Labor Statistics, 2016). In addition, Latinx children make up about 25% of the current U.S. adolescent population, constituting the second fastest growing ethnic population (besides multi-racial children), and are expected to outnumber non-Hispanic Whites within the next twenty years (United States Census Bureau, 2018). Despite these growth numbers, however, a commensurate representation of Latinxs in clinical research does not appear to exist (Liang et al., 2009; Smithee et al., 2021). Numerous scholars have observed an insufficiency in the empirical research focused on Latinxs’ specific needs and experiences (e.g., Ayón et al., 2018; Navarro, 1993; Nelson et al., 2020; Prandoni et al., 2020; Palacios et al., 2020; Torres, 2002), meaning that researchers, policymakers, therapists, and program interventionists are likely under-informed and under-prepared to serve this growing ethnic population.

Evidence of the lack of Latinx-focused information can be noted in several studies, representing various clinical and social science disciplines. For instance, in a detailed content analysis of seven major counseling journals, Liang et al. (2009) reported that a mere 2% of publications included a focus on Latinxs. Focusing on 11 psychology journals across the 2015-16 timespan, DeJesus et al. (2019) found clear disregard for the contextualizing value of race/ethnicity in psychology-based research in that 73% of articles (839 of 1,149 articles) failed to mention the ethnicity of study participants in any way. Further, a survey of five decades of
cognitive, developmental, and social psychology research found that only 5% of the articles highlighted race in either the abstract or title (Roberts et al., 2020). Together, these deficits in ethnicity-focused research offer evidence for obliviousness and/or bias held by “gatekeeping” authors, publishers and editors in producing scholarship that exclude topics on race/ethnicity (Roberts et al., 2020, p. 1296). In other words, it appears that the psychological publication process is “subject to the same structural inequities that stratify the rest of society” (p. 1303), and that Latinxs (along with other minoritized groups) are frequently victims of an “othering” mentality promoted by euro-centric psychology, therapy, and psychiatry systems that prioritize the dominant culture (Moodley & Ocampo, 2014). Not only does racially exclusive research contribute to “gloss[ing] over variation” between distinct racial, economic, or linguistic intersections (DeJesus et al., 2019), but it also sustains a field-wide status quo of systemic blindness to the nuance of race/ethnicity. Furthermore, in another sample of surveyed research, Cundiff (2012) reported how, generally, samples that do account for racial/ethnic diversity still fall short in their representation of minoritized groups when compared to the U.S. population, especially Latinx groups.

Although not often considered, the limited amount of research on Latinx and other ethnic groups also disadvantages the White majority. In fact, given that White youth are impacted by their own racial socialization and cross-racial/ethnic interactions, increasing racially sensitive research would enhance understanding of Whites’ cognitive, emotional, and social development in relation to their position in the U.S. racial hierarchy (Seaton et al., 2018). As an example, the fear-based stress associated with irrational cognitive schemas (e.g., neighborhoods with people of color are always unsafe) can be viewed as one emotional cost of racism to Whites (Spanierman et al., 2008), limiting their acquisition of knowledge that may, if attained, offer
them deeper and richer relationships with people of color. In another study, prosocial family practices such as giving service, “standing up” to racism, and encouraging cross-cultural friendships were all informed and motivated by White fathers’ desire to raise “antiracist” children (Hagerman, 2017, p. 71). This evidence indicates that knowing more about racially/ethnically minoritized groups and improving socialization more has the potential to offer White individuals a more integrated emotional, cognitive, and behavioral experience.

In the opinion of this author and numerous others, a more thorough and representative exploration of ethnic/racial variables that uniquely affect Latinx individuals, couples, and families could help move clinical research into a new phase of development where differences in psychology, development or therapeutic needs based on race or culture allow for an even greater understanding of the world as a whole. Kim (2007) identified this paradigm shift as the fifth and final stage of cultural sensitivity in research, where one is able to exist within their own culture and “allow for a mental shift into the value scheme of a second culture” (p. 283). This shift could deepen and broaden children’s/families’ ability to relate to both themselves and to others. It could also empower policymakers, clinicians, and program interventionists in the mental health fields with the knowledge and skills needed to better serve the minoritized groups with equal or greater need of mental health services.

Given growth projections anticipated for Latinx and multi-racial groups, children from these populations (and their presenting issues) are expected to eventually represent the bulk of mental health needs and opportunities. Therefore, a survey of the available research focused on Latinx ethnic/national groups is advisable in order to evaluate the current status of the clinical fields’ knowledge and understanding. Issues related to acculturation, Latinx identity, multigenerational families, and mental health were among the top six content categories in a
survey of articles in the *Journal of Latina/o Psychology* (Delgado-Romero et al., 2017). As interracial marriages increase (non-Hispanic Whites married to Hispanics being the largest group, having increased in 43.2 percent of United States counties) and Latinx families continue to grow in the United States, these particular issues will become ever more important as new children and youth navigate a culturally evolving heritage and the reality of their mental health (U.S. Census Bureau, 2021). As another indicator of the “calls to action” inherent in these bodies of literature, in a 10-year content analysis of *Journal of Counseling and Development (JDC)*, Arredondo et al. (2005) called researchers to produce more culture-specific scholarship (i.e., Cuban high schoolers experiencing depression in Central Florida).

The present study seeks to build upon these calls by elucidating the details of 20 years of research on both Latinx-general groups and culture specific Latinx groups (i.e., Mexican American, Puerto Rican, Cuban). In this study’s evaluation of both the strengths and the weaknesses of that scholarship, variables such as demographic make-up, funding source, geographic location, and recruitment procedures were all considered in Marriage and Family Therapy, Social Work, and Counseling/Counseling Psychology journals. This broad survey is intended to give a most updated and comprehensive overview of current trends and shed light on the multi-faceted process that is adequately representing this population.

**Literature Review**

**Important Terms**

*Latinx*

Commonly, the term Hispanic or Latino/a/x is used to describe any person of Spanish, Latin American, or Spanish-speaking descent. These terms are not interchangeable, however, given the many individuals from countries such as Brazil or Haiti do not consider themselves
Hispanic, while individuals from Spain may not consider themselves Latinx (University of California, 2021). In a survey conducted by the Pew Research Center in 2018, 27% of Hispanics/Latinos prefer to be called “Hispanic,” 18% prefer “Latino” and 54% of those surveyed reported having no preference (Lopez et al., 2021). For the purposes of this paper, the term les Latinxs or the Latinx(s) (gender-neutral “Latino”) will be used to include all people who are of either Spanish, Latin American, or Spanish speaking-descent, though the author acknowledges the limitation of these semantics in terms of overshadowing specific ethnic, racial and/or national identities and preferences. When quoting from other studies that may have used different terms to describe their Latinx sample, however, the original verbiage may be mirrored (e.g., Hispanics).

**Race**

Borrowing from the Human Genome Project, “race is a fluid concept used to group people according to various factors including, ancestral background and social identity. Race is also used to group people that share a set of visible characteristics, such as skin color and facial features” (Bonham, 2022). In the publications analyzed for this study, a report of “race” included both self-report and prescribed reporting options for physical characterizations of race (skin color) and in some studies, social identity. Considering race as a social construct rather than an objective or scientific categorization, using a self-report measure for race allows study participants to report their racial or ethnic identity most accurately. At the same time, comparing results across studies becomes ambiguous or inaccurate when some researchers employ assigned racial categories to participants who may have identified with a different category had a more appropriate, and specific, option been provided.
**Ethnicity**

Ethnicity in this paper will be used to describe an individual’s or group’s cultural heritage in terms of country or culture of origin (e.g., Mexican American, Cuban, Puerto Rican). It is important to note that an individual may identify with more than one, or a combined, ethnic identity such as Afro-Latino, or Mexican American, or Bolivian American of indigenous ancestry. It is also important to attend to the fact that the studies without a self-report measure of ethnicity/culture may not fully reflect the most accurate profile of participants’ cultural/ethnic identity.

**Important Contextual Factors**

Based on a careful review of the available literature, including review articles and the few content analyses focused on Latinxs, several important conclusions should be noted. First, there are several areas of clinical or mental health disadvantage for Latinx group members including: (a) an incomplete understanding about which cultural, ethnic, or racial factors moderate Latinx decisions to use mental health services (Galvan & Gudiño, 2021; Garland et al., 2005; Ho et al., 2007); and (b) Latinxs, especially youth, receiving fewer psychological services for an equally present number of mental health diagnoses compared to their non-Hispanic White counterparts (Garland et al., 2005). Consequently, it is suggested that clinical research on specific Latinx presenting problems and therapeutic experiences would be of priority to research so that practitioners and policymakers are more informed about how to “do good” and less harm to this population. Research on preventative care, groups, and programs could also positively impact delivery of care and therapeutic intervention to this population.

There are several hypotheses that could be made in regard to why this disparity in care occurs. According to an Office of Health Policy issue brief from 2021, Latinxs are more likely to
be in the work force than non-Latinos, however they are less likely to access health insurance from their employer and experience a number of other obstacles to receiving care (Office of Health Policy, 2021). Given the necessity of health insurance coverage in the U. S., there is an inherent systemic disadvantage for the poor, among which are many young and/or recent immigrant Latinx families who need support during times of transition. For first-generation female immigrant Latinxs, economic challenges such as these predicted a host of internalizing and externalizing symptoms that could be treated (Palacios et al., 2020), yet economic and policy obstacles make treatment more difficult to obtain. When Latinxs are able to access mental health care services, one study found that 50% of Latinxs do not return to treatment after the first session, compared to the much lower estimate (30%) for White clients (Dingfelder, 2005, “Closing the Gap”). Some contributing factors that could be impacting this trend include: (a) providers’ propensity to negatively interpret Latinx cultural values (e.g., familismo framed as a sign of enmeshment rather than as an indicator of mutual support, Floríndez, 2020), (b) lack of client-therapist ethnic or linguistic match (Russell et al., 1996; Zane et al., 2005), and (c) therapists failing to address client attitudes and expectations about how therapy should proceed in culturally-sensitive ways (McCabe, 2002). Each of these factors suggest how non-Latinx clinicians operating within a dominantly White health care system may lack a working knowledge of important cultural processes, making access to and continuity/quality of care less available for ethnically minoritized groups. Despite these obvious disadvantages, Latinxs experience greater life expectancy that non-Hispanic Whites in what is termed the Latinx Health Paradox (Ruiz et al., 2016). Latinx children, adolescents and adults still manifest a greater number of health risks compared to non-Hispanic Whites (Boen & Hummer, 2019), yet continue to live longer. Thus, factors contributing to overall physical and mental health and therapeutic
treatment for this growing population appear not to be sufficiently studied or understood. It is anticipated that this content analysis will result in the cataloging of numerous topics that have been studied and others that have been largely ignored (but should be studied).

Second, it is clear that Latinxs (as an ethnic group), feature a great many within-group differences according to national origin, language fluency (English and Spanish), immigration status, generational residency in the United States, and so forth. One key factor that is regularly emphasized in the literature (conceptual and empirical) is that of acculturation. Borrowing from Bridges (2021), acculturation can be defined as “a complex, multi-systemic process describing changes that occur at the individual and societal levels when two cultures intersect” (pp. 233-234). These multi-systemic changes present with distinguished variability across Latinx subgroups, both ethnically (i.e., Cuban, Mexican) and generationally (i.e., first-generation immigrant, third-generation U.S. citizen). Galvan & Gudiño (2021) found that levels of caregiver acculturation (e.g., integrative, or adoptive of mainstream U.S. culture, language, and practices) moderated whether or not Latinx families sought mental health services to address certain types of adolescent issues, indicating a lower likelihood of unacculturated caregivers seeking treatment for less obvious (i.e., internalizing) presenting issues. Yet in another paradox, newer-coming Latinxs (i.e., first-generation immigrants) whose acculturation is presumed to include less adoption of mainstream “American” ways, tend to fare better than later generations in regard to education, health, and other measures (Marks et al., 2014). Combined, this evidence suggests a need to research both the risk and resilience factors affecting Latinx access to appropriate mental health care across generation status. First-generation immigrants faring better than more-acculturated posterity suggests that ushering Latinxs into mainstream mental health treatment without special attention to within-group cultural factors could blind clinicians to the very
strengths that make specific Latinx identities a protective factor for mental health and wellbeing (Marks et al., 2014). In 2019, 44% of immigrants in the U.S. claimed Hispanic or Latinx origins (Batalova et al., 2022). Each of these individuals and families present a special need for clinical adaptation and research that acknowledges and responds to the unique variability within the Latinx community, especially as related to acculturation and immigration. Therefore, this analysis evaluated the frequency with which articles report within-group differences in their sample descriptions.

Latinxs face minority stress and discrimination from racial, economic, social, health, educational, and political fronts, including implicit and explicit biases or microaggressions from non-Hispanic Whites who dominate the system that surrounds them (Davis et al., 2022; Saldaña, 1994; Soto et al., 2012; Valentín-Cortés et al., 2020). Many of the real and perceived deficits in Latinx mental health may be best contextualized with regard to this ostracization. For instance, Peña et al. (2021), found that both conscious and unconscious attitudes from non-Hispanic Whites toward undocumented Latinxs were more negative than Latinx attitudes toward undocumented Latinxs. It follows then, that DACA-affected youth (Deferred Action for Childhood Arrivals) experienced stress, fear, anxiety, and depressive symptomatology during political debates and amidst public conversation that dehumanized immigrant Latinxs and the ambiguity about policy change in recent history (Moreno et al., 2021). Immigrants settling into U. S. rural areas are further predisposed to situational and temporal vulnerabilities that “[infringe] on self-concept…and [contribute] to stress and subsequent poor mental health outcomes” (Cheney et al., 2018). Socially, as children grow up and experience U.S. culture, many families experience difficulty knowing how to integrate new cultural values when they contradict existing ones (Williams, 2010). Educationally, Mexican-origin and Central American-
origin U.S. youth navigate vastly different experiences than their White counter-part youth when involving parents at school (Roche et al., 2019). In healthcare, assessment measures used for non-Hispanic White majorities in clinical diagnosis can lack appropriate cultural sensitivity or proper language translation (Benuto et al., 2020; Lee et al., 2019). In terms of intersectionality, minority stress comes from multiple fronts for female Latinxs and sexual minoritized groups (LGBTQIA+) (DiGuiseppi et al., 2022; Meza Lazaro & Bacio, 2021; Noyola et al., 2020). These examples indicate the many ways in which Latinxs are systematically disadvantaged by the dominant U.S. culture and the effects of minority stress. It is also important to note that many of these factors can be further influenced by the degree to which Latinx study participants are recruited from areas of the country where their numbers are higher and from locales where the concentration of resources is more limited (e.g., rural settings). Therefore, this content analysis also examined the available literature regarding which geographical regions and concentration of populations (urban versus rural) were reported.

**Mental Health Risks for Latinxs**

There are a number of presenting issues and mental health outcomes for which Latinxs face risks that are in some cases higher than other U.S. minoritized groups, and in other cases simply nuanced in different yet important ways (i.e., a different set of cultural needs and values). The aforementioned contextual factors should be considered when conceptualizing the apparent deficits and negative outcomes in Latinx mental health discussed below. This content analysis also surveyed to what extent these important mental health risks are addressed.

**Suicide**

Price & Khubchandani (2017) suggest that Latinx families’ reduced access to affordable healthcare compounds their risk for suicide ideation and suicide attempt (i.e., female Latinx
adolescents were 83% more likely to have attempted suicide compared to White females).

Aspects of Latinx culture (e.g., gender roles or an expectation of silence about thoughts of self-harm or death) may also contribute to higher suicide attempts and suicide ideation among young Latinx women (Szlyk et al., 2019). Clinicians have a cultural responsibility to understand how collective Latinx values might permeate the individual lives of their clients (Dingfelder, 2005, “Cultural Considerations;” Nolle et al., 2012) in either constructive or damaging ways, depending on the developmental and legal status of the Latinx family. The effects of ethnic isolation, hopelessness, and depression increase risks for suicide perhaps more than for other minoritized groups (Chang et al., 2017). More empirical knowledge is necessary to discover what statistically and clinically significant data might exist to ameliorate such a problem, and how therapeutic and systemic methods of interventions can be best employed.

**Depression**

Various scholars have identified specific Latinx groups as having higher rates of depression than their ethnic minority counterparts (Dunlop, 2003). For Latinx college students, social isolation can both result from and contribute to ethnic and racial stressors, amplifying loneliness and depression (Chang et al., 2017). Harb et al. (2019) also points out how lack of diversity and inclusion on college campuses (i.e., 78% full-time college/university faculty self-identify as White) is coupled with bias and discrimination that may “begin early in the academic experiences of students of color” (p. 228). Increased research on these factors would support clinicians’ ability to treat depression and offer systemic awareness of what needs to change in schools or other institutions to support Latinx emerging adults. Clinicians would also benefit from a clearer idea of where and how to assess for culturally relevant issues that may put their clients at greater risk for hopelessness.
**Substance use/abuse**

Discrimination for both male and female Latinxs was associated with increased likelihood of substance use (alcohol and drugs) for some Latinx sub-groups but not for others (Castañeda et al., 2019; Verissimo et al., 2014). Gender is a moderating factor in substance abuse, with more Latinx males experiencing alcohol and drug use disorders than Latinx females (Villalobos & Bridges, 2018). Lipsky & Caetano (2009) found that Latinxs who face more stress from life adjustment processes or family/gender roles use alcohol more. For adolescents living in urban areas, alcohol/illicit drug use is uniquely impacted by social disorganization, violent-deviant behavior, and a neighborhood sense-of-community (Lardier et al., 2018). These aforementioned studies and others (i.e., Nair et al., 2018) indicate that alcohol and drug use affect men, women, and children in Latinx communities in a number of ways. Given that substance abuse of one family member is an ACE (Adverse Childhood Experience) score indicator, developing culturally sensitive interventions for this population has the potential to mediate risks for both current and future generation’s health. Culturally sensitive interventions for this specific presenting problem are suggested at least by one scholar to be more effective than non-culturally adapted interventions when treating adolescents who use or abuse substances (Hernandez Robles et al., 2018).

**The Current Study**

Given that Latinxs will continue to represent a significant portion of the American population, it is critical for researchers to increase the knowledge base associated with this ethnic group, particularly if there is going to be progress in addressing the aforementioned mental health disparities. It is even more important for scholars to conduct ethnically representative and culturally responsive research that will help mental health professionals tend to these issues with
evidence-based treatment (EBT). While there are some examples of culturally sensitive EBT for Latinxs and their presenting mental health concerns (e.g., Hernandez Robles et al., 2018; Parra et al., 2018; Perrino et al., 2016), clinicians are generally underprepared to address Latinx needs comprehensively.

Conducting this content analysis allowed us to systematically identify research gaps in a way that ultimately illustrates a broad and longitudinal view of how this population can be better served by researchers, clinicians, and policymakers. The analysis examined the literature from the past twenty years in regard to its focus (or lack thereof) on Latinx clinical and mental health issues. This methodology aligns with the study’s goals to identify trends, patterns, and frequencies across clinically oriented academic journals and facilitates assessment of key strengths and deficits in scholarship (Spenkle & Piercy, 2005; Wong et al., 2010). The current study analyzed articles over a publication period of twenty years (2000 - 2019) from the top journals associated with several clinical/mental health disciplines (i.e., Marriage and Family Therapy, Counseling/Counseling Psychology, Social Work), with a focus on articles that have a clear emphasis on Latinx scholarly topics and populations. By way of this analysis, the following research questions were investigated:

1. How frequently are scholars focusing on Latinx groups?
   a. Which professional discipline (i.e., Counseling/Counseling Psychology, Marriage and Family Therapy, Social Work) has published the most regarding this ethnic group?

2. How frequently do studies use key markers of within-group differences (i.e., measures of ethnic identity and acculturation) when studying Latinx participants?
3. What are sample characteristics in terms of: (a) Latinx sub-groups (e.g., Puerto Ricans, Cubans, Mexican Americans); (b) geographic locations; and (c) urban/rural setting?

4. What topics are examined most frequently overall? Do these topics correspond with common critical issues for Latinx mental health?

5. In funded studies, what topics are examined most frequently?

6. How have these trends changed over time?

**Method**

**Sample**

The present study draws all of its data from a larger project that includes all ethnic/racial groups in its analysis of numerous journals across disciplines, whereas in this work, only Latinx-focused articles within specific journals and three disciplines were considered. The present sample contains articles published from 2000-2019 that were included in journals associated with the following clinical/mental health disciplines: Counseling/Counseling Psychology, Marriage and Family Therapy, and Social Work (n = 7, 061). Each article was selected for analysis based on its publication in each of the following journals from 2000 - 2019: *Marriage and Family Therapy, American Journal of Family Therapy, Family Process, Journal of Family Therapy, Journal of Marital and Family Therapy, Contemporary Family Therapy, Journal of Counseling Psychology, Counseling Psychologist, Journal of Counseling and Development, Counselling Psychology Quarterly, Social Service Review, Research on SW Practice, and Journal of Social Work*. These journals composed the three clinical disciplines of Marriage and Family Therapy, Counseling/Counseling Psychology, and Social Work. Each article in this selection of journals was coded in the date order that it appeared in publication.
These journals were selected for analysis based on their fulfillment of four criteria: peer-reviewed, high impact rating as assessed by the 2018 Journal Citation Report (Clarivate Analytics, 2018), a primary focus on U.S.-based research (to maintain the study’s purpose of assessing the representation of U. S. Latinx), and a specific focus on clinical populations/topics (as opposed to non-applied basic research). High impact rating was chosen as a qualifying factor for journals’ inclusion, with the top three-to-five journals selected from each of the three mental health disciplines. Impact ratings were used to ensure that the articles being examined were from prominent journals – ones that are generally viewed as influential in these clinical fields. Only empirical (qualitative, quantitative, mixed-method and non-human sample) and conceptual articles (defined in this study as literature reviews, systematic reviews, and theoretical papers) were analyzed; thus, excluding book reviews and editor’s notes. Non-human samples include subject matters such as intervention classes, techniques, or programs where the program or intervention itself is being evaluated as opposed to the participants themselves. Articles were also excluded from analysis if they examined a purely international sample/topic in order to maintain the focus of this study on Latinxs in the United States (including Puerto Rico).

**Training of Coders**

Each journal article was coded by two trained undergraduate student coders, working independently. Coders were required to have previously taken at least one undergraduate-level course in research methods to be candidates for training in the project. Upon meeting this requirement, each coder underwent a standardized training process: coding demonstrations, practice assignments, coaching from an experienced coder (termed advanced coders), regular reviews of training procedures, and regular review of training videos. Coders demonstrated proficiency in these training requirements by coding 20 practice articles and meeting individually
with advanced coders to receive feedback. Upon doing so, coders were given coding assignments and were required to attend weekly team training meetings and pass weekly quizzes to assess and improve their coding skills. Advanced coders were students (graduate and undergraduate) who had completed all training protocols detailed above and who had coded at least 500 articles. These coders (along with a MFT faculty member) helped oversee the training process.

**Coding Method**

Coding (within this project) denotes the process that coders underwent when reviewing each assigned article, while interpreting and inputting the corresponding data, including information on key topics, funding sources, methodology, sample demographics, geographic location, and participant recruitment per our research questions. Coders accessed journal article assignments via PsycINFO, responding to a structured set of prompts within Qualtrics - an online survey and data management service. One entry in a Qualtrics survey was completed per article, and each article was coded by two separate coders. Comparing responses from both independent coders, an advanced coder calculated inter-rater reliability (IRR) coefficients by evaluating and assessing the survey responses side-by-side for errors in Excel. When differences were noted between student coders, the advanced coder investigated the discrepancy by reviewing the given article and discerning, then recording, the correct answer in the appropriate IRR sheet. The IRR range for the articles included in this analysis was 83.6 – 100%.

**Data and Analysis**

After advanced coders reviewed the data for any miscoding and errors in data entry, the datafile was reviewed (cleaned) a final time by the author and her advisor. As part of this process and consistent with the procedures used by Prior (2014), coded topics were ordered according to frequency, identifying the field’s primary topics by subject category. Topics were then organized
into concept clusters, based on categories derived from previous content analyses (i.e., Smithee et al., 2021). Attention was given to conceptual overlap, diagnostic groupings, and linguistic synonyms. For example, “counseling” and “psychotherapy” would both be re-coded as “individual therapy and intervention,” and “racial and ethnic differences” and “multiculturalism” would both be re-coded as “diversity and culture topics.”

A member of the MFT faculty (the author’s advisor) headed and completed the initial code organization process, after which other research team members reviewed and confirmed it. This resulted in various different categories. Using crosstabs, the dataset was analyzed in SPSS for the following: the frequency with which articles reported sample race and ethnicity, the frequency with which articles focused on Latinxs as either an independent or combined minoritized group, and the frequency with which studies reported having received funding. Crosstabs were also used to assess focused and funded studies for two inclusions: how often Latinx minoritized groups were focused on and what corresponding topics were examined most frequently.

Results

How Frequently are Scholars Focusing on Latinx Groups? Which Professional Discipline (i.e., Counseling/Counseling Psychology, Marriage and Family Therapy, Social Work) has Published the Most Regarding This Ethnic Group?

From the 7,061 total articles analyzed from 2000-2019 (2,379 in social work, 2,873 in counseling/counseling psychology, 1,809 in MFT), only 175 articles included a focus on Latinx samples in either their title, abstract, or key words (see Table 1). This accounted for a mere 2.5% of the total articles. Compared to the timespan (1970-2005) examined by Liang et al. (2009), 2.5% indicates about a .5% increase in number of articles focused on Latinxs, although the same
journals were not surveyed across these two studies. Furthermore, of 132 non-conceptual focused articles (all published in clinical journals), a mere 12.5% (n = 16) of them focused on a clinical population in their sample/procedure. To facilitate the presentation of pertinent findings more fully, articles were coded based on broad methodological categories by clinical discipline (see also Table 1). Of the total 175 Latinx-focused articles, twenty-two percent of all articles were conceptual, 53.1% were quantitative, 17.1% were qualitative, 5.7% employed mixed-methods, and 1.7% used a non-human sample (i.e., content-analysis or meta-analysis). These reports indicate that a wide array of research approaches was employed across the sample of articles, quantitative evaluations being the most frequent.

Across individual journals, *Family Process* (MFT Journal) and the *Journal of Counseling Psychology* published the most scholarly articles (n = 40 for each) focusing on Latinxs (1.1% of total articles). Across the three examined disciplines, Counseling/Counseling Psychology produced the most focused scholarship (n = 88; 1.2% of 7,061 articles), followed my Marriage and Family Therapy (MFT) (n = 62; .88% of 7,061 articles), and lastly, Social Work (n = 25; .35% of 7,061 articles). Overall, the Counseling/Counseling Psychology field made up for just over 50% of the focused scholarship produced.

**How Frequently do Studies Use Key Markers of Within-Group Differences (i.e., Measures of Ethnic Identity and Acculturation) When Studying Latinx Participants?**

In addressing this question, articles coded as conceptual or as having non-human samples were excluded (n = 42), as they would not be expected to utilize any assessments of ethnic identity or acculturation. Of the remaining focused articles that were either qualitative, quantitative, or mixed method in design, only 24.5% (33 of 133 articles) utilized measures of ethnic identity. The large majority (75.5%) did not account for sub-group ethnic identity.
differences. In the case of acculturation assessments, 63 (57.3%) of the qualifying articles (quantitative, qualitative, mixed methods) did not address levels of acculturation, while 47 (45.7%) of the qualifying articles did include such a measure.

**What are Sample Characteristics in Terms of: (a) Latinx Sub-groups (i.e., Puerto Ricans, Cubans, Mexican Americans), (b) Geographic Locations, and (c) Urban/Rural Setting?**

Again, in addressing this question, articles coded as conceptual or as having non-human samples were excluded (n = 42). Of the remaining articles, sample characteristics regarding specific Latinx ethnic sub-groups were reported in approximately 25.6% of studies. Some articles featured demographic breakdowns that allowed for self-reported national origins while other studies utilized assigned categories from which participants could choose. The most frequent sampled sub-group was Mexican American (across all studies of Latinx families, youth, women, immigrants, and others), with Puerto Ricans and Cubans being the second and third groups most likely to be sampled. Approximately 22.8% of the articles focused on a singular sub-group (i.e Mexican-immigrant families, Mujeristas, or Venezuelan immigrant families), and about 16% focused on details of their sample’s status in terms of an immigration, generation, and/or nativity description. Articles were also coded for both geographical location (i.e., Midwest, South, or a specific U. S. state) and urban/rural setting. The majority of articles reported a geographic recruitment location, with 37.8% of articles referencing a regional area/multiple states (e.g., Midwest, Eastern States), 3% reporting a national sample, and the remaining 34.1% indicating either a single state or the territory of Puerto Rico. Out of 132 articles that drew a sample (as opposed to content analyses or conceptual articles), 55% did not specify their sample’s urban/rural setting. The majority of articles that did list settings were
urban/metropolitan (21.2%), followed by assumed mixed settings (12.9%), mixed settings (5.3%), rural (4.5%), and suburban (.76%).

**What Topics are Examined Most Frequently? How do These Topics Correspond With Common Critical Issues for Latinx Mental Health?**

In rank order, immigration/acculturation was the most frequently represented topic in focused articles, followed by family relations, family therapy/parenting intervention, non-therapy program interventions, and stress/risk factors. Of the top 15 topics addressed (see Table 2), certain trends can be noted: (a) both clinical and non-clinical studies fall beneath the umbrella focus of these 15 topics, and (b) critical issues for Latinxs as previously detailed in this paper (i.e., immigration/acculturation processes, discrimination, ethnic/racial identity, and depression) are clearly found in the most frequently reported topical focuses.

Although not listed in the top 15 topics, three separate topical foci were combined given their mutual association with the couple relationship (n = 19; couple/marital relations; couple therapy interventions; couple/adult trauma). This is especially encouraging given both the systemic importance of parents and partners in therapeutic treatment (Bean et al., 2001) and larger proportion (58%) of U.S. Latinxs who report being in a married/couple household (Noe-Bustamante & Flores, 2020). Surprisingly, the topics of self-harm and suicide were very poorly documented in the sample surveyed (only 1/175), even though suicide has been identified as a critical issue for Latinxs. Topical attention to drug use, alcohol use, and substance abuse use appeared likewise sparse (2/175, 2/175, 1/175 respectively), despite SAMHSA’s recognition that in youth alone, over 1.1 million Latinxs used illicit drugs in the past year (Holliday-Moore & Chau, 2019).
In Funded Studies, What Topics are Examined Most Frequently?

Some prominently ranked topical issues (immigration/acculturation and family relations) remain in the top category when re-ordered according to rank in funded studies. As observed in Table 3, few of the critical subjects addressed above (i.e., suicide, depression, substance use/abuse) were found in articles that also had reported funding from either private or federal agencies, with the exception of “at-risk groups,” which could have included references to these presenting issues. The majority of the studies did not report any funding agency as their sponsor for the research. Specifically, the national funding agencies referenced across the articles included: NIMH, NIDA, Maternal and Child Health, NICHD, NSF, CDC, DHHS, NIH, and Health Resources and Services. Sixty “other” funding organizations were also cited (both federal and private). Among these, the National Institute of Mental Health (NIMH) was the highest reported federal funding agency, with a total of 22 (3.7%) references to NIMH as one of the primary funding contributors in focused articles. One interesting shift to note is that “ethnic, racial identity” and “at-risk groups” topics become inversely ranked when organized by funding source as opposed to frequency, possibly suggesting how federal funding agencies are more focused on the risk, rather than resilience, factors associated with Latinx identity.

How Have These Trends Changed Over Time?

Overall, there was no continuous, significant trend upward in Latinx-focused literature published from 2000-2019, apart from the 10-year span from 2006 – 2015, wherein more Latinx-focused research was published than in the previous and subsequent timeframes. These trends can be observed in Figure 1, where publication frequency is illustrated by individual year across two decades. In 2000, seven Latinx-focused articles were published, followed thereafter with a slight increase to 12 in 2006. The peak volume of scholarship produced occurred during 2009
with 19 articles published in that year across the clinical disciplines. Publications continued at 9 per year or greater until 2013, where thereafter the focused returned to higher levels of 16 and 18 in 2014-2015. By 2019, the number of Latinx-focused publications had decreased to 5.

**Discussion**

**How Frequently are Scholars Focusing on Latinx Groups? Which Professional Discipline (i.e., Counseling/Counseling Psychology, Marriage and Family Therapy, Social Work) has Published the Most Regarding This Ethnic Group?**

The purpose of this study was to determine the representation and coverage of Latinx and their mental health issues in leading clinical discipline journals of Counseling/Counseling Psychology MFT, and Social Work. First and foremost, these results clearly demonstrate the dearth of Latinx-focused research across all three clinical disciplines, substantiating a continued call to increase scholarship that focuses specifically on Latinx populations and their mental health needs. In the review deemed most like this study, Liang et al. (2009) found that 2% of articles focused on Latinx over the 35-year timespan examined (1970-2005), whereas this study calculated that 2.5% of articles had that same focus across a more recent timeframe. The increase in article publication numbers is certainly commendable; however, it is important contextualize this 0.5% gain with the sixfold estimated increase in the Latinx population from 1970 to 2020 (Brown, 2020). Regrettably, the paucity of all scholarship forms (e.g., empirical findings (quantitative, qualitative), informed clinical vignettes, applied theoretical discussions of treatment guidelines) suggests that therapists and policymakers are likely under-resourced when making policy decisions or clinical intervention strategies for members of this group.

It is time we, as social scientists, not only consider why research continues to neglect proper representation of the Latinx population, but also move toward a new developmental phase
of research (Kim, 2007) where dominant-culture biases and predominantly White research teams begin to include more relevant Latinx research and greater diversity in who publishes it. If Latinxs are still “lagging behind” economically, socially, and in various health indicators (Population Reference Bureau, 2020), trends elucidated in this analysis suggest how such a deficit is part of a systemic neglect to provide sound and sufficient knowledgebase to clinicians, policymakers, and program interventionists about how to help. In regard to clinical fields, finding that 50.3% of the focused scholarship all came from the four Counseling/Counseling Psychology journals included suggests that this field could be the most prepared to understand the cultural needs of the Latinx population, followed by the field of Marriage and Family Therapy and Social Work. Additionally, that *Family Process, Journal of Counseling Psychology*, and *Counseling Psychologist* (the top three journals producing focused articles) featured 40, 40 and 29 articles respectively may suggest that a more global approach to considering ethnically minoritized individuals may be part of the structural organization of these publishing teams, especially given that the next most frequent publishers were much lower: the *Journal of Counseling and Development* (n = 15), and *Research on SW Practice* (n = 15). Given that four journals made up those within Counseling/Counseling Psychology and five journals accounted for MFT, Counseling/Counseling Psychology appears to be doing the best among the three disciplines not just in quantity of focused scholarship but also in ratio of focused to non-focused research. It is also interesting to note Social Work’s apparent non-focus given the field’s general prioritization of social justice and increasing equity across minoritized groups.

Among the articles reviewed herein, several included a focus on the Chicanx population (a marginalized Latinx subgroup of the Southwestern US), specifically Chicana women. Other articles also highlighted Latinx women in STEM careers, or the experience of Latinx women
generally, in addition to Latinxs in the LGBTQIA+ community. While the present survey did not specifically code for articles’ level of intersectionality focus, the attention to these more nuanced topics and populations offers evidence of greater sensitivity to within-group difference. These examples of successful recruitment (of very distinct and diverse sub-group samples) also offer very clear evidence that researchers can find enough research participants to interview or survey, contributing to the larger knowledge base about Latinxs and their strengths and struggles. The presence of these articles (rather than their scarcity) can also be interpreted as an indication that clinicians and policy-makers can: (a) find topics that matter to Latinx individuals and families and/or their various sub-groups; and (b) develop levels of culturally-informed expertise that allow them to better serve members of this group, even those within the Latinx community that face the added complexity of navigating multiple marginalized identities at once.

**How Frequently do Studies Use Key Markers of Within-Group Differences (i.e., Measures of Ethnic Identity and Acculturation) When Studying Latinx Participants?**

Although articles that noted within-group difference were the minority, they still offer methodological evidence that future research can take into consideration when planning the variables and instruments they will use with Latinx sample populations. In fact, the 20% of articles that did report variability in ethnic sub-groups, immigration/generational/nativity status, and focus on ethnic sub-groups are all indicators of increased sophistication to the study of immigrating populations. The presence of these measures shows an increased sensitivity to Latinx heterogeneity and the important contextual factors that have been found to be related to mental health outcomes and other types of functioning. That the majority of focused articles did not use a measure of ethnic identity or acculturation could be affected by the many scholars, editors and publishers, of non-minority heritage that gatekeep what is and what is not accepted in
the current literature (Roberts et al., 2020). Despite that familial and personal acculturative
processes/stress have been identified as unique variables that impact the psychosocial health of
Latinxs (Miller & Csizmadia, 2022; Moyerman & Forman, 1992), it is still not common practice
to address this variable routinely in focused studies’ instruments. Likewise, race and ethnic
identity continue to be assigned rather than self-report in the majority of cases. While this serves
to generalize and group a great variety of Latinx identities, the assumed homogeneity also
inherent to this grouping alludes to how ethnically minoritized groups’ cultural uniqueness and
strength continues to be overlooked in a system of research that de-emphasizes the role of race as
a social construct/significant factor in development. On the other hand, numerous culture-
specific articles (i.e., Mexican immigrant youth or Venezuelan Immigrants) did allow for self-
report of ethnic identity, perhaps because the researchers were specifically attuning to the
uniqueness of a particular sub-group and therefore relied on more sophisticated measures.

What are Sample Characteristics in Terms of: (a) Latinx Sub-groups (i.e., Puerto Ricans,
Cubans, Mexican Americans), (b) Geographic Locations, and (c) Urban/Rural Setting?

Among breakdowns that existed for Latinx sub-groups, an encouraging trend was that
several articles measured stages of immigration (i.e., first, second, third generation immigrants)
as part of their sub-grouping of Latinxs. This suggests that among culture-specific sub-groupings
(mostly Mexican American in this study), researchers took the opportunity to consider more
unique and specific demographic variables that would affect their chosen sub-population. It is
interesting to note that the percentage of articles that utilized measures of ethnic identity and the
percentage that reported Latinx sub-groups is very similar, suggesting that articles that attended
to Latinx sub-group differences also considered the importance of a self-report measure for
ethnic identity. However, further qualitative coding would need to be used to confirm this.
Based on initial findings for geographic location, researchers appear to be accessing broad areas of recruitment (regional areas) and areas where Latinx populations are highly concentrated due to migration patterns (Mexico to California, Texas; Cuba, Venezuela to Florida). The use of national samples was found to be sparse, which could be viewed both as a negative (i.e., an indicator of poor funding resources) or as a positive indicator that scholars are mindful of population diversity and are, consequently, attending to Latinx sub-group needs. Given the many Latinx communities that are established in or near coastal states, it stands to reason that recruiters finding participants there are accessing the natural presence of new and established families or other cultural-group members as these locations are frequently accessible and familiar for immigrants and their families. That regional areas were the most common sample area suggests that scholars are also focusing their efforts more broadly. This evidence suggests that researchers are harnessing both the culture-specific assets of localized samples and taking a larger temperature across multiple states or regions where Latinxs live and experience psychosocial challenges.

What Topics are Examined Most Frequently? How do These Topics Correspond With Common Critical Issues for Latinx Mental Health?

The most frequently addressed topic was immigration/acculturation, followed by family relations and family therapy/parenting interventions. The fact that immigration/acculturation was the leading topical focus both overall and in funded studies is an indicator of attentiveness to the sub-group most often considered as being severely at-risk—newer generations of immigrants, although it is still unclear how these newer generations may experience strengths that also help them fare better than later generations (Marks et al., 2014). One example of an investigation that addressed immigration/acculturation studied the variables of counselor bilingual ability,
counselor ethnicity, acculturation and Mexican Americans’ perceived counselor credibility (Ramos-Sánchez, 2009). This is encouraging evidence that scholars examined culturally sensitive variables in regard to what makes appropriate counseling services attractive to specific Latinx clients (and therefore what clinicians can know or do to become more available). Among 16 clinically focused titles/articles, several other examples attended to issues related to attendance to/retention in treatment, dynamics related to therapeutic alliance (widely known as a key common factor in treatment success), and the validity of assessment tools/therapeutic interventions specifically designed for Latinxs. Each of these addressed variables are highly relevant to the contextual issues presented in this paper, including Latinx access/admission to treatment and what culturally relevant factors affect the process of Latinxs receiving appropriate mental health care. However, the apparent paucity with which topics such as these are studied within a clinical setting makes it clear that further research is needed to offer statistically and clinically significant conclusions. The second and third leading topical foci of family relations and family therapy/parenting interventions is also an indicator of research attention to key buffering or protective factors for researchers and interventionists (i.e., family relationships), and clear emphasis on the most consistently voiced recommendation for working with Latinx individuals/families, that being family therapy (e.g., Bean et al., 2001; Falicov, 2014). This focus is also encouraging given the identification by numerous scholars of familismo being a key value to contextualize the needs and processes of Latinx population. Familismo is one of many important and collectivist values common to Latinx cultures that prioritizes responsibility to family and describes a key “institution of support” found foremost within attachment to both the nuclear and extended family system (Marín & Marín, 1991; Patrón, 2021). Familismo encourages high levels of loyalty to family that can include making certain personal sacrifices to
preserve the health and unity of family (Szlyk et al., 2019). It has been identified as a protective factor for Latinx youth and played a role in various Latinx presenting issues (Montoro & Ceballo, 2021; Patrón, 2021, Rodriguez et al., 2021). Therefore, a frequent focus on family intervention and family therapy among focused articles suggests that researchers are, to some extent, accessing some of the most important aspects of this population’s cultural values when addressing therapeutic treatment. Researchers can continue to focus on this special attachment, especially when recruiting more Latinx families to participate in research, as Rojas et al. (2021) describes how effective recruitment and intervention requires this inclusion of both children/adolescent and their parents/caregivers.

Community samples that addressed immigration/acculturation included some key topics in their titles such as help seeking intentions, predictors of perceived distress, emotion regulation, self-esteem, body-related concerns within a cultural strengths-perspective, and others. It is encouraging to see that these topics are shedding light on important gaps that exist for Latinxs receiving appropriate treatment and a variety of key presenting problems, although it should be understood that in total, all articles related to immigration/acculturation still only account for .69% of the total analyzed article sample. Addressing these issues may help policy makers and program interventionists begin to access a culturally relevant conceptualization of Latinx experience with these issues, but there is not enough empirical evidence to support a thorough understanding of either presenting issues or culturally sensitive responses to those issues in policy, prevention, and treatment. Another important limitation to note from the aforementioned examples is that the majority of these community samples were comprised of college students, therefore limiting the generalizability of findings to the much larger and typically less-acculturated majority of U. S. Latinxs.
Only a fraction of the focused articles was clinically focused, and none of the clinically focused articles studied variables in relation to suicide, depression, or substance-use/abuse in Latinxs. Although the leading topics of focus that were covered are encouraging for the clinical disciplines, the present study makes clear that researchers and clinicians can do more to recruit clinical Latinx populations for focus and evaluate clinically critical subjects. The assumed generalization of predominantly upper-middle class, White clinical study subjects to ethnically minoritized groups, including Latinxs, may in fact reduce the perceived pressure to conduct more valid and reliable research on Latinxs specifically (Zane et al., 2005). García and Kral (2017) emphasize how the “absolute efficacy” of culturally grounded interventions for ethnically minoritized groups is grounds enough to implement culturally sensitive therapies at the population level. Researchers could further this agenda by conducting more research that assesses the efficacy of evidence-based practices developed with White populations with culturally grounded practices intended for specific groups of Latinxs, even if these sample sizes must begin small and geographically localized.

Further, it is possible that Latinxs may feel more comfortable and willing to participate in research when interventions for mental health issues include a familiar piece of their culture or language, such as the cuentos (folktales) used with Puerto Rican families in child therapy with supporting teachers and parents. Results of this kind of therapy has significantly reduced child trait anxiety and aggression, compared to evidence-based play therapy and control groups after 1 year (García & Kral, 2017). Other culturally specific practices may also be incorporated. Therapists of Latinx descent or those that are particularly familiar and trusted within Latinx populations may help to develop and then assess these methods.
Moreover, researchers could do better in recruiting clinical Latinx populations by using a strengths-based approach in their recruitment strategies (Rojas et al., 2021). It is not uncommon for social science literature to approach Latinx issues with a deficit mentality, as evidenced by the systemic issue of scholarship comparing minority functioning to the standard of majority (White) functioning rather than using more integrated models of understanding race and development (Seaton et al., 2018). Part of this deficit-mentality is also suggested in the literature reviewed in this study, for example, in the fact that one of the higher-frequency subject words catalogued (n = 16) was “at-risk groups” for focused articles, but subject indicators such as “resilience,” “protective factors,” “hope,” or “positive future expectations” were not found. None of the top 12 subjects necessarily alluded to Latinx social, cultural, or personal strengths. Encouragingly, “personality-positive” (n = 10) and “wellbeing, adjustment” (n = 12) were higher frequency topics, however further research would need to be done to understand whether or not the articles that included these subject terms approached their research questions and procedure from a strengths-based, rather than deficit-focused, approach. While it is true that Latinxs are an at-risk group, Rojas et al. (2021) encourage recruiters to purposefully offer treatment that appeals to the positive potential outcomes and enjoyment of intervention: for example, “learn to help your child successfully navigate their teen years” rather than soliciting participation from “troubled families” with “at-risk youth” (p. 116). Another strength-based approach researchers could take includes structuring observations and mixed-methods studies that include visiting Latinxs in their homes and communities, given that this population is often less familiar with laboratories and universities in the United States and expecting comfortability with this environment would be a systemic oversight to how such a requirement might encourage artificiality or increased uncertainty in studied behavior (Romero & Umaña-Taylor, 2018). Other
methodological considerations that could be more inclusive to Latinxs are: using person-centered, rather than variable-centered, approaches to capture unique social and cultural processes, consulting with Latinx community members as part of the participatory research process and using culturally consistent theory to evaluate and explore intersectional identities (Romero & Umaña-Taylor, 2018, pp. 261-262).

For both researchers and clinicians, more collaboration and purposeful effort is requisite in order to curate better representation of and treatment for Latinx communities/families/individuals. Both scholars and practitioners can combine expertise and energy to further the pathway that has been only incrementally forged. For researchers, recruiting techniques should include outreach to the many community clinics where Latinxs are being seen for mental health presenting problems. Such clinics may include low-cost, community-facing organizations whose target clients are those with limited access to healthcare, clinics that accept Medicaid, clinics in areas where high concentrations of Latinxs exist, or even training clinics where student-clinicians offer affordable private-pay services without requiring insurance coverage. These clinics may be especially appealing for families or individuals who experience fear concerning legal implications of undocumented status or otherwise struggle to access insurance benefits. For many practitioners already working in these spaces, culturally relevant anecdotal and case study expertise with Latinx populations is already part of their repertoire. These clinicians can similarly reach out to scholars in nearby universities (or academic/research programs where clinicians were once affiliated) to work collaboratively in developing methodologies and research questions that adequately explore the nuances and presenting issues that clinicians see most in practice with Latinx families, couples and individuals. A key to both these processes would be approaching Latinx research participants with the aforementioned
strength-based or person-centered approach, including asking participants to self-report their ethnic identity, U.S. nativity, and any other details they consider relevant to their cultural heritage.

**In Funded Studies, What Topics are Examined Most Frequently?**

Although the majority of articles did not report any funding agencies, there is still reason to commend both private and federal funding agencies for their attention to Latinx minoritized groups. As a reference, in the present analysis, the rate of funding for Latinx-focused research was found to be much higher at 45.7%, compared to the rates found among articles from social work articles (48.4% for minority focused articles, 25% for majority culture articles; Smithee et al., 2021), and from MFT journals (28.9% for minority focused articles, 17.4% for majority culture articles; Bean et al., 2022). These rates of funding suggest that funding agencies are, in some ways, prioritizing Latinxs’ large presence in U.S. society, at least in this sample. A more comprehensive analysis that includes even more impactful journals and their articles would be requisite to understand funding trends across disciplines.

**How Have These Trends Changed Over Time?**

The 10-year span from 2006 – 2015 where focused scholarship on Latinxs experienced various increases of attention included a number of contextual landmarks. Politically, the racial/ethnic tensions associated with the election of 2016 could have been one impetus for increased research a few years prior to that time (especially 2015). Unfortunately, none of the increases in focus projected a continuation of increased attention in subsequent years, despite the fact that the effects of political decisions and other contextual factors continued to impact the lives of Latinxs (Marcus, 2021). Despite encouraging individual variables (i.e., presence of funding, reporting sub-groups), the trends reflected in the scholarship over the years surveyed in
this analysis are overwhelmingly low, especially when compared to the 23% Latinx population
growth in the U.S. since 2010 (U.S. Census Bureau, 2020). These trends over time reinforce the
call that has been repeatedly made throughout this analysis for a great numeric increase in
Latinx-focused research.

Strengths and Limitations

There were several strengths of the present analysis. First, this is the first content
analysis, to the author’s knowledge, since 2009 that has examined so many key variables of
focused articles within a large sample size of non-ethnicity/multicultural focused journals that
clinicians and researchers commonly use. Such an analysis is timely and highly relevant, given
the paucity of content analyses like it compared to the great Latinx presence in the U.S. States,
and their mental health needs. Thus, this study fulfills the purpose of examining previous
scholarship so that future directions for research, especially recruiting more clinical Latinx
samples, may be established. This analysis also served to examine in greater depth and detail the
methodological, financial, geographical and topical significance of what research has been
available in the past 20 years so that clinicians, researchers, and policymakers alike can begin to
unveil some of the systemic blindness inherent in the cultural norms and procedures surrounding
recruitment, method, editing and publishing practices in our scholarly process.

Findings of this analysis, however, should be understood with certain limitations in mind.
First, the coding process employed in surveying each article includes several variables that may
be influenced by the biases or human error of the coder. This potential subjectivity could have
been influenced while coders received training and throughout their coding process. Second, the
present analysis does not include a fully comprehensive landscape of journals from which
clinicians and researchers commonly use, and therefore presents only a piece, although an
important one of the global picture that could be better understood had all clinical research journals been included in our analysis. Third, there is a significant body of Latinx-focused literature found in the ethnically focused journals such as the Journal of Latinx Psychology, Hispanic Journal of Behavioral Sciences or Multiculturally-focused journals that was not examined here but could provide further insight into how culturally competent methodologists best recruit and represent Latinxs in their research. Nevertheless, one of the intended purposes of this analysis was also to point out how general research trends in journals commonly used by the White majority of clinicians, including that research which contributes to EBTs and informs policy, neglect to consider the important variable of race and ethnicity. Therefore, the societal process of gathering, processing, and publishing “mainstream” information on psychosocial health in America continues to neglect the large percentage of Latinxs who also compose 19.5% of that “mainstream” population. Finally, another limitation to this analysis included instances where the author was unable to adequately address the multiplicity of ethnicity and culture found within the “Latinx” label. For example, a more sophisticated coding review of which articles included Latinx sub-group information (both ethnic and in terms of immigration/nativity) could have been employed. This analysis also did not necessarily address the important nuances of multi-racial children/adults/families (i.e., Afro-Latinxs) who also experience marginalization from White dominated systems of research and mental health service while navigating a complex and multidimensional identity.

**Conclusion**

Based on the findings presenting in this analysis, it is recommended that practitioners and researchers increase their attention to how Latinxs are currently being represented in the literature and act to increase the equity of that representation. This includes greater emphasis
across research to the importance of race and ethnicity, including the importance of self-report measures and the recruitment of sub-cultures as they differ in heterogeneous pockets from the homogenized term “Latinxs.” More research, particularly clinical, focusing on Latinxs and their strengths would enable practitioners, policymakers, and researchers to close the gap between mental health disparities that exist for Latinxs, especially youth and their families who will continue to make up significant portions, and soon to reach a majority, of the United States population in coming years.


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Ruiz, J. M., Campos, B., & Garcia, J. J. (2016). Special issue on Latino physical health:


University of California (2021, October). *What’s the difference between Hispanic, Latino and Latinx?* https://www.universityofcalifornia.edu/news/choosing-the-right-word-hispanic-latino-and-latinx


Tables

Table 1: Article Type by Clinical Discipline

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Counseling/ Counseling Psychology n (% of 175)</th>
<th>% of 7,061</th>
<th>MFT n (% of 175)</th>
<th>% of 7,061</th>
<th>Social Work n (% of 175)</th>
<th>% of 7,061</th>
<th>Total n (% of 175)</th>
<th>% of 7,061</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptual/ Theoretical</td>
<td>15 (8.6)</td>
<td>.21</td>
<td>14 (8)</td>
<td>.20</td>
<td>10 (5.7)</td>
<td>.14</td>
<td>39 (22.3)</td>
<td>.55</td>
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<tr>
<td>Quantitative</td>
<td>56 (32)</td>
<td>.79</td>
<td>29 (16.6)</td>
<td>.41</td>
<td>8 (4.6)</td>
<td>.11</td>
<td>93 (53.1)</td>
<td>1.3</td>
</tr>
<tr>
<td>Qualitative</td>
<td>12 (6.9)</td>
<td>.17</td>
<td>13 (7.4)</td>
<td>.18</td>
<td>5 (2.9)</td>
<td>2.9</td>
<td>30 (17.1)</td>
<td>.42</td>
</tr>
<tr>
<td>Mixed-Method</td>
<td>3 (1.7)</td>
<td>.04</td>
<td>5 (2.9)</td>
<td>.07</td>
<td>2 (1.1)</td>
<td>.03</td>
<td>10 (5.7)</td>
<td>.14</td>
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<tr>
<td>Non-Human Sample</td>
<td>2 (1.1)</td>
<td>.03</td>
<td>1 (.5)</td>
<td>.01</td>
<td>0 (0)</td>
<td>0</td>
<td>3 (1.7)</td>
<td>.04</td>
</tr>
<tr>
<td>Total</td>
<td>88 (50.3)</td>
<td>1.2</td>
<td>62 (35.4)</td>
<td>.88</td>
<td>25 (14.3)</td>
<td>.35</td>
<td>175 (100)</td>
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Table 2: Top 15 Topical Foci (articles may have as many as five topics): n (%)  

<table>
<thead>
<tr>
<th>Research Topical Focus</th>
<th>Number of Mentions (% of 7,061)</th>
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<tr>
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<td>Depression</td>
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Table 3: Topical Foci Number of Mentions Among Funded Studies (articles may have as many as five topics): n (%)  

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Figures

Figure 1: Number of Focused Latinx Articles Published from 2000 to 2019